

Smoking and Diabetes

Why is it so hard to quit?

Simply put, nicotine is among the most addictive drugs. Smoking is not a habit or a lifestyle choice. It's an addiction that over time, changes brain chemistry. Nicotine has its effect by attaching to certain receptors in the brain, and when you become a smoker these receptors increase in number. If not regularly stimulated with nicotine, the increased receptors begin to make a person feel very unpleasant, a phenomenon known as withdrawal. Both withdrawal and the craving it causes are tied to changes in brain chemistry.

Quitting smoking is one of the most important things individuals living with diabetes can do to help prevent or delay the onset of complications.

Why is smoking so bad for people with diabetes?

Smoking is bad for everyone. It increases your risk for lung cancer, heart attack and stroke. Each year, more than 45,000 Canadians die of smoking-related illnesses. People with diabetes face an even greater risk from smoking: just like high blood glucose levels, the poisonous chemicals in cigarette smoke attack blood vessels. This contributes to hardening of the arteries (or what is known as atherosclerosis) which impairs the blood's ability to carry oxygen throughout the body.

Together, the deadly combination of high blood glucose and smoking dramatically increases damage to the blood vessels that feed the heart, brain, eyes, kidneys and peripheral nerves, speeding up the long-term complications of diabetes.

How can I quit?

The first critical step is to make the decision to quit. It may help to set a firm, short-term quit date. In the meantime, get as much information as you can from your doctor or pharmacist about options to help you quit, including medications that can increase your chances of success. Similar to the day-to-day process of managing your diabetes through diet, exercise and regular blood glucose testing, managing to quit smoking is something that is best approached by incorporating it into your daily routine.

What can help me quit smoking?

Nicotine replacement therapy, the first line of treatment is nicotine replacement therapy, whether in the form of a gum, patch or inhaler, to help ease withdrawal symptoms. Nicotine replacement therapy is now available without a prescription in pharmacies. Talk to your healthcare provider about the potential benefit of nicotine

replacement therapy.

Oral Medications

Your doctor can help prescribe a medication that can help reduce your smoking cravings. Speak to your doctor if these medications are suitable for you as they might interfere with other medications or health issues.

Lifestyle changes

Smoking often is associated with strong cues, so as you move toward a quit date, get a sense of where and when you smoke, and identify some strategies to bypass those situations. If you typically smoke after dinner, take a walk instead. Any setting where alcohol is involved, such as a wedding or a party, will probably be a hazard zone so just as you may plan to adjust your food intake or insulin dosage, consider in advance how you will handle these situations.

Enlist your family and friends in the effort. Make sure they understand how important it is for you to quit smoking and how hard it may be, and ask for their support. For some people, joining a support group along with others who are also trying to quit is helpful. Your doctor may have some information on groups in your community. For more information online go to www.gosmokefree.ca and www.smokershelpline.ca.

Never quit quitting!

Making the transition from smoker to non-smoker is not easy, and you may have a lapse. If you do, give yourself a break. Don't focus on the one cigarette you just had, but remember the hundreds you haven't had since you quit. Manage your quitting plan much like you manage your diabetes – take it one day at a time. The fact is, successful quitters generally make at least two or three unsuccessful attempts before they finally kick the habit, so never quit quitting!