ASK EVERY PATIENT ABOUT SMOKING STATUS

Ask every patient about smoking status at every office visit.

Most will give a direct answer, which can be noted with a line or sticker on the front sheet of the medical record:

Tobacco Use (*Circle One*):

Current Former Never

Some patients may at first be uncomfortable telling their doctors they smoke — persons with known heart, vascular, or lung disease and pregnant women, for example. Open-ended questions often work better with these patients.

Is the Patient Addicted?

Counseling and (unless contraindicated) pharmacotherapy should *always* be offered to addicted smokers. Strongly addicted patients have a high risk of relapse and may need prolonged treatment.

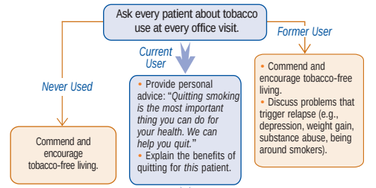
To assess addiction, ask:

How long after waking up do you light your first cigarette?

A person who lights up within an hour is almost certainly strongly addicted.

(*This question is the single best predictor of addiction and the need for intensive treatment.)*

BRIEF COUNSELING FOR TOBACCO CESSATION



Adapted with permission, with modification, from Rigotti NA. Clinical practice. Treatment of tobacco use and dependence. *N Engl J Med* 2002;346:506-512.

SUGGESTED REGIMENS FOR SMOKING CESSATION

Patient Characteristics*†	Nicotine Replacement Therapy	Sustained-Release Bupropion	Counseling
• Not addicted • No complicating factors	*Ad libitum* (gum, spray, lozenge, and/or inhaler)	Not usually	Phone, Web-based, or optional group counseling
• Addicted • No complicating factors • First quit attempt with clinical assistance	Patch	Usually	Group or individual counseling if willing, ideally with 4 or more sessions of at least 10 minutes each; otherwise phone or Web-based
• Addicted • Either complicating factors or prior failed quit attempts despite NRT/Bupropion SR	Patch AND *ad libitum* (gum, spray, lozenge, and/or inhaler)	Strongly consider unless contraindicated	Strongly encourage group or individual counseling of 4 or more sessions of at least 10 minutes each

All patients should be given quit tips, educational materials, and phone numbers and Web sites for support.

* Addiction: Patients who smoke 10 or more cigarettes a day are addicted. Smoking 15 or more a day, or lighting up within an hour of waking indicates strong addiction.

† Complicating factors: Depression, mental illness, substance abuse, significant life stress (e.g., job change, divorce, personal loss).

AMOUNT OF LIFE SMOKERS LOSE

- Each cigarette shortens life by 11 minutes.
- Each pack of cigarettes shortens life by 3½ hours.
- Smokers who die of tobacco-related disease lose, on average, 14 years of life.

GIVE YOUR PATIENT REASONS TO QUIT

- **Reduce your risk of:**
  - Heart attack, stroke, and coronary heart disease.
  - Cancers of the mouth, larynx, esophagus, lung, blood, stomach, pancreas, bladder, kidney, urethra, cervix, colon.
  - Emphysema, bronchitis, asthma, and pneumonia.
  - Blindness, aortic aneurysm, and infertility (women).
- **Reduce the chance that:**
  - Your children will develop or suffer from worsened asthma, middle-ear infections, and bronchitis.
  - Your family will develop cancer, heart disease, and other illnesses caused by second-hand smoke.
  - Your children will smoke.
- **More money in your pocket!**

QUIT TIPS TO GIVE YOUR PATIENTS

1. Write down your reasons for quitting. Look at the list often for support.

2. Consider nicotine replacement products and other medication.

- Nicotine replacement therapy and medication such as bupropion ease irritability, depressed mood, difficulty concentrating, insomnia, and smoking urges.
- Even without drugs, withdrawal symptoms usually peak the first week, last 2 to 4 weeks, and then subside.

3. Identify smoking triggers.

- Alcohol, other smokers, caffeine, and stress (including time pressure) are common triggers.
- Establish a smoke-free home.

QUIT TIPS TO GIVE YOUR PATIENTS

4. Identify coping strategies.

- Keep busy.
- Stay in non-smoking areas.
- Drink lots of water.
- Exercise to relieve stress, elevate mood, and improve health. Try a daily, 30-minute, brisk walk.

5. Set a quit date and prepare for it.

- Discard cigarettes, lighters, and ashtrays at home and in the car.
- Choose a "normal" quit date (no vacations/holidays, major work deadlines, or big life events such as weddings, moving, etc.).

6. Get support.

- Get a "quitting buddy."
- For help, including free or low-cost counseling and other services, call 311

EVERYBODY LOVES A QUITTER.

City Health Information

The New York City Department of Health and Mental Hygiene

Treating Nicotine Addiction

- Ask every patient about smoking status. *Advise every smoker to quit.*
- Provide brief counseling and pharmacotherapy to help patients become tobacco free.
- Educate patients about the risk of second-hand smoke to their families.
- Encourage a smoke-free home.

Just 3 to 5 minutes of firm, positive counseling by a clinician *doubles* quit rates. When consistent counseling is combined with pharmacotherapy, long-term quit rates rise to up to 30%.

This pocket guide provides quick reference on treating nicotine addiction. *For more information, see:*

McCord CW, Silver LD, Abedin RU, Bassett MT, Frieden TR. Treating Nicotine Addiction. *City Health Information. 2005;24(4):21-28.*

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NYC Health nyc.gov/health

Michael R. Bloomberg *Mayor*

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DRUGS FOR NICOTINE ADDICTION

Product	Daily Dose	Common Adverse Effects	Advantages	Disadvantages
NICOTINE REPLACEMENT THERAPY				
Transdermal Patches **Nicotine patch** (Generic) **Nicoderm CQ*** **Habitrol*** **Nicotine Patch** (Generic) **Nicotrol***	**Start on quit date** **Standard Administration Regimens (Optional)** **Option 1:** **Duration** Step 1. 21 mg/24 hrs 2-4 wks Step 2. 14 mg/24 hrs 2 wks Step 3. 7 mg/24 hrs 2 wks (Those smoking <10 cigarettes per day or weighing <100 lbs should begin with Step 2)** **Option 2:** Step 1. 15 mg/16 hrs 2-4 wks Step 2. 10 mg/16 hrs 2 wks Step 3. 5 mg/16 hrs 2 wks (Those smoking <10 cigarettes per day or weighing <100 lbs should begin with Step 2)**	• Skin irritation • Insomnia	• Provides steady levels of nicotine • Easy to use • Unobtrusive • No prescription needed • FDA-approved for tobacco cessation	• Dose not adjustable if cravings occur • Slower release than other NRT products

Gums
Nicotine polacrilex gum (Nicorette*)
 	
2 mg (< 25 cigarettes/day)
 	
4 mg (25 cigarettes/day)
	Start on quit date
	• 1 piece/hr; 24 pieces/day max
	• Gum is chewed slowly until nicotine is released
	  ◦ Gum then placed inside cheek
	  ◦ Repeat sequence for 30 mins/piece until taste dissipates
	• Acidic beverages (coffee, soft drinks) inhibit absorption; avoid 30 min before and during chewing
		• Mouth irritation
		• Sore jaw
		• Dyspepsia
		• Hiccups
			• User controls dose
			• Relieves oral cravings
			• No prescription needed
			• FDA-approved for tobacco cessation
				• Proper use required (*see dosage*)
				• No eating/drinking during use
				• Can damage dental work
				• May be difficult for denture wearers

Inhalers **Vapor inhaler** (Nicotrol Inhaler*)	**Start on quit date** 6–16 cartridges/day (delivered dose, 4 mg/cartridge)	• Mouth and throat irritation • Cough	• User controls dose • Simulates smoking • FDA-approved for tobacco cessation	• Frequent puffing needed • Use is evident
Sprays **Nasal spray** (Nicotrol NS*)	**Start on quit date** 1–2 doses/hr (1 mg total; 0.5 mg in each nostril) (maximum, 40 mg/day)	• Nasal irritation • Sneezing • Cough • Tearing (These adverse effects dissipate the first week)	• User controls dose • Quickest and highest nicotine delivery among NRT products • FDA-approved for tobacco cessation	• More adverse effects than other NRT products • Use is evident
Lozenges **Nicotine polacrilex lozenge** (Commit*) • 2 mg (pts who smoke 1st cigarette 30 min after waking) • 4 mg (pts who smoke 1st cigarette < 30 min after waking)	**Start on quit date** 9–20 lozenges/day for first 6 weeks, then gradually decrease dose	• Insomnia • Nausea • Hiccups • Coughing • Heartburn • Headache	• User controls dose • Easy to use • Simulates smoking • No prescription required • FDA-approved for tobacco cessation	• Initial unpleasant taste • No eating/drinking 15 min before use • Lozenge must be sucked, not chewed or swallowed
NON-NICOTINE THERAPY				
Sustained-release bupropion (Zyban* or Wellbutrin SR*) ***Can be used w/NRT***	**Option 1:** **Start 2 wks before quit date** 150 mg/day for 3 days, then 150 mg twice a day. **Duration** 7-12 week course, can be maintained up to 6 months if successful. **Option 2:** (Fewer adverse effects, better tolerated in older pts) **Start 1-2 wks before quit date** 150 mg q AM	• Insomnia • Dry mouth • Agitation	• Easy to use (pill) • No exposure to nicotine • Suitable for cardiac pts • FDA-approved for tobacco cessation • Effective in pts with a hx of depression	• Use w/caution in pts on levodopa and other seizure threshold-lowering drugs • Not for use w/MAOIs • Not for use by pts w/eating disorders
Nortriptyline • Not FDA-approved for tobacco cessation • May be considered in pts after failure of first-line treatments***	• **Start 10–28 days before quit date** 25 mg/day • Increase dose as tolerated: 75–100 mg/day	• Dry mouth • Sedation • Dizziness • Tremor	• Easy to use (pill) • No exposure to nicotine • Effective in pts with a hx of depression	• Adverse effects limit use • Use w/caution in cardiac pts • Risk of overdose
Clonidine • Not FDA-approved for tobacco cessation • May be considered in pts after failure of first-line treatments***	**Start 2 days before quit date** 0.1– 0.3 mg twice a day Taper gradually before stopping	• Dry mouth • Sedation • Dizziness • Hypotension • Rebound hypertension when stopped	• No exposure to nicotine • Inexpensive	• Adverse effects limit use

*Use of brand names is for information only and does not imply endorsement by the New York City Department of Health and Mental Hygiene.

**Variable dosage options available. Another alternative is initial therapy for 6 weeks. NRT patches used longer than 3 months have not been demonstrated to be useful. Dosage may need to be adjusted based on withdrawal symptoms/cravings (prescribe higher dosage) or adverse effects (prescribe lower dosage).

***Public Health Service (PHS). Treating tobacco use and dependence. Rockville Md: U.S. Department of Health and Human Services, June 2000.

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FREE OR LOW-COST HELP TO QUIT

Call 311 for

- A list of quit-smoking clinics in New York City, or visit: www.nyc.gov/html/doh/pdf/smoke/smoke-cess1.pdf
- The Smokers' Quitline (phone counseling and referrals) Or call direct toll-free: 1-866-NY QUITS (1-866-697-8487)

Additional Online Support

- **Centers for Disease Control and Prevention:** www.cdc.gov/tobacco/how2quit.htm
- **American Lung Association:** www.lungusa.org

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