

CASE REPORT

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Family Therapy in Cigarette Addiction: Case Report

ABSTRACT

Tobacco use, which causes the deaths of more than 8 million people every year, is an important health problem all over the world, especially in low and middle-income countries. Behavioral education-motivational support treatment can be used alone or in combination with pharmacological treatment in tobacco addiction. In this case series, we wanted to emphasize the importance of the social support in the family with the medical and motivational support provided by 7 members of the same family at the same time by applying to our outpatient clinic. In addition to medical treatment, motivational support and family support are important in smoking cessation treatment.

Keywords: Smoking, Family Treatment, Motivational Interview

Sigara Bağımlılığında Aile Terapisi: Olgu Sunumu

ÖZET

Her yıl 8 milyondan fazla insanın ölümüne yol açan tütün kullanımı, düşük ve orta gelirli ülkeler başta olmak üzere tüm dünyada önemli bir sağlık sorunudur. Tütün bağımlılığı ile mücadelede bağımlılığın derecesi, aile, sosyal çevre, hastanın sahip olduğu ek hastalıklar da dahil olmak üzere çok yönlü bir şekilde değerlendirilerek kişiye özel tedavi yöntemi belirlenmelidir. Tütün bağımlılığında davranış eğitimi-motivasyonel destek (DE) tedavisi tek başına ya da farmakolojik tedavi ile birlikte kullanılabilir. Bu olgu serimiz aynı ailenin 7 üyesinin aynı anda sigara bırakma kararı vererek polikliniğimize müracaat etmesiyle verilen medikal ve motivasyonel destekle, aile içindeki sosyal desteğin önemini vurgulamak istedik.

Anahtar Kelimeler: Sigara Kullanımı, Aile Terapisi, Motivasyonel Görüşme

INTRODUCTION

Tobacco use, which causes more than 8 million deaths every year, is an important health problem all over the world, especially in low and middle income countries. Passive exposure to cigarette smoke contributes to the development of cardiac diseases, cancer and other diseases, causing about 1.2 million additional deaths per year (1). In the literature, it is thought that there will be 8 million deaths worldwide due to smoking in 2030 (2). Tobacco causes addiction with nicotine and may cause cardiovascular diseases, stroke, chronic lung disease, lung cancer and other types of cancer (3, 4). It is thought that smoking during pregnancy may cause complications such as placenta previa, abruptio placenta, stillbirth, low birth weight, preterm birth, spontan abortus, newborn short stature and congenital anomalies (5-9). In addition to its effects on health, tobacco use causes a financial burden of 1.4 trillion dollars a year and 40% of this occurs in developing countries (10). Considering all this, the fight against tobacco addiction becomes more and more important day by day. In the fight against tobacco addiction, the degree of addiction, family, social environment, and the additional diseases that the patient has, should be evaluated in a multifaceted way and a personalized treatment method should be determined. Fagerström Nicotine Dependency Scoring (FNDS) is the most widely used assessment for measuring nicotine addiction level (11). Carbon monoxide measurement in respiratory air and the number of cigarettes smoked per 24 hours are among the other methods used (12, 13). Behavioral education-motivational support therapy can be used alone or in combination with pharmacological treatment in tobacco addiction (14). As pharmacological treatment methods, nicotine replacement therapy, bupropion and varenicline treatments are used in our country. Nicotine replacement treatments are classified as nicotine gum, transdermal tape, intranasal spray and inhaler.

In this case series, we wanted to emphasize the importance of the social support in the family with the medical and motivational support provided by 7 members of the same family at the same time by applying to our outpatient clinic.

CASE REPORT

In our case series, we examined 7 people from the same family to apply for smoking cessation, and to discuss them individually and collectively, and to quit smoking.

Case 1: A 70 years old male patient. In the anamnesis received; learned to retire, coronary artery disease. The FNDS score was 7 in the evaluation of the patient who smoked 28 packs / year and had 4 quits before. When asked why he wanted to quit smoking, he reported that he had difficulty breathing and had financial difficulties.

Motivational support and nicotine replacement therapy were initiated due to age and coronary artery disease. A control appointment was made by informing about how to use and side effects.

Case 2: Case was 60 years old male patient. He stated that he retired and had no additional disease in the anamnesis. FNDS score was determined as 8 in the evaluation of the patient who had 42 packs / year of smoking and had multiple quitting experiences before. When asked why he wanted to quit smoking, he stated that he had shortness of breath. Motivational support and varenicline treatment were started, since the patient had no additional diseases. A control appointment was made by informing about how to use and side effects.

Case 3: Fifty five years old female patient. It was learned that the patient was a housewife in her anamnesis and that she was treated for depression. The FNDS score was found to be 8 in the evaluation of the patient who smoked 30 packs / year and had previous quitting experience. The patient stated that he wanted to quit smoking due to financial difficulties. In addition to motivational support therapy, nicotine replacement therapy was started. A control appointment was made by informing about how to use and side effects.

Case 4: Thirty two years old female patient. It was learned that she had a wife in her anamnesis and she did not have any concomitant disease. FNDS score was determined as 9 in the evaluation of the patient who had 22 packs / year of smoking and had previous quitting experience. When asked why he wanted to quit smoking, he stated that he had financial concerns. Since the patient did not have any additional diseases, motivational support therapy and varenicline treatment were started. A control appointment was made by informing about how to use and side effects.

Case 5: Case was 25 years old male patient. It was learned that he had a student in the anamnesis and had no concomitant disease. The FNDS score was found to be 7 in the evaluation of the patient who used 3 packs / year of smoking and had no previous quitting experience. When asked why he wanted to quit smoking, he stated that he wanted to quit because of the smell of his friends. Since the patient had no additional disease, varenicline therapy was started in addition to motivational support therapy. A control appointment was made by informing about how to use and side effects.

Case 6: Twenty two years old male patient. It was learned in the anamnesis that he was engaged in self-employment and did not have additional diseases. FNDS score was found to be 9 in the evaluation of the patient who used 3 packs / year cigarette and had no previous cessation experience. When the patient was asked why he wanted to quit smoking, he stated that the desire of the family

members to quit had also created a desire to quit. Since the patient had no additional disease, varenicline therapy was started in addition to motivational support therapy. A control appointment was made by informing about how to use and side effects.

Case 7: Twenty years old female patient. It was learned that she was a mother-in-law and breastfeeding her baby. The FNDS score was found to be 8 in the evaluation of the patient who used 4 packs / year of cigarettes and had previous quitting experience. When asked why the patient wanted to quit smoking, she stated that she did not want to expose her baby to the smell of cigarettes. Pharmacological treatment was not given to the patient because she was breastfeeding her baby, and motivational support treatment was given. A control appointment was made by informing.

The 12th day of the patients was planned as a common smoking cessation day. A control appointment was made 1 week after the day of quitting. Contact information was shared to reach patients in case of additional complaints or emergency situations. Patients were interviewed at the control appointment. There were no side effects or additional complaints in the patients. It was observed that all of the patients had quit smoking. It was learned that some of them had difficulties in this period, but they had a more comfortable time with family support. One month later, a check-up appointment was made. At the control appointment, the patients stated that they still did not smoke and talked about finding new hobbies. After 3 months, a control appointment was made and the contact information was shared again in order to reach additional complaints.

DISCUSSION

It is known that individuals who feel suggestions and suggestions to quit smoking even once from physicians are more motivated and quit smoking (15). It is thought that environmental and genetic factors play a role in cigarette addiction besides nicotine (16). The investigations show that the smoking between the family members increase if there is already already a smoking person within the family (17). The main challenge in cigarette addiction should be to prevent smoking (16). As there are many methods used in smoking cessation, the important thing is to choose the method that is suitable for the patient. Because smoking cessation treatment is actually creating a behavior change. In order to do this, it is very important to choose an individual-specific method in which the individual will be included and internalized. Although we are from the same family, different cigarettes addiction treatments have been started for 7 patients who have been examined and it has been seen that individuals benefit. Since the patients are from the same family, the social support they provide to each other is thought to be effective in the success rate.

At the same time, it is thought that the patients are away from smoking in the home environment because the patients live in the same house and the planned smoking cessation date is the same day. In addition, behavioral training provided to patients - motivational support treatment may have increased the effectiveness of the treatment, both individually and collectively, for each examination. The FNDS score in the study ranged from 7 to 9 with a high and very high level of nicotine dependence. It was stated that the desire to quit smoking was also high in those with a high score (18).

It is known by physicians that psychosocial support is important in addition to smoking cessation treatments, especially in individuals over 65 years of age (19). In this respect, despite the 4 times of unsuccessful experience of our 70-year-old patient, it was ensured that both the healthcare professionals and the family members quit smoking thanks to the strong motivational support. The literatures often mention that the success of medical treatment increases in line with the GP s active involvement within the treatment together with them investing the required time for the treatment (20). We have created interactive communication environments with our patients to answer any questions they have in mind by taking 20 minutes each and 45 minutes collectively.

Smoking during breastfeeding causes hyperactivity syndrome, sudden infant death, and middle ear infection and lung infection in the baby (21). Our case, who was in breastfeeding period and continued to smoke while breastfeeding her baby and had previous experience of quitting, also quit smoking. In the control, especially when the changes in her baby were questioned, she said that the baby slept more comfortably and her milk was enough for her baby. It has been reported in the literature that smoking in the breastfeeding mother reduces the mother's milk. In our case, we reached a conclusion similar to the literature.

CONCLUSION

Cigarette addiction level is a very high substance. It is obvious that medical treatment is not only beneficial for smoking cessation treatment, but motivational support must be applied. Besides health professionals, regulation of social environment, family support and individualized approach are important factors affecting the success of treatment. We think that the support of the family to each other and the necessary time for each of the patients, finding the answers to every question they have in mind, and the individuality of their treatments are of great importance in the success of the treatment in our patients.

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IGT and SS examined and wrote manuscript, BKT wrote manuscript and checked the examination.

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