



## Cardiovascular Effects of Smoking Cessation Drugs

Anil MUŞTUCU<sup>1</sup>

### INTRODUCTION

Smoking and tobacco use are among the leading preventable causes of death, causing the deaths of approximately six million people worldwide annually (1) and constitute approximately 12% of all deaths (2). Tobacco-related diseases lead to the deaths of about half of daily smokers, who also live on average 10 years less than people who has never smoked (3). Despite its widespread adverse effects that are commonly known, approximately 1.4 billion people worldwide continue to consume tobacco regularly (4).

The prevalence of tobacco use disorder and smoking varies depending on economic, demographic and cultural factors; however, it is significantly more common in individuals suffering from substance use disorders, individuals with low socio-economic status and individuals with mental illness (5-8). Some important factors described as predictors of tobacco use are tobacco use among peers or parents, living in places where tobacco sales are more common, and being divorced, all of which increase the risk of daily tobacco use (9-11).

While cigarette consumption remains the most common way to consume tobacco, other forms such as flavored cigarettes, hookah and electronic cigarettes have become increasingly appealing to young consumers in recent years. After a long period of slow decline in prevalence, it was observed that, in the United States, tobacco use among students were on the rise again in the period between 2017-2018, especially after the increase in the use of electronic cigarettes (12). Observations in the young population in the United States, recently confirmed

<sup>1</sup> MD, Orhangazi State Hospital, Department of Psychiatry, amustucu@gmail.com, ORCID iD: 0000-0002-2663-3661

ing cessation. There is sufficient evidence from studies conducted to show that the benefits of using these treatment methods outweigh the low risk of serious cardiovascular events associated with their administration and the probability of developing cardiovascular problems from continued smoking.

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