Pulmonary Rehab Smoking Cessation

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Presentation Outline

- Case studies
- Evaluation Tools
- Pharmacotherapy
- Developing a tobacco control plan
- Unique users & delivery systems
- Statistics & Resources
Pulm Rehab Initial Eval Questionnaire:

Case Study 1:

SMOKING HISTORY:
Please check the appropriate answer.

___ I was never a smoker
___ I used to smoke, but not anymore QUIT DATE: start of rehab
___ I quit, but worry about slipping back
___ I still smoke, but often think about quitting
___ I still smoke, but have no desire to quit

If you are currently smoking, or have a history of smoking please answer the following:

• Average number of packs per day you smoke/used to smoke _1ppd_ up to 3ppd
• Number of year’s smoking/smoked _41_

___ I use another form of tobacco products
___ I use a nicotine replacement product
Smoking Cessation Intervention

**Case Study 1:**

- Active Smoker
  - 56 yr old, Caucasian female
  - Referred to PR with COPD Gold Stage II
  - Family history of lung cancer (father)
  - “Graduate school” level of education
    - No barriers to learning
  - 1 pack/day smoker at entry to rehab
    - With previous history of as high as 3 packs/day
    - = 61.5 pack-yr history
  - Currently using nicotine patch, inhaler, and gum and has been seen in TDC prior to starting rehab
  - Past quit attempt includes quitting as required for gastric bypass surgery, but relapsed after surgery
Evaluation Tools

Readiness to Quit Ladder Score

0-4 = (Not planning to quit)
5-7 = (Planning on quitting)
8 = (At risk for relapse)
9-10 = (Never used or have quit using tobacco and not at risk for relapse)
Evaluation Tools

Fagerstrom Test for Nicotine Dependence

- How soon after you wake up do you smoke your first cigarette?
  - After 60 minutes (0)
  - 31-60 minutes (1)
  - 6-30 minutes (2)
  - Within 5 minutes (3)

- Do you find it difficult to refrain from smoking in places where it is forbidden?
  - No (0)
  - Yes (1)

- Which cigarette would you hate most to give up?
  - The first in the AM (1)
  - Any other (0)

- How many cigarettes per day do you smoke?
  - 10 or less (0)
  - 11-20 (1)
  - 21-30 (2)
  - 31 or more (3)

- Do you smoke more frequently during the first hours after awakening than during the rest of the day?
  - No (0)
  - Yes (1)

- Do you smoke even if you are so ill that you are in bed most of the day?
  - No (0)
  - Yes (1)
## Evaluation Tools

### Nicotine Withdrawal Score

<table>
<thead>
<tr>
<th>None (0)</th>
<th>Slight(1)</th>
<th>Mild (2)</th>
<th>Moderate (3)</th>
<th>Severe (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Angry, irritable, frustrated</td>
<td>• Anger, irritable, frustrated</td>
<td>• Depressed mood, sad</td>
<td>• Difficulty concentrating</td>
<td>• Increased appetite, hungry, weight gain</td>
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<td>• Anxious, nervous</td>
<td>• Anxious, nervous</td>
<td>• Insomnia, sleep problems, awakening at night</td>
<td>• Restless</td>
<td>• Restless</td>
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<tr>
<td>• Depressed mood, sad</td>
<td>• Constipation</td>
<td>• Impatient</td>
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<td>• Impatient</td>
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<tr>
<td>• Desire or craving to smoke</td>
<td>• Dizziness</td>
<td>• Constipation</td>
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<td>• Coughing</td>
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<td>• Difficulty concentrating</td>
<td>• Coughing</td>
<td>• Dreaming or nightmares</td>
<td>• Coughing</td>
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<td>• Increased appetite, hungry, weight gain</td>
<td>• Nausea</td>
<td>• Nausea</td>
<td>• Sore throat</td>
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<td>• Insomnia, sleep problems, awakening at night</td>
<td>• Sore throat</td>
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</table>
# Evaluation Tools

## Pack Tracks

<table>
<thead>
<tr>
<th>No.</th>
<th>Time</th>
<th>What are you doing?</th>
<th>How are you feeling?</th>
<th>Do you need it?</th>
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Date: ____________  My Quit Date: ____________

Do you need it? □ □ yes YES

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# Evaluation Tools

## Pack Tracks

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</table>

Date: ____________  My Quit Date: ____________

Do you need it? □ □ yes YES
## Classification of Severity – Table #1

### Classify Tobacco-Dependence Severity

**Clinical Features Before Treatment***

<table>
<thead>
<tr>
<th>Cigarette Use</th>
<th>Nicotine Withdrawal Symptoms</th>
<th>Quantitative</th>
<th>Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 4</strong> Very Severe</td>
<td>• &gt;40 CPD</td>
<td>• Constant</td>
<td>• ≥ 1 Chronic Medical Dis., AND/OR</td>
</tr>
<tr>
<td></td>
<td>• Daily use</td>
<td>• NWS &gt;40</td>
<td>• ≥ 1 Psychiatric Disease</td>
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<tr>
<td></td>
<td>• Time To 1st Cig: 0-5 min</td>
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<tr>
<td><strong>STEP 3</strong> Severe</td>
<td>• 20-40 CPD</td>
<td>• Constant</td>
<td>• ≥ 1 Chronic Medical Dis., OR</td>
</tr>
<tr>
<td></td>
<td>• Daily use</td>
<td>• NWS 31-40</td>
<td>• ≥ 1 Psychiatric Disease</td>
</tr>
<tr>
<td></td>
<td>• Time To 1st Cig: 6-30 min</td>
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<td></td>
</tr>
<tr>
<td><strong>STEP 2</strong> Moderate</td>
<td>• 6-19 CPD</td>
<td>• Frequent</td>
<td>• Healthy medically</td>
</tr>
<tr>
<td></td>
<td>• Daily use</td>
<td>• NWS 21-30</td>
<td>• Healthy psychiatrically</td>
</tr>
<tr>
<td></td>
<td>• Time To 1st Cig: 31-60 min</td>
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</tr>
<tr>
<td><strong>STEP 1</strong> Mild</td>
<td>• 1-5 CPD</td>
<td>• Intermittent</td>
<td>• Healthy medically</td>
</tr>
<tr>
<td></td>
<td>• Intermittent Use</td>
<td>• NWS 11-20</td>
<td>• Healthy psychiatrically</td>
</tr>
<tr>
<td></td>
<td>• Time To 1st Cig: &gt;60 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 0</strong> Non-Daily/Social</td>
<td>• Non-daily cigarette use</td>
<td>• None</td>
<td>• Healthy medically</td>
</tr>
<tr>
<td></td>
<td>• Social setting, only</td>
<td>• NWS &lt;10</td>
<td>• Healthy psychiatrically</td>
</tr>
<tr>
<td></td>
<td>• Time To 1st Cig: &gt;=60 min</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The presence of one feature of severity is sufficient to place patient in that category.*

- CPD = Cigarettes Per Day
- Time To 1st Cig = Time To First Cigarette after Awakening in the Morning
- NWS = Nicotine Withdrawal Symptom Score
- FTND = Fagerström Test for Nicotine Dependence Score
- Se = Serum
- Cotinine = First-pass, hepatic metabolite of nicotine; physiologically inactive

- ≥ 1 Chronic Medical Dis., AND/OR ≥ 1 Psychiatric Disease
- ≥ 1 Chronic Medical Dis., OR ≥ 1 Psychiatric Disease
- Healthy medically
- Healthy psychiatrically

*Healthy medically = no major medical or psychiatric illness
Healthy psychiatrically = no major psychiatric illness
≥ 1 Chronic Medical Dis., AND/OR ≥ 1 Psychiatric Disease = ≥ 1 major medical or psychiatric illness
≥ 1 Chronic Medical Dis., OR ≥ 1 Psychiatric Disease = ≥ 1 major medical or psychiatric illness

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ACCP Tobacco-Dependence Treatment Tool Kit, 3rd Edition, 2009

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Tobacco Dependency Clinic Dependency Initial Evaluation:

Case Study 1:

Classification of Tobacco Dependence Severity

- Readiness to Quit Ladder: 5
- FTND score: 6
- NWS score: 31
- PHQ-9: 14
- Time to first Cigarette: 5-30 minutes
Tobacco Dependence
Severity score:

Severe

How do you approach this patient?
Smoking Cessation Intervention

Case Study 1 Cont’d:

- **Patient established quit date at initial evaluation**
  - Original quit date was set for “start of rehab,” although was not achieved so patient set new quit date which was within the course of her rehab program
  - Patient was able to cut down from 1 to a half pack/day within one month of starting rehab

- **Provided and reviewed pack tracks**
  - Patient identified stress as main trigger so encouraged activities for relaxation- breathing techniques, etc.
  - Encouraged use of NRT as needed and identifying substitute behaviors to continue to cut back

- **Act as support person(s) for patient while in rehab**
  - Patient had expressed lack of support outside rehab
  - Encouraged calling Tobacco Quit Line also as needed
Smoking Cessation Intervention

Case Study 1 Cont’d:

- **Patient had a successful quit date**
  - Quit smoking halfway through her rehab course as she desired ongoing support during and after her quit attempt

- **Encouraged weight management**
  - Encouraged patient to consider referral to dietitian as she expressed worry about gaining weight

- **Encouraged continued follow-up with established mental health professionals**
  - For management of stress and chronic depression symptoms
  - Ongoing management of psychotropic medications

- **Encourage maintenance exercise after rehab**
  - Maintain regular exercise to help with continued cessation and stress management
Pulm Rehab Initial Eval Questionnaire:

**Case Study 2:**

**SMOKING HISTORY:**

*Please check the appropriate answer.*

___ I was never a smoker
___ I used to smoke, but not anymore  
QUIT DATE: ___3 months ago
_X_ I quit, but worry about slipping back
___ I still smoke, but often think about quitting
___ I still smoke, but have no desire to quit

If you are currently smoking, or have a history of smoking please answer the following:

- Average number of packs per day you smoke/used to smoke _1/2 ppd up to 2 ppd_
- Number of year’s smoking/smoked _39_____
  ___ I use another form of tobacco products
_X_ I use a nicotine replacement product. “PRN nicotine patch”
Smoking Cessation Intervention

Case Study 2 Cont’d:

Recently Quit
- 54 yr old, African-American female
- Referred to PR with COPD Gold Stage III
- History of drug and alcohol abuse
- Started smoking at age 11
  - Hx of ½ pack/day for 39 years with highest usage at 2ppd
- Quit smoking 3 months prior to rehab, using nicotine patches “as needed” which were prescribed by her PCP
- Lives with smoker
- Has custody and cares for young grandchild
- Previous referral to psychiatric services for chronic depression
- “College graduate” level of education
  - No barriers to learning
- Recently lost a close friend who had end-stage COPD
Case Study 2:

Classification of Tobacco Dependence Severity

- Readiness to Quit Ladder: 9
- FTND score: 6
- NWS score: 39
- PHQ-9: 24
- Time to first cigarette: 5 minutes
Tobacco Dependence
Severity score:

Very Severe

How do you approach this patient?
Smoking Cessation Intervention

Case Study 2 Cont’d:

- **Patient expressed concern for stress and depression at initial evaluation**
  - Provided information for free outpatient psychological services clinic due to wait list for other provider
  - Encouraged patient to contact them as these were triggers for her to want to smoke

- **Act as support person(s) for patient while in rehab**
  - Brief check-ins occasionally with patient at her rehab sessions
  - Patient lives with smoker so easily tempted
  - Patient still having bothersome cravings, so encouraged her to schedule TDC appointment
Smoking Cessation Intervention

Case Study 2 Cont’d:

- **Patient relapsed and started smoking again near end of rehab program**
  - Scheduled with Nurse Practitioner in TDC for help with NRT options
    - Patient was smoking about 10 cig/day at the time of her appt
    - CNP encouraged use of patch and use inhaler and lozenges as needed

- **Patient hospitalized shortly after rehab for COPD exacerbation**
  - Patient was provided counseling on her smoking while inpatient, was smoking 2 cig/day at the time
  - Inpatient care team encouraged patient to quit entirely
**Stepwise Approach to Tobacco-Dependence Therapy – Adults (Based on the Asthma Model)**

**Outcome: Tobacco-Dependence Control**
No Nicotine Withdrawal Symptoms and No Smoking

*Reliever Medications (Rapid Acting Nicotine Agonists): • NNS = Nicotine Nasal Spray • NI = Nicotine [Oral] Inhaler • NG = Nicotine Gum • NL = Nicotine Lozenge. †Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.

<table>
<thead>
<tr>
<th>Controller: Nicotine Patch or Bupropion-SR or Varenicline OR Reliever Meds: (NNS, NI, NG, NL)*, prn</th>
<th>Controller: Nicotine Patch or Bupropion-SR And/or Reliever Meds: (NNS, NI, NG, NL)*, prn OR Controller: Varenicline, alone</th>
<th>Controller(s): (1 or More) Nicotine Patch and/or Bupropion-SR And/or Reliever Meds: (NNS, NI, NG, NL)*, prn OR Controller(s): Varenicline and/or Bupropion-SR</th>
<th>Multiple Controllers: Nicotine Patch and/or Bupropion-SR And/or Multiple Reliever Meds: (NNS, NI, NG, NL)*, prn OR Varenicline and/or Bupropion-SR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 0:</strong> Non-Daily/Social</td>
<td><strong>STEP 1:</strong> Mild</td>
<td><strong>STEP 2:</strong> Moderate</td>
<td><strong>STEP 3:</strong> Severe</td>
</tr>
<tr>
<td><strong>STEP 4:</strong> Very Severe</td>
<td><strong>STEP Down &amp; Maintenance</strong></td>
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</table>

When tobacco dependence is controlled (patient is not smoking AND not suffering from nicotine withdrawal symptoms):
- Gradually reduce medications, one at a time
- Monitor, to maintain NO nicotine withdrawal symptoms†
Tobacco Control Plan

- **Assist** the patient with preparations for quitting
- **Set** a quit date.
  - Ideally, the quit date should be within 2 weeks.
- **Tell** family, friends, and coworkers about quitting, and request understanding and support.
- **Anticipate** challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms.
- **Remove** tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (e.g., work, home, car). Make your home smoke-free.
Strategies for Tobacco Control

- **Assess** and diagnose the patient
- **Recommend** a treatment plan
- **Monitor** the treatment plan’s outcome
- **Revise** the treatment plan to improve its effectiveness, if necessary, and to reduce side-effects
What is in Tobacco Smoke?

Tobacco smoke contains more than 4,000 chemicals. Many are toxic to the body. At least 60 of these chemicals are carcinogens, meaning they can cause cancer in humans.

Here are some of the chemicals found in tobacco smoke:

- Naphthalene, found in mothballs
- Arsenic, found in rat poison
- Mercury, found in older types of thermometers
- Carbon monoxide, found in car exhaust
- Nitrobenzene, used as a gasoline additive
- Cadmium, found in batteries
- Butane, used as cigarette lighter fuel
- Vinyl chloride, used in making PVC pipe
- DDT, an insecticide banned in the United States and many other nations
- Formaldehyde, found in embalming fluid
- Hydrogen cyanide, used as gas chamber poison
- Methanol, found in rocket fuel
- Nicotine, an addictive drug
- Toluene, used in industrial solvent
Tobacco and Your Lungs

As a person gets older, lung function decreases as the lungs become less elastic. Even in healthy adults, the body has to work harder to get the same amount of air into and out of the lungs when breathing.

When using tobacco, the loss of lung function is quicker. The body is not able to get the oxygen it needs to live. Signs of lung function loss are:

- Chronic cough
- Shortness of breath or hard to get air in the lungs
- Wheezing
- Too much mucus
- Chronic infection in the lung

How does tobacco use harm lung function?

Tobacco use makes it harder for the body to move air in and out of the lungs. There is a large difference between smokers and nonsmokers in lung function. People who have never used tobacco and people who have quit tobacco have improved lung function over chronic tobacco users, even as they get older. The rate of lung function decline is faster the more tobacco is used.

Impact of Smoking
Quitting Slows the Rate of Lung Function Loss

More on next page ➔

Learn more about your health care.
It Burns You Up
Effects of cigarette smoking on your body

When you smoke, it’s not just your lungs that suffer. Chemicals from cigarettes do damage to almost every part of your body. Take a look:

- Brain: Increased risk of stroke
- Teeth: Yellow color, decay, gum disease
- Mouth: Bad breath, cancers of the mouth, tongue, lips
- Lungs: Cancer, COPD (chronic bronchitis, emphysema), asthma exacerbations
- Arteries: Decreased blood flow
- Stomach: Acid secretions, cancer, ulcers
- Reproductive organs: Erectile dysfunction, cervical and uterine cancer, infertility, risks to unborn babies, miscarriage
- Eyes: Increased risk of cataracts
- Face: More wrinkles, acne
- Throat: Cancer
- Esophagus: Cancer
- Larynx: Cancer
- Heart: Increased risk of heart attack, heartburn
- Pancreas: Cancer
- Kidneys: Cancer
- Bladder: Cancer
- Blood: Cancer of the myeloid line of blood cells
- Legs: Decreased blood flow
- Bones: Osteoporosis, arthritis

Want some good news? Your body starts to repair damage within weeks of quitting. While there is no cure for COPD, the best way to slow the lung damage is to stop smoking.

Don’t get burned: Quit.
For more information and help for those who smoke, visit www.smokefree.gov. To find out how much money you will save in your lifetime if you quit smoking now, visit www.costofsmoking.com.

Information adapted from the Centers for Disease Control and Prevention.

View and print this and other patient handouts on our website, www.advanceweb.com/NPPA. All handouts are posted in English and Spanish.
Getting Through the First Week without Tobacco

As you quit using tobacco, you may have physical signs. Here are some things to try to help you deal with the signs.

If you have:

- Dry mouth or throat, cough, sore throat or nasal drip:
  - Drink plenty of fluids, especially water.
  - Chew gum.
  - Try hard candy or cough drops.

- Headaches:
  - Use over the counter pain relievers.
  - Take a warm bath or shower.
  - Use a cold compress.

- Dizziness:
  - Take extra caution.
  - Change positions slowly, especially when you go from sitting to standing.

- Constipation, gas or stomach pain:
  - Add raw fruits, vegetables, bran and cereals to your diet.
  - Drink 6 to 8 glasses of water each day, unless you are on a fluid restriction.

More on next page ➔

Learn more about your health care.
SMOKING HISTORY:

Please check the appropriate answer.

___ I was never a smoker
___ I used to smoke, but not anymore   QUIT DATE: refused to set a quit date
___ I quit, but worry about slipping back
___ I still smoke, but often think about quitting
___ I still smoke, but have no desire to quit

If you are currently smoking, or have a history of smoking please answer the following:

- Average number of packs per day you smoke/used to smoke: \( \frac{1}{4} \text{ ppd up to 1 } \frac{1}{2} \text{ ppd} \)
- Number of year’s smoking/smoked __45____
  ___ I use another form of tobacco products
  ___ I use a nicotine replacement product
Case Study 3 Cont’d:

Active “Light” Smoker

- 58 yr old, Caucasian male
- Referred to PR from inpatient with Asthma
- “Some Graduate school” level of education
  - No barriers to learning
- Smoking 3-4 cig/day at entry to rehab
  - Started age 13, smoked for 45 years
  - History of ¼ pack/day for the past few years but highest usage was 1 ½ packs/day in the past
- Significant psych history with multiple psychiatric disorders
  - Sees psychiatrist regularly to manage multiple psych meds
  - Psych symptoms led to non-compliance with previous pulm rehab attempt
- Desired bariatric surgery, which has at least 3 months non-smoking status requirement
Tobacco Dependency Clinic Dependency Initial Evaluation:

**Case Study 3:**

Classification of Tobacco Dependence Severity

- Readiness to Quit Ladder: 6
- FTND score: 2
- NWS score: 19
- PHQ-9: 10
- Time to first cigarette: 31-60 minutes
Tobacco Dependence
Severity score:

Severe

How do you approach this patient?
Patient expressed lack of motivation to quit

- Patient enjoyed physical act of smoking but stress was also a trigger
- Patient did not want to set a quit date, stating he wanted to take it “one day at a time,” and “didn’t want to be told what to do.”
  - Agreed to try to cut down
- Encouraged continued effort to cut back, with ultimate goal of quitting considering desire for bariatric surgery
- Encouraged Tobacco Dependency Clinic follow up
- Patient agreed to discuss cessation efforts with his therapist, whom he saw regularly
Smoking Cessation Intervention

Case Study 3 Cont’d:

Plan for Care (include plan for follow up)/ Patient instructions:

- Target Stop date on: Pending.

- 1. You have not set a quit smoking date
- 2. Start your Nicotine patches one week before your quit date
- 3. Start using the nicotrol inhaler when you are in your car to keep from smoking in the car.
- 4. Please fill out the When, What and How of Smoking and mychart Gretchen with your alternate activities and quit date. How you like the nicotrol inhaler
- 5. If you have computer access, please enroll in the online quit smoking program Quitnet.com.
Case Study 4:

SMOKING HISTORY:

Please check the appropriate answer.

___ I was never a smoker
___ I used to smoke, but not anymore  QUIT DATE: refused to set a quit date
___ I quit, but worry about slipping back
_ _ X I still dip, but often think about quitting
___ I still smoke, but have no desire to quit

If you are currently smoking, or have a history of smoking please answer the following:

- Average number of packs per day you smoke/used to smoke: 1 can per day
- Number of year’s dipping ___ 30 ____
  ___ I use another form of tobacco products
  ___ I use a nicotine replacement product
Active snuff dipper
Self referral
53 year-old Caucasian male
Significant PMHx of h/o Asthma; Acid reflux; Heart attack (2/11/14); Hypertension; High cholesterol; Blockage of coronary artery of heart; Stroke (2/2014); Arthritis; GERD (gastroesophageal reflux disease); TIA (transient ischemic attack); and Barrett esophagus.
Dipping 4-5 times per night after work and use up 1 can. Each dip is in his mouth for 1-1.5 hours per time.
Classification of Tobacco Dependence Severity

- Readiness to Quit Ladder: 7
- FTND score: 2
- NWS score: 20
- PHQ-9: 5
- Time to first dip: Frequently many hours
Tobacco Dependence Severity score:

Very Severe

How do you approach this patient?
Smoking Cessation Intervention

Case Study 4 Cont’d:
Plan for Care (include plan for follow up)/ Patient instructions:

- You have decided to start tomorrow using only 3/4 of a can.
- Start prolonging the time between craving for dipping and actual dipping.
- Use nicotine lozenges to prolong time between dipping and amount of dipping per day.
- Dissolve one lozenge in mouth (don't chew or swallow) every 1-2 hours. Up to 20 lozenges/day. Titrate to control symptoms.
- Please fill out the When, What and How of Smoking and call (614-293-4925) or Mychart Gretchen Whitby next week to discuss.
- Once you have completed the When, What and How handout, start delaying each dipping by 15 minutes and doing your new habit before each dipping occurrence.
Unique Tobacco Users

**Non daily or social smokers**

- Do you use tobacco products – ever?
- What products do you prefer to use?
  - Second hand smoke
  - Break association between social activity and tobacco use
  - Personal smoke free policies (home, cars)

**Pregnant patient**

- Decreases all tobacco-caused risks to baby & mother
  - Behavioral counseling
    - Wellbutrin, FDA category C
    - Patch – off at night, FDA category D
Subsequent Visits

- Assess control over cravings to smoke
- Identify high-risk behaviors
- Highlight relevance of continued nonsmoking
- Modify medication dosage
  - Encourage use of rescue medications
- Arrange follow up
Delivery Systems

- E-cig – may contain toxic ingredients
- Vapor
- Hookah
- Marijuana
- Cigarello

No Nicotine
Smokeless Tobacco

Loose Chewing Tobacco
Plug Chewing Tobacco
Moist snuff
Dry snuff
Snus

CAMEL strips
12-DISSOLVABLE TOBACCO
WARNING: This product can cause gum disease and tooth loss.

CAMEL sticks
MINT 12-DISSOLVABLE TOBACCO
WARNING: This product can cause gum disease and tooth loss.

CAMEL orbs
MINT 12-DISSOLVABLE TOBACCO
WARNING: This product can cause gum disease and tooth loss.

CAMEL variety pack
MINT strips-orbs-sticks 12-DISSOLVABLE TOBACCO
WARNING: This product can cause gum disease and tooth loss.
Smoking Cessation Resources

- Ohio State University Wexner Medical Center Patient Education Materials
  - “Quitting Tobacco Use” Booklet
  - Accessible via OneSource (staff), or Medical Center Website (patients)

- National Institute of Health- US Dept of Health and Human Services- “Treating Tobacco Use and Dependence” Clinical Practice Guideline
Smoking Cessation Resources

- 1-800-quit-now
  - Counseling and support
  - Subsidized medication program
  - Education
  - Relapse prevention

- ALA website – online course
  - Freedom from smoking – www.ffsonline.org

- Pulmonary rehabilitation

- www.quitnet.com
Smoking Cessation Resources

ACCP – TobaccoDependenceTreatment ToolKit

URL: http://tobaccodependence.chestnet.org.


Best Practices for Comprehensive Tobacco Control Programs 2014
National Center for Chronic Disease Prevention and Health Promotion
http://www.cdc.gov/tobacco/sateand community/best_practices/index.htm
26 Smokers

- 8 Graduated from Pulm Rehab
  - Average sessions completed = 21/24 (min of 18 required)
    - Average UCSD pre:post = 66:61 = 6.7% improvement
    - Average 6MW pre:post = 1172:1286 = 13.2% improvement
- 3 Quit Smoking completely
  - 2 patients w/Stage 4 COPD, 1 patient w/Asthma
  - Despite nominal improvement in UCSD, 6MW improved by average of 95ft or 22.7%
- 4 cut down average of 57% over course of rehab
  - Improvement in “lighter smokers” 6MW was 17.4% (less than “quitters” group)
- 1 Relapsed and started smoking again during rehab

- 9 Disenrolled, 9 Never started
  - Average sessions completed = 3.4
  - 5 disenrolled and referred to PT instead
Questions?

Share your patient experience
Nicotine Patch

Nicotine patches are patches that you stick to your skin. The patch releases a constant amount of nicotine into the body. Patches come in different sizes. The larger the patch, the more nicotine it will give your body.

Directions

Wear the patch all day.
Most of the patches should be changed once a day.
Be sure to follow all directions that come with the product.

Side Effects

Skin irritation
Fast heartbeat
Trouble sleeping
Headache
Nausea
Muscle aches
Stiffness
Dizziness

Warnings

Do not use tobacco even when you are not wearing the patch. Keep this and all medicines out of the reach of children and pets. Even used patches have enough nicotine to poison children and pets.

Availability

Over the counter

Wellbutrin (Zyban)

Approved by the FDA in 1997 to help smokers quit by reducing the craving for nicotine. It is an extended-release tablet of 150 mg.

**Directions**

Begin taking Zyban® while you are still smoking, 1 week before a planned quit date.
Then, keep taking Zyban® for 7 to 12 weeks.
Talk to your doctor about exactly how long you should use Zyban®.
Usually, dosing starts at 150 mg a day for the first 3 days, then increases to 300 mg a day.
The maximum recommended dose is 300 mg a day, given as 150 mg twice daily.
Wait at least 8 hours between doses.

**Side Effects**

Trouble sleeping
Dry mouth
Dizziness

**Warnings**

If you have not made much progress toward quitting by the seventh week, treatment should be stopped by your doctor. Since the medicine is also an antidepressant, be aware that it can cause an increase in thoughts of suicide. Keep this and all medicines out of the reach of children and pets.

**Availability**

Prescription
CHANTIX

CHANTIX is an FDA-approved product that contains no nicotine. It helps you quit tobacco use by cutting the pleasure of smoking and reducing the withdrawal symptoms.

Directions
Begin taking CHANTIX while you are still smoking, 1 week before a planned quit date.
When you first start taking CHANTIX, you will take a low dose and then gradually increase your dose over time.
Follow your doctor's instructions.
Your doctor may change your dose to make sure you get the best results from this medicine.
If you miss a dose, take it as soon as you remember.
If you remember close to your next dose, wait until the next one.
NOTE: Serious neuropsychiatric symptoms have occurred in patients being treated with CHANTIX. All patients being treated with CHANTIX should be observed for neuropsychiatric symptoms including changes in behavior, agitation, depressed mood, suicidal ideation, and suicidal behavior. Patients attempting to quit smoking with CHANTIX and their families and caregivers should be alerted about the need to monitor for these symptoms and to report such symptoms immediately to the patient's healthcare provider.
CHANTIX should not be used by personnel operating aircraft (including aircrew and air traffic controllers) and missile crew members.

Side Effects
Nausea that lasts up to several months
Headache
Vomiting
Gas
Insomnia
Strange dreams
A change in how things taste

Warnings
Use this medicine exactly as it was prescribed for you. Do not use it in larger amounts or for longer than recommended by your doctor. Be sure to tell your doctor if you are taking any other medicines. Keep this and all medicines out of the reach of children and pets.

Availability
Prescription
Nicotrol Inhaler

Nicotine Inhaler: Nicotrol® Inhaler

Nicotrol Inhaler is plastic tube with a cartridge that gives you nicotine when you puff on it. The inhaler sends nicotine into the mouth, not the lungs, and the nicotine enters the body much more slowly than the nicotine in cigarettes or chew.

Directions

Use the inhaler when you have a craving for a cigarette.
Use no more than 16 cartridges a day for up to 12 weeks.
Each cartridge equals about 400 puffs of nicotine.
It takes at least 80 puffs to equal the amount of nicotine from 1 cigarette.
Talk with your doctor about the right dosage for you.
Generally, you should start with frequent, constant puffing for 20 minutes.
The maximum suggested dose is 16 cartridges per day.

Side Effects

Your throat or mouth may get irritated.
You also may start to cough, but you should get over this after a while; if not, talk with your doctor.
You may experience an upset stomach when you first start using the inhaler.

Warnings

Stop smoking as soon as you start using the inhaler. If you are taking any other medicines, talk to your doctor about your dosage. Keep this and all medicines out of the reach of children and pets.

Availability

Prescription
Nicotine Gum

Nicorette is chewing gum that sends nicotine to the brain quickly, resulting in a less intense “hit” than a cigarette. Nicotine gum helps take the edge off cigarette cravings without the toxins found in cigarettes, helping to reduce symptoms of nicotine withdrawal.

Directions
Over about 30 minutes, chew a piece of gum a few times to break it down, then "park" it between your gum and cheek and leave it there.
Chewing the gum without parking it can cause stomach ache or cravings.
Chew enough gum to reduce withdrawal symptoms (usually 10–15 pieces a day but no more than 30 a day).
Use the gum every day for about a month, then start to chew fewer pieces per day, chewing only what you need to avoid withdrawal symptoms.
Stop chewing the gum after 3 months.
Usually nicotine gum is available in 2 mg doses (for smokers of 24 or fewer cigarettes each day) and 4 mg doses (for smokers of 25 or more cigarettes each day).
One piece of gum is one dose and you should not need to chew more than 24 pieces a day.
These directions are for general use, so always follow the directions for the product you buy.

Side Effects
Sore mouth or throat
Irritated throat, increased saliva
Hiccups
Indigestion, heartburn
Dizziness, headache, nausea
Jaw ache, awareness of your heartbeat (palpitations)
Mouth ulcers

Warnings
Do not use tobacco when you start chewing nicotine gum. Do not eat or drink for 15 minutes before chewing, or while chewing the gum. If the gum sticks to your braces or other dental work, stop using it and check with your doctor or dentist. Dental work may be damaged because nicotine gum is stickier and harder to chew than regular gum. Keep this and all medicines out of the reach of children and pets.

Availability
Over the counter
Nicotine Lozenge

Hard candy that gives you nicotine as it melts in your mouth. Nicotine lozenges are available in 2 mg or 4 mg doses. Like nicotine gum, lozenges deliver nicotine to the brain quickly, resulting in a less intense "hit."

Directions

Use the lozenges during a 12-week program.
Over time, you should use fewer and fewer lozenges until you are completely nicotine free.
One lozenge is 1 dose and maximum dosage should not be more than 20 lozenges a day.
Each lozenge will last about 20–30 minutes, and you will keep getting some nicotine for a short time after the lozenge is gone.

Side Effects

Sore teeth
Sore gums
Indigestion
Throat irritation

Warnings

Do not bite or chew the lozenge. Doing so may cause you to swallow too much nicotine at once, which may give you indigestion or heartburn. Do not eat or drink for 15 minutes before using the lozenge or while it is in your mouth. Do not use nicotine lozenges for longer than 12 weeks. If you feel the need to continue using the lozenges after 12 weeks, talk with your doctor. Keep this and all medicines out of the reach of children and pets.

Availability

Over the counter
Nicotine Nasal Spray

Nicotrol® NS

Nicotrol NS is nasal spray that eases cravings for tobacco. When the spray enters the nostrils, nicotine enters the bloodstream faster than any other nicotine replacement therapy product. If you are a heavy smoker, this product may work best for you.

Directions

A usual single dose is two sprays, one in each nostril.
Do not take more than 5 doses per hour or 40 doses in a day.
The treatment can last anywhere between 8–12 weeks.
However, how often you use the spray will depend on how many cigarettes you smoked and how strong they were.
Talk with your doctor to find out more about how much nasal spray you should use, and for how long.

Side Effects

Irritation to the nose and throat
Sensations in the ear
Increased urination
Tingling or burning feeling in the head
Nosebleeds
Indigestion

Warnings

Do not use the spray if you are a nonsmoker or if your think you may be allergic to anything in the spray. Do not sniff or inhale while spraying. Avoid contact with eyes, skin, and mouth. Put the cap on the spray bottle when not in use, and keep the spray out of reach of children and pets. Do not leave the nasal spray in the light.

Availability

Prescription

Smokeless tobacco is not harmless. In fact, smokeless tobacco has two to three times the amount of nicotine than cigarettes. All of that nicotine causes a stronger addiction. And stronger nicotine addiction = stronger addiction to break.

Dipping doesn’t make sense, either.

GREAT AMERICAN SPIT OUT
FEBRUARY 18, 2016

Smokeless tobacco can cause serious dental problems, mouth sores, gum decay and tobacco-breath. As if dating wasn’t difficult enough! Quit for the Great American Spit Out on February 18. Get started at UCanQuit2.org/Ready2Quit.