How to Help Your Patients Quit Tobacco Use 2015

HEALTHY TOBACCO CONSULTATION SERVICE

The "5 A's"

ASK about tobacco use. Identify and document tobacco use status for every patient at every visit.

ADVISE to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit.

ASSESS willingness to make a quit attempt. Is the tobacco user willing to make a quit attempt at this time?

ASSIST in quit attempt. For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.

ARRANGE followup. For the patient willing to make a quit attempt, arrange for followup contacts, beginning within the first week after the quit date.

If your patient is not ready to quit offer motivational intervention using the Five "R's"

Relevance — Tie tobacco use to current health, or social and economic costs of tobacco use, motivation level, and/or the impact of smoking on children and others in the home.

Risks — Ask patient to identify potential negative consequences of tobacco use.

- Acute risks — shortness of breath, exacerbation of asthma, impotence, infertility
- Long term risks — heart attacks, strokes, gum disease, tooth loss, COPD, lung and other cancers
- Environmental risks — increased risk of lung cancer in spouse and children; increased risk for SIDS, asthma, middle ear disease and respiratory infection in children.

Rewards — Ask patient to identify 1) Any positive benefits they currently derive from tobacco use. Discuss alternative methods for filling the potential void after cessation. 2) The potential rewards of quitting including improved health, improved taste, money saved, healthier children, freedom from addiction.

Roadblocks — Ask patient to think about what are the barriers to quitting tobacco use (e.g., partner or co-worker who smokes, fears about quitting smoking, etc.).

Repetition — Repeat above strategies every time an unmotivated patient has a visit.

Dosing and Administration of Medications for Tobacco Treatment

Agent	Available Dosages	Dosing	Duration	Instructions	Side Effects
Transdermal nicotine patch Maximum nicotine levels achieved within 2 hours.	**Over-the-Counter and Prescription** Nicotine Patch 21 mg, 14 mg, 7 mg	>14 cigs per day, start with highest dose. 5 - 10 cigs per day, use 7-14 mg dose. Can be combined with nicotine gum, lozenge, inhaler, or nasal spray.	Up to 12 weeks Suggest: • Weeks 1-6: highest dose • Weeks 6-9: next lowest dose • Weeks 9-12: lowest dose	No smoking while on patch, rotate to new hairless skin site each day, remove before bed if insomnia, avoid tattoos. May consider supplement with gum, lozenge, inhaler or nasal spray.	Skin reactions including pruritus, edema, rash; sleep disturbance.
Nicotine Gum (polacrilex): Maximum nicotine levels achieved within 20-30 minutes of use.	**Over-the-Counter** Nicotine Gum 2 mg and 4 mg pieces	≥ 20 cigs per day, use 4 mg stick q one hour. < 20 cigs per day, use 2 mg stick q one hour. Can be combined with the nicotine patch.	Up to 12 weeks	Chew until peppery flavor begins, then "park" between cheek and gum for absorption. Repeat. Remove after 1/2 hour. Avoid eating or drinking 15 min prior to, during, or after using gum.	Jaw fatigue, hiccups, belching, nausea.

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***Tobacco Consultation Service: 734-998-6222 or pager #1105**

Agent	Available Dosages	Dosing	Duration	Instructions	Side Effects
Nicotine Lozenge Maximum nicotine levels achieved within 20-30 minutes of use.	**Over-the-Counter** Nicotine Lozenge 2 mg and 4 mg	4-20 lozenges/daily. 4 mg if first cigarette < 30 min of awakening; 2 mg if >30 min after awakening. Can be combined with the nicotine patch.	Up to 12 weeks	Place the lozenge in mouth between cheek and gum and allow to dissolve slowly over 20-30 mins. Do not chew, bite, or swallow lozenge. Avoid eating or drinking 15 min prior to, during, or after using a lozenge.	Headache, diarrhea, flatulence, heartburn, hiccups, nausea, coughing, sore throat, and upper respiratory infection (occurring in > 5% of patients).
Nicotine Inhaler Maximum levels of nicotine reached within 20 minutes.	**Prescription only** Nicotrol inhaler Each inhaler cartridge with 10 mg nicotine	6-16 cartridges/day Can be combined with the nicotine patch.	Up to 6 months	Point toward top of mouth rather than toward throat. Continuous puffing for 20 minutes for maximum effectiveness.	Cough, mouth and throat irritation.
Nicotine Nasal Spray Maximum levels of nicotine reached within 5 -10 minutes. Levels begin to fall within 30 minutes of dose. Most closely mimics nicotine delivery pattern of cigarette.	**Prescription only** Nicotrol NS 1 mg = 1 spray each nostril = 1 dose	Spray q 30-60 minutes prn craving. Maximum 40 doses/day Can be combined with the nicotine patch.	Up to 6 months	Careful instruction on spray technique (see patient education handout located online in the Physician's Toolkit).	Nasal irritation / rhinorrhea, sneeze, cough. Decreased severity of effects after first week.
Bupropion hydrochloride SR* (Wellbutrin or Zyban)	**Prescription only**	150 mg/day for 3 days, then 150 mg BID Can be combined with nicotine replacement.	7-12 weeks (Maintenance up to 6 months)	Start 7-14 days before quit date.	Insomnia, dry mouth, nausea, and seizures. **Contraindications:** Seizure disorder, major head trauma, eating disorder, or on Wellbutrin® or MAO inhibitors.
Varenicline* (Chantix®)	**Prescription only**	Start with 0.5 mg daily for three days, then 0.5 mg BID for four days, then 1 mg BID	12 weeks, with option to continue for another 12 weeks	Start 7-10 days before quit date. Must quit one week after starting first dose. Take after eating, with a full glass of water.	Nausea, insomnia, and unusual dreams. Discontinue use if experience change in behavior, agitation or mood.

*The analyses revealed that some who have taken Varenicline and Bupropion have reported experiencing unusual changes in behavior, become depressed, or had their depression worsen, and had thoughts of suicide or dying. In many cases, the problems began shortly after starting the medication and ended when the medication was stopped. However, some people continued to have symptoms after stopping the medication. Also, in a few cases, the problems began after the medication was stopped.

Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

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