



Lifestyle Medicine approach for “smoking cessation” from medical student perspective

Tıp fakültesi öğrencisi gözüyle “sigara bırakma” için Yaşam Biçimi Tıbbı yaklaşımı

● Yankı Göksoy¹ ● Özden Gökdemir²

¹⁾ IUE Faculty of Medicine, Med. Student, Balçova, İzmir. {ORCID:0009-0000-4806-2380}

²⁾ IUE Faculty of Medicine, Department of Family Medicine, Assoc. Prof. Dr, Balçova, İzmir. {ORCID:0000-0002-0542-5767}

İletişim adresi:

Dr. Özden Gökdemir

E-mail: gokdemirozden@gmail.com

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Özet

Giriş: Bu olgu sunumunda, iki yıldır sigara içen 20 yaşındaki bir tıp öğrencisinin durumu ele alınmaktadır. Merak ve akran baskısı nedeniyle sigara içmeye başlamış olan hasta, e-sigara, filtreli sigara, nargile ve puro gibi farklı tütün ürünleri kullanmaktadır. Günde yaklaşık 10 sigara içmekte olup, sigarayı bırakma konusunda bir başarısız girişimi vardır.

Olgu Sunumu: Hastanın sigara içme alışkanlıkları, özellikle okulda yaşadığı akran baskısından etkilenmektedir ve günlük sigara tüketiminin %70'i bu ortamda gerçekleşmektedir. Çay, kahve, alkol tüketimi, yemek sonrası veya stres anlarında sigara içme isteği artmaktadır. Aile geçmişinde diyabet, hipertansiyon ve akciğer kanseri gibi ciddi sağlık sorunları bulunmaktadır. Ayrıca, hastanın ekran başında günde yaklaşık 11 saat geçirmesi hareketsiz bir yaşam biçimine neden olmaktadır.

Zorluklar: Sigarayı bırakma sürecindeki zorluklar arasında güçlü akran etkisi, bırakmanın psikolojik ve fiziksel yan etkileri ve ek stres yaşamaktan kaçınma isteği yer almaktadır. Önceki bırakma girişiminde öfke, uyku bozuklukları ve iştah artışı gibi belirtiler yaşamış ve bu durum, yeniden sigara kullanımına neden olmuştur. Aynı evde sigara içen bireylerin varlığı da sigarayı bırakmayı zorlaştırmaktadır.

Tartışma: Bu hastanın sigarayı bırakma hedefine destek olmak için, sağlık ve psikolojik hizmetlere yönlendirilmesi, dijital araçlar kullanılarak bırakma sürecinin izlenmesi ve stresle başa çıkma yöntemlerinin geliştirilmesi önerilmektedir. Sigara bırakma planı, sosyal çevresi ve psikolojik tetikleyicilere uygun davranışsal girişimleri içermelidir.

Sonuç: Bu olgu, özellikle tıp öğrencileri arasında sigara içme alışkanlıklarında akran baskısının ve psikolojik etmenlerin önemli rol oynadığını vurgulamaktadır. Sigarayı bırakmada uzun dönem başarı için fiziksel ve duygusal etmenleri hedefleyen kapsamlı bir destek sistemi kritik öneme sahiptir.

Anahtar kelimeler: sigara bırakma, tıp fakültesi öğrencisi, yaşam biçimi tıbbi

Summary

Introduction: This case report discusses a 20-year-old male medical student who has been smoking for two years. He began smoking due to curiosity and peer pressure and now consumes various forms of tobacco, including e-cigarettes, filtered cigarettes, hookah, and cigars. The subject smokes approximately 10 cigarettes a day, with a history of one failed attempt to quit smoking.

Case Presentation: The patient's smoking habits are influenced by his social environment, particularly peer pressure at school, where 70% of his daily smoking occurs. He experiences cravings when drinking tea, coffee, alcohol, after meals, or when stressed. His family history includes several serious health conditions such as diabetes, hypertension, and lung cancer. In addition to smoking, he spends around 11 hours daily in front of a screen, which contributes to his sedentary lifestyle.

Challenges: The main challenges in his cessation journey include the strong peer influence, the psychological and physical side effects of quitting, and the desire to avoid additional stress. During his previous quit attempt, he faced symptoms like anger, sleep disturbances, and increased appetite, which contributed to his relapse. The presence of smokers in his household also exacerbates his difficulty in quitting.

Discussion: To support this patient in his goal to quit smoking, strategies such as referral to healthcare and psychological services, using digital tools to track his cessation progress, and finding stress-relieving alternatives are suggested. His smoking cessation plan should consider behavioral interventions tailored to his social environment and psychological triggers.

Conclusion: This case highlights the significant role of peer pressure and psychological factors in smoking habits, particularly among medical students. A comprehensive support system focusing on both physical and emotional aspects of quitting is critical for long-term success in smoking cessation.

Anahtar kelimeler: smoking cessation, medical student, lifestyle medicine

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In “Human-Society-Planet 201 Course” at Izmir University of Economics, Faculty of Medicine, one of the objectives is “Explain the relation between smoking and NCDs, and preventive interventions”. According to this concept a form based on the “smoking cessation for primary care” has been assigned to the medical student for the second year to evaluate the lecture. On this aim, the students should answer the following questions from the lifestyle medicine perspective”;

- What is the most challenging for your patient?
- What actions make sense to prevent the individual from smoking?

Case:

The student’s is 20, male, single. He is a student of medical school. Patient consent has been taken.

He has begun smoking when he was 18 years old due to curiosity and psychological (peer) pressure. He smokes e-cigarettes, filtered cigarettes, hookah, pipe, and cigar. He smokes 10 cigarettes in a day and 180 packs in a year and he mentioned that his smoking habit decreased throughout the time. His friends at school are also smoking. In school he stated that he smokes in areas that are eligible to smoke and sometimes closest place to smoke. He also mentioned that he smokes 7 cigarettes at school.

When he consumes tea, alcohol, coffee his desire for cigarettes increases. He also craves a cigarette after meals or when he feels stressed. He previously thought and tried to quit smoking once and he managed to not to smoke for 15 days. He also wants to quit smoking now because he is afraid of smok-

ing-related health problems, pressure from society, and doctor’s advice. In his previous trial of quitting smoking, he faced obstacles such as anger, sleep disorders, headache, increased appetite, and constipation. In his family history, diabetes, infarct, hypertension, lung cancer, other cancers and embolism are observed. In his house, he is not the only person who smokes and there are also two people in his house who does not smoke and exposed to the smoke. He drinks alcohol once a week. His hobbies are driving and computer games. His screentime was also high, just like an addiction, and he spends approximately 11 hours per day on screen.

The most challenging issue regarding quitting smoking about this student is peer pressure, considering that he smokes 70% of cigarettes in a day at school. Most of the students could be considered as new victims of tobacco industry. To know the side-effects couldn’t solve the problem.⁽¹⁾ As lifestyle medicine approach also has the lifelong habits management, not only individual but organizational level structural changes are needed.^(2,3)

Not only peer pressure, but also side effects of quitting might be also challenging since he is a medical school student, and he does not have time to waste with new stress and anger problems. He previously tried smoking once and he managed to go as further as 15 days. During answering the survey, he stated that he just tried to quit until new year and then he wanted to start again. According to Ünüvar and Dişçigil, “The most common reason for smoking cessation motivation was its harmful effect on health. Being a medical student was among the rarely report-

ed reasons. The most common reasons for successful smoking cessation were self-determination and support from friends whereas the most common reasons for failed smoking cessation attempts were craving for tobacco and difficulty in studying during exam periods. We understand that nicotinic deprivation symptoms are quite common and spending time with hobbies and eating are the most commonly reported coping behaviors”.

This statement leads us this student tried to quit for a short time just to challenge himself.⁽⁴⁾ Peer pressure has been identified as a major predisposing factor in the development of smoking behaviors, as well as in the abuse of drugs and the use of illicit substances. Studies show a strong correlation between an individual’s susceptibility to smoking and the influence of having friends who smoke.⁽³⁾ It is important to note that peer pressure not only influences the initiation of smoking behavior but also affects an individual’s willingness to continue smoking in the future.⁽⁵⁾

He even rewarded himself with smoking again which means that he cannot give up smoking even though he decreased the amount of it. In addition, he does not only smoke cigarettes, he smokes a variety of tobacco products. Having a lot of options can lead to more usage of tobacco products due to loss of feeling of boredom. To sum up, it can be safely addressed that he likes smoking even though he decreased it, his school environment is playing a huge factor on this smoking issue, and he might not want another stress factor in his life by quitting cigarettes.

Studies have also indicated that among the reasons for the increase in smoking are starting university, pursuing medical education, having a low grade point

average, experiencing stressful periods, and working in a hospital.⁽⁴⁾ To change this reason, conditions of the school and/or workplaces are needed.⁽⁶⁾

We can lead him to healthcare centers to quit smoking.⁽⁷⁾ Also considering his screen time, we can also ask him to download some applications, which are helpful during quitting process. To manage his anger and blocking his desires, we can lead him to his school’s psychology department or to an outside psychology centre. Previously he stated that he smokes when he feels stressed, about this issue we can also advise instead of smoking, he can find other alternatives to reduce his stress. To prevent him from smoking at school, maybe we can ask him to go to school without a pack of cigarettes. He can obtain one from his friends but later he might feel a little shy to ask.

Conclusion:

Smoking/tobacco usage is not only problem for this case. Long screen time, not being physically active, couldn’t make stress management are also problems that are needed to be solved. Six pillars of “lifestyle medicine” could be helpful tools. School-based intervention programs are essential to reduce the high prevalence of tobacco usage among students.

Informed patient consent: Patient consent has been taken.

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