

## **APPROACH AND TREATMENT OF SMOKING IN A BASIC HEALTH UNIT**

---

*Fernanda Silvestre Costa*

Coordinator of the Smoking Cessation  
Program at the Primary Health Care Unit -  
Regina Maria da Silva Severino  
Fortaleza – Ceará  
<http://lattes.cnpq.br/1376316435822429>

*Tiago Araújo Monteiro*

Assistant Coordinator of the Smoking  
Cessation Program at the Primary Health  
Care Unit - Regina Maria da Silva Severino  
Fortaleza – Ceará  
<http://lattes.cnpq.br/8680704454514934>

All content in this magazine is  
licensed under a Creative Com-  
mons Attribution License. Attri-  
bution-Non-Commercial-Non-  
Derivatives 4.0 International (CC  
BY-NC-ND 4.0).



**Abstract:** Primary care, as the first access route to the user, is in a strategic position for the development of activities aimed at the care of the smoker, in terms of prevention and treatment. In order to promote health, a screening process was carried out at the unit with anamnesis and application of the Fagerström Tolerance Questionnaire. Subsequently, people who wanted to quit smoking participated in group meeting and then individual follow-up of the user in a shared consultation with medicine and psychology. According to demand, the client could be accompanied by other categories such as physical education, physiotherapy, nutrition and dentistry. The treatment was carried out in a multidisciplinary way, with the support of the Family Health Strategy (ESF) and the Family Health Support Centers (NASF).

**Keywords:** Smoking, smoking clinic in primary care, smoking cessation.

## INTRODUCTION

To smoke is one of the most important public health problems characteristic only of the human species. The world scenario reveals a high frequency of tobacco dependence in both sexes, both in developed and developing countries (BRASIL, 2011). Currently, there are about 1.3 billion smokers in the world, of which approximately one billion are male. Since the late 1980s, health promotion, management and governance of tobacco control in Brazil have been articulated by the Ministry of Health through INCA, in line with the National Tobacco Control Program (PNCT-BRAZIL, 2011).

Tobacco consumption is seen as a prevalent problem in the country, it directly contributes to the development of several health problems: cardiovascular diseases, neoplasms, diabetes mellitus and chronic respiratory diseases (FRANCA, et al, 2015).

The realization of the group was motivated by the expressive demand of users for this service. The municipal health department, in order to reduce the great pent-up demand, sought to train primary care professionals and decentralize care, providing care closer to the user's residence and establishing the link with the health team that accompanies them. This work is of great magnitude for the strengthening of public policies, providing rehabilitation, healing, health promotion and prevention. The objective was to report the experience of the four smoking cessation groups carried out in a health unit from 2018 to 2019, in the city of Fortaleza - CE.

## METHODOLOGY

This is an experience report type study, with a descriptive qualitative approach, about the smoking cessation group in a Primary Health Care Unit (UAPS), where four groups were developed between the years 2018 to 2019 in the unit. of health in the city of Fortaleza in the state of Ceará. The first step was to publicize the group with the dates for screening users who were interested in quitting smoking. This screening took place individually with the psychologist, in this process it was possible to identify the user's interest and commitment to smoking cessation treatment. After screening, the four meetings were marked with the current group. Next, a meetings plan was developed, based on what would need to be addressed in the first four meetings (meetings, which are mandatory to remain in the group). Below is the planning carried out and applied to all groups.

All meetings took place on Friday afternoons, at the health unit, with the presence of the coordinating professionals responsible for the group and invited to develop the activities. Subsequently, people who wanted to quit smoking and who

	Facilitators: Psychologist and Doctor.	TIME
Reception	<p>Presentation of the professionals who make up the team. Explain the functioning of meetings and penalties due to absenteeism to meetings. Dynamics of presentation of the participants.</p> <p>Relaxation dynamics instructed by the unit's physiotherapist.</p> <p>Expansive breathing exercises and global stretches.</p> <p>Jacobsonian visualization.</p>	15 minutes
Experiential Activity	<p><b>1º MEETING:</b> Booklet delivery: <i>"To understand why you smoke and how it affects your health"</i>. Application of tests and discussion of topics covered by the manual.</p> <p>Materials: Participant Manual – Session 1.</p> <p><b>2º MEETING:</b> booklet delivery: <i>"The first days without smoking"</i>. Reading and application of the tests proposed by the manual.</p> <p>Construction of the therapeutic moment, listening to the participants.</p> <p>Materials: Participant Manual – Session 2.</p> <p><b>3º MEETING:</b> booklet delivery: <i>"How to overcome obstacles to staying smoke-free"</i>. Discussion of the stress points that lead them to smoke.</p> <p>Development of the therapeutic moment, listening to the participants.</p> <p>Materials: Participant Manual – Session 3</p> <p><b>4º MEETING:</b> Booklet delivery: <i>"Benefits gained after quitting smoking"</i>.</p> <p>Presentation of the indirect and long-term benefits of quitting smoking. Tips to keep smoking cigarettes.</p> <p>Promotion of a therapeutic moment, listening to the participants.</p> <p>Closing dynamics - ritual of support and positive words.</p> <p>Materials: Participant Manual – Session 4</p>	45 minutes
Closure	<p>Ask the group for their assessment of the chosen dynamic, comments on the manuals read and discussed. Opinions on the meetings held.</p> <p>Ask the group about the clarity of the objectives of the meetings.</p> <p>Organization of individual consultations for each participant.</p> <p>Individualized meeting assessment.</p>	30 minutes

Table 1. Planning of Smoking Group meetings.

underwent screening participated in group meetings and then individual follow-up in a shared consultation with psychology and medicine. The treatment was carried out in a multidisciplinary way, with the support of the Family Health Strategy (ESF) and the Family Health Support Centers (NASF).

## RESULTS AND DISCUSSION

In order to universalize the treatment of smoking and reduce the main cause of preventable morbidity and mortality, the Ministry of Health made adjustments to the program, making primary care responsible and preparing health professionals to encourage their patients to stop smoking. In order to promote health, a screening process was carried out with psychology and dentistry for users with the intention of smoking cessation, through anamnesis, application of the Fagerström Tolerance Questionnaire and dental evaluation. Initially, it was necessary to enroll the professionals in the improvement course on the subject, so that they would feel sensitized and able to carry out the necessary care. Below is the flow prepared for the execution of the groups performed (Figure 1).

Over the course of two years, four smoking cessation groups were carried out, through the records in the health system it was possible to obtain excellent indicators at the end. During the four effective groups, a total of 71 patients were screened, of which 60 stopped smoking, corresponding to 84.5% of the total, these results are of great relevance to health (Table 1).

The group consultations were carried out weekly, in 4 meetings, from 16:00 to 18:00. Each meeting was worked on the theme of the respective booklet (Table 1), but the difference was the possibility of therapeutic listening provided by the professional psychologist, in addition to other activities

proposed by the multidisciplinary team, relaxation, stretching, creative visualization.

Individual consultations took place fortnightly, aimed at evaluating clinical conditions - comorbidities and prescriptions, implementing environmental and behavioral variations, analyzing stressful events, new possibilities for investing time and motivation in implementing changes.

According to Murta (2005), Social Skills Training (THS) programs have been developed with the aim of promoting health, since such skills are recognized as protection in the course of human development, pointing to social skills in relation to the analysis of the behavior. Thus, they are operant behaviors, being maintained by their consequences. Also according to Murta (idem), training consists of two stages, assessment and intervention. Caballo, 2003 (apud MURTA, 2005), states that "commonly employed techniques can include instructional delivery, behavioral rehearsal, modeling, modeling, verbal and video feedback, homework, cognitive restructuring, problem solving, relaxation" (p.3). Thus, these interventions aim to modify behavioral (behavioral rehearsal), cognitive (cognitive restructuring) and physiological (relaxation) elements. Such interventions include the training of social skills such as assertiveness, empathy, anger management, among others.

According to Del Prette and Del Prette, (2011) three techniques are relevant to Social Skills Training. First, instruction, which would be used to inform the client which ways of expressing themselves would provide them with greater access to the desired reinforcers. The second technique would be the behavioral rehearsal, known as Role-Playing, which facilitates the discrimination and description of contingencies, thus producing self-knowledge. This technique, therefore, was a great help for users to understand



Figure 1. Suggestion of a flowchart to be carried out to carry out a smoking cessation group

## Smoking Cessation Group

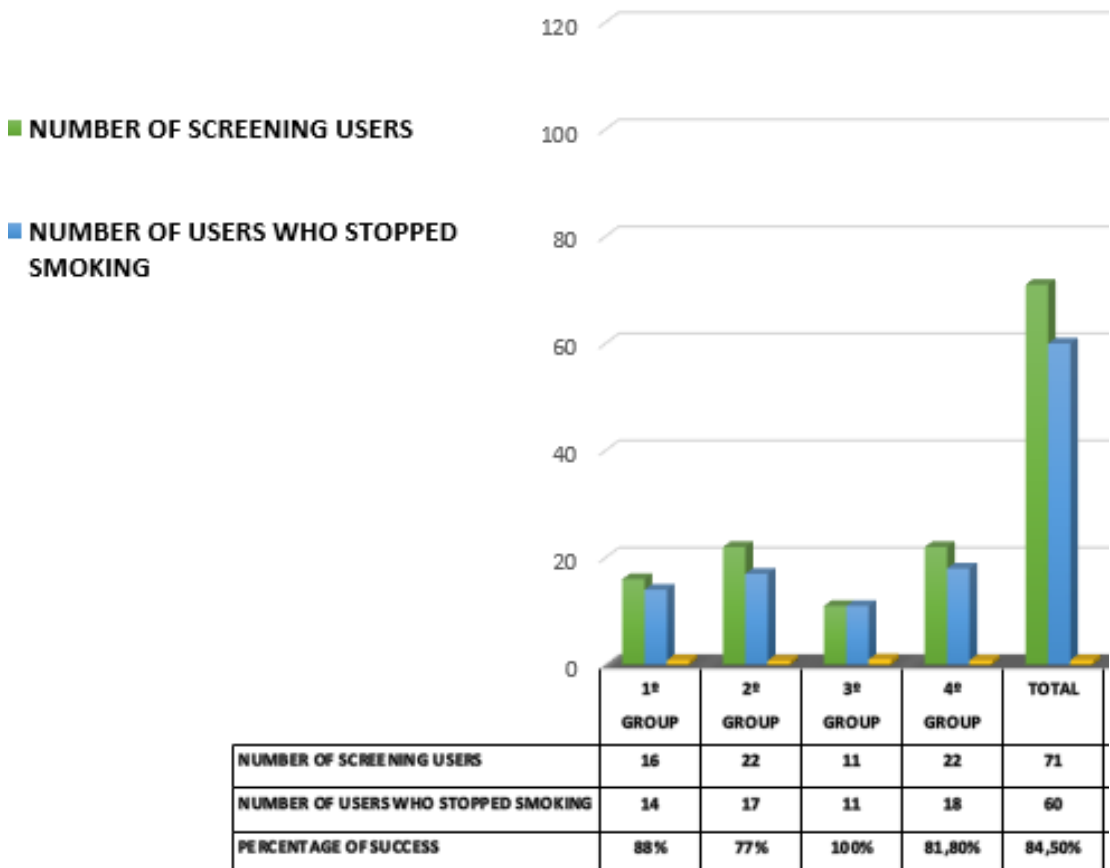


Table 2. Data from Smoking Cessation Groups.

what antecedents are in the context of their responses, and what consequences are evidenced in their behavior.

Finally, the homework was implemented for users to carry out the generalization in their natural environment, in addition to being a way to verify the functionality of the newly learned repertoire, it promotes greater sensitivity in terms of the perception of the contingencies that cause these behaviors. few assertives.

Concomitant to the therapy, integrative practices, promoted by the multidisciplinary team, were added to the psychotherapeutic work, such as the use of cupping therapy, auriculotherapy, myofascial release, relaxation and change in eating habits.

As the treatment progressed, patients reported: improvement in self-esteem, breath, teeth color and skin vitality; improved social interaction with non-smokers; improvement in the performance of physical activities and behavioral changes.

From the combined care and treatment, cognitive-behavioral approach and

medication, it was shown that the greater the number of sessions, the greater the rate of tobacco abstinence achieved. The work carried out at the unit was effective in quantitative terms.

## FINAL CONSIDERATIONS

The Program aims to reduce the prevalence of smokers and the consequent morbidity and mortality related to the consumption of tobacco derivatives, following a model in which educational, communication and health care actions, associated with legislative and economic measures, are leveraged to prevent smoking initiation, promoting smoking cessation and protecting the population from exposure to environmental tobacco smoke.

Primary Care (AB) professionals play a prominent role in this scenario since, based on the provision of longitudinal, comprehensive care and closer to the user, they are in a privileged position to strengthen the bond, significantly increasing the effectiveness of the treatment. for smoking cessation.

## REFERENCES

- ARAUJO, Alberto José de et al. **Diretrizes para Cessação do Tabagismo**. J. bras. pneumol., São Paulo, v. 30, supl. 2, p. S1-S76, Aug. 2004. Available from <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1806-37132004000800002&lng=en&nr m=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1806-37132004000800002&lng=en&nr m=iso)>. access on 02 Sept. 2019. <http://dx.doi.org/10.1590/S1806-37132004000800002>.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Acolhimento à demanda espontânea / Ministério da Saúde**. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. – Brasília: Ministério da Saúde, 2011. 56 p. – (Série A. Normas e Manuais Técnicos) (Cadernos de Atenção Básica n. 28, Volume I)
- CABALLO, V. E. **Manual de avaliação e treinamento das habilidades sociais**. São Paulo: Santos, 2003.
- DEL PRETTE, A; DEL PRETTE, Z. A. P. **Habilidades sociais: programas efetivas em grupo**. São Paulo: Casa do Psicólogo, 2011.
- FRANCA, Samires Avelino de Souza et al. **Fatores associados à cessação do tabagismo**. Rev. Saúde Pública, São Paulo, v. 49, 10, 2015. Available from <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-89102015000100203&lng=en&nr m=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102015000100203&lng=en&nr m=iso)>. access on 02 Sept. 2019. Epub Feb 27, 2015. <http://dx.doi.org/10.1590/S0034-8910.2015049004946>.
- FORTALEZA, Prefeitura Municipal de Fortaleza. Portaria 294/2015. **Diário Oficial do Município**. Fortaleza, 08 de outubro de 2015.
- MURTA, Sheila Giardini. **Aplicações do treinamento em habilidades sociais: análise da produção nacional**. Psicol. Reflex. Crit. [online]. 2005, vol.18, n.2, pp. 283-291. ISSN 0102-7972.