

Nursing Interventions on Tobacco Control: an Integrative Review

Intervenções de Enfermagem no Controle do Tabagismo: uma Revisão Integrativa *Intervenciones de Enfermería en el Control del Tabaquismo: una Revisión Integradora*

Marcione Aparecida de Souza Moura¹, Maria de Fátima Batalha de Menezes², Renata Dória Mariano³, Vagnára Ribeiro da Silva⁴,
Luana Pinheiro de Sousa⁵

Abstract

Introduction: Tobacco addiction is considered a serious public health problem and the nurse has got a very important role in the design of strategies to control this disease. **Objective:** To identify nursing interventions related to tobacco control. **Method:** It is an integrative review. Articles and abstracts published between 2000 and 2010 were researched in the LILACS and MEDLINE databases, using the following keywords: *enfermagem/tabagismo* and *tobacco/nursing*; and articles published in the CINAHL databases between 2008 and 2010, using the keywords: *tobacco/nursing/intervention*. **Result:** Following the strategies defined for the study, the search resulted in 1,394 publications. 55 publications were found in LILACS, 1,231 in MEDLINE and 108 in CINAHL databases. Of these productions, six full papers were selected from the Latin American and 119 from international databases, of which 16 were full articles from CINAHL and 103 from MEDLINE. The first review found that 1,269 publications were not specifically related to the research question or did not meet the proposed inclusion criteria, resulting in 125 productions that were finally considered for the study. The findings suggest a number of interventions provided by nurses for various audiences and that 39 of them were directed at smoking cessation. **Conclusion:** Faced to the productions evaluated, it was found that the nurse is a very important professional for tobacco addiction control and those interventions found show a relationship with the recommendations from scientific literature.

Key words: Smoking; Nursing; Intervention Studies; Smoking Cessat

¹ Nurse and resident in oncology nursing at the Brazilian National Cancer Institute (Inca). Rio de Janeiro (RJ), Brazil. *E-mail:* marcionea@yahoo.com.br.

² Coordinator of Continuing Education of the Nursing Division of the Cancer Hospital I / INCA. Supervisor of the area of teaching and nursing of Inca. PhD in nursing. Rio de Janeiro (RJ), Brazil. *E-mail:* mfatbat@terra.com.br

³ Nurse and resident in oncology nursing at the Brazilian National Cancer Institute (Inca). Rio de Janeiro (RJ), Brazil. *E-mail:* renatamvet@hotmail.com.

⁴ Nurse and resident in oncology nursing in Inca. Rio de Janeiro (RJ), Brazil. *E-mail:* vagnararibeiro@gmail.com

⁵ Nurse and resident in oncology nursing in Inca. Rio de Janeiro (RJ), Brazil. *E-mail:* lua-pink@hotmail.com. *Correspondence address:* Marcione Aparecida de Souza Moura. Rua Aymorés, 20 -apt. 301 – São Sebastião – Viçosa (MG), Brasil. CEP: 365700-000.

INTRODUCTION

The World Health Organization (WHO) considers smoking as the leading cause of preventable deaths in the world¹.

Tobacco smoking is defined as a chronic disease with multiple relapses², and has an entry in the International Classification of Diseases (ICD), due to the use of psychoactive substances. According to the WHO, it is also considered a pediatric disease, since average smoking initiation occurs around the age of 15³.

It is estimated that 3,000 children start smoking every day⁴. Therefore, public health experts agree that efforts to control tobacco use should be focused on youth⁵.

In the next 50 years, tobacco use may cause about 450 million deaths worldwide⁶. WHO believes that if this situation is not reversed, 10 years from now there will be about 10 million annual deaths related to tobacco consumption, and 70% of them will occur in poor countries³.

It is believed that tobacco addiction is the cause of more deaths and disabilities than all other drugs combined⁷ and that the annual mortality by tobacco is greater than the combination of deaths related to drug abuse, AIDS, suicide, homicide and vehicle accidents⁴.

Considering that the tobacco industry is influential in most developing countries, fueling commerce and advertising, health agencies recommend that advertising on cigarette packages be inserted, warning about the danger to the health of both smoker and nonsmoker population⁸.

This fact is part of a list of measures to prevent smoking in Brazil, whose impact reveals that there was a significant decline in its prevalence in our country between 1989 and 2006. About two decades ago, the government launched the National Program for Tobacco Control (*Programa Nacional de Controle do Tabaco - PNCT*), with a noticeable improvement on efforts as of 1990, with a focus on non-price interventions such as the ban of advertising and smoking restrictions in public places⁹.

In a survey released by the Ministry of Health³, it was found that about 80% of smokers want to quit smoking, except that only 3% succeed each year. Quitting smoking is a very complex process, therefore the action of specialized professionals, effective techniques for treatment, and resources to assess individual needs, the degree of nicotine dependence and readiness to quit smoking are necessary¹⁰.

It is estimated that worldwide there are about 17.3 million nurses, making them the largest group of health professionals. Accordingly, this group represents an important link to the development of actions for tobacco control¹¹.

According to PNCT, it is up to nurses: to participate in the development of technical materials; to train

professionals; set goals; to train teams in health units, workplaces and schools; to encourage and monitor the process of smoking cessation by smokers; to adopt educational, regulatory and organizational measures; to implement preventive actions to secondhand smoke; to perform nursing consults focusing on cognitive behavioral approach and evaluation of the level of dependence on tobacco¹².

It is noteworthy that in the list of nursing diagnoses, according to the taxonomy of the North American Nursing Diagnosis Association (NANDA), there are reports of a diagnosis related to the motivation for smoking cessation, namely: health seeking behavior related to smoking cessation¹³.

This diagnosis indicates a nursing intervention named assistance to quit smoking, which in turn points to a series of 33 related activities, as stated by the Nursing Interventions Classification (NIC), among the most important: recording the current status of cigarette use and history of the smoker; determining willingness of patients to stop smoking; providing smokers with clear and consistent advice; helping patients to identify reasons to quit and barriers to smoking cessation; guiding the patient on the physical symptoms of nicotine withdrawal and reassure them about their transience; providing information to patients about nicotine replacement products; helping patients to recognize situations that lead to smoking; encouraging them to participate in support groups or individual therapy; maintaining frequent contact by phone, always congratulating them on the progress and offering help in difficulties and relapses¹⁴.

Given the above and considering nurses as health care professionals in tobacco control activities worldwide, this article aims to identify nursing interventions related to tobacco control. Guided by this scenario, identifying these interventions becomes critical, considering the timely contribution that nurses provide in the process of health care, working in various fields and specialties.

METHOD

It is an integrative review study with predetermined steps¹⁵. To initiate the search, the theme, objectives, key words and research question related to the inclusion of nursing in tobacco control were defined first. The research question was: what are the nursing interventions for tobacco control? This question is within the context of the creation of programs for tobacco control and emphasis on efforts in the fields of health and legislation of countries for the regulation of advertising and marketing of tobacco products.

The searches were conducted in January 2011, in the Latin American and Caribbean Literature of Health Sciences (LILACS), Electronic Index Medicus

of the National Library of Medicine (MEDLINE) and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases, by using the following keywords: "tabaco / enfermagem" and tobacco and nursing. On the latter database mentioned, the following descriptors: tobacco / nursing / intervention were used to better operationalize the study.

We used the following inclusion criteria: articles in Portuguese, English and Spanish, available for free in these databases, abstracts and articles published during the period between 2000 and 2010, in both LILACS and MEDLINE databases, and during the period from 2008 to 2010 at the CINAHL database, that mentioned, in the abstract, reference to interventions / activities performed by nurses related to tobacco control.

It is noteworthy that CINAHL database searches were conducted between 2008 and 2010 considering that a systematic review involving the subject in matter was found, which had already analyzed existing publications during the period from 1983 to 2007. The publications mentioned in this review for the period between 2000 and 2007 were found and considered as part of the mentioned systematic review.

Exclusion criteria were theses and dissertations as well as articles that did not address or report interventions / activities performed by nurses related to tobacco control. Studies whose abstracts were unavailable and did not discuss this subject were also excluded.

The searches were conducted by the authors of this article and, for the pre-selection of the articles found, an analysis of all abstracts available for categorization of the studies was performed.

Subsequently, we created three spreadsheets in Excel in order to organize the articles obtained in each base, and duplicate publications were eliminated in one of them, and the one that displayed the full text was preserved.

After pre-selection of articles by the initial reading of abstracts, a second analysis was performed through the perusal of pre-selected publications to decide the inclusion and exclusion of these texts according to the established criteria. In this stage, the work was performed by two pairs of independent reviewers.

We used a specific tool for evaluating the articles to be included, which consists of article title, author, country, year, journal name, objectives, methodology, interventions, target audience and stages related to the smoker's approach.

For the preparation of the results, the following steps were performed: identification of articles that answered the research question, number of articles related to the topic by year of publication, type of methodology adopted and the initiation and cessation interventions described in the study. Quantitative analysis consists of determination of frequency and percentage of items selected according

to the databases, year of publication, area of specialty of periodicals, countries of publication of periodicals and implementation stages of interventions by nurses.

It is noteworthy that, despite recognizing the relevance of NANDA and NIC taxonomies for the systematization of nursing care, we did not aim to correlate these activities with those found in the publications.

RESULTS

Following the strategies defined, the search resulted in 1,394 publications. We found 55 publications in LILACS, 1,231 in MEDLINE and 108 in CINAHL. Of these productions, six full papers were selected in the Latin American database and 119 in international databases, 16 full papers in CINAHL and 103 productions in MEDLINE, as shown in Table 1.

The first review found that 1,269 publications were not specifically related to the research question, or did not meet the proposed inclusion criteria, leaving 125 productions that were finally considered for the study.

In Table 2, we show the distribution of production, according to year of publication in these bases, with emphasis on 2006, 2008 and 2009, equivalent to 41.6% (n = 52), and lower number of productions in 2001 and 2002, with only 8.8% (n = 11) studies, and the rest of the production accounting for 49.4% (n = 62) were published in other years.

Of the selected publications, it was observed that 86.4% (n = 108) were published in journals that include the field of nursing and the remaining 13.6% (n = 17) were published in general health journals.

It was observed that there was a significant number (n = 58) of review productions, including examples of all classifications, while the others (n = 67) presented several methods, describing an intervention provided by nurses in various areas. Of these, 14 were reports of experience, 13 were descriptive studies, 11 were randomized clinical trials, 10 were epidemiological studies, seven were qualitative studies, five were surveys, five were quasi-experimental studies and two were experimental studies.

There was a range of interventions provided by nurses, most notably those related to smoking cessation stage, comprising 67.2% (n = 39) of studies. Interventions related to the phase of smoking initiation were documented in 19% (n = 11) of publications and only 13.8% (n = 8) studies carried out maintenance work.

It should be noted that the studies classified as maintenance were those who described some intervention, but were not targeted directly to the smoker, for example, studies that focused on: description of smoking behavior, beliefs and practices of education, nurses' standpoint about the attitude of smoking; analysis techniques employed in tobacco control; evaluation of

Table 1. Quantitative analysis of the publications assessed and selected according to the databases

Database	Publications	Evaluated Publications		Selected Publications	
		N	N%	N	N%
LILACS 2000-2010		55	4.0	6	4.8
MEDLINE 2000-2010		1231	88.3	103	82.4
CINAHL 2008-2010		108	7,7	16	12.8
Total		1394	100	125	100

Source: LILACS and Medline from 2000 to 2010 and CINAHL from 2008 to 2010.

Table 2. Quantitative analysis of the publications assessed and selected according to the databases and publishing year

Year	Database	LILACS		MEDLINE		CINAHL		Total	
		N	N%	N	N%	N	N%	N	N%
2010		0	0	6	5,8	2	12.5	8	6.4
2009		1	16.7	5	4.9	9	56.3	15	12
2008		0	0	16	15.5	5	31.2	21	16.8
2007		1	16.7	7	6.8	-	-	8	6.4
2006		1	16.7	15	14.6	-	-	16	12.8
2005		0	0	11	10.7	-	-	11	8.8
2004		2	33.2	10	9.7	-	-	12	9.6
2003		1	16.7	10	9.7	-	-	11	8.8
2002		0	0	5	4.9	-	-	5	4
2001		0	0	6	5.8	-	-	6	4.8
2000		0	0	12	11.6	-	-	12	9.6
Total		6	100	103	100	16	100	125	100

Source: LILACS and Medline from 2000 to 2010 and CINAHL from 2008 to 2010.

self-reflection of nurses and students, analysis of incidence / prevalence.

It was decided to deepen the analysis of publications involving stages of smoking initiation and cessation, as this is the main focus of the study. With respect to the countries where these interventions took place, the sample showed that 48% (n = 24) occurred in the U.S., only 4% (n = 2) were performed in Brazil and the remaining 48% (n = 24) occurred in various nations, totaling 15 countries.

A significant number of interventions were directed to the population of smokers in various scenarios, such as universities, schools and hospitals with a focus on discussion or proposition of actions for tobacco control, as well as analysis of their impact, or even the perception of this, by health care professionals and / or academics.

As outlined in Table 3, the main interventions are presented and the most updated reference are quoted in each topic listed, targeted for smoking initiation / cessation, according to the target population, and having nurses as the primary professionals involved in this process.

DISCUSSION

According to the results obtained in the three bases selected, it appears that, in 2008, there was an increase in the number of publications related to nursing interventions for tobacco control, and a progressive reduction in subsequent years could be noticed.

It is perceived that the most frequent nursing interventions were those aimed at smoking cessation, followed by actions related to smoking initiation. That is worrisome considering that, to reduce the incidence of smoking in the world, the best strategy would be to prevent initiation, considering the growing participation of adolescents in smoking and failure of cessation programs targeted to this audience.

For interventions aimed at cessation, we observed that only 6% (n = 3) mentioned the use of medication associated with cognitive behavioral therapy. There is evidence that pharmacologic therapy combined with counseling and support is more effective and increases success rates in the process of smoking cessation¹⁶.

Table 3. Analysis of the publications that reported an intervention directed at the initiation and / or the phase of smoking cessation according to the target audience

Intervention	Number of Publications	Phase of treatment of smoking	Audience
Creation of a specific program	16	C, I	T, G, N, CI, PW / PPW, H
Griffiths M, Kidd SA, Pike S, Chan J. The tobacco addiction recovery program: initial outcome findings. Arch Psychiatr Nurs. 2010 Aug; 24(4):239-46.			
Counseling	8	C, I	T, PW/PPW, H, N, CI
Butler KM Rayens MK, M Zhang, Maggio LG Riker C., et al. Tobacco dependence treatment education for baccalaureate nursing students. J Nurs Educ. 2009 May;48(5):249-54.			
Use of lectures	6	C, I	T, N
Chan SS, So WK, Wong DC, Lam TH. Building an integrated model of tobacco control education in the nursing Curriculum: findings of a student's survey. J Nurs Educ. 2008 May 47 (5) :223-6.			
Use of a questionnaire for evaluation and further action	4	C, I	G, N
Carlsson N, Johansson A, G Hermansson, Andersson, B. Gare Child health and attitudes in nurses' roles reducing children's tobacco smoke exposure. J Clin Nurs. 2010 Feb, 19 (3-4) :507-16.			
Telephone interview	4	C, I	PW /PPWP, H, G
McGowan A, Hamilton S, Barnett D, Nsofor M, Proudfoot J, et al. Breathe: the stop smoking service for pregnant women in Glasgow. Midwifery. 2010 Jun, 26 (3): e1-e13.			
Evaluation of efficacy	2	C.	T, G
Pbert L Osganian SK Gorak D Druker S, G Reed, et al. A school nurse-delivered adolescent smoking cessation intervention: a randomized controlled trial. Prev Med 2006 Oct; 43 (4):312-20.			
Advice together with pharmacotherapy	2	C.	G, N
Percival J, Milner D. Pharmacological management of smoking cessation. Br J Community Nurs. 2002 Apr; 7 (4) :202-5.			
Attendance at clinic	1	C.	G
Wadland WC, Soffelmayr B, Ives K. Enhancing smoking cessation of low-income smokers in managed care. JFam Pract. 2001 Feb; 50 (2) :138-44.			
Multi-component treatment	1	C.	G
Buchanan LM El-Banna M, White A Moses S Siedlik C., et al. An exploratory study of multicomponent Intervention treatment for tobacco dependency. Nurs Scholarsh J 2004, 36 (4) :324-30.			
Cognitive behavioral therapy	1	C.	PW/PPW
J Groner, French G, K Ahijevych, Wewers ME. Process evaluation of a nurse-delivered smoking relapse prevention program for new mothers. J Community Health Nurs. 2005, 22:157-67.			
Using the literature combined with monitoring	1	C.	H
Gies CE, Buchman D, Robinson J, Smolen D. Effect on inpatient nurse-directed smoking cessation program. West J Nurs Res 2008 Feb, 30 (1) :6-19.			
Interview followed by monitoring	1	C.	H
Browning KK Ahijevych JL Jr Ross P Wewers WW. Implementing the Agency for Health Care Policy and Research's Smoking Cessation Guideline in a lung cancer surgery clinic. Oncol Nurs Forum 2000;27, 1248-54.			
Creation of a monitoring program	1	C.	H
Jonsdottir H, Jonsdottir R, Geirsdottir T, Sveinsdottir KS, Sigurdardottir T. Multicomponent individualized smoking cessation intervention for patients with lung disease. J Adv Nurs. Dec 2004, 48 (6) :594-604.			
Counseling together with pharmacotherapy and following	1	C.	G
Chan S, Lam TH. Protecting sick children from exposure to passive smoking through mothers' action: a randomized controlled trial of a nursing intervention. J Adv Nurs. 2006 Apr, 54 (4) :440-9.			
Counseling followed by monitoring	1	C.	G
SS Chan, TH Lam, Salili F, Leung GM DC Wong, et al. A randomized controlled trial of an individualized motivational intervention on smoking cessation for parents of sick children: a pilot study . Appl Nurs Res 2005 Aug;18(3):178-81.			

Caption: I = Initiation, C = Cessation, T = Teenager, G = general, N = Nurse / Nursing Student, CI = Chronically ill, PW / PPW = Pregnant women / postpartum women, H = Hospitalized Patient.

Currently, pharmacotherapy is used as a support and serves to facilitate the cognitive behavioral approach, which is the basis for smoking cessation. There are, at this time, some medications of proven effectiveness, mainly nicotine replacement medication, which is considered topnotch drugs¹⁷.

Community nurses are well positioned to intervene with smokers, and currently nicotine replacement products are in the recipe form of these professionals¹⁶.

Regarding countries where these interventions occurred, the U.S. is at a prominent position, accounting for almost half of the sample of publications. In this country, even with advances in educational campaigns to control the disease in recent decades, there are more than 45 million smokers and approximately 440,000 deaths per year.

Considering the demand of smokers in the U.S., it is extremely important that nurses adopt the evidence-based practice to aid in smoking cessation, thereby contributing to the reduction of approximately 157 billion dollars in health costs per year¹⁸.

In publications that focused on interventions for tobacco control in hospital environments, it was observed that 37.5% of these reported the maintenance of monitoring actions after discharge with a continuing professional approach to adults, adolescents, parents of sick children, and patients of heart and lung diseases.

In the publications assessed, studies that performed counseling alone or in combination with pharmacotherapy with nicotine replacers, with or without contact after discharge were found.

In a meta-analysis made by Rigotti et al.¹⁹, the authors found that counseling of patients for smoking cessation done by nurses during the hospital stay, with maintenance of contact for over a month after discharge increased the chances of success by about 65% since a 6-12-month follow-up after hospitalization is recommended. The same authors point out that there is no evidence that the counseling intervention, carried out only during hospitalization, is effective in promoting smoking cessation. Counseling intervention is effective when given to all hospitalized smokers, being held in an intensive and prolonged way.

Counseling and nicotine replacement therapy should be provided to all hospitalized smokers who are motivated to try to quit smoking²⁰. For those who are not motivated, this is a favorable time and an excellent opportunity for nurses starting the approach.

With regard to interventions aimed at women, there is the opportunity to approach smokers during the cervical screening test performed by the nurse. Concerning the interventions aimed at pregnant women, half of the studies that targeted this audience advocated for the maintenance of contact started during pregnancy until the postpartum period, aiming to prevent relapse.

These interventions are characterized by counseling alone, either by telephone or home visit, or the adoption of a counseling approach associated with nicotine repository drugs. This finding corroborates the U.S. guidelines regarding the treatment of tobacco directed to pregnant women, which recommends counseling for smoking cessation associated with drugs, starting with short duration NRT²⁰.

In this sense, the findings suggest that nurses are aware that smoking poses a threat to the health of the fetus and neonate, in view of the various interventions targeted to pregnant and postpartum women. This fact suggests that the gestational and postpartum period seem to be moments of extreme sensitivity to quit smoking.

Another approach found in the publications was related to interventions targeting smokers with some kind of chronic disease, such as: chronic obstructive pulmonary disease (COPD), cardiovascular disease and cancers of the lung and head / neck.

Considering that smoking is a well established risk factor for cardiovascular disease²¹, it was found that nurses in this specialty proved themselves to be concerned with this situation, due to the number of actions related to these clients. Accordingly, the poor production of nurses in oncology is extremely worrisome, given that smoking is a risk factor for the development of several cancers.

Among the studies that included adolescents in the sample, we could notice that only a few of them were aimed at preventing smoking initiation. That shows that the approach to the subject should start from childhood.

Several studies have shown that smoking initiation occurs primarily between late childhood and young adolescence²². Furthermore, the majority of smokers reports that they began smoking in adolescence when it is not perceived as a health risk²³.

Nurses can contribute significantly in reducing the incidence of smoking initiation among young people, once they are considered as the main health professionals involved in education²².

No intervention targeted at the elderly in an environment outside the hospital could be noted in this sample, which shows disagreement with the recommendations, by which all smokers of any age should be benefited from the interventions for smoking cessation.

It has been reported in the literature that these interventions are offered to seniors at rates below the ideal; however, it is stated that clinical nurses have a great opportunity to promote smoking interventions for this age group²⁴.

Many publications have focused on targeted interventions for nursing students and nurses with the purpose of contributing to this professional training, mentioning the need to approach the topic in the curriculum structure.

Clearly, the approaches and the credibility of future nurses and health professionals as agents for the treatment of smoking and tobacco-related diseases can be influenced by smoking²⁵. This shows a need for greater awareness of these future professionals in order to be primarily responsible for controlling this epidemic.

It was found that the methodological option of randomized studies targeted to nursing interventions for tobacco control was poor. On this finding, it is suggested that evaluative research in this area of nursing, from the perspective of effectiveness be carry out, given that the nurse is an active health care professional in the control of tobacco-related diseases.

CONCLUSION

During the nursing practice in tobacco control, intense motivation is needed to overcome the challenges encountered during this process, especially for specialists in oncology.

In this sense, an innovative action was the creation of a site called "Tobacco Free Nurses", sponsored by the American Nurses Association, which aims to provide instructional material to support the educational initiatives by nurses having in mind the development of interventions related to tobacco control.

We highlight the inclusion of smoking on the agenda of discussions and projects of the *International Society of Nurses in Cancer Care* (ISNCC), promoting trainings and updating for oncology nurses, focusing on interventions directed at smoking cessation.

We were able to identify that, although nurses spend a considerable time with patients / families, working directly in the process of health education, we realized the need for targeted interventions to prevent initiation of smoking, with subsequent reduction in the incidence the disease.

This study provided an overview about nursing interventions for tobacco control, but it had limitations in terms of CINAHL database references, for reasons explained above, without, however, having affected the scope of results.

It was found that smoking is a promising area for nurses' activities at all levels of care. In Brazil, such insight becomes crucial, since the country has a national program to fight smoking with the possibility of training for these professionals.

CONTRIBUTIONS

All authors contributed to all phases of the study design, methodological design, data collection and analysis, critical revision and final writing.

Declaration of Conflict of Interest: Nothing to Declare.

REFERENCES

- Pagani Júnior CR, Sousa EG, Pagani TCS. O tabagismo nos dias atuais. *Ensaio e Ciência*. 2007 jul;2(2):116-22.
- Andrews JO, Heath J, Graham-Garcia J. Management of tobacco dependence in older adults: using evidence-based strategies. *J Gerontol Nurs*. 2004 Dec;30(12):13-24.
- Instituto Nacional de Câncer (Brasil). A ratificação da Convenção-Quadro para o controle do tabaco no Brasil: mitos e verdades. Rio de Janeiro: INCA; 2004. 34 p.
- Miller MP, Gillespie J, Billian A, Davel S. Prevention of smoking behaviors in middle school students: student nurse interventions. *Public Health Nurs*. 2001 Mar-Apr;18(2):77-81.
- LaSala KB, Todd SJ. Preventing youth use of tobacco products: the role of nursing. *Pediatr Nurs*. 2000 Mar-Apr;26(2):143-8.
- Centers for Disease Control and Prevention. Tobacco use and cessation counseling-global health professionals survey pilot study, 10 countries, 2005. *MMWR Morb Mortal Wkly Rep*. 2005 May;54(20):505-9.
- Pietrobon RC, Barbisan JN, Manfroi WC. Utilização do teste de dependência à nicotina de Fagerström como um instrumento de medida do grau de dependência. *Rev HCPA*. 2007;27(3):31-6.
- Galvão JF, Galvão TFG, Moreau RLM. Tabaco. In: Oga S, Camargo MMA, Batistuzzo JAO. *Fundamentos de toxicologia*. 3a ed. São Paulo: Atheneu; 2008. p. 419-31.
- Iglesias R, Jha P, Pinto M, Silva VLC, Godinho J. Documento de discussão - saúde, nutrição e população (HNP). *Controle do tabagismo no Brasil: resumo executivo*. *Epidemiol Serv Saúde*. 2008 dez;17(4):301-4.
- Sardinha A, Oliva AD, D'Augustin J, Ribeiro F, Falcone EMO. Intervenção cognitivo-comportamental com grupos para o abandono do cigarro. *Rev bras ter cogn*. 2005 jun;1(1):83-90.
- Sarna L, Bialous SA, Rice VH, Wewers ME. Promoting tobacco dependence treatment in nursing education. *Drug Alcohol Rev*. 2009 Sep;28(5):507-16.
- Cruz MS, Gonçalves MJF. O papel do enfermeiro no Programa Nacional de Controle ao Tabagismo. *Rev Bras Cancerol*. 2010;56(1):35-42.
- North American Nursing Diagnosis Association. *Diagnósticos de enfermagem da NANDA: definições e classificação 2009-2011*. Porto Alegre: Artmed; 2010.
- Dochterman JM, Bulechek GM. *Classificação das intervenções de enfermagem (NIC)*. 4a ed. Porto Alegre: Artmed; 2008.
- Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm*. 2008;17(4):758-64.

16. Percival J, Milner D. Pharmacological management of smoking cessation. *Brit J Comm Nurs*. 2002;7:202-5.
17. Reichert J. Tratamento farmacológico do tabagismo [Internet]. [Brasília (DF): Sociedade Brasileira de Pneumologia e Tisiologia]; 2007 [citado 2009 mar 20]. 12 p. Temas em revisão. Disponível em: http://www.sbpt.org.br/downloads/arquivos/Revisoes/REVISAO_03_TRATAMENTO_FARMACOLOGICO_TABAGISMO.pdf
18. Heath J, Andrews J, Thomas SA, Kelley FJ, Friedman E. Tobacco dependence curricula in acute care nurse practitioner education. *Am J Crit Care*. 2002 Jan;11(1):27-33.
19. Rigotti NA, Munafo MR, Stead LF. Smoking cessation interventions for hospitalized smokers: a systematic review. *Arch Intern Med*. 2008 Oct;168(18):1950-60.
20. Hays JT, Ebbert JO, Sood A. Treating tobacco dependence in light of the 2008 US Department of Health and Human Services clinical practice guideline. *Mayo Clin Proc*. 2009 Aug;84(8):730-5.
21. Shishani K, Sohn M, Okada A, Froelicher ES. Nursing interventions in tobacco-dependent patients with cardiovascular diseases. *Annu Rev Nurs Res*. 2009;27:221-42.
22. Krainuwat K. Smoking initiation prevention among youths: implications for community health nursing practice. *J Community Health Nurs*. 2005;22(4):195-204.
23. Pearlstein I. Evidence-based practice: a theory-based tobacco dependence treatment at an adolescent health clinic. *N J Nurse*. 2005 Jan-Feb;35(1):15.
24. Doolan DM, Froelicher ES. Smoking cessation interventions and older adults. *Prog Cardiovasc Nurs*. 2008;23(3):119-27.
25. Patkar AA, Hill K, Batra V, Vergare MJ, Leone FT. A comparison of smoking habits among medical and nursing students. *Chest*. 2003 Oct;124(4):1415-20

Resumo

Introdução: O tabagismo é considerado um grave problema de Saúde Pública e o enfermeiro é um profissional importante no desenvolvimento de estratégias relacionadas ao controle dessa doença. **Objetivo:** Identificar as intervenções de enfermagem relacionadas ao controle do tabagismo. **Método:** Trata-se de uma revisão integrativa. Realizou-se a busca de artigos e resumos publicados no período de 2000 a 2010, nas bases de dados LILACS e MEDLINE, por meio dos seguintes descritores: enfermagem/tabagismo, *tobacco/nursing*; e artigos publicados na CINAHL, no período de 2008 a 2010, através dos descritores *tobacco/nursing/intervention*. **Resultado:** Seguindo as estratégias definidas para o estudo, a busca resultou em 1.394 publicações. Foram encontradas 55 publicações no LILACS, 1.231 no MEDLINE e 108 na CINAHL. Dessas produções, foram selecionados seis artigos completos na base latino-americana e 119 nas bases internacionais, sendo 16 artigos completos na CINAHL e 103 produções no MEDLINE. A primeira análise verificou que 1.269 publicações não estavam relacionadas especificamente com a questão norteadora, ou não atendiam aos critérios de inclusão propostos, restando; portanto, 125 produções que foram definitivamente consideradas para esse estudo. Os achados evidenciaram diversas intervenções prestadas por enfermeiros para públicos variados, sendo que 39 delas foram direcionadas à cessação do fumar. **Conclusão:** Diante das produções avaliadas, verificou-se que o enfermeiro é um profissional de extrema importância no controle do tabagismo e as intervenções encontradas mostraram relação com o recomendado pela literatura científica.

Palavras-chave: Tabagismo; Enfermagem; Estudos de Intervenção; Abandono do Hábito de Fumar

Resumen

Introducción: El tabaquismo es considerado un grave problema de salud pública y el enfermero es un profesional importante en el desarrollo de estrategias relacionadas al control de esa dolencia. **Objetivo:** Identificar las intervenciones de enfermería relacionadas con el control del tabaquismo. **Método:** Se trata de una revisión integradora. Fue hecha la búsqueda de artículos y resúmenes publicados en el período de 2000 a 2010, a partir de las bases de datos LILACS y MEDLINE por medio de los siguientes descriptores enfermería/tabaquismo y *tobacco/nursing* y artículos publicados en la CINAHL en el período de 2008 a 2010, por medio de los descriptores *tobacco/nursing/intervention*. **Resultados:** A partir de las estrategias definidas para el estudio, la búsqueda resultó en 1.394 las publicaciones. 55 publicaciones se encuentran en LILACS, 1.231 en MEDLINE y 108 en CINAHL. De las producciones, seis trabajos completos se seleccionaron en la base de América Latina y 119 en las bases de datos internacionales, 16 artículos completos en CINAHL y 103 producciones en MEDLINE. La primera análisis encontró que 1.269 publicaciones no estaban relacionados específicamente a la pregunta de investigación o no cumplían los criterios de inclusión propuestos, dando como resultado, 125 producciones que se consideraron finalmente para este estudio. Los hallados evidenciaron diversas intervenciones prestadas por enfermeros para públicos variados, siendo que 39 de ellas fueron encaminadas a cesación del fumar. **Conclusión:** Delante de las producciones evaluadas, se verificó que el enfermero es un profesional de extrema importancia en el control del tabaquismo y las intervenciones encontradas mostraron relación con el recomendado por la literatura científica.

Palabras clave: Tabaquismo; Enfermería; Estudios de Intervención; Cese del Tabaquismo