

Smoking Cessation Support Toolkit for Family Doctors



ABC for Smoking Cessation

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Nicotine Replacement Therapy

Cautions and contra-indications: severe heart disease (including severe arrhythmia or immediately post heart attack), recent stroke. Nicotine may possibly enhance the haemodynamic effects of adenosine. Most of the undesirable effects reported by the patients occur during the first 3-4 wks after start of treatment. Use in pregnancy on a risk-benefit basis under medical supervision⁵.

Other Drug Treatment

Varenicline is a non-nicotine medicine which can reduce the enjoyment of cigarettes where the quit date is the day in the 2nd week of treatment when you will stop smoking. Set a date to stop smoking. Start varenicline at 1-2 weeks before this date. Dose: Day 1-3 – 0.5mg dly, Day 4-7 – 0.5mg BD, Day 8-onwards (till week 12) - 1mg BD. Tablets should be swallowed whole with water. Cannot be used in pregnancy. Lower doses needed in patients with kidney problems. For further information please read the Summary of Product Characteristics⁷.

Bupropion can be prescribed with care. Please read Summary of Product Characteristics available from <http://medicinesauthority.gov.mt/product.searchfiles.asp>

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The National Cancer Plan



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Ministry for Health, the Elderly and Community Care

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Nicotine Replacement Therapy at a glance

Product	Patch	Gum	Inhaler	Lozenges
Administration	Upon waking-up apply 1 patch to dry, non hairy skin on trunk or upper arm. Remove after 16 hrs. Put a new patch on a different site. Avoid broken or inflamed areas.	Use when there is an urge to smoke. Chew a piece of gum slowly until taste is strong, then rest between cheek and gum, repeat for 20-30 min.	Use when there is an urge to smoke or to prevent cravings. The more the smoker is able to use the inhalator instead of cigarettes, the better it is.	One lozenge should be placed in the mouth and allowed to dissolve. Periodically, the lozenge should be moved from one side of the mouth to the other, and repeated, until the lozenge is completely dissolved (approximately 20-30 minutes). The lozenge should not be chewed or swallowed whole. Users should not eat or drink while a lozenge is in the mouth.
Dose	Step 1: 15mg dly x6wks Step 2: 10mg dly x2wks Step 3: 5mg dly x2wks 15mg/16 hour patch for 8 weeks then 10 mg/ 16 hr for 2 weeks, then 5mg/ 16 hr for final 2 weeks	Smoke ≤ 20 cigarettes /day. 2mg Smoke >20 cigarettes /day: 4mg Max: 15 gums/day. Adults - continue treatment for up to 3 months then tail down gradually. Adolescents 12-18 yrs - continue treatment for up to 8 weeks then tail down over 4 wks. Stop treatment when dose is reduced to using only 1-2 gums dly.	1 cartridge = 4-5 cigarettes Max: 12 cartridges/day. Each cartridge can be used for ~4 sessions, with each cartridge lasting ~20 minutes.	First cigarette of the day taken >30 minutes after waking up, use 2mg lozenges else use 4mg ones. Take 1 lozenge every: • 1-2hrs (wk 1-6) – minimum 9 lozenges/day • 2-4hrs (wk 7-9) • 4-8 hrs (wk 10-12) Max: 15 loz/day Beyond 12 wks, take 1-2 lozenges/day only during strong urges to smoke.
Advantages	Easy to apply.	Easy to regulate dose. Gives extra help at difficult moments.	Most suitable when smoker misses the hand-to-mouth habit. Easy to regulate dose.	Discreet and easy to use
Disadvantages	May irritate skin at application site. Avoid patches in chronic generalised skin disease ⁵ .	Tricky with dentures. Excessive swallowing of dissolved nicotine may, at first, cause hiccups. Rarely, slight irritation of the throat at the beginning of treatment and increased salivation ⁵ .	~40% of users experience a cough and irritation in the mouth and throat, initially. Do not use if having breathing problems, e.g. asthma, bronchitis, emphysema ⁵ .	May cause throat irritation and indigestion ⁶ .

ABC for Smoking Cessation

What is ABC?

ABC (Ask, Brief advice, Cessation support) is a simple memory aid that incorporates the key steps for screening of tobacco use and advise on its management. ABC is about providing good clinical practice and the best quality care for your patient. The rationale

for this approach is to encourage **more smokers to make more quit attempts**, supported with evidence-based treatments, and to make these attempts **more often**¹.

ASK

Ask all people if they smoke and document their smoking status¹. Reinforce the status of ex-smokers by congratulating them on their achievement.

BRIEF ADVICE

1. **Give brief, clear advice** to all smokers and record this information.
2. **Personalise the advice** - Discuss how stopping smoking might help the current illness, for example, improve health, benefits to children with reduced exposure to passive smoking, save money. Link smoking to what is important for the patient.
3. **Acknowledge that although it can be hard to stop smoking, it is not an impossible task to achieve.**

CESSATION SUPPORT

Recommend that the best results are achieved with a combination of an NRT and behavioural support¹.

- 1) Encourage participation from Tobacco Dependence Support Services provided by the Health Promotion and Disease Prevention Directorate
 - Free Smoking Cessation Classes (fill in an application for the patient)
 - Leaflets
 - Tobacco Quitline (**8007 3333**)
 - Facebook page – Quit Tobacco Malta
 - Provide brief support yourself if you have the time - *you can save lives*.
- 2) Recommend or write a prescription for NRTs, bupropion or varenicline
- 3) **Some people will not want to stop straight away.** Accept the answer non-judgmental. Encourage them to eventually quit by showing them that you can help them, whenever they are ready.

Key Messages for All Healthcare Professionals

- **1 in 4 people, aged 15 years and over, smoke in Malta**²
- **1 in 10 deaths were attributable to smoking in 2009, in Malta**^{3,4}
- **Smoking cessation support works and is highly cost-effective**
 - For half of all smokers, treatment to stop smoking will be a life-saving intervention.
 - Brief advice to quit from healthcare professionals works. The evidence shows that for every 40 people advised to stop smoking 1 will go onto quit smoking long term.
 - Without support only 3-5% of smokers manage to stop smoking in the long term.
 - There are no 'silver bullets' to quit. *A combination of health care professional support (quitline, smoking cessation classes) and NRTs increase quit rates at least 4-fold*¹.
- **If you SMOKE YOURSELF, seek help** – you can still avail yourself from the services mentioned above. Lead by example!
- **Tobacco Smoking** is the most significant preventable cause of cancer needing widespread action to reduce its incidence. This publicatoin is a resource that was included in and will be financed from the budget of the Nation Cancer Plan for 2011-2015.

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