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BC Childress

**Editor for Journal of
Pharmaceutical Care & Health
Systems**

- Dr. Childress has a Bachelor's Degree in Chemistry from Kentucky Wesleyan College and earned his Doctor of Pharmacy degree at Mercer University in Atlanta, GA. He completed a specialized residency in Drug Information at Sullivan University. He received Board Certification in Ambulatory Care Pharmacy in 2011, and he was recognized as a Fellow of the American Society of Consultant Pharmacists in 2012. Dr. Childress is a faculty member at Sullivan University College of Pharmacy, and he is the Director of the InterNational Center for Advanced Pharmacy Services (INCAPS). INCAPS is a part of Sullivan University that provides immunizations, TB testing, various wellness programs and medication therapy management services to improve the safety and efficacy of medication use in patients with chronic diseases. INCAPS trains and utilizes pharmacy students and residents in providing all of its services. Dr. Childress and INCAPS were recognized in 2011 with the "Excellence in Innovation" award from the Kentucky Pharmacists Association for its initiatives in advancing pharmacy practice.

Biography

- Medication Therapy Management (MTM)
- Tobacco Cessation
- Immunizations
- Point of Care Testing

Research Interests

- *Making Evidence-Based Selections of Influenza Vaccines*
2014 Published in: The Kentucky Pharmacist, Volume 9,
Issue 1
- *Improving Student Knowledge in Medication Management
Through an Advanced Pharmacy Practice Experience*
Published in: The Consultant Pharmacist, Volume 28, Issue
6, pages 390-95 2013
- *Kentucky's Leader in Medication Therapy Management*
Published in: Medical News for You, Volume 3, Issue 8,
page 7 2012
- *Advancing Kentucky's Pharmacy Practice* Published in:
Medical News, Volume 20, Issue 8, pages 15-16 2012

Recent Publications

Tobacco cessation is the process of discontinuing tobacco smoking.

Tobacco Cessation

- Most of those killed by tobacco are not particularly heavy smokers and most started as teenagers.
- Approximately 50 percent of smokers die prematurely from their smoking, on average 14 years earlier than non-smokers.
- Smoking kills one in two of those who continue to smoke past age 35.
- There is evidence that smoking can cause about 40 different diseases.
- the preventable mortality attributed to smoking is 8 percent of deaths in females and 19 percent in males.
- Smoking is socioeconomically patterned with higher rates of smoking in lower socio-economic groups. Thus tobacco smoking produces a greater relative burden of disease and premature death in lower socioeconomic groups and is a major contributor to socioeconomic inequalities in health.

Facts about Tobacco Smoking

- Smoking, especially current smoking, is a crucial and extremely modifiable independent determinant of stroke.
- Second-hand smoke (also called environmental tobacco smoke) is a Class A carcinogen and contains approximately 4,000 chemicals.
- Exposure of children to second-hand smoke:
 - can cause middle ear effusion
 - increases the risk of croup, pneumonia and bronchiolitis by 60 percent in the first 18 months of life
 - increases the frequency and severity of asthma episodes
 - is a risk factor for induction of asthma in asymptomatic children.

These points may be helpful in motivating people to quit smoking. Many smokers deny being at increased risk of cancer and heart disease and more accurate perception of risk may assist cessation efforts.

- It is beneficial to stop smoking at any age. The earlier smoking is stopped, the greater the health gain.
- Smoking cessation has major and immediate health benefits for smokers of all ages. Former smokers have fewer days of illness, fewer health complaints, and view themselves as healthier.
- Within **one day** of quitting, the chance of a heart attack decreases.
- Within **two days** of quitting, smell and taste are enhanced.
- Within **two weeks to three months** of quitting, circulation improves and lung function increases by up to 30 percent.

Benefits of Tobacco Cessation

- Excess risk of heart disease is reduced by half after **one year's** abstinence. The risk of a major coronary event reduces to the level of a never smoker within **five years**. In those with existing heart disease, cessation reduces the risk of recurrent infarction or death by half.
- Former smokers live longer: **after 10 to 15 years'** abstinence, the risk of dying almost returns to that of people who never smoked. Smoking cessation at all ages, including in older people, reduces risk of premature death.
- Men who smoke are 17 times more likely than non-smokers to develop lung cancer. After **10 years'** abstinence, former smokers' risk is only 30 to 50 percent that of continuing smokers, and continues to decline.

- Women who stop smoking before or during the first trimester of pregnancy reduce risks to their baby to a level comparable to that of women who have never smoked. Around **one in four** low birth weight infants could be prevented by eliminating smoking during pregnancy.
- The average weight gain of three kg and the adverse temporary psychological effects of quitting are far outweighed by the health benefits.

- A Cochrane review of 16 RCTs found simple advice from doctors had a significant effect on cessation rates (OR for quitting 1.69; 95% confidence interval 1.45–1.98).
- When trained providers are routinely prompted to intervene with people who smoke, they achieve significant reductions in smoking prevalence (up to 15 percent cessation rates compared with 5 to 10 percent in non-intervention sites).
- Doctors and other health professionals using multiple types of intervention to deliver individualized advice on multiple occasions produce the best results. Frequent and consistent interventions over time are more important than the type of intervention.

Evidence for Effectiveness of Health Professional Intervention

- The only way any country can substantially reduce smoking and other tobacco use within its borders is to establish a well-funded and sustained comprehensive tobacco prevention program that employs a variety of effective approaches.
- Nothing else will successfully compete against the addictive power of nicotine and the tobacco industry's aggressive marketing tactics.

Tobacco Cessation Program

The following elements must all be included to maximize the success of any program to reduce tobacco use. Conducted in isolation, each of these elements can reduce tobacco use, but done together they have a much more powerful impact:

- **Public Education Efforts**
- **Community-Based Programs**
- **Helping Smokers Quit (Cessation)**
- **School-Based Programs**
- **Enforcement**
- **Monitoring and Evaluation**
- **Related Policy Efforts**

ESSENTIAL COMPONENTS

Research has demonstrated that tobacco industry marketing increases the number of kids who try smoking and become regular smokers. Not surprisingly, one of the best ways to reduce the power of tobacco marketing is an intense campaign to counter these pro-smoking messages.

Public Education Efforts:

- These efforts must include multiple paid media (TV, radio, print, etc.), public relations, special events and promotions, and other efforts.
- Counter-marketing efforts should target both youth and adults with prevention and cessation messages.

Public Education Efforts (cont.):

- Because community involvement is essential to reducing tobacco use, a portion of the tobacco control funding should be provided to local government entities, community organizations, local businesses, and other community partners.

Community-Based Programs:

Community-Based Programs

(cont.)

These groups can effectively engage in a number of tobacco prevention activities right where people live, work, play, and worship, including:

- direct counseling for prevention and to help people quit,
- youth tobacco education programs,
- interventions for special populations,
- worksite programs, and
- training for health professionals.

Helping Smokers Quit (Cessation):

- A comprehensive tobacco control program should not only encourage smokers to quit but also help them do it. In fact, most smokers want to quit but have a very difficult time because nicotine is so powerfully addictive.
- To help these smokers, cessation products and services should be made more readily available and more affordable.
- Moreover, treatment programs are most effective when they utilize multiple interventions, including pharmacological treatments, clinician provided social support, and skills training.

- Cessation services can be provided through primary health care providers, schools, government agencies, community organizations, and telephone "quit lines."
- Staff training and technical assistance should be a part of all programs to treat tobacco addiction; and following the cessation guidelines from the Agency for Health Care Policy and Research will increase the effectiveness of any cessation efforts in clinical settings.

Helping Smokers Quit (Cessation) (cont.):

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Approved By

E-signature: *Dr. Childress*