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You Can Quit Smoking

Consumer Version
Clinical Practice Guideline
Number 18

SE ASSIST

Assist the patient with a quit plan

Advise the smoker to:

- ◆ Set a quit date, ideally within 2 weeks.
- ◆ Inform friends, family, and coworkers of plans to quit, and ask for support.
- ◆ Remove cigarettes from home, car, and workplace and avoid smoking in these places.
- ◆ Review previous quit attempts—what helped, what led to relapse.
- ◆ Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.

Give advice on successful quitting:

- ◆ Total abstinence is essential—not even a single puff.
- ◆ Drinking alcohol is strongly associated with relapse.
- ◆ Having other smokers in the household hinders successful quitting.

Encourage use of nicotine replacement therapy:*

- ◆ Both the nicotine patch and nicotine gum are effective pharmacotherapies for smoking cessation.
- ◆ The nicotine patch may be easier to use than the gum in most clinical settings.

Make culturally and educationally appropriate materials on cessation techniques readily available in your office.

*For more information on prescribing, precautions, and side effects, see the *Clinical Practice Guideline*.

SMOKING KILLS MORE THAN 400,000 PERSONS A YEAR IN THE UNITED STATES. EVERY OFFICE VISIT IS AN OPPORTUNITY TO PROMOTE SMOKING CESSATION.

This *Clinician's Guide* is based on the *Clinical Practice Guideline on Smoking Cessation*. It was prepared by a panel of experts convened by the Agency for Health Care Policy and Research, and reflects a thorough review of evidence from clinical studies spanning 1978 to 1994.

For more copies of this guide, the complete *Clinical Practice Guideline*, a *Quick Reference Guide for Smoking Cessation Specialists*, a *Consumer Version* (available in English and Spanish), or a list of other AHCPR guidelines, call 800-358-9295 or write:

AHCPR Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907

These and other guidelines are available through the Internet (<http://www.ahcpr.gov/guide/>). Copies of this and other brochures are free through InstantFAX, which operates all day every day. Using a fax machine equipped with a touchtone telephone, dial 301-594-2800, push 1, and then press the start button for instructions and a list of publications.

U.S. Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
2101 East Jefferson Street, Suite 501
Rockville, MD 20852

Clinical Practice Guideline No. 18
AHCPR Publication No. 96-0693
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A GUIDE FOR PRIMARY CARE CLINICIANS

HELPING SMOKERS QUIT

Every person who smokes should be offered smoking cessation treatment at every office visit.

Clinicians should ask about and record the tobacco-use status of every patient.

Cessation treatment even as brief as 3 minutes a visit is effective.

The more intense the treatment, the more effective it is in producing long-term abstinence from tobacco.

Nicotine replacement therapy (nicotine patches or gum), social support, and skills training are effective components of smoking cessation treatment.

Health care systems should be modified to routinely identify and intervene with all tobacco users at every visit.

ASK ADV

Ask about smoking

Implement an officewide system that ensures that tobacco-use status is obtained and recorded for every patient at every office visit.



Include tobacco use in vital signs data collected

Vital signs	
Blood Pressure	Weight
Pulse	
Temperature	
Respiratory Rate	
Tobacco Use:	Current Former, Never
	(circle one)

Or, place tobacco-use status stickers on all patient charts, or indicate smoking status using computer reminder systems.

Advise tobacco users to quit

In a clear, strong, and personalized manner, urge every smoker to quit.

Be clear. ("I think it is important for you to quit smoking now, and I will help you.")

Speak strongly. ("As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your current and future health.")

Personalize your advice. ("You've already had one heart attack.") Mention the impact of smoking on children or others in the household. ("You know your children need you.")

A GUIDE FOR PRIMARY CARE CLINICIANS

Intensive Programs

Offer intensive smoking cessation programs.

If your patient prefers intensive treatment or you think such a program is appropriate, refer him or her to an intensive smoking cessation program administered by a specialist. Always follow up with the patient about quitting.

- ◆ Intensive programs are strongly correlated with cessation success.
- ◆ Information obtained in the assessment (e.g., comorbidity, stress level) is useful in counseling.
- ◆ Many different types of clinicians (e.g., nurses, dentists, psychologists) are effective in increasing quit rates.
- ◆ Intensive programs should offer 4–7 sessions, each at least 20–30 minutes in length, lasting at least 2 weeks.
- ◆ Counseling should offer problem solving and skills training as well as social support.
- ◆ Counseling should reinforce motivation to quit and relapse prevention. Individual and group counseling are both effective.
- ◆ Every smoker should be offered nicotine replacement therapy (patch or gum) except when medically contraindicated.

If a smoker doesn't want to quit, clinicians should ask questions at each visit that help the patient identify (1) reasons to quit and (2) barriers to quitting. Pledge to assist the patient when he or she is ready to quit.

Key Treatment Strategies

Three treatment strategies are particularly effective:

- ◆ Nicotine replacement therapy—should be encouraged for most patients. Although the patch and gum are both effective, the patch is associated with fewer compliance problems and requires less effort to train patients in its use.

Patch: Plan on 8 weeks of therapy. Starting on the quit day, place a new patch, each morning, on a relatively hairless place between the neck and the waist. Consult package insert for dosing suggestions and precautions.

Gum: Use for up to 3 months. Patients often do not use enough gum to get maximum benefit. Use one piece every 1–2 hours. Chew and “park” gum (between cheek and gum) intermittently for about 30 minutes to allow nicotine absorption. Use 4 mg (vs. 2 mg) dose for highly dependent smokers.

Nasal Spray: Recently approved by FDA. Consult package insert for dosing and precautions.

- ◆ Clinician-provided social support—communicate caring and concern by being open to the patient's fears and difficulties.
- ◆ Skills-training/problem-solving techniques—review previous quit successes and failures, anticipate relapse risk situations, and stress total abstinence starting on the quit day.

Follow Up

Schedule followup contact, either in person or by telephone.

Timing

- ◆ First followup contact within 2 weeks of the quit date, preferably during the first week.
- ◆ Second contact within the first month.
- ◆ Further followup contacts as needed.

Actions during followup visits:

- ◆ Congratulate success.
- ◆ If a lapse occurred, ask for recommitment to total abstinence.
- ◆ Remind the patient that a lapse can be used as a learning experience and review the circumstances that caused it. Suggest alternative behaviors.
- ◆ Identify problems encountered and anticipate challenges in the immediate future.

All treatment strategies apply to **adolescents** who smoke. Clinicians should be empathetic and nonjudgmental and should personalize the encounter to the adolescent's individual situation. Nicotine replacement therapy may be considered in adolescents addicted to nicotine.

Prevent Relapse

To prevent relapse, offer ex-smokers reinforcement.

- ◆ Congratulate, encourage, and stress importance of remaining abstinent.
- ◆ Review the benefits, including potential health benefits, to be derived from cessation.
- ◆ Review the patient's success in quitting.
- ◆ Inquire about problems encountered in maintaining abstinence and offer possible solutions.
- ◆ Anticipate problems or threats to maintaining abstinence.

Discuss specific problems, such as:

- ◆ Weight gain
- ◆ Negative mood/depression
- ◆ Prolonged nicotine withdrawal
- ◆ Lack of support for cessation

Fear of **weight gain** is an impediment to smoking cessation. Inform smokers that many people gain weight when they stop smoking. Tell them that weight gain is a minor risk compared with the risks of continued smoking. Tell patients to tackle one problem at the time—first be confident that they have quit smoking for good, then work on reducing weight gain. Nicotine gum may delay weight gain.

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Quit Smoking
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Pagiti Ng Paninigarilyo

Pamatnubay Para Sa Mamimili

**Maaari Kayong
Tumigil Ng
Paninigarilyo**

**You Can Quit Smoking
Pahayag Para Sa Mamimili
Patnubay Para Sa Panggagamot
Bilang 18**

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Cai Thuốc Lá

Sách Hướng Dân Giới Tiêu Thu

Bạn Có Thể Cai Thuốc Lá

You Can Quit Smoking
Bạn Hướng Dân Về Y Tế Thuốc
Hành Cho Ngươi Sử Dụng

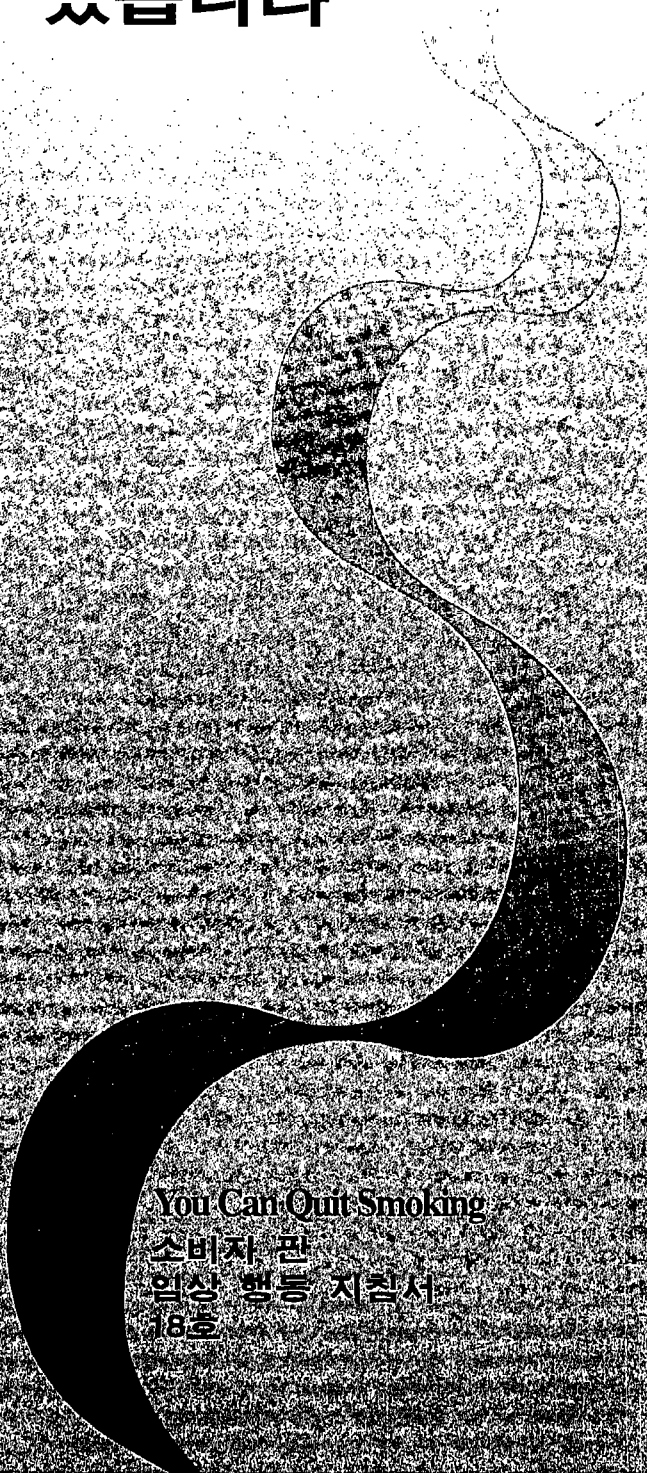
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당신도 담배를
끊을 수
있습니다



You Can Quit Smoking

소비자 권

입상 행동 지침서

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ປົບແລະນໍາລັກໃຫ້ບໍ່ມີຮູກຳຍາມ

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You Can Quit Smoking

ສິນສຳລັບທ່ານເຊົາສູບຢາ

ປົບແລະນໍາລັກໃຫ້ບໍ່ມີຮູກຳຍາມ

1-800-QUIT-NOW

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Si quiere, puede dejar de fumar

Versión para el público
Guía de práctica clínica
Número 18

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You Can Quit Smoking
ការបោះពុម្ពផ្សាយដោយអង្គការសុខភាពពិភពលោក
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Quick Reference Guide for
Smoking Cessation Specialists

Number 18

Smoking Cessation: Information for Specialists

U.S. Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
Centers for Disease Control and Prevention

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