Helping Smokers Quit
A Guide for Clinicians

National Quitline
1-800-QUIT NOW

U.S. Department of Health and Human Services
Public Health Service
Revised May 2008

Even brief tobacco dependence treatment is effective and should be offered to every patient who uses tobacco.

PHS Clinical Practice Guideline
Treating Tobacco Use and Dependence: 2008 Update

open for medication chart
Ask about tobacco use at every visit.

Implement a system in your clinic that ensures that tobacco-use status is obtained and recorded at every patient visit.
Advise all tobacco users to quit.

Use clear, strong, and personalized language. For example,

“Quitting tobacco is the most important thing you can do to protect your health.”
Assess readiness to quit.

Ask every tobacco user if he/she is willing to quit at this time.

- If willing to quit, provide resources and assistance (see Assist section).
- If unwilling to quit at this time, help motivate the patient:
  - Identify reasons to quit in a supportive manner.
  - Build patient’s confidence about quitting.
Assist tobacco users with a quit plan.

Assist the smoker to:
- Set a quit date, ideally within 2 weeks.
- Remove tobacco products from their environment.
- Get support from family, friends, and coworkers.
- Review past quit attempts—what helped, what led to relapse.
- Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- Identify reasons for quitting and benefits of quitting.

(more)
Give advice on successful quitting:
- Total abstinence is essential—not even a single puff.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

Encourage use of medication:
- Recommend use of over-the-counter nicotine patch, gum, or lozenge; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated.

Provide resources:
- Recommend toll free 1-800-QUIT NOW (784-8669), the national access number to State-based quitline services.
- Refer to Web sites for free materials:
  - Agency for Healthcare Research and Quality: www.ahrq.gov/path/tobacco.htm
  - U.S. Department of Health and Human Services: www.smokefree.gov
Schedule followup visits to review progress toward quitting.
If a relapse occurs, encourage repeat quit attempt.

- Review circumstances that caused relapse. Use relapse as a learning experience.
- Review medication use and problems.
- Refer to 1-800-QUIT NOW (784-8669).

<table>
<thead>
<tr>
<th>Medication</th>
<th>Precautions/Contraindications</th>
<th>Side Effects</th>
<th>Dosage</th>
<th>Duration</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Patch</td>
<td></td>
<td>Local skin reaction</td>
<td>21 mg/24 hours</td>
<td>4 weeks then 2 weeks</td>
<td>Prescription and OTC b</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insomnia</td>
<td>14 mg/24 hours</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>7 mg/24 hours</td>
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<tr>
<td>Nicotine Gum</td>
<td></td>
<td>Mouth soreness</td>
<td>1-24 cigs/day-2 mg gum</td>
<td>Up to 12 weeks</td>
<td>OTC b only</td>
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<tr>
<td></td>
<td></td>
<td>Dyspepsia</td>
<td>(up to 24 pcs/day)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>25+ cigs/day-4 mg gum</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(up to 24 pcs/day)</td>
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<tr>
<td>Nicotine Nasal Spray</td>
<td></td>
<td>Nasal irritation</td>
<td>8-40 doses/day</td>
<td>3-6 months</td>
<td>Prescription only</td>
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<tr>
<td>Nicotine Inhaler</td>
<td></td>
<td>Local irritation of mouth and throat</td>
<td>6-16 cartridges/day</td>
<td>Up to 6 months</td>
<td>Prescription only</td>
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<tr>
<td>Nicotine Lozenge</td>
<td></td>
<td>Local irritation of throat</td>
<td>First am cigarette after 30 minutes</td>
<td>12 weeks</td>
<td>OTC b only</td>
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<tr>
<td></td>
<td></td>
<td>Hiccups</td>
<td>from waking: 2 mg (up to 20 pcs/day)</td>
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<tr>
<td></td>
<td></td>
<td>Heartburn/Indigestion</td>
<td>First am cigarette before 30 minutes</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Nausea</td>
<td>from waking: 4 mg (up to 20 pcs/day)</td>
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<tr>
<td>Bupropion SR</td>
<td>History of seizure</td>
<td>Insomnia</td>
<td>150 mg every morning for</td>
<td>7-12 weeks maintenance up to</td>
<td>Prescription only</td>
</tr>
<tr>
<td></td>
<td>History of eating disorder</td>
<td>Dry mouth</td>
<td>3 days then 150 mg twice daily</td>
<td>6 months</td>
<td></td>
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<tr>
<td></td>
<td>Use of MAO inhibitors in past 14 days</td>
<td></td>
<td>(Begin treatment 1-2 weeks pre-quit)</td>
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<tr>
<td>Varenicline</td>
<td>Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation</td>
<td>Nausea</td>
<td>0.5 mg once daily for days 5-7 before quit date</td>
<td>3 months, maintenance up to</td>
<td>Prescription only</td>
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<td></td>
<td></td>
<td>Trouble sleeping</td>
<td>0.5 mg twice daily for days 1-4 before quit date</td>
<td>6 months</td>
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<td></td>
<td></td>
<td></td>
<td>1 mg twice daily starting on quit date</td>
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</table>

a The information contained within this table is not comprehensive. Please see medication package inserts for additional information.

b OTC refers to over the counter.