Smoking and your heart

BEATING HEART DISEASE TOGETHER
About the British Heart Foundation
The British Heart Foundation is the nation’s heart charity, saving lives through pioneering research, patient care and vital information.

What you can do for us
We rely on donations to continue our vital work. If you would like to make a donation to the British Heart Foundation, please ring our credit card hotline on 0870 606 3399 or contact us through our website at bhf.org.uk/donate or send it to us at the address on the back cover. Or, if you are thinking of making or updating your will and wish to make a gift to the BHF, call 020 7487 7182 or email legacy@bhf.org.uk and ask for our free booklet, called My generation.

British Heart Foundation website
You may find other useful information on our website at: bhf.org.uk
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About this booklet

This booklet is for people who smoke and who already have coronary heart disease. (‘Coronary heart disease’ is the term used to describe the gradual narrowing of the inner linings of the coronary arteries, which can lead to angina or a heart attack.)

The booklet explains:
• how smoking damages the heart and circulation
• why second-hand smoking is dangerous
• the benefits of stopping smoking
• the services and treatments available to help you stop smoking, and
• how to find out about those services.

We explain the technical terms used in this booklet on page 39.

This booklet does not replace the advice that your doctors or nurses may give you, but it should help you to understand what they tell you.
The risks of continuing to smoke

If you have coronary heart disease (that is, if you have angina or have had a heart attack), you probably already know that smoking is bad for your heart, as well as for your lungs. Perhaps you have tried to quit already. But now you have an extra reason to stop smoking, because it is something positive you can do to improve your health and your quality of life. **Stopping smoking is the single most important thing a smoker can do to live longer.**

If you already have coronary heart disease, it is particularly important to quit smoking, for the following reasons.

- Smokers are at almost twice the risk of a heart attack compared with those who have never smoked.¹
- If you are waiting to have heart surgery, your recovery will be quicker if you quit smoking as soon as possible before your operation. Stopping smoking will help to reduce your risk of having complications – such as a chest infection – after surgery.
- People who continue to smoke have more angina and may have to go into hospital more often.

There is no quick and easy way to quit. You have to want
to stop smoking. This booklet concentrates on ways you can increase your chances of becoming ‘smoke-free’.
How smoking damages your heart and circulation

Chemicals in cigarette smoke can damage the lining of the coronary arteries. This leads to **atherosclerosis** – the build-up of fatty material within the walls of the arteries which is the cause of coronary heart disease.

The **carbon monoxide** in tobacco smoke is the same type of poisonous gas found in car exhaust fumes. It puts the heart at risk because it deprives the heart of vital oxygen. Oxygen is carried around the body by red blood cells. The oxygen joins onto haemoglobin – the red protein within the red blood cells. However, the carbon monoxide in cigarette smoke also joins onto the haemoglobin, reducing the amount of oxygen that the blood can carry around the body. In some smokers, up to half of the blood can be carrying carbon monoxide instead of oxygen. (See the illustrations on page 9.)

Tobacco smoke also has an effect on the sticky particles in the blood called **platelets**. This makes the blood more likely to clot.

The **nicotine** in cigarettes stimulates the body to produce adrenaline, which makes the heart beat faster and raises the blood pressure for a short while immediately after
smoking. This means that, each time you smoke a cigarette, your heart has to work harder.

It is the tar found in cigarettes that causes cancer. However, if a cigarette is low in tar, it does not necessarily mean that it has less nicotine and carbon monoxide. So low-tar cigarettes can be just as harmful to your heart as regular cigarettes. Also, people who smoke low-tar cigarettes tend to compensate by taking more puffs and inhaling more deeply. Research shows that smokers of ‘light’ or ‘mild’ brands of cigarettes are likely to inhale as much tar and nicotine as smokers of regular cigarettes. Just three or four extra puffs on a cigarette can change a low-tar cigarette into a regular-strength cigarette.\(^2\)
Blood cells of a non-smoker

- red blood cell
- haemoglobin
- pairs of oxygen molecules

Blood cells of a smoker

- pair of oxygen molecules
- haemoglobin
- molecules of carbon monoxide

Carbon monoxide from cigarette smoke joins onto the haemoglobin inside the red blood cell, reducing its ability to carry oxygen to the heart.
The unpleasant facts about smoking

Smoking and your heart

- Coronary heart disease is the single most common cause of death in the UK.
- Smoking is one of the major risk factors for coronary heart disease. (A risk factor is something that increases the chance of getting the disease.) Up to 19 in every 100 deaths from coronary heart disease are associated with smoking. Other risk factors for coronary heart disease are: having high levels of cholesterol in the blood; high blood pressure; physical inactivity; being overweight or obese; diabetes; and having a family history of coronary heart disease.

It is not only your heart

Cigarette smoking has dangerous effects on other parts of the body too.

- Four in every five deaths from lung cancer are caused by smoking.
- Ten in every 100 deaths from stroke are associated with smoking.
- Smoking increases the risk of cancer of the lungs,
larynx, mouth, pancreas, bladder, kidneys, cervix, oesophagus, and the stomach or gut.

- Smoking is the main cause of chronic bronchitis and emphysema (diseases that affect the lungs).
- Smoking can lead to diseases of the arteries in the leg (peripheral arterial disease), which can also lead to the need for the leg to be amputated.
- On average, cigarette smokers die about 10 years younger than non-smokers, and about half of all persistent smokers are killed by smoking.  

The risks for women

Overall, coronary heart disease is the single most common cause of death in women. However, female hormones may give some protection to younger women before the menopause. Like men, women who smoke greatly increase their chances of developing coronary heart disease, cancer and chronic bronchitis. Women who take the contraceptive pill and smoke increase their risk of coronary heart disease and stroke.  

Pregnant women who smoke are more likely to have an underweight baby or premature birth, or to have a stillbirth (where the baby has died before it is delivered).  

The children of mothers who smoked during pregnancy
are more likely to suffer delays in physical and mental development up to the age of 11.⁸
Second-hand smoke or passive smoking

Second-hand smoke, or passive smoking, is where non-smokers inhale other people’s smoke. It often makes the eyes sting, or causes a sore throat or headaches.

If you have coronary heart disease, breathing in other people’s cigarette smoke can harm you. The effects of being exposed to second-hand smoke for short periods of time are often nearly as bad as long-term active smoking.

You should avoid breathing in other people’s smoke as much as possible. Second-hand smoke increases the risk of lung cancer in non-smokers.

Being exposed to second-hand smoke also doubles the risk of cot death in babies and can cause asthma, lung infections and middle-ear disease in young children.
The benefits of quitting

- Within 30 minutes of stopping smoking, your blood pressure and pulse rate go back to normal.
- Within 24 hours, your body will be clear of carbon monoxide and your lungs will start to clear some of the waste material from smoking.
- In two or three days you will be able to taste and smell things better, and you will be able to breathe more easily.
- Over the next few weeks and months your circulation will improve, and your lungs will gradually start to work better.
- By a year after you have stopped, your risk of a heart attack falls to about half that of a smoker.
- By 10 years after stopping, your risk of lung cancer will have halved compared to someone who still smokes.
- After 15 years of not smoking, your risk of a heart attack will be similar to someone who has never smoked.¹
How can I quit?

Seven in every ten current smokers say they would like to stop smoking.\textsuperscript{14} Stopping smoking is not easy. However, around 11 million people in the UK have become \textbf{successful ex-smokers}.\textsuperscript{15} Most of those who stop do so by themselves. Being determined is a vital ingredient in stopping smoking. There is no quick and easy way of stopping smoking and nothing can \textit{make} you stop. But, if you really want to stop, there are ways you can increase your chances of becoming smoke-free.

People who have support with their effort to quit are much more likely to give up smoking successfully than those who don’t have any support. The \textit{Steps to help you quit smoking} on page 17. If you need extra help – such as joining a stop-smoking group, getting one-to-one support, or using nicotine patches or gum, or non-nicotine tablets – see page 20.
Stopping outright or cutting down

To make sure that your heart really benefits, it is important that you stop smoking completely rather than just cutting down. This is because even low levels of smoking damage your heart and circulation. **Cutting down is much less likely to work than simply stopping outright.** Unfortunately, even if you do manage to cut down, the numbers tend to creep back up again. So once you have planned ahead and chosen your date, it is better to stop completely.

If you feel that you can’t stop completely straight away, you may find that nicotine-replacement therapy can help you to cut down and move towards stopping completely. With nicotine-replacement therapy you could, for example, start by cutting out at least half your cigarettes and using nicotine gum or an inhalator to support you. You should continue to cut down with a view to stopping smoking. We explain more about nicotine-replacement therapy (NRT) on page 22. (NRT can also help you if you are ready to stop smoking immediately.)
Steps to help you quit smoking

1 Prepare for your attempt to quit. You need a lot of willpower to help break the addictive hold of nicotine. Take some time to think about what you would gain from stopping smoking, and what you would lose. If you feel you are likely to gain more than you would lose, now is a good time to quit.

2 Either decide to stop straight away, or plan a date, not too far ahead, for stopping. Not all smokers are the same. If you’ve had enough of being a smoker and want to stop, just do it! If you prefer to plan ahead, that’s fine too. You can use the time before your stopping date to find out what help is available, and what type of help would suit you best. Contact Quitline or the NHS Smoking Helpline (see pages 30 and 31). You’ll improve your chances of success if you get help as soon as possible.

3 Keep busy, to help take your mind off cigarettes. And throw away all your ashtrays, lighters and tobacco.

4 Drink plenty of fluids. Keep a glass of water or sugar-free drink by you and sip it steadily. Try different flavours.
5 **Get more active.** Exercise helps you relax and can boost your morale. Walk instead of using the bus or car. Try the stairs instead of the lift.

6 **Get the support of family and friends.** Family and friends can be an important support to help you quit smoking. If they are also smokers, you might be able to encourage them to stop smoking with you.

7 **Think positively.** The withdrawal symptoms you may get when you stop smoking can be unpleasant. But they are a sign that your body is recovering from the effects of tobacco. Irritability, urges to smoke and poor concentration are common. Don’t worry. They usually disappear after a few weeks.

8 **Change your routine.** Try to avoid the shop where you usually buy cigarettes. Perhaps you could avoid places where there are lots of smokers around you. Try doing something totally different. Surprise yourself!

9 **No excuses.** Once you’ve stopped smoking, don’t use a crisis, or even good news, to be an excuse for ‘just one more cigarette’. There is no such thing. You need to either stop completely straight away, or plan to cut down and then stop completely.

10 **Treat yourself.** This is important. If you can, use the
money you are saving by not smoking to buy
yourself something special – big or small – that you
would not usually have.

11 **Be careful what you eat.** Try not to snack on fatty
foods. If you do need to snack, try fruit, raw
vegetables or sugar-free gum.

12 **Take one day at a time.** Each day without a cigarette
is good news for your heart, your health, your family
… and your pocket.

13 **Remember that you can always call the NHS**
   **Smoking Helpline** on 0800 169 0 169 or **Quitline®** on
   0800 00 22 00 for extra support. (See page 30 for
   information about other sources of help.)

**Healthy eating and physical activity**

Both of these have an important effect on your body.
Stopping smoking is a major change for your body to
adapt to, and a healthy diet and regular physical activity,
suitable to your level of fitness, may help your body cope
with withdrawal and boost your sense of self-confidence
and wellbeing. For more information, see our booklets
**Eating for your heart** and **Physical activity and your heart.**
If you need extra help

If you have tried to quit but have not been successful, there are other things that can help. These include:

• joining a stop-smoking group, or getting one-to-one support from your local NHS stop-smoking services, and

• products to help you stop smoking.

Some people find alternative therapies such as hypnotherapy or acupuncture helpful. However, how effective they are has not been fully proven.

Stop-smoking groups and one-to-one support

Joining a stop-smoking support group can help you feel less alone in your attempt to quit. Being with other people who are also stopping can give you that all-important support, a sense of being understood and a sense of competition. Stop-smoking groups are usually run over a period of weeks and take you through the different stages of stopping. People who use stop-smoking services are four times more likely to be successful in quitting.¹ (We explain more about these products on page 21.)

If you don’t want to join a group, you may prefer
one-to-one support from a trained counsellor or nurse, either in person or through a helpline.

For information about how to find out about local stop-smoking groups and one-to-one support to help you give up, see page 30.

**Products to help you stop smoking**

There are many different ‘smoking-cessation aids’ (products to help you stop smoking) on the market. It is important to check whether the product is safe and effective before you spend your money, time and energy on it. Below we give a summary of the products available. You can ask your doctor or pharmacist for advice about the best method for you. If you’re not sure if it is safe for you to use a product, check first with your doctor or pharmacist.

Some manufacturers claim very high success rates for their products, promising that 8 or 9 out of every 10 people who use them succeed without much effort. But there is no magic solution. To be certain that a product or method works, it has to be put through proper tests, called clinical trials. Not all the products available have been tested in this way.

Some smoking-cessation products are licensed. This means that they have been through clinical trials to
prove that they are effective. Other products have not gone through clinical trials and are not licensed.

**What a smoking-cessation aid can and can’t do**

A smoking-cessation aid can’t:

- stop you smoking
- make you want to stop, or
- make it painless and easy.

A smoking-cessation aid can:

- help with the withdrawal symptoms
- boost your confidence and morale, and
- lessen the urge to smoke.

**Licensed products**

These include:

- nicotine-replacement products, which contain nicotine, and
- bupropion tablets (Zyban), which do not contain nicotine.

**Nicotine-replacement products**

These methods replace some of the nicotine that you used to get from smoking. It is the addictive nature of
nicotine that makes it hard for many people to quit. Nicotine-replacement therapy has been well researched and tests have shown that, if used correctly, it can double your chance of success.¹⁶ This is good news if you found withdrawal very hard before.

If you smoke your first cigarette within 30 minutes of waking up, you are particularly likely to benefit from nicotine-replacement therapy.

**If your heart condition is stable**, using nicotine-replacement products is much safer than continuing to smoke. It is important to use the product properly, so always follow the manufacturer’s instructions and, if necessary, ask your pharmacist, doctor or smoking-cessation service for advice.

**If you have severe abnormal heart rhythms or have recently had a heart attack or stroke**, you must check with your doctor or pharmacist whether it is safe for you to use a nicotine-replacement product. He or she may suggest that you use other methods to help you stop smoking.
There are six forms of nicotine replacement available at the moment:

- patches
- gum
- lozenges
- microtabs (small tablets, the size of a sweetener, that you place under your tongue)
- nasal sprays, and
- inhalators.

Your GP may be able to give you a prescription for nicotine replacement. You can also buy the products listed above from your pharmacist without a prescription.

The patch gives you a continual supply of nicotine at a low dose while you are wearing it – so you can’t respond quickly to a craving or a stressful moment. The gum, lozenges, microtabs, nasal spray and inhalator deliver a higher dose quickly so you can respond to a craving with a ‘quick fix’. If you smoke steadily through the day, the patch may suit you better. If you smoke mainly in response to cravings or stress, the gum, lozenges, microtabs, nasal spray or inhalator might be a better choice for you. The nasal spray mimics cigarettes more closely by giving a relatively fast effect. The inhalator may
be particularly helpful if you miss the ‘hand to mouth’ action of smoking.

Possible side effects of nicotine-replacement products – Side effects can include feeling sick, indigestion, headache, dizziness and palpitation.

Bupropion tablets (Zyban)
Some people take bupropion to help them stop smoking. It appears to work by acting on the pathways in the brain that are responsible for nicotine addiction. It should reduce your desire to smoke and help relieve some of the unpleasant symptoms you get when you stop smoking.

Although bupropion will make it easier to stop smoking, it is not a magic cure. You may still feel urges to smoke or some withdrawal symptoms, and you will have to be prepared to work hard at staying off cigarettes.

When starting bupropion, most people take one tablet a day in the morning for the first six days, and from the seventh day they take one tablet twice a day for the rest of the course. The whole course usually lasts for eight weeks. People who have certain medical conditions, or who are going to have certain medical procedures done, may need to take a smaller dose than this. People usually start bupropion 1 or 2 weeks before the target stop date and you can continue to smoke for the first week while
the tablets start to work.

Bupropion is available on NHS prescription, so ask your GP about it. Bupropion should not be used by certain people including: women who are pregnant or breastfeeding; anyone under 18 years of age; people who have fits; or people with eating disorders such as bulimia or anorexia nervosa.

Your GP will be able to check if it is OK for you to take bupropion.

If you need to start taking any new medicines, it is very important that you tell your doctor or pharmacist first that you are taking bupropion.

*Possible side effects of bupropion* – Side effects of bupropion can include a dry mouth, difficulty sleeping, and headache. These side effects are usually mild and will pass over time. If you get a skin rash, itching or breathlessness, tell your doctor about it immediately.
Unlicensed products

These are many and varied. They include products such as Nicobrevin capsules, dummy cigarettes, and tobacco-flavoured chewing gum. These are available through mail order, health-food shops or pharmacists, and do not need a licence under the Medicines Act. There is not enough firm evidence to say how effective they are. So be wary of claims of very high success rates as some products may be of little benefit at all.

Herbal cigarettes have a similar effect on your heart as smoking ordinary cigarettes because the smoke from herbal cigarettes contains substances such as carbon monoxide and tar which can put you more at risk of coronary heart disease and cancers. There is no evidence that they are effective in helping people to stop smoking.

For more detailed information on the advantages of products to help you stop smoking, see the booklet *The QUIT Guide to Stopping Smoking*, available from QUIT (address on page 31).
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Alternative therapies

Some people find that alternative therapies such as hypnosis or acupuncture can be helpful. However, how effective they are has not been fully proven. If you decide to try an alternative therapy, it is important to find a registered practitioner. The Institute of Complementary Medicine or the British Complementary Medicine Association can help you find one. Their contact details are on page 33.
How to find out more about stop-smoking services

Whatever method you choose to quit smoking, it is important to think it through and prepare yourself as best as you can for the difficulties ahead. On pages 20-29 we have described the services that can support you – for example, if you want help with preparing to stop, or if you want support and encouragement, especially during the difficult times. Here we explain how you can contact those services.

**NHS stop-smoking services**

To find out about free NHS stop-smoking services in your area, including stop-smoking groups and one-to-one support, you can:

- ask your GP or practice nurse

- look in your Yellow Pages phone directory, under ‘Stop smoking services’, or

- visit the website at www.gosmokefree.co.uk.

**Together programme**

The website mentioned above also gives information about ‘Together’ – a programme that offers stop-smoking
support by letter, email or phone.

NHS Smoking Helpline – 0800 169 0 169

NHS Pregnancy Smoking Helpline – 0800 169 6 169

These helplines can offer information on stopping smoking, and support from a counsellor for people who are finding it hard to stop.

QUIT®

211 Old Street
London EC1V 9NR
Phone: 020 7251 1551
Website: www.quit.org.uk

QUIT’s website offers information and advice on stopping smoking and on products that can help.

QUIT also offers counselling by email. You can access this by sending an email to stopsmoking@quit.org.uk

Quitline® – Freephone 0800 00 22 00

This is a free helpline staffed by specially trained counsellors. It offers help and advice about stopping smoking.
Helplines are also available in the following languages.

**Arabic** 0800 169 1300 (Saturdays 1pm to 9pm)
**Bengali** 0800 00 22 44 (Mondays 1pm to 9pm)
**Gujerati** 0800 00 22 55 (Tuesdays 1pm to 9pm)
**Hindi** 0800 00 22 66 (Wednesdays 1pm to 9pm)
**Punjabi** 0800 00 22 77 (Thursdays 1pm to 9pm)
**Urdu** 0800 00 22 88 (Sundays 1pm to 9pm)
**Turkish and Kurdish** 0800 00 22 99 (Thursdays and Sundays 1pm to 9pm)

**Booklet – The QUIT Guide to Stopping Smoking**
A free booklet with detailed information on the advantages of products to help you stop smoking. You can get a copy from Quitline® (phone number on page 31).

**ASH**
102 Clifton Street
London EC2A 4HW
Phone: 020 7739 5902
Website: www.ash.org.uk

ASH stands for Action on Smoking and Health. The ASH website offers information about smoking and advice on how to stop.
**Alternative therapies**

If you decide to try an alternative therapy such as hypnotherapy or acupuncture, it is important to find a registered practitioner. The following organisations may be able to help.

**Institute of Complementary Medicine**
Phone: 020 7237 5165
Website: www.icmedicine.co.uk

**British Complementary Medicine Association**
PO Box 5122
Bournemouth BH8 0WG
Phone: 0845 345 5977
Website: www.bcma.co.uk

The British Heart Foundation cannot accept responsibility for any referrals or advice that these two organisations may offer. You should check the skills and ability, qualifications, registration, insurance and background of any complementary therapist whose services you consider using.
For more information

British Heart Foundation website
bhf.org.uk

For up-to-date information on coronary heart disease, the BHF and its services.

Booklets

To order any of our booklets:
• call the BHF Orderline on 0870 600 6566, or
• email orderline@bhf.org.uk, or
• visit bhf.org.uk/publications.
You can also download many of our publications from our website.

For information on other BHF booklets, and on videos and DVDs, ask for a copy of the Heart health catalogue.

Our booklets are free of charge, but we would welcome a donation. (See page 2 for how to make a donation.)
Heart Information Series
This booklet is one of the booklets in the *Heart Information Series*. The other titles in the series are as follows.

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Heart health magazine

Heart health is a free magazine, produced by the British Heart Foundation especially for people with heart conditions. The magazine, which comes out six times a year, includes updates on treatment, medicines and research and looks at issues related to living with heart conditions, like healthy eating and physical activity. It also features articles on topics such as travel, insurance and benefits. To subscribe to this free magazine, call 0870 850 5281 or go to bhf.org.uk/hearthealthmag.

Emergency life-support skills

Heartstart UK

For information about a free, two-hour course in emergency life-support skills, contact Heartstart UK at the British Heart Foundation. The course teaches you to:

• recognise the warning signs of a heart attack
• help someone who is choking or bleeding
• deal with someone who is unconscious
• know what to do if someone collapses, and
• perform cardiopulmonary resuscitation (CPR) if someone has stopped breathing and his or her heart has stopped pumping.
References


## Technical terms

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<td>bupropion</td>
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<tr>
<td>coronary heart disease</td>
<td>When the coronary arteries become narrowed by a gradual build-up of fatty material called atheroma.</td>
</tr>
<tr>
<td>emphysema</td>
<td>Irreversible damage to the lungs.</td>
</tr>
<tr>
<td>nicotine</td>
<td>A chemical found in tobacco smoke.</td>
</tr>
<tr>
<td>nicotine-replacement products</td>
<td>Stop-smoking aids which contain nicotine.</td>
</tr>
<tr>
<td>passive smoking</td>
<td>When non-smokers breathe in other people’s smoke.</td>
</tr>
<tr>
<td>second-hand smoking</td>
<td>See ‘passive smoking’.</td>
</tr>
</tbody>
</table>
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We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us through our website at bhf.org.uk/contact. Or, write to us at the address on the back cover.
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