



Guidelines for Tobacco Cessation

Guideline History

Original Approve Date	04/01
Review/Revise Dates	01/03, 10/04, 01/05, 12/06, 01/07, 1/09, 1/11, 1/13, 1/15, 1/17
Next Review Date	01/19

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Formularies/Drug Lists

Please refer to:

<http://providers.optimahealth.com/pharmacy/Pages/Formularies.aspx>

CLINICAL GUIDELINES FOR TOBACCO CESSATION

Purpose: To provide validated evidence-based tobacco treatment strategies to Sentara Healthcare Teams to effectively intervene with patients who use tobacco.

Background: In August 2008, the Agency for Healthcare Research and Quality updated Treating Tobacco Use and Dependence guidelines. The 2008 Guidelines Update reflects the review of literature from approximately 8,700 research articles. The 2008 Guidelines Update strongly recommends healthcare professionals to implement effective tobacco dependence counseling and medication treatments when intervening with patients who use tobacco. The following is a recommended protocol for all healthcare practices.

Procedure: Step 1 – Office Environment

Establish an environment conducive to smoking/tobacco cessation by:

- Prominent display of No Smoking **SIGN(S)**
- Use of **POSTERS** that encourage cessation
- Provide patient education **MATERIALS** that include information on the effects of second hand smoke and available cessation medications
- Providing **MAGAZINES** in the waiting area that do not contain tobacco product advertisements

Step 2 – Screen Patients

Identify every patient at every visit by:

- Inquiring about **STATUS** of tobacco use (**5th vital sign**)
- Identifying tobacco use on the chart –easily visible
- (e.g. using **STAMP** or **CHART STICKERS**)
- Ask patient about **READINESS** to quit tobacco use (see Stages of Change and evaluation tools)
- **CHARTING** patients tobacco use and level of readiness to quit

Step 3 – Intervention

Step 4- Follow up

The Ask, Advise, Assess, Assist, Arrange: The 5 A's

The first step of tobacco use and dependence treatment is effective identification of tobacco users. The Guideline Update recommends that healthcare professionals utilize the office visit for assessment and intervention opportunities for every patient.

ASK about tobacco use and status (current or past) for every patient at every office visit.

ADVISE all tobacco users to quit. Use a strong, clear and a personalized manner to urge every tobacco user to quit.

ASSESS willingness to make a quit attempt. If the patient is willing to make a quit attempt, provide assistance.

ASSIST For the patient willing to make a quit attempt, assist smoker to set up a quit date. Give advice on successful quitting, offer medication and provide or refer for counseling or additional treatment to help the patient quit. Provide resources and information on quitlines. If the patient is unwilling to make a quit attempt, provide a brief intervention that will motivate a future quit attempt. Identify reasons to quit in a supportive manner.

ARRANGE for follow up contacts beginning within the first week after quit date to prevent relapse. .A second follow up contact is recommended within the first month.

Four Principles of Motivational Interviewing

1. Express empathy – Use open-ended questions to explore concerns about quitting smoking or other use of other tobacco. Normalize feelings and concerns and support member's right to quit or not to quit.
2. Develop Discrepancy- Highlight the discrepancy between the patient's present behavior and expressed priorities.
3. Roll with Resistance- Back off and use reflection if the patient expresses resistance.
4. Support self-efficacy- Help patient to identify and build on past successes about quitting smoking.

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Use of MOTIVATIONAL INTERVIEWING Principles with Frames

Feedback: Specifically address concerns about use	“I am concerned about how nicotine and smoking is affecting your health problems.”
Responsibility: Emphasize that change is up to patient.	“Only you can decide to make your life better.”
Advice: Give specific goals you have for the patient	“I want you to be evaluated by a cardiologist/pulmonologist.”
Menu: Offer alternatives to advice	“You could stop smoking in your home/car.”
Empathy: “I know you find talking about this difficult”.	“I understand that this is a difficult change for you to consider.”
Self-efficacy:	“You deserve better - you can be better with help”

If the patient is not ready to quit –Use the 5Rs:

RELEVANCE – encourage the patient to indicate why quitting is personally relevant. Be as specific as possible. Motivational information has the greatest impact if it is relevant to the patient’s condition, family, past experiences with quitting etc.

RISKS - Ask the patient to identify potential negative consequences of tobacco use. Acute (or use Short term) – harm to pregnancy, shortness of breath; Long term – heart attack, stroke, COPD, cancer.

REWARDS – Ask patient to identify potential benefits of quitting tobacco use. Suggest improved health; reduce risks to family, and save money.

ROADBLOCKS- Ask the patient to identify barriers to quitting and discuss treatment (medications, stress management techniques) and behavior changes that could help manage the barriers.

REPETITION – The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Provide awareness information including tobacco Quit lines and Websites. Inform the patients that most people make repeated quit attempts before finally quitting.

Treatments for the Patient Who Has Recently Quit

The patient who has recently quit should receive congratulations on any success and strong encouragement to remain abstinent.

- Discuss benefits of quitting if patient is willing to discuss issues related to quitting.
- Discuss any success the patient has had with quitting.
- Discuss problems and anticipated threats to maintain abstinence.
- Discuss effectiveness of medication if patient is taking medications.

Other problems reported by former smokers are lack of support, negative or depressed mood, withdrawal symptoms, cravings, weight gain and relapse. Former smokers’ problems that are related to smoking cessation may need additional or continued treatment and counseling. The use of evidence-based cessation medications during the quit attempt and intense cessation counseling have proven to be the best and effective strategies for long-term abstinence.

Quitlines

Telephone quitlines have been found to be an effective intervention for counseling and helping patients quit tobacco use. The 2008 Guidelines Update reports quitlines are an evidence-based cessation intervention that is effective in helping tobacco users quit. The quitlines offer confidential counseling, information, and support to family members and are free. Quitlines can also refer patients to other cessation resources and provide practical information on how to quit. Quitlines are available in all 50 states and is easily accessed by calling 1-800-QUIT-Now.

*For information on your state's quitline services, visit <http://map.naquitline.org>

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Willingness to Change

Change does not just happen. According to recent research, there are several stages to change. During change a person moves from precontemplation, to contemplation, then to preparation, then to action, and finally to maintenance. Stages of Change assessments are useful for addressing the patient's actual willingness to quit smoking which could change with every office visit.

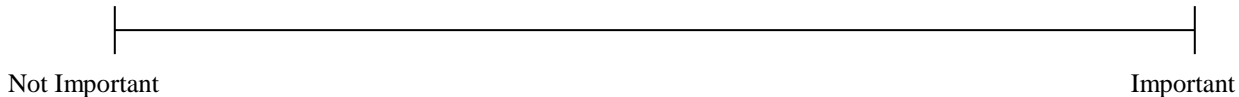
Stages of Change from the Transtheoretical Model of Intentional Behavior Change

Precontemplation	Current smokers who are NOT planning to quit within the next 6 months.
Contemplation	Current smokers who are considering quitting within the next 6 months and have not made an attempt in the last year.
Preparation	Current smokers who have made quit attempts in the last year and are planning to quit within the next 30 days.
Action	Individuals who are not currently smoking and stopped within the past 6 months (recently quit).
Maintenance	Individuals who are not currently smoking and stopped smoking for longer than 6 months but less than 5 years (former smokers).

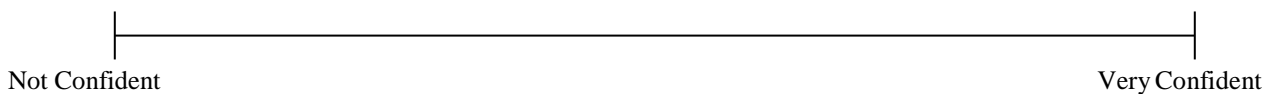
mdquit.org/cessation-programs/brief-interventions-5 accessed on January 2017.

Tobacco Use and Quitting Self Evaluation Tool

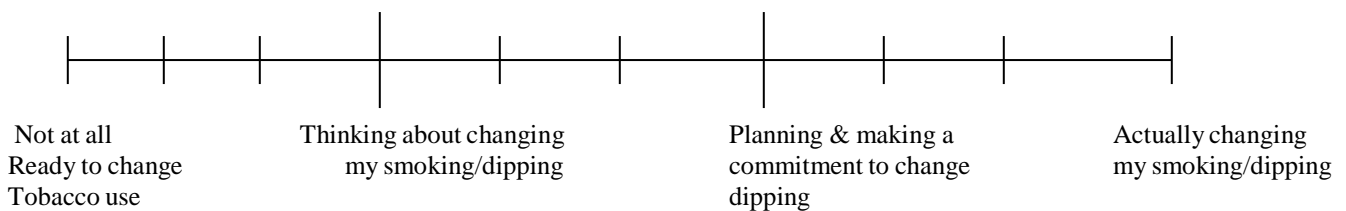
1. Please mark the spot that reflects how important it is for you to change your tobacco use



2. Please mark the point that reflects how confident you are that you can change your tobacco usage.



3. On the following scale, which point best describes how ready you are at this time to change your tobacco habit?



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Help with Physical Addiction: Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) provides nicotine without the toxic and harmful chemicals found in tobacco. They also assist in providing support for long-term tobacco abstinence. NRT options include:

NRT Types	How to Get Them	How to Use Them
Patch	Over the Counter	Place on the skin Gives a small and steady amount of nicotine
Gum	Over the Counter	Chew to release nicotine Chew until you get a tingling feeling, then place between cheek and gums
Lozenge	Over the Counter	Place in the mouth like hard candy Releases nicotine as it slowly dissolves in the mouth
Inhaler	Prescription	Cartridge attached to a mouthpiece Inhaling through the mouthpiece gives a specific amount of nicotine
Nasal Spray	Prescription	Pump bottle containing nicotine Put into nose and spray

How Nicotine Replacements Therapy Works

“Nicotine replacement therapy (NRT) can help with the difficult withdrawal symptoms and cravings that 70% to 90% of smokers say is their only reason for not giving up cigarettes. Using NRT reduces a smoker’s withdrawal symptoms. (ACS, 2012)”

Medications

Seven medications are FDA-approved for treating tobacco use:

- Bupropion SR (Zyban[®], Wellbutrin[®], Aplenzin[®])
- Nicotine Gum (Nicorette[®])
- Nicotine Inhaler (Nicotrol[®])
- Nicotine Patch (Nicoderm CQ[®])
- Nicotine Lozenge (Nicorette[®])
- Nicotine Nasal Spray (Nicotrol NS^{3®})
- Varenicline (Chantix[®])

**There are some prescription drugs that have been shown to help smokers quit. Some prescription medications can be used along with nicotine replacement therapy (NRT). **

** Source: American Cancer Society (2016). *Guide to Quitting Smoking*. Retrieved from http://www.cancer.org/docroot/PED/content/PED_10_13X_Guide_for_Quitting_Smoking.asp

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Tobacco Cessation Web-based Programs

www.stopsmokingcenter.net

www.smokefree.gov

www.nicotine-anonymous.org

www.becomeanex.org

www.quitnet.com

www.trytostop.org

www.webmd.com/smoking-cessation

www.committedquitters.com

www.smokefree.gov

Additional Resources

National Quitline Network

1-800-QUIT NOW

1-800-784-8669

Cancer Information Service

1-800-4 CANCER

1-800-422-6237

National Cancer Institute Quitline

1-877-448-7848

Affordable Care Act Tobacco Cessation Guidance Toolkit

American Lung Association

<http://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/affordable-care-act-tobacco.html>

Freedom from Smoking

American Lung Association's smoking cessation program

<http://www.lung.org/stop-smoking/join-freedom-from-smoking/>

Federal Online Program

USDHHS (NIH, CDC, NCI) sponsored online cessation program

<https://www.smokefree.gov/>

Tobacco Cessation Classes at Sentara

Periodically, free tobacco cessation classes are offered at multiple hospital locations.

Patients can check availability by calling

1-800- 736-8272

Get Off Your Butt: Stay Smokeless for Life program: Free at home self-paced program offered by Optima Health to anyone in the community regardless of insurance status. This program contains a workbook and MP3 audio program. Program is mailed to home address after patient calls 1-800- 736-8272 or visits www.sentara.com/tobaccocessation.

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Q. What are electronic cigarettes?

A.: Electronic cigarettes (e-cigarettes) are products designed to deliver nicotine or other flavored substances to a user in the form of a vapor. Typically, they are composed of a rechargeable, battery-operated heating element, a replaceable cartridge that may contain nicotine or other chemicals, and an atomizer that, when heated, converts the contents of the cartridge into a vapor. Inhaled E-cigarette vapor may contain an undetermined amount of nicotine, and chemicals like propylene glycol.

Q. What are the dangers of smoking an e-cigarette?

A.: E-Cigarettes may contain ingredients that are known to be toxic to humans. It isn't just the tobacco in cigarettes that causes cancer, traditional cigarettes contain a long list of chemicals that are proven harmful, and e-cigarettes have some of these same chemicals. The FDA has only recently begun overseeing production and regulation of some products, and due to the fact that a lot of clinical safety studies remain incomplete due to their newer nature, the true potential long and even short term risks of using e-cigarettes, including which chemicals they contain, and how much nicotine is inhaled, remains unknown.

There are presently no e-cigarettes that are FDA approved for therapeutic (treatment) use. Approved nicotine replacement products including products like patches, gum, and RX prescriptions are the only FDA certified treatment products for tobacco users who are trying to quit.

Adverse event reports for e-Cigarettes include pneumonia, heart failure, nicotine overdose, seizures, and disorientation; however, it should be noted that some of these events may also be caused by a pre-existing disease.

Key Messages:

- There are unknown potential risks from using e-cigarettes
- Nicotine or other potentially harmful chemicals may be inhaled
- FDA has not completed the safety or effectiveness of using e-cigarettes as a safe cessation tool

Optima Health views usage of e-Cigarettes as a form of tobacco use. A client's indication of e-cigarette use constitutes a tobacco use risk factor.

Other Information & Resources:

Most e-cigarettes are manufactured to look like conventional cigarettes, cigars, or pipes, while some brands resemble everyday items such as pens and USB memory sticks. The latest data from the CDC found that the rate of teens reporting ever having used e-cigarettes is significantly higher than reported usage of conventional tobacco products.

Another term used for e-cigarettes is ENDS –electronic nicotine delivery systems. This term may be used to identify non-prescribed e-cigarettes with or without nicotine.

Many states are regulating e-cigarette sales to those over 18 even if the product claims to be nicotine free. Many state legislators are also working to include e-cigarette vapor in the clean indoor air act, which would prohibit indoor use in restaurants, shopping malls, and other communal locations.

References:

<http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm>
<http://betobaccofree.hhs.gov/about-tobacco/Electronic-Cigarettes/1/2017>

Tobacco Cessation References

(List is not inclusive)

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2. Treating Tobacco Use and Dependence: 2008 Update Clinical Practice Guideline. <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>
3. Smoking Cessation Fact Sheet. Accessed at www.cdc.gov/tobacco/data_statistics/factsheets/ Accessed on January 2017.
4. US Department of Health & Human Services. The Health Consequences of Smoking---50 Years of Progress: A Report of the Surgeon General. 2014. Accessed at www.surgeongeneral.gov/library/reports/50-years-of-progress/ January 2017.
5. Sentara-Optima Health (2014) Turn your Back on Tobacco; Tobacco Cessation Resource Guide.
6. Virginia Department of Health. Tobacco Use and Control Project. Accessed January 2017 at <http://www.vdh.virginia.gov/tobacco-free-living/tobacco-use-control-project-tucp/>
7. National Institutes for Health, National Institutes of Drug Abuse. Drug Facts: Cigarettes and Other Tobacco Products. Accessed at <http://www.drugabuse.gov/publications/drugfacts/cigarettes-other-tobacco-products>.

**This document has been review and updated by Optima Health/Sentara's Tobacco Treatment Specialist and Health Educator Kaitlin Cochran MPH, CHES, CTTS. (1/17)