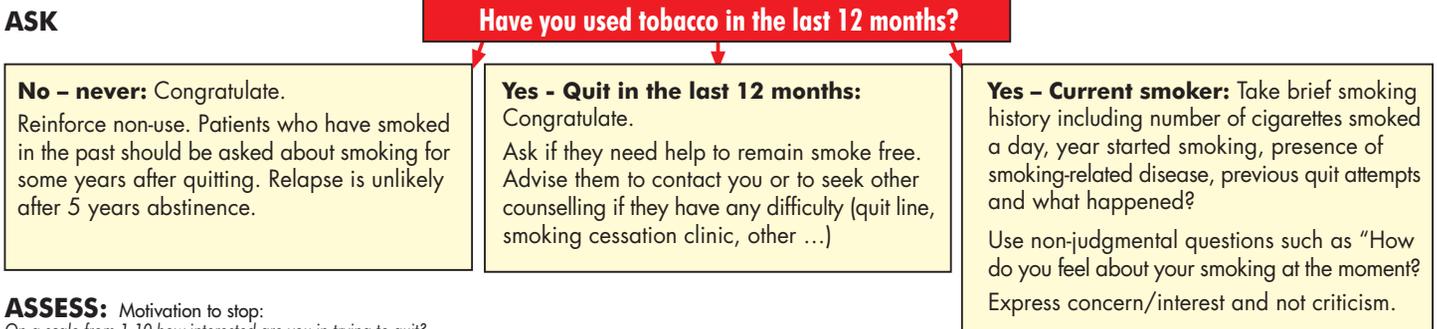


Helping patients quit smoking: brief interventions for healthcare professionals

How to help smokers quit: flowchart

Ask about tobacco use (smoking and smokeless tobacco) for all patients and reassess users at every clinic call/at least once a year. This alone doubles the rate of success. Document smoking status/stage of motivation/tobacco burden.



ASSESS: Motivation to stop:
On a scale from 1-10 how interested are you in trying to quit?

1	2	3	4	5	6	7	8	9	10
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Are you planning to QUIT in the next 6 months?

Not planning to **QUIT**

Planning to **QUIT** within the next 6 months

Planning to **QUIT** within a month

<p>NO NOT READY (PRECONTEMPLATION)</p> <ul style="list-style-type: none"> Focus on motivation. Advise the patient on the benefits of quitting without criticism/confrontation. Respect the patient’s decision. Ask if you may tell the patient about the dangers of smoking. <p>ADVISE</p> <ul style="list-style-type: none"> Ask, “Is there anything that might help you consider quitting?” or “Can you imagine any benefits of quitting?” Offer help if the patient should change his/her mind. <p>ARRANGE</p> <ul style="list-style-type: none"> Follow up – ask patient if you should discuss smoking again at next consultation. 	<p>YES, but not yet... UNSURE (CONTEMPLATION)</p> <p>ADVISE</p> <ul style="list-style-type: none"> Focus on their ambivalence, help them motivate themselves. Offer help by asking: “What are the things you like and don’t like about your smoking?” “Have you tried to quit before?” “How did you get on when you last quit?” “What would have to happen for your motivation score to increase?” “How can I help you increase your confidence in quitting?” <p>ASSIST</p> <ul style="list-style-type: none"> Explore barriers to cessation. Offer help quitting. Refer to quit line or other counselling, refer to smoking cessation unit if patient prefers. Hand out written material/contact numbers. Follow up consultation or telephone contact within 6 months OR remember to ask when you next see the patient. 	<p>YES READY TO QUIT</p> <p>ASSIST</p> <ul style="list-style-type: none"> Provide assistance in developing a quit plan. Help patient to set a quit date. Discuss abstinence and suggest coping strategies. Encourage social support. Assist in dealing with barriers such as fear of failure, stress coping, weight gain, social pressure. Give nutritional advice: sleep well, avoid caffeine and alcohol. Physical activity may help. Assist in giving advice on pharmacotherapy for smoking cessation: NRT (adequate dosage during sufficient time, help through the first 4-7 weeks). Withdrawal symptoms occur mostly during the first 2 weeks and are fading after 4-7 weeks. Assist with a prescription for varenicline or bupropion when indicated. <p>ARRANGE</p> <ul style="list-style-type: none"> Follow-up consultations/phone calls - ideally weekly first weeks, then monthly.
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5 As of smoking cessation: ASK, ASSESS, ADVISE, ASSIST, ARRANGE¹

◀ THE BENEFITS OF QUITTING

- If you quit before the age of 30 your health risk is near the risk of a non-smoker.
- The risk of having a low birthweight baby drops to normal if you quit before pregnancy or during your first trimester.
- Fertility increases.
- Within 72 hours: blood pressure decreases, pulse rate drops, the risk of a heart attack decreases, and the ability to smell and taste increases.
- Within a couple of weeks: lung function increases, circulation improves and walking becomes easier.
- Within a year: shortness of breath and fatigue improves, coughing decreases and the excessive risk of coronary heart disease becomes half that of a smoker.
- Within 5 years: risk of ulcers decrease. The risk of cancer of the bladder, kidney, mouth, oesophagus, pancreas, and throat decreases.
- Within 5-15 years: the risk of having a stroke and the risk of coronary heart disease is reduced to that of a never smoker. The risk of lung cancer is half that of a continuing smoker.

MEDICATION

Any patient smoking more than 10 cigarettes a day will suffer from withdrawal symptoms and should be offered pharmacologic support once they set a quit date.

Nicotine Replacement therapy (NRT)

NRT should not be combined with smoking. Its main effect is to help the patient through the first couple of months of craving. Most patients use too low doses for too short a time. They should use a dose that takes away most craving symptoms. Most people need a full dose for 2-3 months, then they might gradually reduce dose over a number of months.

Dosage: It is often wise to combine two different NRTs - a patch to cover most of the day and gum or other types of NRT for craving situations during daytime.

Patch: Comes in 14 mg/24 hours or 10 mg/16 hours for light smokers (<10 cig/day) or in 21 mg/24 hours - 15 mg /16 hours for more heavy smokers. Some patients need more than one patch a day to keep the craving low.

Adverse effects: Skin rash, allergy, insomnia, wild dreams.

Gum: (chew and park); inhalers, lozenges, sublingual tablets: To be administered every 1-2 hours for relief of symptoms while awake.

Adverse effects: Include sore dry mouth, dyspepsia, nausea, headache, jaw ache. Often dose dependent.

OTHER MEDICATIONS

Varenicline

Varenicline is a new nicotinic receptor agonist/antagonist. It is the first drug designed for smoking cessation. Results are promising with quit rates up to 44%.

Dosage: A week before the quit date take 0.5 mg for 3 days, 0.5 mg b.i.d. for 4 days, then from the quit date take 1 mg b.i.d. for 12 weeks.

Adverse effects: nausea and headache. Seizure has not been seen as an adverse event.

Pregnancy: Should not be used during pregnancy.

Bupropion

Bupropion is the first medication proven to reduce craving.

Dosage: It is taken twice daily starting with one tablet a day for a week two weeks prior to the quit date, then regularly 150 mg b.i.d. for 7-12 weeks.

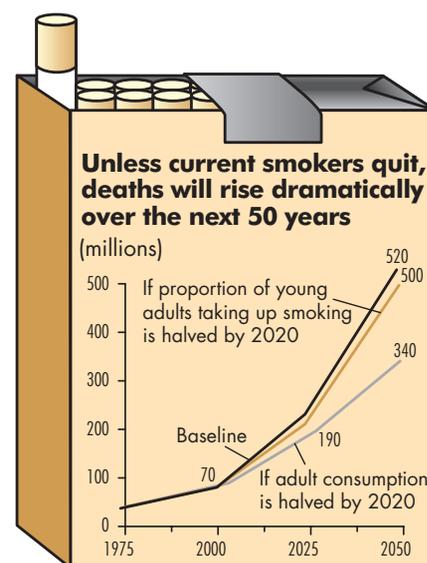
Adverse effects: insomnia, headache, dry mouth, dizziness, anxiety.

Contraindications: Seizures, major depression, schizophrenia.

Pregnancy: Should not be used during pregnancy.

Nortriptyline

Nortriptyline is a tricyclic antidepressant which has been shown to increase cessation rates from 7% to 17% compared to placebo (NNT=10). It is not licensed for use in smoking cessation, but may be an option in countries where the cost of licensed smoking cessation drugs is prohibitive. Recognised side-effects include sedation, dry mouth, and cardiac arrhythmia: recent myocardial infarction is a contra-indication. Treatment, at a dose of 75mg daily (less in elderly) is usually maintained for seven to twelve weeks.



Source: Peto and Lopez 2001. First appeared: Finance & Development, 1999, Vol. 36, No. 4, published and copyrighted by the International Monetary Fund.

PRACTICAL HINTS FOR PATIENTS

These are suggestions for coping with cravings to smoke and ways to reduce the risk of relapse. Cravings are most frequent in the first few days after quitting. If you use nicotine replacements, varenicline or bupropion you will reduce your symptoms of nicotine withdrawal.

Remember the 4 Ds:

- **Delay** acting on the urge to smoke. After 5 minutes the urge to smoke weakens and your resolve to quit will come back.
- **Deep breathe.** Take a long slow breath in and slowly release it out again. Repeat 3 times.
- **Drink** water slowly holding it in your mouth a little longer to savour the taste.
- **Do** something else to take your mind off smoking. Doing some exercise is a good alternative.

Avoid major triggers for smoking early in your quit attempt. Common triggers are alcohol, coffee and friends who smoke.

Remember: Just one will hurt. Thinking "I can have just one" is the way most people go back to regular smoking. ●