



ASK AND ACT

A TOBACCO CESSATION PROGRAM

Treating Tobacco Dependence – Q&A

Answers provided by Julie Wood, M.D except where otherwise noted.

Q: What is the reimbursed amount per session by insurance?

A: Based on 2006 data re Medicare Codes:

- G0375 (3-10 minutes of counseling) average reimbursement = \$13 in addition to E/M codes
 - G0376 (>10 minutes of counseling) average reimbursement = \$25 in addition to E/M codes
 - Reimbursement for counseling < 3 minutes is covered in E/M codes
-

Q: Does Wellbutrin offer the same efficacy as Wellbutrin SR?

A: I couldn't find direct comparison data, just one statement that XL "could be marginally more effective than SR," but without any references. – *Julie Wood, M.D.*

The Cochrane systematic review on antidepressants and cessation does not mention which dose form of bupropion to use — all the trials I can find have used the sustained-release versions. There is a debate among smoking cessation experts about whether 150 vs 300 mg/day is best — lower side effects vs slightly higher efficacy. – *Tom Houston, M.D.*

Q: For Chantix -is there a change in dose for patients with renal impairment or for the elderly?

A: The package insert states there is no dosage adjustment needed for the elderly or hepatic impairment. There is a dosage adjustment to .5 mg bid for "severe renal impairment," which is clinically defined by a creatinine clearance of less than 30 ml/min. The PI does state that varenicline may be used by renal failure patients on dialysis, but the dose should be reduced to .5 mg daily.

Q: Do you have a difficult time getting your patients to return for follow up? If so, how do you deal with that?

A: Yes. Providing the patient with a structured follow up plan can increase compliance. While there is no direct replacement for a follow up visit to the health care provider, encourage the patient to utilize other methods of follow up including quitlines, group visits, and online support groups.

Q: Do you have the percentage quit rate with combination NRT?

A: The estimated abstinence rate with 2 NRT = 28.6% vs. 1 NRT at 17.4%. This is based on a meta-analysis of 3 different studies. The evidence base can be found at:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.7838>

A specific graph to document the data on combination NRT can be found at:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.table.8689>

Q: How do you feel about counseling with a psychologist as an adjunct to smoking cessation?

A: The US Public Health Service Guidelines did a meta-analysis (p. 61 of the Guidelines) on the matter —physician advice was reported to have a 2.2 increased odds ratio for cessation compared with 1.7 for non-physician clinicians. However, the document (p. 57) calls for increased research on the subject.

Q: Will this presentation be available for viewing later?

A: It is available now at

<http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme/webcasts/dependence.html>

Q: What is the success rate for varenicline?

A: Based on summary of package insert (PI) data:

	9-12 weeks	9-52 weeks
Varenicline 0.5 bid	45%	19%
Varenicline 1.0 bid	51%	23%
Bupropion	30%	16%
Placebo	17%	4%

Q: How many insurances cover Chantix (varenicline) or Dianicline?

A: Many commercial insurances cover cessation medication, but it is variable from plan-to-plan and region-to-region. Dianicline is not yet available in USA.

Q: How do you know for sure that a patient has quit?

A: Commonly used approaches include monitoring the expired breath CO or urine cotinine — the latter being considerably more expensive and usually confined to clinical trials.

– Tom Houston. M.D.

Q: Alternative therapy: Cold laser, acupuncture, acupressure, hypnosis or laser therapy? Any comments?

A: The Cochrane review of acupuncture, laser, etc is not supportive of their use. I found only one controlled study on laser therapy, reported in a Chinese CAM journal — not superior to placebo among the adolescent subjects in the trial. A Pub Med abstract from a CAM journal says this about acupuncture: “For smoking cessation, tinnitus, and weight loss the evidence is usually regarded as negative.”

[J Altern Complement Med.](#) 2004 Jun;10(3):468-80 Clinical research on acupuncture. Part 1. What have reviews of the efficacy and safety of acupuncture told us so far?

– *Tom Houston, M.D.*

I have been practicing medical acupuncture for about 3 years. There are anecdotal reports of successful treatment with acupuncture, typically using protocols similar to drug withdrawal (heroin/cocaine) acupuncture treatment developed by a Dr. Michael Smith at a large clinic outside NY City. In my own acupuncture practice I've been underwhelmed by its success for smoking cessation and no longer encourage patients to consider it. - *Rob Kelly, M.D.*

Q: Is Dianicline available in the US?

A: No, it is still being evaluated in clinic trials

Q: Have you found anything to minimize nausea side effects with nicotine inhaler?

A: Patients have told me that emetrol works well but I haven't seen any evidence to support this.
– *Saria Carter-Saccocio, M.D.*

Q: Is weight gain less on varenicline?

A: From July 4, 2006 JAMA article: "Varenicline, an alpha 4 beta 2 Nicotine Acetylcholine Receptor Partial Agonist, vs Sustained-Release Bupropion and Placebo for Smoking Cessation":

Chantix wt gain in kg 2.37

Bupropion 2.12

Placebo 2.92

– *Saria Carter-Saccocio, M.D.*

Q: What is the approximate cost of varenicline?

A: \$4.00 - \$4.22 per day. (Average wholesale price from 2006 Drug Topics Redbook. Montvale, NJ: Medical Economics Company Inc. December 2006.)

Q: You mentioned that Missouri Medicaid did not allow any compensation for NRT, but does MO Med reimburse for counseling, group therapy, etc?

A: Not that I have been able to discover. However, Medicaid benefits vary widely from state-to-state.

Q: Any laws against smoking by pregnant women in any state that you know?

A: No, although some states have laws now on smoking in cars while kids are inside.
– *Tom Houston, M.D.*

Q: Does the company that makes varenicline provide a drug assistance program for indigent patients?

A: Chantix is included in Pfizer, Inc.’s patient assistance program that offers free medication to people who otherwise cannot afford their medications. Patients must meet financial and other program specific criteria to be eligible for assistance.

Q: For those with anxiety with Wellbutrin, is there some other med to accompany this that will offset that? Is that even a viable option?

A: Couldn’t find any research on this — some patients do find that it makes them agitated and nervous, part of which may be due to nicotine withdrawal. – *Tom Houston, M.D.*

Q: Can you give information on success rates of approved medications vs, unapproved methods: 1) hypnosis 2) anticholinergic blockade 1 visit to a clinic (I hear there are many in California followed by behavior mod/counseling).

A: Anecdotally, I can tell you that hypnosis can be effective in helping patients quit. I don’t know of evidence basis. Would be hard to do a controlled study so all we might have is comparison to “usual” treatment. – *Rob Kelly, M.D.*

I can’t find any reputable trials on anticholinergic blockade treatments — a couple of reports by the clinics using their own proprietary versions of this treatment claim very high success rates. There’s at least one report in the literature of acute psychosis as a side effect. These are not FDA approved treatments, and I personally discourage their use. Hypnosis has not been found by Cochrane review to be effective. Some individuals may benefit, however. – *Tom Houston, M.D.*

Q: How long do you have to wait to switch to another therapy?

A: Generally after a relapse, one would wait until the patient is ready to “recycle” into another quit date, and begin again with another try at pharmacotherapy — which to use depends on

patient preference, side effects of prior use of the meds, reasons for the relapse, etc.

– *Tom Houston, M.D.*

Q: Is ulcerative colitis a good justification for smoking?

A: Anecdotal reports show nicotine/smoking can lessen the symptoms of ulcerative colitis. However the risks of tobacco use appear to far outweigh the benefits. I found an abstract of one study in NEJM 1994 that showed nicotine patch reduces symptoms.

<http://content.nejm.org/cgi/content/abstract/330/12/811> - *Julie Wood, M.D.*

The Cochrane review quoted below concludes that the patch may be useful with UC symptoms. There is also some investigational use of a nicotine-containing enema. Smoking, of course, is the dirtiest way to introduce nicotine into the system, with all the other 5000 toxins that cause tobacco-related illnesses.

The results of this review provide evidence that transdermal nicotine is superior to placebo for the induction of remission in patients with ulcerative colitis. The review did not identify any significant advantage for transdermal nicotine therapy compared to standard medical therapy. Adverse events associated with transdermal nicotine are significant and limit its use in some patients. – *Tom Houston, M.D.*

Q: Do you find that the season, ie winter vs summer makes a difference in the cessation success?

A: I have not noticed any seasonal pattern. – *Rob Kelly, M.D.*

Q: How do you explain to a patient how Chantix works?

A: Their website states: “There are receptors for nicotine in the brain. When smoke is inhaled, nicotine attaches to these receptors. This sends a message to a different part of the brain to release a chemical called dopamine. Dopamine gives a feeling of pleasure. But it only lasts for a short time. The body wants to repeat this feeling. Based on research, it is believed that CHANTIX™ (varenicline) works by activating these receptors and blocking nicotine from attaching to them. However, CHANTIX does not contain nicotine.”

www.chantix.com

Q: Do you have to titrate Chantix, or can you start with 1mg qd then 1mg bid?

A: The goal of titration is to decrease side effects — especially nausea. It is a clinical decision.

Q: I heard that wellbutrin would not be covered for smoking cessation, that only Zyban without substitution would be paid for. Comments?

A: Coverage varies by insurance plan. Some will not cover any cessation medications, others have preferred medications. Some plans will not cover bupropion for any patient, regardless of if it is being used for smoking cessation or depression.

Q: Is there any evidence of increased success when replacing a nicotine habit with a healthful habit such as exercise?

A: A recent study, “The acute effects of exercise on cigarette cravings, withdrawal symptoms, affect and smoking behaviour: a systematic review,” in the journal *Addiction* Volume 102 Issue 4 Page 534 - April 2007 shows promise of exercise as an adjunct. The authors’ conclusion: “Relatively small doses of exercise should be recommended as an aid to managing cigarette cravings and withdrawal symptoms. Further research to understand the mechanisms involved, such as stress reduction or neurobiological mechanisms, could lead to development of more effective and practical methods to reduce withdrawal phenomena.”

There is limited evidence from the Cochrane reviews. Authors’ conclusions: Only one of the 11 trials offered evidence for exercise aiding smoking cessation at a 12-month follow up. All but one of the other trials were too small to exclude reliably an effect of intervention, or included an exercise intervention which was insufficiently intense to achieve the desired level of exercise. Trials are needed with larger sample sizes, sufficiently intense exercise interventions, equal contact control conditions and measures of exercise adherence.

- *Tom Houston, M.D.*

Q: Do you need parents to talk to minors about quitting?

My practice is to visit with adolescents and pre-teens to prevent smoking initiation or to get them to stop. This should not need parental consent unless treatment is involved.

Q: Will we be e-mailed a CME certificate for this web broadcast? If not, how do we document it?

A: Please complete the evaluation at <http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme/webcasts/dependence.html> . If you’re an AAFP member, you can submit your CME online through this link. If you need a non-physician certificate, please e-mail your request to kwiens@aaafp.org after completing the non-member evaluation.

Q: Do you have any comments on non-compliant patients (ie CAD, hx MI, COPD, etc) whom you are treating for their medical problems but they absolutely refuse to even consider quitting smoking?

A: Denial is very strongly associated with most addictive behavior. The “stages of change” concept puts these patients in “pre-contemplation.” The Public Health Service guidelines recommendation is to continue to work with them over time, try to help them understand the

health risks at a personal level, puncture myths they may have about smoking or cessation, and let them know you'll be there to help when they're ready. A tough group. – *Tom Houston, M.D.*

Q: Any recommended treatment for patients who state that they would get fat if they quit smoking?

A: Wellbutrin may help more in this regard than other therapies. – *Rob Kelly, M.D.*

Nothing more than helping them understand that the health consequences of limited weight gain most experience pales by comparison to continued smoking, and that exercise and sensible efforts at weight control help (ie, cutting back on sweets, increasing fruits/veggies, etc). This concern, primarily among women, needs to be met up front in counseling, as it seems a major impediment to many. Some of the pharmacotherapeutic agents (bupropion, NRT, possibly varenicline) seem to retard weight gain during their use. – *Tom Houston, M.D.*