LESSON PLAN & TEST QUESTIONS

Course: Community Oral Health

Topic: Smoking Cessation

Audience: Adult Learner

Instructional Objectives:

Upon completion of the lecture, the learner should be able to:

- 1. List the common forms of nicotine delivery systems
- 2. Evaluate the health consequences of smoking
- 3. Identify the implications of smoking exposure on the dentition
- 4. Discuss the common methods of smoking cessation
- 5. Recommend appropriate oral homecare practices for smokers

Materials: PowerPoint Handout

References:

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Personnel: None

Time: 50 minutes

TIME

LESSON CONTENT

2 minutes

I.INSTRUCTIONAL SET

A. Introduction

"During high school, Christine wanted to fit in, so she began smoking at age 16. She became addicted and continued smoking for 28 years. In 2007, at age 44, Christine's life would change forever. She quit smoking when a biopsy of a growth inside her cheek revealed oral cancer. After 35 radiation treatments and chemotherapy, she seemed to be cured. But the cancer returned in 2008; this time surgery was her only option. Her third bout with oral cancer in 2009 was even more serious. She learned it had spread to her jawbone, and doctors had to remove half of her jaw"

CDC Tips From Former Smokers: Christine B's Story

The CDC states that tobacco use is the leading cause of preventable, death, disability, and disease in the United States. Tobacco use accounts for an estimated 480,000 deaths a year in the U.S.; 1 out 5 Americans die from smoking.

B. Establish Mood

By attending today's lecture, you are taking initiative to learn more about the impacts of smoking while learning about its effects on your oral and overall health. Today we will learn about the harmful effects that take place orally and systemically due to smoking. We will also learn about smoking cessation strategies and oral cancer surveillance.

C. Gain Attention/Motivate

If you knew of a friend or family member who was addicted to smoking would you know how to encourage them to stop or ways, they

NOTES

Slide #1 Story of Christine B

Q: How does this quote make you feel about smoking?

A: Answers will vary

Photo #1- Image of Christine B

Slide #2 Smoking Statistics

Note: Statists, facts, and figures related to smoking are listed on handout

Q: How many people do you think use tobacco in the U.S.?

A:40 million adults and 4.7 million youths could potentially prevent major oral cancer like in the case of Christine? If so, what resources or knowledge could you share with them.

TIME

LESSON CONTENT

2 minutes

<u>D. Established Rational</u> By understanding what smoking cessation is and understanding the negative effects that smoking can have on an individual's oral health, will help the adult learner to detect oral prevent oral cancer and periodontal disease

E. Established Knowledge Base

Has anyone heard of the term smoking cessation? Smoking cessation is the process in which a smoker attempts to quit smoking.

F. Instructional Objectives

After today's lecture, you should be able to list all forms of smoking and cessation methods; evaluate relationship between smoking and periodontal disease and oral cancer; list the ways to perform to perform at home oral cancer screening; identify the implication of smoking exposure on the dentition; recommend appropriate homecare modifications for smoking cessation. Slide #3 Objectives

NOTES

TIME	LESSON CONTENT	NOTES – MEDIA- Q/A	
4 minutes	I. Forms of Smoking	Slide #4 Forms of Smoking	
	A. Nicotine Delivery Systems	Photos #2- Image of all the forms of smoking	
	 Smokable tobacco Cigarettes; most commonly used Cigars 	Q: Smoking comes in many forms, what are they?	
	 c. Tobacco pipes d. Water pipes also known as: Hookah Shisha Maassel 	A: Smokable, smokeless, electronic	
	 2. Smokeless tobacco a. Snuff b. Chewing tobacco c. Snus; newer product 		
	 3. Electronic Nicotine Delivery a. E-cigarettes b. E-pipes c. Vaporizers; also known as: i. Mods d. Slim e. Flash drive cartridges; also known as: i. Juuls f. Hookah pens 		
	 B. Dangers of Electronic Cigarettes 1. Incidence of E-Cigarette Explosion a. 195 e-cigarette explosions; 2009-2016 b. 68% of incidents; acute injuries c. No deaths 	Slide # 5 Dangers and Injuries Related to E- Cigarettes	
	 2. Common Locations During Explosion a. In pocket; 61 b. In use (mouth, face, hands); 60 c. Battery charging; 48 d. Storage, 18 e. Cargo transport; 1 	Note: Data and statistics collected and reported by the Federal Emergency Management Agency; numbers indicate the number of incidents	

TIME	LESSON CONTENT		
	3. Type of Injuries		
	a. Severe		
	i. Hospitalizations	Q: Ha	
	ii. Loss of body parts	about	
	iii. Facial injuries	with e	
	iv. 3 rd degree burns		
	b. Moderate	A: Ar	
	i. Smoke inhalation		
	ii. 2 nd degree burns		
	iii. Skin lacerations		
	iv. No hospitalizations		
	c. Minor		
	i. Smoke inhalation		
	ii. Minor laceration		
	iii. 1 st degree burns		
	iv. No injuries; 32%		
3 minutes	C. How Do the Explosions Occur & Prevention		
	1. Lithium containing batteries	Slide	
	a. Commonly used	Cigar	
	b. Large amounts of energy	Ũ	
	c. Thermal runaway phenomenon	Note:	
	d. Excessive battery temperatures	cigare	
		cautio	
	2. Explosion Prevention	provid	
	a. Device safety features		
	b. Loose batteries in case		
	c. Never charge battery with electronics	Explo	
	d. No overnight charging		
	e. Protect from overheating	Note:	
	f. Replace damaged batteries	recom	
	g. Read manufacture info	provid	
	h. Don't mix batteries	Drug	
		1	

Q: Have any of you head about the danger associated with electronic cigarettes?

Answers will vary

Slide # 6 What Causes E-Cigarette Explosions?

Note: Current electronic cigarette packing does not caution; healthcare providers must explain risk

Slide #7 How to Prevention Explosions

Note: These recommendations are provided by the Food and Drug Administration

TIME	LESSON CONTENT	NOTES – MEDIA- Q/A
4 minutes	II. Cessation Methods A. Definition: Process in which a smoker	Slide #8 Smoking Cessation Methods & Statistics
	attempts to quit.	Note: Most adults who smoke report wanting to
	 B. Statistics on Smoking Cessation 2015, 68% report desire to quit 2018, 55.1% made attempt to quit in the past year 2018, 7.5% successfully quit in the past 	quit; statistics provided by CDC
	year 4. 2018, 3 out of 5 adults who have ever smoked have quit: 61.7%	
	 C. Tobacco Cessation Methods 1. Pharmacological cessation a. Nicotine replacement therapy 	Note: These p harmacological interventions are FDA approved
	i. Nicotine transdermal patches ii. Nicotine nasal spray iii. Nicotine oral inhaler iv. Nicotine gum	Photo #3- Image of smoking cessation products
	v. Nicotine oral lozengesb. Non-nicotine replacement therapy	Q: What can people do or use to quit smoking?
	i. Bupropion ii. Varenicline	A: Answers may vary
	 2. Nonpharmacological or behavioral cessation a. Individual counseling b. Group counseling c. Telephone counseling d. Cognitive behavioral therapy e. Hypnotherapy 	
	f. AcupunctureD. Cessation Intervention	<mark>Slide</mark> #9 First 5 Steps: 5 A's
	 The 5 A's Ask Advise Assess 	Note: 5 step plan developed by U.S Department of Health and Human Services

- d. Assist
- e. Arrange

as a guide for healthcare professional

TIME

LESSON CONTENT

4 minutes

III. Periodontal Disease

- **A. Definition:** Chronic inflammatory disease that impacts the supporting tissues in the mouth and causes tooth loss.
- 1. Affects:
 - a. Gingiva or gums
 - b. Alveolar bone
 - c. Periodontal ligament
- 2. Also known as:
 - a. Gum disease
 - b. Gingivitis
 - c. Periodontitis

B. The Periodontium

- 1. Made up of:
 - a. Gingiva
 - b. Periodontal ligament
 - c. Cementum
 - d. Alveolar bone

C. Gingivitis vs. Periodontitis

- 1. Gingivitis:
- a. Reversible
- b. Dental plaque
- c. Inflammation
- 2. Periodontitis:
 - a. Advanced gingivitis
 - b. Irreversible
 - c. Bone loss
 - d. Tooth loss

NOTES – MEDIA-Q/A

Slide #10 What is Periodontal Disease?

Q: Have any of you heard of the term periodontal disease before, maybe from your dental professional?

A: Answers will vary

Slide #11 So What is the Difference

Photo #4- Image of periodontitis and gingivitis

Note: Explain differences in gingivitis and periodontitis in brief understandable detail

TIME	LESSON CONTENT	NOTES-MEDIA-Q/A	
	 D. Risk Factors of Periodontal Disease Poor oral selfcare Lingering dental plaque Lifestyle choices Smoking Alcohol consumption Systemic diseases Diabetes Obesity Immuno- deficiencies Nonmodifiable risk factors Race Gender Hereditary Genetics Hormonal changes; pregnancy Modifiable risk factors Stress Medications 	Slide #12 What Can Cause Periodontal Disease	
4 minutes	 IV. Effects of smoking on periodontal health status A. Relationship between smoking and periodontal disease 1. Smoking; major risk factor 2. Tobacco- periodontitis association 3. More sever periodontal disease a. Attachment loss b. Bone loss c. Tooth loss d. Gingival recession e. Periodontal pockets 1. Decrease immune system a. Poor oral healing b. Poor infection control 5. Periodontal disease risk; 2 times greater 6. Poor prognosis; dental treatment 	Slide #13 Smoking and Periodontal Disease Relationship	

TIME	LESSON CONTENT	NOTES-MEDIA- Q/A	
4 minutes	 V. Smoking and Oral Cancer Relationship A. Definition: A disease in which cells of the body grow out of control; develops specifically in the oral cavity 	 Slide #14 Smoking and Oral Cancer Photo #5- Image of oral cancer 	
	B. Oral Cancer Locations		
	 Occurs on: Lips Gums Tongue Inner lining of the cheeks Roof of the mouth Floor of the mouth (under the tongue) Category; head and neck cancers Coral Cancer Risk Factors Tobacco use Heavy alcohol use Sun exposure to the lips Human papillomavirus (HPV) A weakened immune system 	<mark>Slide</mark> #15 Oral Cancer Risk Factors	
	 D. Tobacco products associated with oral cancer 1. Oral cavity: a. Cigarettes b. Cigars c. Pipes 2. Lip cancer: a. Pipe smoking: 3. Cheeks, gums, inner lips: a. Snuff b. Dip c. Chew, or d. Dissolvable tobacco 	Photo #6- Image of tobacco products linked to oral cancer	

TIME	LESSON CONTENT	NOTES – MEDIA- Q/A
	 E. Relationship between smoking and oral cancer 1. Smoking; oral cancer development 2. Decrease immune system, fighting cancer 3. Continuous cancer growth 4. Cell damage F. Statistics 1. Cancer rates; 7-10 time more 2. Secondary cancer; 3 time more 	
2 minutes	VI. Oral Cancer Self-Exam	Slide # 16 Oral cancer self-
	 A. Performing self-examination Look in mirror and palpate: Head and neck Face Neck Lip Check Roof of the mouth Floor of the mouth Floor of the mouth Tongue Remove dentures, oral appliances Look, feel inside lips and gums Tilt head back; inspect and feel the roof of mouth. Pull cheek out and inspect it and the gums in the back. Pull out tongue; look at top and bottom. Feel for lumps, enlarged lymph nodes (glands) on both sides of the neck and lower jaw. 	 exam Q: Has anyone done an oral self-examination, or been told the importance of why an oral exam is needed? A: Answers will vary Note: Refers to handout for self-oral cancer screening steps and what to look for. Photo #7- Image of head, neck, and mouth for cancer screening.
	 B. Signs and symptoms of oral cancer can include: 1. Sores that do not heal. 2. Lumps on the lip or in the mouth or throat. 3. White or red patches on the gums, tongue, or lining of the mouth. 4. Unusual bleeding, pain or numbness in the mouth. 5. Changes in texture 	Slide # 17 Signs and symptoms of oral cancer Note: Explain the signs and symptoms.

TIME

LESSON CONTENT

4 minutes

VII. Oral Manifestations of Smoking

A.What Your Dental Hygienist May Notice

1. Changes with use:

- a. Pale oral tissues
- b. Oral mucosal lesions
- c. White oral mucosa
- d. Hyperkeratinization
- e. Wrinkled oral mucosa
- f. Nicotine stomatitis
- g. Gingival recession
- h. Decreased bleeding
- i. Increased probing depths
- j. Bone loss
- k. Attachment loss
- 1. Furcation involvement
- m. Thick and fibrotic tissues
- n. Teeth staining
- o. Damaged taste buds
- p. Increased sinus issues

2. Biological changes with use:

- a. Increased vasoconstriction
- b. Oxygen depletion
- c. Decreased immune system
- d. Increased collagen production
- e. Reduction of bone minerals
- f. Impaired wound healing

3. Changes with smoking cessation:

- a. Increased blood flow
- b. Healthier tissue consistency
- c. Attachment levels stabilized

NOTES-MEDIA-Q/A

Slide #18 What Your Dental Hygienist May Notice

Photo #7- Image oral several oral manifestations

TIME	LESSON CONTENT	NOTES-MEDIA-Q/A	
	B.Benefits of Smoking Cessation	<mark>Slide</mark> # 19 Benefits of Smoking	
	 Reduction of heart problems Reduction of gum disease Reduction of high blood pressure Reduction of oral cancer incidence 30% increase in lung function Increased circulation Decreased risk of coronary heart disease Improved mouth odor Decreased teeth staining Improved periodontal condition Improved taste and smell sense 	Smoking	
	C.Signs of Nicotine Addiction	Slide # 20 Hallmark Sings of Nicotine Addiction	
	 Compulsive use Use despite harmful effects Euphoric effects Difficulty quitting Difficulty controlling consumption Recurrent cravings Physical dependence Tolerance Relapse after abstinence 		
4 minutes	VIII. Key Elements of Tobacco Cessation Program	<mark>Slide</mark> # 21 How To Start: Before You Quit	
	 A.How Your Hygienists Can Help You Start a. Assessment b. Motivation to quit i. Reasons for quitting ii. Previous quit attempts iii. Nicotine dependence c. Patterns of tobacco use iv. History or mood disorders v. Contraindications for pharmacotherapy a. Set a quit date b. Establish a plan for quitting c. Offering coping skills training d. Gaining support from others 		

TIME

LESSON CONTENT

- e. Recommend pharmacologic agents
- f. Relapse prevention
- g. Following up

B.Assisting Patients Who Are Not Ready to Quit

- 1. Brief Intervention
 - a. 3 min conversation
 - b. Respond with understanding
 - c. Reassure the patient
 - d. Ask permission to revisit conversation
 - e. Document conversation
- 2. Motivational Interview- Change talk

Definition: Asking the client to voice their arguments for change

- a. Start of change process
- b. Patient centered communication
- c. 4 strategies of change talk
 - i. Open ended questions
 - ii. Affirming change talk
 - iii. Reflective responding
 - iv. Summarizing results of dialog
- 3. 4 Principles of the Motivational Interview
 - a. Express empathy
 - i. Listen, understand, no judgement
 - b. Develop discrepancy
 - i. Point out discrepancies in behavior
 - c. Roll with resistance
 - ii. Ask permission to provide information
 - iii. Avoid arguing with client
 - d. Support self sufficiency
 - iv. Help client realize potential
 - v. Provide resources for selfdiscovery

NOTES-MEDIA-Q/A

Slide # 22 Not Ready to Quit?

Note: Not all patients will be ready to take the leap; planting a seed for change is necessary

Note: Explain what change talk is

Slide #23 How to Begin Change Talk

Slide #24 Effective Motivational Interviewing

TIME	LESSON CONTENT		NOTES-MEDIA-Q/A	
3 minutes	IX. Oral Hygien	e Care for Smokers	Slide # 25 Home Care for Smokers	
	 Brushing Brushing Twice or more Morning and r Soft bristle too Manual or elege Tongue cleani Fluoridate toot 	nightly othbrush ctric toothbrush ng	Photo #8-Image of mouth at home oral hygiene products	
	 Plaque removal a. Flossing b.Waterpik c. Floss picks d. Interproximal 	brush		
	 Prescription or o mouthrinse a. Antimicrobial b. Fluoridated rin c. Non-alcoholic Home oral cance 	rinse 1se rinse		
2 minutes	 Regular dental visits a a. 3-6-month interv Routine dental hygiend a. 3-6 month recall b. Intra and extra c c. Oral cancer scre d. Prescribed radio c. Routine periodo 	vals e treatment ls oral examinations enings ographic examination ntal measurements als	Dental Provider Photo #9- Image of dental team	

LESSON CONTENT

3 minutes

XI. Closure

A.Summary of Major Point- Relate Back to Objectives

I hope you have a better understanding of what smoking cessation is. I hope that you can take what you have learned today and use this knowledge for yourselves or your friends and family who may be interesting in quitting. I hope that through today's information you have learned what the common and new forms of nicotine delivery are as well as the systemic health consequences of nicotine use. Remember that smoking exposure does not only impact the body but has serious implications on the oral cavity. Keep in mind that common methods of smoking cessation and the immediate systemic benefits of smoking cessation can have on you overall body. I hope that you are also able to recommend appropriate oral homecare practices for smoker.

Provide a Sense of Accomplishment

I hope you feel encouraged to start your own journey into smoking cessation or sharing this knowledge with someone in your life who may want to quit. I hope you feel more comfortable and are able to recognize the common forms of nicotine delivery, smoking cessation, overall health impacts, and homecare modifications

B. Assignment

For a better understating of our topic today you should:

- 1. Explore websites listed on your handout
- 2. Search the CDC, ADA, scholarly journals for current facts and figures
- 3. Research tobacco cessation programs offered in dental offices in your local area

NOTES-MEDIA-Q/A

Slide #27 Objectives

Q: Name three of nicotine delivery systems

A: Smokeless tobacco, smokable tobacco and electronic nicotine delivery

Q: Can any of you name a few of the oral manifestations of smoking exposure

A: Gingival recession, teeth staining, decreased gingival bleeding

Q: Do you feel confident enough to discuss smoking cessation with a friend who may be interested in quitting?

A: You know the common forms of nicotine delivery, various smoking cessation methods, the overall health consequences, and homecare modifications that smokers can use.

Slide #28 References and Websites to Explore

Note: Websites and academic journal placed on the back of your oral cancer screening handout

LESSON CONTENT

5 minutes

CRITICAL THINKING ACTIVITY

Case: Your friend has been smoking for 20 years and recently tells you she is thinking about quitting cigarettes. She also tells you she has developed one red painful sore on the bottom of her mouth that has been bothering her on and off for the past month, and thinks she has developed some sort of allergy all of a sudden. Now that you are aware of the forms of nicotine delivery, cessations methods, and overall health impacts; what would you tell your friends as far as her cessation options? How would you address the sore in her mouth and what info could you tell her about the overall impact of smoking on her health?

1. Your friend tells you she rather seek a more holistic "approach" to quitting, but is not completely opposed to taking medications to help her quit. However, she says when she quits, she wants to quit "cold turkey" meaning no nicotine. What options does she have?

Answers: Holistic options would be something like non-pharmacological cessation. You should investigate things like individual counseling, group counseling or behavioral therapy. If you want to take medication but without nicotine nonnicotine replacement therapy should be something you look into with your healthcare provider. You may hear of medications called Bupropion or Varenicline.

2. You friend feels that by quitting she is giving up a big part of her life. She says that she feels healthy overall besides the new mouth sore and wants to know what she would gain by quitting cigarettes? With your knowledge what can you tell your friend to encourage her change?

NOTES-MEDIA-Q/A

Slide #29 Critical Thinking Activity: Case for Analysis

LESSON CONTENT

Answers: You may feel healthy now but by quitting cigarettes you will feel even better and healthier. By quitting you will have improved sense of taste, smell, and your risk for high blood pressure and heart disease will decrease. By quitting you will also be able to have better breathing and lung capacity along with improved oral health. Quitting will also decrease your risk for oral cancer. By quitting you have a lot to gain in relation to your daily life and health.

3. Your friend says that she is worried about the sore in her mouth. She was reading information from Google that says that a sore like hers could be related to a rare oral disease, allergy, or oral cancer. She says, "I know that smokers have a higher chance in developing oral cancer". You may not be able to diagnose your friend, but what can you tell her to ease her fears and seek appropriate help.

Answers: You should tell your friend not to be afraid about the information she found on Google. The only real way she can find out exactly what she has is by going to the doctor or her dentist. You can let your friend know that her dentist can refer her to an oral pathologist.

4. Your friend says that the last time she went to the dentist they recommended that smoking cessation would improve her oral health, but she did not really understand how smoking would impact her mouth. What can you tell your friend about the impact of smoking exposure on her mouth?

Answer: You can tell you friend that you learned that smoking can affect the body's ability to fight off bacteria and harmful pathogens in the mouth which can lead to gum disease. Smokers are more susceptible

NOTES-MEDIA-Q/A

Slide #30 Critical Thinking Activity: Case for Analysis

Q: What other information could you give your friend now that she is worried about the sore in her mouth possibly becoming oral cancer; now that you have more knowledge on oral cancer.

A: It would be good to tell your friend that the prognosis for oral increase if detected early and she should discuss this matter further with her healthcare professional. to developing periodontal disease which is the loss of bone in the mouth that is not reversible. You should let your friend know that smoking impairs wound healing in the mouth and decreases positive outcome to dental treatment.

Test Questions

1. **Objective #1:** List the common forms of nicotine delivery systems

Test Item: Smoking forms may involve all of the following **EXCEPT one.** Which of the following is the **EXCEPTION?**

- A. Electronic nicotine delivery
- B. Inhalation nicotine delivery
- C. Smokeless tobacco
- D. Smokable tobacco

2. Objective #2: Evaluate the health consequences of smoking

Test Item: Smoking has a direct relationship on oral and systemic health and its effects include all of the following **EXCEPT** one. Which of the following is the **EXCEPTION**?

- A. Periodontal disease
- B. Decreased immune system
- C. Increased lung functioning
- D. Oral cancer

3. Objective #3: Identify the implications of smoking exposure on the dentition

Test Item: All of the following are typical oral manifestations of smoking on the dentition **EXCEPT** one. Which one is the **EXCEPTION?**

- A. Increased bleeding
- B. Gingival recession
- C. Teeth staining
- D. Bone loss

4. **Objective #4**: Discuss the common methods of smoking cessation.

Test Item: Your childhood friend you grew up with has been smoking for 20 years and heard you took a community oral health course on smoking cessation. Your friend tells you, "I recently went to my dental hygienist for my routine cleaning and she mentioned something about a smoking cessation program. I told my hygienist that I would try quitting once the new year comes. Can you tell me about some of the smoking cessation methods you learned in your community health class? I might sign up for it next time."

In one paragraph (3-4 sentences) discuss the common smoking cessations methods you would tell your friend about.

5. **Objective #5:** Recommend appropriate oral homecare practices for smokers.

Test Item: In one paragraph (3-4 sentences), suggest appropriate oral homecare practices for smokers.

Correct Answers: 1.B 2.C 3.A

4. I would tell my friend that that are many FDA approved products that his/her dental professional may recommend that can help with smoking cessation. I would tell my friend about the two main cessation methods which are pharmacological or nonpharmacological. I would tell my friend that he/or she can use nicotine replacement products like patches, nasal spray, gum, or lozenges. on-nicotine replacement therapy which may include medication like Varenicline or Bupropion. Non-pharmacological intervention includes things like counseling or cognitive behavioral therapy. I would encourage my friend to do additional research and consult his dental provider about the best option for him.

5. Smokers will need to brush their teeth two or more times a day with fluoridated toothpaste prevent dental cavities. Smokers must also clean their tongues daily decrease to bacterial buildup and breath malodor. It is also important for smokers to remove plaque in between their teeth with items such as floss, Waterpik, interproximal brush, or floss picks to prevent gum disease. It is important for smokers to use antimicrobial mouthrinses to prevent gum disease, fluoride mouthrinse for caries prevention, or non-alcoholic mouthrinses if dry mouth is an issue. Smokers should be performing routine home oral cancer screenings.