

**INITIAL ASSESSMENT & COUNSELING**

**Does the Patient Smoke?**

- Record answer in medical record.
- If “yes,” ask how much and for how long.
- Some patients may not reveal smoking status initially.
- Use open-ended questions for patients who are pregnant or have cardiovascular or lung disease.

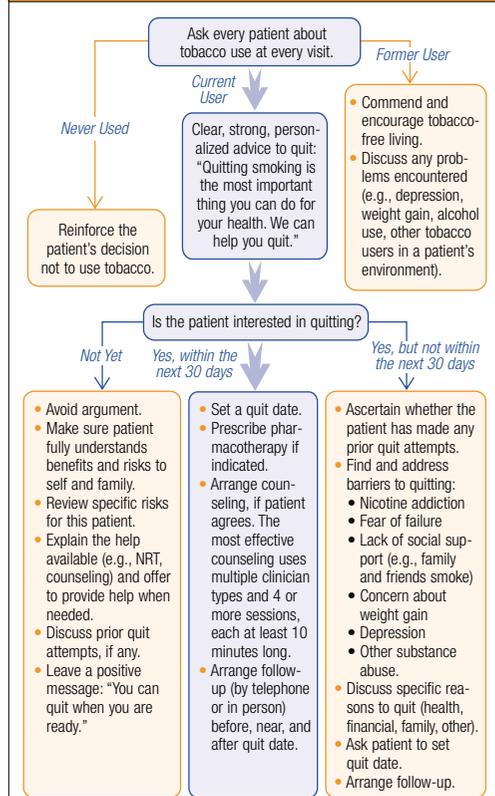
**Is the Patient Addicted?**

- Probably yes if:
  - Smokes more than 10 cigarettes per day, or
  - Smokes within an hour of waking, or
  - Smokes every day.
- If addicted, always offer counseling and pharmacotherapy.

**Does the Patient Want to Quit?**

- Clearly state importance of quitting and offer to help.
- Advice must be clear, strong and personalized.
- Tailor further counseling and action to response.
- Patients should know and understand any special risks.
- Always offer cessation treatment at every visit.

**BRIEF COUNSELING FOR TOBACCO CESSATION**



Adapted with permission from Rigotti NA. Clinical practice. Treatment of tobacco use and dependence. N Engl J Med 2002;346:506-512.

**POSSIBLE REGIMENS FOR SMOKING CESSATION**

Patient's Characteristics	Nicotine Replacement Therapy	Sustained-Release Bupropion	Counseling
<ul style="list-style-type: none"> <li>Not addicted*</li> <li>No complicating factors†</li> </ul>	Ad libitum NRT (gum, spray, lozenge, and/or inhaler)	Not usually	Phone/Internet, optional group counseling
<ul style="list-style-type: none"> <li>Addicted*</li> <li>No complicating factors†</li> <li>First quit attempt with clinical assistance</li> </ul>	Patch	Usually	Group or individual counseling if willing, ideally with 4 or more sessions of at least 10 minutes each; otherwise phone/Internet
<ul style="list-style-type: none"> <li>Addicted*</li> <li>Either complicating factors† or prior failed quit attempts despite NRT Bupropion SR</li> </ul>	Patch and ad libitum NRT (gum, spray, lozenge, and/or inhaler)	Strongly consider unless contraindicated	Strongly encourage group or individual counseling of 4 or more sessions of at least 10 minutes each

All patients to receive printed materials, calendars, tips, and phone numbers and websites to contact for support.

\* Addiction: Patients who smoke at least 10 cigarettes every day are probably addicted.

† Complicating factors: Depression, schizophrenia, polysubstance abuse (alcohol and/or other drug), significant life stress (e.g., job change, divorce, personal loss).

**AMOUNT OF LIFE SMOKERS LOSE**

- Each cigarette smoked shortens a smoker's life by 11 minutes.
- Each pack of cigarettes shortens a smoker's life by 3½ hours.
- Each week, a pack-a-day smoker loses one day of life.
- Smokers lose, on average, 14 years of life.

**SPECIFIC REASONS TO GIVE YOUR PATIENT TO QUIT**

- Health Reasons:**
- Reduce your risk of:
    - heart attack and stroke
    - emphysema and bronchitis
    - coronary heart disease
    - cancers of the larynx, esophagus, lung, bladder, kidney, cervix.
  - Reduce the chance of your children developing or suffering from worsened asthma, middle ear infections and bronchitis.
  - Reduce the chance of your family developing cancer, heart disease, and other diseases associated with breathing second-hand smoke.
  - Reduce the chance that your children will smoke.
- Financial Reasons:**
- More money in your pocket! (A pack-a-day smoker can save more than \$2500 per year by quitting.)
- Social Reasons:**
- Less stress from friends, family and co-workers who are non-smokers.

**QUIT TIPS TO GIVE YOUR PATIENTS**

- Have patient choose and write down his/her reasons for quitting.
  - The patient may need to refer back to this at a later date.
- Have patient identify his/her smoking triggers.
  - Alcohol, other smokers, caffeine and stress (including time pressure) are common triggers.
  - If there are other smokers in the household, aid patient in establishing a smoke-free home.
- Assist the patient to identify coping strategies.
  - Keep busy.
  - Stay in non-smoking areas.
  - Drink lots of water or other fluids.
  - If stress is a trigger, identify alternative behaviors the patient can turn to instead of smoking to deal with the situation.
  - If waking in the morning is accompanied with a cigarette, identify activities the patient can do in place of smoking (e.g., exercise, take a walk, deep breathing, make breakfast).
- Have the patient select a quit date and prepare for that quit date.
  - Have patient discard all tobacco products, lighters, ashtrays, etc. (including those in the car).
  - Encourage patient to select a quit date that is during a period as close to his/her “normal” routine as possible (i.e., no vacations/holidays, major work deadlines, foreseeable major life events such as weddings, moving, etc.).

**QUIT TIPS TO GIVE YOUR PATIENTS**

- Have the patient prepare a list of support persons who can be called upon when in need.
  - Make sure patient includes smokers who live in the same household.
  - Encourage the patient to identify a “quitting buddy.”
  - Contact persons identified (by mail or phone) to confirm support of patient's cessation attempts.
  - Prepare patient with available support group and quitline information 311.
- Educate the patient on withdrawal symptoms.
  - Withdrawal symptoms are temporary, and can last between 2-4 weeks but will most likely peak within the first week.
  - Symptoms may include depressed or irritable mood, difficulty concentrating, urges to smoke, and insomnia.
  - If patient is not aware that these are expected to occur, he/she may get discouraged and resume smoking.
- Congratulate the patient on attempting to quit smoking.
  - Smoking is an addiction, but can be overcome.
  - Millions of smokers have quit successfully. Provide your patient with positive reinforcement that he/she will succeed as well – most people who started smoking have already stopped.
  - Remind patient that any smoking, even as little as one puff, increases the likelihood of relapse.
  - Continue to contact the patient periodically to provide support, encouragement and advice.



# City Health Information

The New York City Department of Health and Mental Hygiene

## TREATING NICOTINE ADDICTION

### Help Your Patients Quit

- More than two thirds of smokers want to quit, and more than half try to stop every year.
- Most smokers seen in clinical practice are truly addicted, and less than 10% quit successfully over the long term without assistance.

### Physician Assistance

- Physicians can greatly increase smokers' success in quitting.
- Proper counseling and appropriate use of nicotine replacement and other drug treatment can increase long-term quit rates from less than 10% to 30%.
- Nicotine addiction should be considered a chronic disease; relapse is not uncommon.

**Tobacco Control Program**  
 New York City Department of Health and Mental Hygiene

**Michael R. Bloomberg**  
 Mayor

**Thomas R. Frieden, M.D., M.P.H.**  
 Commissioner



DRUGS FOR NICOTINE ADDICTION				
Product	Daily Dose	Common Adverse Effects	Advantages	Disadvantages
<b>DRUGS FOR NICOTINE ADDICTION</b>				
<b>Transdermal Patch</b> (e.g., Nicoterm CD)	24 hr 7, 14, 21-mg patch worn for 24 hr Start on quit date.	<ul style="list-style-type: none"> <li>• Skin irritation</li> <li>• Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Provides steady levels of nicotine</li> <li>• Easy to use</li> <li>• Unobtrusive</li> <li>• Available without prescription</li> </ul>	<ul style="list-style-type: none"> <li>• User cannot adjust dose if craving occurs</li> <li>• Nicotine released more slowly than in other products</li> </ul>
<b>Nicotine polacrifex gum</b> (Nicorette)	2 mg (<25 cigarettes/day) 4 mg (≥25 cigarettes/day) 1 piece/hr maximum (24 pieces/day) Start on quit date.	<ul style="list-style-type: none"> <li>• Mouth irritation</li> <li>• Sore jaw</li> <li>• Dyspepsia</li> <li>• Hiccups</li> </ul>	<ul style="list-style-type: none"> <li>• User controls dose</li> <li>• Oral substitute for cigarettes</li> <li>• Available without prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Proper chewing technique needed</li> <li>• User cannot eat or drink while chewing the gum</li> <li>• Can damage dental work</li> <li>• Difficult for denture wearers to use</li> </ul>
<b>Vapor Inhaler</b> (Nicotrol Inhaler)	6-16 cartridges/day (delivered dose, 4 mg/cartridge) Start on quit date.	<ul style="list-style-type: none"> <li>• Mouth and throat irritation</li> <li>• Cough</li> </ul>	<ul style="list-style-type: none"> <li>• User controls dose</li> <li>• Hand-to-mouth substitute for cigarettes</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent puffing needed</li> <li>• Device visible when used</li> </ul>
<b>Nasal spray</b> (Nicotrol NS)	1-2 doses/hr (1 mg total; 0.5 mg in each nostril) (maximum, 40 mg/day) Start on quit date.	<ul style="list-style-type: none"> <li>• Nasal irritation</li> <li>• Sneezing</li> <li>• Cough</li> <li>• Tearing eyes</li> </ul>	<ul style="list-style-type: none"> <li>• User controls dose</li> <li>• Others most rapid delivery of nicotine and the highest nicotine levels of all nicotine replacement products</li> </ul>	<ul style="list-style-type: none"> <li>• Most irritating nicotine replacement product to use</li> <li>• Device visible when used</li> </ul>
<b>Nicotine polacrifex lozenge</b> (Commit)	9-20 lozenges/day during first 6 wks, decrease dose gradually until treatment is stopped. Start on quit date.	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Nausea</li> <li>• Hiccups</li> <li>• Coughing</li> <li>• Heartburn</li> <li>• Headache</li> </ul>	<ul style="list-style-type: none"> <li>• User controls dose</li> <li>• Easy to use</li> <li>• Oral substitute for cigarettes</li> <li>• Available without prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Unpleasant taste at first</li> <li>• User cannot eat or drink 15 minutes before using lozenge</li> <li>• User must suck on lozenge until it dissolves (should not chew or swallow it)</li> </ul>
<b>NON-NICOTINE THERAPY</b>				
<b>Sustained-release bupropion</b> (Zyban or Wellbutrin SR)	150 mg/day for 3 days, then 150 mg twice a day Start 1-2 weeks before quit date.	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Dry mouth</li> <li>• Agitation</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to use (pill)</li> <li>• No exposure to nicotine</li> </ul>	<ul style="list-style-type: none"> <li>• Increased risk of seizure (&lt;0.1%)</li> <li>• Should not be used with monoamine oxidase inhibitors, and must be used with caution in patients taking Levodopa as well as drugs that lower the seizure threshold</li> <li>• Should not be used in patients with an eating disorder</li> </ul>
<b>Nortriptyline</b>	75-100 mg/day Treatment should be started 10-28 days before the quitting date at a dose of 25 mg/day; the dose should be increased as tolerated.	<ul style="list-style-type: none"> <li>• Dry mouth</li> <li>• Sedation</li> <li>• Dizziness</li> <li>• Tremor</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to use (pill)</li> <li>• No exposure to nicotine</li> </ul>	<ul style="list-style-type: none"> <li>• Side effects common</li> <li>• Should be used cautiously in patients with heart disease</li> <li>• Risk of overdose</li> </ul>
<b>Clonidine</b>	0.1-0.3 mg twice a day Start 2 days before quit date. If stopped, should be gradually tapered.	<ul style="list-style-type: none"> <li>• Dry mouth</li> <li>• Sedation</li> <li>• Dizziness</li> <li>• Hypotension</li> <li>• Rebound hypertension when stopped</li> </ul>	<ul style="list-style-type: none"> <li>• No exposure to nicotine</li> <li>• Inexpensive</li> </ul>	<ul style="list-style-type: none"> <li>• Side effects limit use</li> </ul>

\*Use of brand names is for informational purposes only and does not imply endorsement of any particular products by the New York City Department of Health and Mental Hygiene. Adapted with modification from Rigotti VA. Clinical practice. Treatment of tobacco use and dependence. N Engl J Med 2002;246:506-512.

**FREE SMOKING CESSATION RESOURCES**

**Phone Counseling and Referrals**  
 Toll-free Smokers' Quitline  
 311

**Links to Internet Counseling**  
[www.nyc.gov/html/doh/html/smoke/smoke.html](http://www.nyc.gov/html/doh/html/smoke/smoke.html)  
 (NYC Department of Health and Mental Hygiene)

**Smoking Cessation Clinics**  
 The NYC Health and Hospitals Corporation operates free and confidential smoking cessation clinics; free or low-cost nicotine replacement therapy is also available.  
 1-888-NYB-WELL (692-9355)  
[www.nyc.gov/html/hhc/html/smokingcessation.html](http://www.nyc.gov/html/hhc/html/smokingcessation.html)

**A list of cessation clinics in New York City is available online at:**  
[www.nyc.gov/html/doh/html/smoke/quit.html](http://www.nyc.gov/html/doh/html/smoke/quit.html)

**Additional Online Support Resources**  
[www.cdc.gov/tobacco/how2quit.htm](http://www.cdc.gov/tobacco/how2quit.htm)  
 (Centers for Disease Control)  
[www.ffsonline.org](http://www.ffsonline.org)  
 (American Lung Association)

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