

# Treating Tobacco Use and Dependence

Your name

# Learning Objectives

At the end of this session  
you should understand:

- The impact of tobacco dependence
- Tobacco dependence as a chronic disease
- Clinical interventions for tobacco users willing to quit
- Clinical interventions for tobacco users not willing to make a quit attempt

# Why should I treat tobacco dependence?

- Tobacco causes premature death of almost half a million Americans each year
- 1/3 of all tobacco users in this country will die prematurely from tobacco dependence losing an average of 14 years
- 70% of smokers see a physician each year
- 70% of smokers want to quit

# Are physicians intervening in tobacco use?

In 38 primary care practices:

Tobacco was discussed in 21% of encounters.

Discussion was:

- more common in the 58% of practices with standard forms for recording smoking status
- more common during new patient visits
- less common with older patients
- less common with physicians in practice more than 10 years.

» Ellerbeck, Ahluwalia, et al. Direct observation of smoking cessation activities in primary care practice.  
J Fam Pract. 2001;50:688-693

# Barriers to treating tobacco dependence

“Not enough time.”

“Patients don’t want to hear about it.”

“I can’t help patients stop.”

“Not enough time”

**“Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.”**

The PHS Guideline  
(Strength of Evidence = A)

# “Patients don’t want to hear about it”

“Smoking cessation interventions during physician visits were associated with increased patient satisfaction with their care among those who smoke.”

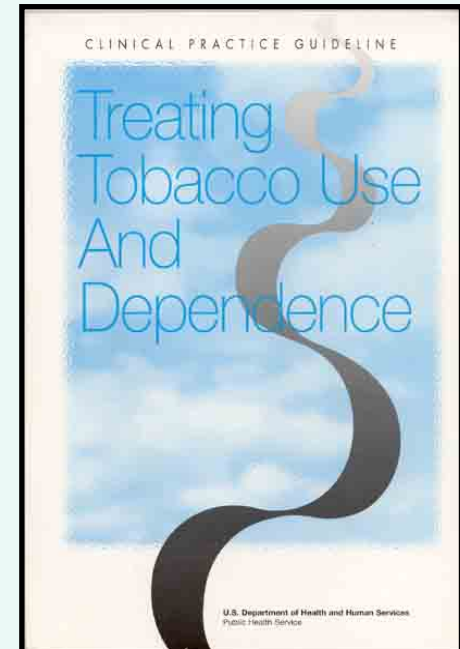
- 1,898 patients in a study who reported that they had been asked about tobacco use or advised to quit during the latest visit had 10% greater satisfaction rating and 5% less dissatisfaction than those not reporting such discussions

*Mayo Clin Proc. 2001;76:138-143.*

# “I can’t help patients stop”

Effective clinical interventions exist:

The Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence* was published in June, 2000 and offers effective treatments for tobacco dependence.



# Tobacco dependence is a chronic disease

- Tobacco dependence requires ongoing rather than acute care
- Relapse is a component of the chronic nature of the nicotine dependence — not an indication of personal failure by the patient or the clinician

# Tobacco results in a true drug dependence

- Tobacco dependence exhibits classic characteristics of drug dependence
- Nicotine is:
  - Causes physical dependence characterized by withdrawal symptoms upon cessation
  - Psychoactive
  - Tolerance producing

# How do I treat tobacco users who are willing to quit?



# The 5 A's

## For Patients Willing To Quit

- **ASK** about tobacco use.
- **ADVISE** to quit.
- **ASSESS** willingness to make a quit attempt.
- **ASSIST** in quit attempt.
- **ARRANGE** for follow-up.

# ASK

EVERY patient at EVERY visit

## VITAL SIGNS

Blood Pressure: \_\_\_\_\_

Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

Tobacco Use:    Current    Former    Never    (circle one)

# ADVISE

- Once tobacco use status has been identified and documented, advise all tobacco users to quit
- Even brief advice to quit results in greater quit rates
- Advice should be:
  - clear
  - strong
  - personalized

**“As your health care provider,  
I must tell you that the most  
important thing you can do to  
improve your health is to stop  
smoking.”**

# ASSESS

After providing a clear, strong, and personalized message to quit, you must determine whether the patient is willing to quit at this time

**“Are you willing to try to quit at this time? I can help you.”**

# ASSIST

- Help develop a quit plan
- Provide practical counseling
- Provide intra-treatment social support
- Help your patient obtain extra-treatment social support
- Recommend pharmacotherapy except in special circumstances
- Provide supplementary materials

# Developing a quit plan

- Set a quit date
- Review past quit attempts
- Anticipate challenges
- Remove tobacco products
- Avoid
  - Alcohol use
  - Exposure to tobacco

# How do I counsel patients to quit?



# Counsel your patients to quit

“Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates”

**The PHS Guideline**  
**(Strength of Evidence = A)**

“There is a strong dose-response relation between the session length of person-to-person contact and successful treatment outcomes. Intensive interventions are more effective than less intensive interventions and should be used whenever possible”

**The PHS Guideline**  
**(Strength of Evidence = A)**

# What pharmacotherapies are available to ASSIST in the quit attempt?



By using the pharmacotherapies found to be effective in the PHS Guideline, you can double or triple your patients' chances of abstinence.

# First-line pharmacotherapies

- Bupropion SR
- Nicotine gum
- Nicotine inhaler
- Nicotine nasal spray
- Nicotine patch

# Bupropion SR

- Only non-nicotine medication approved by the FDA as an aid to smoking cessation treatment
- Available by prescription only (USA)
- Mechanism of action: presumably blocks neural reuptake of dopamine and/or norepinephrine

# Bupropion SR

## Contraindications

Seizure disorder

MAO inhibitor within previous 2 weeks

Hx of anorexia nervosa or bulimia

Current use of Wellbutrin

## Side effects

Insomnia

Dry mouth

# Bupropion SR

- Dosing:
  - start 1-2 weeks before quit date
  - 150 mg orally once daily x 3 day
  - 150 mg orally twice daily x 7-12 weeks
  - no taper necessary at end of treatment
- Maintenance - efficacious as maintenance medication for <6 months post-cessation

# Nicotine Replacement Therapy (NRT)

- Nicotine is active ingredient
- Supplied as steady dose (patch) or self-administered (gum, inhaler, nasal spray)
- Self-administered products should be used on scheduled basis initially before tapered to ad lib use and eventual discontinuation

# Nicotine Replacement Therapy (NRT)

- No evidence of increased cardiovascular risk with NRT
- Medical contraindications:
  - immediate myocardial infarction (< 2 weeks)
  - serious arrhythmia
  - serious or worsening angina pectoris
  - accelerated hypertension

# Nicotine Replacement Therapy (NRT)

- Nicotine gum
- Nicotine patch
- Nicotine inhaler
- Nicotine nasal spray

# Nicotine gum

- 2 mg vs 4 mg
- Chew and park
- Absorbed in a basic environment
- Use enough pieces each day

# Nicotine patch

- Available as both prescription and OTC
- A new patch is applied each morning
- Rotating placement site can reduce irritation

# Nicotine inhaler

- Available by prescription
- Frequent puffing is required
- Eating or drinking before and during administration should be avoided

## Nicotine nasal spray

- Available by prescription
- Patient should not sniff, swallow, or inhale the medication
- Initial dosing should be 1 to 2 doses per hour, increasing as needed
- Dosing should not exceed 40 per day

# Combination Pharmacotherapy

## Combination NRT

- Patch + gum or patch + nasal spray are more effective than a single NRT
- Encourage use in patients unable to quit using single agent
- Caution patients on risk of nicotine overdose
- Currently, not an FDA-approved treatment option

# ARRANGE

- Schedule a follow-up contact within one week after the quit date
  - Telephone contact
  - Quit lines
- The majority of relapse occurs in the first two weeks after quitting

# Relapse

## ● Preventing Relapse

- Congratulate success
- Encourage continued abstinence
- Discuss with your patient:
  - benefits of quitting
  - barriers

- If your patient has used tobacco, remind him or her that the relapse should be viewed as a learning experience
- Relapse is consistent with the chronic nature of tobacco dependence; not a sign of failure

**“How has stopping tobacco use helped you?”**

## How do I treat tobacco users who are not willing to make a quit attempt?



# Treating patients who are not ready to make a quit attempt

- **RELEVANCE**: Tailor advice and discussion to each patient.
- **RISKS**: Outline risks of continued smoking.
- **REWARDS**: Outline the benefits of quitting.
- **ROADBLOCKS**: Identify barriers to quitting.
- **REPETITION**: Reinforce the motivational message at every visit.

[www.ctri.wisc.edu](http://www.ctri.wisc.edu)

“Not since the polio vaccine has this nation had a better opportunity to make a significant impact in public health.”

David Satcher, MD, PhD,  
Former U.S. Surgeon General