

TEACH Educational Rounds

Nutrition and Tobacco Cessation

Faculty: Barbara Cantwell

1. Should we as practitioners encourage fruit and veggies for breakfast to decrease the taste of tobacco?

No, we cannot make that conclusion of cause and effect here. Experimental studies that examine whether FV intake leads to reduced cigarette consumption, less nicotine dependence and increased tobacco cessation have yet to be done.

- Foods change the way smokers respond to the taste of foods and smokers have identified foods that improve or worsen the taste of tobacco, rather than decrease the taste per se.
- There is an increased incidence of DM in smokers as with breakfast skippers.
- Smokers have an increased taste threshold for sweets which might explain increased intake.
- It has been suggested that fruit may lower one's dependence on nicotine, making quitting easier.
- Fruit flavours or E-cigarettes are popular especially among former smokers (less with those currently also smoking).
- I found no studies about tobacco use other than as cigarette smoking.

2. I have read that sweets increase and other reading state that it helps cravings what is your thought?

Do sweets increase or diminish tobacco cravings? I think this would be a great topic for PEN: Practice-based Evidence in Nutrition®. <http://www.pennutrition.com/>. The neurobiology gets messy here. The literature speaks to both craving sweets, craving nicotine, as well as the links between sweets and tobacco cravings.

- Fruit consumption more than vegetable consumption was correlated with likelihood of successful nicotine abstinence (quitting).
- Cravings for cigarettes and foods are linked and trigger the dopaminergic “reward” response. E.g. trigger (sweet or nicotine) → dopamine release → satisfy craving
- Animal studies identified that taste is mediated by serotonergic system. Depression, SAD have also been associated with altered sweet consumption and as well are mediated by serotonin.
- Genetic (rather than environmental i.e. food intake) contributions to both smoking dependence and the tendency to food cravings are described.

3. Could you provide the learning sites referred to in slide 23?

Here are some key resources widely used by RDs in primary health care as well as those working in chronic disease prevention and self-management.

- Craving Change, Canadian program. co founded RD and psychologist. Teaches why it is so hard to change and presents a dozen evidence-based strategies to manage problematic eating to clients in a format with enhanced learning with peer support, <http://www.cravingchange.ca>
- Molly Kellogg, RD psychotherapist continuing ed and online learning re advanced nutrition counselling. <http://www.mollykellogg.com/>
- Michelle May. Retired family physician, mindful eating expert. training and certification in non-dieting approach to health at every size. <http://amihungry.com/>
- Centre for mindful eating –professional and client network for ongoing education and support on healthy mindful eating practice. <http://thecenterformindfuleating.org/>
- Michael Pollan. *Food Rules: An Eater's Manual* is a 2009 book . It offers 64 rules on eating based on his previous book *In Defense of Food* in three sections: Eat food, mostly plants, not too much. (Apples are food, twinkies are not.) The book attributes the "diseases of affluence", to the so-called "Western Diet" of processed meats and food products, and offers its rules as a remedy to the problem. <http://michaelpollan.com/books/>
- Judson Brewer Psychiatrist and addiction expert Judson Brewer shares groundbreaking research on the mechanism of mindfulness practices that effectively help quell cravings of all kinds. www.mindful.org/craving-to-quit/;
<http://www.tedmed.com/speakers/show?id=526375>

References (available on EBSCO library at <https://www.ahpdf.ca/healthlibrary>)

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