



**4<sup>TH</sup>** DAILY CARDIOLOGY  
**SYMPOSIUM**

CONCISE, PRECISE, PRACTICAL

# Beyond The Last Puff! Smoking Cessation and Cardiovascular Disease Prevention

## Learning Objectives and Case



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## Learning Objectives

- The Evidence About the Impact of Smoking Cessation on the Risk of Cardiovascular Diseases
- The Role of the Clinicians
  - The 5As Approach
- Addressing the Barriers to Quit
  - Nicotine Withdrawal
  - Behavioral Counseling
- Pharmacotherapy for Smoking Cessation
  - Choice of Agents
  - Monitoring of Therapy
- Management of Relapse

## Case

- 58 Y/O gentleman, taxi driver
- PMH: T2D from 15 years ago, otherwise unremarkable
- DH: Metformin 2000mg Daily, Linagliptin 5mg OD
- FH: His father died of coronary artery disease at his 60s
- He complains of SOB and occasional chest pain over the past six months. He also mentions that he has been feeling fatigued more easily recently.
- He has been a smoker for the past 30 years, with an average of 20 cigarettes per day. He has tried to quit smoking multiple times in the past but has always relapsed due to withdrawal symptoms and high stress levels at work.

## Case

- His recent cardiovascular exam revealed non-significant CAD, based on CCTA result and normal systolic & diastolic function.
- Ph/E:
  - BP: 127/68, HR: 91bpm, Spo2: 97% in room air, BMI: 28, otherwise unremarkable
- ECG: NSR, no ST-T change
- Recent Lab:

FPG: 112 mg/dL, HbA1c: 7.1%, CBC, LFT, Cr, Electrolytes: NL

**What is your plan for smoking cessation in this patient?**

**Thank you for your attention**



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