


Smoking Cessation



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Goals

- Understand the Societal impact of **Smoking**
 - Smoking Cessation:
 - **The 5 A Model** - Ask, Advise, Assess, Assist, Arrange
 - Review **The Stages of Change**
 - Review smoking cessation **Pharmacotherapy**
- 



Disclaimer

I have **NO** personal financial relationship with any manufacturer of products or services that will be discussed in this lecture.



Societal Impact of Smoking



Smoking

Smoking Facts

- **Smoking is the most important preventable cause of morbidity and premature mortality Worldwide**
- **438,000** Americans die each year from smoking related diseases
- Smoking is responsible for **more than one in five US deaths**
- About **1/2 of all regular smokers will die** from the addiction
- Smoking costs the United States **\$193 billion** in 2004
- Cigarette smoke contains over 4800 chemicals, of which **69** are known to cause cancer
- Smoking is directly responsible for **90% of the 161,000 Lung Cancer deaths**
- Smoking is directly responsible for **80-90% of the 127,000 COPD deaths**
- Smoking is major risk factor for Coronary artery disease, stroke, and lower respiratory infections



Smoking

Smoking Facts

- **Smoking reduces the normal life expectancy by an average of 13-15 years**
- **8.6 million Americans have a smoking related illness**
- **This means that for every 1 American who dies from smoking related disease, there are 20 more people who suffer from a smoking related disease**



List of diseases caused by smoking

COPD

Coronary Artery Disease

- **60 % Higher Risk of dying from heart attack in smokers over 65** than non smokers

Stroke

- **Men** over 65 who smoke are **twice as likely to die from stroke** than non smokers
- **Women** over 65 who smoke are **1 ½ times as likely to die from stroke** than non smokers

AAA

Acute Myeloid Leukemia

Cataracts → **2-3 times the risk higher in smokers**

Pneumonia

Periodontitis

Bladder cancer

Esophageal cancer

Laryngeal cancer

Lung cancer

Oral cancer

Throat cancer

Cervical cancer

Kidney cancer

Stomach cancer

Pancreatic cancer

Infertility

Peptic Ulcer Disease

Slow wound healing

Dementia / Alzheimer's

- **Smokers have far greater chance of developing dementia than nonsmokers**



Smoking

➤ Worldwide

- Tobacco is leading cause of preventable death worldwide
- Tobacco kills more than HIV/AIDS, Tuberculosis, and Malaria
COMBINED
- Tobacco responsible for **5 million deaths each year** and will increase to **8 million / year in 2030**
- Tobacco was responsible for **100 million deaths in the 20th Century**
- With current usage, tobacco could **kill 1 billion people in the 21st Century**
- **48% Men versus 10% Women smoke**
- **China**: **63% Men versus 3.8% Women** → **300 million people smoke in China which is more than the entire US population**



Smoking

Smoking Facts

- **45.3 million** Americans (**20.6 % of adults**) were current smokers in 2006
- **45.7 million** Americans were former smokers in 2006

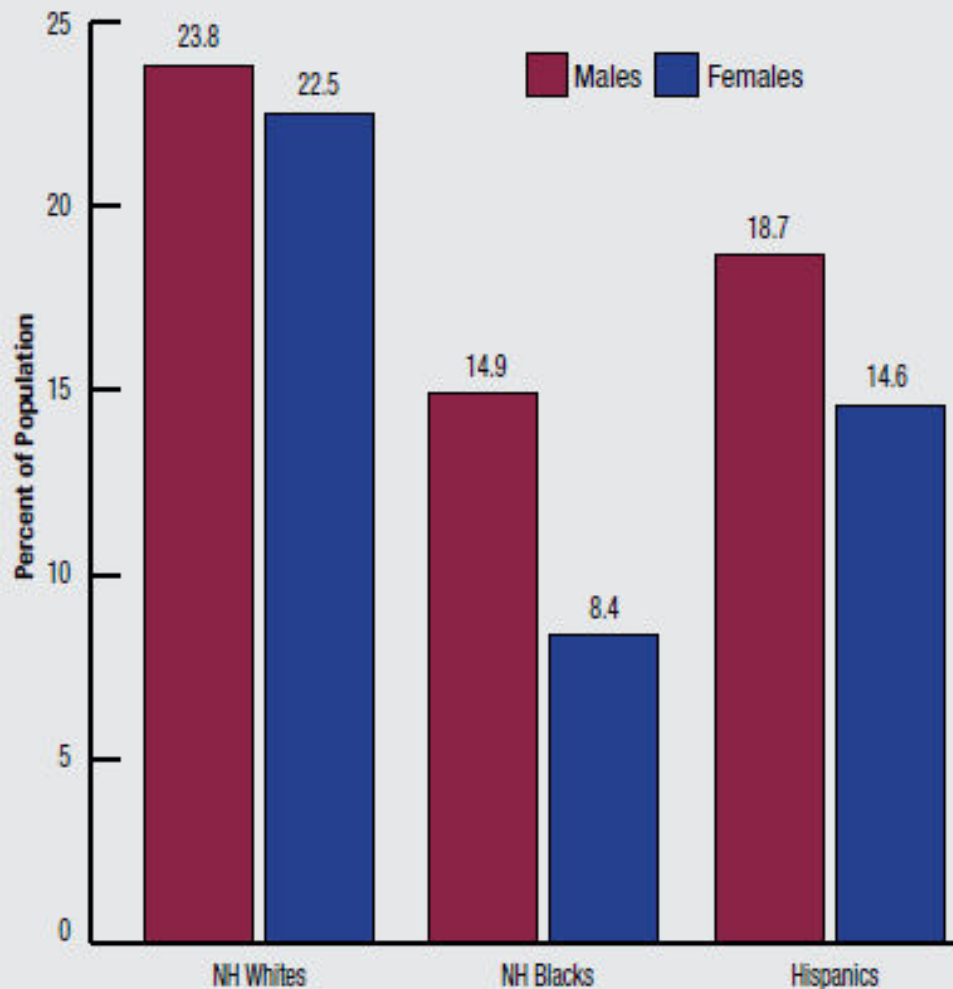
- Prevalence of smoking decreased 40% between 1965 and 1990, but has been **UNCHANGED** since
 - Males 23.6%
 - Females 17.8%
 - American Indians/ Alaskan Natives 32.2%
 - Whites 21.8%
 - Blacks 22.6%
 - Hispanics 15.1%
 - Asians 10.3%

- High school students **smoking** trend is alarming: data from 2004 →
 - **Hispanics 26.2%**
 - **African Americans 17.1%**
 - **Whites 31.5%**



Prevalence of Students in Grades 9–12 Reporting Current Cigarette Use by Sex and Race/Ethnicity

YRBS: 2007



Source: *MMWR Surveill Summ.* 2008;57:1-131.
NH indicates non-Hispanic.

2007

20% high school students were smokers

6% middle school students were smokers



Smoking

Smoking Facts

- 2005: **Advertising** by the 5 major tobacco companies totaled **\$13.1 billion** → **\$35 million / day**
- **90%** of adults who smoke start by the age of 21
- **50%** became regular smokers by the age of 18
- **Average youth in the US is annually exposed to 559 tobacco ads**
 - 617 tobacco ads for every adult female
 - 892 tobacco ads for every adult African American



Smoking

➤ Smoking in Pregnancy

- Smoking accounts for 20-30% of low birth weight
 - 14% of preterm deliveries
 - 10% of all infant deaths
 - **10.7% of women smoked during pregnancy in 2005** (down 45% from 1990)
 - Neonatal health-care costs attributed to maternal smoking is **\$366 million per year**
-
- Mothers who smoke can pass nicotine to their children through breast milk



Second Hand Smoke

- Described by the EPA as a known human **Group A carcinogen**
- Contains **more than 250 toxic or cancer causing chemicals**, including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide
- Current Surgeon General report concluded that there is **NO risk free level** of exposure to secondhand smoke
- Second hand smoke even in short exposures can cause platelets to become stickier, damage blood vessel lining, decrease coronary flow velocity, and reduce heart rate variability → all of these can increase the risk of a heart attack
- **3,400 lung cancer deaths / year**
- **46,000 heart disease deaths / year**



Smoking

➤ Smoking by Parents

➤ Exacerbation of asthma

→ 400,000 – 1,000,000 asthma episodes per year

➤ Increased frequency of colds and ear infection

→ 790,000 ear infections per year

➤ Increased risk of respiratory infections

→ 150,000 - 300,000 lower respiratory infections per year

➤ Increased frequency of Sudden Infant Death Syndrome

→ 430 cases per year

➤ 21 million or 35% of children live with smokers on a regular basis



Smoking

Cigar smoking

- 5.8% or 12.8 million Americans were current cigar smokers in 2005
- 10.1% or 10.6 million of men
- 1.7% or 2 million of women
- 2007: 13.6% high school students (19.4% of boys and 7.6% of girls)
- 2004: 5.3% of middle school students

- Cigars contain the same addictive and carcinogenic compounds as cigarettes
- A single large cigar can contain as much tobacco as an entire pack of cigarettes

- Cigar smoking causes
 - Lung Cancer
 - Oral Cavity Cancer
 - Larynx Cancer
 - Esophageal Cancer
 - Pancreatic Cancer
 - COPD



What to do about Smoking

- WHO proven policies for effective tobacco control
 - Raising taxes and prices
 - Price of cigarettes has very significant effect on youth smoking → every 10% increase in price decreased youth consumption by 7%
 - Banning advertising, promotion and sponsorship
 - Protecting people from secondhand smoke
 - Warning everyone about the dangers of tobacco
 - Offering help to people who want to quit
 - Carefully monitoring the epidemic and prevention policies



Smoking Cessation

- Quitting often requires multiple attempts
- Cutting down on cigarettes but not quitting **DOES NOT** reduce mortality risks from tobacco related illnesses
- **Only 5% long term success with quitting “cold turkey”**
- Counseling and medication in combination is more effective than either one alone
- There are 7 FDA approved medications to aid in quitting smoking



5 A Model



5 A Model

ASK

Systematically identify all tobacco users at every visit.

ASK **every** patient about tobacco use in **every** office visit.

In fact, the likelihood of successful quitting begins to increase only after the **fourth** attempt to stop smoking.

ADVISE

Advise all smokers to quit smoking.

Advice should be **CLEAR**.

Advice should be **STRONG**.

Advice should be **PERSONALIZED**.



Good Reasons to Stop Smoking

For Teenagers

- Bad breath
- Stained teeth
- Cost
- Lack of independence – controlled by cigarettes
- Cough
- Dyspnea affecting sports
- Frequent respiratory infections

For Pregnant Women

- Increased rate of spontaneous abortion and fetal death
- Increased risk of low birth weight

For Parents

- Increased coughing and respiratory infections among children of smokers
- Poor role model for child

For New Smoker

- Easier to stop now

For Long-Term Smokers

- Decreased risk of heart disease and cancer if you stop

For Family History of Heart Disease, Cancer, Etc.

- Risk of death increased even more by smoking

For Asymptomatic Adults

- Twice the risk of heart disease
- Six times the risk of emphysema
- Ten times the risk of lung cancer
- 5-8 years shorter lifespan
- Cost of cigarettes
- Cost of sick time
- Bad breath
- Less convenient and socially unacceptable
- Wrinkles

For Symptomatic Adults

Correlate current symptoms with:

- Upper respiratory infections, cough
- Sore throats
- Dyspnea
- Ulcers
- Angina
- Claudication
- Osteoporosis
- Esophagitis
- Gum disease

For Any Smoker

- Money saved by stopping
- Feel better
- Improved ability to exercise
- May live long enough to enjoy retirement, grandchildren, etc.
- May be able to work more, with less illness



Smoking Cessation

Benefits

- **20 minutes after last cigarette:**
blood pressure decreases; pulse rate drops; and body temperature increases
- **8 hours after quitting:**
carbon monoxide level in blood drops to normal; oxygen level in blood increases to normal
- **24 hours after quitting:**
chance of a heart attack decreases
- **48 hours after quitting:**
nerve endings start regrowing; ability to smell and taste is enhanced
- **2 weeks to 3 months after quitting:**
circulation improves; walking becomes easier; lung function increases
- **1 to 9 months after quitting:**
coughing, sinus congestion, fatigue, shortness of breath decreases



Smoking

Benefits

- 1 year after quitting:
excess risk of coronary heart disease is decreased to half that of a smoker
- 5 to 15 years after quitting:
stroke risk is reduced to that of people who have never smoked
- 10 years after quitting:
risk of lung cancer drops to as little as one-half that of continuing smokers
risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases
risk of ulcer decreases
- 15 years after quitting:
risk of coronary heart disease is now similar to that of people who have never smoked
risk of death returns to nearly the level of people who have never smoked



Smoking Cessation

Life Expectancy Benefit

➤ Quit at age 35 years

➤ Increase in life expectancy versus those who continue to smoke:

➤ 6.9 to 8.5 years for men

➤ 6.1 to 7.7 years for women

➤ Quit at age 45 years

➤ Increase in life expectancy versus those who continue to smoke:

➤ 5.6 to 7.1 years for men

➤ 5.6 to 7.2 years for women

➤ Quit at age 55 years

➤ Increase in life expectancy versus those who continue to smoke:

➤ 3.4 to 4.8 years for men

➤ 4.2 to 5.6 years for women

➤ Quit at age 65 years

➤ Increase in life expectancy versus those who continue to smoke:

➤ 1.4 to 2.0 years for men

➤ 2.7 to 3.7 years for women



5 A Model

ASSESS – The Stages of Change

- *Behavior change is rarely a discrete, single event; the patient moves gradually from being uninterested (precontemplation stage) to considering a change (contemplation stage) to deciding and preparing to make a change (action).*



Stages of Change

Precontemplation Stage

During the precontemplation stage, patients do not even consider changing. Patients may be resigned, have feeling of no control, and believe consequences are not serious. Smokers who are "in denial" may not see that the advice applies to them personally.

Contemplation Stage

During the contemplation stage, patients are ambivalent about changing. Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain. During this stage, patients assess barriers (e.g., time, expense, hassle, fear, "I know I need to, doc, but ...") as well as the benefits of change.

Preparation Stage

During the preparation stage, patients prepare to make a specific change. They may experiment with small changes as their determination to change increases. For example, switching to a different brand of cigarettes signals that they have decided a change is needed.

Action Stage

The action stage is the one that most physicians are eager to see their patients reach. Many failed New Year's resolutions provide evidence that if the prior stages have been glossed over, action itself is often not enough. Any action taken by patients should be praised because it demonstrates the desire for lifestyle change.

Maintenance and Relapse Prevention

Maintenance and relapse prevention involve incorporating the new behavior "over the long haul." Discouragement over occasional "slips" may halt the change process and result in the patient giving up. However, most patients find themselves "recycling" through the stages of change several times before the change becomes truly established.

Stages of Change

Interventions

GOAL:

Identify the stage of change and engage patient in a process to move to the next stage.

Start with brief and simple advice:

Some patients WILL change their behavior at the directive of their physician.

Employ **Motivational interviewing**

Incorporates empathy and reflective listening with key questions.
So that physicians are patient-centered AND directive.

Action/Maintenance

Continue to ask about successes and difficulties.
Be generous with praise and admiration.

Relapse

Support patients; re-engage efforts; set realistic goals; acknowledge positive steps

Stages of Change

Patient Resistance

Physician has moved too far ahead of the patient in the change process.

Precontemplation: Shift back to empathy and thought-provoking questions.

Contemplation: Develop/maintain positive relationship; personalize risk factors.

The 5 R Model – Tobacco Users Unwilling to Quit

Relevance

Risks

Acute risks / Long-term risks / Environmental risks

Rewards

Improved health / Food taste better / Better sense of smell / Save \$
Set a good example for children / Healthier babies and children
Feel better physically / Perform better in activities / Reduce aging

Roadblocks

Withdrawal / Fear of failure / Weight gain / Lack of support / Depression

Repetition

5 A Model

ASSIST

Set a **QUIT DATE**.

Within 2 weeks

Avoid stopping at high-stress times

Inform family and friends and enlist their understanding/support

Remove cigarettes from your environment

Prior to quitting, avoid smoking in places where you spend time

Review previous quit attempts

Anticipate challenges

TOTAL Abstinence

Avoid alcohol since it is HIGHLY associated with relapse

Other Household smokers

STOP SMOKING CONTRACT



Sample Stop Smoking Contract

QUIT FOR GOOD RX

I agree to stop smoking on

_____ **DATE**

I understand that stopping smoking is the single best thing I can do for my health and that my health professional has strongly encouraged me to quit.

Patient's Signature

Professional' Signature

Today's Date

PharmacoTherapy



Nicotine Patch



The Nicotine Patch:

Description/Availability:

- Nicoderm CQ and Nicotrol - available over the counter.
- Habitrol and Pro-Step – available by prescription only.
- The recommended duration of use is eight to ten weeks.

How Do I Take This Medication:

- You must stop smoking before using the patch!
- Nicoderm CQ** and **Habitrol**: Dosage starts at 21 mg per day for 4 weeks, Then 14 mg per day for 2 weeks, then 7 mg per day for 2 weeks.
- Nicotrol**: Dosage starts at 15 mg/16 hours for 4 weeks, then 10 mg/16hours for 2 weeks, then 5 mg/16 hours for 2 weeks.
- Prostep**: Dosage starts at 22 mg per day for 4 weeks, then 11 mg per day for 4 weeks.
- Patch should be applied immediately upon wakening on your quit date. At the start of each day, place a new patch onto a relatively hairless area on the skin, anywhere between your neck and waist.
- Patches are to be applied once a day. The 24-patch can be removed at night if sleep disturbance is a problem. Alternatively, you could use the 16-hour patch.



Precautions/Contraindications:

-*Pregnancy* - Pregnant smokers should first be encouraged to quit without pharmacologic treatment. The Nicotine Patch should be used during pregnancy only if the likelihood of smoking abstinence, with its potential benefits, outweighs the risk of nicotine replacement and potential concomitant smoking. Similar factor should be considered in lactating women. Talk to your doctor.

-*Cardiovascular Disease* – Nicotine replacement therapy is not an independent risk factor for acute myocardial events. Nicotine replacement therapy should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post heart attack period, those with serious heart arrhythmias, and those with serious or worsening angina.

-The patch should be used with caution in patients with psoriasis, dermatitis (atopic or eczematous), active peptic ulcers, severe renal impairment, accelerated hypertension, hyperthyroidism, pheochromocytoma, or insulin-dependent diabetes mellitus.

Side Effects:

-Up to 50% of patients using the patch will develop a rash (1% hydrocortisone cream can be used to treat the rash). Rotating the patch site location on your body daily will also help prevent a rash.

-Insomnia

Approximate Costs:

\$120 per month

Nicotine Gum



Nicotine Gum:

Description:

Nicotine gum is currently available as an over-the-counter medication in 2 mg and 4 mg dosages.

How Do I Take This Medication:

- You should completely quit smoking before you start using the gum.
- Two Doses are available: 2 mg and 4 mg.
- Recommend 2 mg for those smoking less than 25 cigarettes per day (max 30 pieces per day).
- Recommend 4 mg for those smoking more than 25 cigarettes per day (max 20 pieces per day).
- The gum should be used for up to 12 weeks. Gradual reduction in use is recommended over the last 7-12 weeks.

Chewing Technique:

- It should be chewed slowly until a peppery or minty taste emerges, then “parked” between the cheek and gums. It should be chewed and parked intermittently for 30 minutes.
- Avoid soda, juices, and coffee 15 minutes before or after, as acid inhibits absorption of nicotine.
- Patients are encouraged to use at least 10-12 pieces per day—one every 1-2 hours for at least 1-3 months. This is the dose necessary to relieve withdrawal symptoms (anxiety, irritability, difficulty concentrating, craving, etc).

Precautions/Contraindications:

-*Pregnancy* - Pregnant smokers should first be encouraged to quit without pharmacologic treatment. Nicotine gum should be used during pregnancy only if the likelihood of smoking abstinence, with its potential benefits, outweighs the risk of nicotine replacement and potential concomitant smoking. Similar factor should be considered in lactating women.

-*Cardiovascular Disease* – Nicotine replacement therapy is not an independent risk factor for acute myocardial events. Nicotine replacement therapy should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post heart attack period, those with serious heart arrhythmias, and those with serious or worsening angina.

-The gum may not be right for you if you have active peptic ulcer disease, malignant hypertension, hyperthyroidism or insulin dependent diabetes (ask your doctor).

Side Effects:

-Jaw Ache

-Hiccups

-Mouth Soreness

-Dyspepsia (indigestion)

All of the above symptoms can be lessened by proper chewing techniques.

-Nausea, vomiting, headache, dizziness, cold sweat, pallor, and weakness are all symptoms of an overdose.

Approximate Costs:

For 2-mg pieces:

\$8.62 for 15

\$13.79 for 24

For 4-mg pieces:

\$6.47 for 10

\$12.93 for 20



Nicotine Lozenge

How to Use the Nicotine Lozenge



If you smoke your first cigarette within 30 minutes of first waking up, use the 4mg. lozenge.

If you smoke your first cigarette more than 30 minutes after waking up, use the 2mg. lozenge.

DIRECTIONS:

- Place the lozenge in your mouth and allow the lozenge to slowly dissolve (about 20-30 minutes). Minimize swallowing. Do not chew or swallow lozenge.
- You may feel a warm or tingling sensation.
- Occasionally move the lozenge from one side of your mouth to the other until completely dissolved (about 20-30 minutes).
- Do not eat or drink 15 minutes before using or while the lozenge is in your mouth.
- To improve your chances of quitting, use at least 9 lozenges per day for the first 6 weeks.
- Do not use more than one lozenge at a time or continuously use one lozenge after another since this may cause you hiccups, heartburn, nausea or other side effects.
- Do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day.
- Stop using the nicotine lozenge at the end of 12 weeks. If you still feel the need to use nicotine lozenges, talk to your doctor.

NOTE:

If you use the 2mg lozenge:

You should switch to the 4mg lozenge or use the 2mg lozenge more often if you have withdrawal symptoms, such as: restlessness, irritability, anxiety, difficulty concentrating, or depressed mood.

If you use the 4mg lozenge:

You should switch to the 2mg lozenge if you have these symptoms: nausea, vomiting, lightheadedness, or palpitations.



Nicotine Inhaler



Using A Nicotine Inhaler:

Description/Availability:

- The nicotine inhaler is only available through prescription.
- It consists of a mouthpiece and a cartridge. The cartridge contains 10 mg of nicotine.
- Each cartridge delivers 4 mg of nicotine via eighty deep inhalations over 20 minutes—2 mg of which are systemically absorbed.
- Recommended dosage is 6 to 16 cartridges per day.

How Do I Take This Medication:

- You should completely quit smoking before you start using the inhaler.
 - For maximum benefit, you should puff frequently. Follow your doctor's directions exactly.
 - Avoid soda, juices, and coffee 15 minutes before and after, as acid inhibits absorption of nicotine.
 - Use is recommended for up to 6 months.
 - Gradual reduction in frequency is recommended over the last three to six months.
- Ambient Temperature* – Delivery of nicotine from the inhaler declines significantly at temperatures below 40F. In cold weather, the inhaler and cartridges should be kept in an inside pocket or warm area.



Precautions/Contraindications:

-*Pregnancy* - Pregnant smokers should first be encouraged to quit without pharmacologic treatment. The Nicotine inhaler should be used during pregnancy only if the likelihood of smoking abstinence, with its potential benefits, outweighs the risk of nicotine replacement and potential concomitant smoking. Similar factors should be considered in lactating women. Talk to your doctor.

-*Cardiovascular Disease* – Nicotine replacement therapy is not an independent risk factor for acute myocardial events. Nicotine replacement therapy should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post heart attack period, those with serious heart arrhythmias, and those with serious or worsening angina.

-Should be used with caution in patients with bronchospastic disease (*asthmatics*), coronary heart disease, vasospastic diseases, hyperthyroidism, pheochromocytoma, insulin-dependent diabetes, active peptic ulcer disease, or accelerated hypertension.

Side Effects:

-Irritation of the mouth or throat—40%

-Coughing—32%

-Rhinitis (inflammation of the nasal mucous membranes)—23%

Approximate Costs:

\$9.71 for 10 cartridges/day

\$15.54 for 16 cartridges/day

Nicotine Spray



Using Nicotine Nasal Spray:

Description/Availability:

- The nasal spray is only available by prescription.
- Each spray delivers 0.5 mg of nicotine. Each bottle contains approximately 100 doses.
- One dose consists of 1 spray in each nostril for a total of 1.0 mg of nicotine.
- Initial dosing should be 1-2 doses per hour, increasing as needed for symptom relief.
- Eight to 40 doses per day is the recommended range.
- Therapy duration is generally between 3-6 months.

How Do I Take This Medication:

- You should completely quit smoking before using the nasal spray.
- You should administer 1 spray to each nostril. Your head should be tilted back slightly when administering.
- To reduce irritating effects, do not sniff, swallow, or inhale through the nose when administering.



Precautions/Contraindications:

-Pregnancy - Pregnant smokers should first be encouraged to quit without pharmacologic treatment. The Nicotine nasal spray should be used during pregnancy only if the likelihood of smoking abstinence, with its potential benefits, outweighs the risk of nicotine replacement and potential concomitant smoking. Similar factors should be considered in lactating women. Talk to your doctor.

-Cardiovascular Disease – Nicotine replacement therapy is not an independent risk factor for acute myocardial events. Nicotine replacement therapy should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post heart attack period, those with serious heart arrhythmias, and those with serious or worsening angina.

-Should be used with caution in patients with coronary heart disease, vasospastic diseases, hyperthyroidism, pheochromocytoma, insulin-dependent diabetes, active peptic ulcer disease, or accelerated hypertension.

-Dependency – Nicotine nasal spray has a dependency potential intermediate between other nicotine-based therapies and cigarettes.

Side Effects:

-Nasal irritation, which decreases in severity with continued use.

-Runny nose

-Throat irritation

-Watering eyes

-Sneezing

-Coughing

Approximate Costs:

Unknown

Bupropion SR (Wellbutrin or Zyban)



Using Bupropion SR (Wellbutrin SR or Zyban SR):

Description:

Bupropion Hydrochloride SR is a quit-smoking medication approved by the Food and Drug Administration (FDA) that doesn't have any nicotine in it. It is available as Zyban (also called Wellbutrin) and only by prescription. You can use it for up to six months. It can also be used with medications that do contain nicotine, called nicotine replacement therapies (NRTs).

How Do I Take This Medication:

- Start taking the medication one to two weeks prior to your quit date.
- Begin with a dose of 150 mg every AM for 3 days, then increase to 150 mg two times a day for the duration of treatment (as determined by your doctor).

Precautions/Contraindications:

- You should not take this medicine if you have had a seizure.
- You should not take this medication if you have had an eating disorder.
- You should not take this medicine if you have used an MAO inhibitor in the past 14 days.
- You should not take this medicine if you are using another form of bupropion.
- You should not take this medication if you have an allergic reaction to bupropion.
- Avoid use with alcohol.
- Pregnancy* – not recommended.
- Nursing Mothers* – not recommended.
- Cardiovascular Disease* – Generally well tolerated; infrequent reports of hypertension.

Side Effects:

- Insomnia—40%
- Dry Mouth—10%

Costs:

- Approximately \$100 per month

Varenicline (Chantix)

Non Nicotine Medications

(Ease Withdrawal Symptoms and Alter Nicotine Receptors in the Smoker's Brain)

- Varenicline 0.5 mg orally once a day for 3 days initial dose THEN
- Varenicline 0.5 mg orally two times a day for 4 days THEN
- Varenicline 1.0 mg orally two times a day for maintenance dose

May use in conjunction with Nicotine Replacement Therapy

PRECAUTIONS and CONTRA-INDICATIONS FOR USE

- Severe renal impairment
- Serious Psychiatric Illness
- Serious or worsening angina pectoris
- Pregnant and Lactating women
- Adolescents (<18 years of age)

Counseling

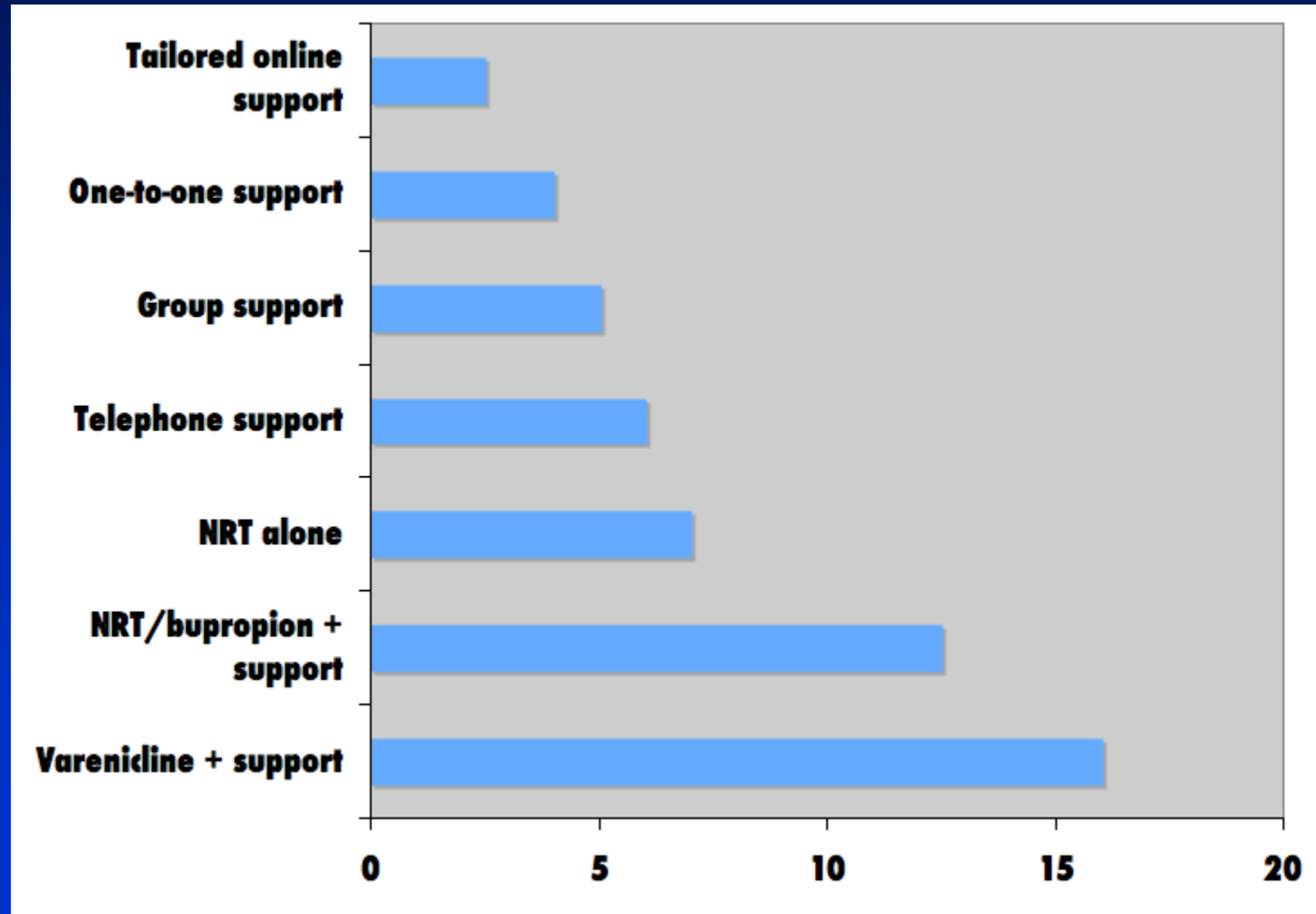
COUNSELING

- Individual counseling – Steve Wood, MA, MFT, CHT, Stress Management Therapist (257 - 4155)

- Group counseling
 - American Lung Association Freedom From Smoking® Program www.ffsonline.org
 - Nicotine Anonymous www.nicotine-anonymous.org
 - Napa County Tobacco Education & Quit Smoking Program - (Peggy Klick, Richard Ybarra)

- Telephone counseling
 - Lung Helpline (1 – 800 – LUNGUSA)
 - Tobacco Quit Line (1 – 800 – QUITNOW)

6 Month Success Rate

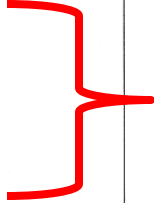
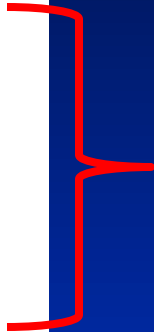


Inpatient Order Set

STAT

NURSES NOTE: PLEASE SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.
PHYSICIANS NOTE: PLEASE DATE, TIME & SIGN ALL ORDERS

DATE	TIME	PHYSICIAN'S ORDERS AND MEDICATIONS (PHYSICIAN'S ORDERS MUST BE SIGNED)
<h3>TOBACCO CARE and CESSATION ORDER SET page 1</h3>		
Patient Education: <input type="checkbox"/> Give <i>Dangers of Smoking and Benefits of Smoking Cessation Handout</i>		
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Allergic to _____		
<h4>Nicotine Replacement Medications (Ease Withdrawal Symptoms)</h4>		
<input type="checkbox"/> Nicotine Gum 2 mg gum chewed every 2 hours < 24 cigarettes day → 2 mg gum		
<input type="checkbox"/> Nicotine Gum 4 mg gum chewed every 2 hours > 24 cigarettes day → 4 mg gum		
<input type="checkbox"/> Nicotine Lozenge 2 mg lozenge orally every 2 hours < 24 cigarettes day → 2 mg lozenge		
<input type="checkbox"/> Nicotine Lozenge 4 mg lozenge orally every 2 hours < 24 cigarettes day → 4 mg lozenge		
<input type="checkbox"/> Nicotine Patch 7 mg, apply new patch daily <10 cigarettes day → 7 mg patch		
<input type="checkbox"/> Nicotine Patch 14 mg, apply new patch daily 10-19 cigarettes day → 14 mg patch		
<input type="checkbox"/> Nicotine Patch 21 mg, apply new patch daily 20-30 cigarettes day → 21 mg patch		
<input type="checkbox"/> Nicotine Patch ___ mg, apply new patch daily 31-40 cigarettes day → 21 mg AND 14 mg patch (35mg)		
<input type="checkbox"/> Nicotine Patch ___ mg, apply new patch daily >40 cigarettes day → two 21 mg patches (42mg)		
<input type="checkbox"/> Nicotine Nasal Spray, 10mg/ml, 1 spray each nostril every hour (Maximum: 5 doses per hour / 40 doses per day)		
<input type="checkbox"/> Nicotine Inhaler 10mg/ml, 1 Cartridge inhaled for 20min every 1-2 hours (Maximum 16 cartridges per day)		
<h4>PRECAUTIONS and CONTRA-INDICATIONS FOR USE</h4>		
<ul style="list-style-type: none">• Recent (<2 weeks) myocardial infarction• Serious underlying arrhythmias• Serious or worsening angina pectoris• Pregnant and Lactating women• Uncontrolled Congestive Heart Failure• Active Peptic Ulcer Disease• Severe Dermatologic Conditions• Adolescents (<18 years of age)		
AUTHORIZATION IS GIVEN FOR DISPENSING GENERIC NAME UNLESS CHECKED HERE → <input type="checkbox"/>		
Read Back by: _____		Date: ____ Time: ____
M.D. Signature: _____		



PATIENT IDENTIFICATION

Queen of the Valley Medical Center
Smoking Cessation Order Set

DRAFT

STAT

NURSES NOTE: PLEASE SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.
PHYSICIANS NOTE: PLEASE DATE, TIME & SIGN ALL ORDERS

DATE	TIME	PHYSICIAN'S ORDERS AND MEDICATIONS (PHYSICIAN'S ORDERS MUST BE SIGNED)
		TOBACCO CARE and CESSATION ORDER SET page 2 Non Nicotine Medications (Ease Withdrawal Symptoms and Alter Nicotine Receptors in the Smoker's Brain) <input type="checkbox"/> Bupropion SR 150 mg tablet orally once a day for 3 days initial dose THEN <input type="checkbox"/> Bupropion SR 150 mg tablet orally two times a day for maintenance dose <i>May use in conjunction with Nicotine Replacement Therapy</i> PRECAUTIONS and CONTRA-INDICATIONS FOR USE <ul style="list-style-type: none">• Seizure disorder• Concomitant therapy with medications known to lower seizure threshold• Severe Hepatic Cirrhosis• Pregnant and Lactating women• Adolescents (<18 years of age)• MAO inhibitor therapy in previous 14 days• Concomitant Wellbutrin therapy• Current or prior diagnosis of bulimia or anorexia nervosa <input type="checkbox"/> Varenicline 0.5 mg orally once a day for 3 days initial dose THEN <input type="checkbox"/> Varenicline 0.5 mg orally two times a day for 4 days THEN <input type="checkbox"/> Varenicline 1.0 mg orally two times a day for maintenance dose <i>May use in conjunction with Nicotine Replacement Therapy</i> PRECAUTIONS and CONTRA-INDICATIONS FOR USE <ul style="list-style-type: none">• Severe renal impairment• Serious Psychiatric Illness• Serious or worsening angina pectoris• Pregnant and Lactating women• Adolescents (<18 years of age)
AUTHORIZATION IS GIVEN FOR DISPENSING GENERIC NAME UNLESS CHECKED HERE → <input type="checkbox"/>		
Read Back by: _____		Date: _____ Time: _____
M.D. Signature: _____		

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DATE	TIME	PHYSICIAN'S ORDERS AND MEDICATIONS (PHYSICIAN'S ORDERS MUST BE SIGNED)
DATE	TIME	PHYSICIAN'S ORDERS AND MEDICATIONS (PHYSICIAN'S ORDERS MUST BE SIGNED)

TOBACCO CARE and CESSATION ORDER SET page 3

CONSULTS

- Case Management
- Discharge Planning
- Give Patient *Discharge Plan Form*
- Pulmonary rehabilitation
- Pulmonology _____
- Respiratory Therapy

COUNSELING

- Individual counseling – Steve Wood, MA, MFT, CHT, Stress Management Therapist (257 - 4155)
- Group counseling
 - American Lung Association Freedom From Smoking® Program www.ffsonline.org
 - Nicotine Anonymous www.nicotine-anonymous.org
 - Napa County Tobacco Education & Quit Smoking Program - (Peggy Klick, Richard Ybarra)
- Telephone counseling
 - Lung Helpline (1 – 800 – LUNGUSA)
 - Tobacco Quit Line (1 – 800 – QUITNOW)

AUTHORIZATION IS GIVEN FOR DISPENSING GENERIC NAME UNLESS CHECKED HERE →

Read Back by: _____

Date: ____ Time: ____

M.D. Signature: _____

PATIENT IDENTIFICATION

Queen of the Valley Medical Center
Smoking Cessation Order Set

DRAFT

Tobacco Cessation Discharge Plan Form

Patient Name: _____

Date of Birth: _____

Contact Number: _____

Discharge plan:

Quit date: _____

Comments:



Medications prescribed:

Nicotine Gum 2 mg gum chewed every 2 hours Nicotine Gum 4 mg gum chewed every 2 hours

Nicotine Lozenge 2 mg lozenge every 2 hours Nicotine Lozenge 4 mg lozenge every 2 hours

Nicotine Patch ___ mg, apply new patch daily

Nicotine Nasal Spray 10mg/ml, 1 spray each nostril every hour

Nicotine Inhaler 10mg/ml, 1 Cartridge inhaled for 20min every 1-2 hours

Bupropion SR 150 mg tablet once a day for 3 days then 150 mg tablet two times a day

Varenicline 0.5 mg once a day for 3 days THEN 0.5 mg two times a day for 4 days THEN 1.0 mg two times a day

FOLLOW UP PLAN:

- Individual counseling** – Steve Wood, MA, MFT, CHT, Stress Management Therapist (257 - 4155)

Appointment Date: _____

Group counseling

- American Lung Association Freedom From Smoking® Program www.ffsonline.org

- Nicotine Anonymous www.nicotine-anonymous.org

- Napa County Tobacco Education & Quit Smoking Program - (Peggy Klick, Richard Ybarra)

Appointment Date: _____

Telephone counseling

- Lung Helpline (1 – 800 – LUNGUSA)

- Tobacco Quit Line (1 – 800 – QUITNOW)

Signature: _____

Date: _____

