

Original Article

To assess the outcome of tobacco cessation among subjects with tobacco habit- A clinical study

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ABSTRACT:

Background: Tobacco use is a global epidemic among young people. The present study was conducted to assess the outcome of tobacco cessation among subjects with tobacco habit. **Materials & Methods:** The present 5 years retrospective study was conducted on 520 subjects of both genders (males- 340, females- 180) in the age range of 20- 50 years. All cases were of leukoplakia, OSMF, oral cancer etc. who were diagnosed 5 years back and advised to discontinue the habit or were treated accordingly. Careful clinical examination was done to detect presence of any lesions. **Results:** Age group 20-30 years had 150 males and 80 females, 30-40 years had 110 males and 70 females and 40-50 years had 80 males and 30 females. The difference was significant ($P < 0.05$). Leukoplakia was seen in 165, Smoker's palate in 78, Smoker's melanosis in 210, OSMF in 45 and oral cancer in 22 before 5 years and which decreased to 52, 12, 43, 8 and 4 after 5 years respectively. 60% cases adopted nicotine replacement therapy, 20% intralesional injection, 20% surgery and 2% radiotherapy. The difference was significant ($P < 0.05$). **Conclusion:** Tobacco usage is increasing among young adults. However, with population awareness programmes the harmful effects of tobacco may be minimized.

Key words: Tobacco, leukoplakia, epidemiology.

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INTRODUCTION

Tobacco use is a global epidemic among young people. As with adults, it poses a serious health threat to youth and young adults in the United States and has significant implications for this nation's public and economic health in the future.¹ Tobacco is main etiologic factor for premalignant as well as malignant lesion of or cavity. It is risk factors for periodontal disease as well as for general health. Tobacco usage in smoking or smokeless form is way of consuming it. The harmful effects of tobacco products are leached out in oral cavity leading to damage. Adolescence is a stage of significant growth and potential but it is also considered to be a time of great risk. A lot of adolescents are facing pressures to use alcohol, cigarettes, or drugs and to start sexual relationships, thereby putting

themselves at high risk for intentional injuries and infection from sexual transmitted diseases.²

Tobacco is used in non smoking form such as pan, gutkha, zarda etc. In smoking form, it is mainly cigarette smoking, bidi smoking, huka, hukli etc. Tobacco is known to be the only legal consumer product that can cause harm to everyone exposed to it and kills most of those who use it as intended. Tobacco is also considered as the single most preventable cause of death in the world. The use of tobacco is widespread due to low prices, strong marketing, lack of education about its negative effects, and poor public policies against its use.³ The present study was conducted to assess the outcome of tobacco cessation among subjects with tobacco habit.

MATERIALS & METHODS

The present 5 years retrospectives study was conducted on 520 subjects of both genders (males- 340, females- 180) in the age range of 20- 50 years. All cases were of leukoplakia, OSMF, oral cancer etc. who were diagnosed 5 years back and advised to discontinue the habit or were treated accordingly. They were informed regarding the study and written consent was obtained. Ethical clearance was taken prior to the study. General information such as name, age, gender etc. was recorded. Careful clinical examination was done to detect presence of any lesions. Results were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of subjects

| Age group (years) | Males | Females | P value |
|-------------------|-------|---------|---------|
| 20-30 | 150 | 80 | 0.05 |
| 30-40 | 110 | 70 | |
| 40-50 | 80 | 30 | |
| Total | 340 | 180 | |

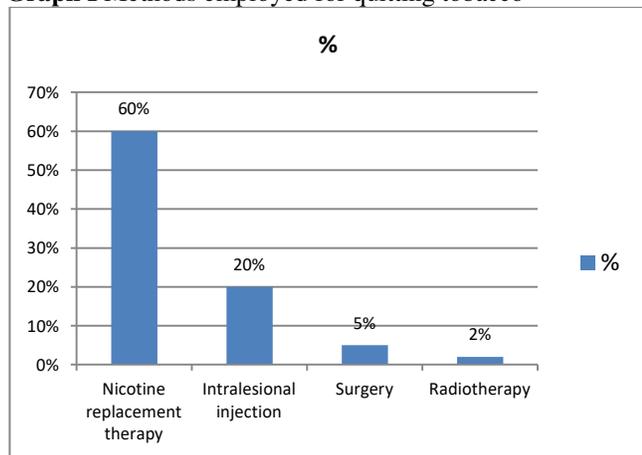
Table I shows that age group 20-30 years had 150 males and 80 females, 30-40 years had 110 males and 70 females and 40-50 years had 80 males and 30 females. The difference was significant (P< 0.05).

Table II Presence or absence of lesion before & after 5 years

| Lesions | Before 5 years | After 5 years | P value |
|--------------------|----------------|---------------|---------|
| Leukoplakia | 165 | 52 | 0.01 |
| Smoker's palate | 78 | 12 | 0.04 |
| Smoker's melanosis | 210 | 43 | 0.01 |
| OSMF | 45 | 8 | 0.05 |
| Oral cancer | 22 | 4 | 0.01 |

Table I shows that leukoplakia was seen in 165, Smoker's palate in 78, Smoker's melanosis in 210, OSMF in 45 and oral cancer in 22 before 5 years and which decreased to 52, 12, 43, 8 and 4 after 5 years respectively. The difference was significant (P< 0.05).

Graph I Methods employed for quitting tobacco



Graph I shows that 60% cases adopted nicotine replacement therapy, 20% intralesional injection, 20% surgery and 2% radiotherapy. The difference was significant (P< 0.05).

DISCUSSION

Studies on humans and nonhuman primates show that adolescence is a period for undertaking important development tasks like maturing physically and sexually; acquiring skills necessary to perform adult roles; gaining more independence from parents, and establishing social ties with members of the same and opposite gender. Tobacco cessation programme should involve more patients who are indulged in tobacco usage habits.⁴ 5 A's is ask patients about their tobacco-use status and document answers. Advice in a clear, strong and personalized manner, urge every tobacco user to quit. Ask if tobacco user is willing to make a quit attempt within the next 30 days. Help the patient with a quit plan. Provide practical counseling, problem solving and skills training.⁵ The present study was conducted to assess the harmful effect of tobacco and effects of quitting tobacco.

In present study, age group 20-30 years had 150 males and 80 females, 30-40 years had 110 males and 70 females and 40-50 years had 80 males and 30 females. This is in agreement with Goedhart et al.⁶

Leukoplakia was seen in 165, Smoker's palate in 78, Smoker's melanosis in 210, OSMF in 45 and oral cancer in 22 before 5 years and which decreased to 52, 12, 43, 8 and 4 after 5 years respectively. 60% cases adopted nicotine replacement therapy, 20% intralesional injection, 20% surgery and 2% radiotherapy. This is similar to lahti et al.⁷ Hutsens et al.⁸ conducted a study to produce a treatment manual and demonstrate the feasibility of providing a tobacco-focused intervention in the context of treatment for AOD use disorders. Design of the intervention was based on available research regarding influences on adolescent smoking cessation and persistence, developmental issues, and factors specific to AOD-abusing youth. Each version of the intervention addressed these primary considerations, and subsequent applications were modified in response to prior experience and participant feedback.

In present study we found that 60% cases adopted nicotine replacement therapy, 20% intralesional injection, 20% surgery and 2% radiotherapy. Kivz et al.⁹ found that 80% of patients believed that it is the physician's responsibility to provide them with tobacco counseling cessation services. Patients were advised to reply regarding whether dentist should ask about the tobacco dependence habit of the patient, the dentist should advise patients to quit tobacco dependence habit, the dentist should assess patients' willingness to quit the habit, the dentist should assess patients willingness to quit the habit and the dentist should arrange cessation services and follow up for the patients who have tobacco dependence habit.

Addiction may be described as continued uncontrollable use of a substance regardless of harmful consequences. Many smokers do not acknowledge that they are addicted to tobacco. Most people think they can quit whenever they want to. Many youth are of the opinion that they have a lot of time to work on quitting.¹⁰

CONCLUSION

Tobacco usage is increasing among young adults. However, with population awareness programmes the harmful effects of tobacco may be minimized.

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