PATIENT ENCOUNTER #1

"But I've tried everything. None of these quit smoking medicines ever work for me!"

PATIENTS WHO HAVE RELAPSED AFTER USING MEDICATIONS

- **Step 1: Ask**
  - "What medications have you tried in the past?"
  - "Tell me how you used them."
  - "Did you receive any professional advice or enroll in a quitting support program?"
  - IF YES: "Tell me what you liked, or didn’t like, about it."
  - IF NO: "What are your thoughts about enrolling in a formal quitting program this time?"

- **Step 2: Advise**
  - "The best way to quit is to combine a smoking cessation medication with a support program."

  For patients who are willing to use medication(s):
  - Conduct a tobacco use history; determine viable treatment options
  - Consider patient preferences, insurance coverage, and cost

PATIENTS WHO HAVE RELAPSED AFTER USING MEDICATIONS

- **Step 2: Advise (cont’d) and Assist**
  - Patients with previous failed quit attempts using medication(s) for cessation
    - Prior medication used incorrectly:
      - Carefully review usage instructions / emphasize adherence (daily / duration)
    - Prior medication used correctly, well-tolerated, appeared to have been effective:
      - Consider repeating same medication in combination with an enhanced behavioral support program

- **Step 2: Advise and assist (cont’d)**
  - Prior medication used correctly but did not control withdrawal symptoms, or patient prefers a different medication:
    - Review alternative options
    - Emphasize importance of the behavioral aspects of quitting
    - Promote adherence (daily use and full duration of therapy)
“Drugs don’t work… in patients who don’t take them.”

C. Everett Koop, MD
U.S. Surgeon General, 1982-1989

Medication adherence should be addressed at each encounter.

The 5 A’s

- **ASK**
- **ADVISE**
- **ASSESS**
- **ASSIST**
- **ARRANGE**


**PATIENT ENCOUNTER #2**

“Don’t understand…how will a quitline help me to stop smoking? How does it work?”

**WHAT ARE TOBACCO QUITLINES?**

- Tobacco cessation counseling program, provided at no cost via telephone
- Up to 4–6 personalized sessions (varies by state)
- Staffed by highly trained specialists
- Some state quitlines offer pharmacotherapy at no cost (or reduced cost)
- 28.1% success rate for patients who use the quitline and a medication for cessation (vs 12.7% for quitline use alone)*


Quitlines have broad reach and are recommended as an effective strategy in the Clinical Practice Guideline.

**WHEN a PATIENT CALLS the QUITLINE**

- Caller is routed to language-appropriate staff
- Brief Questionnaire
  - Contact and demographic information
  - Smoking behavior
- Choice of services
  - Individualized telephone counseling
  - Quitting literature mailed within 24 hrs
  - Referral to local programs, as appropriate

The Tobacco Quitline is a formal cessation program, with multiple sessions. It is NOT a crisis hotline.

**BRIEF COUNSELING: ASK, ADVISE, REFER**

- **ASK** about tobacco USE
- **ADVISE** tobacco users to QUIT
- **REFER** to other resources
  - **ASSIST** patient receives assistance from other resources, with follow-up counseling arranged
  - **ARRANGE**

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MAKE a COMMITMENT...

Address tobacco use
with all patients.

At a minimum,
make a commitment to incorporate brief tobacco interventions as part of routine patient care.

Ask, Advise, and Refer.

PATIENT ENCOUNTER #3

Your health screening intake form for Greg reveals that he is a 54 yo male with controlled HTN, hyperlipidemia, depression, chronic rhinitis

Current medications:
- Valsartan 80mg QAM for HTN
- Atorvastatin 40mg QAM for hyperlipidemia
- Bupropion XL 300mg QAM for depression
- Fluticasone (50mcg/spray), 1 spray in each nostril QAM

At a minimum, make a commitment to incorporate brief tobacco interventions as part of routine patient care.

Ask, Advise, and Refer.

KEY CONSIDERATIONS FOR GREG

- Tobacco use history:
  - Current use: 25 cigarettes/day x 25 years
  - No other forms of tobacco or vaping
  - Smokes within 20 min of waking
  - Previous quit attempts: “many” (cold turkey, gum, patch)
  - Longest duration tobacco-free: 2 weeks (patch)
  - Last quit attempt, 10 months ago (patch only)
  - Reasons for relapse: withdrawal, other smokers

KEY CONSIDERATIONS (cont’d)

- Key issues for upcoming quit attempt:
  - Reasons, motivation for wanting to quit: worsening CVD
  - Father died young, of an acute MI
  - Caffeine: 2 cups of coffee in the morning, 1 cola with lunch and dinner

  Importance, Readiness, and Confidence ratings:
  - Importance of quitting: 10
  - Readiness to quit: 10
  - Confidence for quitting: 9

SCREENING CONSIDERATIONS: HIGH-RISK PATIENTS

- Cardiovascular disease with:
  - Myocardial infarction in past 2 weeks
  - History of arrhythmias or irregular heartbeat
  - Unstable angina or chest pain with strenuous activity
  - History of mental health disorder(s) AND is perceived to not be stable
  - Pregnant or planning to become pregnant (N/A)

If YES – Consult with or refer Greg to a primary care provider, psychiatrist, or other provider, as appropriate.

MEDICATION SELECTION FOR GREG

- Key considerations for medication selection:
  - Previous failed quit attempts with monotherapy (patch, gum)
  - Did not like chewing the gum
  - Challenges adhering with complex regimens
  - Taking bupropion XL 300mg daily for depression x 18 mo
  - Concerned about side effects of varenicline
  - Chronic rhinitis
**DRUG INTERACTION: TOBACCO SMOKE and CAFFEINE**

- Assess caffeine intake from all sources
- Caffeine levels increase ~56% upon quitting
- Challenges:
  - Nicotine withdrawal effects may be enhanced by increased caffeine levels
  - Insomnia can be due to ↑ caffeine levels or a side effect of a smoking cessation drug (e.g., 24-hr nicotine patch, bupropion SR, varenicline)
- Recommendations:
  - Decrease caffeine intake when quitting
  - Stop consumption by early afternoon for individuals with a typical bedtime

**GREG’S QUESTION**

“Chantix...isn’t that the drug with all the horrible side effects?”

**COMBINATION NRT**

**Combination NRT**

- Long-acting formulation (patch)
  - Produces relatively constant levels of nicotine
  - PLUS
  - Short-acting formulation (gum, inhaler, lozenge, nasal spray)
    - Allows for acute dose titration as needed for nicotine withdrawal symptoms

**GREG at 14-DAY FOLLOW-UP**

“I’ve been having a hard time sleeping – do you think that’s the Chantix?”

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**Articles**


**Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial**

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**FDA Drug Safety Communication**

FDA revises description of mental health side effects of the stop-smoking medicines Chantix (varenicline) and Zyban (bupropion) to reflect clinical trial findings.

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Which of the following might be contributing to Greg’s insomnia?

A. Bupropion XL – unlikely, he has been on this medication for 18 months
B. Varenicline – possible, insomnia occurs in 13% of patients
C. Drug interaction between tobacco smoke and caffeine – likely, if he is still consuming caffeine
D. Nicotine withdrawal symptoms – can cause insomnia (see graph)

NICOTINE WITHDRAWAL SYMPTOMS: Time Course* and Management

- Most symptoms manifest within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.

CESSATION APPROACHES for ENDS
LIMITED EVIDENCE to GUIDE TREATMENT

- Behavioral counseling
- Pharmacotherapy
  - Nicotine replacement therapy
    - If patient has switched from smoking to vaping: start with pre-vaping # cigarettes/day and TTFC to guide initial dosing
    - If user has only vaped nicotine: Estimate nicotine intake
      - 220 mg/day, start with 21 mg patch
      - 120 mg/day, start with 14 mg patch
      - Add short-acting NRT for break-through
    - Early follow-up to assess response and adjust dosing as needed
  - Varenicline or Bupropion SR

SUMMARY

- There are two parts to smoking and there are two parts to quitting.
- The 5 A’s is an appropriate framework for comprehensive tobacco cessation counseling.
- In the absence of time or expertise...
  - Ask about tobacco use
  - Advise patients to quit
  - Refer patients to the tobacco quitline or other resources for assistance and follow-up