Smoking Cessation Guidelines

How to Treat your Patient's Tobacco Addiction

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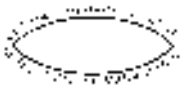
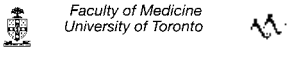
This publication has been endorsed by the Optimal Therapy Initiative, Department of Family and Community Medicine, University of Toronto





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NOVARTIS

NEW GUIDELINES TO IMPROVE YOUR STOP-SMOKING INTERVENTIONS

Do you want to reduce your frustration when dealing with patients who smoke? Are you looking for better, more efficient ways to guide these patients through the quitting process?

The following guidelines, on pages 4-5, provide a basis for brief yet effective interventions to help you treat tobacco addiction in your smoking patients.

To date, there is insufficient evidence to inform effective recommendations for adolescents. However, it is still vital to advise adolescent smokers to stop smoking. Use reasons that may have an effect on this age group, such as explaining that smoking causes wrinkles, bad breath and yellow teeth. Immediate adverse consequences will likely have more impact than long-term ill effects.

- **Smoking is a chronic addiction.**
- **You can make a difference.**
- **There are quick, effective interventions to treat your patients' tobacco addiction.**
- **Office staff are vital members of your stop-smoking team.**

A Chronic Disease that Can be Treated

Smoking is a chronic addiction that may require repeated interventions over many years. But you can be optimistic. The cumulative effect of simply asking about interest in stopping and offering to help can be significant.

Brief advice as compared to no advice (or usual care) leads to an absolute increase in the cessation rate of about 2.5%. This means for every 40 patients who receive brief advice, one will quit smoking permanently.[1] Given that over 6.5 million Canadians (aged 15+) smoke,[2] and that 70% see a physician at least once a year, your interventions with smoking patients in your practice can have an enormous impact.

Adopt a Team Approach

While these guidelines provide a practical tool for treating tobacco addiction, they must be supplemented and supported by your office staff. Nurses, medical assistants and secretaries are important members of your stop-smoking team, and can help to identify and treat tobacco addiction in your patients.

MEASURING THE SUCCESS OF YOUR STOP-SMOKING INTERVENTIONS

Quit rates are not the only measure of success when you counsel your patients on quitting smoking. Progressing through the process of quitting is just as important. Your intervention will have been successful if your patients:

- **talk about and reflect on their smoking**
- **understand how their illness is linked to smoking**
- **think about quitting**
- **record their smoking pattern for 1 to 2 weeks**
- **make a plan for a quit attempt.**

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SMOKING CESSATION GUIDELINES

How to Treat your Patient's Tobacco Addiction

REMINDER METHODS FOR SMOKING STATUS

- **rubber stamps, labels or stickers**
- **preprinted form**
- **computerized record**
- **adding smoking status to vital signs, allergies information or yearly physical forms**
- **writing smoking status on inside of chart**

Step 1: Ask each patient: "Do you smoke or have you ever smoked?"

- Record in a prominent place in the chart the patient's smoking status—smoker, never-smoker or ex-smoker.
- Follow up at reasonable intervals.

Step 2: Ask each smoking patient: "How do you feel about your smoking?"; "Are you thinking about quitting?"

- Tailor your intervention according to the patient's answers (see below) using a patient-centred approach.

Step 3: How to Intervene

(Adapted from the Stages of Change Model, see page 6)

TALKING TIPS

- **"As your physician, I strongly advise you to stop smoking. Quitting smoking is one of the most important ways to stay healthy."**
- **"I'm here to help you quit when you're ready."**
- **"Until you are ready, try to protect your family and friends from your smoking by not smoking in your home or car."**

Not Thinking About Quitting

Objective: To help the patient reflect on his / her smoking.

- Ask about and discuss the impact of smoking on the patient's life.
- Link every smoking-related illness in the patient to his / her smoking.
- Provide a strong personalized message.
- Encourage patient to make his / her house and car smoke free.
- Provide relevant educational materials.

TALKING TIPS

- **"I'm interested in helping you quit. Would you like my help?"**
- **"How do you feel about quitting smoking?"**
- **"Please read this material and come back to discuss it."**

Thinking About Quitting

Objective: To increase patient's motivation to quit.

- Offer to help your patient.
- Ask about your patient's concerns about quitting and discuss ways of dealing with them (see The Pros and Cons of Smoking and Quitting, page 7).
- Provide patient materials (see Patient Handouts, page 16).
- Suggest a follow-up visit.

TALKING TIPS

- **"What strategies are you planning to use when you have strong urges to smoke?"**
- **"It's a good idea to tell your family and friends you're quitting smoking and to ask for their help."**
- **"Have you thought about using stop-smoking medications like nicotine gum, the 'patch' or bupropion?"**

Ready to Quit

Objective: To help the patient find the right treatment.

Note: A special, longer appointment may be necessary.

- Assess nicotine dependence, past quitting history and comorbidity (see Choosing the Right Intervention, page 5).
- Ask about other smokers in the patient's home and workplace.

Support Strategies

- Offer your support and optimistic coaching.
- Encourage patients to seek help from family and friends.
- Assure patient that slips and relapses are normal (see Dealing with Relapse, page 12).

Ready to Quit, continued

Behavioural Strategies

- Discuss past experiences with quitting and what can be learned from them.
- Help patient to recognize barriers to quitting and smoking triggers—including negative self-talk—and how to avoid them.
- Address weight gain and exercise (see Weight Gain and Exercise, page 12).
- Encourage the patient to practice quit strategies, such as avoiding specific cigarettes during the day.
- Assist in setting a quit date.
- Tell the patient what to expect from withdrawal (see Tobacco Addiction, page 8).

Tools

- Ask about previous experience with cessation tools.
- Offer a menu of stop-smoking tools (see Pharmacologic Tools, page 9 and Nonpharmacologic Cessation Tools, page 12).
- Provide materials specific to patient needs, including a community resources list.

Follow-up

- Arrange for a return visit.

Now that Your Patient Has Stopped Smoking

Objective: To support and sustain the patient's cessation efforts.

Support Strategies

- Congratulate the patient on his / her efforts.
- Encourage the patient to establish a self-reward system and use positive self-talk.

Behavioural Strategies

- Discuss coping strategies for withdrawal symptoms, urges and triggers.
- Discuss strategies for dealing with slips and relapses (see Dealing With Relapse, page 12).

Tools

- Review use of stop-smoking medications, if relevant.

Follow-up

- Develop a specific follow-up plan that includes several visits or numerous phone contacts.

CHOOSING THE RIGHT INTERVENTION

(Adapted from Abrams DB et al, 1996)[3]

Once a smoker is ready to quit, you can choose the right intervention by assessing the level of nicotine dependence, quit history and comorbidity (see Comorbid Conditions, page 14)

To assess level of nicotine dependence, ask:

- **How many cigarettes do you smoke per day?**
- **When do you smoke your first cigarette (time from waking)?**

Patients who smoke more than 20 cigarettes per day and have their first cigarette within 30 minutes of waking have a high nicotine dependence.

Assessment	Intervention
• No comorbidity • Low nicotine dependence • No past serious quit attempts	**Self-help**
• No comorbidity • Low nicotine dependence with few past serious quit attempts OR high nicotine dependence and no past serious quit attempts	**Brief, tailored counselling with follow-up**
• Comorbidity • Low nicotine dependence and several past serious quit attempts OR high nicotine dependence with at least one past serious quit attempt.	**Specialized intensive treatment**

TALKING TIPS

- **"If you have a cigarette, this is not a failure, but a slip. Try not to return to regular smoking. Come back or call me so we can find out why it happened and prevent it from happening again."**
- **"By making your home and car smoke free, you can help avoid slips and relapses."**

SPECIAL SITUATIONS

You might encounter special situations that require more tailored interventions, including:

- **pregnant smokers (see Pregnancy and Smoking, page 13)**
- **hospitalized patients (see The Hospitalized Patient, page 13)**
- **comorbidity (see Comorbid Conditions, page 14).**

CLINICIAN'S MANUAL

Note: (Levels of evidence used throughout this clinician's manual are based on the Quality of Evidence Table, Canadian Task Force on Preventive Health Care, see page 24.)

Physician Intervention

- Physician training in smoking cessation is beneficial—trained physicians produce increased cessation results compared to untrained physicians.[4,5]—Level I
- Health professionals who receive training are much more likely to intervene with smokers than those who are not trained.[6]—Level I
- Even brief, routine advice to stop smoking in primary practice can have a positive impact on long-term smoking cessation.[7,8]—Level I
- Patient-centred, behaviour-oriented counselling is the most effective strategy in changing smoking behaviour.[9]—Level I
- Brief provider intervention (two to five minutes) and a self-help manual may be superior to usual care in motivating attempts to quit.[10]—Level I
- It is important to feel confident in exploring smoking issues with those patients who are less motivated to quit—patient-centred counselling can reduce defensiveness in these patients.[9]—Level I
- Smokers who cannot stop smoking with brief physician intervention should be offered specialized help, such as referral to a smoking cessation specialist.[6]

  —Level III

The Stages of Change and Building Motivation in Your Patients

- Smokers move through a series of stages from precontemplation to maintenance.[11]—Level III
- Stage-specific advice enhances short-term movement through the stages of change.[12]—Level II-1
- Most smokers are not in the action stage. It is estimated that:[13]
  - 50%-60% are in the precontemplation stage
  - 30%-40% are in the contemplation stage
  - 10%-15% are in the preparation stage.
- Smokers make an average of three to four quit attempts over seven to 10 years before they achieve long-term maintenance.[11]

Building Motivation in Your Patients

Building motivation is an important element in moving your patients from one stage to the next. You can build motivation by:

- asking open-ended questions
- using reflective statements—rephrase the patient's words to summarize his / her feelings
- affirming patient's feelings and expressing empathy
- encouraging patient to focus on reasons for quitting
- creating dissonance between the pros and cons of quitting
- boosting the patient's self-confidence
- avoiding arguments
- recognizing that resistance signals a mismatch between your intervention and the patient's readiness to quit.

THE STAGES OF CHANGE[11]
—Level III

- **Precontemplation—not thinking about quitting in next six months**
- **Contemplation—thinking about quitting in next six months**
- **Preparation—preparing to quit in next month and have tried to quit in the past year**
- **Action—successfully quit for up to a six-month period**
- **Maintenance—continue to remain smoke free for more than six months**

Patient Handout

See Your Smoking Stage—What Kind of Smoker Are You? (page 17)—a handout that will help your patients identify their stage of readiness to stop smoking.

The Pros and Cons of Smoking and Quitting

- To enhance motivation to quit smoking, ask the patient to identify both the pros and cons of smoking and quitting. The following are possibilities only. Each patient needs to be asked to identify his / her own pros and cons as they will be highly personal.
- Consider using a decisional balance chart (for an example, see page 8) to record the patient's own pros and cons.

Smoking

The Pros

- eases tension
- improves concentration
- controls appetite
- enhances pleasure, relaxation
- provides social interaction

The Cons[14]

Immediate

- shortness of breath
- worsening asthma
- pregnancy-related risks
- infertility
- impotence

Long-term

- heart attacks and stroke
- lung and other cancers
- chronic obstructive pulmonary disease
- peripheral vascular disease

Environmental

- increased risk of lung cancer and heart disease in family members
- greater rates of smoking in children of smokers
- higher rates of sudden infant death syndrome, asthma, middle ear infections and respiratory infections in children of smokers
- increased fire hazards

Quitting Smoking

The Pros[14]

- improved health and longevity (see sidebar, Health Benefits of Smoking Cessation, pages 7-8)
- enhanced sense of taste and smell
- money saved
- improved quality of life
- enhanced performance in sports / leisure activities
- better smelling home, car, breath and clothes
- setting good example for children
- healthy infants and children
- freedom from addiction

The Cons

- withdrawal symptoms
- grief reaction
- loss of a close friend
- boredom
- missing the break that smoking provides
- losing friends that smoke
- loss of enjoyment of smoking-related activities
- weight gain

HEALTH BENEFITS OF SMOKING CESSATION[15]—Level I

Smoking cessation offers dramatic health benefits for your patients. Remember to highlight how quickly some of these benefits can accrue.

- **The risk of sudden cardiac death in smokers reduces significantly as soon as they quit smoking. This is mainly due to the decrease in carbon monoxide and catecholamines.[16]**
- **Smoking cessation increases life expectancy. People who quit smoking before age 50 have 50% less risk of dying in the next 15 years compared with continuing smokers.**
- **Benefits of cessation extend to quitting at older ages. A healthy man aged 60 to 64 smoking a pack of cigarettes or more a day reduces by 10% the risk of dying during the next 15 years if he quits smoking.**
- **After 10 years of abstinence, the risk of lung cancer is about 30% to 50% of the risk for continuing smokers. This risk continues to decline with further abstinence.**
- **Smoking cessation reduces the risk of cancers of the larynx, oral cavity, esophagus, pancreas and urinary bladder. In some cases (including cervical and bladder cancers), this risk reduction occurs in the first few years after cessation.**
- **The excess risk of coronary heart disease (CHD) from smoking is reduced by 50% after one year of abstinence and then declines gradually. After 15 years of abstinence, the risk of CHD is similar to that for people who have never smoked.**
- **Within five to 15 years of abstinence, the risk of stroke returns to the level of people who have never smoked.**

HEALTH BENEFITS OF SMOKING CESSATION, continued

- **Smoking cessation reduces rates of respiratory symptoms (cough, sputum production, wheezing) and respiratory infections (bronchitis, pneumonia).**
- **For patients without overt chronic obstructive pulmonary disease, pulmonary function is improved by about 5% within a few months of cessation.**
- **The increased risk of developing duodenal and gastric ulcers in smokers is reduced by smoking cessation.**

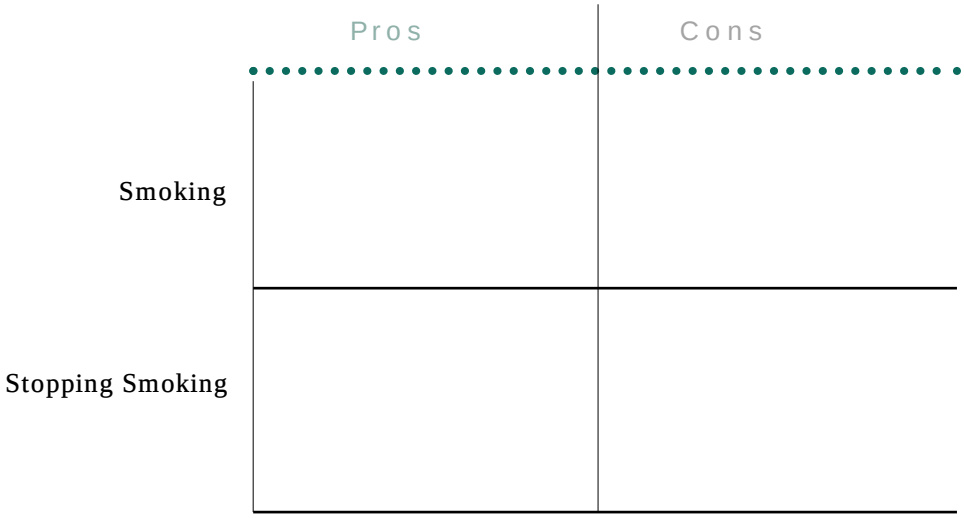
Patient Handout

See The Benefits of Quitting—a handout that will help your patients understand the many benefits of quitting smoking.

SIGNS OF WITHDRAWAL

- **dysphoric or depressed mood**
- **insomnia**
- **irritability, frustration or anger**
- **anxiety**
- **difficulty concentrating, restlessness**
- **decreased heart rate**
- **increased appetite or weight gain.**

Decisional Balance Chart



Tobacco Addiction

The Canadian Society of Addiction Medicine adopted the following definition of addiction in October, 1999:[17]

> Addiction is a primary, chronic disease characterized by impaired control over the use of a psychoactive substance and / or behaviour. Clinically, the manifestations occur along biological, psychological, social and spiritual dimensions. Common features are change in mood, relief from negative emotions, provision of pleasure, preoccupation with the use of substance(s) or ritualistic behaviour(s); and continued use of substance(s) and / or engagement in behaviour(s) despite adverse physical, psychological and / or social consequences. Like other chronic diseases, it can be progressive, relapsing and fatal.

- Nicotine is the chemical component in tobacco (the substance associated with psychoactive reinforcing properties) that establishes nicotine dependence and the nicotine withdrawal syndrome as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).[18] Nicotine dependence develops fairly rapidly—often within six months of regular use.
- The severity of nicotine dependence depends more on the difficulty the patient has in quitting smoking and leading a nicotine-free life, than on the amount and pattern of tobacco smoking.
- Nicotine withdrawal syndrome occurs when blood nicotine levels fall sharply. However, it can also be triggered by environmental stimuli and / or the presence of other psychoactive substances, especially alcohol.
- Nicotine withdrawal syndrome is often greater in heavy smokers and those who smoke within 30 minutes of waking up.

Treatment

- Treatment for nicotine dependence and nicotine withdrawal syndrome may include nicotine replacement therapy (NRT) and / or bupropion, regularly or episodically.
- A person using NRT and / or bupropion who does not smoke, substantially reduces morbidity and mortality risks because the thousands of other toxic chemicals associated with tobacco smoking, including carbon monoxide, are no longer being inhaled after smoking cessation.
- NRT and / or bupropion can be gradually discontinued as the patient becomes

more comfortable with the environmental triggers and emotional states associated with his / her tobacco addiction.
- Some other pharmacologic substances can help alleviate withdrawal symptoms independent of NRT.

Beyond the Biophysiologic
- Pharmacologic treatment of tobacco addiction only addresses the biophysiologic aspect of nicotine dependence. Framing nicotine dependence as tobacco addiction will help you and your patient explore the psychological, social, spiritual and behavioural aspects of this disease on a personal level.
- Behaviours associated with tobacco addiction include:
  - handling the cigarette
  - the feel of the smoke in one's mouth and throat
  - the "taking a break" or "comfort" associated with smoking
  - any other positive association a smoker has with his / her addiction.
- Recovery from tobacco addiction requires a drastic change in lifestyle, values, social circles, thinking and feeling patterns, coping skills, and awareness that romanticizing tobacco smoking will lead to relapse. Smokers often go through a grief reaction that includes denial, anger, bargaining, sadness and finally, acceptance.
- Remember that tobacco addiction needs to be considered as a chronic disease that can be brought into remission with appropriate interventions and treatments. Dependence on other psychoactive substances (e.g., alcohol, cannabis, opioids or other stimulants like amphetamines and cocaine) makes recovery from tobacco addiction more difficult. The risk of relapse under stressful circumstances remains for a lifetime.

Pharmacologic Tools

The Options

There are many different stop-smoking medications available.

The following options have been shown to approximately double quit rates:[19] —Level III
- bupropion SR
- nicotine gum
- nicotine patch

Other pharmacologic options for which positive findings have been reported are:[20] —Level III
- buspirone (anxiolytic)
- clonidine
- mecamylamine (with nicotine patch)
- naltrexone (opioid antagonist)
- nortryptiline (antidepressant)

Clonidine and nortryptiline are currently recommended as second-line pharmacotherapies in the US.[21]

The following options are not currently available in Canada, but have been tested in placebo controlled trials, demonstrated to be effective, and recommended as first-line pharmacotherapies in the US:[21]
- nicotine inhaler
- nicotine nasal spray

HARM REDUCTION

Although some experts advocate NRT and/or bupropion even in active smokers as a harm reduction technique, this is controversial. No consensus could be reached by our expert panel on the role of harm reduction in the context of tobacco addiction. There appears to be more support for NRT and/or bupropion as maintenance (with no continued smoking) rather than encouraging NRT and/or bupropion for active smokers.

Patient Handout

See Withdrawal…and Beyond (page 18)—a handout that will help your patients cope with withdrawal symptoms, triggers and high-risk smoking situations.

Indications and use

- Patient preference, previous experience and contraindications should be the primary criteria for choosing which pharmacologic tool to use. Describe and discuss the pros and cons of each treatment to help the patient decide.[19]—Level III
- Combination therapy—nicotine patch and gum or nicotine patch and bupropion—may produce higher quit rates than monotherapy.[19]—Level III
- Even though nicotine replacement therapy (NRT) is now available over-the-counter, continue to recommend and educate patients about the medication. Provide follow-up where appropriate.[19]—Level III

Comparison of Commonly Used Stop-Smoking Medications
(Adapted from: Wilson DM, 1999)[22]—Level III

Cessation Aid	Mechanism of Action	Dosage and Usage	Duration of Treatment
Nicotine gum (Nicorette®)	• nicotine absorbed by buccal mucous membrane • peaks in 20-30 minutes • replaces some of nicotine from cigarettes to ease withdrawal symptoms	• "bite & park" gum • 1 piece of gum every 1-2 hours • 2 mg for light smokers (≤ 20 cigarettes per day) • 4 mg for heavy smokers (> 20 cigarettes per day) • stop smoking before starting	• several weeks to several months or longer if necessary
Nicotine patch (Habitrol®, Nicoderm®, Nicotrol®)	• nicotine absorbed transdermally • peaks in 2-4 hours • replaces some of nicotine from cigarettes to ease withdrawal	• for lighter smokers (≤ 20 cigarettes per day), start 14 or 7 mg (10 or 5 mg for Nicotrol). • for heavy smokers (> 20 cigarettes per day) start 21 mg (15 mg for Nicotrol) for 4-8 weeks. Tapering to lower doses may be individualized for each smoker.	• 8-12 weeks or longer if necessary
Bupropion SR (Zyban®)	• dopaminergic effect involved in reward pathway and noradrenergic effect in withdrawal produces reduction in craving (hypothesized) • peaks in 7-10 days	• 150 mg SR qam for 3 days, then *bid* for duration of treatment • start 7-14 days before quit date	• 7-12 weeks or longer if necessary

®Nicorette (nicotine polacrilex): registered trademark of Aventis Pharma Inc.
®Habitrol (S[-]-nicotine): registered trademark of Novartis Consumer Health Canada Inc.
®Nicoderm (nicotine): registered trademark of Aventis Pharma Inc.
®Nicotrol (nicotine): registered trademark of Johnson & Johnson•Merck Consumer Pharmaceuticals of Canada
PrZyban® (bupropion HCL): registered trademark of Glaxo Wellcome Inc.

TOXICITY LEVELS OF NICOTINE

Nicotine may contribute to cardiovascular disease. The doses of nicotine obtained by regular cigarette smoke are generally greater than those delivered by NRTs. The cardiovascular effects of nicotine are, in general, more intense when delivered rapidly, at very high concentrations, through the arterial system by cigarette smoke than more slowly, delivery at lower concentrations, through the venous system by transdermal nicotine or nicotine gum. Furthermore, there are many other potential (non-nicotine) cardiovascular toxins in cigarette smoke.[16]

Patient Handout

See Stop-Smoking Medications Compared (page 20-21)—a simplified version of this table to give to your smoking patients.

Indications and use, continued

- NRT and bupropion should be used as long as necessary for patient to remain abstinent.
- Watch for side effects and poor compliance, and discuss any patient concerns.
- NRT or bupropion is indicated for most cardiac patients who smoke (it is a safer alternative to the nicotine delivered by tobacco smoke), provided the patient has not had unstable angina or arrhythmia in the past two weeks.[23]—Level I

Possible side effects	Contraindications	Cautions**	Advantages	Cost
• burning in throat • hiccups if chewed too quickly • dental problems	• pregnancy and breast feeding* • serious or worsening angina, severe arrhythmia or immediate post-myocardial infarction (in last 2 weeks)		• patient able to control when to take nicotine and how much • oral and hand-to-mouth gratification • delays weight gain while in use	**$2-$5 per day (6-25 pieces)**
• local skin reaction • disturbed sleep, nightmares	• pregnancy and breast feeding* • serious or worsening angina, severe arrhythmia or immediate post-myocardial infarction (in last 2 weeks)		• once-a-day application • no chewing • can control craving for 24 hours • delays weight gain while in use	**about $4-$5 per day**
• dry mouth • insomnia	• pregnancy and breastfeeding • seizures • anorexia / bulimia • allergies to bupropion hydrochloride • MAO inhibitors, within 14 days of discontinuation	• monitor blood pressure with concomitant NRT use • alcohol dependence • St. John's wort • SSRIs and other drugs that reduce seizure threshold	• relatively inexpensive • helps alleviate depression • minimal weight gain while in use[24]	**about $2-$3 per day**

*Many experts believe that the use of NRT is preferable to smoking during pregnancy because, by stopping smoking, the woman eliminates the thousands of toxic chemicals delivered by cigarette smoke. However, there is no good evidence that NRT is safer than smoking during pregnancy. Additional research needs to be done to assess the safety and efficacy of pharmacotherapy.[24] (See Pregnancy and Smoking, page 13)

**For complete list of cautions, consult the CPS.[25]

Lapse (or slip): A single episode of cigarette use following cessation.

Relapse: Failure to maintain behaviour change over time.

Nonpharmacologic Cessation Tools

There are a variety of behavioural interventions and approaches that are effective, particularly in combination with pharmacologic tools. The options are:

- group behavioural therapy
- individual behavioural therapy (effectiveness increases with intensity)
- self-help programs.

While acupuncture and hypnotherapy are popular, there is insufficient evidence to support their effectiveness beyond a placebo effect. However, if the patient has faith in acupuncture or hypnotherapy, they may benefit from the counselling that these approaches offer.

Dealing with Relapse

- Most smokers relapse several times before achieving long-term success.[11,13,19] —Level III
- Explain to the patient that relapses are a trial and error learning opportunity and not a sign of failure.[14]—Level III
- Even after withdrawal symptoms pass, the risk of relapse continues to be high, largely due to exposure to temptations, social situations and other smoking triggers.

Common Factors Associated with Relapse[14,26]

- alcohol use
- negative mood or depression
- negative self-talk
- other smokers in household
- prolonged withdrawal symptoms
- exposure to high-risk situations, such as social situations, arguments and other sources of stress
- dietary restriction
- lack of cessation support
- problems with pharmacotherapy, such as underdosing, side effects, compliance or premature discontinuation.
- recreational drug abuse

Strategies to Avoid Relapse

- Encourage patient to identify tempting situations and develop a specific plan to handle them (e.g., write down three strategies and carry this list at all times).
- Reframe a lapse (slip) as a learning opportunity, not a failure.
- Recommend that the patient:
  - learn stress management and relaxation techniques
  - learn to balance lifestyle so that pressures and triggers are not overwhelming.

Weight Gain and Exercise

- Weight gain after smoking cessation, a concern to many women and some men, is a significant barrier to taking action to quit.[27]—Level I. Do not deny that weight gain is likely and do not dismiss patients' concerns about it.[14]—Level III
- Inform patients that when people do gain weight, the gain is usually moderate—about 4.5 kg[14]—Level II-2. Major weight gain is uncommon—only 9.8% of men and 13.4% of women who quit smoking gain more than 13 kg.[28]—Level II-2

- There is no significant relationship between weight gain and relapse.[27]—Level I. In fact, caloric restriction may increase smoking relapse risk.[29]—Level I
- Recommend that patients focus on smoking cessation efforts and avoid intensive weight control measures until they feel confident about maintaining abstinence.[14] —Level III. Tell patients that smoking has kept their weight artificially low and, with smoking cessation, they may be returning to the natural weight determined by their genetic makeup.[30] —Level II-2
- Regular exercise delays weight gain following smoking cessation and may facilitate short- and longer-term smoking cessation when combined with a cognitive-behavioural smoking cessation program.[31]—Level I
- Smokers believe they need behavioural weight control programs, although these programs have been shown not to improve cessation rates.[27]—Level I
- Discuss pharmacologic cessation aids with patients:
  - One study demonstrated that at six months after cessation smaller weight gain is associated with bupropion use.[32]—Level I
  - NRT, in particular nicotine gum, has been shown to delay weight gain after quitting. However, once NRT use ends, the patient gains about the same amount of weight as if NRT had never been used.[14]—Level I

Pregnancy and Smoking

- Smoking during pregnancy is the single most preventable cause of fetal death and perinatal mortality and morbidity.[33]—Level I
- Many women are highly motivated to quit during pregnancy and it is vital to take advantage of this cessation opportunity.
- While quitting early in pregnancy is most beneficial, cessation at any time is helpful to both mother and child.[14]—Level II-2
- Strongly encourage pregnant smokers to quit throughout their pregnancy. Intensive counselling treatment should be offered.[14]—Level I
- Cessation counselling should be made available more frequently than just at regularly scheduled prenatal visits.[34]—Level I. If you refer a pregnant patient to an obstetrician, offer to continue seeing her to help with smoking cessation efforts.
- Personalize information by discussing the effect of smoking on the woman's own health, as well as the baby's and her family's. Avoid provoking guilt or fear as these emotions can inhibit preventive action.[35]—Level II-1
- Counselling should involve other family members, particularly the husband / partner. This person has a significant impact on the mother's cessation efforts.[35]—Level II-1
- Relapse rates among postpartum women may be high. Exclusive concentration on smoking cessation in the prenatal period is insufficient.[38]—Level I
- Postpartum relapse may be reduced by continuing to link maternal smoking with poor health outcomes in infants and children, such as sudden infant death syndrome, asthma and middle ear infections.[14]—Level III

The Hospitalized Patient

- Every hospital visit is an important opportunity to quit smoking, particularly for patients in the perioperative period when a period of abstinence is mandatory.[39] —Level I
- Evidence is mounting on the benefits of stopping smoking before surgery, radiotherapy and in people with smoking-related disease.[6]—Level III
- Brief, in-hospital interventions are effective, although relapse-prevention efforts are vital to continued abstinence after discharge.[40]—Level I

USE OF PHARMACOLOGIC AIDS

- **First encourage pregnant smokers to quit without pharmacologic aid.**
- **Only use NRT if the increased likelihood of smoking cessation and its potential benefits outweigh the risks of NRT and potential concomitant smoking. The same criteria apply to breastfeeding women.[14]—Level III**
- **Use the lowest possible effective dose. Nicotine gum may be preferable. If the patch is used, it may be desirable to choose the lowest dose, 16-hour patch so that nicotine levels at night will be no higher than they would be with smoking.[36,37]—Level I**
- **There are no adequate studies of bupropion's use or safety in pregnant women.**

Be aware that NRT manufacturers and the CPS state: "Any form of nicotine administration is contraindicated in pregnant and breastfeeding women."[25]

BE AN ADVOCATE

You have an important role to play in lobbying your local hospital to include stop-smoking medications in its formulary.

Interventions for Hospitalized Patients[6,14]—Level III

- Patient should be advised of hospital's smoke-free status before admission.
- Presurgery clinics should offer brief smoking cessation advice.
- Hospital staff should assess smoking status on admission, advise smokers to quit and assist in cessation efforts for those interested.
- Clinician should collaborate with hospital staff to ensure these systems are in place.
- Cessation assistance should include the consideration of NRT and / or bupropion, ensuring there are no contraindications.
- Smoking status should be listed on admission problem list and as a discharge diagnosis.
- Patient should be given advice and assistance on how to remain abstinent after discharge.

Comorbid Conditions

Comorbid conditions may affect the severity of tobacco addiction, cessation rates and treatment options. More intensive and prolonged treatment may be necessary. Patients with comorbidities may require referral to a smoking cessation specialist.

Mental Illness

- Smoking is common among people with a mental illness. In fact, smoking rates may be as high as 80% to 90% as compared to 20% to 30% in the general population.[41]—Level II-2
- People with mental illness face many barriers to stopping smoking; however, smoking cessation is possible, particularly if treatments are designed specifically for them.
- People with schizophrenia may show increased medication side effects during withdrawal. As well, they may not require the same high dose of some psychiatric medication (smoking appears to increase the metabolism of psychiatric medications). It is vital to keep track of psychiatric symptoms, side effects and drug doses during the smoking cessation period. Strategies to promote stress management and relaxation must be incorporated into the smoking cessation intervention.[41]

Depression

- A history of recurrent major depression may be a marker for more severe nicotine dependence.[42]—Level I
- Smokers with major depression may be less successful at quit attempts.[43] —Level II-2
- Increases in depressive symptoms during an initial period of abstinence may result in relapse.[44]—Level I. It is vital to address the patient's depression at this time.
- Smokers with a history of major depression commonly have depressed moods during withdrawal—this has been associated with smoking cessation relapse.[43] —Level II-2

Alcohol Dependence

- A history of alcohol dependence has been shown to be associated with a higher level of nicotine dependence.[44]—Level I

Smoking Cessation Resources Online

http://www.cancer.ca/tobacco
Canadian Cancer Society
Self-help books for patients are available to download from this site.

http://www.cctc.ca
Canadian Council on Tobacco Control (CCTC)
A national, nonprofit organization specializing in tobacco and health issues.

http://www.smoke-free.ca
Physicians for a Smoke-Free Canada
Information on a variety of tobacco issues.

http://www.bcdssp.com
BC Doctors' Stop Smoking Program
A wide range of practical materials to help physicians intervene with patients who smoke.

http://www.santepub-mtl.qc.ca
Direction de la santé publique de Montréal-centre
A wide range of practical materials to help physicians intervene with patients who smoke; and provides a link towards other Québec smoking resources online.

http://www.ahs.uwaterloo.ca/~hbr/tobacco_plan/3_1.html
Tobacco Reduction Planning
Description of an organizing framework for tobacco use reduction, resources for schools (program, policy, media) and communities—to support smoking cessation in the community, home, health care settings and media. Community resources for protection from tobacco smoke (program, policy and media).

http://www.ahcpr.gov/clinic/cpgonline.html
US Agency for Health Care Policy and Research
Access to clinical practice guidelines (including the topic of smoking cessation) sponsored by the US Agency for Health Care Policy and Research, US Dept of Health and Human Services.

http://www.library.ucsf.edu/tobacco
Tobacco Control Archives
GALEN II: The Digital Library of the University of California, San Francisco (UCSF).

Patient Handout

See Stop-Smoking Resources (page 21)—a handout that guides your patients to patient-based stop-smoking resources.

PATIENT HANDOUT MATERIALS

The following patient information sheets are intended to be photocopied and given to your patients who are considering quitting smoking or currently making a quit attempt.

Your Smoking Stage—What Kind Of Smoker Are You?

Withdrawal...And Beyond

The Benefits of Quitting Smoking

Quit-Smoking Aids Compared

Stop-Smoking Resources

YOUR SMOKING STAGE—
WHAT KIND OF SMOKER ARE YOU?

(Adapted from *Do You Smoke?* Medical Society of Nova Scotia, 2000)

1. I'm Not Interested in Quitting

While you may not be ready to quit smoking, talking about it might help you to understand your smoking a little better.

- Think about the impact of smoking on your life and your family's.
- Consider any illnesses you have that may be related to your smoking.

Even if you continue to smoke, it is important to smoke outdoors, so that your second-hand smoke doesn't harm anyone.

2. I'm Interested and Thinking About Quitting

Weigh the pros and cons of *smoking*.

- The Pros: What do you like about smoking?
- The Cons: What are the downsides of smoking? How does it affect your own and your family's health and well-being?

The cons of smoking can help motivate you to quit, while the pros of smoking mean you will have to look for other ways to meet the wants and needs provided by smoking.

Then weigh the pros and cons of *quitting*.

- The Pros: What would you gain if you quit? Improved health for you and your family? Money? What are the risks of continuing to smoke?
- The Cons: What would you lose if you quit smoking?

If your cons outweigh the pros—you now know why you want to quit, but you can't bring your self to quit right now. Keep thinking about it.

If your pros of quitting outweigh the cons—it's clear you are worried about your smoking and want to do something about it. It's time for a plan. Move on to the next section to find out how to plan for quitting.

3. I'm Interested and Ready to Quit

Preparing to quit takes commitment. It takes a plan, as well as some time and effort.

- Look at your past quit attempts and learn from them.
- Understand your smoking habits. Write down when, where and why you smoke each cigarette.
- Know what "triggers" you to smoke. Meals, coffee, alcohol, stress or just a strong urge to smoke might be some of your triggers.
- Plan and learn how to cope with these triggers. (Ask your doctor for a copy of "Withdrawal... and Beyond.")
- Plan how to reward or coach yourself. Give yourself a pat on the back when you do well.
- Tell friends and ask for help.
- Set a stop date within the next week or two, and tell your family and friends.
- Expect strong urges and withdrawal. Plan for slips and know what you will do to avoid them.
- Consider stop-smoking medication, such as nicotine gum, the "patch", or bupropion. (Ask your doctor for a copy of "Quit Smoking Aids Compared.")

4. Now That I Have Quit

- Congratulations!
- Know what to expect—temporary withdrawal symptoms, cravings and signs of recovery.
- Use your plan to cope with triggers and ask your friends for support.
- Stay on your medication for the full treatment period.
- Use positive self-talk. Congratulate yourself when you do things well. Reward yourself.

Remember:

- Total abstinence is your goal—don't even have a single puff.
- Drinking alcohol can increase the urge to smoke.
- Being exposed to smokers gets in the way of quitting.
- Too much stress can trigger you to smoke.

Exercise, eat right and take one day at time. Welcome to a smoke-free life.

WITHDRAWAL...AND BEYOND

Coping with Withdrawal Symptoms

Most smokers find the first days or even the first few weeks after quitting to be the hardest—that's when withdrawal symptoms are at their strongest. Remember, this discomfort is temporary and you will feel better soon. What's more, withdrawal symptoms are a sign that your body is recovering from the effects of smoking.

Withdrawal Symptom	What To Do
Tenseness / irritability	Go for a walk. Take deep breaths. Soak in a warm bath. Meditate.
Depression	Use positive self-talk. Speak to a friend or family member. See your doctor if the depression is intense or does not go away.
Headaches	Use mild analgesics. Drink plenty of water. Relax and rest.
Appetite changes	Follow a well-balanced diet. Choose healthy, low-fat snacks such as fruit or vegetables.
Constipation, gas	Drink plenty of fluids. Eat lots of fruits, vegetables and high fibre cereal.
Insomnia	Avoid beverages containing caffeine (e.g., coffee, tea, cola), particularly before bed. Try relaxation exercises before bed.
Difficulty concentrating	Break large projects into smaller tasks. Take regular breaks.
Cough, dry throat & mouth, nasal drip	Drink plenty of fluids.
Dizziness	Sit down and rest until it passes.

Cravings And Temptations

There will be times after quitting and even after your withdrawal symptoms have passed, that you will have cravings and be tempted to "light up." That's why it's important to be prepared with some coping strategies when you're faced with smoking triggers and "high risk" smoking situations.

Triggers/Situations	Coping Strategy
Other people smoking	In the short term, stay away from social situations where others will be smoking. Avoid the smoking room at work. Sit in the nonsmoking section in restaurants. Ask smoking friends not to offer you cigarettes.
Alcohol	It's best to avoid alcohol altogether, at least in the short term.
Coffee	Avoid coffee and other caffeinated drinks. Choose water or fruit juices instead.
First thing in the morning	Change your routine—take a shower or go for a walk right after you get up.
After meals	Get up from the table immediately. Wash the dishes. Clean your teeth. Phone a friend.
Urges to smoke	The urge to smoke only lasts for a few minutes, so distract yourself until it passes. Do a crossword puzzle, eat a healthy snack, sip water slowly or watch television.
Stress	Identify sources of stress, then eliminate or change your reaction to them. Use relaxation techniques such as deep breathing, meditation or yoga.

THE BENEFITS OF QUITTING SMOKING

Quitting smoking not only improves your own and your family's health, but also your appearance, self-confidence and the state of your pocketbook.

Physical Benefits

- Two hours after you quit, the amount of nicotine in your bloodstream will drop by half.
- Eight hours after quitting, there will be more oxygen in your body and your blood pressure will begin to lower.
- Your risk of developing cancer, heart disease, stroke and ulcers will go down.
- You will be protecting your family from the dangers of second-hand smoke.
- If you are pregnant, you will help prevent complications such as miscarriage and premature delivery, and your baby will more likely have a normal birth weight.
- Food will taste better and your sense of smell will improve.
- Your teeth will be less stained.
- You will have more energy. Physical activities will be easier and more enjoyable.

Other Benefits

- You will overcome a strong addiction and be in control of your life.
- Your self-confidence will improve.
- You will be providing a good role model for your children.
- Your breath, clothes, car and home will smell better.
- Your life insurance premiums will go down.
- You will save money

QUIT-SMOKING MEDICATIONS COMPARED

(Adapted from: Wilson DM. Steps of smoking cessation: steps of change. The example of a "closet smoker." *Patient Care Canada* 1999; 10:44-57.)

Quit Smoking Aid	How to use	How long to take it	Possible side effects	Cautions	When not to take it	Advantages
Nicotine gum (Nicorette®)	• "bite & park" gum • 1 piece of gum every 1-2 hours • 2 mg if you're a light smoker (≤ 20 cigarettes per day) • 4 mg if you're a heavy smoker (> 20 cigarettes per day) • stop smoking before starting	• several weeks to several months or longer if necessary	• burning in throat • hiccups if chewed too quickly • dental problems		If you: • are pregnant and breast feeding* • have had unstable heart condition in the past 2 weeks	• you can control when to take nicotine and how much • satisfies oral cravings • delays weight gain while you use it
Nicotine patch (Habitrol®, Nicoderm®, Nicotrol®)	• if you're a light smoker (≤ 20 cigarettes per day), start 14 or 7 mg (10 or 5 mg for Nicotrol). • if you're a heavy smoker (> 20 cigarettes per day) start 21 mg (15 mg for Nicotrol) for 4-8 weeks. Discuss tapering to lower doses with your doctor.	• 8-12 weeks or longer if necessary	• local skin reaction • disturbed sleep, nightmare		If you: • are pregnant and breastfeeding* • have had unstable heart condition in the past 2 weeks	• you need only apply it once a day • no chewing • can control your craving for 24 hours • delays weight gain while you use it
Bupropion SR (Zyban®)	• 150 mg once a day (in the morning) for 3 days, then twice a day (morning and evening, with at least 8 hours between doses) • start 7-14 days before quit date	• 7-12 weeks or longer if necessary	• dry mouth • insomnia	If you: • drink > 4 drinks a day • take St. John's wort • take drugs that reduce seizure threshold**	If you: • are pregnant or breastfeeding • have a seizure disorder • have an eating disorder • take monoamine oxidase inhibitors	• inexpensive • improves depression • minimal weight gain while you use it

®Nicorette (nicotine polacrilex): registered trademark of Aventis Pharma Inc.
®Habitrol (S[-]-nicotine): registered trademark of Novartis Consumer Health Canada Inc.
®Nicoderm (nicotine): registered trademark of Aventis Pharma Inc.
®Nicotrol (nicotine): registered trademark of Johnson & Johnson • Merck Consumer Pharmaceuticals of Canada
PrZyban® (bupropion HCL): registered trademark of Glaxo Wellcome Inc.

Nicotine replacement therapy (NRT)—What You Should Know

Keep in mind that when you use NRT as directed, you get much lower levels of nicotine than you would from cigarette smoke. What's more, you do not inhale thousands of other harmful substances contained in cigarette smoke.

* Many doctors believe that using nicotine gum or the patch is better than smoking during pregnancy because, by stopping smoking, you are not inhaling thousands of toxic chemicals from cigarette smoke. However, there is not enough evidence to show that using nicotine gum or the patch is safer than smoking during pregnancy. If you are pregnant or breastfeeding, always check with your doctor before using nicotine gum or the patch.
**Remember to tell your doctor about the other medications you are taking, if any.

STOP SMOKING RESOURCES

Helpful Organizations

BC Doctors' Stop Smoking Program
115-1665 West Broadway
Vancouver, BC
V6J 5A4
Tel: 1-800-665-2262 or 604-736-3987
Website: http://www.bcdssp.com

Canadian Cancer Society
Contact your local unit.
Toll free:1-888-939-3333
Website: http://www.cancer.ca/tobacco
Email: tobacco@cancer.ca

Canadian Council for Tobacco Control
National Office
170 Laurier Avenue West, Suite 1000
Ottawa, Ontario
K1P 5V5
Tel: 613-567-3050
Website: http://cctc.ca
Email: infor-services@cctc.ca

Canadian Heart and Stroke Foundation of Canada
222 Queen Street, Suite 1402
Ottawa, Ontario
K1P 5V9
Tel: 613-569-4361
Website: http://www.hsf.ca
Email: info@hsf.ca

The Lung Association
National Office
1900 City Park Drive, Suite 508
Blair Business Park
Gloucester, Ontario
K1J 1A3
Tel: 613-747-6776
Website: http://www.lung.ca
Email: info@lung.ca

Many provincial Lung Associations offer stop smoking programs:

Alberta
Tel: 780-407-6819
Toll free:1-800-931-9111
Health Education Line:1-800-661-LUNG (5865)

British Columbia
Tel: 604-731-5864
Toll free:1-800-665-LUNG (5864)

Manitoba
Tel: 204-774-5501

New Brunswick
Toll free:1-800-565-LUNG (5864)

Newfoundland
Tel: 709-726-4664
Toll free:1-800-566-LUNG (5864)

Nova Scotia
Tel: 902-443-8141
Toll free:1-888-566-LUNG (5864) ext. 32

Ontario
Tel: 416-864-9911
Toll free:1-800-972-2636

Prince Edward Island
Tel: 902-892-5957

Québec
Tel: 514-596-0805
Toll free:1-800-295-8111

Saskatchewan
Tel: 306-343-9511
Toll free: 800-667-LUNG (5864)

Additional Websites (with useful links to other sites)

Health Canada Online
www.hc-sc.gc.ca / english / tobacco.html

National Clearinghouse on Tobacco and Health
http: / / www.cctc.ca / ncth

Nicotine Anonymous
http: / / www.nicotine-anonymous.org /

Quitnet
http: / / www.quitnet.org

Pharmaceutical Support

Habitrol®, Novartis Consumer Health Canada Inc.
Toll free: 1-888-227-5777
Website: http: / / www.habitrol.com / home.html

Nicorette®, Aventis Pharma Inc.
Toll free:1-800-419-4766
Website: http: / / www.nicorette.com /

Nicotrol®, Johnson & Johnson•Merck Consumer Pharmaceuticals of Canada
Toll free: 1-800-699-5765
Website: http: / / www.nicotrol.com / transdermal / transdermal.html

Zyban®, Glaxo Wellcome Inc.
Toll free: 1-800-489-8424
Website: http: / / www.zyban.com /

Guidelines Development Process

Expert panel selected from a list of well-known people in the field —Smoking Cessation Guidelines Expert Panel.

Review of existing Canadian and international guidelines and research literature, including the Cochrane database (and relevant updates where required), on smoking cessation. Articles were chosen by panel members on the basis of the methodology and their ability to help family physicians advance smoking cessation in their practice and were rated according to quality of evidence (see rating system below).

Preparation of working background document for review by Panel.

Round table meeting held for discussion of background document.

Document redrafted and reviewed by Panel for further input.

Guidelines circulated for wider review and feedback from family physicians, professional associations and pharmaceutical industry. (List of respondents is attached.)

Review of all comments collated and presented in a blinded fashion to the Expert Panel at second round table meeting. Every comment was addressed.

Guidelines redrafted with modifications (based on consensus) and circulated to Panel for final sign-off.

Guidelines published and distributed to family physicians and other healthcare professionals.

Strategies employed to augment the adoption and use of guidelines.

Guidelines to be reviewed annually by panel members and revised according to comments received and the emergence of new evidence.

Quality of Published Evidence

(*Canadian Task Force Methodology. Table 2. Quality of Published Evidence.* Canadian Task Force on Preventive Health Care, 1997)

I	Evidence from at least 1 properly randomized controlled trial (RCT).
II-1	Evidence from well-designed controlled trials without randomization.
II-2	Evidence from well-designed cohort or case-control analytic studies, preferably from more than 1 centre or research group.
II-3	Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments could also be included here.
III	Opinions of respected authorities based on clinical experience, descriptive studies or reports of expert committees.

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Professional Associations & Industry

Canadian Cancer Society

Canadian Institute of Child Health

Canadian Paediatric Society

Canadian Pharmacists Association

Collège des médecins du Québec

Le Collège québécois des médecins de famille

Heart and Stroke Foundation of Canada

Physicians for a Smoke-Free Canada

Pharmaceutical Manufacturers (4 companies)

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These Smoking Cessation Guidelines are approved and endorsed by the Optimal Therapy Initiative, Department of Family and Community Medicine, University of Toronto.

Department of Family and Community Medicine
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Note: The Optimal Therapy Initiative (OTI) is bound by the ethics approval process of the University of Toronto.

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COMMENTS AND SUGGESTIONS

Name _____

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I liked the guidelines for the following reasons:

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I suggest the following changes to improve the guidelines:

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I am interested in acting as a reviewer or participant in the updating process.

☐ Yes ☐ No

New Guidelines to Improve Your Stop-Smoking Interventions

Do you want to reduce your frustration when dealing with patients who smoke?

Are you looking for better, more efficient ways to guide these patients through the quitting process?

The following guidelines provide a basis for brief yet effective interventions to help you treat tobacco addiction in your smoking patients.

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