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# CUT THE BUTT! AN OVERVIEW OF SMOKING CESSATION AND COMMUNITY PROGRAMS

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# DISCLOSURES

- I have no financial disclosures

# OBJECTIVES

- Discuss nonpharmacological smoking cessation interventions with your patient
- Discuss pharmacological smoking cessation interventions with your patient
- Refer your patient to smoking cessation resources/programs

# NOT SURPRISING STATISTICS

- Tobacco use is the leading preventable cause of morbidity and mortality worldwide, responsible for over 6 million deaths annually (1)
- In 2017, 14.1% of U.S. adults-more than 30 million people smoked (2)
- “Cigarette smoking is the chief, single avoidable cause of death in our society and the most important public health issue of our time.”
  - C. Everett Koop, M.D., former U.S. Surgeon General

# WHO DOESN'T SAY STOP?!



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# HOW DO I APPROACH QUITTING WITH MY PATIENT?

## Comprehensive Counseling

- The 5 A's
- Ask...about tobacco USE
- Advise...tobacco users to QUIT
- Assess...READINESS to make a quit attempt
- Assist...with the QUIT ATTEMPT
- Arrange...FOLLOW-UP care

## Brief Counseling

- Ask...about tobacco USE
- Advise...tobacco users to QUIT
- Refer...to other resources



Fiore et al. (2008); for a detailed presentation, visit Rx for Change

# ASK EVERY VISIT!!!

12/5/2018 visit with Zola Nlandu, MD for HOSPITAL FOLLOW-UP - Room 8- toc

SnapShot    Questionnaires    Benefits Inquiry    Dictations    Care Teams    Print A/S    Preview A/S

CHARTING    Visit Info

Care Everywhere    Vital Signs

Allergies    Verify Rx Benefits    Outside Meds

History    Medications    History

Problem List    Immunizations    Goals

Results Rev...    Education    Progress Notes

Medications    Treatment Plan    MyChart Sign-up

Visit Navigator    ORDERS    BestPractice    Clinical Scoring    Visit Diagnoses    Meds & Orders

DISCHARGE    Pt. Instructions    Charge Capture    Follow-up    Communication    Sign Visit

Vital Signs

12/5/18 1:24 PM    New Set of Vitals

Taken on 12/5/18 1:24 PM    Orthostatics

BP: 116/75    Weight: 114 lb 3.2 oz (51.8 kg)    Pain score: 8

Site: Right arm    Height: 5' 1" (1.549 m)    Location:

Position: Sitting    Resp: 14    Educated?

Cuff size: Medium    SpO2: 100%    Comment: Elbow, wrist, hip

Pulse: 66    PF (best):

Temp: 98.2 F (36.8 C)

Source: Oral

OB/Gyn Status

Currently pregnant? No

Menstrual Status: Having periods

LMP:    LMP Unknown

Pt. Instructions

Exact    Approximate:    Comment:

Breastfeeding? Yes    No    Unknown

Comment:

Mark as Reviewed    Last Reviewed by Sofia Mazza Gattie, RN on 11/24/2018 at 9:04 PM

Tobacco Use

Never Smoker    Smokeless: Never Used

Ready to quit? Yes    No

Counseling given? Yes    No

Mark as Reviewed    Last Reviewed by Zola Nlandu, MD on 12/5/2018 at 3:13 PM    Edit Tobacco Use

# CESSATION OPTIONS

- Cold turkey!
- Nonpharmacological interventions
- Pharmacological interventions
- Treatment plans combining both nonpharmacological and pharmacological interventions



# HEAVINESS OF SMOKING INDEX: 2 QUESTIONS TO ASSESS A SMOKER'S DEGREE OF NICOTINE DEPENDENCE

How many cigarettes do you smoke per day?

0: 10 or fewer

1: 11-20

2: 21-30

3:  $\geq 31$

How soon after waking do you smoke your first cigarette of the day?

0: After 60 minutes

1: 31-60 minutes

2: 6-30 minutes

3: within 5 minutes

Add the two scores together

0-2 = low nicotine dependence

3-4 = moderate nicotine dependence

5-6 = high nicotine dependence

# NONPHARMACOLOGICAL INTERVENTIONS

- Cognitive behavioral skills training
  - Identify triggers, avoiding triggers, substitutions, assertiveness training, mindfulness training, medication counseling, biofeedback
- Motivational interviewing
- Incentives
  - Cash or vouchers

# PHARMACOLOGICAL INTERVENTIONS

- FDA approved available options
  - Nicotine replacement therapy-NRT (all OTC except for nasal spray and inhaler)
  - Bupropion (Rx only)
  - Varenicline (Rx only)



# NICOTINE TRANSDERMAL PATCH

- OTC, but write a prescription!
- Easiest to use-apply; a new patch every 24 hours (rotate site)
- Steady nicotine level
- May be used in combination with other NRT formulations
- SE: skin irritation, trouble sleeping/vivid dreams (remove at bedtime if occurs)
- Dosing:
  - 21 mg for  $\geq$  10 cigarettes per day
  - 14 mg for < 10 cigarettes per day
  - After 6 weeks, taper?
- Duration:
  - $\geq$  3 months



# NICOTINE GUM

- OTC, but write a prescription!
- Special chewing technique; no food or drink 15 minutes before or during use
- May be used in combination with patch
- SE: mouth irritation, jaw soreness, heartburn, hiccups, nausea, damaged dental work/dentures
- Can delay weight gain
- Dosing:
  - 4 mg if 1st cigarette  $\leq$  30 minutes of waking
  - 2 mg if 1st cigarette  $>$  30 minutes of waking
  - ~1 piece every hour (max: 24/day)
- Duration:
  - $\geq$  3 months



# NICOTINE LOZENGE

- OTC, but write a prescription!
- Must slowly melt between gum and cheek; no food or drink 15 minutes before or during use
- May be used in combination with patch
- SE: mouth irritation, hiccups, heartburn, nausea
- Can delay weight gain
- Dosing:
  - 4 mg if 1st cigarette  $\leq$  30 minutes of waking
  - 2 mg if 1st cigarette  $>$  30 minutes of waking
  - 1 lozenge every 1-2 hours (max: 20/day)
- Duration:
  - $\geq$  3 months



# NICOTINE NASAL SPRAY

- Rx only
- Most rapid delivery of nicotine
- May be used in combination with patch
- SE: nasal/throat irritation, rhinitis, sneezing, coughing, tearing
- Dosing:
  - Supplied as 10 mg/mL (10 mL bottle)
  - Each spray contains 0.5 mg (~200 sprays in bottle)
  - 1 spray to each nostril every 1-2 hours (max: 80/day)
- Duration:
  - ≥ 3 months



# NICOTINE INHALER

- Rx only
- Most like smoking for patient
- May be used in combination with patch
- SE: mouth and throat irritation, coughing
- Dosing:
  - Supplied as 10 mg/cartridge (~ 80 puffs)
  - Puff into mouth until craving subsides (do not inhale); change cartridge when nicotine taste disappears
  - 1 cartridge every 1-2 hours (max: 16/day)
- Duration:
  - $\geq 3$  months



# BUPROPION

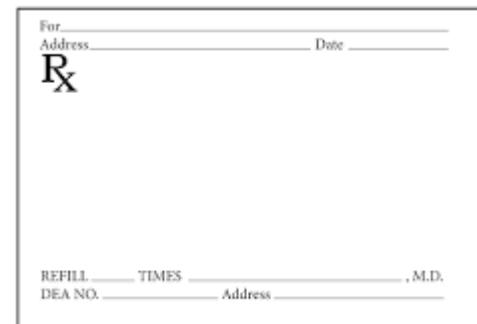
- Rx only
- Start 1-2 weeks before quit date
- May lessen/delay weight gain
- SE: insomnia, agitation, dry mouth, headache, increased seizure risk (do not use if history of seizures or binge drinker)
- Dosing: 150 mg (SR tablet) daily for 3 days, then increase to 150 mg twice daily
- Duration:
  - 3-6 months



For _____	Address _____	Date _____
Rx		
REFILL _____ TIMES _____ M.D.		
DEA NO. _____ Address _____		

# VARENICLINE

- Rx only
- Start 1-4 weeks before quit date-flexible quit date
- Black box warning removed in 2016
- SE: nausea (take with food and water to minimize), insomnia, vivid dreams, headache
- Dosing:
  - Days 1-3: 0.5 mg/day
  - Days 4-7: 0.5 mg twice a day
  - Days 8+: 1 mg twice a day
- Duration:
  - 3-6 months



# RECOMMENDED PHARMACOLOGICAL OPTIONS FOR OUTPATIENTS WITH STABLE CVD

- 1st line
  - Varenicline OR combination NRT
- 2nd line
  - Bupropion OR single NRT product
- 3rd line
  - Notriptyline
- Combos
  - Varenicline + singe agent NRT
  - Varenicline + bupropion
  - Bupropion + single agent NRT

# SO WHAT ABOUT VAPING?

- E-cigarettes
  - Heated solution of propylene glycol or vegetable glycerin with flavorings +/- nicotine
- Regulated by FDA since 2016
- Short-term side-effects
- Long-term side effects???



# WHAT IS IT LIKE TO TRY AND QUIT SMOKING?



How are you doing with bupropion?



I've had zero negative side effects as far as I can tell. It definitely stomps the urge to smoke physiologically. Breaking the actual habit has been much harder especially under stress. The medicine is not a magical solution. I had to decide that I wanted to be a nonsmoker. But once I decided that, I'd say it has definitely helped.

# WHAT IS IT LIKE TO TRY AND QUIT SMOKING?



What have you done behavior wise that has helped?



I stopped smoking in my car first, then had it detailed. I made myself continue to take breaks at work, but established a new routine of going to the break room instead of smoking. Every time I have the desire, I repeat silently to myself, "I am a nonsmoker, I am a nonsmoker" until the urge passes. I've drank less so that my lowered inhibition from alcohol doesn't interfere.

## SO WHAT ABOUT COMBINING INTERVENTIONS?

Type of Intervention	Compared with unassisted quitting
Group in-person with pharmacotherapy	Increases quit rates by 300%
Individual in-person with pharmacotherapy	Increases quit rates by 200-300%
Individual by phone with pharmacotherapy	Increases quit rates by 50-100%

Public Health England (2017).

# RESOURCES FOR YOUR PATIENTS

- Telephone/Online programs
  - 1-800-QUIT-NOW/Georgia Tobacco Quit Line
  - Smokefree.gov
  - Becomeanex.org
- Athens Community Programs
  - PAR Employee Assistance
  - PAR Courage to Quit
  - PAR Center for Pharmacotherapy Services

# TELEPHONE RESOURCES

- 1-800-QUIT-NOW
- Georgia Tobacco Quit Line: 1-877-270-STOP
- Coaching/counseling with scheduled telephone calls
  - Available 24/7
  - English/Spanish options
  - NRT available at no cost (patches or gum only)



# TELEPHONE/ONLINE RESOURCES

- Smokefree.gov
  - National Cancer Institute
  - Text messaging program
  - QuitGuide (mobile phone app)
  - Web-based information about quitting resources
- Becomeanex.org
  - Truth Initiative
  - Web-based support program that includes support from experts and an online community to help smokers quit



# PIEDMONT ATHENS REGIONAL

- Employee Assistance
  - Free to PAR employees and covered dependents
  - Eight weekly sessions with RN/NP
  - Includes OTC NRT (cost covered)
- Courage to Quit
  - Community education
  - Four, one-hour group sessions over four weeks
  - Free if you attend all four!



# PIEDMONT ATHENS REGIONAL CENTER FOR PHARMACOTHERAPY SERVICES



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