

Treating Tobacco Dependence

Julie K. Wood, M.D., F.A.A.F.P.
Research Family Medicine Residency
Kansas City, Missouri
Chair, AAFP Tobacco Cessation Advisory Committee

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Objectives

- Use the most recent evidence on pharmacotherapy for nicotine dependence.
- Conduct productive counseling sessions.
- Maximize payment for tobacco cessation treatment and counseling.
- Make system changes that increase intervention and tobacco cessation rates.
- Access free AAFP resources.



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Audience poll:

What percentage of your patients do you (or your office staff) ask about tobacco use?

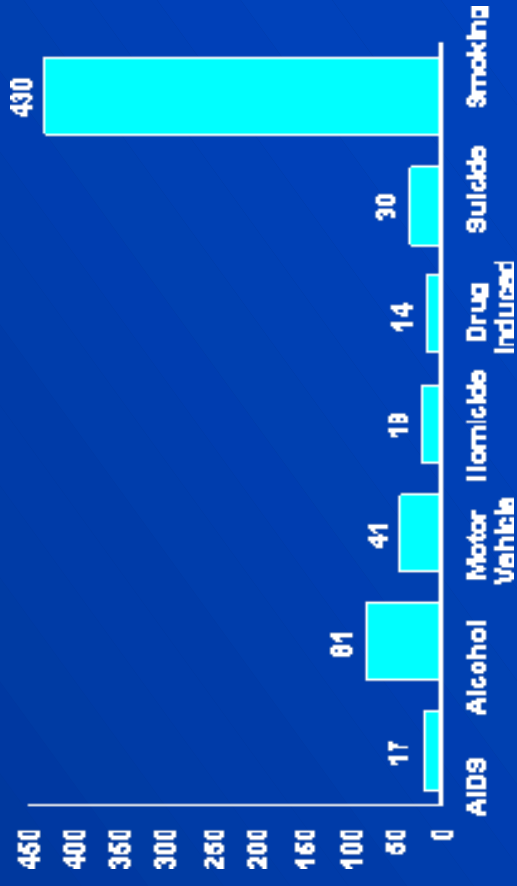
- 100%
- 80-99%
- 60-79%
- 40-59%
- 0-39%



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Causes of Annual Deaths in the United States:



Source: CDC



Pharmacotherapy

Evidence based recommendation:

– All patients attempted to quit should be encouraged to use effective pharmacotherapies for smoking cessation except in the presence of special circumstances.

Strength of evidence: A



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Agency for Healthcare Research and Quality Clinical Guidelines
and Evidence Reports (AHRQ)
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.7838>



Recommended first-line pharmacotherapies

- Bupropion SR (Wellbutrin)
- Nicotine gum
- Nicotine inhaler
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine patch
- Varenicline (Chantix)



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Factors clinicians should consider when choosing first-line pharmacotherapies

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



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First-line pharmacotherapies

- Bupropion SR - mechanism for smoking cessation unknown; inhibits neuronal uptake of norepinephrine, serotonin and dopamine.
- Nicotine replacement therapy (NRT) - binds to various CNS and peripheral nicotinic-cholinergic receptors.
- Varenicline - agonizes and blocks $\alpha 4\beta 2$ nicotinic acetylcholine receptors.



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First-line pharmacotherapies

Evidence based recommendations:

- Bupropion SR and NRT -- gum, inhaler, spray, patch -- are efficacious smoking cessation treatments that patients should be encouraged to use.

Strength of evidence: A



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What's new? Varenicline

- Binds with high affinity and selectivity at alpha 4, beta 2 neuronal acetylcholine receptors
- Stimulates receptor mediated activity at a significantly lower level than nicotine.
- Blocks the ability of nicotine to activate the receptors and stimulates the CNS mesolimbic dopamine system, believed to be the neuronal mechanism underlying reinforcement and reward from smoking.



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Varenicline mechanism of action translated:

- Provides some nicotine effects to ease withdrawal symptoms
- Blocks effects of nicotine from cigarettes if the patient resumes smoking.



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Prescribing varenicline:

- Have the patient choose a quit date
- Start varenicline 1 week before the quit date.
- Take with 8 oz of water
- Recommended treatment time is 12 weeks.
- If smoking cessation is not successful or a relapse occurs, consider a second 12 weeks of therapy.



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Prescribing varenicline:

Comes in 0.5 mg (white tablet) &
1.0 mg (blue tablet)

Titration Schedule:

Day 1-3: 0.5 mg once daily

Day 4-7: 0.5 mg twice daily

Day 8 on: 1.0 mg twice daily



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Recommended second-line pharmacotherapies (off label use)

- Clonidine (Catapres)- mechanism for smoking cessation unknown; stimulates α_2 -adrenergic receptors (centrally-acting antihypertensive)
- Nortriptyline (Pamelor)- mechanism for smoking cessation unknown; inhibits norepinephrine and serotonin uptake; inexpensive



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What about patients who have a history of cardiovascular disease?

- Nicotine replacement therapy: caution for drug class if MI within two weeks, severe arrhythmias or cardiovascular disease.
- Bupropion SR: caution if recent MI or hypertension.
- Varenicline: no contraindications or cautions in patients with a history of cardiovascular disease.



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Pharmacotherapies for lighter smokers

- Consider reducing the dose of first-line NRT.
- No adjustments are necessary when using bupropion SR.



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What should be considered for patients concerned with weight gain?

- Bupropion SR and nicotine replacement therapies (especially gum) may delay, but not prevent, weight gain.
- The average weight gain from tobacco cessation is 5 pounds, more common in women.



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What about 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.
- Bupropion SR and varenicline are both pregnancy category C.
- NRT is pregnancy category D, except for gum and lozenges, which are pregnancy category C.



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Can pharmacotherapies be used long-term?

- Yes.
- Helpful with smokers with persistent withdrawal systems.
- Long-term use of NRT does not present a known health risk.
- FDA approved the use of bupropion SR for long-term maintenance.
- Varenicline recommended for 12 week course; may repeat for another 12 weeks.



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Audience poll:

Have you tried combination therapy? I have (check all that apply):

- Combined patch and inhaler
- Combined patch and gum
- Combined inhaler and gum
- Combined Bupropion SR and NRT
- Combined Varenicline and NRT
- Haven't tried combination therapy



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Combining pharmacotherapies

- Combination NRT products
- Combination NRT/Bupropion

Evidence based recommendation:

Combining the nicotine patch with a self-administered form of nicotine replacement therapy (either the nicotine gum or nicotine nasal spray) is more efficacious than a single form of nicotine replacement, and patients should be encouraged to use such combined treatments if they are unable to quit using a single type of first-line pharmacotherapy. **Strength of evidence: B**



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Combining varenicline with NRT?

- Safety and efficacy of combo therapy has not been studied.
- Use with transdermal nicotine doesn't affect pharmacokinetics.
- Side effects are higher (nausea, vomiting, dizziness, dyspepsia).



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What's coming?

- Dianicline - nicotine receptor partial agonist
- Stimulates receptor mediated activity at a significantly lower level than nicotine.
- Nicotine vaccine
 - Theory: Will produce antibodies that trap nicotine in the plasma
 - Reduces amount of nicotine that penetrates the brain, which decreases dependence
 - May help prevent relapse



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What's coming?

- Rimonabant (Acomplia)- cannabinoid receptor 1 blocker
 - Curbs cravings
 - Currently marketed in Europe as an anti-obesity drug
 - Trials in US for smoking cessation and prevention of weight gain in former smokers



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Opportunity for practices

- 70% of smokers see a physician each year.
- 70% of smokers want to quit.
- Physician's advice to quit is an important motivator.
- Patients are more satisfied with their health care if their provider offers smoking cessation interventions - even if they're not yet ready to quit.



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Evidence-based recommendations:

- All *physicians* should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates.

Strength of evidence: A

- All *clinicians* should strongly advise their patients who use tobacco to quit. Although studies have not independently addressed the impact of advice to quit by all types of nonphysician clinicians, it is reasonable to believe that such advice is effective in increasing their patients' long-term quit rates.

Strength of evidence: B



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Ask and Act

- Ask every patient about tobacco use

Evidence-based recommendation:

All patients should be asked if they use tobacco and should have their tobacco-use status documented on a regular basis. Evidence has shown that this significantly increases rates of clinician intervention.

Strength of evidence: A



ASK AND ACT
A TOBACCO CESSATION PROGRAM



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Audience poll:

Does your practice currently record tobacco use as a vital sign?

- Yes
- No



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Make system changes to identify tobacco users and document interventions:

- Incorporate into vital signs.
- Use chart stickers or computer prompts to document status: current, quit or never smoker.
- Develop templates for EHRs.
- Develop tobacco-cessation practice teams.



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Evidence-based recommendation:

Clinic screening systems such as expanding the vital signs to include tobacco-use status, or the use of other reminder systems such as chart stickers or computer prompts are essential for the consistent assessment, documentation, and intervention with tobacco use.

Strength of evidence: B



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Make system changes to identify all tobacco users and document interventions:

- Let patients know you can help -- posters, lapel pins, brochures.
- Develop incentives for staff interventions.
- Offer and promote group visits.



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Make system changes to identify all tobacco users and document interventions:

- Maintain tobacco cessation patient registry/monitoring system.
- Plan for follow-up calls by office staff on and after tobacco quit date.
- Remove magazines with tobacco ads.



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Not yet ready to quit - Do:

- Strongly advise to quit
- Provide information
- Ask noninvasive questions; identify reasons for tobacco use
- Demonstrate empathy, foster communication - “I will help when you are ready”



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Not yet ready to quit - Don't:

- Try to persuade
- “Cheerlead”
- Tell patient how bad tobacco is, in a judgmental manner
- Provide a treatment plan



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Ready to quit:

- Praise the patient's readiness
- Assess tobacco use history
 - Current use: type(s) of tobacco, brand, amount
 - Past use: duration, recent changes
 - Past quit attempts:
 - Number, date, length
 - Methods used, compliance, duration
 - Reasons for relapse



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Ready to quit - Discuss:

- Reasons/motivation to quit
- Confidence in ability to quit
- Triggers for tobacco use
 - What situations lead to temptations to use tobacco?
 - What led to relapse in the past?



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Ready to quit - Discuss: Routines/situations associated with tobacco use

- When drinking coffee
- While driving
- When bored or stressed
- While at a bar with friends
- After meals
- During breaks at work
- While on the telephone
- While with specific friends or family members who use tobacco



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Ready to quit - Discuss:

The myths

- “Smoking gets rid of my stress.”
- “I can’t relax without a cigarette.”

The facts

- There will always be stress in one’s life
- There are many ways to relax without a cigarette.

**Smokers confuse the relief of withdrawal
with the feeling of relaxation.**



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Ready to quit - Advise to:

- Ask family, friends, and coworkers to not smoke around them and not to leave cigarettes out
- Get individual, group, or telephone counseling



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Ready to quit:

- Discuss methods for quitting
- Set a quit date
- Discuss coping strategies
- Provide medication counseling
- Offer to assist throughout quit attempt
- Congratulate the patient!



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Audience poll:

Have you ever referred a patient to a tobacco cessation quitline?

- Yes
- No



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Quitlines

- Takes 30 seconds to refer a patient.
- Staffed by experts who tailor a plan and advice.
- Can increase a smoker's chance of successfully quitting.
- Quitline cards are free for AAFP members.



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Advantages of Quitlines

- Accessibility.
- Appeal to those who are uncomfortable in a group setting.
- Smokers are more likely to use a quitline than a face-to-face program.
- No cost to patient.
- Easy intervention for healthcare professionals.



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Treatment follow-up

- Congratulate success!
- Call to check in on quit date.
- Schedule counseling visit within first two weeks.
- Encourage the patient to talk about the process.



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Benefit from a relapse

- Provides useful information
 - Information about the cause of the event
 - A formerly unknown stressful situation
 - How to correct it occurrence in the future
 - An action plan for that event
- Normal part of the recovery process



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Audience poll:

For what percentage of your patients are you reimbursed for your tobacco cessation counseling/interventions?

- 100%
- 80-99%
- 60-79%
- 40-59%
- 0-39%



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Getting Paid

- Medicare covers tobacco cessation counseling for patients who smoke and have a tobacco-related disease or whose therapy is affected by tobacco use.
- Medicare's prescription drug benefit covers smoking cessation treatments prescribed by a physician.
 - Over-the-counter treatments are not covered



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Medicare

- 8 visits allowed in 12 month period (4 sessions per attempt).
- Intermediate cessation counseling = 3 to 10 minutes per session
- Intensive cessation counseling = more than 10 minutes per session.
- Counseling \leq 3 min covered under E&M code.



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Medicare

- Any qualified provider, such as physicians, clinical social workers, psychologists, hospitals, may bill for tobacco cessation counseling.



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Private Insurers

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



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U.S. health plan coverage of tobacco dependence treatments

160 plans
(74%) with
60 million
members.

	1997	2003
Any TDT	25%	88%
Bupropion	18%	30%
OTC NRT	7%	10%
NRT if counseling	25%	19%
Phone Counseling	33%	42%
1-on-1 Counseling	27%	36%
Group Counseling	36%	21%



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Source: McPhillips-Tangum, et al. *Prev Chron Disease* July 2006 3(3).



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.
- Bill for counseling parents on effects of secondhand smoke.



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Medicaid coverage 2000-2005

# (%) Medicaid Programs (N=51)	2000	2005
Bupropion	31 (61%)	37 (72%)
NRT Patch	23 (45%)	33 (65%)
NRT Gum	22 (43%)	31 (61%)
NRT Spray/Inhaler	23 (45%)	29 (57%)
Face-to-Face Counseling	11 (24%)	25 (49%)
Group Counseling	10 (20%)	18 (35%)
Proactive Telephone (Does not include State Quit Lines)	3 (6%)	3 (6%)



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Source: MMWR Nov. 9 2001; MMWR Nov. 10, 2006, CDC



Free AAFP resources: www.askandact.org



lapel pins

Quitline referral cards

Shipping charges apply



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Free AAFP resources: www.askandact.org

Prescription: *Quit Smoking*

Family Name: _____ Date: _____

Just before your quit date:

- Visit your personal doctor to stop. Look at all options.
- Get rid of all your cigarettes, ashtrays, lighters and ashtrays.
- Tell friends and family how you're going to stop and what your quit date is.
- Get the medicines you plan to use. Medication name: _____
- Practice your quit strategy in places where you spend a lot of time, such as your home or car.

On your quit date:

- Stop all medication.
- Ask your friends, co-workers and family for support.
- Change your daily routine.
- Drink plenty of water.
- Sleep early.
- Do something special to celebrate.

Right after you stop:

- Don't let back, but understand you won't succeed at first. It will take 6 weeks.
- Try to avoid drinking alcohol, coffee or other beverages you associate with smoking.
- If you miss the nicotine of being a cigarette smoker, try to eat or chew tablets, breathe hot liquids or steam.
- Show support for one another in the quit group.
- Reward yourself for successes — even just one day or one week without smoking.
- Start an exercise program.
- Have fun in life again!

Additional notes and dates: _____

Family physician's signature: _____

Receta: *Deje de Fumar*

Nombre del Paciente: _____ Fecha: _____

Actos de dejar de fumar:

- Avise sus médicos, parientes para dejar de fumar. Déjele un número de teléfono.
- Lleve un diario de cuándo y por qué fuma.
- Deshágase de todos sus cigarrillos, fósforos, encendedores y cenizas.
- Avise a sus parientes y familiares que se va a dejar de fumar y le ayude a que se comprometa.
- Obtenga los medicamentos que planea usar. Nombre del medicamento: _____
- Converse a solas su médico/a.
- Practíquese a no tener cigarrillos en lugares donde usted pasa mucho tiempo. Así como su hogar o trabajo.
- Lleve al **1-800-QUIT-NOW** para obtener información e instrucciones.

En la fecha que va a dejar de fumar:

- Deje todos los medicamentos.
- Converse con sus familiares.
- Pídale apoyo a sus amigos, compañeros de trabajo o familiares.
- Cambie su rutina diaria.
- Evite situaciones donde normalmente fumaba.
- Beba bastante agua.
- Manténgase hidratado.
- Haga algo especial para celebrar.

Seguimiento después que deje de fumar:

- Déjele a alguien un aviso por escrito cuando se va a dejar de fumar.
- Evite bebidas alcohólicas, café y otros bebidas que usted asocia con fumar.
- Evite fumar en lugares donde otros fumadores también están. Evite estar en la tienda, tienda de comestibles o en cualquier otro lugar donde se fuma.
- Muestre apoyo a sus amigos y familiares para ayudarlos con sus amigos.
- Manténgase hidratado bebiendo agua.
- Reempieza con sus hábitos de vida sana, un día a la vez o una semana a la vez.
- Comience un programa de ejercicio.
- Haga algo divertido en su tiempo libre.

Recomendaciones adicionales: _____

Family physician's signature: _____

“Prescription pads” for those ready to set a quit date



Shipping charges apply



Free AAFP resources:
www.askandact.org

Want to Quit?

Ask your family physician for help.



1-800-QUIT-NOW

¿Quiere dejar de fumar?

Su médico de familia le puede ayudar.



1-800-QUIT-NOW



posters

Shipping charges apply



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Free AAFP resources:

www.askandact.org

CME Webcasts:

- Treating Tobacco Dependence
- Become a Tobacco Aware Practice: Using an Organizational and Team-based Approach
- Conduct and Get Paid for Tobacco Cessation Group Visits
- Beyond the Guidelines: Advances in Tobacco Cessation Treatment and Payment



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Free AAFP resources:

www.askandact.org

- Pharmacotherapy guidelines
- PowerPoint presentations
- Practice resources
- Reimbursement information
- Tobacco statistics
- Opportunities for AAFP chapters



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Tobacco addiction is a chronic disease and deserves ongoing clinical treatment.

Effective smoking cessation can reduce illness and improve patient quality of life.

Every time, **ask** your patients if they use tobacco.
Act to help them quit.



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Questions?



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