Recomendaciones para ayudar a dejar de fumar al paciente cardiológico en tres minutos.

Elaborado por el Grupo de Trabajo de tabaco de la Sociedad Española de Cardiología, Sección de Cardiología Preventiva y Rehabilitación.

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Introducción y objetivos del documento

Aunque los cardiólogos seamos conscientes de la importancia teórica del tabaquismo, pocas veces emprendemos acciones concretas en la práctica clínica para tratarlo de forma eficaz. No solo en España, también en la mayoría de los países de nuestro entorno. La falta de interés por el tabaquismo puede estar en relación con el atractivo técnico y científico de los procedimientos de alta tecnología utilizados en cardiología, con la limitada formación en tabaquismo de los cardiólogos, con la limitación de recursos humanos y financieros dedicados a este área y con la percepción de que el fumador es en parte responsable de su enfermedad. La ausencia de financiación de los medicamentos para dejar de fumar refleja el desinterés de la Administración, por el tratamiento del tabaquismo. Por último, el cardiólogo y el médico en general viven la recaída como un fracaso, que resulta desmotivador para futuros tratamientos.

El objetivo de este documento es suministrar una directriz muy simple con los mínimos necesarios para ayudar a dejar de fumar a nuestros pacientes, con idea de promover un abordaje sistemático del tabaquismo en cardiología. El 90% de los consumidores regulares de tabaco son adictos a la nicotina, una de las drogas con más capacidad de generar adicción. Esto convierte el tabaquismo en un factor de riesgo cardiovascular de tratamiento muy complejo. El diagnóstico y tratamiento óptimo está fuera de nuestro alcance, dada la alta prevalencia. Pero esto no puede ser una excusa para dejar de tratar un factor de riesgo cardiovascular que es, además, la primera causa de muerte evitable en nuestro entorno.

La mayoría estamos de acuerdo en que el tabaquismo es una adicción grave cuyo tratamiento óptimo requiere la mayoría de las veces un abordaje complejo y multidisciplinar. Como este abordaje ideal es imposible y puede conducir a la conclusión equivocada de que no se puede hacer nada, en la práctica, resulta mucho más operativo considerarlo un factor de riesgo como cualquier otro y dedicarle al menos el mismo tiempo que dedicamos al tratamiento de la hipertensión arterial, la dislipemia y la diabetes. Hay extensa evidencia científica que demuestra que el consejo breve [1], y la utilización de medicamentos, consiguen índices de abstinencia mucho más altos que los intentos de dejar de fumar sin ayuda.

El objetivo de este documento es que los cardiólogos dediquemos de forma sistemática y eficiente 3 minutos de nuestro tiempo a ayudar a dejar de fumar a nuestros pacientes cardiovasculares. Si pasamos de la casi completa pasividad actual a dedicar 3 minutos de tiempo bien aprovechados y articulamos mecanismos para un seguimiento aceptable del tratamiento farmacológico, habremos dado un paso importante en el manejo de este factor de riesgo cardiovascular.

A continuación exponemos una estrategia de tratamiento sencilla que consumiría, una vez automatizada, apenas 3 minutos de tiempo por cada fumador. No aspiramos a que sea la estrategia más eficaz pero sí la más eficiente teniendo en cuenta los recursos disponibles.

Distinguimos dos tipos de pacientes: el de consulta externa y el paciente hospitalizado.

Elaboración del documento.

Este documento se ha elaborado partiendo de un texto que fue discutido en la reunión del grupo de trabajo de tabaco que tuvo lugar el día 10 de marzo de 2011 en la Sede de la Sociedad Española de Cardiología. Como resultado de la discusión se elaboró un documento que fue modificado hasta obtener una versión final consensuada.

Todos los miembros del grupo de trabajo de tabaco de la SEC y la directiva de la Sección de Cardiología Preventiva y Rehabilitación fueron informados del proyecto e invitados a participar.

Uso del documento.

El documento incluye un Mensaje Verbal estándar con una serie de ideas que el cardiólogo debería intentar transmitir al paciente fumador. Cada profesional utilizará su propio lenguaje y adaptará el mensaje a cada circunstancia. En segundo lugar, una Hoja de Seguimiento/Texto para el Informe de Alta diseñada para potenciar el esfuerzo realizado por el clínico. Existe evidencia científica que demuestra que el seguimiento del paciente aumenta significativamente la abstinencia continuada al año [2]. Por último, se facilitará al paciente Material de Apoyo Impreso, que debería ser suficientemente claro, como para que el paciente promedio pueda y quiera leerlo y asimilarlo. Además se le facilitará la dirección de la página web de la Sociedad Española de Cardiología para que pueda acceder a material extra disponible en la web.

Mensaje Verbal para el paciente

La estrategia para el paciente hospitalizado es similar a la de la consulta, con los siguientes matices: a) La mayoría de los pacientes consideran que ya han dejado de fumar, por lo que, asumiremos que la fecha para dejar de fumar ya ha pasado, les felicitaremos por su decisión y

reforzaremos su determinación de no volver a fumar cuando salga del hospital b) La hoja de seguimiento se sustituirá (si es posible) por un texto en el informe de alta.

Se presenta a continuación la estrategia estándar para el paciente en consultas diseñada para hacerse en 3 minutos.

1) **¿Fuma y grado de dependencia?** Formulamos 3 preguntas sencillas:
    a. ¿Fuma?
    b. ¿Desde cuándo, cuánto y cuándo fuma el primer cigarrillo del día?
    c. ¿Ha intentado dejar de fumar antes y cuánto tiempo estuvo sin fumar?

2) ¿Quiere dejar de fumar?

Aunque el paciente diga que quiere dejar de fumar, daremos el consejo estándar para reafirmar su decisión. Es importante, informar, empatizar y motivar y evitar "reñir" al paciente. A continuación los mensajes que recomendamos que se incluyan en la conversación con el paciente:

Lo más importante que puede hacer por su salud: más que las cosas que le hemos hecho en el hospital o las medicinas que está tomando.
Dejar de fumar es posible: mucha gente lo consigue
Consecuencias si sigue fumando: la probabilidad de morir en los próximos 2 años es 12%.
Beneficios si lo deja ahora: la probabilidad de seguir vivo dentro de 2 años es casi la de un no fumador: 98% [3]. Además, evitará cáncer, enfermedad pulmonar grave y tendrá más capacidad para hacer las cosas que le gustan y ejercicio físico y una vida sexual más satisfactoria [4]. Se sentirá más joven: su organismo rejuvenecerá en muchos aspectos.
Reducir el consumo no es suficiente. La nicotina es una droga y la mayoría de las veces hay que elegir todo o nada. Es difícil mantener una disminución del consumo y, además, consumos de un solo cigarrillo/día son muy negativos para la salud de su corazón [5].

Si le paciente no quiere dejar de fumar: Le damos el consejo estándar, le suministramos material y le invitamos a que reconsidere su decisión y a que, al menos, intente reducir el consumo como puente a dejarlo definitivamente.

Pacientes con intentos fallidos previos: En los pacientes refractarios, en los que ha habido intentos fallidos, además de dar todos los pasos previos detallados más arriba y pautar tratamiento farmacológico, si tenemos acceso a una unidad de tabaquismo especializada sin lista de espera importante, lo remitiremos a dicha unidad.

3) ¿Cómo voy a ayudarle a que deje de fumar?

Fijemos hoy mismo una fecha y dígale a todos que va a dejar de fumar
Evite situaciones de riesgo y elimine elementos de tu entorno.
Cuando sientas deseos de fumar, debe saber que pasarán, no dé ni una sola calada
Nunca piense que controla el tabaco: el tabaco es una droga y si vuelve a fumar un solo cigarrillo, es muy probable que en poco tiempo esté fumando como antes.
No deje que otros fumen en tu casa o en tu trabajo, el humo perjudica su salud.

4) Prescribir medicación

Es importante que usemos los medicamentos que multiplican la probabilidad de que deje de fumar, mejorando mucho sus expectativas. Quizá ahora crea que puede solo, pero los estudios demuestran que con medicamentos la probabilidad de éxito se duplica o triplica [2].
En este momento, los medicamentos no están financiados, pero no piense que son caros. Haga cuentas de lo que gasta en tabaco y de la cantidad de dinero que ahorrará en los próximos años dejando de fumar[6].
El cardiólogo puede prescribir el medicamento más oportuno en cada caso, teniendo en cuenta que:

- Las guías internacionales recomiendan medicación a todos los pacientes [2] y que existen tres medicamentos que se consideran de primera elección: Vareniclina, Terapia Sustitutiva de Nicotina y Bupropion[7].
- Vareniclina es el medicamento más eficaz en ensayos clínicos en población general [8].
- Vareniclina, en metanálisis y ensayos "head to head" es más eficaz que Bupropion y que Parches de nicotina[9].
- Vareniclina es el medicamento con más evidencia en cardiopatía isquémica [10].
- Si el paciente ha tenido un intento previo exitoso (logró abstinencia continua durante 1 año): considerar repetir la opción utilizada.

5) Seguimiento

Uno de los problemas principales para los pacientes es el seguimiento. Lo ideal es que el primer seguimiento se realice el primer mes después del alta. Aprovecharemos la ocasión para intentar establecer un espacio libre de humo en la vivienda del paciente que ayudará al paciente a dejar de fumar y, además, disminuirá su riesgo de eventos.

El modelo de carta para suministrar al paciente, dirigido a su médico de AP, cuando el paciente esté siendo visto en consultas es el siguiente:
Estimado colega, El paciente_____
con diagnóstico de_____
Fumador de ___ paquetes al día desde hace___ años y que fuma el primer cigarrillo a las _____ horas de levantarse, ha establecido la siguiente fecha para dejar de fumar_____
y está recibiendo tratamiento con _____ desde el día_____ a dosis de ____
Te ruego que, en la medida de lo posible, realices el seguimiento del paciente dentro de 2 y 12 semanas para su seguimiento. Es importante para la salud del paciente que sus familiares, amigos y compañeros no fumen en su entorno, ya que el humo de los cigarrillos inhalado de forma pasiva aumenta el riesgo de un nuevo episodio cardiovascular[11].

Cuando el paciente esté hospitalizado, si es posible, añadiremos al informe de alta, el siguiente texto:
El paciente, fumador de ___ paquetes al día desde hace___ años y que fuma el primer cigarrillo a las _____ horas de levantarse, ha dejado de fumar el día de su ingreso en el hospital, y está recibiendo tratamiento con _____ a dosis de _____
Te ruego que, en la medida de lo posible, realices el seguimiento del paciente dentro de 2 y 12 semanas para su seguimiento. Es importante que sus familiares, amigos y

compañeros no fumen en su entorno, ya que el humo de los cigarrillos inhalado de forma pasiva aumenta el riesgo de un nuevo episodio cardiovascular.

6) Material de ayuda

Material para suministrar a pacientes

Pendiente de elaborar

Material en la página web de la SEC:

Calculadora de costes: http://www.fundaciondelcorazon.com/informacion-para-pacientes/prevencion-secundaria/calculadora-tabaco.html

Material pendiente de elaborar e insertar

Referencias de publicaciones: guías, ensayos, estudios de coste-efectividad

7) Siguientes pasos e ideas para mejorar

Elaborar programa de seguimiento y motivación a través de correo electrónico.

Invitar a la enfermería cardiovascular a las próximas reuniones del grupo.

Aumentar la disponibilidad y el uso de cooxímetros en las consultas.

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