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Strategies for smoking cessation in primary health care: An integrative literature review

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Estratégias para a cessação do tabagismo na atenção primária à saúde: Revisão integrativa da literatura

Estrategias para dejar de fumar en la atención primaria de salud: Una revisión integradora de la literatura

RESUMO

Objetivo: identificar as evidências científicas disponíveis na literatura acerca das estratégias utilizadas pela atenção primária em saúde na cessação do tabagismo. Método: revisão integrativa da literatura nas bases de dados PubMed, CINAHL, LILACS, WOS, SCOPUS, no período de 2015 a 2020. Resultados: amostra composta por 17 estudos agrupados em duas categorias temáticas: estratégias que contribuem para a cessação do tabagismo e fragilidades e potencialidades existentes no processo de cessação do tabagismo, sustentado a partir da nuvem de palavras com os seguintes vocábulos: tabagismo, grupo, cessação, participante, saúde, intervenção, programa, terapia, acompanhamento. Conclusão: foram identificados diferentes tipos de intervenções, definidas a partir de uma avaliação inicial, considerando as necessidades dos usuários. Espera que os achados deste estudo possam ajudar a entender melhor os recursos necessários para apoiar as tentativas de parar de fumar e identificar resultados importantes centrados no usuário.
DESCRITORES: Tabagismo; Abandono do uso do tabaco; Atenção Primária à Saúde.

ABSTRACT

Objective: to identify the scientific evidence available in the literature about the strategies used by primary health care for smoking cessation. Method: integrative literature review in PubMed, CINAHL, LILACS, WOS, SCOPUS databases, from 2015 to 2020. Results: sample of 17 studies grouped into two thematic categories: strategies that contribute to smoking cessation and frailties and potential existing in the smoking cessation process, supported by the word cloud with the following words: smoking, group, cessation, participant, health, intervention, program, therapy, monitoring. Conclusion: different types of interventions were identified, defined from an initial assessment, considering the needs of users. It is hoped that the findings of this study can guide care and understand the treatment for smoking cessation.
DESCRIPTORS: Smoking; Abandonment of tobacco use; Primary Health Care.

RESUMEN

Objetive: identificar las evidencias científicas disponibles en la literatura sobre las estrategias utilizadas por la atención primaria de salud en el abandono del hábito tabáquico. Método: revisión integrativa de la literatura en las bases de datos PubMed, CINAHL, LILACS, WOS, SCOPUS, de 2015 a 2020. Resultados: muestra compuesta por 17 estudios agrupados en dos categorías temáticas: estrategias que contribuyen a la cesación tabáquica y debilidades y potencialidades existentes en la cesación tabáquica proceso, apoyado por la nube de palabras con las siguientes palabras: tabaquismo, grupo, cesación, participante, salud, intervención, programa, terapia, seguimiento. Conclusión: se identificaron diferentes tipos de intervenciones, definidas a partir de una evaluación inicial, considerando las necesidades de los usuarios. Él espera que los hallazgos de este estudio puedan ayudar a comprender mejor los recursos necesarios para apoyar los intentos de dejar de fumar e identificar resultados importantes centrados en el usuario.
DESCRIPTORES: Tabaco; Cese del Uso de Tabaco; atención primaria de salud.

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2022; (12) N.80 ▪ **saúdecoletiva** **11339**

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Strategies for smoking cessation in primary health care: An integrative literature review

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INTRODUÇÃO

Smoking is one of the main risk factors for the development of Chronic Non-Communicable Diseases (NCDs), such as cardiovascular diseases, cerebrovascular diseases and cancer, and considered as the main modifiable risk factor for preventable causes of illness and early death in the world. [1] It is estimated that seven million deaths of smokers in the world are related to direct consumption of tobacco and about 1.2 million to indirect exposure to the product. [2]

Global targets to reduce premature deaths by 25% by 2025 will require a substantial increase in the number of smokers trying to quit and a significant improvement in those attempts. In many countries the place where most smokers can access and support to stop smoking is in primary care. However, according to the WHO, only 15% of the world's population has access to adequate cessation support. [3]

Therefore, smoking is an important public health problem worldwide and the development of strategies for its control has become a priority for health systems, especially in Brazil. The treatment of tobacco dependence is recommended by the World Health Organization (WHO) as one of the strategies to face this problem. [3]

Recognized internationally by the Bloomberg Foundation Awards, Brazil, through the effective organization, monitoring and surveillance against tobacco, was successful in reducing the prevalence rates of nicotine consumption by the adult population. [4] The WHO report on the global tobacco epidemic 2019 points to a 40% decrease in its indices, from 15.7% to 9.3%. An analysis carried out from 2005 to 2016 highlighted the participation of 1.6 million Brazilians enrolled in the Tobacco Control Program (PCT) conducted by Primary Health Care (PHC), which prioritizes the process of tobacco treatment and cessation. [2]

Research has been carried out in an attempt to show that smoking cessation considerably reduces the risk of illness and early death, including in people with smoking-related diseases. [5,6] Even in those who smoked in adolescence, the damage caused by dependence and the long period of exposure can be minimized, either in the development of new comorbidities or in the improvement of the prognosis of existing diseases, promoting an improvement in the quality of life. [7,8]

Achieving smoking cessation requires the person to face multiple challenges, from the moment they try to stop smoking, to maintenance after quitting tobacco use. [9-12]

The maintenance of smoking cessation is directly related to several factors, such as the degree of motivation, number of previous attempts, stage of nicotine dependence, degree of contemplation related to the desire to quit smoking and genetics conditioned by environmental factors, such as the presence of other smokers living in the same household. [13-16,9]

It is evident that, while the rates of attempts to quit smoking are high, those of failure to stop their consumption are around 80% after the four initial sessions of cognitive-behavioral therapy and between 60-66% remain abstinent after the end of treatment, indicating a gap between the need to encourage a reduction in tobacco consumption and the existing means to achieve this objective. [17]

The identification of factors that influence the success of smoking cessation can modify the individual approach based on subgroups of risk for recurrence. Given the complexity of the subject, the investigation of this phenomenon is justified by its relevance in terms of impact on health, which was conducted by the following guiding question: What is the scientific evidence available in the literature about the strategies used by PHC for successful smoking cessation? Thus, the objective of the present study is to identify the scientific evidence available in the literature about the strategies used by primary health care in smoking cessation.

METHOD

This is an Integrative Literature Review, structured according to the Prism Protocol. The literature search took place from August 1st to August 31st, 2021. The research question was built based on the PICo strategy. (P- population: smokers; I- Interest: Smoking cessation; Co-Context: smoking cessation treatment in Primary Health Care).

The databases used were: Latin American Bibliographic Information on Health Sciences (LILACS), National Center for Biotechnology Information National Institutes of Health (PUBMED), Web of Science (WOS), SciVerse Scopus (Scopus) and Cumulative Index to Nursing and Allied Health Literature (CINAHL).

The following descriptors were used:

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Primary Health Care (Atenção Primária à Saúde), Tobacco Use Cessation (abandono do uso de tabaco), Smoking Cessation (abandono do hábito de fumar), Smoking Cessation Agents (agentes de cessação do hábito de fumar), all consulted in Descriptors in Health Sciences (DeCS) and combined with the Boolean operator AND, in the following sequential order: "Primary Health Care" AND "Tobacco Use Cessation" AND "Smoking Cessation Agents"; Primary Health Care" AND "Smoking Cessation Agents" AND "Smoking Cessation", and their respective terms in Portuguese, Spanish and English.

The following inclusion criteria were adopted: a) articles available in full in Portuguese, English or Spanish; and b) national and international journals indexed in the last five years, from January 2015 to December 2020, aiming at approaching recent studies. Literature reviews/reflections, editorials, abstracts of proceedings, dissertations, theses, reports and official documents were excluded.

The search for articles was carried out independently by the researcher. The selection of articles took place in three stages: (1) reading titles and abstracts, and excluding those that did not meet any of the criteria; (2) full reading of the articles selected in the first stage; (3) selection of works that fit the eligibility criteria. Duplicate articles were excluded after reading in full, in order to avoid errors at the time of exclusion.

To extract information from the articles in the final sample, an instrument was developed containing the following items: article title, year of publication, authors' names, country where the study was carried out, level of evidence, method used, results and conclusion.

Regarding the level of evidence, the studies were evaluated using the methodological approach based on the recommendations of the Agency for Healthcare Research and Quality (AHRQ). 18 According to their classification, the quality of scientific evidence is categorized as follows: level 1, controlled and randomized clinical trials; level 2, study with experimental design; level 3, quasi-experimental studies;

level 4, descriptive studies (non-experimental) or qualitative approach; level 5, case reports or experience; level 6, expert opinion.

For the fourth step, the software Iramuteq alfa 2.3.3.1 was used 19, through lexical analysis of words, and the R20 software,

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which enables different processing and statistical analysis of the narratives produced. Initially, a textual corpus was elaborated with the main results of the articles that make up this review, which gave rise to 95 text segments or elementary context units (ECUs). Then, the word cloud was created, which organizes the words according to their frequency in the corpus. The

larger the word appears in the cloud, the greater the number of times it appears in the results. In the final stage, the data were presented through a table showing the synthesis of the studies, according to the type of strategy used in PHC for smoking cessation and the word cloud.

Subsequently, the primary studies were grouped according to similarities and organized according to thematic categories: strategies that contribute to smoking cessation and existing weaknesses and potential in the smoking cessation process.

The study had its project evaluated by the Ethics Committee in Research Involving Human Beings of the State University of Maringá under opinion number 1,715,315 and CAAE 57222016.1.0000.0104. As it is a literature review, the study was exempted from the presentation of the Free and Informed Consent Form - FICF.

RESULTS

The search in the databases resulted in 1,187 publications, which were selected by the eligibility criteria, resulting in the final sample of 17 articles (Figure 1).

From the 17 studies selected and included in this review, Table 1 shows a summary of the primary studies according to title, objective, design and sample, year of publication and level of scientific evidence.

Studies published in 2015 and 2019 predominated, with five and seven articles, respectively. With regard to the country of origin of the publications, Brazil predominates, with 35.3%, followed by the United States with 17.6%, Chile with 11.7%, and Mexico, China, England and the United Kingdom obtained 5.9% each.

Regarding the type of study (level of evidence), 10 articles are derived from clinical trials and case-control studies (level 1), based on the use of drugs for smoking cessation and their effectiveness; there are two intervention studies (level 2), with the use of some device, such as software, electronic spreadsheets; and a qualitative study (level 4).

Figure 2 demonstrates the word cloud

produced from the main results of the studies that include this review, highlighting the following words: smoking, group, cessation, participant, health, intervention, program, therapy, follow-up, which will provide support to the categories listed from the analysis, which allow identifying the emphasis of each analyzed study.

The identification of strategies and methods used for smoking cessation were part of the analysis, characterizing the articles that presented effective subsidies for successful cessation of tobacco use. The selected articles are listed in Table 2.

From the association of the results found in the analysis of the word cloud and the main results of the articles, they built the following classes: Strategies that contribute to smoking cessation; and Existing weaknesses and potential in this process.

In first class, Strategies that contribute to smoking cessation, most studies on the treatment of tobacco dependence have focused on behaviorally-based interventions and associated with pharmacotherapy as a strategy to help smokers with moderate to

Figure 1. Flowchart of the selection process of studies for Scoping Review adapted from Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). Maringá, Paraná, Brazil, 2021.
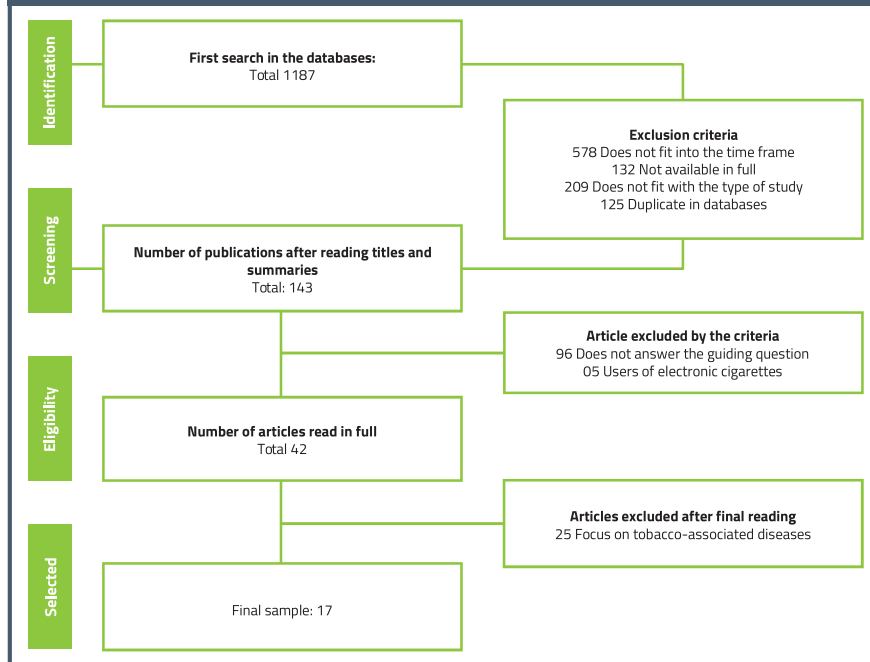
Source: survey data, 2021

Table 1: Summary of selected studies, according to title, objective, design and sample, year of publication and level of scientific evidence (2015 – 2020). Maringá/PR, Brazil, 2021.

Title	Objective	Design and sample	Year of publication / Level of evidence
A pre-post pilot study of a brief, web-based intervention to engage disadvantaged smokers into cessation treatment	Testing a motivational, web-based decision support system for underserved smokers in cessation treatment	Clinical Trial (n=60)	2015/ I
Proactive tobacco cessation outreach to smokers of low socioeconomic status: a randomized clinical trial	Assess a proactive strategy for providing tobacco treatment that addresses socio-contextual mediators of tobacco use for low-income smokers	Randomized study (n=707)	2015/I
What Are the Major Determinants in the Success of Smoking Cessation: Results from the Health Examinees Study	Identify characteristics associated with smoking initiation and cessation; assess which predictors constituted the most important determinants in a cross-sectional analysis	Cross-sectional study (n=24490)	2015/IV
Smoking Cessation Abstinence Goal in Treatment-Seeking Smokers	Examine the predictive power of the baseline. Variables that correlate with the goal at treatment entry, whether the goal changes over time, and if so, which variables are correlated with these changes	Clinical Trial (n=808)	2015/I

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Flexible, dual-form nicotine replacement therapy or varenicline in comparison with nicotine patch for smoking cessation: a randomized controlled trial	To assess smoking cessation with standard nicotine patch (NRT), long-term use of combined nicotine replacement therapy (NTR+) or varenicline (VR) formulations.	Randomized study (n=737)	2016/I
Long-term effects of smoking cessation support in primary care	To assess the long-term effect of a smoking cessation support program and factors associated with treatment success.	Longitudinal study (n=84)	2016/IV
Success rates in smoking cessation: Psychological preparation plays a critical role and interacts with other factors such as psychoactive substances	Identify factors associated with the results of smoking cessation attempts	Longitudinal study (n=1361)	2017/IV
The Effect of Positive Group Psychotherapy and Motivational Interviewing on Smoking Cessation: A Qualitative Descriptive Study	To describe the process and evaluate the effect of positive group psychotherapy and motivational interviewing as an intervention for smoking cessation	Randomized study (n=36)	2017/I
A comparison of the efficacy of varenicline and bupropion and an evaluation of the effect of the medications in the context of the smoking cessation programmed	To assess the effectiveness of varenicline and bupropion in smoking cessation and to assess the effect of the smoking cessation program	Cross sectional study (n=405)	2017/IV
Enhancing smoking cessation in Mexico using an e-Health tool in primary healthcare	Evaluate an e-health tool designed to improve smoking cessation in Mexico in primary health care	Cross sectional study (n=132)	2018/IV
A Randomized Controlled Trial of an Optimized Smoking Treatment Delivered in Primary Care	Evaluate an optimized treatment for tobacco use administered in primary care	Randomized study (n=623)	2018/I
Smoking cessation group in primary health care: experience of a health unit in Porto Alegre/RS (Grupo de cessação de tabagismo na atenção primária à saúde: experiência de uma unidade de saúde de Porto Alegre/RS)	To evaluate the frequency and duration of smoking cessation among users participating in the smoking group in Porto Alegre	Cross-sectional study (n=38)	2018/IV
Combined nicotine patch with gum versus nicotine patch alone in smoking cessation in Hong Kong primary care clinics: a randomized controlled trial	To compare the effectiveness of nicotine combined with chewing gum X nicotine patch in smoking cessation	Randomized study (n=560)	2019/I
"Vive Sin Tabaco… ¡Decídete!" Feasibility and Acceptability of an e-Health Smoking Cessation Informed Decision-Making Tool Integrated in Primary Healthcare in Mexico	Assess the feasibility and acceptability of a web-based smoking cessation tool designed to inform Mexican smokers about the importance of quitting, promote cessation, and guide smokers in developing a plan	Cross sectional study (n=164)	2019/IV
Web-based decision-making tool for smoking cessation (Pare de fumar conosco) among patients with chronic conditions in Brazil: one-arm feasibility study	Evaluate the feasibility of "stop smoking with us", a web-based tool for decision-making about smoking among patients with chronic diseases	Intervention Study (n=85)	2020/IV
Nicotine replacement therapy sampling for smoking cessation within primary care: results from a pragmatic cluster randomized clinical trial	To compare the effects of NRT sampling plus standard care versus standard care alone during routine clinic visits in PHC	Randomized study (n=1345)	2020/I
Closed-Loop Electronic Referral from Primary Care Clinics to a State Tobacco Cessation Quitline: Effects Using Real-World Implementation Training	Examine the success of the implementation of the (electronic) health system, evaluated in 30 primary care clinics in relation to tobacco treatment	Intervention Study (n=30)	2021/ IV

Source: survey data, 2022.

severe degrees of dependence who wish to quit smoking. Regarding new approaches, the use of alternative and complementary therapies has proved to be an effective method in the treatment of cessation.

The second class, entitled Existing weaknesses in the smoking cessation process, points out challenges such as adherence and high rates of relapse among people undergoing treatment. Nicotine is the key element in the development and maintenance of addiction. Behavioral, environmental and psychological factors also contribute to relapse.

DISCUSSION

Strategies that contribute to smoking cessation

Strategies to help smokers quit include behavioral counseling to increase motivation and support smoking cessation attempts and pharmacological intervention to reduce nicotine reinforcement and tobacco cessation withdrawal symptoms. There are studies on different types of interventions and therapeutic approaches to smoking cessation. Different types of behavioral interventions with or without pharmacotherapy were identified in this study, with cognitive-behavioral therapy associated with drug therapy being the most prevalent.

According to a study carried out at a reference center for smoking, researchers found that specific and adequate follow-up is an important motivating factor. When evaluating the factors associated with withdrawal, the study found that doing maintenance behavioral therapy, not coming into contact with relapse triggers and the degree of nicotine dependence were the factors significantly associated with quitting the habit. [22]

With regard specifically to maintenance behavioral therapy, it was observed that patients who underwent it were 27 times more likely to be abstinent compared to those who underwent only individual therapy. [22] It was also identified that the greatest degree of difficulty is that of those who have high to very high nicoti-

Figure 2. Word cloud provided by IRAMUTEQ software, 2021
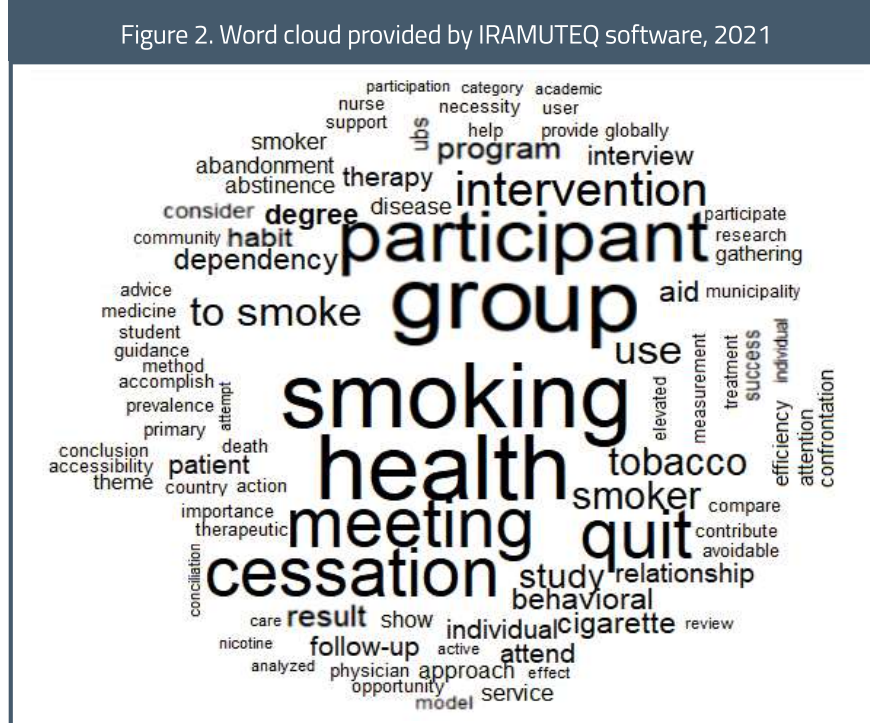
Source: survey data, 2021

Table 2: Synthesis of smoking cessation strategies identified in the studies according to thematic category. Maringá/PR, Brazil, 2021.

Thematic category	Estratégias identificadas nos estudos da revisão integrativa
Cessation Strategies: CBT*	Stage of patient motivational change – changes in patient habits
Cessation Strategies: 5As*	Ask, Advise, Assess, Assist, and Arrange
Cessation strategies: NRT*	Transdermal patch, chewing gum and lozenges (nicotinic)
Cessation strategies: Group therapy	Strategies for support and for health education
Cessation strategies: NRT*+ CBT*	Reduction of withdrawal symptoms and tobacco use
Cessation strategies: CBT*+ Pharmacotherapy	Bupropion and varenicline (non-nicotinic) – has few adverse events
Cessation strategies: CBT*+ Pharmacotherapy + Behavioral approach	It is the most suitable and complete and increases the chances of abstinence
Cessation strategies: alternative therapies	Yoga tends to offer better results in combination with other treatments.

Note: *CBT: Cognitive-behavioral therapy; *NRT: nicotine replacement therapy; 5As: brief intervention (Ask, Advise, Assess, Assist, and Arrange).

ne dependence, high smoking history and who live with daily situations that lead to relapse, for example, an average of 32.4 years of smoking and above 3 packs/day. In

these cases, there is a need for greater engagement for the effectiveness of the treatment. [22]

It is evident that the basis for the treat-

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ment of smoking is the use of techniques of cognitive and behavioral approach, which consists of identifying the situations that lead the person to smoke; acquisition of knowledge to face situations/triggers; and skills development. [23]

Using the 5A's strategy (Assess, Advise, Agree, Assist and Arrange), and techniques such as the application of motivational interviewing provide the patient with more effective coping mechanisms. In this way, you will be able to use the acquired behavioral skills with a view to smoking cessation and, particularly, to the prevention of relapses. [24,25]

A systematic review identified an important finding in smoking cessation treatment for smokers in Asian countries. The availability of group therapy as an alternative to individual therapy (standard care) provides a treatment option for smokers to choose from when they decide to quit. In addition, evidence has shown that group therapy offers better outcomes compared with minimal or no intervention. [26] The use of group therapy in various circumstances such as group therapy + pharmacotherapy, counseling in the form of group therapy and treatment outcome has given positive treatment results in smoking cessation.[27]

Group therapy provides people with a new look at tobacco, producing new interpretations and promoting ways to ensure well-being, by identifying the meanings and/or other difficulties in other human beings in smoking cessation. In addition, it contributes to minimizing people's difficulties, providing new knowledge and constituting a network of solidarity, in a social and autonomous process. [10]

Attention in groups can contribute to the promotion, protection and control of stressful situations caused by the disease, creating a complementary space for exchanging information and social stimulation. One of the great challenges of health promotion is abstinence/relapse, so the mutual aid group can contribute to the reversal of this image, transcending the lack of perspective and obtaining a reform of the self as an active subject. [28]

In groups, it is encouraged to rescue values, possibilities, potentialities and belonging. However, it is clear that the confrontation and the possibility of changing behavior depend on each person. Valuing life is aiming at the realization of personal and collective projects, creating an interaction between human beings. In this relationship, no hierarchy process should be evidenced, so that both, professional and user, share their feelings, values and meanings through the communication process. [29]

Group treatment, which included medications such as varenicline, NRT, and bupropion, or bupropion +NRT, decreased the number of cigarettes smoked per day in behavioral support groups. [30] The rationale for combining long-acting and short-acting Nicotine Replacement Therapy (NRT) is based on covering different cravings related to physical dependence. Long-acting NRT reduces overall dependence by providing a constant amount of nicotine, while short-acting NRT alleviates cravings for advancement, provides sensory stimulation, acting on craving episodes, helping to prevent relapses. [31] Thus, it is recommended that patients receive both counseling and medication, as the combination of both is more effective than either intervention alone. [32,36]

PHC professionals need to act as facilitators, helping the smokers to externalize the resources that allow the resolution of their problem, leading them to face the same from other perspectives. Therefore, they should not issue solutions/answers, only offer the conditions for them to be able to solve their tobacco problem. [37]

In essence, this type of approach involves encouraging self-control or self-management, so that the person can learn how to escape the cycle of addiction, and become an agent of change in their own behavior. The main aspects contemplated in this approach involve the development of strategies to face difficult situations in life, without using tobacco, and the detection of risk factors associated with relapse. [37]

The strategies proposed by this therapeutic approach, in the Tobacco Control Program (PCT) at the municipal level, aim to strengthen smokers, so that they can outline other ways of emotional support to face their problems, evidencing their internal capacity, stimulating their autonomy, with modification of thoughts and behaviors related to dependence, their strengths and potentialities, as well as acquiring the power to manage their own life, from their choices, goals and the construction of new life projects. [37]

The use of integrative and complementary practices, such as Yoga, concomitant with the cognitive-behavioral approach, can also contribute to the success of tobacco abstinence, as shown in a study with 227 participants. Longitudinal analysis of abstinence outcomes showed that the yoga group had more positive outcomes. Yoga practitioners were 37% more likely to succeed in achieving abstinence compared to individuals in the other group (95% CI [1.07 – 2.79]), by reducing stress, moodiness and body weight, the main side effects of cessation. [38]

Success in rates of abstinence and cessation maintenance occurs when cognitive behavioral therapy is combined with drug therapy. For people who have not been able to stop smoking with monotherapy or who have an important "crack", combined drug treatment is indicated, which can use two or three options between the patch, gum, lozenge and Bupropion. [39]

A study carried out with 84 patients who used the cognitive-behavioral approach and nicotine replacement therapy showed that 40.5% of the participants were able to stop smoking for at least three months. Only 31% of patients who started treatment achieved cessation maintenance one year after the end of treatment and 19% remained after 2 years. The authors considered that long-term success could have been greater if patients were able to retake the treatment, given that places were limited and preference was given to those who had never participated. [40]

The health professional inserted in the PHC has the possibility of taking care of patients in the process of smoking cessation, through a behavioral approach, aiming to help you develop skills that will

help them in this process, and drug therapy, whose purpose is to reduce withdrawal symptoms, with nicotine replacement, and alleviate the anxiety caused by the cessation process.[41]

Existing weaknesses in the smoking cessation process

The combination of behavioral interventions such as smoking cessation counseling and pharmacotherapy helps smokers in their attempt to quit, and the outcome is better than counseling alone, even if the counseling is provided by healthcare professionals.[23,26-27] Behavioral pharmacotherapy support increased cessation rates and improved long-term abstinence, but most smokers relapsed.[27]

There are multiple behavioral and psychological factors that induce smoking and, therefore, make it difficult to quit. 16 Behaviors related to smoking generally involve several emotions, which reinforce positive thoughts about smoking, determining associations such as the act of smoking in the face of feelings of anxiety, sadness, anger, situations of stress and joy; the latter being understood as a reward.[42-43]

In addition to physical and psychological dependence, cigarette use is associated with other behaviors, such as in conditioned situations, referred to as triggers, for example, smoking during meals or when talking on the phone. This behavior aims to seek immediate pleasure and escape from situations that deprive the subject of satisfaction or cause him suffering.[21]

Understanding what happens to a smoker and his or her attempts to quit smoking is essential for understanding the complexity of the problem and, consequently, intervening on it.[3] Thus, when considering previous experiences to quit the addiction, some authors defend the relationship of less dependence (light dependents) with the greater and consecutive attempts to quit the addiction, when compared to people with high dependence (people with a high smoking history).[44]

When the individual is in the process of cessation, his brain compensates, due to the reduction in the production of dopamine, caused by the absence of nicotine, in this way, the body produces more noradrenaline, generating symptoms characteristic of the withdrawal syndrome. This is related to the appearance of physiological signs and symptoms from the suppression of the drug's effect, consequent to the reduction of the stimuli in the CNS, and that, generally, disappear quickly after the consumption of the drug, in this case, the smoked cigarette.[28-45]

Study limitations

The limits of this study refer to journals with repeated publications in more than one database and the lack of information in the abstract not describing which strategies used in smoking cessation.

Contributions to the area of nursing, health or public policy

As strengths of this article are the strategies adopted by primary care professionals for smoking cessation and the contribution of these studies to the advancement of knowledge about the characteristics presented and,

the possibility of showing a treatment profile that can be used to support the planning and elaboration of public policies to prevent smoking, improve direct assistance to people who seek the cessation program and education plans for non-use of tobacco.

CONCLUSION

The results of this review showed that the main strategies performed by PHC health professionals include cognitive-behavioral therapy associated with drug therapy.

In the analyzed studies, different types of interventions and therapeutic approaches can be found. These are defined from an initial assessment, considering the patient's reality, sociocultural profile, behavioral aspects, beliefs, taboos, fears and, especially, the degree of motivation for smoking cessation and nicotine dependence.

It is hoped that the findings of this study can help to better understand the resources needed to support smoking cessation attempts and identify important user-centered outcomes.

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