

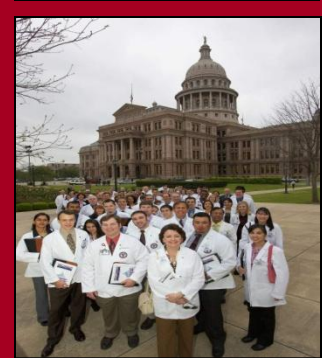
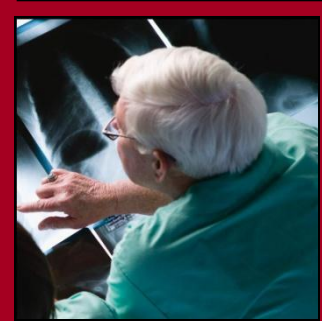
Tobacco Cessation



Physician Oncology
Education Program

Physicians Caring for Texans

November, 2009



Source:

Tobacco Intervention and the Healthcare Provider

**A collaboration with the
Texas Comprehensive
Cancer Control Coalition.**

Physician Oncology Education Program

The Physician Oncology Education Program is primarily funded by the Cancer Prevention & Research Institute of Texas.

Audience:

This course is intended for medical students and health care professionals.

Continuing Medical Education:

The Texas Medical Association designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*[™].

Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing Medical Education:

Texas Medical Association has designated the Tobacco Cessation program for 1 hour of medical ethics and/or professional responsibility.

Continuing Medical Education:

Texas Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medication education for physicians.

Learning Objectives:

1. Identify the known carcinogens found in tobacco products.
2. Analyze the various nicotine delivery systems.
3. Discuss nicotine dependence.
4. Describe the 5 steps of smoking cessation intervention.
5. Discuss the various methods for promoting patient behavioral modification.
6. Incorporate patient motivational interviewing to practice.
7. Utilize the first-line and second-line nicotine cessation pharmacotherapy aids.
8. Explain the indications and contraindications of nicotine cessation pharmacotherapies.

Background:

- **Health consequences of tobacco use**
- **Preventable deaths and disability**

Nicotine Dependence

Meets criteria for drug dependence

- **Highly controlled/compulsive use**
- **Psychoactive effects**
- **Drug reinforced behavior**
- **Relapse following abstinence**
- **Recurrent drug cravings**
- **Physical dependence**

Nicotine Withdrawal:

Symptoms:

- A few hours after last cigarette
- Depressed mood
- Insomnia
- Anger or frustration
- Decreased heart rate
- Increased appetite

Tobacco Delivery Systems:

Cigarettes

- **Most common form of tobacco**
- **Low tar/nicotine options not safer**
- **Contain 4,000 different compounds including formaldehyde and radioactive polonium**

Tobacco Delivery Systems:

Pipes

- Higher levels of nicotine than cigarettes
- Increased risk of tongue, mouth, pharynx and larynx cancer

Tobacco Delivery Systems:

Cigars

- **Use has increased dramatically in recent years**
- **Level of tar much higher than with cigarettes**

Tobacco Delivery Systems:

Hookah pipes

- Burns flavored tobacco called shisha
- Popular on college campuses
- Smoke produces carbon monoxide

Tobacco Delivery Systems:

Kretek

- Clove cigarettes
- Carbon monoxide and nicotine levels similar to cigarettes
- Increased risk of serious allergic reactions and acute pulmonary events

Tobacco Delivery Systems:

Bidis

- **Candy flavored**
- **Higher levels of carbon monoxide, nicotine, and tar than cigarettes**
- **Risk of oral cancer 3X that of people who have never smoked**

Tobacco Delivery Systems:

Spit tobacco

- **Common forms are snuff and chewing tobacco**
- **Nicotine levels 2X cigarettes due to sustained absorption**
- **Use highest among 18-24 yr. old males**

Are Physician Interventions Successful?

- The USPSTF found good evidence that brief smoking cessation interventions, including screening, brief behavioral counseling (*less than 3 minutes*), and pharmacotherapy delivered in primary care settings, are effective in increasing the proportion of smokers who successfully quit smoking and remain abstinent after 1 year.

Are Physician Interventions Successful?

- **The USPSTF concluded that there is good indirect evidence that even small increases in the quit rates from tobacco cessation counseling would produce important health benefits, and that the benefits of counseling interventions substantially outweigh any potential harms.**

Tobacco Treatment Intervention:

5 A's:

- **Ask**
- **Advise**
- **Assess**
- **Assist**
- **Arrange**

Tobacco Treatment Intervention:

Ask About Tobacco Use:

- **Assess and document each patient's tobacco status (currently uses, has quit, or has never used) at every visit.**
- **Consider this an additional vital sign. The non-smoking patient's exposure to secondhand smoke should be documented.**

Tobacco Treatment Intervention:

Advise Tobacco Users to Quit

- Advice should be clear, strong, sensitive, and nonjudgmental.
- “I realize quitting smoking is difficult. This is the most important thing you can do to protect your health. As your doctor, I can help you.”

Tobacco Treatment Intervention:

Assess Readiness to Quit

- **Are they willing to quit within the next 30 days?**

Assist with the Quit Attempt

- **If patient resists quitting, health care providers can use the 5 R's to heighten motivation.**

Tobacco Treatment Intervention:

5 R's

- **Relevance**
- **Risks**
- **Rewards**
- **Roadblocks**
- **Repetition**

Tobacco Treatment Intervention:

Relevance

The clinician should encourage the patient to express why cessation is personally relevant.

Tobacco Treatment Interventions:

Risks

Ask the patient to describe the risks of continued tobacco use.

Propose/emphasize risks most relevant to the patient.

Tobacco Treatment Interventions:

Rewards

Invite the patient to outline the benefits of quitting, accentuating those most relevant to the patient.

Tobacco Treatment Interventions:

Roadblocks

Ask patient to identify barriers to quitting and ways to circumvent each barrier.

Tobacco Treatment Interventions:

Repetition

Repeat the previous 4 R's each time you see the patient. Remind patients who have failed in earlier attempts that people usually try several times before permanent abstinence is achieved.

Tobacco Treatment Interventions:

Motivational Interviewing

Four principals:

- **Express empathy**
- **Develop discrepancy**
- **Roll with resistance**
- **Support self-efficacy**

Tobacco Treatment Interventions:

Express Empathy

- Employ reflexive listening

Develop Discrepancy

- Verbalize the discrepancy between the current and the desired behavior

Tobacco Treatment Interventions:

Roll with Resistance

- **Resistance to change should be a cue to change direction**

Support Self-Efficacy

- **Believe in patient's ability to change**
- **Discuss previous quit attempts**

Tobacco Treatment Interventions:

Arrange Follow-up Contact

- **Either informal inquiries or scheduled cessation appointments**
- **First contact should be scheduled within a few weeks after quit date**
- **Multiple patient contacts are associated with higher quit rates**
- **Document important milestones**

Pharmacotherapy:

Combining pharmacotherapy with behavioral interventions significantly improves patient outcomes.

Pharmacotherapy:

Suitable for patients who are ready to quit, with the exception of:

- **Teenagers**
- **Pregnant or nursing women**
- **Patients with medical contraindications**

Pharmacotherapy:

FDA approved pharmacotherapy:

- **Nicotine patch**
- **Nicotine gum**
- **Nicotine inhaler or nasal spray**
- **Nicotine lozenge**
- **Bupropriion (oral medication)**
- **Varenicline (oral medication)**

Pharmacotherapy:

Nicotine Replacement Therapy

- **Delivered as a constant dose**
- **Contraindications are myocardial infarction, serious arrhythmia, serious angina pectoris, and accelerated hypertension**
- **Except with acute disease, no indication of increased cardiovascular risk**

Pharmacotherapy

Nicotine Replacement Therapy

- **Delays weight gain, especially nicotine gum**
- **Efficacy improves when combined with behavioral interventions**

Pharmacotherapy:

Nicotine Patch

- **Prescription and OTC strength**
- **Side effects include local skin irritation, headaches, sleep disturbances**
- **Use of patch doubles the abstinence rate**

Pharmacotherapy:

Nicotine Patch

24-hour patch available in 7, 14, & 21 mg doses.

16-hour patch available in 5, 10, & 15 mg doses.

Pharmacotherapy:

Nicotine Gum

Recommended dose:

- 2 mg if < 25 cigarettes/day
- 4 mg if > 25 cigarettes/day

Patient should use 1 piece of gum every 1-2 hours for first 6 weeks.

Pharmacotherapy:

Nicotine Gum

- **“Chew and park”**
- **Avoid acidic drinks before and during gum use**
- **Contraindications include mouth soreness, hiccups, stomach upset**
- **Improves abstinence 30-80%**

Pharmacotherapy:

Nicotine Inhaler

- **Only available by prescription**
- **Most effective with frequent puffing**
- **12 weeks maximum length of treatment**
- **Good choice for patients with “hand to mouth” habit**

Pharmacotherapy:

Nicotine Nasal Spray

- Available by prescription only
- Contraindicated for patients with severe reactive airway disease
- Side effects are nasal irritation, nasal congestion, and temporary change in sense of smell and taste

Pharmacotherapy:

Nicotine Lozenge

- **Approved for OTC use**
- **Side effects include nausea, cough, hiccups, heartburn, headaches, flatulence, and insomnia**

Pharmacotherapy:

Oral Pharmacotherapy

Bupropion (Zyban)

- **Blocks neural reuptake of dopamine and/or norepinephrine**

Varenicline (Chantix)

- **Blocks nicotine's stimulation of central nervous system**

Pharmacotherapy:

Multiple Pharmacotherapy

- **NRTs may be combined with one another**
- **Bupropriion SR may be combined with any NRT**
- **Varenicline should not be taken with other quit-smoking products**

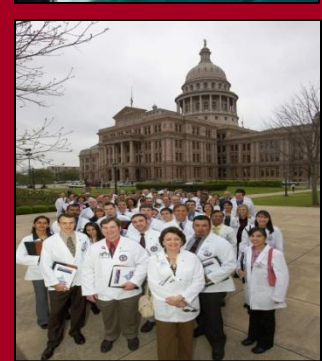
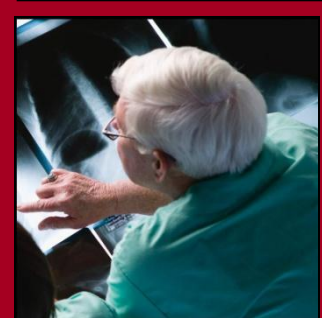
References:

**“Tobacco Intervention and the
Health Care Provider”**

www.poep.org

POEP Resources

- For information on current activities, please visit www.poep.org,
- or join us on Facebook under the Physician Oncology Education Program.



Physician Oncology Education Program

Physicians Caring for Texans

For additional physician education resources on tobacco cessation, cancer prevention, early detection, treatment, and survivorship, contact:

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