



Helping Smokers Quit

A Guide for Clinicians

National Quitline

1-800-QUIT NOW




U.S. Department of Health and Human Services
Public Health Service

Revised May 2008

**Even brief tobacco dependence treatment
is effective and should be offered to every
patient who uses tobacco.**

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

 *open for medication chart*

Ask about tobacco use at every visit.

Implement a system in your clinic that ensures that tobacco-use status is obtained and recorded at every patient visit.

VITAL SIGNS

Blood Pressure: _____

Pulse: _____ Weight: _____

Temperature: _____

Respiratory Rate: _____

Tobacco Use: Current Former Never
(circle one)



Advise

Advise all tobacco users to quit.

Use clear, strong, and personalized language. For example,

“Quitting tobacco is the most important thing you can do to protect your health.”



Assess readiness to quit.

Ask every tobacco user if he/she is willing to quit at this time.

- ▶ If willing to quit, provide resources and assistance (see *Assist* section).
- ▶ If unwilling to quit at this time, help motivate the patient:
 - Identify reasons to quit in a supportive manner.
 - Build patient's confidence about quitting.



Assist tobacco users with a quit plan.

Assist the smoker to:

- ▶ Set a quit date, ideally within 2 weeks.
- ▶ Remove tobacco products from their environment.
- ▶ Get support from family, friends, and coworkers.
- ▶ Review past quit attempts—what helped, what led to relapse.
- ▶ Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- ▶ Identify reasons for quitting and benefits of quitting.

(more)



(Assist continued)

Give advice on successful quitting:

- ▶ Total abstinence is essential—not even a single puff.
- ▶ Drinking alcohol is strongly associated with relapse.
- ▶ Allowing others to smoke in the household hinders successful quitting.

Encourage use of medication:

- ▶ Recommend use of over-the-counter nicotine patch, gum, or lozenge; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated.

Provide resources:

- ▶ Recommend toll free 1-800-QUIT NOW (784-8669), the national access number to State-based quitline services.
- ▶ Refer to Web sites for free materials:
 - Agency for Healthcare Research and Quality:
www.ahrq.gov/path/tobacco.htm
 - U.S. Department of Health and Human Services:
www.smokefree.gov



Arrange followup visits.

Schedule followup visits to review progress toward quitting.

If a relapse occurs, encourage repeat quit attempt.

- ▶ Review circumstances that caused relapse. Use relapse as a learning experience.
- ▶ Review medication use and problems.
- ▶ Refer to 1-800-QUIT NOW (784-8669).

For more information on prescribing, precautions, and side effects, see the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, www.ahrq.gov/path/tobacco.htm.



Suggestions for the Clinical Use of Medications for Tobacco Dependence Treatment^a

Medication	Precautions/Contraindications	Side Effects	Dosage	Duration	Availability
Nicotine Patch		Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Prescription and OTC ^b
Nicotine Gum		Mouth soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC ^b only
Nicotine Nasal Spray		Nasal irritation	8-40 doses/day	3-6 months	Prescription only
Nicotine Inhaler		Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Lozenge		Local irritation of throat Hiccups Heartburn/Indigestion Nausea	First am cigarette after 30 minutes from waking: 2 mg (up to 20 pcs/day) First am cigarette before 30 minutes from waking: 4 mg (up to 20 pcs/day)	12 weeks	OTC ^b only
Bupropion SR	History of seizure History of eating disorder Use of MAO inhibitors in past 14 days	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Prescription only
Varenicline	Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation	Nausea Trouble sleeping	0.5 mg once daily for days 5-7 before quit date 0.5 mg twice daily for days 1-4 before quit date 1 mg twice daily starting on quit date	3 months, maintenance up to 6 months	Prescription only

^aThe information contained within this table is not comprehensive.

^bOTC refers to over the counter.

Please see medication package inserts for additional information.

