

Our physicians and staff are devoted to providing the best medical care available. Our physicians are very experienced in caring for High Risk Pregnancy, Infertility and minimally invasive (laparoscopic) surgical techniques. We are looking forward to getting to know and caring for you. If you have any questions or comments about our services, please let us know.

feature of the month

Smoking in Women Part 3 of 3

This is part three of a three part series on smoking in women. Part 1 addressed general health care issues related to smoking. Part 2 considered the negative impact of maternal smoking on pregnancy outcome and childhood well being. In this article, we will explore methods of smoking cessation and the benefits gained from quitting.

Nicotine is indisputably addictive. It causes physical and psychological dependence. The first symptoms of nicotine dependence can occur within days to weeks of the onset of occasional use, even before the habit of daily smoking. In fact, it has been suggested that it takes only four cigarettes to become addicted to nicotine. The main barrier to stopping smoking is this physical addiction to nicotine. Although nicotine and nicotine

byproducts are still present in the body for three to four days after cessation of smoking, withdrawal symptoms can begin within hours of quitting. These symptoms peak within two to three days and may last for several weeks. Nicotine causes an increased feeling of well being and an elevated mood. By withdrawing this nicotine effect, cessation of smoking may change the balance of neurochemical modulators of mood resulting in withdrawal symptoms of depression, anxiety, frustration, anger, irritability, restlessness and fatigue. Other withdrawal symptoms include trouble sleeping, impaired concentration, headache, increased appetite and cravings. These symptoms cause barriers to attempted smoking cessation. Some women are afraid to quit because of the fear of weight gain. The average weight gain in women attributable to smoking cessation is about 5 -10 pounds. "Weight control" smoking occurs in 40%

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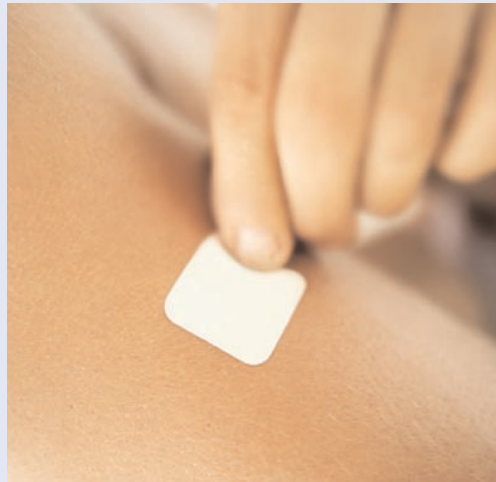
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of female smokers. Another barrier to quitting is depression. Some women “self-medicate” their depressed moods with nicotine. A third barrier to smoking cessation is life “stressors” such as childcare and difficult job situations. These women smoke for stress reduction and relaxation. Of women who stop smoking during pregnancy, 67% restart by twelve months postpartum. Most women who have quit smoking had to try two to three times before they were successful.



How does one go about quitting? After you make the decision to quit, set a date to quit. Prior to that date, get rid of all smoking paraphernalia including ashtrays, lighters and, of course, cigarettes. To be more successful, elicit support from family, friends and coworkers. “Going it alone” is often too difficult. Since smoking is associated with social activities, one must “un-link” smoking from those activities. Avoid people and places where you may be tempted to smoke. Change your habits to decrease your urge to smoke. For example, drink water or juice instead of coffee or alcohol. Learn new skills or hobbies to keep your hands occupied. If you have a strong craving to light up, make yourself wait at least ten minutes. The delay may allow you to be successful in overcoming the urge. You may also use oral substitutes to overcome the cravings (sugarless gum, carrots, sunflower seeds). Reduce stress by exercising regularly, trying meditation and reading. Although the weight gain associated with quitting is usually 5-10 pounds, the health benefits from cessation of smoking outweigh the health risks of this small weight gain. Changing ones diet to include more vegetables and fruits and eight 8 oz glasses of water per day will minimize the weight gain. Regular exercise (30 minutes five times per week) and at least 6-8 hours of sleep per night also improve ones sense of well being.

Talk to your doctor about the use of nicotine replacement therapy (NRT) to reduce withdrawal symptoms. The use of NRT increases the success of smoking cessation by about 1 1/2 - 2 times. Nicotine gum is fast acting. Although a scheduled dosing is more effective, the gum allows an “as needed” supplemental dosing. The transdermal nicotine patch allows gradual weaning from

nicotine. Side effects of NRT include nausea, vomiting, dizziness, palpitations and weakness. But remember, the purpose of NRT is to wean you from your dependence upon nicotine. Zyban (bupropion) is an extended release anti-depressant which may decrease withdrawal symptoms. It is prescribed in doses of 150.300 mg per day and it may be used with NRT.

Be prepared for “relapses”. Most people quit several times before they quit for good, so don't get discouraged! Use the same activities and alternatives that you used to get through the initial withdrawal period. And reward yourself! Use the money saved from not buying cigarettes for a special reward. (A one pack per day smoker will save over \$1000 per year!) The benefits of smoking cessation are numerous. Within one to two years of quitting, the risk of coronary heart disease is decreased by 25-50%. This is followed by a gradual reduction in the risk to that of a non-smoker by 15 years. The risk of stroke is decreased to that of a non-smoker within 5-15 years following smoking cessation. The risk of chronic obstructive lung disease in a former smoker is still increased compared to a non-smoker but is definitely decreased compared to a continuing smoker. The risk of lung cancer and other cancers also decreases with the duration of smoking cessation but may never completely decline to the low risk level of never smokers. Life

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expectancy increases with smoking cessation. Quitting also decreases skin wrinkling and yellowing of the fingers and nails. Clothes, hair and breath smell fresher. Food tastes better. The sense of smell returns to normal. One is less likely to experience shortness of breath with ordinary activities. And finally, if you quit, your children are less likely to smoke!



Smoking cessation rates are best if social support from family and friends is elicited and if smoking cessation treatment is used. The least effective method is to try to stop on ones' own. The Kentucky Department of Public Health offers the Cooper Clayton method of smoking cessation which involves twelve one hour weekly sessions followed by relapse prevention. Classes are free except for the cost of the NRT and book. Call the local Kentucky Cancer Program (KCP) for more information. Other "help" sites may be found at the following:

American Academy of Medical Acupuncture
1-800-521-2262

American Cancer Society 1-800-ACS-2345
www.cancer.org

American Heart Association 1-800-AHA-USAI
www.amhrt.com

American Lung Association 1-800-LUNG-USA
www.lungusa.org

CDC Prevention Office on Smoking and Health
1- 800-CDC-1311 www.cdc.gov/tobacco

National Cancer Institute 1-800-4-CANCER
www.cancer.gov 1-877-44U-QUIT (to talk to a counselor) www.smokefree.gov (click "instant messaging" for live online assistance)

National Women's Health Information Center
1-800-994-9662 www.4women.gov/QuitSmoking

National Tobacco Quit line
www.smokefree.gov/talk.html

Nicotine Anonymous 1-877-TRY -NICA
www.nicotine-anonymous.org

In addition to the above web sites, the bibliography for this series of articles includes the following:

American Cancer Society - Guide for Quitting Smoking

American Cancer Society's Cancer Prevention Study II (1982-1986)

American College of Obstetrics & Gynecology
2005 Compendium.

CDC - Tobacco Information and Prevention Source

Medicine of the Fetus and Mother (Reece and Hobbins) 2nd Edition

National Digestive Diseases Information Clearinghouse

Prenatal Health Risks - Westside Pregnancy Resource Center

World Health Organization - Tobacco Free Initiative

World Health Organization - Women and the Tobacco Epidemic

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Suite 802
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(502) 629-2830

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4121 Dutchman's Lane
Suite 300
Louisville, Ky 40207
(502) 899-6700

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5129 Dixie Highway
Suite 305
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