

Preventive Medicine Conference 2020: The possibility of using alternative electronic nicotine delivery systems for nicotine addiction: the opinion of doctors

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According to a disease survey in Ukraine, 29.8% of patients with heart disease smoke. Most of them are highly dependent on nicotine accompanied by a mixed form of psychological dependence and a low motivation to quit smoking. Nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), of which electronic cigarettes are the most common type, can help smokers reduce or even use their smoker. The extent of the potential benefits and side effects of ENDS and ENNDS remains uncertain. : Performing systematic reviews and calculations of meta-analysis, cigarette smoking, ENDS results and / or ENNDS compared with smoking cessation services or other smoking cessation services in long-term tobacco use. Nicotine delivery systems (ENDS) and nicotine delivery systems (ENNDS) represent the third option for those who want to quit smoking. ENDS are devices that send nicotine in an aerosolized form, while ENNDS devices do not deliver nicotine. In theory, these devices, as well as nicotine inhalers, may cause smoking cessation to a greater extent than other nicotine-based products or do not intervene because they treat, at least in part, the behavioral and emotional aspects of tile addiction (e.g. hand movement Holland). The controversy about the role of ENDS in smoking cessation, however, is compounded by the lack of clear evidence about their value as a smoking cessation tool, and their ability to lure local youth to nicotine and to serve as a bridge to tobacco smoking.

While evidence regarding all of these features of ENDS is accumulating, finding their true place in smoking cessation is important to define the

public health context by viewing them as products that can reduce harm. However, there are other reasons for the use of ENDS, such as relaxation or recreation (e.g. the same reason smokers), and the possible health effects of smoking may be less than regular smoking. There are many types of ENDS. Cigalikes are the first generation of ENDS and give the appearance of cigarette smoke; they are not rebuilt. The second-generation ENDS looks like a pen, allowing the user to mix the flavor and can contain a box filled or filled. The third-generation ENDS, including flexible viewing devices, is used only by a filling tank system. The fourth generation contains a large filling cartridge and has a stylish design.

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Randomized trials suffer from a small sample size, using old ENDS types fitted with the best-used versions, and the risk of bias data for missing results. Experimental studies are more likely to suffer from predatory remains and greater risk of discrimination in their behavior. Every second doctor believes that risk reduction strategy is a new, exciting and important way.

The main limitation of our review is the result of low confidence in study limitations. We identified only a small number of RCTs and a relatively small number of participants, resulting in high confidence intervals. In addition, loss of follow-up was substantial, and, our sensitivity analyzes showed the risk of borderline effects on missing data. Limitations of cohort studies have led us to estimates of the lowest uncertain evidence where no credible tendency can be inferred. Another limitation to this review is the fact that we were unable to take into account our perceptions of the increase in smoking cessation rates for those using e-cigarettes with a higher nicotine concentration compared with those who use less nicotine, or daily e-cigarettes compared with non-e-users daily cigarettes, or those using newer versions of ENDS compared to users of first-generation devices, due to the lack of evidence. However, although this assumption seems reasonable, the delivery of nicotine from ENDS depends on other factors, such as the device's efficiency in altering the fluid and user experience, without the concentration of nicotine in the ENDS liquid. In addition, whether or not ENDS is an effective aid in smoking behavior may depend on whether users were using ENDS as part of an attempt to quit or not, and this

may play an important role as a potential confounder.

Data were not available to perform subgroup analyzes to refine this concept. The following experiments should assist in providing information about how their impact on smoking has been determined by users' intention to stop smoking, as well as other issues that can be addressed. There is very limited evidence regarding the impact of ENDS or ENNDS on tobacco cessation or reduction: the data from RCTs are of the lowest quality and most reliable visual evidence. The available data provide little support for the use of ENDS or ENNDS as a smoking reduction strategy. Anti-smoking services such as nicotine replacement therapy are effective, but their impact is limited: the increasing number of those who wish to quit is lessening. Existing evidence, of low or very low quality, does not support the hypothesis that, because it not only looks at nicotine addiction but also has the potential to address the behavior and sensitivity of tobacco use, ENDS may work better than other nicotine strategies. This is an important finding, and raises critical questions regarding the importance of the behavioral and sensory aspects of your use of tobacco to their potential. Therefore, the focus of the next task should probably be on dose and nicotine delivery. It is possible that the nature of the ENDS or the dose of exposure may influence discontinuation rates, and that new models may be more effective, but no data are available to provide insight into these issues. This review emphasizes the urgent need to perform well-designed trials for the use of ENDS.