Smoking cessation: training and support for healthcare practitioners

LEONIE S. BROSE AND ANDY McEWEN

Very brief advice, taking only 30 seconds to deliver, has been shown to help smokers to quit. However, many smokers receive no advice about smoking from their GP, and healthcare professionals often do not feel confident in discussing smoking cessation. The authors explain how a simple model can be used to deliver advice at every opportunity.

Just over 20 per cent of the adult population in England are smokers; a slightly higher proportion of men (22 per cent) smoke compared with women (18 per cent). Smoking eventually kills one in two long-term users; the main causes of death attributable to smoking are cancer, cardiovascular disease and lung disease (Figure 1). It has been estimated that 23 per cent of all cancer cases in men (16 per cent of cases in women) are attributable to exposure to tobacco smoke.

Fortunately, stopping smoking greatly reduces the risk for disease and premature death. Although the health benefits are greater for people who stop at earlier ages, cessation is beneficial at all ages. Smoking cessation stops the increase in risk for lung cancer. The risk for coronary heart disease, stroke and peripheral vascular disease is reduced substantially within the first couple of years of cessation. Smoking cessation also reduces respiratory symptoms and the risk of developing chronic obstructive pulmonary disease (COPD) and halts the decline in lung function in people who already have COPD.

UROLOGY-SPECIFIC EFFECTS OF SMOKING AND SMOKING CESSATION

Smoking causes cancer of the kidneys and bladder, increases the risk of recurrence of prostate cancer, and adversely affects reproductive health.

Kidneys
Smoking causes kidney and renal pelvis cancer, with the risk increasing with the number of cigarettes smoked.
Men who smoke have a 2.5 times higher risk of kidney cancer than those who have never smoked, but the risk declines significantly with each year of smoking cessation.4

**Bladder**

Cigarette smoking is also a well-established risk factor for bladder cancer, and accounts for up to 50 per cent of all incident bladder cancer cases.5 Again, the risk increases with more cigarettes smoked.4 Current smokers have a three-fold higher bladder cancer risk than non-smokers. Smoking cessation reduces the excess risk; ex-smokers were found to have reduced their risk to twice that of those who had never smoked.6

**Prostate**

Smoking has not been linked to the incidence of prostate cancer; however, smoking at the time of diagnosis is linked to higher recurrence of prostate cancer and higher mortality from the disease.4,7 Those who smoke heavily have almost a 30 per cent greater risk of death from prostate cancer than non-smokers.8 Smoking cessation reduces the risk of recurrence and thus mortality. Men who have quit for at least 10 years have a cancer-specific mortality rate similar to those who have never smoked.7

**Reproductive health**

Smoking has been shown to reduce sperm quality; it negatively affects sperm concentration, volume, motility, count and morphology.9 There is also a causal relationship between smoking and erectile dysfunction, although the evidence suggests that quitting smoking can help to improve function within a single day.10 At a one-year follow-up, erectile dysfunction was found to be improved for a quarter of men who had stopped smoking but for none of those who continued to smoke.11 Crucially, erectile dysfunction can serve as a warning sign for cardiovascular diseases and thus represents a window of opportunity to improve men’s health before they experience their first serious cardiovascular disease event.12

**HELPING SMOKERS TO QUIT**

Even very brief advice (VBA) from healthcare professionals, which takes as little as 30 seconds to deliver, helps smokers to quit (Figure 2). More intensive advice can increase quit rates and follow-up support can further increase the chances of success.13 Assisting every smoker to access evidence-based support, rather than limiting interventions only to those already motivated to quit, has been shown to be more effective.14

Advice and support seem to be given rather less frequently in urology; a study of 600 urologists who had together treated more than 14,000 patients with bladder cancer in the previous year reported that only one-fifth mentioned smoking cessation with every patient who smoked and more than half had never discussed it. Of those urologists who did not discuss it, about 40 per cent did not feel qualified to give smoking cessation counselling. This is not surprising, as only about 6 per cent of all urologists surveyed had ever received any training in smoking cessation.16

**IN PRACTICE**

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The traditional approach is to focus on advising smokers to stop, but a recent review has shown that the offer of support is much more effective. Compared with no advice to smokers, the odds of quitting are 68 per cent higher if stop-smoking medication is offered and 217 per cent higher with offer of support.\(^1\) Additionally, in a large study throughout England, it was found that smokers were about twice as likely to try to stop if they had been offered help (referral or prescription) by their GP, than if they had been only advised to stop.\(^2\)

VBA is a simple piece of advice that satisfies Quality and Outcomes Framework criteria and is designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker. When giving VBA, the healthcare professional does not advise smokers to stop, does not ask how much they smoke, or even whether they want to stop smoking.

There are three elements to VBA (Figure 3):
- establishing and recording smoking status: ASK
- advising on the best ways of stopping: ADVISE
- offering help: ACT.

The Department of Health in England encourages all healthcare professionals to deliver VBA to all smokers at every opportunity.\(^3\) This is also reflected in the recent NHS Future Forum recommendation to ‘make every contact count’ to improve people’s health and wellbeing.\(^4\)

To help healthcare professionals use the ASK, ADVISE and ACT model to improve the quality and frequency of VBA, a short online training programme has recently been developed. It is based around film clips that provide examples of how to ASK, ADVISE and ACT, along with key facts, figures and messages. The training takes less than 30 minutes to complete and is freely accessible for all healthcare professionals at www.ncsct.co.uk/VBA. The training also includes a short introductory film that can be used as a stand-alone resource and can currently be found at http://www.youtube.com/user/NCSCTfilms.

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REFERENCES

KEY POINTS
- Smoking causes many diseases and eventually kills half of all long-term smokers
- Stopping smoking reduces the excess morbidity and mortality
- Very brief advice (VBA) by healthcare professionals helps smokers to stop; the ASK, ADVISE, ACT model helps save lives and takes only 30 seconds to deliver
- A short (<30 minutes) training session on how to deliver VBA is available at www.ncsct.co.uk/VBA