

ASSISTANCE FOR PATIENTS IN SMOKING CESSATION

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Abstract: In Brazil, the challenge of smoking arises from complex pharmacological and behavioral interactions that generate nicotine dependence. The psychoactive substance in tobacco, absorbed through inhalation, quickly reaches the central nervous system. The habit stimulates the brain's reward center, releasing neurotransmitters such as dopamine and endorphins and is linked to various diseases, such as cancer and heart problems. The report of a 45-year-old patient who seeks to maintain smoking cessation improved after treatment with nicotine patches and bupropion, but mentions "hot flashes" associated with the menstrual cycle and weight gain. The medical evaluation results in a comprehensive plan, including treatment for smoking and climacteric symptoms. Strategies to avoid relapse and lifestyle changes, such as reducing coffee and fried foods, are recommended. The patient is fully cared for and her cooperation are positive indicators for the effectiveness of the treatment and better quality of life and well-being.

Keywords: Case report. Smoking Cessation. Comprehensive health care.

INTRODUCTION

In the Brazilian context, smoking emerges as a significant challenge for public health, mainly due to the complex pharmacological and behavioral interactions that lead to nicotine dependence. The psychoactive substance present in tobacco is absorbed through inhalation during the act of smoking, readily reaching the central nervous system and having an estimated half-life of around two hours. Acting as a stimulant for acetylcholine receptors, tobacco triggers the activation of the brain reward center, culminating in the release of neurotransmitters such as dopamine, norepinephrine and endorphins. It is also crucial to highlight that the habit of smoking has direct connections with the

manifestation of various pathologies. These include, among others, various types of cancer, acute and chronic respiratory diseases and cardiovascular events such as heart attacks and strokes. In this context, the analysis of the case of a 45-year-old patient, former smoker, who seeks health services to monitor smoking cessation is relevant.

Furthermore, the patient complains of sporadic chest burning and reports of hot flashes, associated with the menstrual cycle, and reports weight gain after treatment.

METHODOLOGY

The patient underwent clinical evaluation, with a detailed physical examination. Data on smoking history, family and personal history were collected, as well as information on lifestyle habits, diet and gynecological health.

RESULTS AND DISCUSSIONS

The 45-year-old patient with a body mass index (BMI) of 25.27 kg/m² attends a consultation to reevaluate smoking cessation. With no history of known allergies and list of problems, the patient completed the week before the consultation the use of bupropion and nicotine patches as part of her smoking cessation treatment. Regarding family history, the patient's father, a smoker, died due to a non-specific heart disease and her brothers are smokers. In personal history, there is no known arterial hypertension, diabetes mellitus or cancer in the family. She, in turn, is a former smoker, with no record of hospitalizations or surgeries, received two doses of the vaccine against COVID-19 and was immunized against the flu in 2023. Married and living with her husband, two children and a dog, He is originally from Tamboara-PR and has lived in Sinop for 38 years. With five children, ranging in age from 11 to 26, she has education up to the 5th grade. Catholic and attending an evangelical church on Mondays, Wednesdays

and Sundays. Her job is as a domestic worker, working from Monday to Friday.

The search for the basic health unit (UBS) was made to monitor the smoking cessation treatment, with abandonment on their own initiative, encouraged by the family and seeking improvements in their health, on 03/26/23, with no reports of relapses, lapses or fissures since then. Pharmacological treatment was completed a week ago, involving the use of nicotine and bupropion patches. The smoking habit began at the age of 14, influenced by his brothers and associated with alcohol consumption at parties. Smoking 2 to 3 packs a day, the highest consumption was in the morning and increased in situations of stress, family problems, work and coffee consumption. Already observes benefits such as improvement in voice, taste, breathing and reduced coughing, but reports weight gains due to imbalance in diet.

The patient also mentions the occurrence of “hot flashes” close to menstruation, accompanied by emotional volatility and cramps. Regarding gynecological history, menarche and sexarche were both at 14 years of age, vaginal births and no abortions. With the date of the last menstruation on August 2, 2023, your menstrual cycle is irregular, lasting 5 days of increased flow present in alternate months. The copper IUD was replaced after 10 years (01/11/2023), a mammogram was never performed and the last breast ultrasound (USG) in 2023 showed BI-RADS 2. Being sexually active with her long-term partner, the patient reports presence of orgasm, pleasure and desire; no dyspareunia, vaginal dryness or condom use.

Regarding gastrointestinal complaints, she reports occasional precordial “burning”, rated as 5 on a scale of 0 to 10, which resolves spontaneously and does not require medication. There is also a history of infection by *Helicobacter pylori* and erosive

gastritis, both currently treated. The result of an endoscopy performed on 08/10/2023 was brought to the consultation, showing negativity for previous bacteria and positivity for endoscopic enanthematous gastritis of the antrum, according to the Sidney classification. As for her diet, she regularly consumes rice, beans, meat and processed juices; occasionally vegetables, fruits, fried foods and chocolates; with moderation in salt and without intake of soft drinks, eggs and milk. Coffee is consumed daily on an empty stomach and drink around 2 liters of water per day. Regarding her lifestyle habits, the patient denies drinking alcohol and cycles daily as a means of transport. Having insomnia once a week, sleeping at 3am and waking up at 5:30am, on the other days the sleep is restful, sleeping at 8:30pm and waking up at 5:30am.

The psychic examination reveals a patient with a well-groomed appearance, normal psychomotricity, collaborative attitude, euthymic mood, normomodulated affect and normal thinking with preserved sensorial perception and insight. On physical examination, the cardiovascular system (CA) reveals a two-beat heart rhythm (BRNF 2T) without audible murmurs, and the respiratory system (RA) presents uniform vesicular murmurs in both lungs, with a respiratory rate of 15 breaths per minute (irpm). The abdomen is flat, without retractions, bulges, scars, stretch marks, dilated veins or injuries. Bowel sounds are present, and abdominal percussion indicates submassive, unfocused tympanic sounds. Palpation is painless and the sudden decompression maneuver is negative, as is the Murphy sign.

Based on the findings, the medical evaluation resulted in the prescription of a treatment plan that addresses smoking, dyspepsia symptoms and hot flashes. The patient also receives guidance on climacteric symptoms and their early occurrence in

smokers, dietary changes (especially in relation to the consumption of coffee and fried foods) and strategies to avoid smoking, including actions for relaxation and physical activity. Additionally, it is recommended to use omeprazole 20 mg, one tablet in the morning, for 14 days in case of gastric symptoms. The physical and mental assessment revealed no significant findings, demonstrating normal vital signs and the patient's general health status. Based on the findings, the medical evaluation resulted in the prescription of a treatment plan that addresses smoking, dyspepsia symptoms and hot flashes. The patient also receives guidance on climacteric symptoms, dietary changes (especially in relation to the consumption of coffee and fried foods) and strategies to avoid smoking, including actions for relaxation and physical activity. Additionally, it is recommended to use omeprazole 20 mg, one tablet per day in the morning, for 14 days in case of gastric symptoms.

FINAL CONSIDERATIONS

The 45-year-old patient underwent a detailed assessment regarding smoking cessation treatment and several other areas of her health. She demonstrated motivation to quit smoking, showing significant improvements after completing treatment with nicotine

patches and bupropion. Furthermore, her concerns about weight gain and reporting of waves associated with the menstrual cycle were discussed and addressed comprehensively. The guidelines provided covered not only the prevention of smoking, with strategies to avoid relapses, but also instructions on managing the general symptoms presented during the period. There was advice on lifestyle changes, with special attention to nutrition, avoiding excessive consumption of coffee on an empty stomach and fried foods. Furthermore, the information collected regarding their family history, personal history and clinical examinations were crucial for creating a personalized treatment plan. The multidisciplinary approach considered psychological, physical and lifestyle aspects, aiming to optimize the patient's care on her smoking cessation journey and promote more positive general health. The patient was committed to following the guidelines, which promotes an optimistic scenario for improving her quality of life and well-being.

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