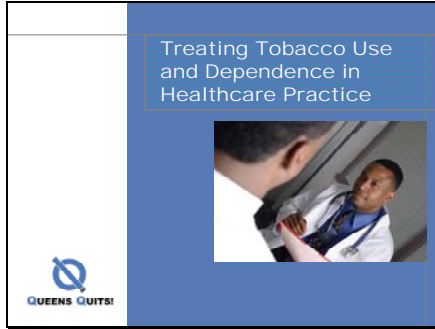


Slide 1



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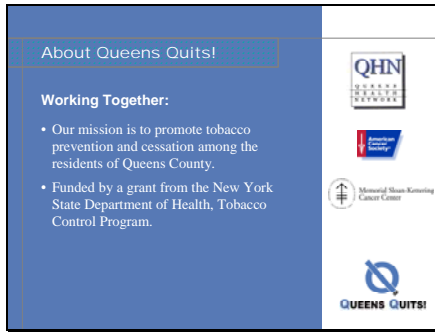
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Slide 2



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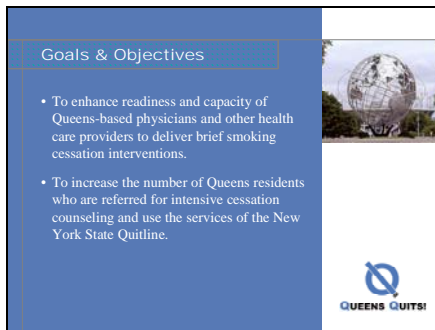
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Slide 3



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Slide 4

**Learning Objectives**

- Understand:
  - Toll of tobacco use
  - Tobacco use as a chronic disease
  - 5A's clinical interventions for those willing to quit
  - 5R's clinical interventions for those not willing to quit
  - Strategies to prevent relapse
  - Charting procedures
  - Reimbursement
  - Referral Resources


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Slide 5

**Tobacco's Toll**

**Leading Cause of Death:**

- Smoking is the leading preventable cause of premature death in U.S., and the leading cause of cancer and heart disease.
- One in five deaths attributed to smoking in 1990-94.
- Cigarettes kill more Americans each year than alcohol, car accidents, AIDS, suicide and illegal drugs combined.

Source: American Cancer Society, 2004, www.cancer.org/tobacco


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Slide 6

**List of Smoking-Related Health Risks: A to Z**

Aortic aneurysm	Lung cancer
Asthma	Mouth cancer
Atherosclerosis	Pancreatic cancer
Bladder Cancer	Peripheral vascular disease
Bronchitis	Pneumonia/influenza
Cervical cancer	Premature skin wrinkling and aging
Chronic airways obstruction	Prenatal deliveries
Complications with pregnancy	Pulmonary heart disease
Early menopause	Reduced fertility
Emphysema	Reduced oxygen to placenta
Esophageal cancer	Respiratory TB
Heart attack	Rheumatic heart disease
Irregular menstrual bleeding	Stroke
Ischemic heart disease	Sudden cardiac death
Kidney cancer	Sudden infant death syndrome (SIDS)
Larynx cancer	Throat cancer
Lower birth weight	
Lower lung function	





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Slide 7

**Tobacco Use Results in a Drug Dependence**

- Tobacco dependence exhibits classic characteristics of drug dependence.
- Nicotine
  - Nicotine is as addictive as heroin
  - Causes physical dependence characterized by withdrawal symptoms upon cessation
    - ✓ Cravings, Anxiety, Irritability
    - ✓ Lack of concentration, Restlessness
    - ✓ Headaches, Drowsiness, Depression
- Smokers use tobacco to self-regulate their moods and negative emotions.





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Slide 8

**Tobacco Dependence is a Chronic Disease**

- Treatment requires ongoing rather than acute care.
- Relapse is a component of the chronic nature of the nicotine dependence and is not an indication of personal failure by the patient or the clinician.


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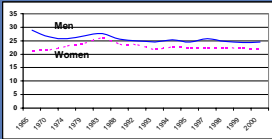
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Slide 9

**Trends in Adult Smoking in the U.S., 1965-2000**

Number (in millions) of adults 18 years and older who were current smokers by sex



Source: National Health Interview Survey, 1965 - 2000




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## Slide 10

**Trends in Teen Smoking in the U.S., 1997-2002**

- After nearly a decade of steep increases, prevalence of teen cigarette smoking has decreased.
- 22.9% of high school students in the United States are cigarette smokers. Estimates are slightly higher for males (24.6%) than for females (21.2%).
- 10.1% of middle school students in this country are cigarette smokers, with estimates similar for males (10.2%) and females (10.0%).

Source: Centers for Disease Control and Prevention, Tobacco use among middle and high school students—United States, 2002. MMWR. 2003;52:1096-1098.



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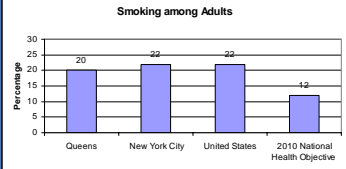
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## Slide 11

**Smoking Prevalence in Queens**

**Smoking among Adults**



Category	Percentage
Queens	20
New York City	22
United States	22
2010 National Health Objective	12

Source: New York City Department of City Planning/2000 U.S. Census; MMWR, May 27, 2005/54(20), 509-513.

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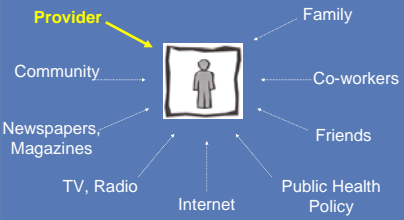
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## Slide 12

**Role of the Health Care Provider: Multiple Influences on a Tobacco User**



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graph TD; Provider --> User((User)); Family --> User; Co-workers --> User; Friends --> User; PublicHealth[Public Health Policy] --> User; Internet --> User; TVRadio[TV, Radio] --> User; NewspapersMagazines[Newspapers, Magazines] --> User; Community --> User;
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Slide 13

Why treat tobacco use?

- One-third of all tobacco users will die prematurely from tobacco use, losing an average of 14 years.
- 70 percent of smokers see a physician each year.
- Most smokers visit doctors frequently –4.3 times per year on average.
- During hospitalizations, smokers must refrain from smoking.



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Slide 14

Missed Opportunities for Treating Tobacco Use

- More than half of U.S. smokers say their doctors have never advised them to quit.
- One-third of all doctors say they don't routinely address smoking with patients.
- Healthy People 2010 goal to increase the proportion of health care providers who routinely provide cessation advice and counseling.



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Slide 15

Barriers to Treating Tobacco Dependence

- "Patients don't want to hear about it."
- "I can't help patients stop."
- "Not enough time."



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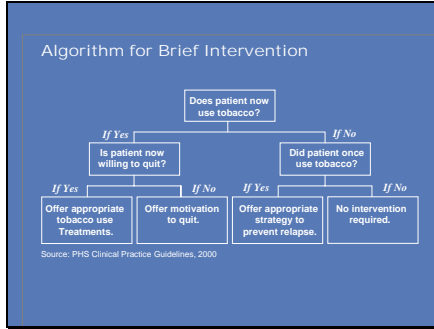
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Slide 16



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Slide 17

The 5A's for Patients Willing to Quit

<b>ASK</b> about tobacco use.	Identify and document tobacco use status for every patient at every visit.
<b>ADVISE</b> to quit.	In a clear, strong and personalized manner urge every tobacco user to quit.
<b>ASSESS</b> willingness to quit.	Is the tobacco user willing to make a quit attempt at this time?
<b>ASSIST</b> in quit attempt.	For the patient willing to quit, use counseling and pharmacotherapy to help him or her quit.
<b>ARRANGE</b> follow-up.	Schedule followup contact, preferably within the first week after the quit date.

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Slide 18

Provider - Patient Video 1:  
Ready for a Quit Attempt

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Slide 19

Develop a "Quit Plan"

- Set a quit date.
- Review past quit attempts.
- Anticipate challenges.
- Discard tobacco products.
- Avoid alcohol use and exposure to tobacco.
- Don't be discouraged by relapse.





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Slide 20

How do I treat tobacco users who are not willing to make a quit attempt? (The 5R's)

<b>RELEVANCE</b>	Tailor advice. Encourage the patient to indicate why quitting is personally relevant.
<b>RISKS</b>	Identify potential negative consequences of tobacco use.
<b>REWARDS</b>	Identify potential benefits of stopping tobacco use.
<b>ROADBLOCKS</b>	Identify barriers and note elements of treatment to address barriers.
<b>REPETITION</b>	Reinforce this motivational message at every visit

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Slide 21

Provider - Patient Video 2:  
Not Ready for a Quit Attempt


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Slide 28

Pharmacotherapy	Dosage	Duration	Availability	Precautions/Contraindications	Adverse Effects	Patient Education
<b>Nicotine Patch</b> Nicotrol CQD Nicotrol Nicorette II	• Smoking 10 cigarettes or more per day • 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 8 weeks • 2 weeks • 2 weeks • 2 weeks • 2 weeks • 2 weeks	• Over the Counter (OTC) • Prescription • Prescription • Prescription only	• 1st trimester of pregnancy • Hypertension	• Skin irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Instruct patient to rotate patch on body • Change patch every 16 hours • Change patch every 24 hours • Avoid other nicotine products while using patch • Avoid driving or operating machinery until you know how you react to the patch • Each package will treat 20-30 cigarettes a day
<b>Nicotine Transdermal System</b> Nicorette Transdermal Patch	• 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 10 to 12 weeks	• Over the Counter (OTC) • Prescription • Prescription only	• Nicotinic acid • Hypertension	• Local irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Change patch on a clean, dry, hairless area of the body • Change patch every 16 hours • Change patch every 24 hours • Avoid other nicotine products while using patch • Avoid driving or operating machinery until you know how you react to the patch • Each package will treat 20-30 cigarettes a day
<b>Nicotine Inhalation Spray</b> Nicorette Inhaler	• 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 10 to 12 weeks	• Prescription Only	• None	• Local irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Each cartridge will treat 20-30 cigarettes a day • Inhale slowly and deeply • Avoid driving or operating machinery until you know how you react to the spray • Each package will treat 20-30 cigarettes a day
<b>Nicotine Transdermal System</b> Nicorette Transdermal Patch	• 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 10 to 12 weeks	• Prescription Only	• None	• Local irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Each cartridge will treat 20-30 cigarettes a day • Inhale slowly and deeply • Avoid driving or operating machinery until you know how you react to the spray • Each package will treat 20-30 cigarettes a day
<b>Bupropion</b> Zyban Wellbutrin XL	• 150 mg QD x 3 then 300 mg QD	• 12 weeks	• Prescription Only	• History of seizures • History of eating disorder (bulimia, anorexia)	• Insomnia • Dry mouth • Dizziness • Headaches	• Change with smoking for 1-2 weeks • Check for need to be tapered off


Slide 29

Pharmacotherapy	Dosage	Duration	Availability	Precautions/Contraindications	Adverse Effects	Patient Education
<b>Nicotine Patch</b> Nicotrol CQD Nicotrol Nicorette II	• Smoking 10 cigarettes or more per day • 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 8 weeks • 2 weeks • 2 weeks • 2 weeks • 2 weeks • 2 weeks	• Over the Counter (OTC) • Prescription • Prescription • Prescription only	• 1st trimester of pregnancy • Hypertension	• Skin irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Instruct patient to rotate patch on body • Change patch every 16 hours • Change patch every 24 hours • Avoid other nicotine products while using patch • Avoid driving or operating machinery until you know how you react to the patch • Each package will treat 20-30 cigarettes a day
<b>Nicotine Transdermal System</b> Nicorette Transdermal Patch	• 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 10 to 12 weeks	• Over the Counter (OTC) • Prescription • Prescription only	• Nicotinic acid • Hypertension	• Local irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Change patch on a clean, dry, hairless area of the body • Change patch every 16 hours • Change patch every 24 hours • Avoid other nicotine products while using patch • Avoid driving or operating machinery until you know how you react to the patch • Each package will treat 20-30 cigarettes a day
<b>Nicotine Inhalation Spray</b> Nicorette Inhaler	• 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 10 to 12 weeks	• Prescription Only	• None	• Local irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Each cartridge will treat 20-30 cigarettes a day • Inhale slowly and deeply • Avoid driving or operating machinery until you know how you react to the spray • Each package will treat 20-30 cigarettes a day
<b>Nicotine Transdermal System</b> Nicorette Transdermal Patch	• 1 mg/16 hr • 2 mg/16 hr • 4 mg/16 hr • 8 mg/16 hr • 16 mg/24 hr	• 10 to 12 weeks	• Prescription Only	• None	• Local irritation • Headaches • Dizziness • Nausea • Fatigue • Irritation of eyes, nose, mouth, throat • Irritation of skin • Itching • Redness • Rash • Blurred vision • Tiredness	• Each cartridge will treat 20-30 cigarettes a day • Inhale slowly and deeply • Avoid driving or operating machinery until you know how you react to the spray • Each package will treat 20-30 cigarettes a day
<b>Bupropion</b> Zyban Wellbutrin XL	• 150 mg QD x 3 then 300 mg QD	• 12 weeks	• Prescription Only	• History of seizures • History of eating disorder (bulimia, anorexia)	• Insomnia • Dry mouth • Dizziness • Headaches	• Change with smoking for 1-2 weeks • Check for need to be tapered off

Slide 30

**Combination Pharmacotherapy**


- Bupropion can be combined with any NRT.
- Monotherapy NRT 17.4% vs Combination NRT 28.6%.
- Patch + gum or patch + nasal spray are more effective than a single NRT.



Slide 31

Preventing Relapse

- Relapse is consistent with the chronic nature of tobacco dependence, not a sign of failure.
- Preventing Relapse
  - Congratulate success
  - Encourage continued abstinence
  - Discuss benefits of quitting
- Remind patient that relapse should be viewed as a learning experience
- Encourage continued use of pharmacotherapy and coping strategies.



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Slide 32

Addressing Barriers to Long-Term Cessation

- Lack of support for cessation
  - Schedule follow-up visits or phone calls
  - Help the patient identify sources of support within his/her environment
  - Refer to Queens-based Smoking Cessation Programs for more intensive counseling and support
- Negative mood or depression
  - Counseling, medications, specialist



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Slide 33

Addressing Barriers to Long-Term Cessation (cont)

- Persistent, strong withdrawal symptoms
  - If patient reports prolonged craving or other withdrawal symptoms, consider extending use of pharmacotherapy or adding/combining medications
  - Probe to make sure not engaged in periodic use
  - Emphasize that even a puff will increase urges and make quitting more difficult
- Flagging motivation
  - Provide reassurance that these concerns are common
  - Recommend rewarding activities



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Slide 34

Addressing Barriers to Long-Term Cessation (cont)

- Weight Gain
  - Recommend physical activity.
  - Reassure that some weight gain is common and appears to be self-limiting.
  - Emphasize the importance of a healthy diet with plenty of fruits and vegetables.
  - Maintain patient on pharmacotherapy known to delay weight gain (e.g. Bupropion SR, NRTs, particularly nicotine gum).
  - Refer the patient to a specialist or program.




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Slide 35

Charting Procedures

STEP TAKEN	YES	NO
Tobacco Use		
Advice Given		
Ready to Quit		
Referral Made		
Rx Given		

Using Smoking Status Stickers

- Using a smoking screening system increases the provider intervention rate.
- Many convenient "sticker" systems are available for free from Queens Quits.




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Slide 36

Reimbursement

- ICD9: 305.1 (Nicotine Dependence)
- ICD9: 316 (Psych factor affecting medical condition)
- CMS Cessation Counseling Benefit
- NYS Medicaid Benefit: All FDA approved cessation medications are covered benefits.




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Slide 37

Referral Resources

- Elmhurst Hospital Smoking Cessation Program  
(718) 334-2216
- Queens Hospital Smoking Cessation Program  
(718) 883-4210
- New York State Smokers' Quitline  
1-866-NY-QUITS  
(1-866-697-8487)  
[www.nysmokefree.org](http://www.nysmokefree.org)



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Slide 38

Queens Cessation Programs

**Flexible & Easy Referrals:**

- Patients or providers can initiate services by phone
- HDS electronic referral available to providers
- Patients are seen promptly with no fee
- Nicotine patches are available
- Flexible groups:
  - Evening and daytime
  - English and Spanish.



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Slide 39

Easy Reading Materials



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Slide 40

NYSDOH "Fax-to-Quit"

- Proactive telephone cessation counseling provided by tobacco treatment specialists
- Services are free of charge
- You will receive a report with an update about services delivered to your patient



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Slide 41

How can Queens Quits Help me to Help My Patients Quit?

**Practice Consultation**

- 1:1 consultation with you and your office staff
- Provide tools to help you identify smokers
- Provide self help materials in multiple languages
- Provide resources for assisting patients to quit
  - NYS Quitline
  - Queens based Cessation Programs
- Ongoing feedback about your success in promoting smoking cessation in your practice

Queens Quits Website



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Slide 42

Thank you!

"Starting today, every doctor, nurse, health plan, purchaser, and medical school in America should make treating tobacco dependence a top priority."

— David Satcher, M.D., Ph.D.  
Former U.S. Surgeon General  
Director, National Center for Primary Care, Morehouse School of Medicine



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