



AIDS for CESSATION & CASE SCENARIO OVERVIEW



METHODS for QUITTING

- Nonpharmacologic
- Pharmacologic

Combination therapy is preferred.



NONPHARMACOLOGIC METHODS

- Cold turkey: Just do it!
- Unassisted tapering (fading)
 - Reduced frequency of use
 - Lower nicotine cigarettes
 - Special filters or holders
- Assisted tapering
 - QuitKey



NONPHARMACOLOGIC METHODS (cont'd)

- Formal cessation programs
 - Self-help programs
 - Individual counseling
 - Group programs
- Telephone counseling
 - 1-800-QUITNOW
 - 1-800-786-8669
- Web-based counseling
 - www.smokefree.gov
 - www.quitnet.com
- Aversion therapy
- Acupuncture therapy
- Hypnotherapy
- Massage therapy



SCHEDULED GRADUAL REDUCTION of SMOKING

- Gradual reduction of the total number of cigarettes smoked per day
- Computerized unit facilitates reduction:
 - QuitKey
 - Tapering curve developed based on patient's smoking level
 - 19–24% abstinent at 1 year
 - Includes telephone counseling support



QuitKey SMOKING CESSATION PROGRAM





QuitKey SMOKING CESSATION PROGRAM

Stage 1 (7 days)

- Push the SMOKE button every time you smoke, to record smoking habits
- Turn unit on every morning and off every night

Stage 2 (14–34 days)

- Smoke only when you hear the tone or see the SMOKE SIGNAL; tapers smoking over time
- Press the SMOKE button every time you smoke
- Turn unit on every morning and off every night



SCHEDULED GRADUAL REDUCTION (cont'd)

Who is a candidate for scheduled gradual reduction?

- Anyone who wants to quit smoking
- Particularly useful in persons for whom medications might not be a first-line choice, such as pregnant women or teens
- Spit tobacco users (18.4% abstinent after 1 year)

Ordering information

www.quitkey.com or 1-800-543-3744 (\$59.95)



PHARMACOTHERAPY

"All patients attempting to quit should be encouraged to use effective pharmacotherapies for smoking cessation except in the presence of special circumstances."

Fiore et al. (2000). *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS.



PHARMACOLOGIC METHODS: FIRST-LINE THERAPIES

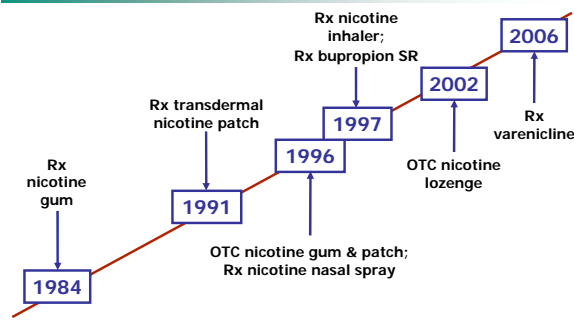
Three general classes of FDA-approved drugs for smoking cessation:

- Nicotine replacement therapy (NRT)
 - Nicotine gum, patch, lozenge, nasal spray, inhaler
- Psychotropics
 - Sustained-release bupropion
- Partial nicotinic receptor agonist
 - Varenicline

Currently, no medications have an FDA indication for use in spit tobacco cessation.




FDA APPROVALS: SMOKING CESSATION




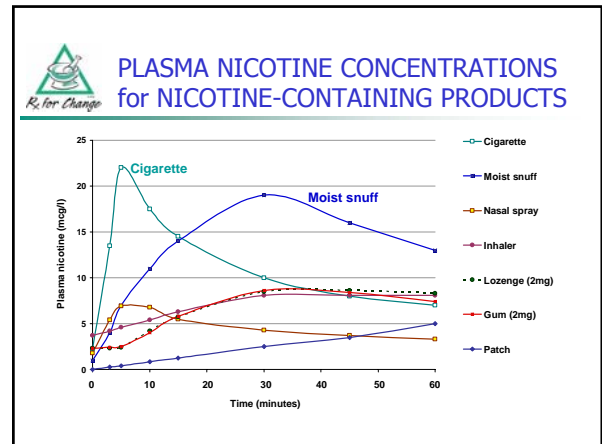
NRT: RATIONALE for USE


- Reduces physical withdrawal from nicotine
- Allows patient to focus on behavioral and psychological aspects of tobacco cessation

NRT APPROXIMATELY DOUBLES QUIT RATES.

 **NRT: PRODUCTS**


<p>Polacrilex gum</p> <ul style="list-style-type: none"> Nicorette (OTC) Generic nicotine gum (OTC) <p>Lozenge</p> <ul style="list-style-type: none"> Commit (OTC) Generic nicotine lozenge (OTC) <p>Transdermal patch</p> <ul style="list-style-type: none"> Nicoderm CQ (OTC) Generic nicotine patches (OTC, Rx) 	<p>Nasal spray</p> <ul style="list-style-type: none"> Nicotrol NS (Rx) <p>Inhaler</p> <ul style="list-style-type: none"> Nicotrol (Rx) 
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 **NRT: PRECAUTIONS**


- Patients with underlying cardiovascular disease
 - Recent myocardial infarction (within past 2 weeks)
 - Serious arrhythmias
 - Serious or worsening angina

NRT products may be appropriate for these patients if they are under medical supervision.


 **NRT: PRECAUTIONS (cont'd)**

- Patients with other underlying conditions
 - Active temporomandibular joint disease (gum only)
 - Pregnancy
 - Lactation

NRT products may be appropriate for these patients if they are under medical supervision.

 **NRT: OTHER CONSIDERATIONS**

- NRT is not FDA-approved for use in children or adolescents
- Nonprescription sales (patch, gum, lozenge) are restricted to adults ≥18 years of age
 - NRT use in minors requires a prescription
- Patients should stop using all forms of tobacco upon initiation of the NRT regimen

 **NICOTINE GUM**
Nicorette (GlaxoSmithKline); generics

- Resin complex
 - Nicotine
 - Polacrillin
- Sugar-free chewing gum base
- Contains buffering agents to enhance buccal absorption of nicotine
- Available: 2 mg, 4 mg; regular, FreshMint, Fruit Chill, mint, & orange flavor





NICOTINE GUM: DOSING

Dosage based on current smoking patterns:

If patient smokes	Recommended strength
≥25 cigarettes/day	4 mg
<25 cigarettes/day	2 mg



NICOTINE GUM: DOSING (cont'd)

Recommended Usage Schedule for Nicotine Gum		
Weeks 1–6	Weeks 7–9	Weeks 10–12
1 piece q 1–2 h	1 piece q 2–4 h	1 piece q 4–8 h
DO NOT USE MORE THAN 24 PIECES PER DAY.		

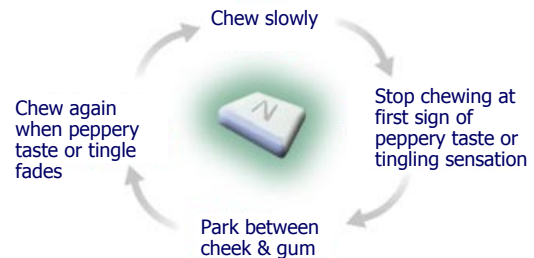


NICOTINE GUM: DIRECTIONS for USE

- Chew each piece very *slowly* several times
- Stop chewing at first sign of peppery, minty, or citrus taste or slight tingling in mouth (~15 chews, but varies)
- "Park" gum between cheek and gum (to allow absorption of nicotine across buccal mucosa)
- Resume slow chewing when taste or tingle fades
- When taste or tingle returns, stop and park gum in different place in mouth
- Repeat chew/park steps until most of the nicotine is gone (taste or tingle does not return; generally 30 minutes)



NICOTINE GUM: CHEWING TECHNIQUE SUMMARY



NICOTINE GUM: ADDITIONAL PATIENT EDUCATION

- To improve chances of quitting, use at least nine pieces of gum daily
- The effectiveness of nicotine gum may be reduced by some foods and beverages:
 - Coffee
 - Juices
 - Wine
 - Soft drinks

Do NOT eat or drink for 15 minutes BEFORE or while using nicotine gum.



NICOTINE GUM: ADD'L PATIENT EDUCATION (cont'd)

- Chewing gum will *not* provide same rapid satisfaction that smoking provides
- Chewing gum too rapidly can cause excessive release of nicotine, resulting in
 - Lightheadedness
 - Nausea/vomiting
 - Irritation of throat and mouth
 - Hiccups
 - Indigestion



NICOTINE GUM: ADD'L PATIENT EDUCATION (cont'd)

- Side effects of nicotine gum include
 - Mouth soreness
 - Hiccups
 - Dyspepsia
 - Jaw muscle ache
- Nicotine gum may stick to dental work
 - Discontinue use if excessive sticking or damage to dental work occurs



NICOTINE GUM: SUMMARY

ADVANTAGES

- Gum use may satisfy oral cravings.
- Gum use may delay weight gain.
- Patients can titrate therapy to manage withdrawal symptoms.

DISADVANTAGES

- Gum chewing may not be socially acceptable.
- Gum is difficult to use with dentures.
- Patients must use proper chewing technique to minimize adverse effects.



NICOTINE LOZENGE Commit (GlaxoSmithKline); generics

- Nicotine polacrilex formulation
 - Delivers ~25% more nicotine than equivalent gum dose
- Sugar-free, mint or cherry flavor (boxed or POP-PAC)
- Contains buffering agents to enhance buccal absorption of nicotine
- Available: 2 mg, 4 mg



NICOTINE LOZENGE: DOSING

Dosage is based on the "time to first cigarette" (TTFC) as an indicator of nicotine addiction



Use Commit Lozenge 2 mg:

If you smoke your first cigarette more than 30 minutes after waking up



Use Commit Lozenge 4 mg:

If you smoke your first cigarette of the day within 30 minutes of waking up



NICOTINE LOZENGE: DOSING (cont'd)

Recommended Usage Schedule for Commit Lozenge

Weeks 1–6	Weeks 7–9	Weeks 10–12
1 lozenge q 1–2 h	1 lozenge q 2–4 h	1 lozenge q 4–8 h

DO NOT USE MORE THAN 20 LOZENGES PER DAY.



NICOTINE LOZENGE: DIRECTIONS for USE

- Use according to recommended dosing schedule
- Place in mouth and allow to dissolve slowly (nicotine release may cause warm, tingling sensation)
- Do *not* chew or swallow lozenge.
- Occasionally rotate to different areas of the mouth.
- Lozenge will dissolve completely in about 20–30 minutes.





NICOTINE LOZENGE: ADDITIONAL PATIENT EDUCATION

- To improve chances of quitting, use at least nine lozenges daily during the first 6 weeks
- The lozenge will *not* provide the same rapid satisfaction that smoking provides
- The effectiveness of the nicotine lozenge may be reduced by some foods and beverages:
 - Coffee
 - Juices
 - Wine
 - Soft drinks

Do NOT eat or drink for 15 minutes BEFORE or while using the nicotine lozenge.



NICOTINE LOZENGE: ADD'L PATIENT EDUCATION (cont'd)

- Side effects of the nicotine lozenge include
 - Nausea
 - Hiccups
 - Cough
 - Heartburn
 - Headache
 - Flatulence
 - Insomnia



NICOTINE LOZENGE: SUMMARY

ADVANTAGES

- Lozenge use may satisfy oral cravings.
- The lozenge is easy to use and conceal.
- Patients can titrate therapy to manage withdrawal symptoms.

DISADVANTAGES

- Gastrointestinal side effects (nausea, hiccups, and heartburn) may be bothersome.



TRANSDERMAL NICOTINE PATCH Nicoderm CQ (GlaxoSmithKline); generic

- Nicotine is well absorbed across the skin
- Delivery to systemic circulation avoids hepatic first-pass metabolism
- Plasma nicotine levels are lower and fluctuate less than with smoking



TRANSDERMAL NICOTINE PATCH: PREPARATION COMPARISON

Product	Nicoderm CQ	Generic
Nicotine delivery	24 hours	24 hours
Availability	OTC	Rx/OTC
Strengths	7-mg patch 14-mg patch 21-mg patch	7-mg patch 14-mg patch 21-mg patch



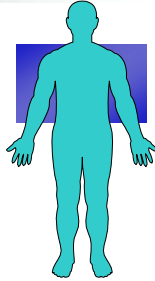
TRANSDERMAL NICOTINE PATCH: DOSING

Product	Light Smoker	Heavy Smoker
Nicoderm CQ	≤10 cigarettes/day Step 2 (14 mg x 6 weeks) Step 3 (7 mg x 2 weeks)	>10 cigarettes/day Step 1 (21 mg x 6 weeks) Step 2 (14 mg x 2 weeks) Step 3 (7 mg x 2 weeks)
Generic (formerly Habitrol)	≤10 cigarettes/day Step 2 (14 mg x 6 weeks) Step 3 (7 mg x 2 weeks)	>10 cigarettes/day Step 1 (21 mg x 4 weeks) Step 2 (14 mg x 2 weeks) Step 3 (7 mg x 2 weeks)



TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE

- Choose an area of skin on the upper body or upper outer part of the arm
- Make sure skin is clean, dry, hairless, and not irritated
- Apply patch to different area each day
- Do not use same area again for at least 1 week



TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE (cont'd)

- Remove patch from protective pouch



TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE (cont'd)

- Peel off half of the backing from patch



TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE (cont'd)

- Apply adhesive side of patch to skin
- Peel off remaining protective covering
- Press firmly with palm of hand for 10 seconds
- Make sure patch sticks well to skin, especially around edges



TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE (cont'd)

- Wash hands: Nicotine on hands can get into eyes or nose and cause stinging or redness
- Do not leave patch on skin for more than 24 hours—doing so may lead to skin irritation
- Adhesive remaining on skin may be removed with rubbing alcohol or acetone
- Dispose of used patch by folding it onto itself, completely covering adhesive area



TRANSDERMAL NICOTINE PATCH: ADDITIONAL PATIENT EDUCATION

- Water will not harm the nicotine patch if it is applied correctly; patients may bathe, swim, shower, or exercise while wearing the patch
- Do *not* cut patches to adjust dose
 - Nicotine may evaporate from cut edges
 - Patch may be less effective
- Keep new and used patches out of the reach of children and pets
- Remove patch before MRI procedures





TRANSDERMAL NICOTINE PATCH: ADD'L PATIENT EDUCATION (cont'd)

- Side effects to expect in first hour:
 - Mild itching
 - Burning
 - Tingling
- Additional possible side effects:
 - Vivid dreams or sleep disturbances
 - Headache



TRANSDERMAL NICOTINE PATCH: ADD'L PATIENT EDUCATION (cont'd)

- After patch removal, skin may appear red for 24 hours
 - If skin stays red more than 4 days or if it swells or a rash appears, contact health care provider—do not apply new patch
- Local skin reactions (redness, burning, itching)
 - Usually caused by adhesive
 - Up to 50% of patients experience this reaction
 - Fewer than 5% of patients discontinue therapy
 - Avoid use in patients with dermatologic conditions (e.g., psoriasis, eczema, atopic dermatitis)



TRANSDERMAL NICOTINE PATCH: SUMMARY

ADVANTAGES

- The patch provides consistent nicotine levels.
- The patch is easy to use and conceal.
- Fewer compliance issues are associated with patch use.

DISADVANTAGES

- Patients cannot titrate the dose.
- Allergic reactions to the adhesive may occur.
- Patients with dermatologic conditions should not use the patch.



NICOTINE NASAL SPRAY Nicotrol NS (Pfizer)

- Aqueous solution of nicotine in a 10-ml spray bottle
- Each metered dose actuation delivers
 - 50 µl spray
 - 0.5 mg nicotine
- ~100 doses/bottle
- Rapid absorption across nasal mucosa



NICOTINE NASAL SPRAY: DOSING & ADMINISTRATION

- One dose = 1 mg nicotine (2 sprays, one 0.5 mg spray in **each** nostril)
- Start with 1–2 doses per hour
- Increase prn to *maximum* dosage of 5 doses per hour or 40 mg (80 sprays; ~½ bottle) daily
- For best results, patients should use at least 8 doses daily for the first 6–8 weeks
- Termination:
 - Gradual tapering over an additional 4–6 weeks



NICOTINE NASAL SPRAY: DIRECTIONS for USE

- Press in circles on sides of bottle and pull to remove cap





NICOTINE NASAL SPRAY: DIRECTIONS for USE (cont'd)

- Prime the pump (before first use)
 - Obtain facial tissue or paper towel
 - Hold bottle and press on bottom with thumb
 - Pump into tissue until fine spray is observed (6–8 times)
- If pump is not used for 24 hours, prime the pump 1–2 times



NICOTINE NASAL SPRAY: DIRECTIONS for USE (cont'd)

- Blow nose (if not clear)
- Tilt head back slightly and insert tip of bottle into nostril as far as comfortable
- Breathe through mouth, and spray once in each nostril
- Do not sniff or inhale while spraying



NICOTINE NASAL SPRAY: DIRECTIONS for USE (cont'd)

- If nose runs, gently sniff to keep nasal spray in nose
- Wait 2–3 minutes before blowing nose
- Wait 5 minutes before driving or operating heavy machinery (spray may cause tearing, coughing, and sneezing)
- Avoid contact with skin, eyes, and mouth
 - If contact occurs, rinse with water immediately
 - Nicotine is absorbed through skin and mucous membranes



NICOTINE NASAL SPRAY: ADDITIONAL PATIENT EDUCATION

- What to expect (first week):
 - Hot peppery feeling in back of throat or nose
 - Sneezing
 - Coughing
 - Watery eyes
 - Runny nose
- Side effects should lessen over a few days
 - Regular use during the first week will help in development of tolerance to the irritant effects of the spray
- If side effects do not decrease after a week, contact health care provider



NICOTINE NASAL SPRAY: SUMMARY

ADVANTAGES

- Patients can easily titrate therapy to rapidly manage withdrawal symptoms.

DISADVANTAGES

- Nasal/throat irritation may be bothersome.
- Nasal spray has higher dependence potential.
- Patients with chronic nasal disorders or severe reactive airway disease should not use the spray.



NICOTINE INHALER Nicotrol Inhaler (Pfizer)

- Nicotine inhalation system consists of
 - Mouthpiece
 - Cartridge with porous plug containing 10 mg nicotine
- Delivers 4 mg nicotine vapor, absorbed across buccal mucosa
- May satisfy hand-to-mouth ritual of smoking



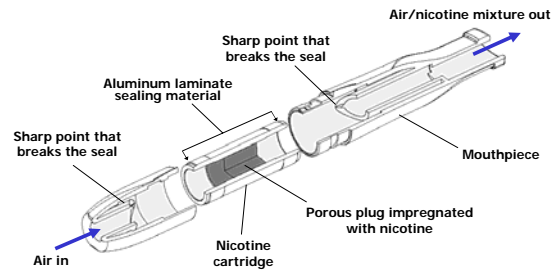


NICOTINE INHALER: DOSING

- Start with 6 cartridges/day
- Increase prn to *maximum* of 16 cartridges/day
- Use for minimum of 3 weeks, maximum of 12 weeks
- Gradual dosage reduction: if needed over additional 6–12 weeks



NICOTINE INHALER: SCHEMATIC DIAGRAM

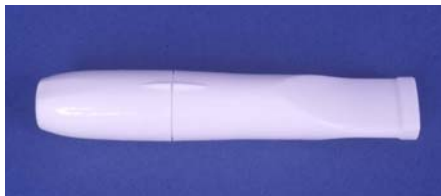


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NICOTINE INHALER: DIRECTIONS for USE

- Align marks on the mouthpiece



NICOTINE INHALER: DIRECTIONS for USE (cont'd)

- Pull and separate mouthpiece into two parts



NICOTINE INHALER: DIRECTIONS for USE (cont'd)

- Press nicotine cartridge firmly into bottom of mouthpiece until seal breaks



NICOTINE INHALER: DIRECTIONS for USE (cont'd)

- Put top on mouthpiece and align marks to close
- Press down firmly to break top seal of cartridge
- Twist top to misalign marks and secure unit



NICOTINE INHALER: DIRECTIONS for USE (cont'd)

- During inhalation, nicotine is vaporized and absorbed across oropharyngeal mucosa
- Inhale into back of throat or puff in short breaths
- Nicotine in cartridges is depleted after about 20 minutes of active puffing
 - Cartridge does *not* have to be used all at once
 - Open cartridge retains potency for 24 hours
- Mouthpiece is reusable; clean regularly with mild detergent



NICOTINE INHALER: ADDITIONAL PATIENT EDUCATION

- Patients may experience mild irritation of the mouth or throat, and an unpleasant taste or cough when first using the inhaler
 - Patients will adapt to these effects in a short time
- Other (less common) side effects include
 - Rhinitis
 - Dyspepsia
 - Hiccups
 - Headache



NICOTINE INHALER: ADD'L PATIENT EDUCATION (cont'd)

- The inhaler may not be as effective in very cold (<59°F) temperatures—delivery of nicotine vapor may be compromised
- Use the inhaler longer and more often at first to help control cravings (best results are achieved with frequent continuous puffing over 20 minutes)
- Effectiveness of the nicotine inhaler may be reduced by some foods and beverages

Do NOT eat or drink for 15 minutes BEFORE or while using the nicotine inhaler.



NICOTINE INHALER: SUMMARY

ADVANTAGES

- Patients can easily titrate therapy to manage withdrawal symptoms.
- The inhaler mimics the hand-to-mouth ritual of smoking.

DISADVANTAGES

- The initial throat or mouth irritation can be bothersome.
- Cartridges should not be stored in very warm conditions or used in very cold conditions.
- Patients with underlying bronchospastic disease must use the inhaler with caution.



BUPROPION SR Zyban (GlaxoSmithKline); generic

- Nonnicotine cessation aid
- Sustained-release antidepressant
- Oral formulation



BUPROPION: MECHANISM of ACTION

- Atypical antidepressant thought to affect levels of various brain neurotransmitters
 - Dopamine
 - Norepinephrine
- Clinical effects
 - ↓ craving for cigarettes
 - ↓ symptoms of nicotine withdrawal





BUPROPION: PHARMACOKINETICS

Absorption

- Bioavailability: 5–20%

Metabolism

- Undergoes extensive hepatic metabolism (CYP2B6)

Elimination

- Urine (87%) and feces (10%)

Half-life

- Bupropion (21 hours); metabolites (20–37 hours)



BUPROPION: CONTRAINDICATIONS

- Patients with a seizure disorder
- Patients taking
 - Wellbutrin, Wellbutrin SR, Wellbutrin XL
 - MAO inhibitors in preceding 14 days
- Patients with a current or prior diagnosis of anorexia or bulimia nervosa
- Patients undergoing abrupt discontinuation of alcohol or sedatives (including benzodiazepines)



BUPROPION: WARNINGS and PRECAUTIONS

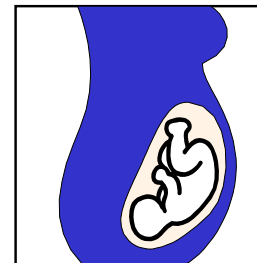
Bupropion should be used with extreme caution in the following populations:

- Patients with a history of seizure
- Patients with a history of cranial trauma
- Patients taking medications that lower the seizure threshold (antipsychotics, antidepressants, theophylline, systemic steroids)
- Patients with severe hepatic cirrhosis



BUPROPION: USE in PREGNANCY

- Category C drug
- Use only if clearly indicated
- Attempt nondrug treatment first



BUPROPION SR: DOSING

Patients should begin therapy 1 to 2 weeks PRIOR to their quit date to ensure that therapeutic plasma levels of the drug are achieved.

Initial treatment

- 150 mg po q AM x 3 days

Then...

- 150 mg po bid
- Duration, 7–12 weeks



BUPROPION: ADVERSE EFFECTS

Common side effects include the following:

- Insomnia (avoid bedtime dosing)
- Dry mouth

Less common but reported effects:

- Tremor
- Skin rash



BUPROPION: ADDITIONAL PATIENT EDUCATION

- Dose tapering not necessary when discontinuing treatment
- If no significant progress toward abstinence by seventh week, therapy is unlikely to be effective
 - Discontinue treatment
 - Reevaluate and restart at later date



BUPROPION SR: SUMMARY

ADVANTAGES

- Bupropion is an oral formulation with twice-a-day dosing.
- Bupropion might be beneficial for patients with depression.

DISADVANTAGES

- The seizure risk is increased.
- Several contraindications and precautions preclude use.



VARENICLINE Chantix (Pfizer)

- Nonnicotine cessation aid
- Partial nicotinic receptor agonist
- Oral formulation



VARENICLINE: MECHANISM of ACTION

- Binds with high affinity and selectivity at $\alpha_4\beta_2$ neuronal nicotinic acetylcholine receptors
 - Stimulates low-level agonist activity
 - Competitively inhibits binding of nicotine
- Clinical effects
 - ↓ symptoms of nicotine withdrawal
 - Blocks dopaminergic stimulation responsible for reinforcement & reward associated with smoking



VARENICLINE: PHARMACOKINETICS

Absorption

- Virtually complete after oral administration; not affected by food

Metabolism

- Undergoes minimal metabolism

Elimination

- Primarily renal through glomerular filtration and active tubular secretion; 92% excreted unchanged in urine

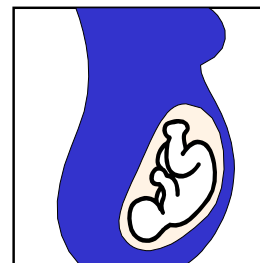
Half-life

- 24 hours



VARENICLINE : USE in PREGNANCY and LACTATION




- Category C drug
- Use only if potential benefit justifies potential risk
- Attempt nondrug treatment first
- Unknown if drug excreted in human breast milk





VARENICLINE: DOSING

Patients should begin therapy 1 week PRIOR to their quit date. The dose is gradually increased to minimize treatment-related nausea and insomnia.

	Treatment Day	Dose
Initial dose titration	Day 1 to day 3 	0.5 mg qd
	Day 4 to day 7 	0.5 mg bid
	Day 8 to end of treatment* 	1 mg bid

* Up to 12 weeks



VARENICLINE: ADVERSE EFFECTS

Common side effects ($\geq 5\%$ and twice the rate observed in placebo-treated patients) include:

- Nausea
- Sleep disturbances (insomnia, abnormal dreams)
- Constipation
- Flatulence
- Vomiting



VARENICLINE: ADDITIONAL PATIENT EDUCATION

- Doses should be taken after eating, with a full glass of water
- Nausea and insomnia are side effects that are usually temporary.
 - If symptoms persist, notify your health care provider
- Dose tapering not necessary when discontinuing treatment



VARENICLINE: SUMMARY

ADVANTAGES

- Varenicline is an oral formulation with twice-a-day dosing.
- Varenicline offers a new mechanism of action for persons who previously failed using other medications.

DISADVANTAGES

- May induce nausea in up to one third of patients.
- Post-marketing surveillance data not yet available.



PHARMACOLOGIC METHODS: SECOND-LINE THERAPIES

- Clonidine (Catapres transdermal or oral)
- Nortriptyline (Pamelor oral)



HERBAL DRUGS for SMOKING CESSATION

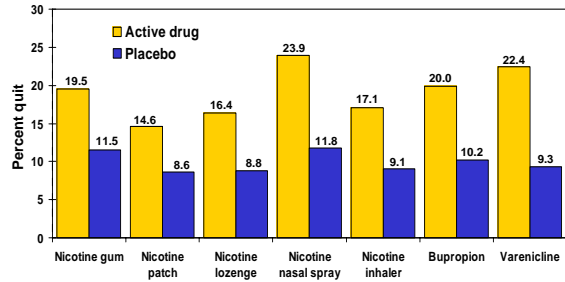
- Lobeline
 - Derived from leaves of Indian tobacco plant (*Lobelia inflata*)
 - Partial nicotinic agonist
 - No scientifically rigorous trials with long-term follow-up
 - No evidence to support use for smoking cessation



Illustration courtesy of Missouri Botanical Garden ©1995-2005. <http://www.illustratedgarden.org/>



LONG-TERM (≥ 6 month) QUIT RATES for AVAILABLE CESSATION MEDICATIONS



Data adapted from Silagy et al. (2004). *Cochrane Database Syst Rev*; Hughes et al., (2004). *Cochrane Database Syst Rev*; Gonzales et al., (2006). *JAMA* and Jorenby et al., (2006). *JAMA*



COMBINATION PHARMACOTHERAPY

Reserve for patients unable to quit using monotherapy.

- **Combination NRT**

- Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

PLUS

- Short-acting formulation (gum, lozenge, inhaler, nasal spray)

- Allows for acute dose titration as needed for withdrawal symptoms

- **Bupropion SR + NRT**

- **The safety and efficacy of combination of varenicline with NRT or bupropion has not been established.**

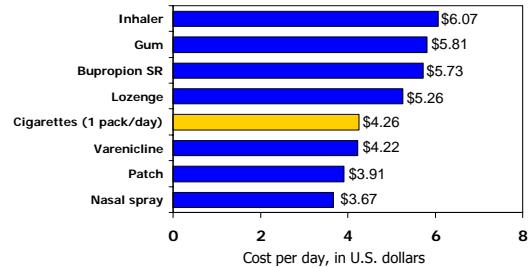


COMPLIANCE IS KEY to QUITTING

- Promote compliance with prescribed regimens.
- Use according to dosing schedule, NOT as needed.
- Consider telling the patient:
 - "When you use a cessation product it is important to read all the directions thoroughly before using the product. The products work best in alleviating withdrawal symptoms when used correctly, and according to the recommended dosing schedule."



COMPARATIVE DAILY COSTS of PHARMACOTHERAPY



WORKSHOP: CASE SCENARIOS



LEARNING FORMAT

- Case scenarios
- Range of 1–15 minutes for each interaction
- Two roles
 - Clinician
 - Patient



LEARNING FORMAT (cont'd)

- Break into groups of two
- Alternate roles as the clinician and the patient
- Class discussion following each case



The CLINICIAN

- Brief description of the patient and the setting
- Tailor your messages based on each patient's needs and readiness
 - **Step 1: ASK** about tobacco use
 - **Step 2: ADVISE** patient to quit
 - Clear, strong, personalized, sensitive
 - **Step 3: ASSESS** readiness to make a quit attempt



The CLINICIAN (cont'd)

- **Step 4: ASSIST** with the quit attempt
 - Assess tobacco use history
 - Assess key issues for the upcoming or current quit attempt
 - Help patient to choose methods for quitting and facilitate the quitting process
- **Step 5: ARRANGE** follow-up care
 - Schedule a time to either meet or call patient



The CLINICIAN (cont'd)

A few helpful hints...

- Use ACTIVE listening and open-ended questions
- Show EMPATHY
- EXPLORE patients' history, beliefs, motivations, and perceived barriers prior to making recommendations; consider cost issues
- RESIST temptation to move patients too quickly
- Refer to *TOBACCO CESSATION COUNSELING GUIDESHEET*



The PATIENT

- Brief description of the patient and the setting
- General guidelines for responses to clinician's queries



SUMMARY: CASE SCENARIOS

- Use this class time to apply your new knowledge and practice your new counseling skills.
- Many of the counseling skills learned in the *Rx for Change* program can be applied to behaviors other than tobacco use
- Don't wait too long to apply your new skills in the "real world"