

Helping patients quit smoking: brief interventions for healthcare professionals

How to help smokers quit: flowchart

Ask all patients about tobacco use (smoking or smokeless tobacco) and reassess at every clinic call/at least once a year. This alone increases quit rates. Use of e-cigarettes identifies ex-smokers at risk of relapse. Document smoking status/stage of motivation/tobacco burden for all.¹

1. ASK:

Have you used tobacco in the last 12 months?

No: Congratulate. Reinforce non-use. Patients should be asked about smoking for some years after quitting. People seldom relapse after 5 years' abstinence.

Yes – quit in the last 12 months: Congratulate. Ask if they need help remaining smoke free. Advise them to contact you or to seek other counselling if they have any difficulty (quitline, smoking cessation clinic or other).

Yes – current smoker: Take brief smoking history: number of cigarettes smoked a day; year started smoking; time to first cigarette; presence of smoking-related disease; previous quit attempts and what happened? Use a non-judgemental question such as "How do you feel about your smoking at this moment?" Express concern/interest not criticism.

2. ASSESS: MOTIVATION TO QUIT

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



ARE YOU INTERESTED IN QUITTING?²

NO, not ready:

ADVISE:

- Focus on motivation, remember motivation can be influenced- CO testing can be useful³
- 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
- 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

ARRANGE:

- Follow up: – ask patient if you should discuss smoking again at next consultation.

YES, but not yet...unsure:

ADVISE:

- 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?"

ASSIST:

- Explore barriers to cessation
- Offer help quitting
- Refer to quitline or other counselling, refer to smoking cessation unit if patient prefers
- Hand out written material/contact numbers

ARRANGE:

- Follow-up consultation or telephone contact within 6 months or remember to ask when you next see the patient.

YES, ready to quit:

ASSIST:

- Provide assistance in developing a quit plan
- Help patient to set a quit date
- Advise on pharmacotherapy for smoking cessation: nicotine replacement therapy (NRT) or a prescription for varenicline or bupropion when indicated
- Include the following as needed:
 - 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
 - Withdrawal symptoms occur mostly during the first 2 weeks and are less troublesome after 4-7 weeks

ARRANGE:

- Follow-up consultations/phone calls - ideally weekly initially, then monthly.

5 A's of helping smokers quit: ASK ASSESS ADVISE ASSIST ARRANGE

BENEFITS OF QUITTING

- If you quit before the age of 30 your life expectancy returns to be similar to a non smoker's
- Pregnancy: the risk of a low birthweight baby, stillbirth and death of infants in their first 28 days 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 two weeks: lung function increases, circulation improves and walking becomes easier
- Within a year: shortness of breath and fatigue improves, coughing decreases and your risk of coronary heart disease is halved
- 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
- Anxiety and depression decrease. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders⁴

MEDICATION

Medication should be offered to every adult patient with nicotine dependence if:

- They smoke more than 10 cigarettes a day
 - And smoke within half an hour of waking
- They are particularly likely to suffer from withdrawal symptoms and should be offered pharmacological support once they set a quit date.

Nicotine Replacement therapy (NRT)

Its main effect is to reduce withdrawal symptoms and help the patient through the first two months of craving. Most patients use too low a dose for too short a time. They should use a dose that takes away withdrawal symptoms. Most people need a full dose for 2-3 months, and then they can gradually reduce the use over some months. Added success has been shown if they start NRT 14 days prior to their quit date.

Dosage: It is often wise to combine two different NRTs – a patch to last most of a 24 hour period and gum or other oral forms of NRT for craving situations during daytime.

Patch: The most common dosage forms are 14 mg/24 hours or 10 mg/16 hours for light smokers or 21 mg/24 hours – 15 mg/16 hours

for heavier smokers. Some patients need more than one patch a day to control symptoms.

Possible side effects: skin rash, allergy, insomnia, wild dreams

Oral forms such as gum, inhalers, lozenges, sublingual tablets: To be administered every 1-2 hours for relief of symptoms while awake. Since nicotine is absorbed through the mucosa in the mouth it is important to instruct the patient in the use of gum carefully. Chew a few times on the gum then "park" it in the mouth.

Possible side effects: sore dry mouth, dyspepsia, nausea, headache, jaw ache. Often dose dependent.

Contraindication: Pregnancy (some guidelines allow use of some forms if quitting without pharmacotherapy is not possible). Use in children and teenagers under 18 years is unlicensed in many countries.

Varenicline

Varenicline is a nicotinic receptor partial agonist. In addition to blocking the receptor it also stimulates it, thus reducing withdrawal symptoms. In clinical trials varenicline has increased quit rates two to three fold over placebo.

Dosage: Start one week before quit date: 0.5 mg for 3 days, 0.5 mg bid for 4 days, then 1mg bid from quit date for 12 weeks.

Possible side effects: nausea and headache. There is no danger of seizures. Risk of psychiatric side effects is the same, while the risk of cardiovascular side effects is lower compared to other smoking cessation medications.

Contraindication: Pregnancy.⁵

Bupropion

Bupropion was originally developed as an antidepressant. It reduces the urge to smoke as well as symptoms from nicotine withdrawal.

Dosage: Twice daily starting with one tablet a day for a week or two prior to quit date, then regularly 150 mg bid from quit date for 7-12 weeks.

Possible side effects: Insomnia, headache, dry mouth, dizziness, anxiety, elevated blood pressure if combined with NRT.

Contraindications: Seizures, pregnancy, eating disorders and those taking monoamine oxidase inhibitors. Risk of psychiatric side effects is the same compared to other smoking cessation medications.

OTHER MEDICATION

Other drugs have been shown to be effective in smoking cessation but are not licensed for this indication. The cost of these drugs is often low and should be considered if cost is a limiting factor:

Nortriptyline has been shown to be effective, but possible side effects that include sedation, dry mouth, light-headedness and risks of cardiac arrhythmia in patients with CHD limit its application. It should thus be a second line agent.⁶

Cytisine has a mechanism of action like varenicline, binding to the nicotinic receptor. It has been used for smoking cessation in eastern European countries and has received increasing interest due to its low cost. Possible side effects include stomach ache, dry mouth, dyspepsia and nausea.⁷

HARM REDUCTION

Other nicotine products have been suggested as useful to reduce the harm of cigarette smoking. Chewable nicotine, snuff and e-cigarettes are all methods that are less harmful than smoking. However, remember that they still carry a risk for the user. The newest product, e-cigarettes, are heavily marketed with claims that they aid smoking cessation. Their effects – positive and negative – are still not fully known. Their use should, therefore, be restricted to smokers who have tried other methods without success. ●

References

1. Supporting smoking cessation. <http://www.racgp.org.au>
2. Treating Tobacco Use and Dependence: 2008 Update. <http://www.ncbi.nlm.nih.gov>
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4. Taylor G et al. *BMJ* 2014;**348**:g1151.
5. Kotz D et al. *Lancet Respir Med* 2015;**3**:761-8.
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7. West R et al. *N Engl J Med* 2011;**365**:1193-200.

Further reading

Available from www.theipcr.org desktop helpers

PRACTICAL HINTS FOR PATIENTS

These are suggestions for coping with cravings to smoke and ways to reduce the risk of relapse. Abstinence symptoms are most frequent in the first few days after quitting; they are a sign your body is getting used to living without nicotine. If you use medication to help you quit you will reduce your symptoms of nicotine withdrawal so

Remember to take your medicine and also try the 4 Ds:

- **Delay** acting on the urge to smoke
- **Deep breathe**
- **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 smoking friends.

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