Treating Tobacco Dependence

Ask your patients about tobacco use
Act to help them quit
Objectives

• Make system changes that increase intervention and tobacco cessation rates
• Conduct productive counseling sessions
• Use the most recent evidence on pharmacotherapy for nicotine dependence
• Maximize payment for tobacco cessation treatment and counseling
Helping Patients Quit Tobacco Use

ASK AND ACT
Reasons Physicians Do Not Ask About Patient’s Smoking Status

- Too busy
- Lack of expertise
- No financial incentive
- Think tobacco users cannot or will not quit
- Does not want to appear judgmental
- Respect for patient’s privacy
Physicians Have the Opportunity to Ask and Act

- 70% of tobacco users want to quit
- Without assistance only 5% are able to quit
- Most tobacco users try to quit on their own; more than 95% relapse
- Physicians using evidence-based programs can more than double the quit rates

Ending the Tobacco Problem: A Blueprint for the Nation.
PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Ask and Act

• Ask every patient about tobacco use
• Act to help them quit

For resources, visit [AAFP Ask and Act Practice Toolkit -- Tobacco Cessation](#)
Identifying and Documenting Tobacco Use

SYSTEM CHANGES
System Changes

• Use posters, brochures, and lapel pins to signal to patients you can help them quit tobacco use
• Develop templates for EHRs
• Ask about tobacco use as part of taking vital signs
• Document status in patient’s record (current, former, or never used tobacco)
System Changes

- Offer tobacco cessation group visits
- Maintain tobacco cessation patient registry
- Follow up with patients after their tobacco quit date
Motivational Interviewing

COUNSELING
Reasons Patients Unwilling to Quit

- Lack information about harmful effects or benefits of quitting
- Lack financial resources
- Have fears or concerns about quitting
- Think they cannot quit

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Brief Interventions

• Does not have to be delivered by physician
• Electronic patient databases, tobacco user registries, and real-time clinical care prompts provide opportunities to fit brief interventions into a busy practice

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Brief Interventions

- Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.
- Every tobacco user should be offered minimal intervention, whether or not the individual is referred to an intensive intervention.

STRENGTH OF EVIDENCE: A

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Brief Interventions

- Even when patients are not willing to make a quit attempt, clinician-delivered brief interventions enhance motivation and increase the likelihood of future quit attempts

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Principles for Motivational Interviewing

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

Motivational interviewing is effective in increasing future quit attempts

PHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
5 Rs of Motivational Interviewing

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

5 R’s enhance future quit attempts
Practical Counseling

• Teach problem-solving skills
• Identify danger situations for tobacco user
• Suggest coping skills to use with danger situations and how to avoid temptation
• Provide basic information about tobacco use dangers, withdrawal symptoms and addiction
Counseling Adolescents

• Tobacco cessation counseling is recommended for adolescents
• Use motivational interviewing
• Respect privacy

PHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
Counseling Patients With Mental Illness

- Counseling is critical to success—more and longer sessions are often necessary
- Patients may need more time to prepare for quitting
- Quit dates should be flexible
- Include problem-solving skills training
When the patient is ready to quit tobacco use

Quit Plan and Quitlines

When the Patient is Ready to Quit Tobacco Use
Develop a Quit Plan

- Set a quit date
- Have patient tell family and friends and remove tobacco products
- Identify social support
- Prescribe medication
Patient Ready to Quit

- Intensive tobacco dependence treatment more effective than brief treatment
- Intensive interventions = more comprehensive treatments over multiple visits for longer periods of time
- May be provided by more than one clinician including quitline specialist

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Intensive Treatment

• Especially Effective
  – Practical counseling (problem solving/skills training)
  – Social support

• Individual, group, and telephone counseling are effective

PHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
Quitlines

• It only takes 30 seconds to refer a patient to a toll-free tobacco-cessation quitline
• Quitlines are staffed by trained cessation experts who tailor a plan and advice for each caller
• Calling a quitline can increase a tobacco user’s chance of successfully quitting
Advantages of quitlines

• Accessible
• Appeal to those who are uncomfortable in a group setting
• Tobacco users more likely to use a quitline than face-to-face program
• No cost to patient
• Easy intervention for healthcare professionals
Quitlines

- 1-800-QUIT-NOW callers are routed to state-run quitlines or the National Cancer Institute quitline
- Quitline referral cards are available through AAFP at www.askandact.org
Products, Precautions, and Patient Concerns

PHARMACOTHERAPY
Pharmacotherapy

Who should receive it?

All tobacco users trying to quit, except where contraindicated or for specific populations where there is insufficient evidence of effectiveness (ie, pregnant women, smokeless tobacco users, light smokers, and adolescents).

STRENGTH OF EVIDENCE = A

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Factors to Consider When Prescribing

- Clinician familiarity with medications
- Contraindications
- Patient preference
- Previous patient experience
- Patient characteristics (history of depression, weight gain concerns, etc.)

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Bupropion SR

- $2.38 - $6.22 per day
- Start 150 mg once daily for 3 days, then twice per day for 7 to 12 weeks. Plan quit date 1 to 2 weeks after start of treatment.
- Common side effects include insomnia and dry mouth
- Inhibits neuronal uptake of norepinephrine, serotonin, and dopamine
Varenicline

- $5.96 - $6.50 per day
- Start 0.5 mg daily for 1 to 3 days, then increase to twice daily for 1 to 4 days. Increase to 1 mg twice daily on quit date
- Most common side effects are nausea and vivid dreams. Monitor for psychiatric symptoms.
- Agonist that blocks $\alpha_4\beta_2$ nicotinic acetylcholine receptors

Rx for Change Pharmacologic Product Guide
Nicotine Gum

• $1.89 - $5.48 per day
• Available in 2 mg or 4 mg
• Weeks 1-6: one piece every 1-2 hours
  Weeks 7-9: one every piece 2-4 hours
  Weeks 10-12: one every piece 4-8 hours
• Common side effects are jaw pain and mouth soreness
• Binds to CNS and peripheral nicotinic-cholinergic receptors
Nicotine Inhaler

• $7.35 per day (6 cartridges)
• 6 to 16 cartridges per day, initially one every 1 to 2 hours
• Common side effects are mouth and throat irritation and cough
Nicotine Nasal Spray

- $4.12 per day
- 1 to 2 doses (2 to 4 sprays) per hour
- Common side effects are nose and throat irritation, sneezing and cough
Nicotine Patch

- $1.52 - $3.40 per day
- >25 cigarettes per day: 21 mg every 24 hours for 4 weeks, then 14 mg for 2 weeks, then 7 mg for 2 weeks
- Common side effects are skin irritation or sleep issues if worn at night
Nicotine Lozenge

• $3.05 - $4.38 per day
• Available in 2 mg or 4 mg
• Weeks 1-6: one lozenge every 1-2 hours
  Weeks 7-9: one lozenge every 2-4 hours
  Weeks 10-12: one lozenge every 4-8 hours
• Common side effects are mouth soreness, dyspepsia, and nausea
Second-line Pharmacotherapies (off label)

- Clonidine: stimulates α2-adrenergic receptors (centrally-acting antihypertensive)
- Nortriptyline: inhibits norepinephrine and serotonin uptake
- Pharmacotherapy for lighter smokers (<10 per day) has no demonstrated benefits
Weight Gain

- Bupropion SR and nicotine replacement therapies (especially gum and 4 mg lozenge) may delay, but not prevent, weight gain
- The average weight gain from tobacco cessation is less than 10 pounds; more common in women

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Safe For Patients With Past History of Depression

- Bupropion SR
- Nortriptyline
- Nicotine replacement medications

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Patients With Mental Illness

• Most will need medication
• May need higher doses, longer duration of treatment and combination of medications
• Patients with bipolar disorder should not receive bupropion; patch is suggested
• Patch is effective for those with schizophrenia

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Patients With Mental Illness

- Quitting can increase the effect of some psychiatric medications; dose adjustments may be needed
- Check for relapse of mental illness with changes in smoking status

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
Patients With a History of Cardiovascular Disease

- No association between the nicotine patch and acute cardiovascular events, even in patients who continue to smoke while on the patch.

PHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
Pregnant Smokers

• Counseling is best choice
• Risks of premature birth or stillbirth caused by smoking may be higher than the potential risk of birth defects caused by NRT use
• Buproprion SR and varenicline are both category C
• Prescription NRT is category D
Adolescents

- NRT shown to be safe
- Very little evidence to support that medications are helpful in this population; not a recommended intervention

PHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
Long-Term Pharmacotherapy

• Helpful for tobacco users with persistent withdrawal symptoms
• Long-term use of NRT does not present a known health risk
• Bupropion SR approved for up to 6 months
• Varenicline recommended for 12 weeks; may repeat for 12 more
Combining Medications

• Patch + gum or nasal spray increases long-term abstinence
• Patch + inhaler is effective
• Patch + bupropion is more effective than patch alone
• Patch + nortriptyline increases long-term abstinence
• Combining varenicline with NRT not recommended

PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update
PAYMENT FOR TOBACCO CESSATION COUNSELING

Medicaid, Medicare, and Private Insurers
Medicaid

• Twenty-four states cover individual counseling for tobacco dependence
• Twenty-two states pay for group counseling
• Contact your state Medicaid agency to learn more about coverage

The Henry J. Kaiser Family Foundation. State Medicaid Program Coverage of Tobacco Dependence Treatments by Type of Coverage. 2009.
Medicare

• Pays for tobacco cessation counseling for patients who smoke and have a tobacco-related disease or whose therapy is affected by tobacco use
• Prescription drug benefit covers smoking cessation treatments prescribed by a physician
  – OTC treatments are not covered
Medicare

- Eight visits allowed in 12 month period (4 sessions per quit attempt)
- Intermediate cessation counseling = 3 to 10 minutes per session
- Intensive cessation counseling = more than 10 minutes per session
- Counseling ≤ 3 minutes covered under E&M code
Medicare CPT codes

- 99406: 3-10 minutes
- 99407: More than 10 minutes
- Report 305.1 tobacco use disorder and related condition or interference with the effectiveness of medications
- A coding reference and Medicare benefits chart are available at www.askandact.org
Private Insurers

• Most insurers provide coverage for at least one type of pharmacotherapy for tobacco cessation and at least one type of behavioral intervention
Private Insurers

• Use billing codes in the categories of:
  – Preventive Medicine Treatments
  – Tobacco Dependence Treatment as Part of the Initial or Periodic Comprehensive Preventive Medicine Examination
  – Tobacco Dependence Treatment as Specific Counseling and/or Risk Factor Reduction
Prescription Pad

## Prescription: Quit Smoking

**Patient Name:** ____________  
**Date:** ____________

**Quit Date:** ____________

### Just before your quit date:
- Write down your personal reasons for quitting. Look at your list often.
- Keep a diary of when and why you smoke.
- Get rid of all of your cigarettes, matches, lighter and ashtrays.
- Tell friends and family that you’re going to quit and when your quit date is.
- Get the medication you plan to use. Medication name ____________.
- Begin taking your medication on ____________.
- Practice going without cigarettes in places where you spend a lot of time, such as your home or car.
- Call 1-800-QUIT-NOW for free materials and counseling.

### On your quit date:
- Stop smoking.
- Take your medication.
- Ask your friends, co-workers and family for support.
- Change your daily routine.
- Avoid situations where you typically smoke.
- Drink plenty of water.
- Stop by a nearby store.
- Do something special to celebrate.

### Right after you quit:
- Develop a clean, fresh, nonsmoking environment around yourself, at work and at home.
- Try to avoid drinking alcohol, coffee or other beverages you associate with smoking.
- If you miss the sensation of having a cigarette in your mouth, try candy or candy sticks, flavored toothpicks or a straw.
- Chew sugarless gum or mint to help with cravings.
- Stay away from people who smoke.
- Reward yourself for successes: — one hour, one day or one week without smoking.
- Start an exercise program.
- Return for a follow-up visit on ____________.

### Additional recommendations:

**Family physician’s signature:** ____________

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Wall Poster

**Want to quit smoking?**

Ask your family physician for help.

1-800-QUIT-NOW

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AMERICAN ACADEMY OF FAMILY PHYSICIANS
Stop Smoking Guide

Pasos para ayudarle a dejar de fumar

When your child is sick, you worry.

www.askandact.org
## Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation

<table>
<thead>
<tr>
<th>Product</th>
<th>FORMULATION</th>
<th>NICOTINE REPLACEMENT THERAPY® (NRT) FORMULATIONS</th>
<th>EUROPEN® OR</th>
<th>VAREEGEL®</th>
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<tbody>
<tr>
<td>Nicorette®, Nicorette® LCM, Nicorette® QOS</td>
<td>GUM</td>
<td>Nicorette® Gingiva, MG Nicorette® QOS</td>
<td>Nicorette® Gingiva, MG Nicorette® QOS</td>
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<td>NG</td>
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<td>Nicorette® QOS Oral Inhaler, MG Nicorette® QOS</td>
</tr>
</tbody>
</table>

### Prevention
- **Nicorette® GUM**
  - 1 piece = 3 mg
  - 1 piece every 30 minutes
  - Maximum = 7 pieces

- **Nicorette® LOZENGES**
  - 1 piece = 3 mg
  - 1 piece every 30 minutes

- **Nicorette® PATCH**
  - 1 patch = 14 mg
  - 1 patch every 24 hours

- **Nicorette® NG**
  - 1 spray = 0.8 mg
  - 1 spray every 30 minutes

- **Nicorette® INHALER**
  - 1 inhalation = 1 mg
  - 1 inhalation every 30 minutes

- **Nicorette® SPRAY**
  - 1 spray = 0.2 mg
  - 1 spray every 30 minutes

- **Nicorette® ORAL INHALER**
  - 1 spray = 0.3 mg
  - 1 spray every 30 minutes

### Treatment
- **Nicorette® GUM**
  - 1 piece = 3 mg

- **Nicorette® LOZENGES**
  - 1 piece = 3 mg

- **Nicorette® PATCH**
  - 1 patch = 14 mg

- **Nicorette® NG**
  - 1 spray = 0.8 mg

- **Nicorette® INHALER**
  - 1 inhalation = 1 mg

- **Nicorette® SPRAY**
  - 1 spray = 0.2 mg

- **Nicorette® ORAL INHALER**
  - 1 spray = 0.3 mg

### Warnings
- Nicorette® containing nicotine should only be used under medical supervision.
- Do not exceed the recommended dose.
- Consult with a healthcare provider before use.

### Contraindications
- May cause nausea, vomiting, or diarrhea.
- Do not use if pregnant or breastfeeding.

### Side Effects
- Oral burning or numbness
- Dizziness
- Headache
- Tiredness
- Insomnia
- Nausea
- Vomiting
- Dry mouth
- Constipation

### Dosage
- Nicorette® GUM: 1 piece every 30 minutes
- Nicorette® LOZENGES: 1 piece every 30 minutes
- Nicorette® PATCH: 1 patch every 24 hours
- Nicorette® NG: 1 spray every 30 minutes
- Nicorette® INHALER: 1 inhalation every 30 minutes
- Nicorette® SPRAY: 1 spray every 30 minutes
- Nicorette® ORAL INHALER: 1 spray every 30 minutes

###Additional Information
- Consult with a healthcare provider before use.
- Do not exceed the recommended dose.
- Use as directed.

### Additional Resources
- American Academy of Family Physicians (AAFP)
- National Cancer Institute
- Centers for Disease Control and Prevention (CDC)
A Guide to Tobacco Cessation Group Visits

By Mary Thisted, MIA and Steven Mobley, MT (ASCP) CMI

Reviewed by James Rodriguez, CAI. Julie Schinner, ASW, Patrick McGarry, PhD, Cindy Wright, CTQ, Robert Stark and Sarah Easter

Integrating Tobacco Cessation Into Electronic Health Records

The U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence, calls for systems-level tobacco intervention efforts. Electronic health records (EHRs) allow for integration of the Guideline into the practice workflow, leading to sustained changes to reduce tobacco use.

The American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) jointly advocate for EHRs that include a template that promotes clinicians and their practice teams to collect information about tobacco use, secondhand smoke exposure, cessation therapy and patient care plans. The electronic health record should also include automatic prompts that remind clinicians to:

- Encourage quitting
- Advise about smoking-cessation treatments
- Contact patients and families to promote cessation treatments and materials

The tobacco treatment template should be automated to appear when patients present with complaints such as cough, upper respiratory problems, diabetes, infections, hypertension, depression, anxiety and asthma, as well as for 60 patient exams.

Meaningful Use

The Health Information Technology for Economic and Clinical Health Act (HITECH), which was part of American Recovery and Reinvestment Act of 2009 (ARRA), provides incentive payments to eligible professionals (EPs) who invest in EHR technology and can demonstrate that they are meaningfully using the technology. To qualify as a meaningful user, EPs must use EHRs to capture health data, analyze outcomes, and coordinate care of these conditions.

Smoking status objectives and measures included in the meaningful use criteria are:
- Objective: Measure smoking status for patients 15 years or older seen by the EP or tobacco status recorded.
- CRI requirement: Must enable a user to electronically document smoking status.
- Smoking status types included: current daily smoker, current some day smoker, former smoker, never smoker, smoker status unknown, and unknown smoking status.

Patient education objectives and measures included in the meaningful use criteria are:
- Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
- Measure: More than 50% of all unique patients seen by the EP are provided patient-specific education resources.
- CRI requirement: Must enable a user to electronically identify and provide patient-related education resources.

Template recommendations are at the back of this document.

www.askandact.org