

極簡短戒煙建議 - 網上訓練

單元一：簡短戒煙建議的重要性

講義

一、 香港的現況

- 香港現時仍有約六十五萬人每日吸煙。雖然每日吸煙者的比率已下降至接近百分之十，但近年來的下降速度逐漸放緩。¹
- 吸煙是最主要但亦可預防的死亡原因。
 - 2009 至 2017 年間，肺癌是本港癌症中的頭號殺手；²
 - 心臟病和中風在 2019 年是本港第三和第四位致命疾病；³
 - 每年分別有超過六千一百和六百人死於吸煙和二手煙。⁴
- 縱使吸煙危害極大，本港仍有逾六成的每日吸煙者中從未嘗試亦無計劃戒煙。只有百分之三的吸煙者曾使用戒煙服務。¹

二、 吸煙的危害

- 至少一半的吸煙者會因煙草相關的疾病而早逝。⁵
- 吸煙引致至少十二種癌症，包括肺癌、肝癌、口咽癌、喉癌、食道癌、急性骨髓性白血病、胃癌、胰臟癌、腎及輸尿管癌、子宮頸癌、膀胱癌及大腸癌。⁶
- 吸煙會損害幾乎所有人體器官和系統。⁶

表一：受吸煙影響的器官和系統⁶

心臟 冠心病	血管 末梢血管疾病、主動脈瘤
眼睛 白內障、老年黃斑病變	腦部 中風
頭部和頸部 口咽癌、喉癌、牙周病	肺部 肺癌、慢性阻塞性肺病、肺結核、哮喘
消化系統 食道癌、胃癌、肝癌、胰腺癌、大腸癌	生殖系統 生育能力下降、男性勃起功能障礙、女性異位妊娠、唇顎裂
泌尿系統 腎癌、輸尿管癌、膀胱癌	血液 急性骨髓性白血病
內分泌系統 糖尿病	自身免疫系統 類風濕性關節炎

- 吸煙會增加和傳染病相關的風險
 - 煙草會導致一系列呼吸道的變化，包括增加黏膜的滲透性、損害纖毛排污功能、增加細胞被病毒原體吸附的機會、影響呼吸道的上皮細胞，並引致支氣管炎和肺纖維化。⁷
 - 吸煙會削弱自身免疫系統和削弱產生抗體的功能。^{8,9,10}
 - 吸煙者感染侵入性肺炎球菌病的風險較非吸煙者高二至四倍，感染流感的機會亦會提高，而且病情有機會較嚴重。除此以外，吸煙者感染結核病的風險增加兩倍；因感染結核病而死的風險亦較非吸煙者高四倍。¹¹
 - 吸煙會增加 2019 冠狀病毒病患者惡化（即需要機器輔助呼吸或深切治療）和死亡的風險，¹² 和吸煙有密切關係的慢性阻塞性肺病和心血管疾病亦是令病情惡化的重要因素。^{13,14}

三、 戒煙的好處

- 不論任何年齡，戒煙都能為健康帶來即時和長遠的裨益。¹⁵ 戒煙能顯著減低患病的風險；對長期病患者來說更可延緩病情惡化並降低死亡率。

戒煙	健康裨益
十二小時後	● 血液中的二氧化碳含量下降至正常水平 ¹⁶
二至十二星期後	● 血液循環和肺功得到改善 ¹⁶
一至九個月後	● 咳嗽和呼吸短促的情況減少 ¹⁶
一至五年後	● 患上 冠心病 的風險減半 ¹⁷ ● 中風 的風險等同從來不吸煙的人士 ¹⁸
五至十年後	● 患上 肺癌 的風險減半，並隨著戒煙時長逐漸下降 ¹⁷ ● 患上 急性骨髓性白血病、胃癌、胰腺癌、子宮頸癌、大腸癌、肝癌及腎癌 的風險均有不同程度的下降 ¹⁷ ● 患上 糖尿病 的風險等同從來不吸煙的人士 ¹⁹
十至十五年後	● 患有 糖尿病 的長期病患者患上 冠心病 和因 冠心病 而死的風險降至從來不吸煙的人士的水平 ^{20,21}
其他戒煙的好處	● 戒煙被證實為唯一有效降低吸煙者罹患 慢性阻塞性肺病 風險的方法，亦是延緩慢性阻塞性肺病患者肺功能惡性的唯一方法 ¹⁷ ● 戒煙可以將 心肌梗塞 復發和過早死亡的風險降低逾五成 ¹⁸

四、 醫護人員在戒煙中的角色非常重要

醫護人員在戒煙中的角色非常重要。醫護人員在日常診症中能接觸到逾八成吸煙者，可恆常地詢問他們的吸煙狀況和建議他們戒煙。²²

- 醫護人員可以以世界衛生組織的 5A's 和 5R's 工具，用三至五分鐘時間向吸煙者提供「簡短戒煙建議」。²² 亦有研究顯示，三分鐘或以下的戒煙建議亦能提高戒煙成功率。²³ 甚至短至一分鐘內的「極簡短戒煙建議」也能增加吸煙者戒煙的機會（表三）。^{24,25,26}

- 各類醫護人員提供的「簡短戒煙建議」均可以增加戒煙意欲及成功率（表四）。
- 醫護人員應把握每次診症機會向病人詢問吸煙或戒煙狀況。次數越多，成功戒煙的機會越大（表五）。
- 提供「極簡短戒煙建議」，再主動轉介病人至戒煙服務，能有效增加戒煙率約八成。²⁷

表三：接觸時間和戒煙成功率成正比²³

總接觸時間	實驗組別	推算的比值比 (95% C.I.)	推算的戒煙率 (95% C.I.)
沒有接觸	16	1.0	11.0
1-3 分鐘	12	1.4 (1.1-1.8)	14.4 (11.3-17.5)
4-30 分鐘	20	1.9 (1.5-2.3)	18.8 (15.6-22.0)
31-90 分鐘	16	3.0 (2.3-3.8)	26.5 (21.5-31.4)
91-300 分鐘	16	3.2 (2.3-4.6)	28.4 (21.3-35.5)
> 300 分鐘	15	2.8 (2.0-3.9)	25.5 (19.2-31.7)

表四：各類醫護人員所提供的簡短戒煙建議均有成效

醫護人員	六個月跟進時的戒煙率	
醫生	增加 66%	(RR=1.66, 95% CI 1.42-1.94) ²⁹
護士	增加 27%	(RR=1.27 95% CI 0.99-1.62) ³⁰
牙醫及牙科輔助人員	增加 71%	(OR=1.71, 95% CI 1.44-2.03) ³¹
社區藥劑師	增加約 2 倍	(RR=2.30, 95% 1.33-3.97) ³²

表五：面對面治療次數和戒煙成功率成正比²³

治療次數	實驗組別	推算的比值比 (95% C.I.)	推算的戒煙率 (95% C.I.)
0-1 節	43	1.0	12.4
2-3 節	17	1.4 (1.1-1.7)	16.3 (13.7-19.0)
4-8 節	23	1.9 (1.6-2.2)	20.9 (18.1-23.6)
> 8 節	51	2.3 (2.1-3.0)	24.7 (21.0-28.4)

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