tobacco CESSATION

Columbia University College of Dental Medicine

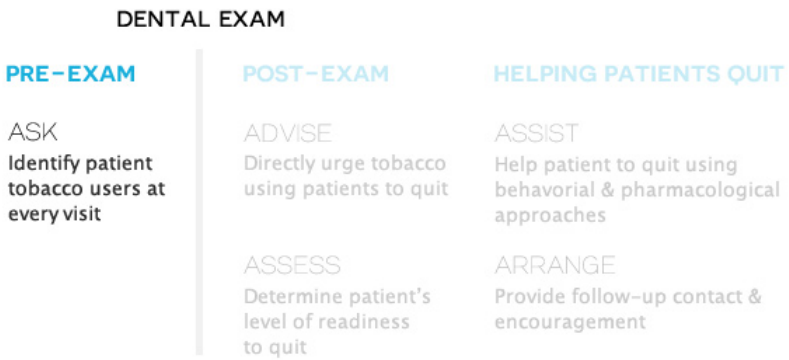
Tobacco Cessation: Course Guide

Use this guide alongside the tobacco cessation course at tobaccocessation.ccnmtl.columbia.edu

Pre-Exam

After completing this section you will be able to:

1. Make asking about your patients' tobacco use a routine part of care
2. Include an assessment of your patients' tobacco use at every visit



Asking is the First Step

The first step in addressing tobacco use is to ask your patients if they smoke. In an ideal world every health history form would include a "tobacco user" question, but no matter whether it is included or not, it is important to ask each patient at every visit about his or her smoking habits.

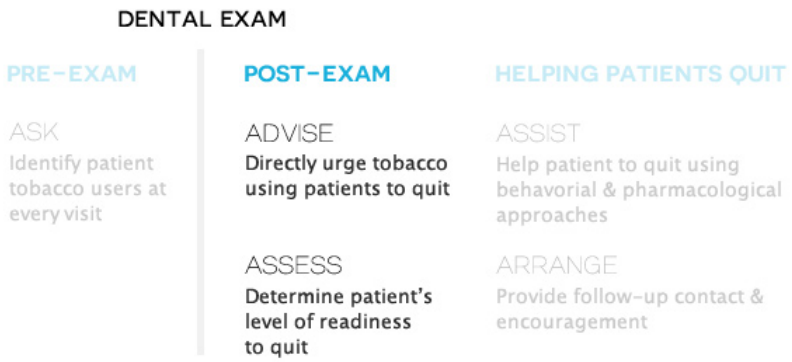
You can do this during your review of the patient's health history form. Make *asking* a part of your routine.

Always have a "tobacco moment."

Post-Exam

After completing this section you will be able to:

1. Identify tobacco-related oral pathology in your patients
2. Explain and show tobacco-related oral health findings to your patients
3. Give direct advice about quitting to your patients
4. Understand the processes of addiction and behavioral change
5. Use a simple quitting scale to obtain your patients' self- reported level of readiness to quit
6. Use standard follow-up questions to further assess your patients' readiness to quit



Advise

You have completed the oral exam and now it is time to advise your patient to stop smoking. Advise means giving a strong, clear personalized message to quit. Giving direct advice to quit and relating that advice to any oral findings can be a powerful tool in moving patients closer to deciding to quit.

Why is this unique to dentists?

Patients often hear about the harmful effects of smoking, but as a dental professional you are in a unique position – often you can actually show the patient what smoking is doing to their body … *right now*. The immediacy of this kind of feedback can have a significant impact on your patients.

Assessing a patient's readiness to quit at each appointment

In order to focus your efforts on patients who are ready to make a change you will want to assess their readiness to quit at each appointment. Change does not progress in a straight line, people may seem disinterested about quitting, but may report a quit attempt at their next visit. Or people may take action to quit, be unsuccessful and become discouraged. Regular assessment at each visit is important.

0 to 10 quitting scale

The 0 to 10 quitting scale provides some insight to your patients' feelings about quitting and it also provides you with the opportunity to continue your tobacco cessation conversation by asking some follow-up questions. The goal is to engage your patients in talking and thinking about quitting and gradually moving them from the lower part of the 0 to 10 scale to the upper part.

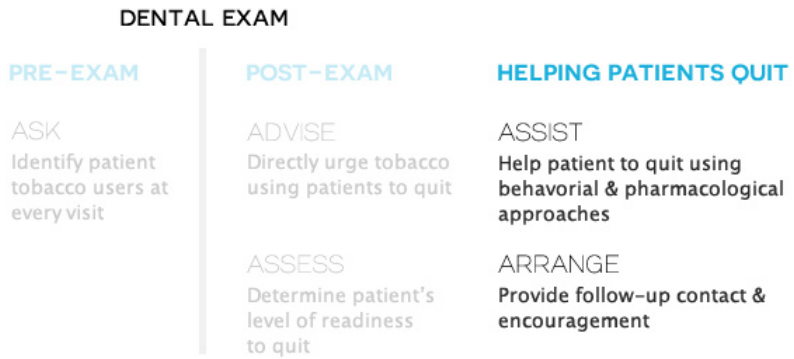
As you become more comfortable talking to your patients about their smoking you also will become more comfortable asking your follow-up questions. However, until you reach that level of comfort you might find it useful to follow these "rule of thumb" guidelines. Remember, these are not firm guidelines they are designed solely to help you with your tobacco conversation until it becomes routine for you.

Patients may give a variety of answers, rather than a simple yes or no, to the question "Have you ever tried to quit before?" Think about how you would respond to someone who answers, "No, I've never tried to quit – what's the point, I'm going to die someday anyway? So what if I lose a couple of years at the end of my life from smoking?" For examples of responses to common excuses people give for not wanting to quit, look at "Excuses for not quitting" in the Resources.

Helping Patients Quit

After completing this section you will be able to:

1. Determine which medication or combination of medications is appropriate to help a patient to successfully quit using tobacco.
2. Name and classify the first and second line tobacco cessation pharmacotherapeutics currently available.
3. Obtain expertise writing prescriptions for over the counter and prescription tobacco cessation pharmacotherapeutic regimens.
4. Become familiar with tobacco cessation materials that are available from health departments, professional organizations and the United States Public Health Service to assist patients in their quit attempt.
5. Learn how to refer patients to local and online tobacco cessation resources.
6. Apply interpersonal communication skills to assisting patients to stop using tobacco.



Introduction to assisting the patient

A healthcare provider's assistance is critical

When a smoker makes the decision to quit smoking, the assistance of a healthcare provider can be a critical aid to his or her success. Assisting patients in quitting smoking can be done as part of a brief treatment or as part of an intensive treatment program. Studies have shown that when clinicians provide advice and brief assistance, patients are 30% more likely to quit smoking compared to quitting on their own. In addition, the use of cessation medication can double the effect of the clinician's advice.

The dentist-patient relationship

Good communication is important

Evidence suggests that if a dentist is able to communicate sensitivity and caring, patient cooperation can be increased. Therefore, the effective use of language, both verbal and nonverbal, is vitally important when discussing tobacco use and cessation with a patient.

Most people believe that they can communicate fairly well and in many case this is true. However, good communication skills have to be developed, practiced, continually modified and expanded. Having good communication skills outside the clinical setting does not necessarily insure optimal communication skills in a professional clinical environment.

There are many things to keep in mind when communicating with patients, but five of the most important things to remember are:

1. When interacting with a patient remember that what you do is equally as important as what you say. Always remember to implement C.L.O.S.E.R.:

C	**CONTROL** distractions that threaten to shift your attention
L	**LEAN** slightly toward the person with whom you are interfacing
O	Maintain an **OPEN**, non-defensive posture (not crossing legs or arms)
S	Position yourself so that you are facing the person **SQUARELY**
E	Maintain appropriate **EYE** contact
R	Try to be comfortable and **RELAX**

2. Establishing rapport with a patient is a critical step toward successful communication:
Four core components to all human relationships, which are most meaningful in professional relationships as well as in healthcare environments, are:

1. **Empathy**: Dentist's response communicates a thorough understanding by accurately responding to the patient's underlying feelings, both verbally and non-verbally.
   Example: "I certainly understand that quitting can be very difficult."
2. **Respect**: Dentist suspends judgment of the patient, or the patient's situation, holding the patient in high esteem. The dentist demonstrates a commitment to help.
   Example: "Is it okay with you if we spend a few minutes talking about your tobacco use and perhaps the idea of you quitting?"
3. **Warmth**: The dentist's non-verbal response is intense, and clearly shows attention and interest. Physical contact may occur.
   Example: "As your dentist I care about your oral health and your overall well being – I truly want what is best for you. Therefore … I'd like us to talk about your smoking if it's okay with you."
4. **Genuineness**: The dentist's communication greatly strengthens the relationship with the patient. Self-disclosure may assist in this process.
   Example: "There is no question that quitting smoking is one of the most difficult things a person can do, but it is the very best thing you can do for your health. I want you to know that I will do my very best to provide help and support if you let me help you quit."

For more examples of how to display empathy, respect, warmth and genuineness see the Resource Section.

3. Your non-verbal communication can often speak volumes.

Keep in mind that your body's position, facial expressions, eye movements, and gestures are some of the key components in non-verbal communication. They all play an important role in:

Communicating your interpersonal attitudes and emotions such as, your empathy, respect, warmth and genuineness

- Supporting your verbal communication, that is, your body language should confirm what you are saying

Replacing speech when:

- Words are hard to say
- The patient doesn't know the word, doesn't speak English well, or cannot talk

4. Many barriers to good communication exist. The most common include:

Lack of a communication medium

- Language spoken by the patient is not yours
- Being in a hurry and overly task-oriented rather than patient oriented

Information over-load

- Patient lacks the capacity to receive and process the information you are providing – it's just too much
- Patient has personal limitations such as, intellectual, linguistic, social and experiential abilities
- Information you are giving is too complex

Distraction (most often noise)

- Interferes with the transmission of the information
- Interferes with the receipt of the information

Confused presentation: you know what information you want to relay to the patient, but you cannot communicate it clearly. Your presentation of the information:

- Is disjointed
- Lacks logical sequence
- Includes technical jargon
- Has sentences that are too long
- Uses idioms unfamiliar to the patient

Unstated Assumptions

- You have assumptions about your patient and provide information with these assumptions in mind. This often leads to misunderstanding.
- *For example:* You assume that your patient's professional status or seemingly high IQ translates to high dental IQ.

Incompatibility of Conceptual Systems

- This is usually related to "unstated assumptions". You and your patient seem to be "on the same page", but you each have your own belief systems making you incompatible with the information exchanged.

5. The dentist -dental patient interview has 3 parts. Each part is critical for successful communication:

1. Beginning	• Put the patient at ease • Greet the patient with warmth and genuineness • Show respect for the patient by attending to his/her needs for privacy and comfort

2. Middle	**Elicit Information:** • Use open-ended questions to facilitate the patient's response • Allow the patient the opportunity to explain things in his/her own words without interruptions • Intervene with appropriate responses when the patient is unable to supply relevant information • Rephrase or repeat questions if needed • Clarify areas of confusion or inconsistencies • Inquire as to how well the patient understands the condition or illness • Use language that is appropriate for the patient's age and background **Maintain Control:** • Be aware of the pace of the interview • Use periodic summaries • Do not allow the patient to ramble – maintain focus • Use pauses to encourage patient response **Maintain Rapport:** • Maintain eye contact • Allow for sharing of feelings • Explain the need for requesting certain data in order to reduce patient anxiety • Deal with the patient's questions and concerns
3. End	• Inform patient about the next steps • Allow the patient the opportunity to ask questions

Help create a quit plan

Assisting the patient in the dental office begins with helping the patient with a quit plan and the setting of a quit date. This ideally should be within 2 weeks. Brief counseling and support in the dental office includes the following steps:

1	Provide practical counseling.
2	Provide intra-treatment social support.
3	Recommend the use of approved pharmacotherapy, except in special circumstances.
4	Provide supplementary written materials.

Practical counseling

In the office setting, the clinician assists the patient with the recognition of danger associated with smoking, the development of coping skills, and the provision of practical information on smoking and successful quitting.

Skills	Examples
1. Recognize danger situations Identify events, internal states, or activities that increase the risk of smoking or relapse.	• Bad mood • Being around other smokers • Drinking alcohol • Experiencing urges • Being under time pressure or in a stressful situation
2. Develop coping skills Identify and practice coping or problem solving skills. Typically, these skills are intended to cope with danger situations.	• Anticipate and avoid temptation • Learn cognitive strategies that reduce negative moods • Accomplish lifestyle changes that reduce stress, improve quality of life, or produce pleasure • Learn cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention)
3. Provide basic information Provide basic information about smoking and successful quitting.	• Any smoking (even a single puff) increases the likelihood of full relapse • Withdrawal typically peaks within 1-3 weeks after quitting • Withdrawal symptoms include negative mood, urges to smoke, and difficulty concentrating • Addictive nature of smoking

Intra-treatment social support

Common elements of intra-treatment social support

There are 3 supportive treatment components:	Examples
1. Encourage the patient in the quit attempt	• Note that effective tobacco dependence treatments are now available • Note that one-half of all people who have ever smoked have now quit • Communicate belief in patient's ability to quit
2. Communicate caring and concern	• Ask how the patient feels about quitting • Directly express concern and willingness to help • Be open to the patient's expression of fears of quitting, difficulties experienced, and ambivalent feelings
3. Encourage the patient to talk about the quitting process	• Reasons the patient wants to quit • Concerns or worries about quitting • Success the patient has achieved • Difficulties encountered while quitting

Pharmacotherapeutics

This section will provide you with information about the various smoking cessation therapies that are available and also will help you become more comfortable in discussing these therapies with your patients.

We begin with an overview of the four medications that are available. Three of these are nicotine replacement therapies and include the nicotine patch, lozenge and nasal spray. In addition, these medications can be used in combination. The fourth medication is varenicline. It is a non-nicotine replacement therapy. Which therapy you prescribe will depend on careful evaluation and discussion with your patient.

Nicotine Physiology

What is nicotine?

Nicotine is an alkaloid, one of a group of organic chemicals found in plants. It is distributed quickly through the bloodstream and can cross the blood-brain barrier. It takes a few seconds for nicotine to reach the brain when inhaled. The half-life of nicotine in the body is around two hours. Nicotine is metabolized in the liver by cytochrome P450 enzymes.

Cotinine is a byproduct of the metabolism of nicotine, which remains in the blood for up to 48 hours. Saliva, urine or blood tests are available that measure cotinine levels and can be used as an indicator of a person's exposure to nicotine.

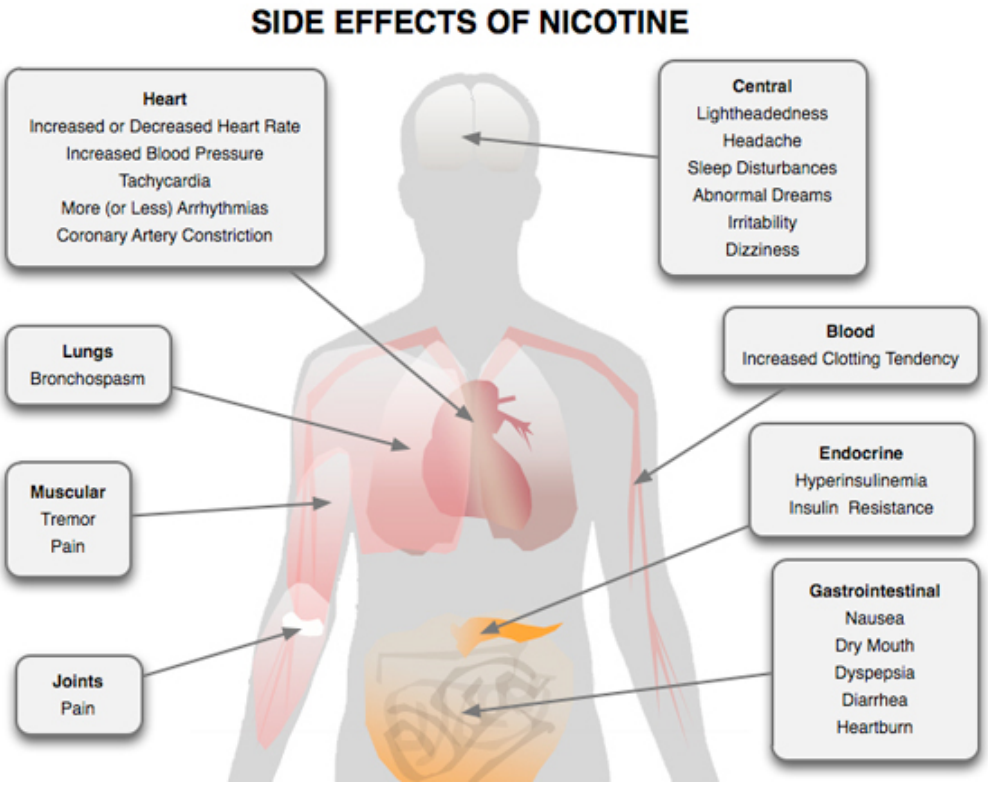
How does nicotine work?

Nicotine interacts with nicotinic acetylcholine receptors within the brain, and body organs including the heart and in the adrenal glands. Nicotine alters the sensitivity of the cholinergic receptors. Cholinergic receptors are involved in respiration, heart rate and muscle contraction. Nicotine increases the levels of several neurotransmitters including dopamine. Increased levels of dopamine are responsible for the euphoria and relaxation and eventual addiction caused by nicotine consumption. Nicotine affects the sympathetic nervous system via splanchnic nerves within the adrenal medulla, stimulating the release of epinephrine into the bloodstream. The release of epinephrine increases the heart rate, blood pressure and respiration, and raises blood glucose levels. Nicotine alters mood by acting both as a stimulant and a relaxant. Smokers experience reduced appetites and a raised metabolism, and often lose weight as a consequence.

In seconds:
Nicotine is absorbed into the arterial bloodstream via inhalation to the lungs of tobacco smoke from cigarettes, cigars or pipe smoke.

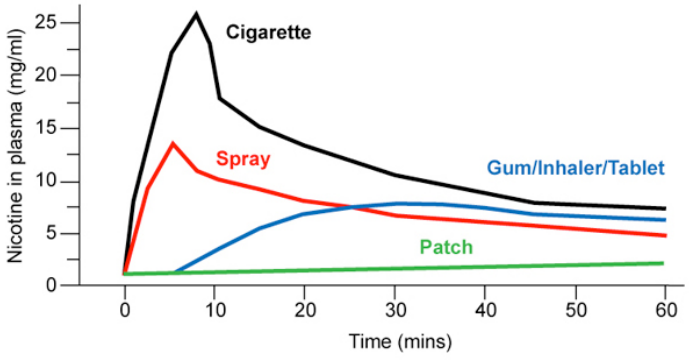
In minutes:
Nicotine is also absorbed via the venous bloodstream through the buccal mucosa. This is the mechanism of absorption for nicotine lozenge. Nicotine is absorbed through the nasal mucosa with spray. The uptake of nicotine through the nasal mucosa is more rapid than through the buccal mucosa.

In hours:
With the Nicotine patch nicotine is absorbed transcutaneously via the venous bloodstream. A skin patch uses a membrane to control the rate at which the drug contained in the reservoir within the patch can pass through the skin and into the bloodstream.



Mechanism of action: nicotine replacement therapy

Nicotine absorbed from NRTs leads to a reduction in nicotine withdrawal symptoms in tobacco users who abstain from smoking. NRT does not eliminate the symptoms of withdrawal, because none of the NRT delivery systems are able to reproduce the rapid and high levels of arterial nicotine obtained from inhalation of cigarette smoke.



Sources: Benowitz, N. L., Chan, K., Denaro, C. P., & Jacob, P. (1991). Stable isotope method for studying transdermal drug absorption: The nicotine patch. Clinical Pharmacology and Therapeutics, 50, 286-293, and Benowitz, N. L., Porchet, H., Sheiner, L., & Jacob, P. (1988). Nicotine absorption and cardiovascular effects with smokeless tobacco use: Comparison with cigarettes and nicotine gum. Clinical Pharmacology and Therapeutics, 44, 23-28

Nicotine overdose symptoms

- Nausea
- Fainting
- Vomiting
- Dizziness
- Diarrhea
- Weakness
- Rapid heartbeat

If any of these symptoms occur, the patient should discontinue and call your office or their physician.

Selecting a regimen

There is no simple answer. To select an appropriate regimen for your patient follow these steps:

1. Assess your patient's health history
2. Assess contraindications
3. Prescribe
4. Tweak if your recommendation is not initially successful

Your assessment of your patient will help you to decide which medications or combination of medications would work best. This assessment should include:

- Current smoking history
- Past smoking history
- Number of prior quit attempts
- Where they are on the 0 to 10 quitting scale
- Prior use of NRT or non-NRT smoking cessation products
- Medical history
- Dental history
- Medication list

A successful quit attempt would be an indication that you selected the correct therapy for your patient.

Don't take a failed quit attempt to mean a treatment failure. Most smokers are not successful in quitting tobacco on their first attempt. It can take multiple attempts to successfully quit.
Use the knowledge that you gained from the failed attempt to "tweak" the regimen you chose or to select a different approach. Nicotine Replacement Therapies (NRTs) and varenicline (Chantix) are all safe and effective when used correctly.

The selection of the appropriate medication is dependent on several factors including the patient's health, tobacco history and level of addiction.

About Prescriptions

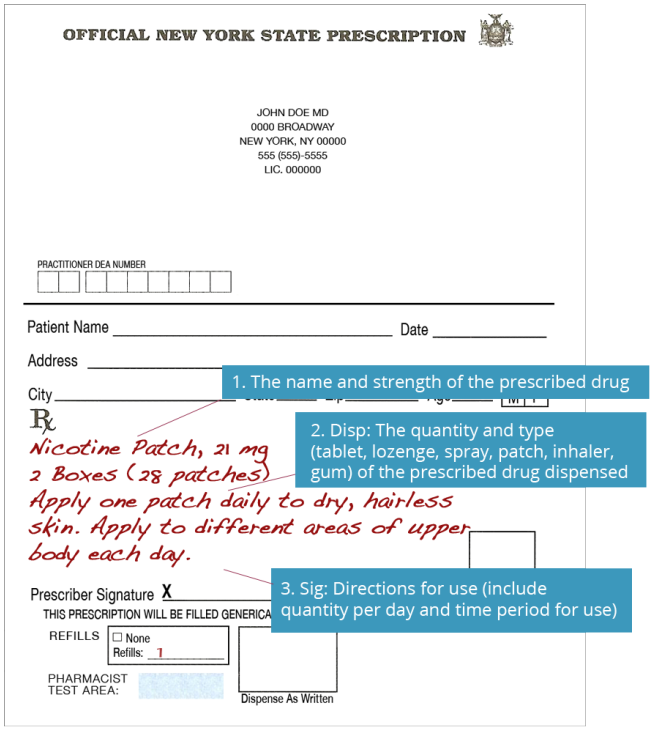
Nicotine nasal spray and varenicline are prescription medications. Over the counter (OTC) medications such as nicotine patch and lozenge do not require that you issue a written prescription to the patient. Many State Medicaid programs including New York and New Jersey's cover OTCs, but require that a written prescription be presented to the pharmacy in order to receive the medication. If you know your patient is covered by Medicaid, complete an Rx for him or her. However, we recommend you complete a prescription for all patients requiring OTC NRTs. To prescribe an OTC medication, write a conventional script and instruct the patient to bring the script to the pharmacist. The OTC will be provided to the patient and billed to the Medicaid program.

Coverage by private insurance carriers for prescription pharmacotherapeutics is provided through a prescription drug plan that is frequently attached to a medical insurance product. Your patients should check with their medical / pharmaceutical plan to see if they have coverage for prescription tobacco cessation products.

Coverage for tobacco cessation pharmacotherapuetics is an area where many State Medicaid programs provide more comprehensive coverage than traditional private insurance programs.

Writing a Prescription

When you write a prescription provide your patient with a one-month supply of medication and adequate refills to enable him or her to obtain sufficient medication for a three-month period. If you have provided a patient with a pharmacotherapeutic regimen for tobacco cessation, you should arrange for follow up with the patient during routine treatment visits or at an established recall visit within the dental office.



Nicotine Replacement Therapy (NRTs)

Goal of NRTs

The purpose of nicotine replacement therapy is to safely replace an individual's daily nicotine intake that was obtained from tobacco use. A successful tobacco cessation effort should adequately replace all the nicotine that is lost when a patient quits smoking.

How do NRTs work?

NRTs work by temporarily reducing symptoms of nicotine withdrawal after quitting smoking. They are very safe when used as directed - there is little risk of your patient becoming dependent. With NRTs, blood concentrations of nicotine peak more slowly, reaching much lower levels when compared to smoking. Your patient will not experience a nicotine "rush," but he or she also won't experience the painful cravings and withdrawal symptoms associated with quitting. NRTs help to take the edge off cigarette cravings without providing the tars and poisonous gases found in cigarettes.

NRT dosage

About 1 mg of nicotine is absorbed per cigarette; hence, a 1-pack per day (PPD) smoker requires replacement of approximately 20 mg of nicotine per day.

The 3 Types of NRTs

1. Patch (OTC, available over the counter)
2. Lozenge (OTC, available over the counter)
3. Nasal Spray (prescription only)

Patients may prefer an NRT that offers self-administered dosing such as the lozenge or nasal spray since these options provide alternatives for patients at high risk for transdermal-related skin irritation. On the other hand, because the nicotine patch is worn continuously, it lessens chances of suffering from several of the major smoking withdrawal symptoms such as tenseness, irritability, drowsiness, and lack of concentration. The nasal spray reduces nicotine cravings within several minutes of dosing, and unlike the patch, allows the user to self-dose as necessary. You should be aware, however, that the dependency potential is greater with the nicotine nasal spray than with other NRTs.

NRTs

In the dental office the NRTs are typically used as "front line" pharmacotherapeutic aides. Nicotine patch and lozenge are available over the counter and are easily obtained by patients.

Precautions for all NRTs

- Do not use in patients with serious arrhythmias, or with severe or worsening angina
- Discontinue if tachycardia or palpitations occur
- Do not use during immediate post-myocardial infarction period

Use with caution in patients with:

- Coronary heart disease
- Vasospastic diseases
- Hyperthyroidism
- Pheochromocytoma
- Insulin dependent diabetes
- Active peptic ulcer disease
- Accelerated hypertension
- Bronchospastic disease

Additional side effects specific to the individual products are presented in the description of each medication.

Patch

The nicotine patch is a skin patch that uses a membrane to control the rate at which the drug contained in the reservoir within the patch can pass through the skin and into the bloodstream.

How does it work?	The nicotine patch works by slowly releasing a constant amount of nicotine into the body through the skin and into the blood while the patch is worn.
Precautions	Do not use in patients with known allergy to adhesives
Concentrations available	• 21 mg (patients who smoke 10 or ***more*** cigarettes a day) • 14 mg (patients who smoke ***less*** than 10 cigarettes a day) • 7 mg (for tapering only)

How to use it

It is recommended that one patch be worn for 16-24 hours. If your patient craves cigarettes when they wake up in the morning, they should wear the patch for 24 hours. Otherwise, it is okay to take it off at bedtime and apply a fresh patch first thing in the morning. In addition, if your patient is having vivid dreams or other sleep disturbances, you may recommend they remove the patch at bedtime and apply a new patch the following morning.

The patch should be applied at approximately the same time each day.

Even if the urge to smoke is gone before the end of the prescribed regimen, completing the full step down program is important. The step down treatment period allows a gradual reduction in the amount of nicotine the patient is receiving, rather than a sudden stop, and will increase the chances of quitting successfully.

For the 21 mg patch taper as follows:

- Use the 21 mg patch for 6 weeks
- Step down to the next size patch, 14 mg, for 2 weeks
- Follow by 2 weeks of 7 mg patch

For the 14 mg patch taper as follows:

- Use the 14 mg patch for 6 weeks
- Step down to the 7 mg patch for 2 weeks

Things to remember when prescribing it:

1. Nicotine patches generally stick well to most people's skin

- Place it on a non-hairy, non-irritated area of skin that is clean and dry
- Don’t worry if the patch falls off, just replace it
- Some soaps, body creams, lotions, and sunscreens can also cause problems

2. Helpful tips to get the patch to stick

- Clean the area of skin with rubbing alcohol first
- If the problem is persistent, use medical adhesive tape over the patch

3. Water won't harm the nicotine patch

- Patients can bathe, shower, swim or use a hot tub for short periods while wearing the patch
- The patch should be removed two hours prior to prolonged, strenuous exercise, as this may increase nicotine absorption through the skin

Smoking while using NRTs is not recommended because there is a risk of getting too much nicotine and experiencing an overdose. Your patient should call your office or his or her physician if he or she develops symptoms of nicotine overdose: cold sweats, fainting, confusion, or pounding heart.

Side effects

The most common side effects while wearing the patch are:

- Skin irritation or discoloration
- Vivid dreams or other sleep disturbances

Lozenge

Nicotine is bound to an ion exchange resin and is added to a sugar free hard sweet lozenge.

How does it work?	The nicotine from the lozenge is steadily released and then is absorbed via the blood vessels in the oral buccal mucosa. Some of the nicotine also goes into the saliva, is swallowed, and absorbed through the gastrointestinal tract.
Precautions	Patients with dry mouth or sicca syndrome may not be able to produce enough saliva to dissolve lozenge
Concentrations available	**2 mg** (use for < 10 cig/24hr or if patient smokes first cig within 30 minutes of waking up) **4 mg** (use for ≥ 10 cig/24hr or if patient smokes first cig within 30 minutes of waking up)

How to use it

The dosage your patient will need is determined by how much they smoke.

1 lozenge= 1 dose

The 4 mg dose is suggested for most patients (even those smoking less than 10 cigarettes a day). Patient compliance with using (20- 30 minutes per piece) and frequency of use are hard to follow for the 2 mg dose.

For example, a 9 cigarette a day smoker would need to replace 9 mg of nicotine. The recommended 2 mg dose would provide 1 mg of nicotine if used for 30 minutes. This patient would need to use lozenges for 4.5 hours per day to replace all the nicotine present in his/her cigarettes and this is difficult for most patients. Patients should not exceed 24 lozenges each day.

1	Use 1 lozenge every 1-2 hours for the first 6 weeks or until the patient is comfortable with quit attempt
2	Use 1 lozenge every 2-4 hours for the next three weeks
3	Use 1 lozenge every 4-8 hours for the next 3 weeks, until the patient gradually stops usage

Take evenly spaced throughout the day to replace need for nicotine

Things to remember when prescribing it

Allow to slowly dissolve. The nicotine lozenge is not designed to be chewed.

To use the lozenge correctly:

1. Insert lozenge into the mouth
2. Allow it to slowly dissolve in the mouth while moving it from side to side
3. Do not chew

If the patient chews on the lozenge and does not allow it to dissolve slowly, the nicotine will be released directly into the saliva, be swallowed, and absorbed through the gastrointestinal tract resulting in severe nausea and tachycardia. Advise your patient not to eat or drink for 15 minutes before or while using the lozenge because this can reduce the absorption of the nicotine.

Have your patient contact you or their physician if they develop symptoms of too much nicotine in the body: cold sweats, fainting, confusion, or pounding heart. Occasionally, the lozenge may cause mild mucosal irritation.

Side effects

In first few days:
Mild sense of buccal mucosal irritation from nicotine absorption. This will subside with use.

Chewing or swallowing the lozenge can cause:

- Lightheadedness
- Dizziness
- Hiccups
- Nausea
- Vomiting
- Sleep disturbances
- Indigestion
- Heartburn
- Cough

If these effects occur, let the lozenge dissolve more slowly

Nasal Spray

About

Nicotine nasal spray is aerosolized nicotine contained in a spray pump.

How does it work?	The nicotine is delivered to the user by spraying it into the nostrils, and is rapidly absorbed by the nasal membranes inside the nose. The spray device is similar to the type used for over-the-counter decongestant sprays. Because it is rapidly absorbed, nasal spray delivers the nicotine "hit" much more quickly than other NRTs. This feature makes it attractive to some highly dependent smokers.
Precautions	Do not use for patients with severe reactive airway disease because of potential to exacerbate bronchospasm.
Concentrations available	**10 mL spray bottle:** • Contains 100 mg nicotine (10 mg/ml) in an inactive vehicle • 100 doses per bottle • Prescription only

How to use it

1 spray in each nostril = 1 dose = 1 mg nicotine

1	1-2 doses per hour for 8 weeks Maximum of 5 doses per hour, or 40 doses (80 sprays) per day for heavily addicted smokers who smoke a pack or more of cigarettes a day
2	Initial therapy is for 3 months
3	Taper for 3-6 months; skip doses to taper

Things to remember when prescribing it

- Fast relief for heavy smokers
- Easy to adjust dose
- Dependency potential is greater with the nasal spray so advise your patient to communicate with you any feelings of excessive dependency on the spray
- Do not smoke while using this product

Because of these concerns the nasal spray may not be the most appropriate form of treatment for heavily addicted smokers. For these patients the nasal spray may be helpful as a supplemental source of nicotine when used in combination with another form of nicotine replacement therapy or when used in conjunction with a non-nicotine replacement therapy.

To use the nasal spray correctly:

1. Blow nose if it is not clear

2. Tilt head back slightly
3. Insert tip of bottle into nostril—as far as is comfortable
4. Breathe through mouth
5. Spray once in each nostril; do not sniff or inhale while spraying

If nose runs, gently sniff to keep the nasal spray in nose. Wait 2 or 3 minutes before blowing nose.

Side effects

The most common side effects from the nasal spray are:

- Irritation of the nose and throat
- Teary eyes
- Sneezing
- Cough

These side effects are usually short-lived and are tolerated after the first week of use.

Non-NRTs

Varenicline

Varenicline is a non-nicotine prescription pill designed to help adults stop smoking. Varenicline is the generic name for Chantix. It is currently only available in the Chantix brand name form.

How does it work?	Varenicline is believed to work by mimicking nicotine by stimulating nicotine receptors to release dopamine while at the same time blocking nicotine from stimulating the nicotine receptors. Although the varenicline dopamine release is modulated and less than what a smoker would receive from having a cigarette, it is longer lasting and remains throughout the day as long as it is taken as directed.
Precautions	• Breastfeeding women should avoid use • Persons with severe renal impairment require a dosage adjustment • Can exacerbate prior or current psychiatric illness • Patients are advised to tell their physicians about any history of depression or other mental health problems, which may worsen while taking varenicline
Concentrations available	• **0.5 mg**, white tablet • **1.0 mg**, blue tablet

How to use it

1	Start 1 week before quit date
2	**First 3 days**: 0.5 mg/24hr
3	**Next 4 days**: 0.5 mg/BID (one in the morning, and one in the evening)
4	**After first 7 days**: 1 mg/BID (one in the morning, and one in the evening)

Patients should be treated for 12 weeks. An additional 12-week course is recommended for successful patients to increase the likelihood of long-term abstinence

Note: Varenicline can be prescribed as a 1 month starter pack which includes:

- One week of 0.5 mg varenicline
- mg varenicline for 3 weeks

Things to remember when prescribing it

- Always check for allergies to any of the ingredients in varenicline
- Varenicline should be taken on a full stomach and with a full glass (8 ounces) of water

- 1 dose should be taken in the morning & 1 dose in the evening
    - A missed dose should be taken as soon as the patient remembers unless it is time to take the next dose
    - If this happens, instruct the patient to skip the missed dose and take the next dose at the regular time
- Unsuccessful patients or those who relapse should be encouraged to make another attempt once factors contributing to the failure have been addressed

Side effects

Varenicline is generally well tolerated. The most common side effects are:

- Gastrointestinal in nature
- Nausea & constipation
- Abnormal dreams
- Insomnia

Serious side effects:

- Changes in mood and behavior have been reported with varenicline use
- Varenicline can induce seizure activity

Summary

The risks of using varenicline for smoking cessation should be weighed against the benefits of use. Varenicline is effective in helping patients to quit smoking. The benefits of quitting smoking are substantive. The FDA requires the following warning to be provided for varenicline prescriptions:

Advise patients, caregivers and significant others that the patient using varenicline *for smoking cessation should contact a healthcare provider immediately if agitation, depressed mood, or changes in behavior or thinking that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior. In many post-marketing cases, resolution of symptoms after discontinuation of* varenicline *was reported, although in some cases the symptoms persisted, therefore, ongoing monitoring and supportive care should be provided until symptoms resolve.*

If, for the aforementioned reasons, varenicline must be discontinued, this does not mean that tobacco cessation counseling should cease. If at first you don't succeed, try, try again. A failed quit attempt is not a treatment failure. It can take multiple attempts for the patient to successfully quit. Instead of giving up hope, you should introduce a different treatment regimen, like combination nicotine replacement therapy, and encourage the patient to tackle his tobacco use with this new approach.

Combination Therapy

When to consider?

- Patients who have failed prior pharmacotherapeutic assisted tobacco cessation attempts or
- Heavy smokers (more than one pack of cigarettes a day)

Combination therapy may include the use of:

Long Acting NRT + Short Acting NRT

Exclusively NRT-based combination therapy should include:

- Long-acting source of nicotine such as nicotine patch and
- Short-acting treatment such as nicotine lozenge or nasal spray
- A combination of two short-acting NRTs can also be considered

Rationale

Current product information does not support the use of more than one NRT, however, there is pharmacologic rationale to support the use of multiple NRT regimens. NRT regimens typically provide a lower plasma level of nicotine than a patient would receive from cigarette smoking. Many patients fail in a quit attempt, particularly in the first few weeks because their nicotine levels are too low and they cannot overcome their craving for nicotine.

Arrange Follow-Up

Learning objectives

After completing this section you will be able to:

- Discuss tobacco use at every dental visit
- Provide encouragement and support to patients who make a commitment to quit

Goals

What you do during the Arrange step of the intervention depends on your practice and the resources you have available to you. Following up with your patients who have made a commitment to quit can be achieved by making phone call, text messaging or email contact on or around the date they have decided to quit. By making contact you are offering encouragement and showing your continued support.

Behavioral counseling and quit lines

Alternatively, referral to behavioral counseling is also very effective. This can take the form of referral to a local hospital or clinic that offers individual cessation counseling or group counseling sessions or to a state telephone quit line which offers services at no cost to everyone who has access to a phone. Quit line services include sending educational materials to your patients' homes, offering referrals to local programs, and providing individual telephone counseling.

After initial contact has been made with a quit line, the first call is generally followed by further pre-arranged calls to the patient from a quit line counselor. During the telephone counseling sessions patients are asked about any problems they may be having with the cessation medications they are taking, how their quit attempt is going, what problems they are having, what challenges they are facing, and whether or not they have slipped and had some cigarettes. If they have relapsed the counselor will go over what led to the slip and determine how to get the patient back to abstinence and avoid any further slips.

You can connect smokers to quit lines in two different ways. You can provide a quit line number and encourage the smoker to call, but it is better to connect the smoker more directly. In many states it is possible, with the patient's permission, to send the smoker's name and contact information to the quit line, which will initiate a call to the patient. Many quit lines provide copies of enrollment forms that can be faxed directly to the quit line.

Research shows that the most effective approaches, the ones resulting in the highest quit rates, combine behavioral and pharmacotherapy treatments together. Additionally, relapse is common among smokers who are trying to quit and most smokers make multiple quit attempts. Therefore, providing follow-up and ongoing support to your patients is important.

There are toll-free help lines where a patient can talk to a counselor about ways to stop. Counselors can mail the patient information on how to quit, and can link the patient to local services to help as well.

Many quit lines also provide information for special groups, such as:

- Pregnant women
- Users of smokeless (chew and snuff) tobacco
- People who want to help a friend or family member quit
- Different racial or ethnic groups
- Teen smokers

1-800-QUIT-NOW

Anyone in the United States can call 1-800-QUIT-NOW (1-800-784-8669). Many states also have their own quit lines. If your state has one, your patient will be automatically redirected to it when he or she calls 1-800-QUIT-NOW.

smokefree.gov

The U.S. government has a website, www.smokefree.gov, dedicated to helping people give up tobacco. It links to the North American quit line site, which includes an interactive map. Most states can use translators to provide counseling in more than 140 languages.

Patient Materials

Another way to help your patients is to give them self-help written materials to take home. Take the time to look at the patient materials before you distribute them. Some patients may ask you what information is contained in the brochures. Other patients may have questions about the material.

To print self-help materials go to the following:

- The Agency for Healthcare Research and Quality (AHRQ): http://www.ahrq.gov/consumer/tobacco/helpsmokers.htm
- The American Cancer Society: http://www.cancer.org/Healthy/StayAwayfromTobacco/GuidetoQuittingSmoking/guide-to-quitting-smoking

To order self-help materials go to the following:

- The National Cancer Institute: https://cissecure.nci.nih.gov/ncipubs/cannedsearchres.aspx