



Smoking Cessation

Physician Advice for Smoking Cessation
Cochrane Database of Systematic Reviews 2008, Issue 2
 This systematic review of 17 trials compared brief advice by the physician versus no advice.
 Reviewers' conclusions: Simple advice can increase cessation rates by 1 to 3%. More intensive advice and providing follow-up support may further increase the quit rates.


The 5 As for Patients Willing to Quit
 Ask if patient smokes
 Advise patient to quit
 Assess willingness to quit
 Assist in quit attempt
 Arrange follow-up


Assist Patient in Developing Quit Plan
STAR
 Set quit date
 Tell family and friends (for support)
 Anticipate challenges (e.g. withdrawal)
 Remove tobacco products (e.g. ashtrays/lighters)

Epidemiology

- smoking is the single most preventable cause of premature illness and death
- 70% of smokers see a physician each year
- 2008 Canadian data from the Canadian Tobacco Use Monitoring Survey (CTUMS) on population age 15 or older
 - 18% are current smokers (lowest since 1965)
 - highest prevalence in age group 20-24 (28%)
 - 15% of youth aged 15-19 smoke (decreased from 25% in 2000): more males smoke than females (18% vs. 13%; 23% vs. 27% in 2000), cigarettes consumed per day also decreasing
 - in 2006, smoking rate decreased significantly among youth aged 15-19, from 18% down to 15%

Management

- **general approach**
 - identify tobacco users, elicit smoking habits, previous quit attempts and results
 - every smoker should be offered treatment
 - make patient aware of withdrawal symptoms
 - ♦ low mood, insomnia, irritability, anxiety, difficulty concentrating, restlessness, decreased heart rate, increased appetite
 - ≥4 counselling sessions >10 min each with 6-12 month follow-up yield better results
 - 14% abstinent with counselling vs. 10% without counselling (OR 1.55)
 - approach depends on patient's stage of change (see *Motivational Strategies for Behavioural Change*, FM3)
- **willing to quit**
 - follow the 5 As (see sidebar)
 - provision of social support, community resources
 - pregnant patients: advise to quit first without pharmacotherapy; use pharmacotherapy only if benefits > risks; consult Motherisk
 - Nicotine Replacement Therapy (NRT)
 - ♦ 19.7% abstinent at 12 months with NRT vs. 11.5% for placebo (OR 1.66)
 - ♦ no difference in achieving abstinence for different forms of NRT
 - ♦ reduces cravings and withdrawal symptoms without other harmful substances that are contained in cigarettes
 - ♦ use with caution: immediate post-MI, serious/worsening angina, serious arrhythmia
 - Bupropion SR (Zyban*)
 - ♦ 21% abstinent at 12 months vs. 8% for placebo (OR 2.73)
 - Varenicline (Champix*)
 - ♦ partial nicotinic receptor agonist (to reduce cravings) and partial competitive nicotinic receptor antagonist (to reduce the response to smoked nicotine)
 - ♦ more effective than bupropion

Health Promotion and Counselling

- health promotion is the most effective preventative strategy
- 40-70% of productive life lost annually is preventable
- there are several effective ways to promote healthy behavioural change, such as discussions appropriate to a patient's present stage of change

Motivational Strategies for Behavioural Change

Table 2. Motivational Strategies for Behavioural Change

Patient's Stage of Change	Physician's Aim	Physician's Plan
Pre-contemplation	Encourage patient to consider the possibility of change Assess readiness for change Increase patient's awareness of the problem and its risks	Raise issue in a sensitive manner Offer (not impose) a neutral exchange of information to avoid resistance
Contemplation	Understand patient's ambivalence and encourage change Build confidence and gain commitment to change	Offer opportunity to discuss pros and cons of change, using reflective listening
Preparation	Explore options and choose course most appropriate to patient Identify high-risk situations and develop strategies to prevent relapse Continue to strengthen confidence and commitment	Offer realistic options for change and opportunity to discuss inevitable difficulties
Action	Help patients design rewards for success Develop strategies to prevent relapse Support and reinforce convictions towards long-term change	Offer positive reinforcement and explore ways of coping with obstacles Encourage self-rewards to positively reinforce change
Maintenance	Help patient maintain motivation Review identifying high-risk situations and strategies for preventing relapse	Discuss progress and signs of impending relapse
Relapse	Help patient view relapse as a learning experience Provide support appropriate to present level of	Offer a non-judgmental discussion about circumstances surrounding relapse and