

# Better Living with Chronic Obstructive Pulmonary Disease

## *A Patient Guide*

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THE  
AUSTRALIAN  
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**Queensland  
Government**

Queensland Health

*"When you can't breathe...nothing else matters"™*

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# Stopping smoking and preventing a relapse

## This chapter will help you to understand:

- Why it is important to stop smoking.
- What nicotine addiction is.
- Why you shouldn't use nicotine to cope with stress.
- The options available to help you stop smoking.

## Why is it important to stop smoking?

Many people with COPD have already been able to stop smoking. If that is you, congratulations!

Stopping smoking is important because it is the single most important step in slowing the progression of chronic obstructive pulmonary disease (COPD).

Tobacco smoking is responsible for over 19,000 deaths in Australia each year and is widely regarded as the most common preventable cause of chronic conditions.

Smoking is the major cause of COPD.

Quitting smoking has the added benefit of protecting those around you from exposure to second hand smoke. There is an established link between exposure to second hand smoke and the risk of developing lung disease such as COPD, asthma and lung cancer.

## What is nicotine addiction?

Nicotine addiction is now recognised as a medical condition, rather than a bad habit.

As such, people who were once heavily addicted to nicotine have the potential to relapse to this disease-like state and become a smoker again.

People who stop smoking still have the receptors

in their brains that were once 'hooked on' nicotine.

These receptors lie dormant, waiting to be turned on again by just one cigarette. If these receptors are turned on again, the addiction cycle can start again.

As a result, people who relapse and make another attempt to stop smoking can, once again, experience the unpleasant symptoms of nicotine withdrawal. These symptoms include strong cravings or urges to smoke, anxiety, agitation and depression.

Although many ex-smokers report being able to remember how much they enjoyed smoking, the actual physical addiction to nicotine is no longer active. Fortunately, just having these thoughts doesn't mean you will have cravings or urges to smoke.

The important message for many ex-smokers is that **stopping smoking is a lifelong process**, rather than an isolated event. For the majority of smokers who were once heavily nicotine-dependent, the potential for relapse continues to be a lifelong possibility.

Unfortunately, no scientifically proven method to prevent relapse currently exists. A significant number of ex-smokers relapse even after they have not smoked for more than one year.

Don't be tempted to try 'just one cigarette' to see if you still like smoking. Most ex-smokers will still like smoking if they try it. There is a high risk that 'just one' cigarette could cause you to start smoking again.

### Why shouldn't you use nicotine to cope with stress?

Stressful events can cause ex-smokers to start smoking again. We are all different and some of us will require assistance, counselling or support to help cope with life's difficulties. These difficulties can include the loss of a loved one, anxiety regarding family members, financial stress or sometimes stress for no particular reason.

The nicotine delivered in tobacco smoke can act like an anti-depressant and anti-anxiety drug. When people return to smoking after a stressful event, they are either deliberately or inadvertently using nicotine as a medicine. However, the carbon monoxide, tar and cocktail of chemicals that are also contained in the tobacco smoke continue to damage the person's lungs and entire body.

If you are having difficulty coping with a stressful event, seek professional assistance from your GP, who can make referrals to counsellors or psychologists. The option of prescribed anti-depressant or anti-anxiety medications can also be discussed.

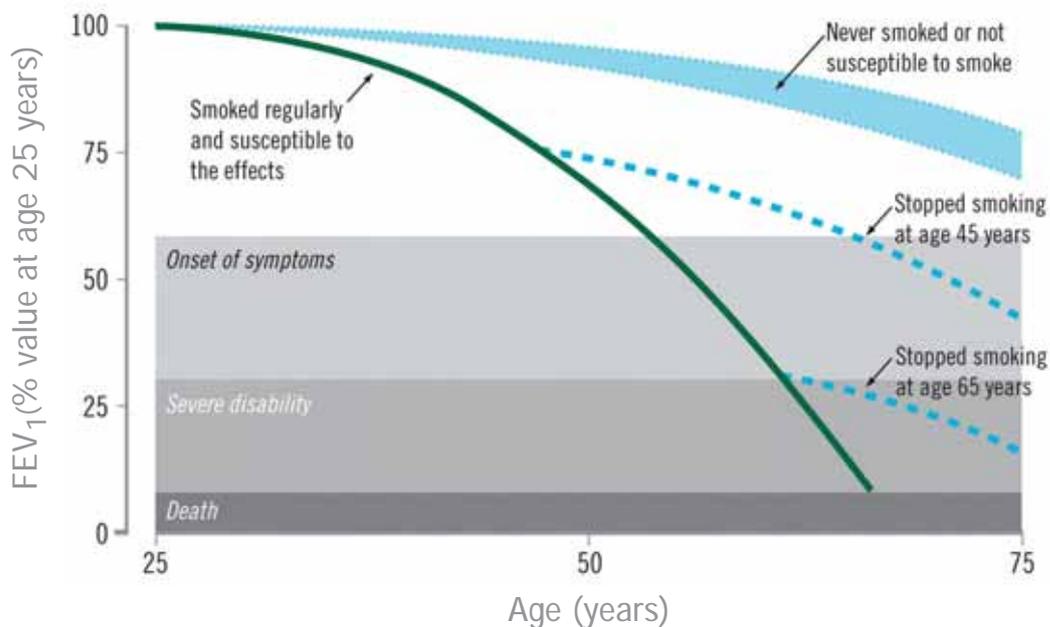
Stopping smoking is the best action you can take that can slow down the progression of COPD. Stopping smoking is a lifelong process.

### What options are available to help you stop smoking?

As mentioned previously, stopping smoking is the single most important treatment for people who have COPD. There is no better time than now to seek help with your nicotine addiction.

Smokers who have COPD have even more reason to quit. Although lung function declines gradually with age, this process is accelerated by smoking. A 45-year-old smoker who stops smoking now will experience a less rapid decline in their lung function and ability to do activities than if they continued to smoke until 65 years of age. This example is illustrated in the following diagram.

Smoking causes lung function to worsen at a faster rate



*Quitting smoking at any age is beneficial to your health*

Adapted from Fletcher C. Peto R, Br Med J 1977; 1:1645-8.

There is plenty of information available that describes the damaging health effects of cigarette smoking. However, this information is not always enough to prompt cigarette smokers to stop smoking. For people who have COPD, smoking is no longer just a risk factor for chronic conditions; the chronic condition is already a reality.

Smokers who have COPD and who are motivated to stop smoking have a number of options available to help them stop smoking. These options include the following:

1. **Cold turkey** – Going cold turkey (stopping immediately without any support) is difficult. Evidence shows that the best results are achieved when medicines are used in combination with counselling and support.
2. **Nicotine Replacement Therapy (NRT)** – NRT is a medicine that can help smokers stop smoking. It provides the body with a small amount of nicotine without the toxic chemicals received by smoking a cigarette. If you are thinking about using NRT, you may wish to consider the following points:

- People often report being worried about some of the precautions and warnings associated with the use of NRT that are contained in the product information.
- You should know that the nicotine in NRT is provided in a very small dose and is delivered very slowly to the body. Nicotine is the least harmful part of a cigarette.
- All the warnings about heart, lung, vascular disease and cancer contained on cigarette packets are related to the detrimental effects of carbon monoxide, tar and the lethal chemicals contained within cigarettes. Nicotine is a drug of addiction and not a major cause of physical disease.
- You should be aware that any potential side effects from the use of NRT are outweighed by the very real dangers of continued cigarette smoking.
- The precautions and warnings contained in the product information of NRT packages have recently been amended to reinforce that it is always more dangerous to keep smoking than it is to use NRT.



The best quitting results are achieved when medicines are used in combination with counselling and support.

- NRT is safe to use in combination, for example with a patch or oral product such as nicotine gum, lozengers or inhalers. An NRT patch is used as base therapy and any form of oral NRT is used to “treat” craving/urges through the day. Smokers need to have the confidence to use enough NRT to “treat” their cravings. Remember, from very early on, smokers have learnt to be experts at satisfying their cravings by getting enough nicotine by the way they smoke. Make sure you are getting enough NRT!
- NRT is safe to use while still smoking. In fact it has been shown that a smoker receives fewer poisons from a cigarette if NRT is being used and at the same time can make a cigarette less enjoyable/less rewarding to the brain. Therefore, there is no need to quit on the same day that you start using NRT.
- Using NRT is the safest way to reduce smoking before quitting and has been shown to help people who at first were not ready to quit.
- Speak to your pharmacist or health care professional about how to use NRT.
- Since February 2011, NRT patches have been available on prescription subsidised on the PBS for 3 months per calendar year. It also continues to be available for purchase over the counter without a prescription.

**3. Medications that work on brain nicotine receptors**

– There are medications that work on brain receptors that are available as prescription medicines. These have been specifically designed to help smokers stop smoking and have good success rates. You may wish to discuss with your GP your suitability for these types of medications.

The most widely known drug in this category is Varenicline or Champix® which is available by prescription on the PBS. Champix® is a tablet prescribed for 12 weeks and if a smoker quits it is available for a further 12 weeks immediately following the first course. This is in an attempt to “keep the brain’s nicotine receptors asleep”.

Another medication in this category available on the PBS is Bupropion or Zyban®. It is also a tablet which works on the brain’s receptors and has been used as a smoking cessation medication for many years. In the past there were some myths in the media about Zyban® being unsafe, however, these are untrue. This treatment is an effective option for smokers wishing to quit. It is not suitable for people who are taking anti-depressant medication or who have a history of seizures.

Speak to your doctor about whether any of these options are suitable for you.

**4. Stop smoking clinic programs** – Participating in a clinic program can give you the advice and support required to help you stop smoking. These

programs are particularly helpful for people who have established disease conditions, such as COPD. These programs can help people make the appropriate behavioural or environmental changes that are required to stop smoking. Studies have shown that clinics that offer professional behavioural support and advice on effective NRT use can help people stop smoking. Quit rates are highest in people who combine counselling support and take smoking cessation medication.

There is no time like now to quit smoking!  
Please ask for a referral to a clinic or a smoking counsellor who can help you stop smoking and don’t give up giving up!

**Preventing a relapse**

Unfortunately there is no clear evidence that supports any method of staying smoke free once you have quit.

The best defence is the knowledge that smoking cessation is a journey and not a single event. Nicotine receptors in the brain can be switched off during the quitting process, but as little as a few puffs of a cigarette, months or years later will switch them back on. When this occurs most people will find themselves addicted smokers again.

For support to quit smoking, call the National Smoking Quitline on 13 78 48.

