Guest Editors: Brittany Croxton, Kelsey Dobbs, and Carolyn Newman, Pharm.D. Candidates, Bernie Olin, Pharm.D.

Key Inforbits
- Health Benefits
- 5 R’s of Patient Resistance
- 5 A’s of Smoking Cessation
- Smoking Cessation Therapies
- Counseling
- Resources Available

**Smoking Cessation**

October is National Healthy Lung Month. The number one risk factor for lung cancer is cigarette smoking. Furthermore, smoking is the leading cause of preventable disease and death worldwide. Join us in this month’s issue of *AU InforMed* as we delve deeper into the topic of smoking cessation and how YOU can participate in National Healthy Lung Month.

Health Benefits of Quitting
- Cigarette smoking kills more than 480,000 Americans each year and over 5 million people globally each year.
- Smoking has been considered a leading risk factor for early mortality and disability worldwide, second only to high-systolic blood pressure.
- Smoking-related illness in the U.S. costs more than $300 billion per year.
- More people in the U.S. are addicted to nicotine than any other drug.
- Lowers the risk for lung cancer and lung diseases such as COPD.
- Reduces the risk for heart disease, stroke, and peripheral vascular disease.
- Reduces respiratory symptoms, such as coughing, wheezing, and shortness of breath.
Five Major Steps of Intervention

1. Ask about tobacco use
   a. Examples:
      • How many cigarettes do you smoke per day?
      • How long have you been smoking?
      • Have you had any changes with your smoking habits?
      • Have you tried to quit smoking before? If so, how did you quit?

2. Advise tobacco users to quit
   a. Discuss benefits of smoking cessation with patient
   b. Provide clear, patient-specific advice

3. Assess readiness to make a quit attempt
   a. Determine patient’s motivation to quit
      • Personal health, relationships, cost
   b. Identify the patient’s barriers to quitting
      • Weight gain, withdrawals, social acceptance
   c. Identify and help minimize triggers
      • Social encounters, stress, drinking coffee

4. Assist with the quit attempt
   a. Set a quit date
      • It is best to pick a quit date within the next 2 weeks.
      • Within these 2 weeks, it is important to prepare a smoke-free personal space (home, vehicle).
   b. Product recommendation and counseling

5. Arrange follow-up
   a. Contact patient around the time of their quit date to evaluate progress
   b. Contacting patients at least 4 more times has been shown to increase cessation success

Don’t think you can remember all this information?
Just remember the “5 A’s” to help!
Is your patient not ready to quit?\textsuperscript{6}

1. **Relevance**
   a. Identify patient-specific reasons to stop smoking

2. **Risks**
   a. Discuss negative health outcomes associated with continued smoking

3. **Rewards**
   a. What benefits will the patient gain after quitting smoking?

4. **Roadblocks**
   a. Identify patient-specific barriers to change

5. **Repeat**
   a. Assess readiness at each encounter

**Table 1: Common Methods to Quit Smoking\textsuperscript{7,8}**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Available Dosage Forms</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Gum</td>
<td>2 or 4 mg</td>
<td>• Oral substitute for tobacco</td>
<td>• Frequent dosing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May be used in combination with other agents</td>
<td>• Specific chewing technique required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May delay weight gain</td>
<td>• Gum chewing may not be acceptable or desirable for certain patients</td>
</tr>
<tr>
<td>Nicotine Lozenge</td>
<td>2 or 4 mg</td>
<td></td>
<td>• Frequent dosing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gastrointestinal adverse effects</td>
<td></td>
</tr>
<tr>
<td>Transdermal</td>
<td>7, 14, or 21 mg</td>
<td>• Once daily dosing</td>
<td>• May not be acceptable for patients with certain dermatologic conditions</td>
</tr>
<tr>
<td>Nicotine Patch</td>
<td></td>
<td>• Delivers consistent levels of nicotine throughout the day</td>
<td>• Vivid dreams may occur as an adverse effect if the patch is worn during sleep</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Easily hidden</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May be used in combination with other agents</td>
<td></td>
</tr>
<tr>
<td>Bupropion SR</td>
<td>150 mg</td>
<td>• Twice daily dosing</td>
<td>• May cause suicidal ideations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May delay weight gain</td>
<td>• Increases risk of seizures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Antidepressant effect</td>
<td>• Drug interactions</td>
</tr>
<tr>
<td>Varenicline</td>
<td>0.5 or 1 mg</td>
<td>• Twice daily dosing</td>
<td>• May cause suicidal ideations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Alternate mechanism of action if bupropion ineffective or intolerable</td>
<td>• Dose-dependent nausea; take with food to minimize</td>
</tr>
</tbody>
</table>

Patient Resources

• AUPCC “Pack It Up” Program
  o Located in the Harrison School of Pharmacy
  o Offers smoking cessation guidance and planning sessions with pharmacists and/or pharmacy students
  o Appointments can be made by calling (334) 844-4099

• Alabama QUITNOW
  o Free telephone and online counseling for those ready to quit smoking
  o Offers up to eight weeks of nicotine replacement therapy patches for patients that are eligible
  o Website: www.quitnowalabama.com
  o Phone number: 1-800-QUITNOW (1-800-784-8669)

• BeTobaccoFree.gov
  o Website from the U.S. Department of Health & Human Services
  o Tips for quitting as well as how to help others quit smoking

• Freedom from Smoking
  o Initiative by the American Lung Association
  o Personalized smoking cessation plan, helpful strategies from specialists, and online community interaction
  o Website: http://freedomfromsmoking.org/

• YOU!
  o Pharmacists are key in helping patients fight tobacco use.
  o Use this information; reach out to your patients!

References


The last “dose” . . .

“I count him braver who overcomes his desires than him who conquers his enemies; for the hardest victory is over self.” – Aristotle [384-322 BC]