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Recommended Citation

Eriksen, M.P. (1988). Giving up cigarettes: some ways are much easier than others. *Health Confidential*, 2(3): 3-4.

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Culprit: A pricing system established by Medicare that puts hospitals under pressure to discharge patients "quicker and sicker." Hospitals now have incentives to skimp on resources, and subtly devise ways to cut corners and increase their own profits. Medicare recipients include about 33 million people, mostly elderly.

You can fight an unjust early discharge. **Here's how:**

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The quitting process can be divided into three distinct stages:

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In severe cases, surgical removal of the offending sweat glands or the nerves that control these glands may be necessary. Such surgery is usually very effective, but it's expensive and it occasionally causes nerve damage.

Fortunately, most cases of hyperhidrosis can now be controlled without surgery or daily application of a cupboardful of lotions. **Options:**

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Motivation is essential to giving up cigarettes. Most people quit by themselves—and for themselves. It rarely works to quit solely for someone else's sake. Seek encouragement and reinforcement from friends and family, but don't let them nag.

2. Quitting. Depending upon how physically dependent on nicotine you are, this stage may be more or less difficult. Many people quit for a time and then start up again. . .but quitting is often much easier the second time around. Those who give up smoking and start again know what triggers them to light up. Once identified, these triggers are easier to avoid.

Try not to feel guilty over a lack of willpower if you have trouble quitting. Nicotine is highly addictive. The relapse rate for people trying to quit smoking is virtually identical to that for alcohol and heroin.

3. Maintenance. The first few months without cigarettes are the hardest. Smoking-cessation programs usually measure their success rate by the number of people who remain smoke-free for a year. **Danger:** Relapses can occur at any time. Although some ex-smokers can have "just one" cigarette without rekindling their habit, most cannot. One cigarette

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THE SUCCESSFUL QUITTER

The US Preventive Services Task Force recently studied the success rates of many different smoking-cessation programs. Although the task force found no single program inherently superior, it did reach these important conclusions. . .

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Group programs are useful for several reasons. They educate smokers, demonstrate strategies for coping with quitting, and provide social support and structure.

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