Extended Abstract

Hospitalization for Smoking Addicts: A Boredom or an Opportunity? Case Report of a Cigarette Addict Psoriasis Patient

Introduction

There are very effective laws in the theory of smoking in our country. The prohibition of smoking has been extended by the law numbered 5727 and the law numbered 4207. Accordingly, with the article 2/1-a of the same law, all closed buildings of medical services such as medical centers and branch centers belonging to private law persons and especially in closed areas of all buildings (including all kinds of healthcare providers, etc.) smoking ban has been introduced in their venues. In 2015, T.C. The Ministry of Health has added a five-meter area in front of the institutions providing health care services to this ban. This can have many positive or negative effects on patients. Apart from protecting non-smokers from cigarette smoke, smokers take a break from smoking habits by force during their stay. This period may be an advantage for patients who smoke. The hospitalized cigarette addicts experienced most of the symptoms associated with nicotine withdrawal since they were not able to smoke during this period and they survived a critical period. In addition, it can be anticipated that if they establish a cognitive connection between the reasons for hospitalization and their health status and cigarette addiction, their motivation to quit smoking will increase. In some previous studies, there are data about smoking cessation counseling and treatment, especially in the early period following hospitalization and / or exit, that effective smoking results can be obtained in smoking addicts. In this context, some cigarette addicts cannot benefit from this process as expected.

Case

In this review, a smoking-dependent psoriasis patient, aged 40, who should receive immunosuppressive treatment in the hospital, but who has delayed his hospitalization due to concern for nicotine withdrawal syndromes, is discussed. Patient M.Y. was rated 10 points from Fagerstrom Nicotine Addiction Test, his CO level in exprium air was 67 ppm. It has previously made many quitting attempts, including NRT and Bupropion, but none of them has been successful for more than a month. The patient was caught during previous hospitalization and legal proceedings were initiated against him. The standard smoking cessation program of our clinic was applied to the patient. As a treatment agent, varenicline treatment was started. He quit smoking about ten days after the first visit. The patient was then hospitalized in the dermatology service and immunosuppressive therapy was applied. He stated that he did not smoke at the meeting three months later and the CO level measured in expirium air was 5 ppm.

Discussion

Hospitalization may be an opportunity to some smokers in order to quit. There is a need for opportunistic, scientific, ethical, and effective approaches to help smokers quit while their hospitalization period.