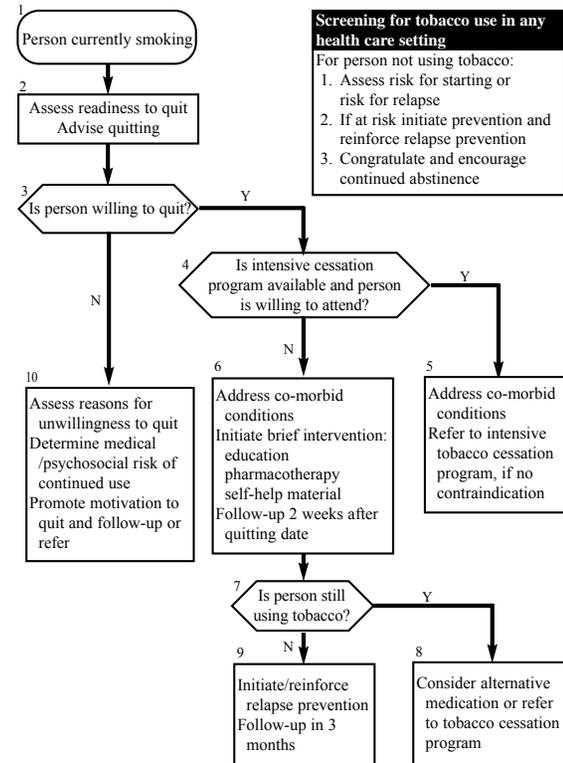


Suggestions for the Clinical Use of Pharmacotherapies for Smoking Cessation

Nicotine replacement products <i>Check the formulary for availability.</i>				
Drug	Dosage	Contraindications	Adverse Reactions	Drug Interactions
Transdermal Nicotine	Heavy dependence > 24 cigarettes/day—High dose (21 mg) for 6 weeks, then intermediate does (14 mg) for 2 weeks, then low dose (7 mg) for 2 weeks Mild dependence ≤ 24 cigarettes/day—Intermediate dose (14 mg) for 6 weeks, then low dose (7 mg) for 2 weeks Taper over 2 weeks	Allergy; pregnancy (Risk Category D)	Sleep disturbances, skin irritations	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Polacrilex Nicotine	> 25 cigarettes/day; 4 mg strength ≤ 25 cigarettes/day; 2 mg strength One piece of gum q 1 to 2 hr for 6 weeks Taper over 6 weeks	Allergy; pregnancy (Risk Category C)	Nausea, dyspepsia, jaw fatigue, dependency	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Nasal Spray Nicotine	8 to 40 mg/day (average 15 mg) for 8 weeks Taper over 6 weeks	Allergy; pregnancy (Risk Category D)	Nasal and/or throat irritation, dependence	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Oral Vapor Nicotine-Inhaler	6 to 16 cartridge/day for 12 weeks (each cartridge is 4 mg) Taper over 6 to 2 weeks	Allergy; pregnancy (Pregnancy Category D)	Mouth and throat irritation, dependence	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Non-Nicotine Tobacco Cessation Product <i>Check the formulary for availability.</i>				
Drug	Dosage	Contraindications	Adverse Reactions	Drug Interactions
Bupropion SR	150 mg qd for 3 days, then 150 mg bid for 7 to 12 weeks	Seizure disorders, predisposition to seizures, MAOIs, allergy (Pregnancy Category B)	Sleep disturbances, dry mouth	Selected antidepressants (MAOIs, norepinephrine re-uptake inhibitors), drugs metabolized by CYP2B6 and CYP2D6

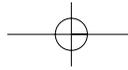


VA/DoD Clinical Practice Guideline for Promotion of Tobacco Use Cessation (TUC)



VA access to full guideline: <http://vawww.oqgp.med.va.gov>
DoD access to full guideline: <http://www.cs.amedd.army.mil/Oma>
Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and DoD.

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Tips for Brief Clinical Interventions

Develop patient's intention to change.

- Give basic advice: "As your _____, I need to stress the importance of stopping."
- Provide information on benefits of quitting at any age.
- Ask "Have you ever tried to quit?"
- Discuss availability of effective cessation treatment. Provide self-help materials on risks and benefits.
- Ask patient: "What benefits do you see in quitting?" "What concerns do you have about quitting?" "How do you feel about quitting?"
- Help them understand the importance of *skillpower* -- that is what they do -- not *willpower*: "What would you say if I ask you whether you have the willpower to drive? You would say that it is a silly question. It is also the wrong question with stopping tobacco use. It is not the willpower that is important; it is what you do--skillpower!"
- About half of all people who ever smoked have now quit.

Suggest actions to help patient quit.

- Develop a plan for quitting.
- Set a quit date – ideally within 2 weeks.
- Tell family, friends, and coworkers about quitting and request support and understanding.
- Remove tobacco products from your environment. Before quitting, avoid smoking in places where you spend a lot of time (e.g., car, home, and work).
- Abstain from use of all tobacco products.
Example: "Not even a single puff after the quit date."
- Consider limiting/abstaining from alcohol while quitting. Alcohol can cause relapse.
- Encourage others in household either to quit with them or not to smoke in their presence.

- Obtain additional social support.
- Consider hormonal or other triggers; e.g., women should not set quit date within 7 days of onset of menses.
- Anticipate challenges, especially during the first few weeks. Include nicotine withdrawal symptoms: anger, anxiety, insomnia, impatience, frustration, irritability, restlessness, depressed mood, difficulty concentrating, decreased heart rate, weight gain or increased appetite.
- Review past quit attempts by identifying both the positive and negative influences.
- Offer pharmacotherapy.

Follow-up with patient attempting to quit.

- Mail follow-up card with an encouraging statement, perhaps offering additional resources. (e.g., telephone numbers of local support groups).
- Arrange phone call from health care team members who can offer support and referral to additional resources.

Ask	Review tobacco use at every <i>healthcare encounter</i>
Advise	Strongly urge all tobacco users to quit
Assess	Determine willingness to make quit attempt
Assist	Help the patient quit
Arrange	Schedule follow-up

The 4 R's

Relevance Provide motivational information relevant to patients:

- Age, gender
- Health concerns
- Disease risk or status
- Family or social situation
- Personal barriers to quitting, i.e., weight gain

Risks Discuss negative impact of tobacco use:

- Acute:** SOB, exacerbation of asthma, harm to pregnancy, impotence, infertility, increased carbon monoxide
- Long term:** Cancers, long-term disabilities, pulmonary and cardiovascular diseases
- Environmental:** Increased risk of pulmonary and cardiovascular diseases to spouse and children
- On children:** Increased risk of LBW, SIDS, asthma, middle ear and respiratory diseases in children, and increased risk of tobacco use by children

Rewards Identify potential benefits of quitting:

- Save money
- Improve health
- Reduce wrinkling/aging
- Set good example for children
- Improve sense of smell and taste
- Perform better in physical activities
- Have healthier babies and children
- Improve smell of home, car, clothing and breath

Repetition Repeat R's each time user visits health care setting:

- Inform relapsed users that most people make repeated attempts to quit before becoming successful