



HOW CAN THE CARDIOVASCULAR COMMUNITY IMPROVE TOBACCO CONTROL?



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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WHAT IS THE **CARDIOVASCULAR COMMUNITY**?

The cardiovascular community includes any professional who has a connection to or interest in cardiovascular disease (CVD). It consists of various experts and organizations working on CVD or health in general, for example cardiologists, cardiac surgeons, pediatric cardiologists, cardiac nurses, cardiac rehabilitation specialists and health workers.

In addition, CVD patients, their families and friends, lawyers, communications and media experts, and nongovernmental organizations that are somehow connected to CVD and the fight against it are all considered to form part of the cardiovascular community. They can all play an essential role in tobacco control (1).

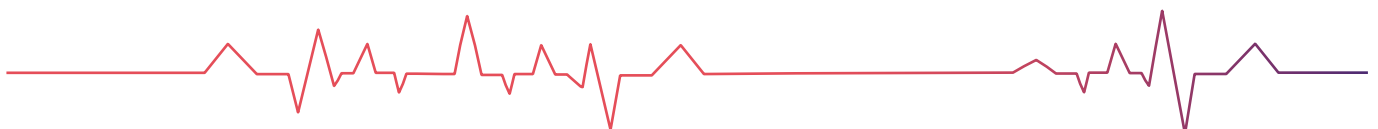
WHAT IS THE **CARDIOVASCULAR COMMUNITY'S ROLE IN TOBACCO CONTROL**?

Cardiovascular professionals will not necessarily become specialists in smoking cessation; this work is carried out by specially trained counsellors. But even though resources for tobacco control are limited, members of the cardiovascular community can undertake certain basic interventions: asking individuals about their tobacco use, assessing their willingness to quit, advising them to quit and/or avoid secondhand smoke in their daily lives and referring them to cessation services.

Cardiovascular professionals should develop and disseminate evidence-based practical materials on smoking cessation that are adapted to their patients' culture, ethnic background, age, education, language and health status. Cardiologists should provide brief smoking cessation advice relevant to each patient's situation by linking it with the existing diagnosis or the patient's current lifestyle behaviours. The role of cardiologists is effective and unique, especially in low-income settings where both smoking and CVD are prevalent (2).

Members of the cardiovascular community sometimes fail to engage in tobacco control for various reasons. This may be because they lack time, knowledge and/or skills in tobacco control methods; they do not believe strongly enough that quitting will benefit their patients; they are more interested in modern CVD diagnosis and treatment devices; there is a lack of effective policies on tobacco cessation, or a lack of medication; or there is a lack of tobacco cessation clinics or support organizations (3).

Cardiovascular community members have two main roles, as educators and leaders. As educators, they can play an important role in training new generations of students, fellows, general practitioners or other professionals from related fields (1). Existing opportunities like continuous medical education for physicians provide a platform to integrate such trainings. As leaders, cardiovascular community members can support policy-makers to reinforce regulations like smoke-free laws in public places, increase taxation and prohibit illicit



tobacco products, thereby raising the cost of tobacco products. Cardiologists are trusted by the community, policy-makers and the media (1).

ENGAGING THE CARDIOVASCULAR COMMUNITY IN TOBACCO CONTROL PROGRAMMES

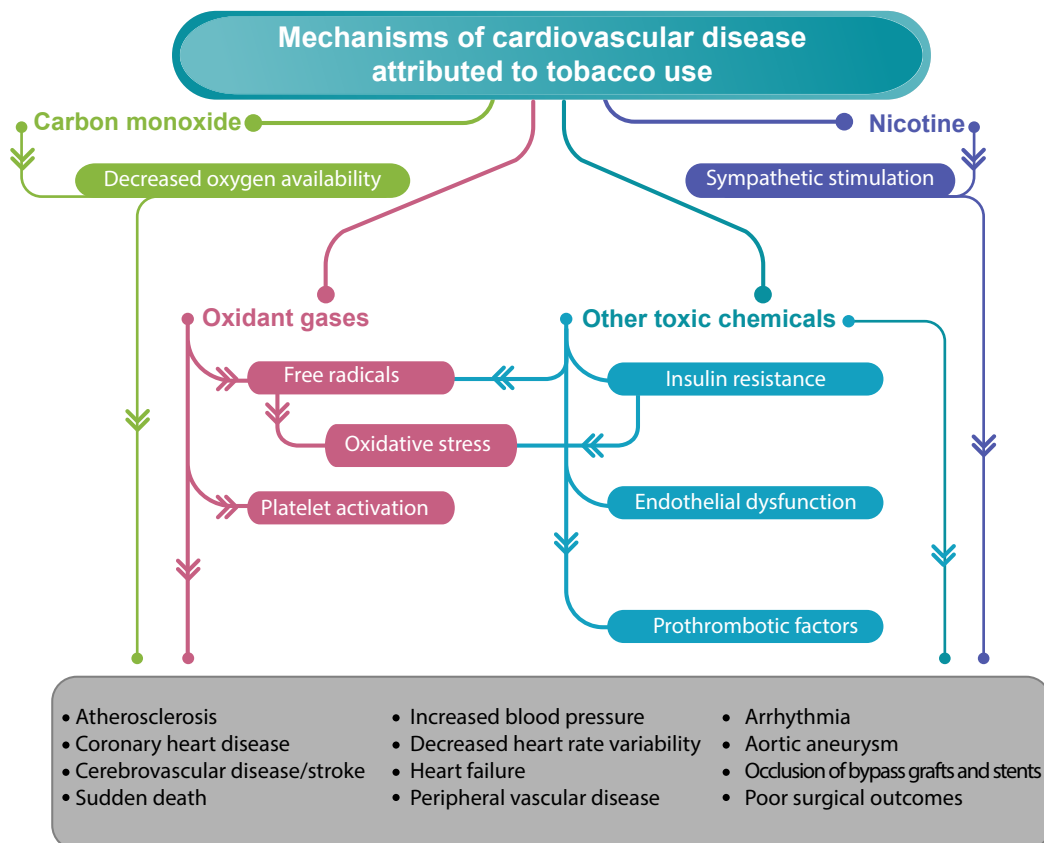
- Strategies at the individual level:

 - Cardiovascular professionals should address tobacco use and exposure as an essential component in the treatment of all cardiac patients.
 - They should be trained in behavioural and pharmacotherapy methods used for smoking cessation and tobacco dependence treatment.
 - They should identify whether their patients are current or former smokers, consider brief advice on tobacco control and provide self-help materials to help patients and their families change their lifestyles (2).
 - They should act as role models for the general public, patients and their peers (4).
 - They should educate their patients and families about the harms of any kind of tobacco use and exposure to secondhand smoke as a major cause of CVD, and briefly explain the different types of CVD linked to tobacco use such as ischaemic heart disease, stroke, hypertension, arrhythmias, peripheral vascular disease, aortic aneurysm and sudden death (5).
 - Cardiologists should treat smoking exactly as they manage and treat other major CVD risk factors.
 - Hospitalization time is an opportunity for cardiovascular community members to educate patients about the hazards of smoking and the benefits of quitting, as patients in hospital tend to be more receptive and motivated (6). Behavioural interventions initiated during hospitalization result in a significantly higher quit rate than at other times. Quitting immediately following an acute coronary syndrome event is safe and can substantially reduce future outcomes such as death or re-infarctions (7).
 - Cardiovascular community members need to know that nicotine replacement therapy is not associated with increased risk of stroke, myocardial infarction or death and its combination is more effective than monotherapy (8). In addition, they can safely prescribe the three general classes of FDA-approved drugs for tobacco cessation even in unstable angina or recent myocardial infarction patients. These drugs are nicotine replacement therapy, bupropion SR and varenicline (6, 9). If initiated in hospital following an acute coronary syndrome event, varenicline combined with low-intensity counselling is effective for smoking cessation (10).
 - The approach to tobacco cessation or treating dependency should vary depending on a patient's readiness and motivation to quit. Professionals such as cardiovascular rehabilitation experts can develop personalized plans for cardiac patients who are ready to quit. An example is the 5As approach: ask about tobacco use, advise all users to quit, assess willingness to try to quit, assist the patient to quit and arrange follow-up contacts. For those who are not ready to quit, the 5Rs approach is more suitable: identify relevance, risks, rewards, roadblocks and repetition of quitting. A combination of both will be needed in some cases. These approaches require multiple visits (11).
- Strategies for cardiac organizations:

 - Cardiovascular organizations can lead the development of partnerships with other professional organizations and civil society to fight tobacco use. They can persuade governments to adopt effective smoke-free policies and enforce the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) or the Global Hearts Initiative (12).



- Cardiovascular organizations can support the creation of scientific evidence on new tobacco products that are targeting more victims among women, youth and vulnerable groups. They can advocate and support research in tobacco control fields as a priority and work with related funding agencies.
- Cardiovascular organizations should consider including tobacco control recommendations in most of their clinical practice guidelines, for example on high blood pressure, ischaemic heart disease, atrial fibrillation, peripheral vascular disease and heart failure. They should also consider including tobacco control as a core item of business in most of their professional meetings.
- They can train professionals in tobacco cessation and treatment approaches, CVD related to active and secondhand smoking, the hazards of different types of tobacco, medication for reducing nicotine dependence and the importance of implementing smoke-free laws.
- Developing educational materials for the general population, high-risk groups, and other related specialties like occupational medicine can be considered too.
- Cardiovascular community members should take part in anti-tobacco events such as World No Tobacco Day, and should include tobacco control in their plans to celebrate other events such as World Heart Day, World Hypertension Day and World Stroke Day.
- They can collaborate with the media, nongovernmental organizations and public campaigns, and participate in global, national or sub-national events on tobacco control.
- Cardiovascular organizations should follow and support the integration of tobacco control into curricula for training medical and other health professionals.
- Cardiovascular organizations should challenge the tobacco industry's attempts to resist tobacco control programmes.



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