**17. Smoking Cessation By Ilana Ramer Bass**

**Overview:**

* Smoking is the leading preventable cause of mortality
* 2/3rd of smokers say they want to quit and 50% of smokers report attempting to quit within the past year; however, only 3-6% of smokers who make an unaided quit attempt at still abstinent 1 year later
* Primary barrier to quitting is addictiveness of nicotine and withdrawal syndrome
  + Symptoms peak in first 3 days of cessation and subside over the next 3-4 weeks
  + Symptoms include increased appetite, weight gain, changes in mood, insomnia, irritability, anxiety, difficulty concentrating, restlessness

**5 A’s Algorithm:**

* Ask- must ask all patients if they have ever smoked cigarettes (and ask about 2nd hand smoke!)
  + If yes🡪 frequency of use, products used (cigars, hookahs, e-cigs), degree of nicotine dependence (ex: how soon after waking up?), history of previous quit attempts, readiness to quit
* Advise
  + Clear evidence that brief clinician advice to quit (< 5 minutes) at each encounter can increase smoking abstinence rates
* Assess readiness to change
  + Pre-contemplation (not ready to quit)
  + Contemplation (considering a quit attempt)
  + Preparation (actively planning a quit attempt)
  + Action (actively involved in a quit attempt)
  + Maintenance (achieved smoking cessation)
* Assist
  + Set a quit date and ensure access to appropriate resources
  + Have a treatment plan that combines behavioral and pharmacologic treatments
    - (1) Nicotine withdrawal symptoms🡪 nicotine replacement pharmacotherapy
    - (2) Situations where they usually smoke (ex: with their morning coffee, end of a meal)🡪 counseling
* Arrange follow-up within 1 week of the patient’s quit date to provide reinforcement

**Pharmacologic Options:**

* **Nicotine replacement therapy (NRT)—**combination NRT is most effective
  + Patch is used to control baseline nicotine withdrawal symptoms
    - Initial dose of patch depends on # of cigarettes smoked and then gradually tapered as nicotine withdrawal symptoms subside
  + Add a short-acting form (lozenge/gum) to control cravings on an as-needed basis
    - *“Chew and park”* is recommended—chew until the nicotine taste appears, then park in the buccal mucosa until taste disappears 🡪 chew more and repeat for 30 minutes until all the nicotine has been released
* **Varenicline (Chantix)**
  + Partial agonist at the alpha-4-beta-2 subunit of the nicotinic acetylcholine receptor which works to (1) partially stimulate the receptor and decrease symptoms of nicotine withdrawal and (2) blocks nicotine from tobacco smoke from binding to the receptor thereby decreasing the rewarding aspects of smoking
  + Advise patients to quit 1 week after starting varenicline
  + Dose: 0.5mg daily x3 days🡪 0.5mg BID x 4 days🡪 1mg BID x 12 week course
* **Bupropion (Zyban)-** enhances CNS noradrenergic and dopaminergic release
  + Also takes 5-7 days to reach steady state so advise patient to quit 1 week after starting
  + Dose: 150mg/day x 3 days then 150mg BID thereafter x12 weeks

**Community Resources:**

* 1-800-QUIT-NOW
* Acupuncture

**Population Health:**

* In the US, insurance plans are required to cover tobacco-cessation interventions including behavioral counseling and medications approved by the FDA
* Make sure to click on “Smoking History Reviewed” or “Verified” in Social History section of EPIC to get credit for discussing this with your patients!