

Case Report

Tobacco and its negative impact: a case report

Arumugam P. M.*

Public Health Dentistry Rajarajeshwari Dental college and Hospital, Bangalore, Karnataka, India

Received: 05 April 2023

Revised: 16 May 2023

Accepted: 17 May 2023

*Correspondence:

Dr. Arumugam P. M.,

E-mail: aarumugampm27@gmail.com

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ABSTRACT

One of the most valuable possessions one may have is good health. Nowadays, it is acknowledged that oral health and general health go hand in hand. Oral health can be characterized as a level of wellness for the mouth and associated tissues that enable someone to eat, speak, and interact socially without experiencing any active illness, discomfort, or embarrassment and that adds to overall well-being. Because of their widespread occurrence and major social impact, oral illnesses might be categorized as a public health issue. One strategy for the management of complicated health disorders is multidisciplinary collaborative care, which includes care coordination among clinicians. This case presentation describes a collaborative effort between healthcare providers and a patient enrolled in a tobacco cessation clinic. This is a case of a smoker aged 57 years, who started reducing cigarettes and had quit smoking 6 months prior based on the health belief model but his improvement in quality of life was not significant.

Keywords: Smokers, Health belief model, Chronic disease, Oral health, Transtheoretical modal

INTRODUCTION

Cigarette smoking can harm and weaken the immune system and compromise lung function. Smoking weakens the immune system and decreases lung function. Ending dependence on tobacco reduces the risk of smoking-related health problems.¹

Our patient was a 54-year-old man, married with two children, and worked as a community health worker. As for his medical history, he had known diabetes mellitus (DM) for the past 8 years and was on an oral anti-diabetic drug. He did not have other medical complications. He underwent a few surgeries on his left hand, leg, and right shoulder. He also suffered from snoring without apneic breathing. Moderate to severe dental problems were noticed due to smoking, alcohol consumption, and road traffic accidents (RTA) 20 years back which required a few fixed prostheses in his lower anterior region.

At the initial visit, the examination was quite abnormal. During the physical examination, our subject appeared alert, oriented, and cooperative with an overall normal appearance and temperature. No signs of dyspnoea at rest. Both cardiac and pulmonary auscultations were normal.

CASE REPORT

The patient started smoking when he was 19 years. He was a regular smoker, consuming about 5-10 cigarettes daily for 35 years. He had never attempted to quit smoking on any occasion. The major influencing factors were work pressure, family, and friends. His score on Fagerstrom test for nicotine dependence (FTND) was 6. He started consuming alcohol when he was 21 years. Initially, he was an occasional drinker. Due to his peer pressure, he started drinking once a month. When he was 50 years old, he started drinking regularly for the next 4 years.

Due to his health issues, like diabetic retinopathy, urinary tract infection (UTI), and gall bladder stone, he stopped drinking immediately but he couldn't quit smoking.

Reason for smoking

He knew the consequences of smoking. But the major reason for not quitting was an addiction to nicotine, Perceived benefits (relaxation, stress relief), social context, and mental health issues.

Symptoms and diseases related to smoking and alcohol

The health problems that patient faced were;

Table 1: General health consequences and oral health consequences.

General health consequences		Oral health consequences
Short-term effect	Long term	
Shortness of breath	Diabetes mellitus and diabetic retinopathy,	Discoloration of teeth, Gingival enlargement and recession
Worsening of asthma or bronchitis	Renal cell carcinoma	alveolar bone destruction.
Increased risk of respiratory infection	Heart attack (NSTEMI)	Delayed wound healing
	Chest pain, pleural effusion, hematuria, osteoporosis, renal and gallbladder stone	Increased and accelerated destruction of the supporting tissues of the teeth, with clinical symptoms of pocket formation, bone loss, and finally tooth loss.

DISCUSSION

According to the GATS survey (2016-17), the prevalence of tobacco use in India was 28.6% of adults aged 15 and above (26.7 crores) who use any form of tobacco in the total population.² Prochaska and Di Clemente's model has described a stage of changes in their behaviors. At each stage, the thoughts and feelings of an individual are different about the behavior towards a problem and find a difference, process it, and move on to the next stage. Pre-contemplators are not interested in change. Sometimes, he may be fully aware of the risks, they may value it so much for other reasons that they do not wish to change.³ His concern about the risks and problems can lead to the contemplation stage. He faced a lot of consequences, when he was in the contemplation stage, like depressed mood, frustration, restlessness, and constipation. After self-realization, he started to deviate, started sharing a lot

about his struggles in the preparation stage, and planned to act which was very late, even though the patient successfully quit the habit of smoking, by then other health complications had kicked in. According to Shen et al non-ST-segment elevation myocardial infarction (NSTEMI) was found among smokers who had significantly higher long-term risks for both mortality and recurrent myocardial infarction,⁴ and According to Yacoub et al heavy cigarette smoking increases the risk of overall CKD classified as hypertensive nephropathy and diabetic nephropathy.⁵

When he was 55, he underwent ophthalmic surgery for diabetic retinopathy, but his left eye vision was reduced by 85%. He was only able to differentiate between black and white with blurred vision.

In the next two years, his life completely relied on hospitalization. The next major systemic sign was hematuria and chest pain. The diagnosis for hematuria was right renal cell carcinoma, and coronary heart disease (NSTEMI). Based on the medical supervisor's advice, first, he underwent a nephrectomy surgery, and after a few months, he underwent coronary angioplasty and stent insertion for a triple wall block. During surgery, it was a difficult task for medical professionals to manage the two different systemic conditions simultaneously.

CONCLUSION

In the present narrative case report, tobacco causes major systemic conditions, including diabetic retinopathy, coronary heart disease (NSTEMI), and renal cell carcinoma. In the action stage, people visibly make changes and put considerable effort into quitting the habit. This is often the time that people seek out professional help, but it helped him to quit the habit successfully. At last, the maintenance stage helped him to survive. Behavior is continued and consolidated. For become a quitter- self-motivation, meditation, believing in himself, and thinking about his health, family and children made him quit the habit.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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Cite this article as: Arumugam PM. Tobacco and its negative impact: a case report. *Int J Community Med Public Health* 2023;10:2265-7.