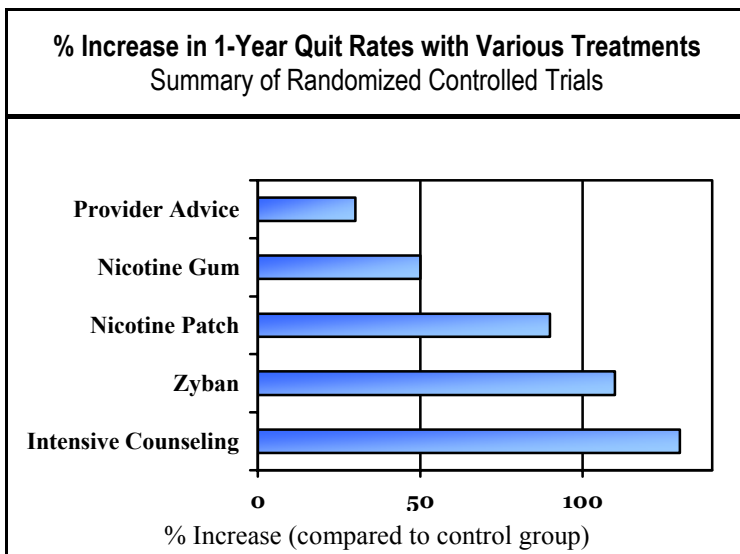


All health professionals play an essential role in helping patients stop tobacco. Most smokers want to quit, and half of smokers make a serious attempt each year. Without effective treatments — counseling and medications — long term-success with quitting is difficult.

Clinicians and staff can provide supportive messages and deliver brief counseling to all tobacco users. The first step is to routinely ask about tobacco use and interest in quitting. Interventions can then be individually tailored to a patient’s motivation to change. Using this strategy enhances patient-provider interactions, and is more effective.

Remember: quitting is a *process*. Tobacco use is complex, chronic and relapsing. Tobacco dependence starts during teenage years. Permanent quitting can be preceded by multiple periods of abstinence. Stay positive and offer treatments to those wanting to change.



From: Fiore MC et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: US Dept of HHS, Public Health Service. June 2000.

Public Health Service Practice Guidelines for the Treatment of Tobacco Use and Dependence

ASK about and document tobacco use

- Use vital sign, stamp or chart summary.

ADVISE quitting

- Be clear, avoid lecturing.
- Connect problems to smoking.

ASSESS interest in quitting

- ASK, “Are you interested in quitting in the next 6 months?” “Are you ready to quit in the next 30 days?”

ASSIST with quitting

- Educate about withdrawal symptoms.
- Offer treatments—meds, counseling.
- If ready to try, set a quit date. If not ready, encourage talking about smoking. Use open-ended questions.

ARRANGE follow-up

- Plan for relapse—praise *any* success.

If Patients Say:	Approaches	You Can say
I don’t want to quit	<ul style="list-style-type: none"> Legitimize difficulty Encourage <u>talking</u> about smoking Remind them you’ll bring it up again 	<p>“Quitting can be hard.”</p> <p>“Have you tried to quit?”</p> <p>“How did it feel?”</p> <p>“Can we talk next visit?”</p> <p>“Treatments are available.”</p>
I want to quit but not now	<ul style="list-style-type: none"> Identify reasons to quit Discuss past quitting Praise any abstinence Educate about treatment Offer help when ready 	<p>“Many smokers have quit.”</p> <p>“What might motivate you to try to quit?”</p> <p>“Counseling and medications can help you.”</p> <p>“See us when you’re ready”</p>
I want to quit	<ul style="list-style-type: none"> Set a quit date Identify coping strategies Offer medication Refer to counseling HelpLine: 800-207-1230 Follow-up after quit date 	<p>“Pick a date to quit.”</p> <p>“Medications decrease withdrawal symptoms.”</p> <p>“How will you cope with urges to smoke?”</p> <p>“I want to hear from you.”</p>
I tried to quit and relapsed	<ul style="list-style-type: none"> Change “failure” into a small “success” Recognize a <i>slip</i> vs. a true relapse Set another quit day Remain supportive 	<p>“You did a great job staying off cigarettes.”</p> <p>“What would you do differently next time?”</p> <p>“There’s help if you’re ready again.”</p>

Tobacco Treatment Guide

Offering medications to those wanting to quit can increase chances of success

Nicotine Patch

Easy to use, daily application.
Start with highest dose (21, 22 mg) except for <10 cigs/day or <100 lbs.
Focal rash common; rotate site daily.
Taper dose after patient confidence is adequate — usually 4 to 6 weeks.
Remove before bed if sleep disturbance.
Pregnancy Category D

Nicotine Gum

Proper use critical for buccal absorption.
Alternate chewing and 'parking' in cheek.
2 mg for most, 4 mg for heavier smoker.
Scheduled Rx q1-2 hr avoids underdosing.
Advise no beverage 15 mins before use.
Pregnancy Category C

Bupropion (Zyban, Wellbutrin SR)

Begin 1 week before quit date.
Start 150 mg QD X 3 days, then 150 mg BID.
Do not use: alcohol dependent, eating disorders, seizure history.
Treat for 7-12 weeks or longer as needed.
Taper not required. Titrate dose for adverse symptoms (once q a.m. if insomnia).
Pregnancy Category B

Nicotine Inhaler

Absorbed in mouth and throat, not lungs.
One cartridge delivers 80 4-mg inhalations.
Use 6-16 cartridges/day.
Best effects achieved with frequent puffing.
Advise no beverage 15 mins before use.

Nicotine Spray

Rapidly absorbed, irritating
Start 2 sprays q 1-2 hr, max 40 doses QD

COMBINATION THERAPY

Use if monotherapy fails or with heavily dependent smokers. Combine nicotine gum or inhaler with patch or bupropion. Monitor carefully.

SECOND-LINE THERAPY

Clonidine*

0.1-0.75 mg QD or 0.2 mg patch QD.
Monitor for side effects, taper off.

Nortriptyline*

Maximum dose 75-100 mg QD

**Shown effective, not FDA-approved for this*

Base medication choice on patient preferences and history

Giving brief advice to quit and offering treatments can increase patient satisfaction.

Medications diminish symptoms of nicotine withdrawal.

Behavior in first few weeks tends to predict success.

Use medications for 8 weeks or until patient is confident.

Smoking regularly on medication = relapse. Try again!

Cost/day: Patch, Zyban \$4-5; gum, spray \$6-8; inhaler \$10.

Advise no smoking, not even a puff.

Expect slips or relapse.

Learn from relapse, and reassess desire to quit.

Congratulate any period of abstinence.

With chronic relapse, screen for depression, alcohol and other substances.

Use NRT with caution in recent coronary syndromes, severe HTN, or PUD. Rx benefits may outweigh risks of smoking.

Pregnant Smokers: Use social support, counseling and non-Rx approach first. By second trimester, evaluate Rx risks and benefits.

Adolescents: If using medications, carefully measure tobacco use quantity and weight, and monitor for compliance.

Coding, Reimbursement, and Tobacco Treatment Resources

Tobacco use is a chronic disorder, and should be on the problem list in the chart.

ICD-9 Code 305.1

Be familiar with counseling & drug benefits of major health plans. They vary significantly.

Offer prescriptions even for over-the-counter medication; treatment might be covered if prescribed by a clinician.

Maine Medicaid provides benefits for medications, including over-the-counter.

For added reimbursement in Medicaid visits, do brief interventions for smokers or smoking parents and:

USE Diagnosis Code 305.1 and CPT Code 99402

Use 99402 WITH E&M:

**99201-99205
99211-99215
99381-99387
99391-99397**

**Maine Tobacco Helpline
1-800-207-1230**
Partnership for Tobacco Free Maine's free and confidential high-quality counseling

Helpful websites:

www.tobaccofreekids.org
www.ahrq.gov
www.cdc.gov/tobacco
www.tobaccofreemaine.org
www.endsmoking.org
