



Cardiology

SMOKING AND THE HEART

You know that smoking is bad for your lungs. But do you know what it does to your heart?

More damage than you might think. Studies have shown that men who smoke are three times more likely to suffer a heart attack than non-smokers. For women who light up, that risk increases to six-fold. Cigarettes tend to make the blood vessels and cholesterol “stickier,” increasing a person’s chances of developing clogged arteries and high blood pressure.

Furthermore, all smoke is bad smoke. If you are a “light” or intermittent smoker, you’re still at risk. Smoking one to four cigarettes a day increases your risk of heart disease almost as much as smoking a pack a day, notes interventional cardiologist and Director of the Cath Lab Charanjit Khurana, MD, FACC, FSCAI. “Many of these people consider themselves ‘non-smokers’, but their health suggests otherwise.” Individuals who don’t smoke but are exposed to second hand smoke on a regular basis are also at increased risk for cardiovascular disease.

The good news is that many of the vascular risks brought on by smoking can be reversed. The chance of heart attack drops precipitously among those who quit—and quickly, too. The body actually begins to respond and repair itself within 24 hours of that last cigarette, and the likelihood of cardiac arrest drops dramatically in the first year, Dr. Khurana says. The more time passes, the more that level of risk continues to diminish.

Quitting is not easy. Most smokers quit an average of three to four times before they truly kick the habit. The reason so many fail in their initial attempts, says Cathy Turner, MS, Director of Health Promotion, is that they do not address all of the factors that compelled them to smoke in the first place. Success requires addressing these three components:

PHYSICAL ADDICTION. Nicotine is an addictive substance from which your body must be weaned. Various pharmacological aids on the market can help, from nicotine replacement therapy (gum, patches, inhalers or lozenges) to medications that can reduce the stimulant effect of cigarettes.

HABIT. Giving up smoking also means giving up some of the rituals you associate with smoking. For example, if you’ve always had a cigarette with a cup of coffee, you form an association and it’s hard to separate the two. When you follow the same patterns, you inevitably have cravings. Behavioral counseling can help you devise ways to mix things up and break old habits.

PSYCHOLOGICAL DEPENDENCY. This, Turner says, is the factor that’s most often ignored and it’s why so many people fail in their attempts to quit. “It’s important to analyze what function or purpose smoking serves in your life. Does it help you deal with stress, boredom or loneliness? Do you use it as a reward?” If so, it’s important to develop alternate coping mechanisms to replace smoking.

The benefits of quitting for good far outweigh the temporary rush of one cigarette. “Once you’ve stopped, over time you realize that you’re more energetic, that you’re breathing easier, and that your sense of taste improves,” Turner says. And your heart will thank you. ■

Enroll in the “Quit for Good” smoking class at Virginia Hospital Center. For more information, see page 13. Virginia Hospital Center is a non-smoking campus.

KICK THE HABIT

TRY THESE TIPS:

PICK A DATE

When you choose an official “quit date”, your plan has a concrete starting point, as opposed to “some day.”



KNOW YOUR TRIGGERS

Change your routine to minimize past associations with smoking. Avoid situations where smoking is prevalent.



ASK YOUR DOCTOR

Ask your doctor if medication and nicotine replacement therapies are appropriate for you.



USE BEHAVIOR MODIFICATION STRATEGIES

Coaching is available through classes, web-based programs and phone-based programs.



Don’t give up. If you fail the first time, use the relapse as a learning experience and set a new start date for quitting.

