

Welcome

Please stand by. We will begin shortly.

Integrating Medications into Smoking Cessation Treatment: The Basics

Tuesday, September 22, 2015 · 2pm ET (90 minutes)



SMOKING CESSATION
LEADERSHIP CENTER

Disclosure

Dr. Robin L. Corelli, Dr. Karen S. Hudmon, and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Moderator



Catherine Saucedo

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Thank you to our funders



Robert Wood Johnson Foundation



truth initiative
INSPIRING TOBACCO-FREE LIVES



National Behavioral Health Network
For Tobacco & Cancer Control

Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

Today's Speaker



PURDUE
UNIVERSITY

Karen S. Hudmon, DrPH, MS, RPh

- Professor of Pharmacy Practice, Department of Pharmacy Practice, College of Pharmacy, Purdue University
- Clinical Professor, School of Pharmacy, University of California, San Francisco

Today's Speaker



UCSF School of Pharmacy
Department of Clinical Pharmacy

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Integrating Medications into Smoking Cessation Treatment:

The Basics

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Purdue University
College of Pharmacy

Robin Corelli, PharmD

University of California San Francisco
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"CIGARETTE SMOKING...

is the chief, single,
avoidable cause of death
in our society and the most
important public health
issue of our time."

C. Everett Koop, M.D., former U.S. Surgeon General

All forms of tobacco are harmful.



HEALTH CONSEQUENCES of SMOKING

■ Cancers

- Bladder/kidney/ureter
- Blood (acute myeloid leukemia)
- Cervix
- Colon/rectum
- Esophagus/stomach
- Liver
- Lung
- Oropharynx/larynx
- Pancreatic

■ Pulmonary diseases

- Asthma
- COPD
- Pneumonia/tuberculosis
- Chronic respiratory symptoms

■ Cardiovascular diseases

- Aortic aneurysm
- Coronary heart disease
- Cerebrovascular disease
- Peripheral vascular disease

■ Reproductive effects

- Reduced fertility in women
- Poor pregnancy outcomes (e.g., congenital defects, low birth weight, preterm delivery)
- Infant mortality

■ Other: cataract, diabetes (type 2), erectile dysfunction, impaired immune function, osteoporosis, periodontitis, postoperative complications, rheumatoid arthritis



TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological

The addiction to nicotine



Treatment

Medications for cessation



Behavioral

The habit of using tobacco



Treatment

Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.



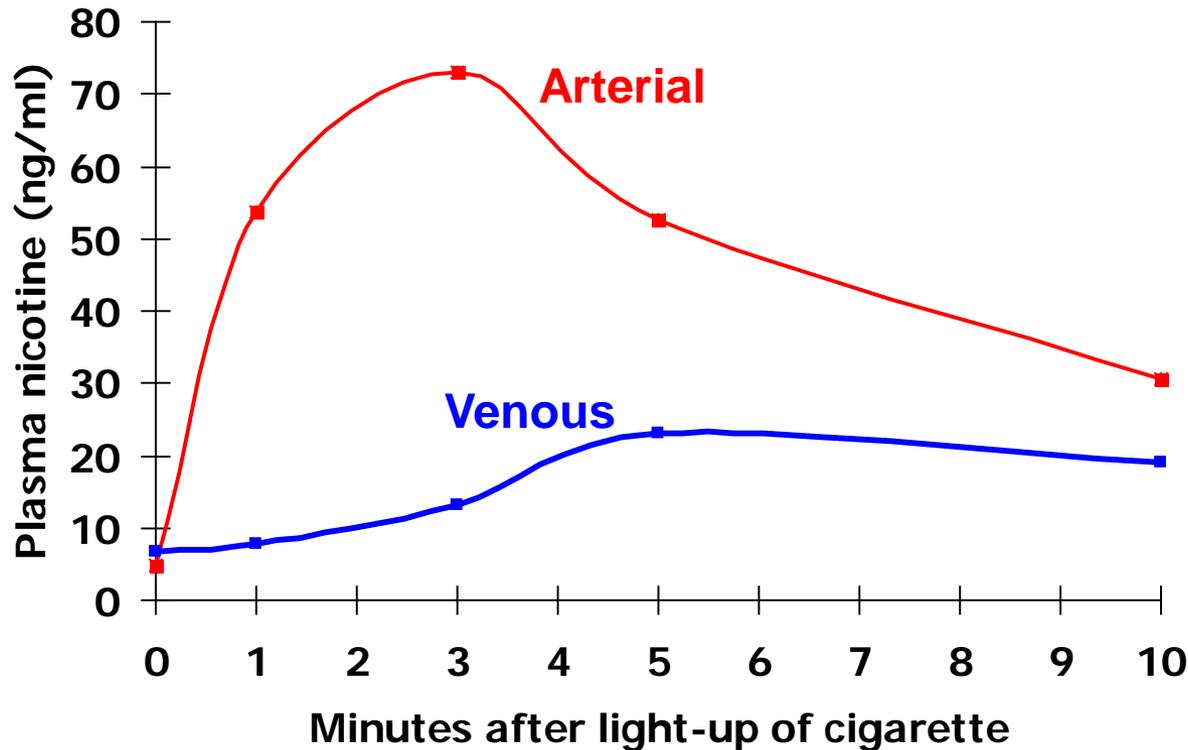
NICOTINE PHARMACODYNAMICS: WITHDRAWAL EFFECTS

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings

Most symptoms manifest within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.



NICOTINE DISTRIBUTION



Nicotine reaches the brain within 10–20 seconds.



METHODS for QUITTING

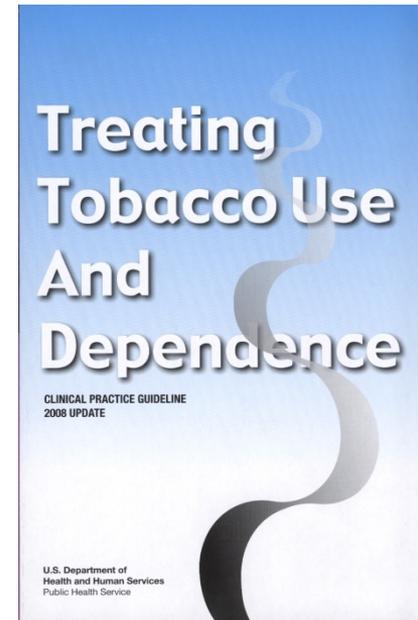
- Nonpharmacologic
 - Counseling and other non-drug approaches
- Pharmacologic
 - FDA-approved medications

**Counseling and medications are both effective,
but the combination of counseling and
medication is more effective than either alone.**



PHARMACOTHERAPY

“Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment, except where contraindicated or for specific populations* for which there is insufficient evidence of effectiveness.”



* Includes pregnant women, smokeless tobacco users, light smokers, and adolescents.

Medications significantly improve success rates.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS, May 2008.



PHARMACOLOGIC METHODS: FIRST-LINE THERAPIES

Three general classes of FDA-approved drugs for smoking cessation:

- Nicotine replacement therapy (NRT)
 - Nicotine gum, lozenge, patch, nasal spray, inhaler
- Psychotropics
 - Sustained-release bupropion
- Partial nicotinic receptor agonist
 - Varenicline



NRT: PRODUCTS

Polacrilex gum

- Nicorette (OTC)
- ZONNIC (OTC)
- Generic nicotine gum (OTC)

Lozenge

- Nicorette Lozenge (OTC)
- Nicorette Mini Lozenge (OTC)
- Generic nicotine lozenge (OTC)

Transdermal patch

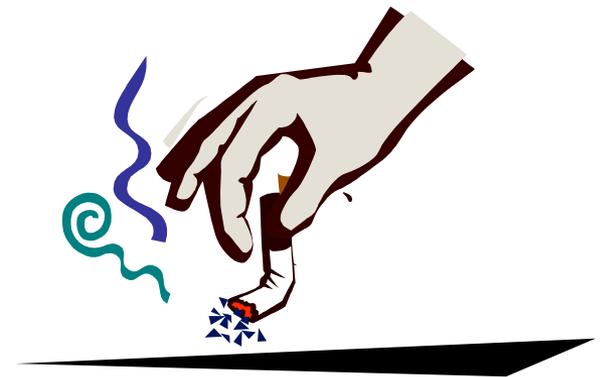
- NicoDerm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

Nasal spray

- Nicotrol NS (Rx)

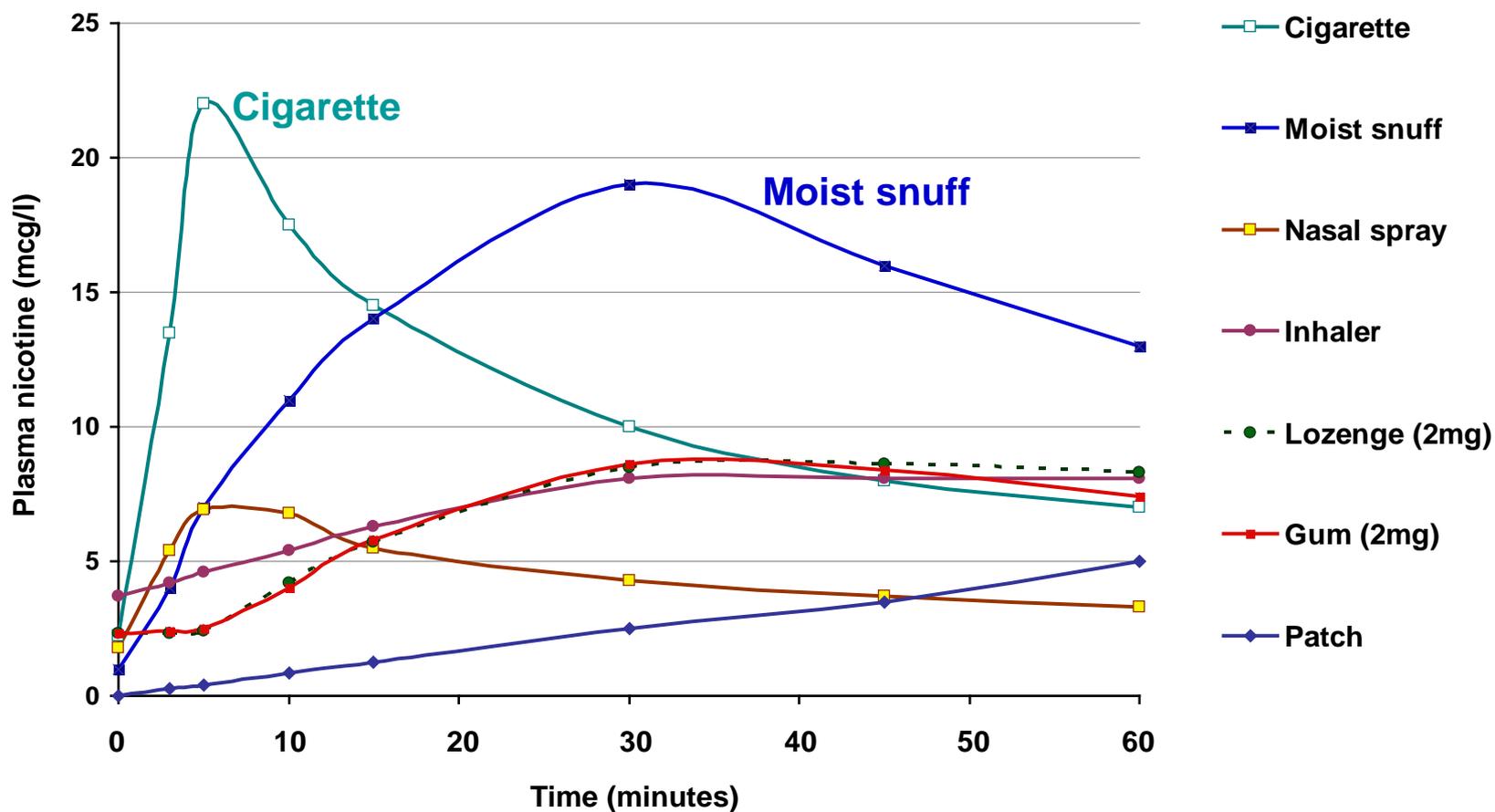
Inhaler

- Nicotrol (Rx)





PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS





NRT: RATIONALE for USE

- Reduces physical withdrawal from nicotine
- Eliminates the immediate, reinforcing effects of nicotine that is rapidly absorbed via tobacco smoke
- Allows patient to focus on behavioral and psychological aspects of tobacco cessation

NRT products approximately doubles quit rates.



NRT: PRECAUTIONS

- Patients with underlying cardiovascular disease
 - Recent myocardial infarction (within past 2 weeks)
 - Serious arrhythmias
 - Serious or worsening angina

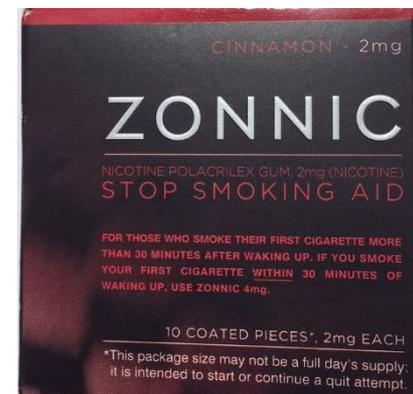
NRT products may be appropriate for these patients if they are under medical supervision.



NICOTINE GUM

Nicorette; ZONNIC; generics

- Resin complex
 - Nicotine
 - Polacrillin
- Sugar-free chewing gum base
- Contains buffering agents to enhance buccal absorption of nicotine
- Available: 2 mg, 4 mg; original, cinnamon, fruit and mint (various) flavors

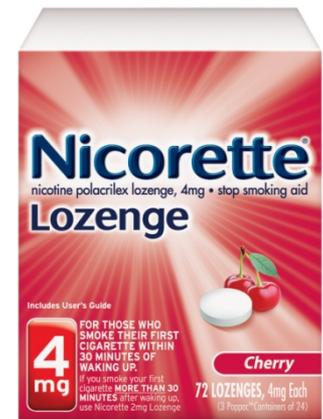
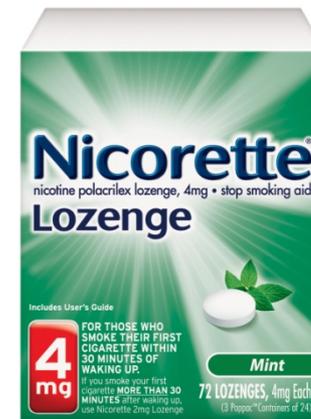




NICOTINE LOZENGE

Nicorette Lozenge and Nicorette Mini Lozenge;
generics

- Nicotine polacrilex formulation
 - Delivers ~25% more nicotine than equivalent gum dose
- Sugar-free mint, cherry flavors
- Contains buffering agents to enhance buccal absorption of nicotine
- Available: 2 mg, 4 mg





NICOTINE GUM/LOZENGE: DOSING

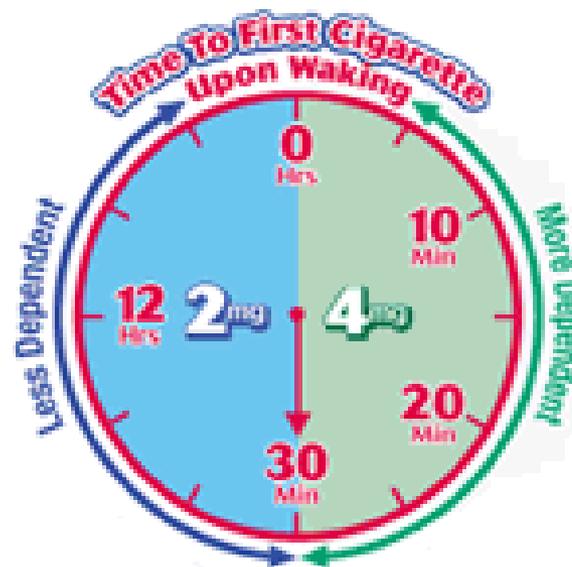
Dosage is based on the “time to first cigarette” (TTFC) as an indicator of nicotine dependence

Use the 2 mg strength:

If you smoke your first cigarette more than 30 minutes after waking

Use the 4 mg strength:

If you smoke your first cigarette of the day within 30 minutes of waking





NICOTINE GUM/LOZENGE: DOSING

Recommended Usage Schedule

Weeks 1–6	Weeks 7–9	Weeks 10–12
1 piece q 1–2 h	1 piece q 2–4 h	1 piece q 4–8 h

**MAXIMUM DAILY DOSE:
24 pieces of gum or 20 lozenges**



NICOTINE GUM: DIRECTIONS for USE

- Chew each piece very *slowly* several times
- Stop chewing at first sign of peppery taste or slight tingling in mouth (~15 chews, but varies)
- “Park” gum between cheek and gum (to allow absorption of nicotine across buccal mucosa)
- Resume slow chewing when taste or tingle fades
- When taste or tingle returns, stop and park gum in different place in mouth
- Repeat chew/park steps until most of the nicotine is gone (taste or tingle does not return; generally 30 minutes)



NICOTINE LOZENGE: DIRECTIONS for USE

- Use according to recommended dosing schedule
- Place in mouth and allow to dissolve slowly (nicotine release may cause warm, tingling sensation)
- Do not chew or swallow lozenge
- Occasionally rotate to different areas of the mouth
- Lozenges will dissolve completely in about 20–30 minutes



NICOTINE GUM/LOZENGE: ADDITIONAL PATIENT EDUCATION

- To improve chances of quitting, use at least nine pieces of gum daily
- The effectiveness of nicotine gum may be reduced by some foods and beverages:
 - Coffee
 - Wine
 - Juices
 - Soft drinks

**Do NOT eat or drink for 15 minutes BEFORE
or while using nicotine gum.**



NICOTINE GUM/LOZENGE: ADD' L PATIENT EDUCATION

- Will not provide same rapid satisfaction that smoking provides
- Chewing gum too rapidly, or chewing the lozenges, can cause excessive release of nicotine, resulting in:
 - Lightheadedness
 - Nausea and vomiting
 - Irritation of throat and mouth
 - Hiccups
 - Indigestion



NICOTINE GUM/LOZENGE: ADD' L PATIENT EDUCATION

- Side effects include:
 - Mouth soreness
 - Hiccups
 - Dyspepsia
 - Jaw muscle ache (gum)

- Nicotine gum may stick to dental work
 - Discontinue use if excessive sticking or damage to dental work occurs



NICOTINE GUM/LOZENGE: SUMMARY

ADVANTAGES

- Might serve as an oral substitute for tobacco
- Might delay weight gain
- Can be titrated to manage withdrawal symptoms
- Can be used in combination with other agents to manage situational urges

DISADVANTAGES

- Need for frequent dosing can compromise adherence
- Might be problematic for patients with significant dental work (gum)
- Proper administration technique is necessary for effectiveness and to minimize adverse effects
- Gum chewing might not be acceptable or desirable for some patients



TRANSDERMAL NICOTINE PATCH

NicoDerm CQ; generic

- Nicotine is well absorbed across the skin
- Delivery to systemic circulation avoids hepatic first-pass metabolism
- Plasma nicotine levels are lower and fluctuate less than with smoking





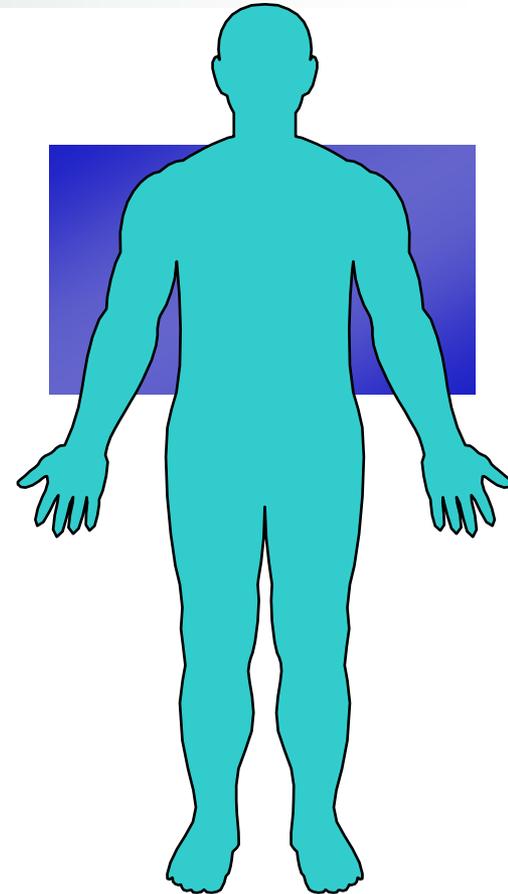
TRANSDERMAL NICOTINE PATCH: DOSING

Product	Light Smoker	Heavy Smoker
NicoDerm CQ	≤10 cigarettes/day Step 2 (14 mg x 6 weeks) Step 3 (7 mg x 2 weeks)	> 10 cigarettes/day Step 1 (21 mg x 6 weeks) Step 2 (14 mg x 2 weeks) Step 3 (7 mg x 2 weeks)
Generic	≤10 cigarettes/day Step 2 (14 mg x 6 weeks) Step 3 (7 mg x 2 weeks)	> 10 cigarettes/day Step 1 (21 mg x 4 weeks) Step 2 (14 mg x 2 weeks) Step 3 (7 mg x 2 weeks)



TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE

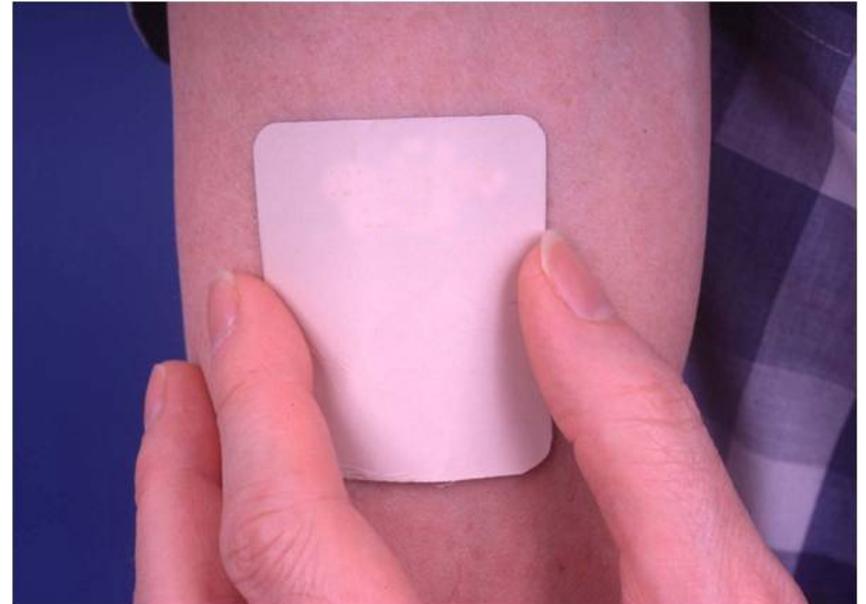
- Choose an area of skin on the upper body or upper outer part of the arm
- Make sure skin is clean, dry, hairless, and not irritated
- Apply patch to different area each day
- Do not leave patch on skin for more than 24 hours—doing so may lead to skin irritation
- Do not use same area again for at least 1 week





TRANSDERMAL NICOTINE PATCH: DIRECTIONS for USE (cont' d)

- Apply adhesive side of patch to skin
- Peel off remaining protective covering
- Press firmly with palm of hand for 10 seconds
- Make sure patch sticks well to skin, especially around edges





TRANSDERMAL NICOTINE PATCH: ADDITIONAL PATIENT EDUCATION

- Water will not harm the nicotine patch if it is applied correctly; patients may bathe, swim, shower, or exercise while wearing the patch
- Do *not* cut patches to adjust dose
 - Nicotine may evaporate from cut edges
 - Patch may be less effective
- Keep new and used patches out of the reach of children and pets
- Remove patch before MRI procedures





TRANSDERMAL NICOTINE PATCH: ADD' L PATIENT EDUCATION (cont' d)

- Side effects to expect in first hour:
 - Mild itching
 - Burning
 - Tingling

- Additional possible side effects:
 - Vivid dreams or sleep disturbances
 - Headache



TRANSDERMAL NICOTINE PATCH: ADD' L PATIENT EDUCATION (cont' d)

- After patch removal, skin may appear red for 24 hours
 - If skin stays red more than 4 days or if it swells or a rash appears, contact health care provider—do not apply new patch
- Local skin reactions (redness, burning, itching)
 - Usually caused by adhesive
 - Up to 50% of patients experience this reaction
 - Fewer than 5% of patients discontinue therapy
 - Avoid use in patients with dermatologic conditions (e.g., psoriasis, eczema, atopic dermatitis)



TRANSDERMAL NICOTINE PATCH: SUMMARY

ADVANTAGES

- Once daily dosing associated with fewer adherence problems
- Of all NRT products, its use is least obvious to others
- Can be used in combination with other agents; delivers consistent nicotine levels over 24 hrs

DISADVANTAGES

- When used as monotherapy, cannot be titrated to acutely manage withdrawal symptoms
- Not recommended for use by patients with dermatologic conditions (e.g., psoriasis, eczema, atopic dermatitis)



NICOTINE NASAL SPRAY

Nicotrol NS

- Aqueous solution of nicotine in a 10-ml spray bottle
- Each metered dose actuation delivers
 - 50 mcL spray
 - 0.5 mg nicotine
- ~ 100 doses/bottle
- Rapid absorption across nasal mucosa





NICOTINE NASAL SPRAY: DOSING & ADMINISTRATION

- One dose = 1 mg nicotine
(2 sprays, one 0.5 mg spray in **each** nostril)
- Start with 1–2 doses per hour
- Increase prn to *maximum* dosage of 5 doses per hour or 40 mg (80 sprays; ~½ bottle) daily
- For best results, patients should use at least 8 doses daily for the first 6–8 weeks
- Termination:
 - Gradual tapering over an additional 4–6 weeks



NICOTINE NASAL SPRAY: DIRECTIONS for USE (cont' d)

- Prime the pump (before first use)
 - Re-prime (1-2 sprays) if not used for 24 hours
- Blow nose (if not clear)
- Tilt head back slightly and insert tip of bottle into nostril as far as comfortable
- Breathe through mouth, and spray once in each nostril
- Do not sniff or inhale while spraying
- Avoid contact with skin, eyes, and mouth





NICOTINE NASAL SPRAY: ADDITIONAL PATIENT EDUCATION

- What to expect (first week):
 - Hot peppery feeling in back of throat or nose
 - Sneezing
 - Coughing
 - Watery eyes
 - Runny nose
- Side effects should lessen over a few days
 - Regular use during the first week will help in development of tolerance to the irritant effects of the spray
- If side effects do not decrease after a week, contact health care provider



NICOTINE NASAL SPRAY: SUMMARY

ADVANTAGES

- Can be titrated to rapidly manage withdrawal symptoms
- Can be used in combination with other agents to manage situational urges

DISADVANTAGES

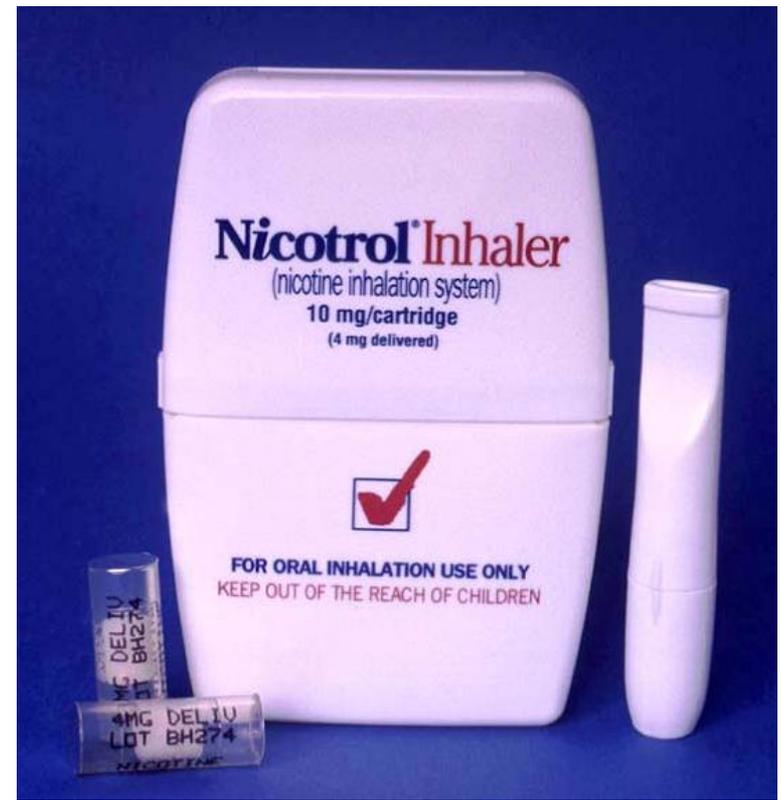
- Need for frequent dosing can compromise adherence
- Nasal administration might not be acceptable/desirable for some patients; nasal irritation often problematic
- Not recommended for use by patients with chronic nasal disorders or severe reactive airway disease



NICOTINE INHALER

Nicotrol Inhaler

- Nicotine inhalation system consists of:
 - Mouthpiece
 - Cartridge with porous plug containing 10 mg nicotine and 1 mg menthol
- Delivers 4 mg nicotine vapor, absorbed across buccal mucosa





NICOTINE INHALER: DOSING

- Start with at least 6 cartridges/day during the first 3–6 weeks of treatment
 - In general, use 1 cartridge every 1–2 hours
 - Increase prn to *maximum* of 16 cartridges/day
- Recommended duration of therapy is 3 months
- Gradually reduce daily dosage over the following 6–12 weeks



NICOTINE INHALER: DIRECTIONS for USE (cont' d)

- Press nicotine cartridge firmly into bottom of mouthpiece until it pops down into place
- Line up the markings on the mouthpiece again and push the two pieces back together so they fit tightly
- Twist top to misalign marks and secure unit





NICOTINE INHALER: DIRECTIONS for USE (cont' d)

- During inhalation, nicotine is vaporized and absorbed across oropharyngeal mucosa
- Inhale into back of throat or puff in short breaths
- Nicotine in cartridges is depleted after about 20 minutes of active puffing
 - Cartridge does *not* have to be used all at once—try different schedules (e.g., 5 minutes at a time) to find what works best
 - Open cartridge retains potency for 24 hours
- Mouthpiece is reusable; clean regularly with mild detergent



NICOTINE INHALER: ADDITIONAL PATIENT EDUCATION

- Side effects associated with the nicotine inhaler include:
 - Mild irritation of the mouth or throat
 - Cough
 - Headache
 - Rhinitis
 - Dyspepsia
- Severity generally rated as mild, and frequency of symptoms decline with continued use



NICOTINE INHALER: ADD'L PATIENT EDUCATION (cont' d)

- Use inhaler at room temperature ($>60^{\circ}\text{F}$); in cold environments, the delivery of nicotine vapor may be compromised
- Use the inhaler longer and more often at first to help control cravings (best results are achieved with frequent continuous puffing over 20 minutes)
- Effectiveness of the nicotine inhaler may be reduced by some foods and beverages

Do NOT eat or drink for 15 minutes BEFORE or while using the nicotine inhaler.



NICOTINE INHALER: SUMMARY

ADVANTAGES

- Might serve as an oral substitute for tobacco
- Can be titrated to manage withdrawal symptoms
- Mimics the hand-to-mouth ritual of smoking
- Can be used in combination with other agents to manage situational urges

DISADVANTAGES

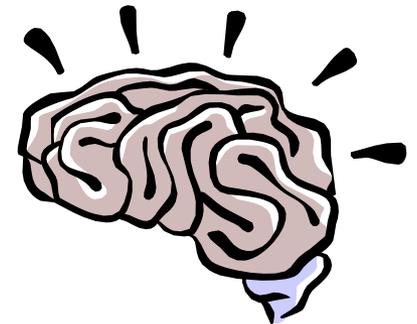
- Need for frequent dosing can compromise adherence
- Cartridges might be less effective in cold environments ($\leq 60^{\circ}\text{F}$)



BUPROPION SR

Zyban; generics

- Nonnicotine cessation aid (oral tablet)
- Sustained-released, atypical antidepressant thought to affect levels of various brain neurotransmitters (dopamine, norepinephrine)
- Clinical effects
 - ↓ craving for cigarettes
 - ↓ symptoms of nicotine withdrawal





BUPROPION: CONTRAINDICATIONS

- Patients with a seizure disorder
- Patients with a current or prior diagnosis of bulimia or anorexia nervosa
- Patients undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates and antiepileptic drugs
- Patients taking MAO inhibitors (within 14 days of initiating or discontinuing therapy)



BUPROPION: WARNINGS and PRECAUTIONS

- Neuropsychiatric symptoms and suicide risk
 - Changes in mood (e.g., depression and mania)
 - Psychosis/hallucinations/paranoia/delusions
 - Homicidal ideation/hostility
 - Agitation/aggression/anxiety/panic
 - Suicidal ideation or attempts
 - Completed suicide



Advise patients to stop taking bupropion SR and contact a health care provider immediately if symptoms such as agitation, hostility, depressed mood, or changes in thinking or behavior that are not typical are observed or if the patient develops suicidal ideation or suicidal behavior.



BUPROPION: WARNINGS and PRECAUTIONS (cont' d)

Bupropion should be used with caution in the following populations:

- Patients with an elevated risk for seizures, including:
 - Severe head injury
 - Concomitant use of medications that lower the seizure threshold (e.g., other bupropion products, antipsychotics, tricyclic antidepressants, theophylline)
 - Severe hepatic impairment
- Patients with underlying neuropsychiatric conditions

For a comprehensive listing of warnings and precautions, refer to the manufacturer's prescribing information.



BUPROPION SR: DOSING

To ensure that therapeutic plasma levels of the drug are achieved, patients should begin therapy 1 to 2 weeks PRIOR to their quit date.

Initial treatment

- 150 mg po q AM for 3 days

Then...

- 150 mg po bid for 7–12 weeks
- Doses must be administered at least 8 hours apart
- Tapering not necessary when discontinuing therapy



BUPROPION: ADVERSE EFFECTS

Common side effects include the following:

- Insomnia (avoid bedtime dosing)
- Dry mouth

Less common but reported effects:

- Tremor
- Skin rash



BUPROPION SR: SUMMARY

ADVANTAGES

- Oral dosing is simple and associated with fewer adherence problems
- Might delay weight gain
- Bupropion might be beneficial in patients with depression
- Can be used in combination with NRT agents

DISADVANTAGES

- Seizure risk is increased
- Several contraindications and precautions preclude use in some patients
- Patients should be monitored for neuropsychiatric symptoms



VARENICLINE

Chantix

- Nonnicotine cessation aid (oral tablet)
- Partial nicotinic receptor agonist





VARENICLINE: MECHANISM of ACTION

- Binds with high affinity and selectivity at $\alpha_4\beta_2$ neuronal nicotinic acetylcholine receptors
 - Stimulates low-level agonist activity
 - Competitively inhibits binding of nicotine
- Clinical effects
 - ↓ symptoms of nicotine withdrawal
 - Blocks dopaminergic stimulation responsible for reinforcement & reward associated with smoking



VARENICLINE: WARNINGS and PRECAUTIONS

- Neuropsychiatric Symptoms and Suicidality
 - Changes in mood (e.g., depression and mania)
 - Psychosis/hallucinations/paranoia/delusions
 - Homicidal ideation/hostility
 - Agitation/anxiety/panic
 - Suicidal ideation or attempts
 - Completed suicide



Patients should be advised to stop taking varenicline and contact a healthcare provider immediately if agitation, hostility, depressed mood, or changes in thinking or behavior that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior.



VARENICLINE: WARNINGS and PRECAUTIONS (cont' d)

In some patients, use of varenicline has been associated with:

- Seizures
- Enhanced effects of alcohol
- Accidental injury
- Cardiovascular events
- Angioedema and hypersensitivity reactions
- Serious skin reactions

These are rare events and most have not been causally linked to varenicline use.



VARENICLINE: DOSING

Patients should begin therapy 1 week PRIOR to their quit date. The dose is gradually increased to minimize treatment-related nausea and insomnia.

	Treatment Day		Dose
<i>Initial dose titration</i>	Day 1 to day 3		0.5 mg qd
	Day 4 to day 7	 	0.5 mg bid
	Day 8 to end of treatment*	 	1 mg bid

* Up to 12 weeks



VARENICLINE: ADVERSE EFFECTS

- Nausea
- Sleep disturbances (insomnia, abnormal dreams)
- Constipation
- Flatulence
- Vomiting



VARENICLINE: ADDITIONAL PATIENT EDUCATION

- Doses should be taken after eating, with a full glass of water
- Nausea and insomnia are usually temporary side effects
 - If symptoms persist, patient should notify your health care provider
 - Consider dosage reduction
- May experience vivid, unusual or strange dreams during treatment
- Use caution driving, drinking alcohol, and operating machinery until effects of quitting smoking with varenicline are known



VARENICLINE: SUMMARY

ADVANTAGES

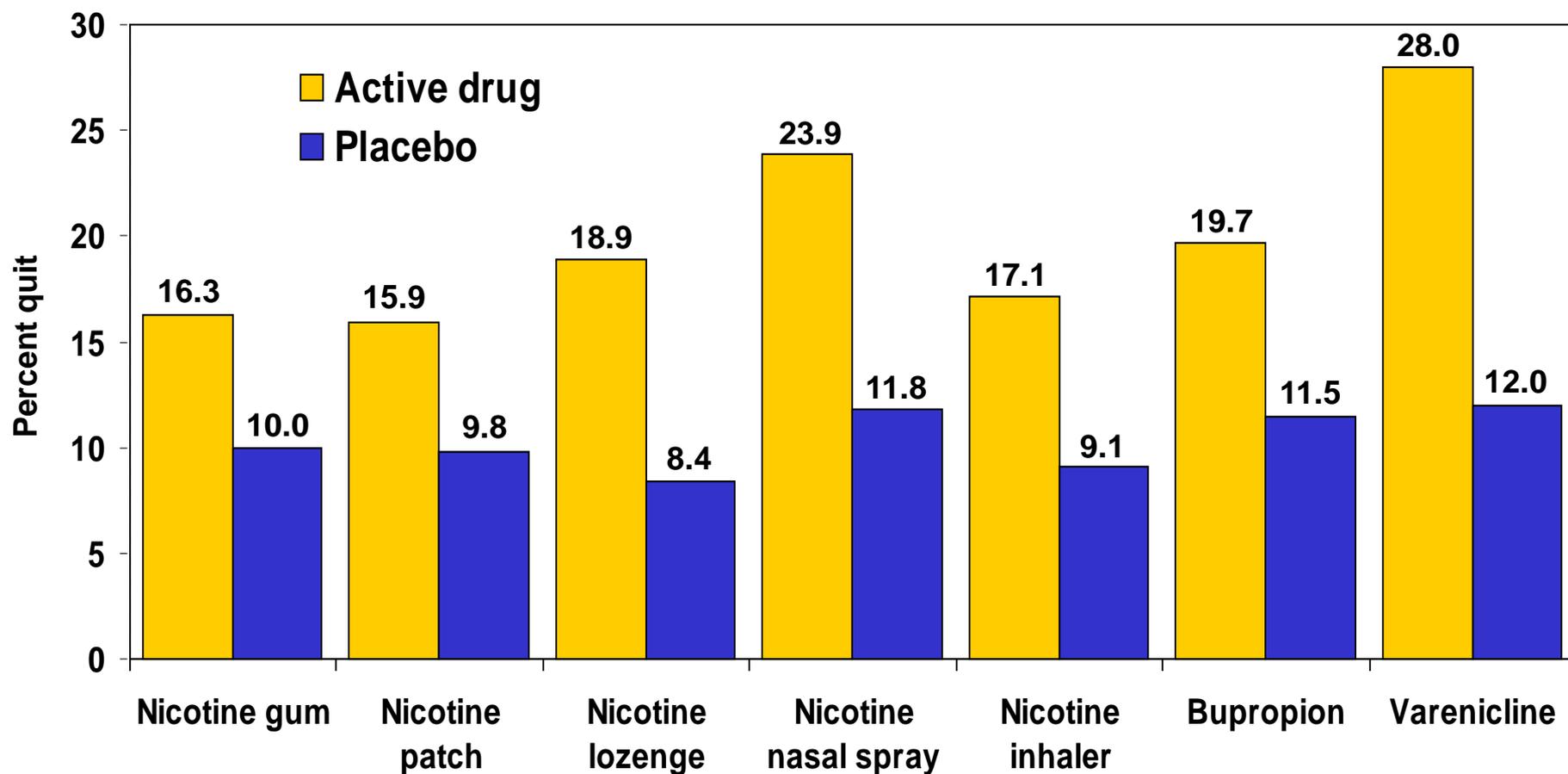
- Oral dosing is simple and associated with fewer adherence problems
- Offers a different mechanism of action for persons who have failed other agents

DISADVANTAGES

- Nausea and sleep disturbances can be problematic
- Patients should be monitored for potential neuropsychiatric symptoms
- Post-marketing surveillance data indicate potential for neuropsychiatric symptoms and adverse effects not shown to be prevalent in randomized trials



LONG-TERM (≥ 6 month) QUIT RATES for AVAILABLE CESSATION MEDICATIONS



Data adapted from Cahill et al. (2012). *Cochrane Database Syst Rev*; Stead et al. (2012). *Cochrane Database Syst Rev*; Hughes et al. (2014). *Cochrane Database Syst Rev*



COMBINATION PHARMACOTHERAPY

Regimens with enough evidence to be 'recommended' first-line

■ **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

PLUS

Short-acting formulation (gum, inhaler, nasal spray)

- Allows for acute dose titration as needed for nicotine withdrawal symptoms

■ **Bupropion SR + Nicotine Patch**



IDENTIFY KEY ISSUES to STREAMLINE PRODUCT SELECTION*

- Do you prefer a prescription or non-prescription medication?
- Would it be a challenge for you to take a medication frequently throughout the day, e.g., a minimum of 9 times?
 - With the exception of the nicotine patch, all NRT formulations require frequent dosing throughout the day.
 - If patient is unable to adhere to the recommended dosing, these products should be ruled out as monotherapy because they will be ineffective.

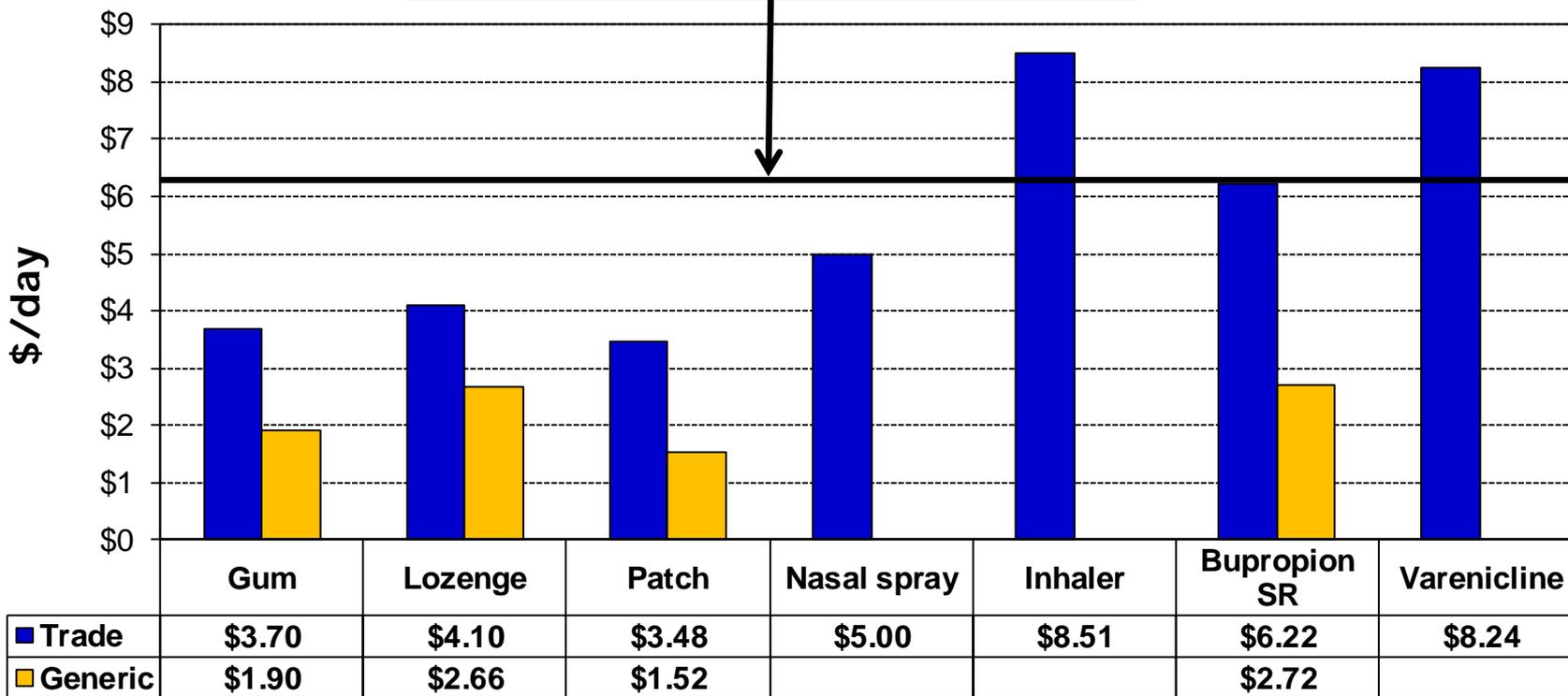
Asking these two questions will significantly reduce the time required for product selection.

* Product-specific screening, for warnings/precautions/contraindications and personal preferences, is also essential.



COMPARATIVE DAILY COSTS of PHARMACOTHERAPY

Average \$/pack of cigarettes, \$6.18





TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological

The addiction to nicotine



Treatment

Medications for cessation



Behavioral

The habit of using tobacco



Treatment

Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.



The 5 A's

ASK

ADVISE

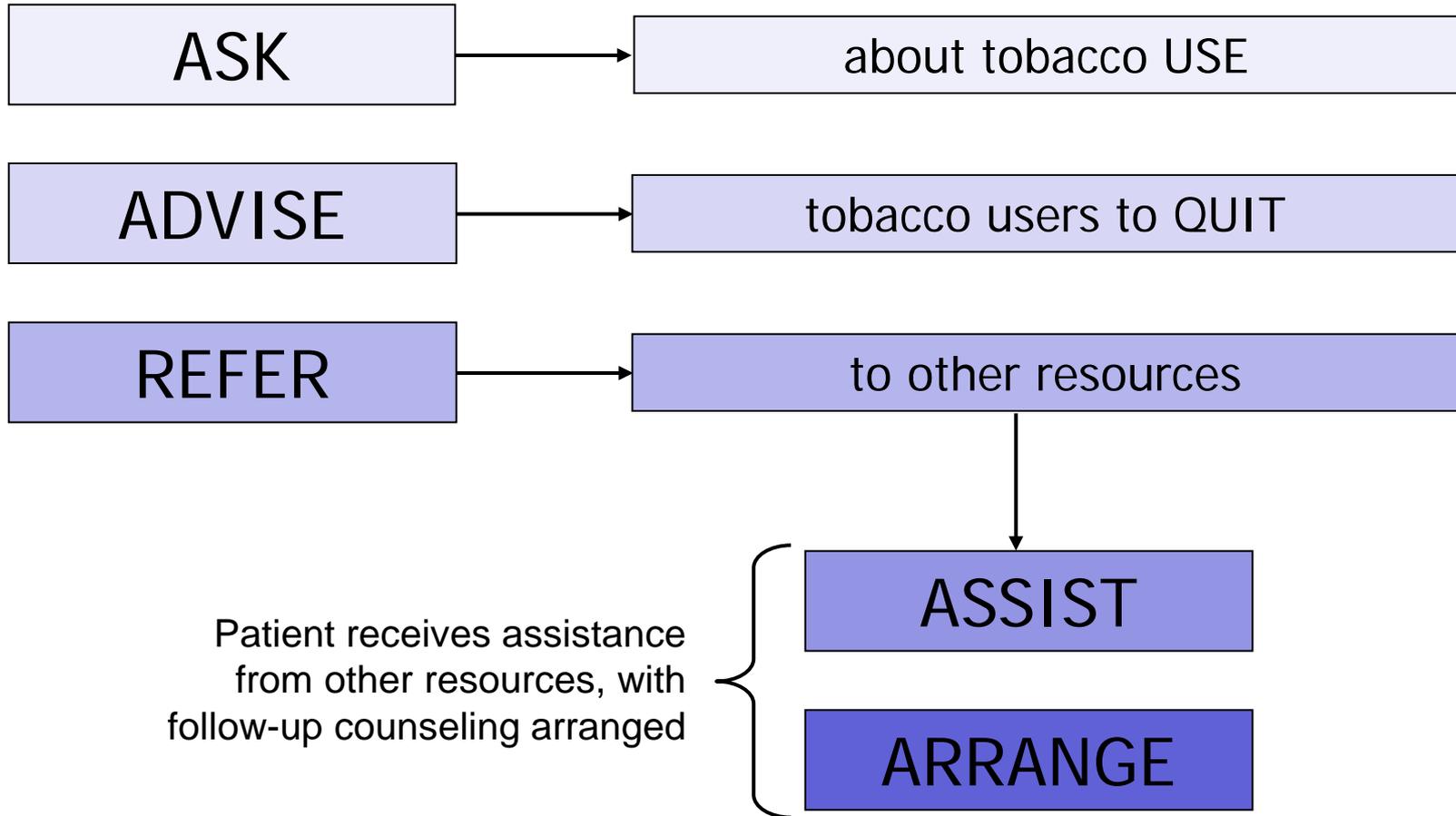
ASSESS

ASSIST

ARRANGE



BRIEF COUNSELING: ASK, ADVISE, REFER





The RESPONSIBILITY of HEALTH PROFESSIONALS

It is **inconsistent**
to provide health care and
—at the same time—
remain silent (or inactive)
about a major health risk.

TOBACCO CESSATION
is an important component of
THERAPY.



SUMMARY

- To maximize success, interventions should include counseling and one or more medications
- Clinicians should encourage the use of effective medications by all patients attempting to quit smoking
 - Exceptions include medical contraindications or use in specific populations for which there is insufficient evidence of effectiveness
- First-line medications that reliably increase long-term smoking cessation rates include:
 - Bupropion SR
 - Nicotine replacement therapy (gum, lozenge, patch, nasal spray, inhaler)
 - Varenicline
- Use of effective combinations of medications should be considered



RESOURCES

- Tobacco Cessation Counseling Guidesheet
- Pharmacologic Product Guide
- Rx for Change program:
<http://rxforchange.ucsf.edu>

Questions and Answers



- Submit questions via the **chat box**

Contact SCLC for technical assistance

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