

## Part IV: Tobacco

### Introduction

Cigarette smoking has an enormous cost for the Canadian population both financially and medically. In 2002, tobacco was responsible for 37,209 deaths, 515,607 potential years of life lost, and over \$4.3 billion in direct health care costs in Canada (63). Although the percentage of Canadians who are current (daily or occasional) smokers has decreased from 25% in 1999 to 16% in 2012 (64), the health risks for these individuals are many and potentially life-threatening. Primary care providers can make a significant difference to patients' health outcomes by helping them decrease or stop their tobacco use. The Tobacco Use and Dependence Guideline Panel suggests the following model for smoking cessation (65):

#### **The 5A's for smoking cessation**

1. **Ask** about tobacco use.
2. **Advise** to quit.
3. **Assess** willingness to make a quit attempt.
4. **Assist** in quit attempt.
5. **Arrange** follow-up.

This section outlines the brief primary care interventions promoted by the Tobacco Use and Dependence Guideline Panel for screening, assessing, and treating patients' tobacco use.

## Ask about tobacco use

- Ask all patients about their tobacco use.
- Ask patients if they smoke **currently** and if they have **ever** smoked.
- Keep track of each patient's smoking status.

## Advise to quit

For all patients who smoke:

- Review the **health risks** of smoking (e.g., cardiovascular, oral, reproductive, cancer).
- Review **other harms** of smoking (financial, social, etc.).
- Link smoking to patient's own health condition if possible.
- Inform the patient that quitting smoking would be the **best thing they can do for their health**.
- Inform the patient that **you can help them quit** if they are interested in trying.

# Assess willingness to make a quit attempt (66)

## State of change (67)

“When would you be willing to consider quitting smoking?”

Never/6+ months	<b>Precontemplation</b> Ask how patient feels about smoking (without judgment). Follow up at subsequent visits.
1–6 months	<b>Contemplation</b> Explore patient’s motivation to quit. Explore what patient gets out of smoking and consider alternatives. Inform patient about treatment options. Offer assistance. Follow up at subsequent visits.
< 1 month	<b>Preparation</b> Offer assistance. Set quit date. Review treatment options. Recommend smaller goal before quit date: stop smoking in certain settings (e.g., the car, evenings). Follow up within 2 weeks.
Now	<b>Action</b> Assist in quit attempt (see below) Arrange follow-up within a week to review progress.

## Assist in quit attempt

### Creating a quit plan (65)

- Work with patient to prepare to quit:
  - Set a firm quit date, ideally within the next two weeks.
  - Tell family and friends in order to increase accountability and ask for support.
  - Prepare for challenges that will arise early in the quit attempt and come up with solutions.
  - Create a tobacco-free environment.
- Review pharmacotherapy and psychosocial treatment options.
  - Combination of pharmacotherapy and counselling has been found to be most effective (65, 68); patients should be offered both whenever possible.

### Pharmacotherapy

- Three medication options: nicotine replacement therapy (NRT), bupropion SP, varenicline.
- Numerous clinical trials and meta-analyses have shown that all three medications are superior to placebo in promoting smoking abstinence (69-71).
- An internet survey of users' preferences found that varenicline was preferred by patients who tried all three medications (72).
- Patients' preferences should be taken into account when selecting a medication.

## 1. NRT (73)

### **Action**

- Relieves nicotine withdrawal symptoms and reduces harms caused by inhalation.
- Five formulations: gum, lozenge, patch, inhaler, nasal spray.
- Choice of formulation depends on patient's preference.

### **Side effects**

- *Gum*: Bad taste, tingling sensation, hiccups, nausea, jaw pain.
- *Lozenge*: Nausea, hiccups, headache, heartburn, flatulence.
- *Patch*: Skin rash, sleep disturbances.
- *Inhaler*: Cough, throat irritation, nausea.
- *Nasal spray*: Nausea, tingling sensation, hiccups, dry mouth, heartburn, hiccups.

### **Contraindications and precautions**

- Use caution in patients who have acute cardiovascular disease, are pregnant/breastfeeding, or are under 18 years old.

### **Dose**

- Depends on formulation and number of cigarettes smoked per day.
- Titrate to effect.

## 2. Bupropion SR (74, 75)

### **Action**

- Inhibits dopamine reuptake following lowering of nicotine intake.
- Weak noradrenalin reuptake inhibitor.

### **Side effects**

- Agitation, insomnia, headache, dry mouth, rash, nausea, dizziness.
- Similar to nicotine withdrawal symptoms.

### **Contraindications and precautions**

- History of seizure.
- Bipolar disorder.
- Eating disorder.
- Pregnancy or breast-feeding.
- Use caution in patients who are elderly, have liver/renal deficiencies, or are on medications that lower seizure threshold.

### **Dose**

- 150 mg PO OD x 3 days; then 150 PO bid for 7–12 weeks.
- Patient should stop smoking during the second week of taking the medication.

### 3. Varenicline (76)

**Action**

- Nicotinic receptor partial agonist.

**Side effects**

- Nausea, headache, insomnia, sleep disturbances.
- Severe psychiatric events have been experienced by some patients taking varenicline; however, there is no conclusive evidence that these events were caused by the drug.

**Contraindications and precautions**

- Use caution in patients who are pregnant/breastfeeding or who have severe renal dysfunction.

**Dose**

- 0.5 mg PO OD x 3 days; 0.5 mg PO bid x 4 days.
- Patient should stop smoking on day 8 and increase dose to 1 mg PO bid for 12 weeks.

### Counselling (65)

- Encourage patient to identify situations that increase risk of smoking (e.g., stress, being around smokers).
- Strategize about ways to cope with triggers:
  - Avoid situations that could lead to smoking.
  - Make lifestyle changes that reduce stress.
  - Make a list of activities for patient to do when struggling with a craving (e.g., go for a walk, listen to music, call a supportive friend, etc.).
  - Make a list of supportive people to call when triggered.
- Engage patient in quitting process by asking about positive benefits gained, milestones, and challenges.
- Remind patient that a setback does not need to become a relapse.
- Offer support and encouragement throughout process.

## Arrange follow-up

- See patient frequently during quitting process:
  - Monitor medications.
  - Engage patient in counselling.
  - Acknowledge victories and discuss setbacks.
  - Provide support and accountability.
- Encourage participation in support groups or other forms of psychosocial treatment:
  - *Smokers' Helpline*: Phone support through the Canadian Cancer Society (1-877-513-5333)
  - Group and individual counselling sessions
  - Self-help