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Frequently Asked Questions About Brief Tobacco Interventions

Referring Patients

QUESTION: *I'm concerned some of my patients will react negatively if I address their tobacco use.*

ANSWER: 80% of patients want to quit tobacco and patients expect their health care provider to ask about tobacco use. Patients perceive a higher quality of care when they are asked about tobacco use.

QUESTION: *Do I need to ask at every encounter?*

ANSWER: Yes, following up at each encounter reinforces the importance of quitting. Motivation to quit fluctuates, and your patient may have different needs each visit.

QUESTION: *I don't have enough time to do this.*

ANSWER: The Ask-Advise-Connect brief intervention takes less than three minutes to deliver in clinic. If you use a team approach, it will take even less time for you.

QUESTION: *What if my patient has other health priorities?*

ANSWER: Tobacco use impacts overall health status and quitting aids in the treatment of other health conditions. Relaying how tobacco use specifically impacts your patient's current health concerns is especially helpful.

QUESTION: *Is the brief intervention effective?*

ANSWER: A brief intervention such as Ask-Advise-Connect is an evidence-based intervention for all patients and can double or triple quit rates. In fact, a brief intervention is the most clinically effective and cost-effective intervention for adults.

QUESTION: *I don't know of any effective referral resources.*

ANSWER: The Quitline, 1.800.QUIT.NOW, is an effective, evidenced-based referral recommended by treatment guidelines.

Tobacco Dependence Medications

QUESTION: *Who should receive medication for tobacco dependence?*

ANSWER: All people trying to quit tobacco should be offered medication, except when contraindicated or for specific populations for which there is insufficient evidence of effectiveness (e.g., pregnant women, smokeless tobacco users, light smokers or adolescents).

QUESTION: *What are the recommended first-line medications?*

ANSWER: All people trying to quit tobacco: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline. Clinicians should consider medications shown to be more effective than nicotine patch alone, such as varenicline or combination pharmacotherapy.

QUESTION: *Are there contraindications, warnings, precautions, other concerns, and side effects for tobacco dependence medications?*

ANSWER: All seven FDA-approved medications have specific contraindications, warnings, precautions, other concerns, and side effects. Refer to FDA package inserts for this complete information.

Some American Indian groups use tobacco for traditional and ceremonial purposes.
Treatment of tobacco use and dependence refers to tobacco products used for commercial purposes.

QUESTION: *May medications ever be combined?*

ANSWER: Among first-line medications, evidence exists that combining the nicotine patch with another form of nicotine, such as nicotine gum, lozenge, inhaler or nasal spray, or the nicotine patch with bupropion SR, increases long-term abstinence rates relative to placebo treatments. Combining varenicline with NRT agents has been associated with higher rates of side effects (e.g., nausea, headaches).

QUESTION: *What other factors may influence medication selections?*

ANSWER: Pragmatic factors may influence selection such as insurance coverage, out-of-pocket patient costs, likelihood of adherence, dentures when considering the gum, or dermatitis when considering the patch.

QUESTION: *Is a patient's prior experience with a medication relevant?*

ANSWER: Prior successful experience suggests that the medication may be helpful to the patient in a subsequent quit attempt, especially if the patient found the medication to be tolerable and/or easy to use.

QUESTION: *What medication should be used with a patient who is highly nicotine dependent?*

ANSWER: Higher doses of nicotine gum, patch, and lozenge have been shown to be effective, including combining nicotine patch doses for individuals who are highly nicotine dependent. Combination NRT therapy may be particularly effective in suppressing tobacco withdrawal symptoms.

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QUESTION: *When should second-line agents be used for treating tobacco dependence?*

ANSWER: Consider prescribing second-line agents (clonidine and nortriptyline) for patients unable to use first-line medications because of contraindications or for patients for whom the group of first-line medications, including combinations, has not been helpful.

QUESTION: *Can tobacco dependence medications be used long-term (e.g. up to six months)?*

ANSWER: A long-term medication approach may be helpful for smokers who report persistent withdrawal symptoms during the course of medications, who have relapsed in the past after stopping medication, or who desire long-term therapy to maintain abstinence.

QUESTION: *Is medication adherence important?*

ANSWER: Yes. Patients frequently do not use cessation medications as recommended, which may reduce their effectiveness. Ask about frequency of use on follow up.

PRODUCTS	STARTING DOSE
Nicotine Patch	>10 cigarettes per day: 21 mg ≤ 10 cigarettes per day: 14 mg
Nicotine Gum or Lozenge	Smoke within 30 minutes of waking = 4 mg Smoke after 30 minutes of waking = 2 mg
Nicotine Inhaler or Nasal Spray	Use as directed
Bupropion	Days 1-3: 150 mg Day 4 to end of treatment: 150 mg twice daily with at least 8 hours between doses
Varenicline	Days 1-3: 0.5 mg daily Days 4-7: 0.5 mg twice daily Day 8 to end of treatment: 1 mg twice daily

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