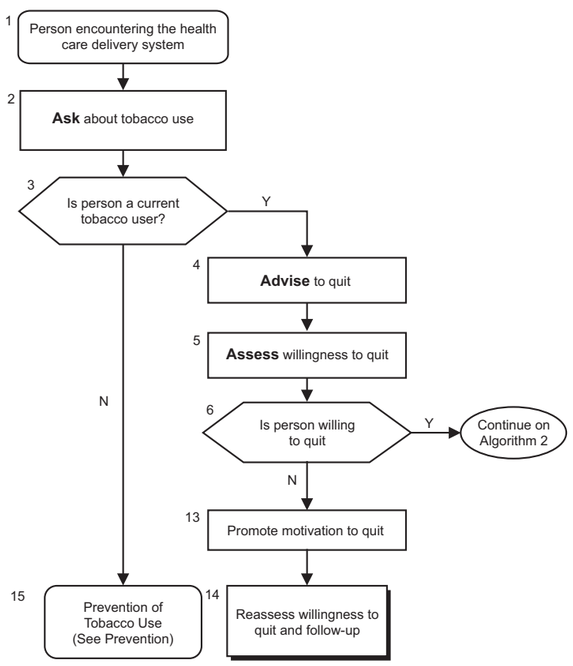
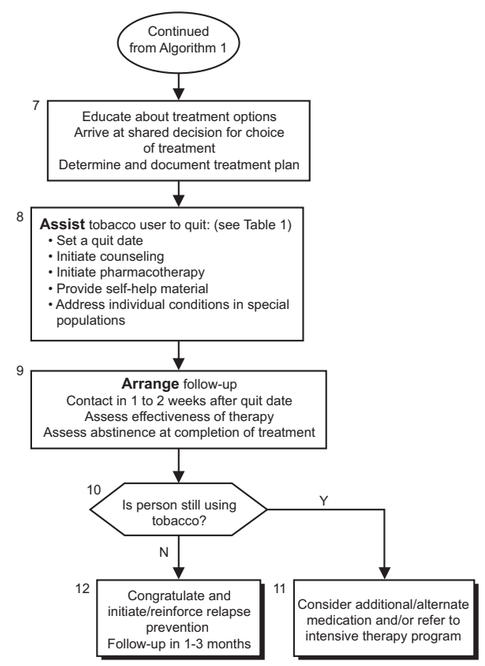
VA/DoD Clinical Practice Guideline for the Management of Tobacco Use - Update 2004

Pocket Guide

Assessment and Treatment Algorithm 1



Assessment and Treatment Algorithm 2



VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm
DoD access to full guideline: http://www.QMO.amedd.army.mil/pguide.htm
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Strategies for Tobacco Use Cessation

Strategy	Counseling	Pharmacotherapy (NRT or buproprion)	Typical Setting (Individual or group)	Follow-up
Minimal	1 session <3 min	YES + Instructions	Primary care provider *and/or* other health care team members	Next routine visit
Intermediate	2 - 3 sessions 3-10 min	YES + Instructions	Telephone Quitline* *and/or* Primary care provider	1-2 weeks after quit date
Intensive program	>4 sessions >10 min	YES + Instructions	Cessation program *or* Telephone Quitline* *and/or* Primary care provider	1-2 weeks after quit date

**Medication may be prescribed by the primary care provider or other providers*

Getting Patients to Quit

Ask	Review tobacco use at every healthcare encounter
Advise	Strongly urge all tobacco users to quit
Assess	Determine willingness to make quit attempt
Assist	Help the tobacco user quit
Arrange	Schedule follow-up and relapse prevention

Increasing Motivation to Quit

Relevance	Indicate why quitting is personally relevant
Rewards	Identify potential benefits of stopping tobacco use
Risk	Identify potential negative consequences of tobacco use
Roadblocks	Identify barriers or impediments to quitting and how to address them
Repetition	Motivational intervention should be repeated at every patient visits

Key Points For Using NRT Agents

Patch: Should be rotated to different areas of the upper arms and torso to minimize dermatological impact, and should not be occluded.

Gum: Chew (gently) until a peppery taste, then park between teeth and gums to facilitate nicotine absorption through the oral mucosa. Gum should be chewed slowly and intermittently "chewed and parked" for about 30 minutes or until the taste dissipates. No more than 24 pieces per 24 hours.

Nasal spray: Patients should not sniff, swallow, or inhale through the nose while administering doses as this increases irritating effects. The spray is best delivered with the head tilted slightly back.

Oral inhaler: Delivery of nicotine from the inhaler declines significantly at temperatures below 40°F; do not eat or drink for 15 minutes before and after using

Lozenges: Place in mouth and allow to dissolve slowly over 20-30 minutes. Do not chew or swallow. Consuming too quickly may cause heartburn and nausea. Shift in mouth occasionally. No more than 5 in 6 hours or 20 per 24 hours. Tingling feeling in mouth on release of medication is normal and expected.

Pharmacotherapy*

Agent	Sample Regiments	Duration	Adverse Effects
Nicotine-Replacement Therapy			
Transdermal patch[1,3] 24 hr (e.g., Nicoderm CQ) (may be worn for 16 or 24 hours)	High dependence** 21mg patch for 4-6 weeks, then 14mg patch for 2 weeks, then 7mg patch for 2 weeks Low dependence** 14 mg patch for 6-8 weeks, then 7mg patch for 2 weeks	8 – 12 weeks	• Sleep disturbance • Local irritation • Bone pain • Headache • Nausea
Nicotine polacrilex gum[1,3]	High dependence** 4mg gum every 1-2 hours for 6 wks then every 2-4 hours for 4 weeks then every 4-6 hours for 2 weeks Low dependence** 2mg gum every 1-2 hours for 6 wks then every 2-4 hours for 4 weeks then every 4-6 hours for 2 weeks	8 – 12 weeks	• Local mouth irritation • Jaw pain • Rhinitis • Nausea
Nicotine polacrilex lozenge[3]	High dependence**: 4 mg Low dependence**: 2mg Suck 1 lozenge every 1-2 hours for 6 weeks then 1 every 2-4 hours for 3 weeks then 1 every 4-8 hours for 3 weeks	8 – 12 weeks	• Local mouth irritation • Headache • Nausea • Diarrhea • Flatulence • Hiccup • Heartburn • Cough
Vapor inhaler (Nicotrol Inhaler)	Inhale deeply or puff on cartridge for about 20 minutes (delivered dose 4mg/cartridge) Use 6-16 cartridges a day for 6 weeks then 4-8 cartridges a day for 2 weeks then 2–6 cartridges a day for 2 weeks 1 spray in each nostril = 1 dose (0.5mg each, 1 mg total)	8 – 12 weeks	• Local irritation • Cough • Rhinitis • Headache • Dyspepsia
Nasal spray (Nicotrol NS)	Use 1–2 doses/hr up to a maximum of 40 doses per day (80 sprays) for 6 weeks then 1-2 doses every 2-4 hours up to a maximum of 20 doses per day (40 sprays) for 2-4 weeks then 1 dose every 4-6 hours for 2 weeks	8 – 12 weeks	• Headache • Nausea • Confusion • Palpitations • Nasal irritation
Non-Nicotine Therapy			
Sustained-release bupropion[1,2]	150 mg/day for 3 days, then 150 mg twice a day	7 – 12 weeks	• Anxiety • Disturbed concentration • Dizziness • Insomnia • Constipation • Dry mouth • Nausea
Bupropion IR[1]	100mg/ day for 3 days, then 100mg three times a day to complete 7-12 weeks	7 – 12 weeks	

* *For complete drug information, refer to manufacturer's drug information sheets.*

** *High dependence definition varies based on manufacturer's labeling and expert consensus. In general use of tobacco greater than or equal to 20 cigarettes (one package) per day or use of tobacco less than 30 minutes after awakening are considered high dependence. If these criteria do not apply the patient is consider low dependent.*

1 *Currently on formulary in the VA*

2 *Currently on basic core formulary in the DoD, may be available on local formulary*

3 *Available over the counter*

Contraindications:

NRT	Bupropion	
Relative Contraindications: • Hypersensitivity • Pregnancy: Category D • Coronary artery disease (within 14 days post MI)	**Contraindications:** • History of seizures • Predisposition to seizures - Severe head trauma • Abrupt withdrawal from heavy, daily alcohol or other sedative • MAO inhibitor within 14 days • Bulimia, anorexia nervosa	**Relative contraindication:** • Hypersensitivity • Pregnancy: category B

Advise patients not to smoke while on Nicotine replacement therapy!