

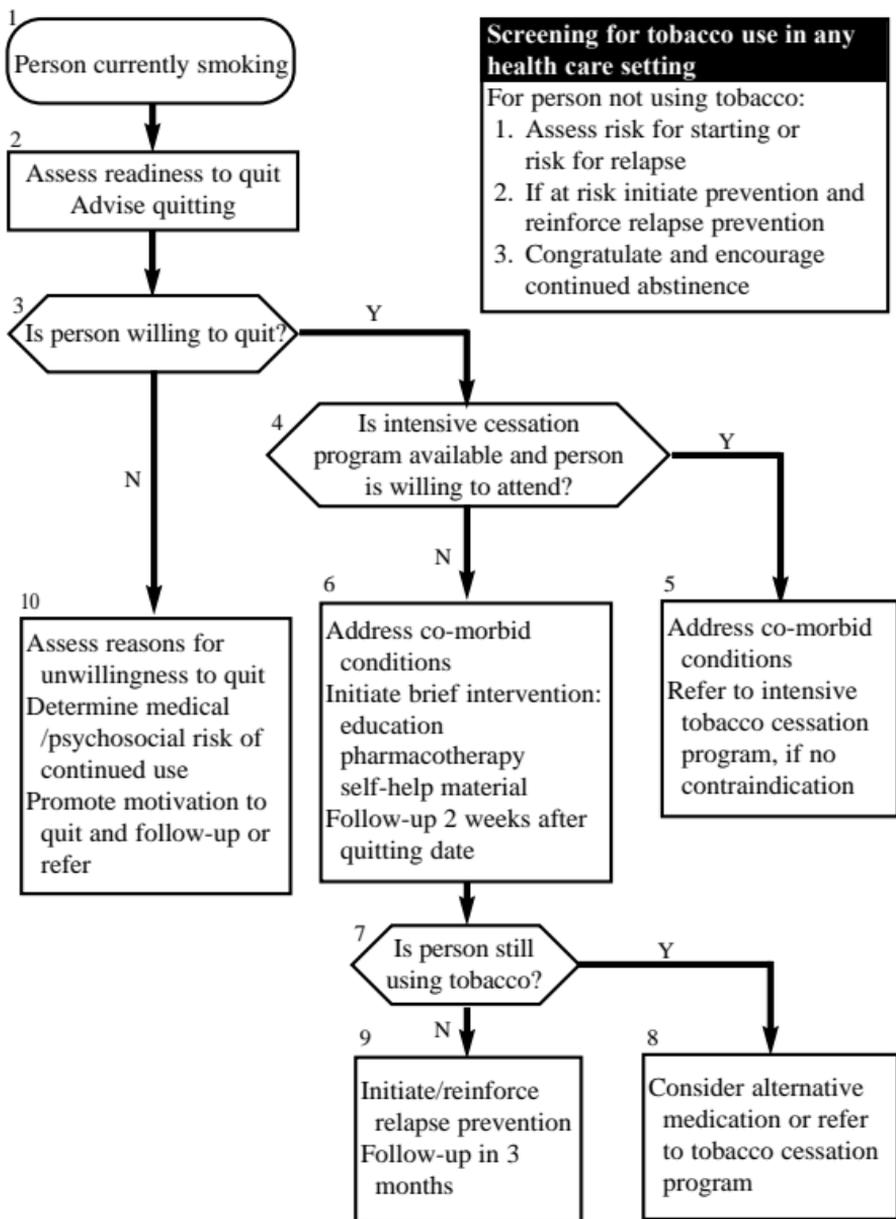


VA/DoD Clinical Practice Guideline for Management of Tobacco Use

Screening for tobacco use in any health care setting

For person not using tobacco:

1. Assess risk for starting or risk for relapse
2. If at risk initiate prevention and reinforce relapse prevention
3. Congratulate and encourage continued abstinence



Pharmacotherapies for Smoking Cessation

Nicotine replacement products

Drug	Dosage	Contraindications
Transdermal Nicotine	<p>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</p> <p>Mild dependence ≤ 24 cigarettes/day—Intermediate dose (14 mg) for 6 weeks, then low dose (7 mg) for 2 weeks Taper over 2 weeks</p>	Allergy, pregnancy (Risk Category D)
Polacrilex Nicotine	<p>> 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</p>	Allergy; pregnancy (Risk Category C)
Nasal Spray Nicotine	<p>8 to 40 mg/day (average 15 mg) for 8 weeks Taper over 6 weeks</p>	Allergy; pregnancy (Risk Category D)
Oral Vapor Nicotine-Inhaler	<p>6 to 16 cartridge/day for 12 weeks (each cartridge is 4 mg) Taper over 6 to 2 weeks</p>	Allergy; pregnancy (Pregnancy Category D)

Non-Nicotine Tobacco Cessation Product

Drug	Dosage	Contraindications
Bupropion SR	<p>150 mg qd for 3 days, then 150 mg bid for 7 to 12 weeks</p>	Seizure disorders, predisposition to seizures, MAOIs, allergy (Pregnancy Category B)

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