

Helping Tobacco Users Quit

Dental Hygienists Leading the way
as Effective Cessation Counselors



Presented By:

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The Center for Smoking Cessation at Seton
Health



To download the Powerpoint –

- Quitsolutions.org
- Choose “Trainings/Events” tab

Program Outline

- Public Health Service Guidelines
- Nicotine and the Brain
- The Truths about Smokers
- Oral Health and Tobacco Use
- Helping Patients Not Ready to Quit
- Helping Patients Quit
- Cessation Medications





NYS Tobacco Cessation Centers

- 19 Cessation Centers that blanket NYS
- Work with health care providers
- Implement evidence based system change
- Public Health Service Guideline – Treating Tobacco Use and Dependence



Very Disturbing Truth!

Tobacco products are the only legal consumer products that are LETHAL when used exactly as the manufacturer intends.



Why Address Smoking in the Clinical Setting?

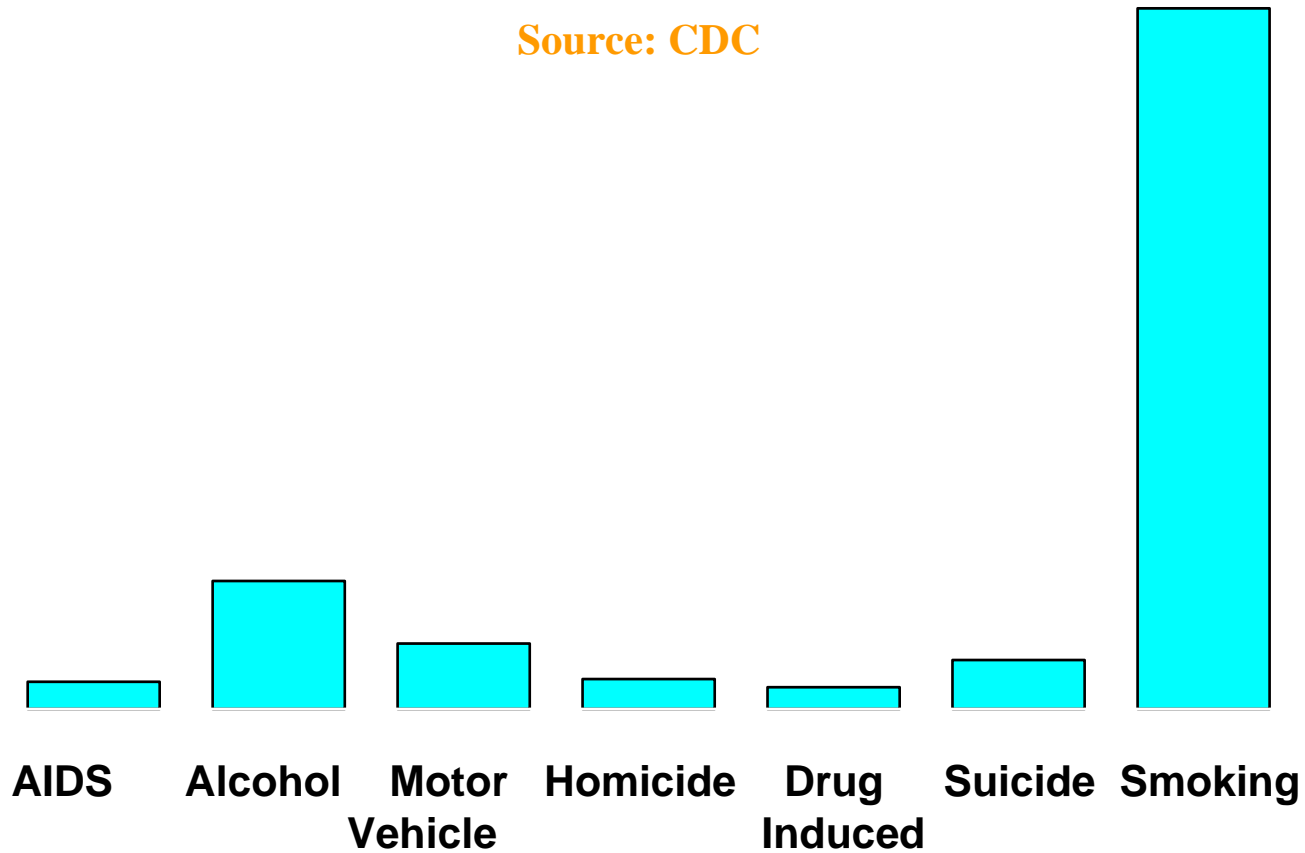
- 2,518,700 New Yorkers smoke
- 25,400 New Yorkers die every year from smoking
- Leading cause of preventable death
- 70% of smokers visit a physician each year
- Patients that smoke are more likely to quit if advised to do so by health professionals

Data from Tobacco Free Kids.org

Comparative Causes of Annual Deaths in the United States

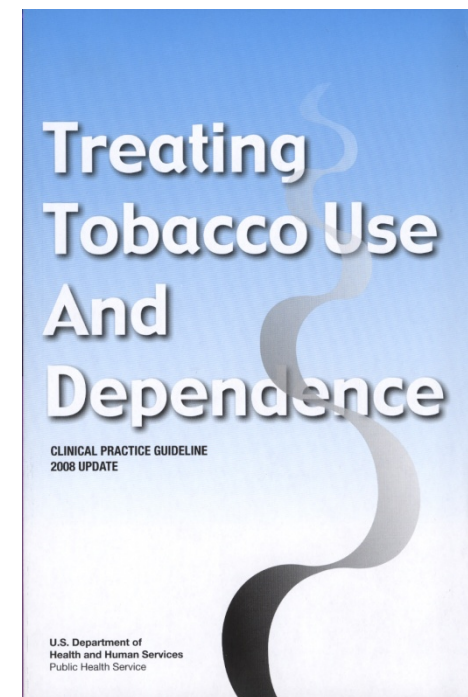
Source: CDC

Number of Deaths (thousands)



CLINICAL PRACTICE GUIDELINE for TREATING TOBACCO USE and DEPENDENCE

- Update released May 2008
- Sponsored by the U.S. Department of Health and Human Services, Public Health Service with:
 - Agency for Healthcare Research and Quality
 - National Heart, Lung, & Blood Institute
 - National Institute on Drug Abuse
 - Centers for Disease Control and Prevention



www.surgeongeneral.gov/tobacco/

HANDOUT



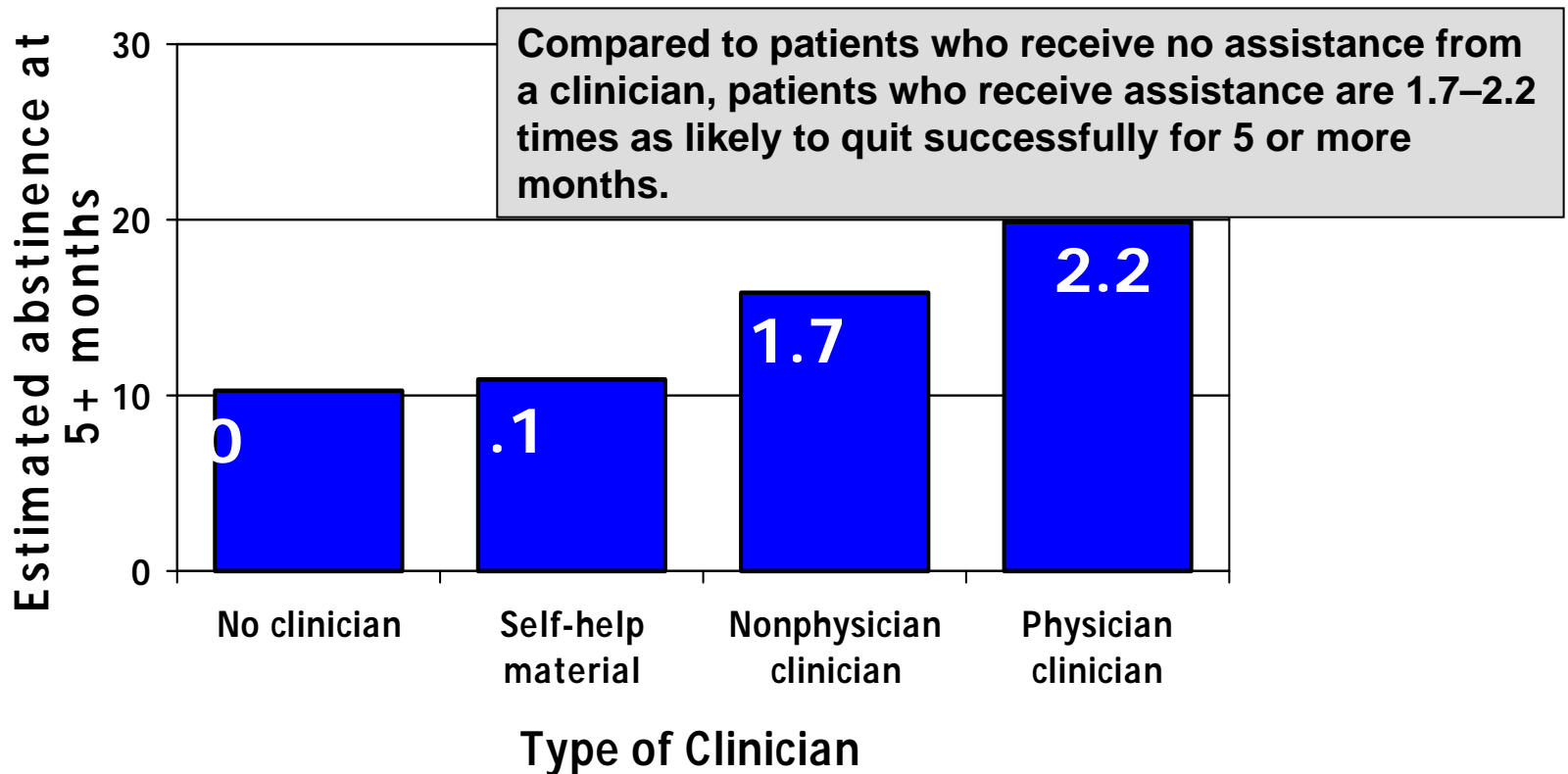
The guideline states:

“That tobacco dependence treatment delivered by a variety of clinician types increases abstinence rates. Therefore, all clinicians (physician, nurse, dentist, psychologist or counselor) should provide smoking cessation interventions.” (pg 87)

“The clinician audience for this Guideline update is all professionals who provide health care to tobacco users. This includes: physicians, nurses, physician assistants, medical assistants, dentists, hygienists....The ultimate beneficiaries of the Guideline are tobacco users and their families.” (pg 14)

EFFECTS of CLINICIAN INTERVENTIONS

With help from a clinician, the odds of quitting approximately doubles.



Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS, May 2008.

CLINICAL PRACTICE GUIDELINE: 5A Model

ASK – identify all tobacco users at every visit

ADVISE – Urge all tobacco users to quit

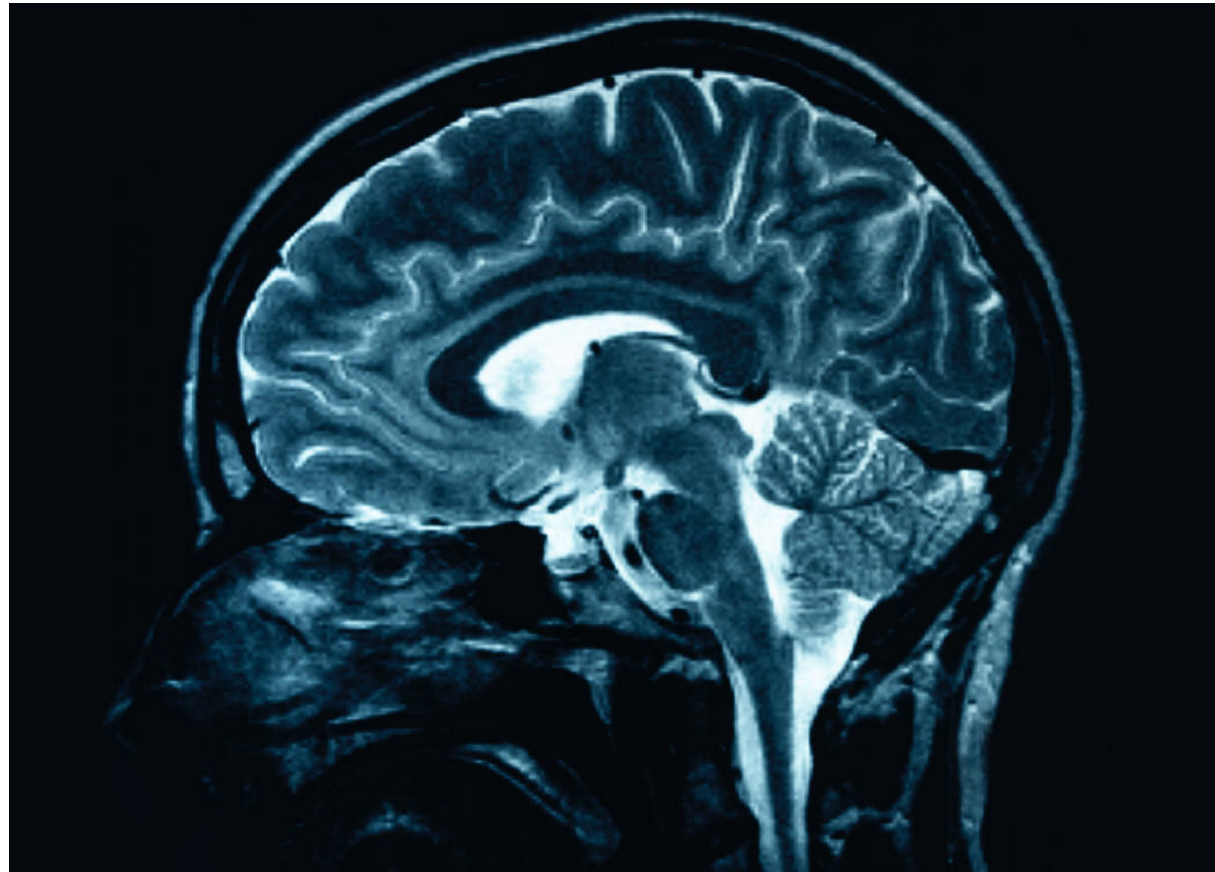
ASSESS – Determine willingness to quit

ASSIST – Aid the patient in quitting (medication, counseling, referral to QL)

ARRANGE – Ensure follow-up care – FAX-to- Quit referral

HANDOUT

Nicotine & the Brain



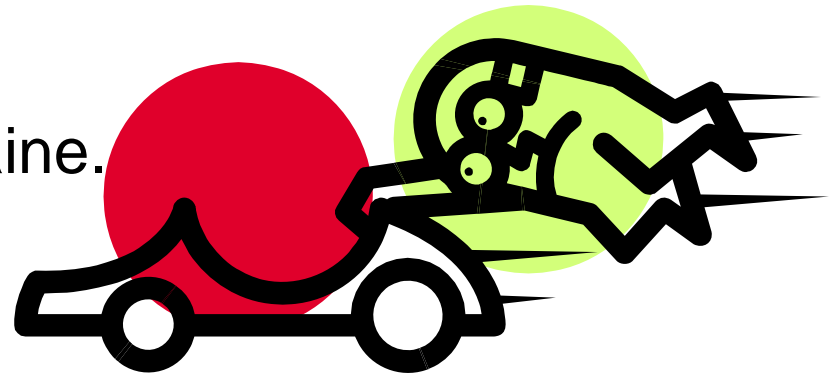
Chemicals in Tobacco Smoke



- **Butane** – lighter fluid
- **Cadmium** – batteries
- **Toluene** – solvent
- **Ammonia** – cleaner
- **Acetic acid** – vinegar
- **Methane** – sewer gas
- **Arsenic** - Poison
- **Carbon Monoxide** –
poisonous gas
- **Methanol** – rocket fuel
- **Formaldehyde** –
embalming fluid

“Free-Base” Nicotine

- Addictiveness is influenced by the speed delivered to the brain.
- “Free-base nicotine:
 - More potent form because uncombined
 - Reaches brain in 7 seconds
 - Addictiveness increased by treating tobacco with ammonia
- Cigarettes do to nicotine what crack does to cocaine.



NICOTINE PHARMACODYNAMICS

Central nervous system

- Pleasure
- Arousal, enhanced vigilance
- Improved task performance
- Anxiety relief

Other

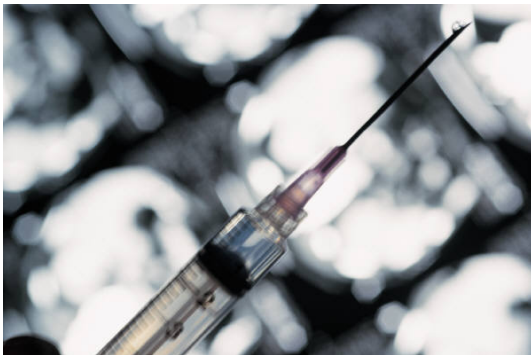
- Appetite suppression
- Increased metabolic rate
- Skeletal muscle relaxation

Cardiovascular system

- ↑ Heart rate
- ↑ Cardiac output
- ↑ Blood pressure
- Coronary vasoconstriction
- Cutaneous vasoconstriction

Nicotine and other Addictive Drugs

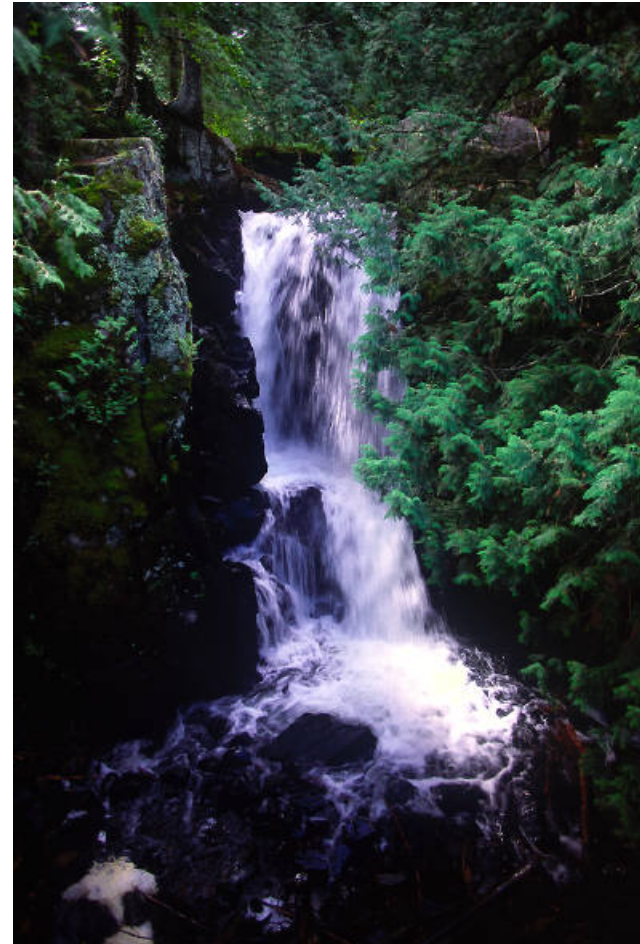
- Nicotine stimulates an increase in the release of dopamine, a neurotransmitter associated with feelings of pleasure.
- All drugs of abuse have this effect: Nicotine effects the same brain mechanism.



Studies show that brain changes during withdrawal from nicotine are similar to those that occur when withdrawing from heroin, cocaine and alcohol.

Nicotine & the Brain

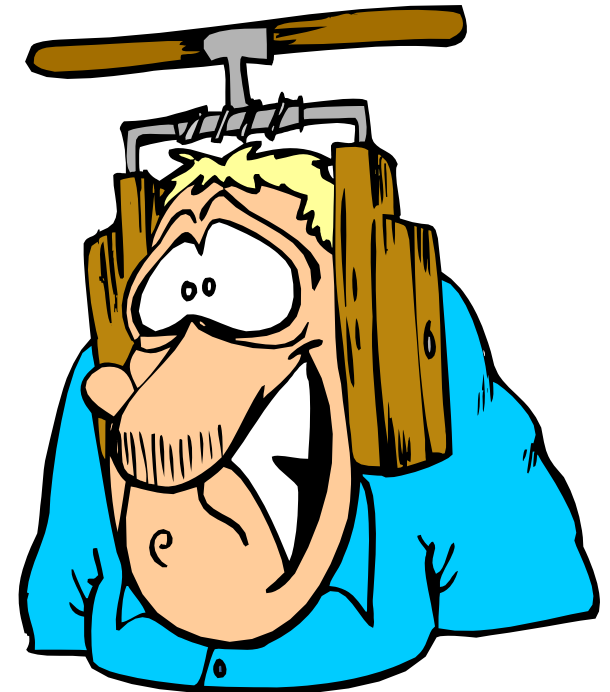
- The flood of nicotine signals the brain to release dopamine (pleasure).
- The brain becomes adjusted to high levels of nicotine, dopamine and acetylcholine.
- The problem: The brain can no longer be content with normal levels of acetylcholine.
- Without nicotine, the smoker experiences withdrawal.



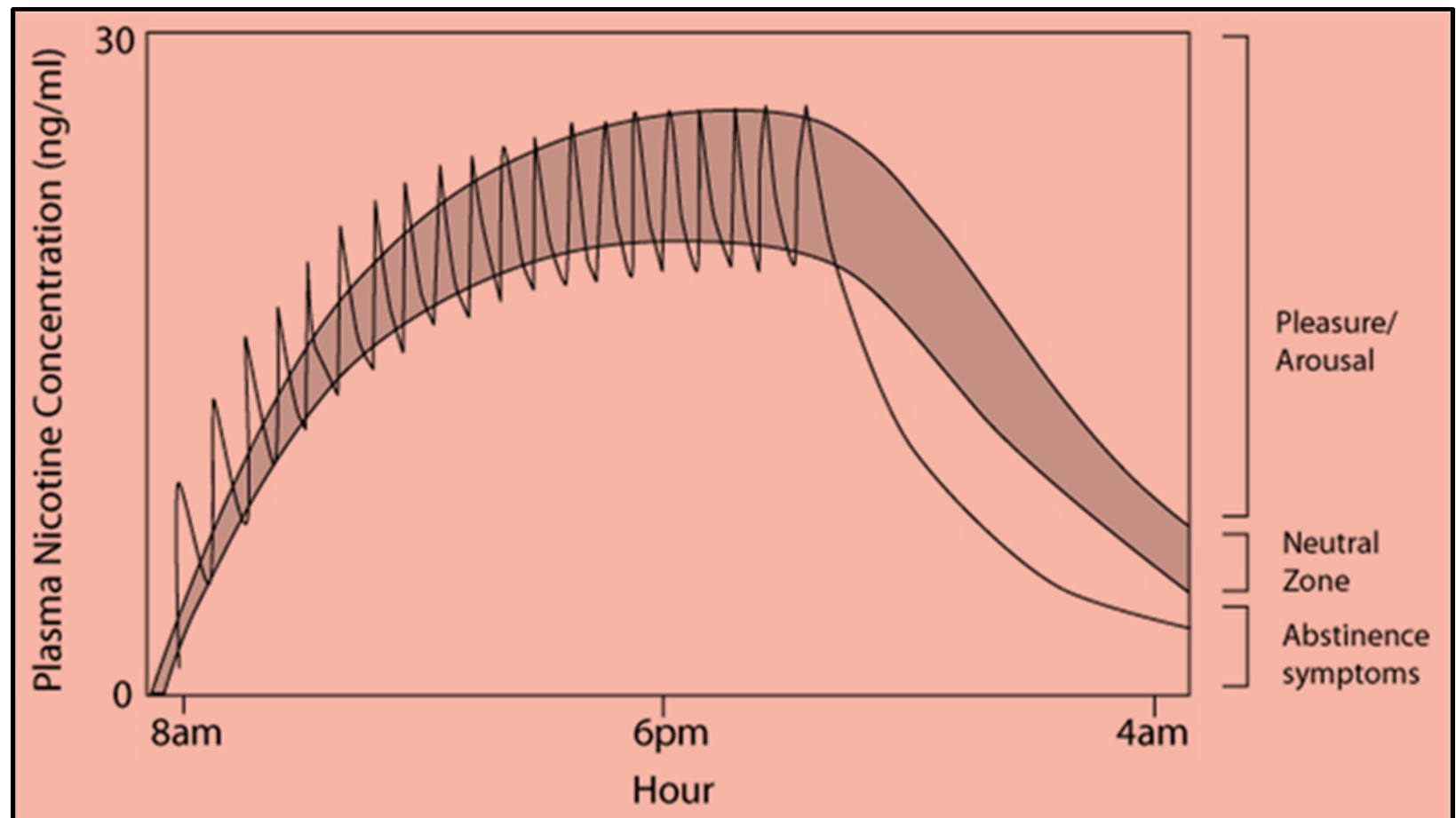
Tolerance

- Nicotine activates the release of dopamine and then deactivates its release.
- The first cigarette of the day is the most enjoyable but subsides but as more are smoked, enjoyment subsides
- This is called tolerance.

Bottom line: You get a little "high" and then it fades



NICOTINE ADDICTION CYCLE




Reprinted with permission. Benowitz. (1992). *Med Clin N Am* 2:415-437.

Truths About Smokers



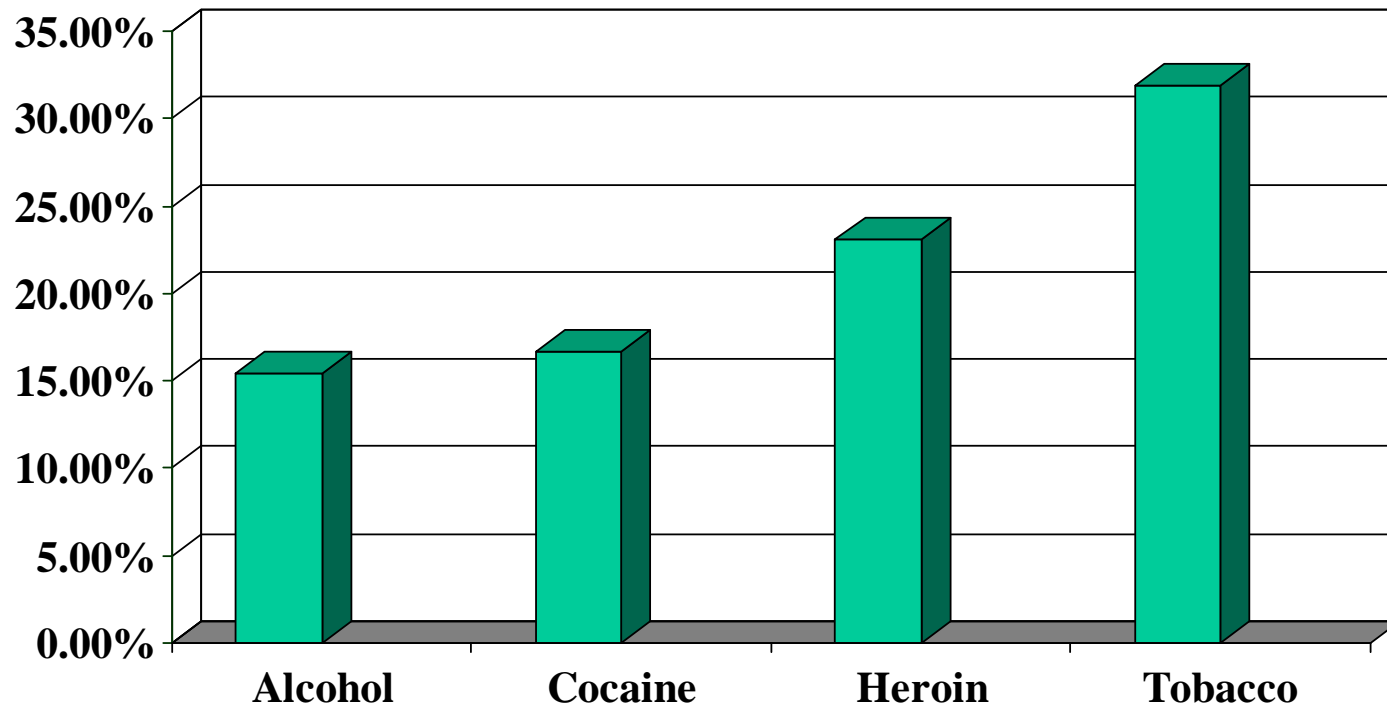
***What Every Hygienist
Needs to Know for
Treating Patients Who
Smoke***



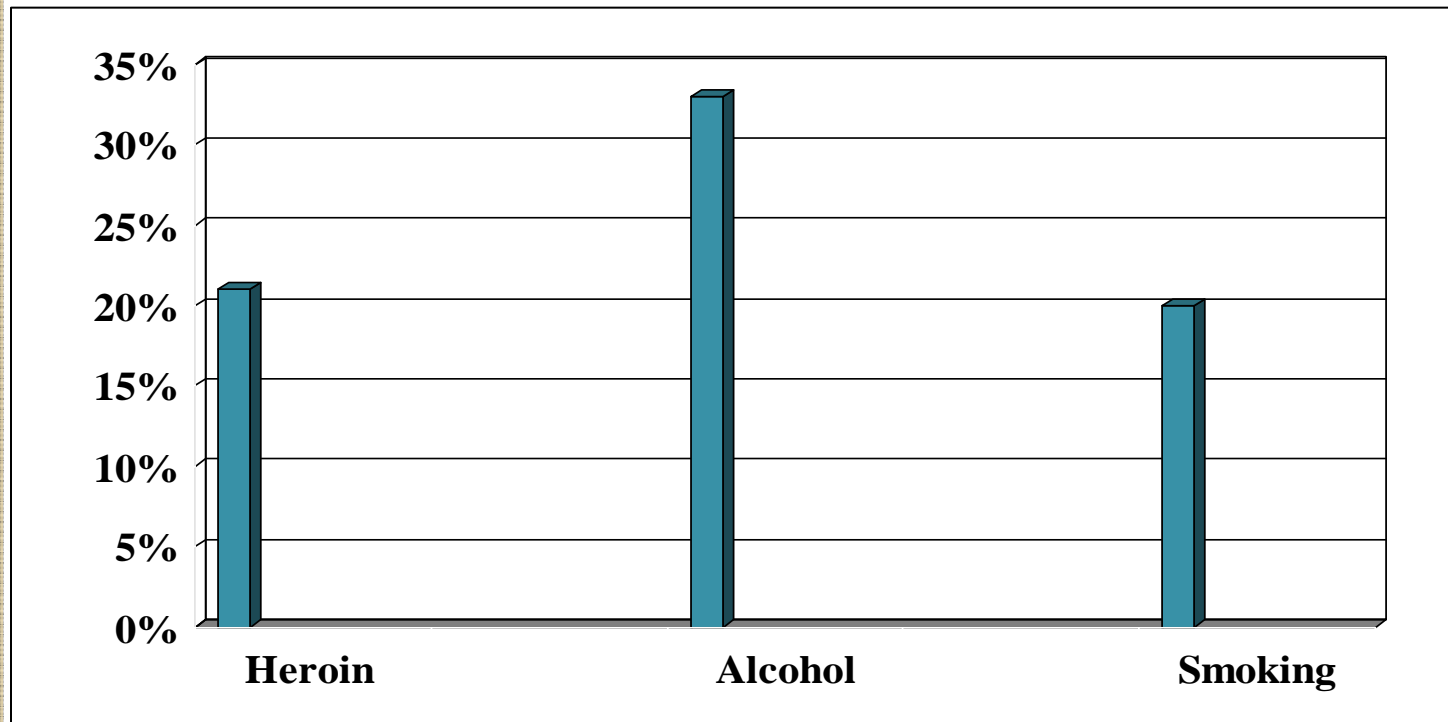
People don't start smoking, they have one or two.

- Most addictive substance on the planet
- More addictive than heroin and cocaine
- It is harder to quit than heroin
- Dopamine: stimulates the release of dopamine

Percent of Those *Ever* Using Who Become Addicted



Abstinent Rate at One Year for Heroin, Smoking & Alcohol






People who smoke wish that they didn't

- No one ever says, "*I'm glad I started this.*"
- 70% state they want to quit
- American Cancer Society did a study and reported that 95% of smokers wished to have their smoking removed



Smokers feel like second class citizens

- Corralled outside to smoke
- Comments/complaints from others
- They feel weak-minded: “I can’t do this.”



Ex-smokers do not “go back” to smoking, they have “just one.”

- Why can't an ex-smoker have “just one?”
- Because it's 100x easier to have the next “just one.”




But if you do have one...

- Slips are normal, if not expected
- Many quitters who slip experience extreme guilt
- Does not mean relapse
- Prepare ahead of time and create a “slip plan.”




Quitting is a Miracle!

- There is no success formula
- Motivators are different for everyone
- Don't predict outcome –
- When in doubt go with technique



Smokers *do* fear the harm that cigarettes cause

- They often will not verbalize it, but smokers know it's causing harm
- Use denial to justify continuation of behavior



People smoke because it is too uncomfortable not to

- It is a physical dependency
- But “I love to smoke.”
- It’s true - it ends the discomfort of not smoking.

Smoker's are bombarded with triggers

- When a smoker quits the face an onslaught of triggers throughout the day
- Driving, drinking coffee, being with friends, etc, etc, etc.





Cigarette smoking is also a psychological dependency

- People smoke when they are happy, sad, angry, lonely, tired, excited...
- Smokers consider their cigarettes a friend; a friend who is always there and never talks back.
- They have a smoking voice in their head.



Smokers Hate Being Controlled By Cigarettes

- Smokers don't have a choice – they have to smoke. If they don't, they feel awful.
- Smokers *know* they are owned by the pack of cigarettes.
- The addiction demands a certain amount of cigarettes be smoked every day.



Smokers Listen To Healthcare Professionals

- Health care professionals have significant impact on a patient's smoking.
- Smoking *must* be addressed at every patient visit.

Effects of Tobacco on Teeth and Oral Health


*What Every Dental Hygienist
Should Be Familiar With*





Leading Causes of Preventable Death:

1. Tobacco Use
2. Obesity
3. Secondhand Smoke



Tobacco Dependence as a Chronic Disease

Tobacco dependence demonstrates features of a chronic disease

- Long term disorder
- Periods of relapse and remission
- Requires an ongoing rather than acute care

Esthetics:



- Discoloration of teeth, dentures, and restorations
- Excessive wear on teeth
- Halitosis
- Cleft lips and palates are twice as common amongst children born to mothers who smoked during pregnancy
- Overgrowth of the papilla of the tongue surface
- Higher levels of calculus formation

Christen AG, Klein JA. Tobacco and Your Oral Health. Quintessence Book, Illinois; 1997

More Effects on Teeth and Oral Health

- Periodontal diseases
 - Periodontitis
 - Gingivitis
 - Acute necrotizing ulcerative gingivitis (ANUG)
- Dental implants
 - Damaging to both the initial and long-term success of...
 - Delayed wound healing / less favorable treatment outcomes



Bain CA, Moy PK. The association between the failure of dental implants and cigarette smoking; Int J Maxillofac Implants. 1993; 8:609-15

More Effects on Teeth and Oral Health

- Dental caries
- Salivary changes
- Candidiasis
- Leukoplakia
- Malignancies



Oral Leukoplakia

- Most common potentially malignant lesion defined as a predominantly white lesion of oral mucosa that cannot be characterized as any other definable lesion



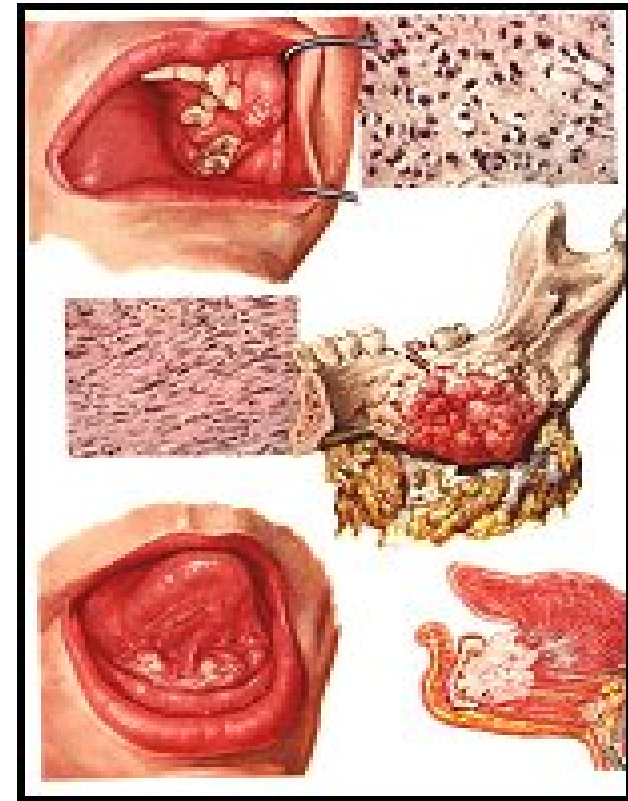
Site Of The Oral Cavity Affected By Leukoplakia

- Lateral tongue and floor of mouth in cigarette smokers
- Palate in pipe smokers and reverse smokers smokers palate
- Commissures in bid smokers



Site Of The Oral Cavity Affected By Leukoplakia

- Buccal grooves in tobacco chewers where they park the chew
- Lower or upper labial mucosa in snuff dippers





Oral Cancer Facts

- Survival rate has not changed significantly in over 40 years
- Late detection: 70% of oral cancer lesions are identified in stages III and IV
- 50% 5-year survival rate; poor quality of life

Oral Cancer Risk by Patient Profile

- High risk

- Patients age 40 and older
- Tobacco users (any type, any age, within 10 years)

- Highest risk

- Patients age 40 and older who use tobacco
 - Consumption of **alcohol** increases risk 15x
- Patients with history of oral cancer



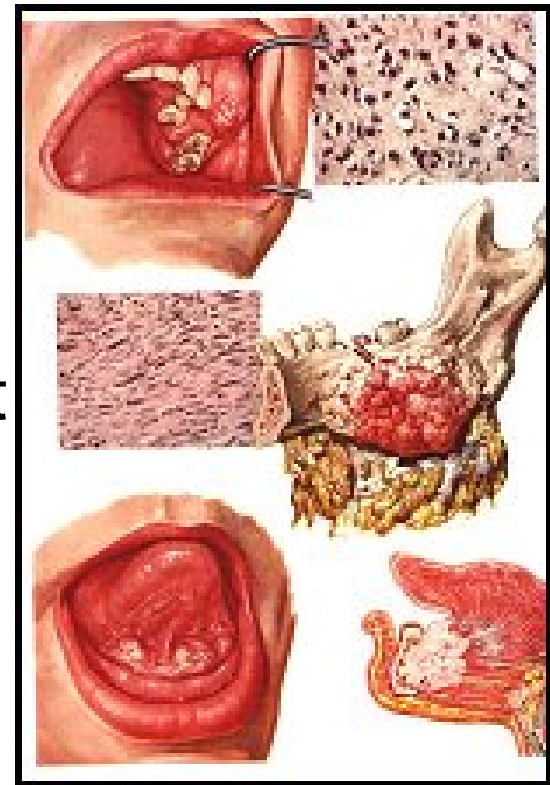
High Risk Sites for Oral Cancer

- Lateral tongue
- Lip
- Anterior floor of the mouth
- Soft palate, including anterior and posterior tonsillar pillars and uvula



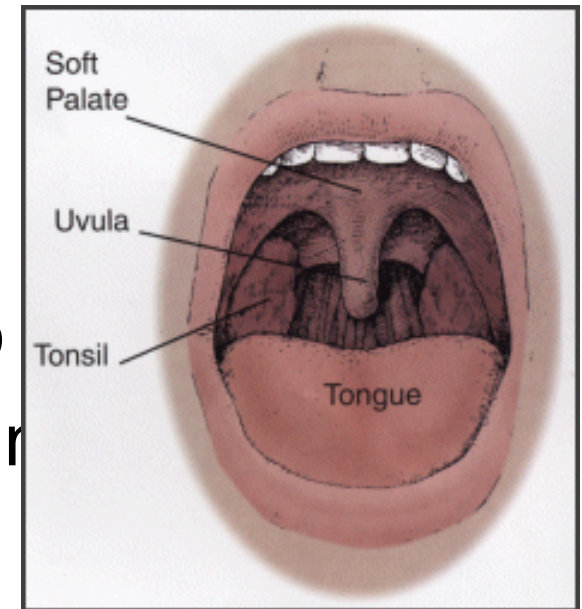
How Does Oral Cancer Present?

- A ***lump*** on the lip, or in the mouth, or in the throat
- A ***sore*** on the lip, or in the mouth, or on the tongue, that does not heal



How Does Oral Cancer Present?

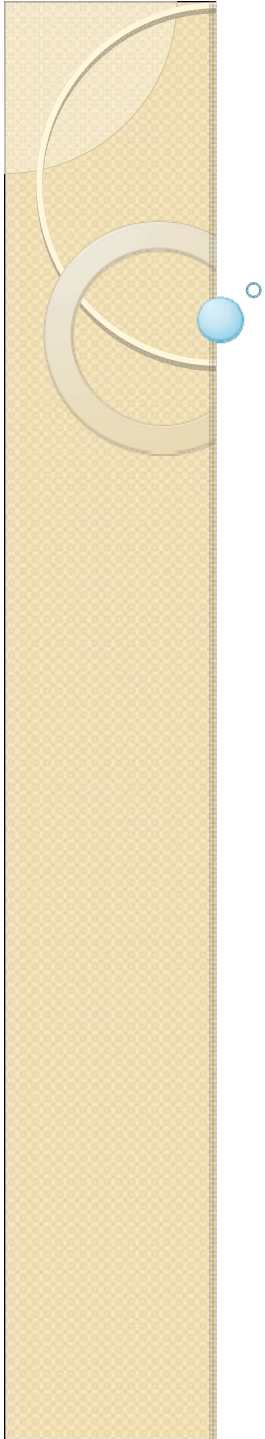
- A white or red **patch** or black **spots**
- On the gums, tongue, or lining of the mouth
- **Unusual bleeding**, pain, or numbness in the mouth
- A **sore** throat that does not go away or a feeling that something is caught in the throat'



How Does Oral Cancer Present?

- Difficulty or ***pain*** while chewing or swallowing
- ***Swelling*** of the jaw that causes dentures to fit poorly or fall off or become uncomfortable. A change in the voice or pain in the ear
- These symptoms can also be caused by other less serious problems

It is important that a health care professional determine the cause of these symptoms early as possible



Tobacco Intervention

Stages of Change

ASSESSING READINESS to QUIT

Precontemplator – “I don’t want to quit.”

Contemplator – Thinking about quitting

Preparation – Planning to quit in the next month

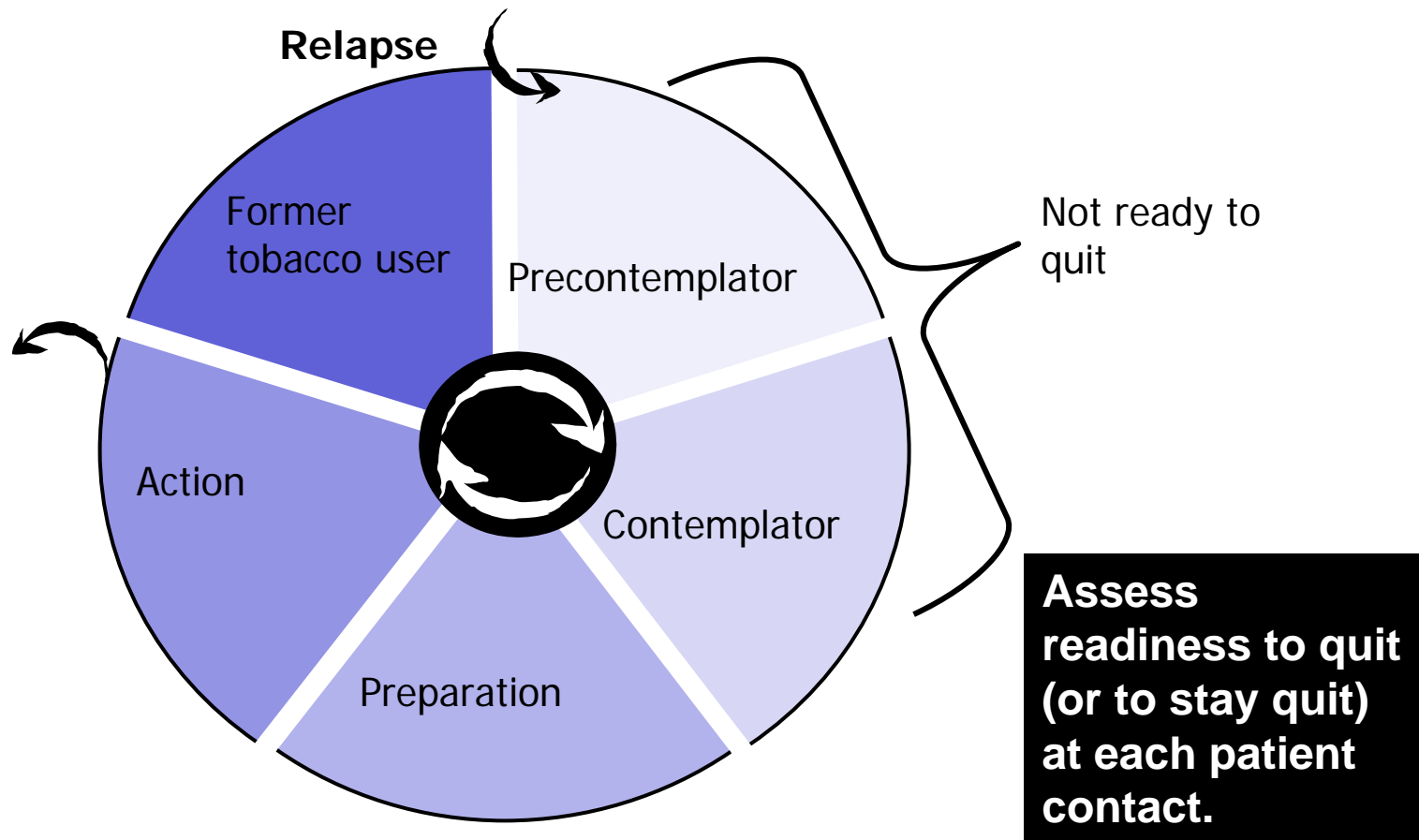
Action – Picked a quit date

Maintenance – Quit > 6 months

Relapse – Using tobacco

ASSESSING READINESS to QUIT (cont'd)

For most patients, quitting is a cyclical process



Stage of Change



- Are you seriously considering quitting smoking within the next 6 months?
 - No (pre contemplator)
 - Yes (contemplator)
- Are you planning to quit in the next 30 days?
 - No (contemplator)
 - Yes (preparation)



Not Ready to Quit in the Next 6 Months?

GOAL: Advance stage of readiness!

- **Promote motivation – 5 R Model**
- **Provide education**




Motivational Interventions

Goal: generate a discussion that will enhance motivation to quit.



Motivational Interviewing Strategies

- Express Empathy
- Use open-ended questions to explore importance concerns and benefits. Use reflective listening., (e.g., “So you think smoking helps you to maintain your weight”).
- Summarize (e.g., “What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking
- Normalize concerns (e.g., “Many people worry about managing without cigarettes.”).
- Support autonomy and right to choose (e.g., “Sounds like you are not ready to quit smoking right now. I can help you when you are ready.”)

- 
- Roll with Resistance (e.g. Sounds like you are worried about how you would manage withdrawal symptoms.”)
 - Ask permission., (e.g. “Would you like to hear about some strategies that can help you address that concern?”)
 - Support Self-Efficacy: identify and build on past successes, (e.g. “So you were fairly successful the last time you tried to quit...”)
 - Suggest achievable small steps



Motivational Interviewing 5 R's

Helping Patients Who Aren't Ready to Quit

The 5 R's

Relevance

Risks

Rewards

Roadblocks

Repetition

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS, May 2008.

5 R's for Patients Not Ready to Quit

Relevance	<p>Encourage the patient to indicate why quitting is personally relevant. Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation.</p>
Risks	<p>The clinician should ask the patient to identify potential negative consequences of tobacco use. The clinician should highlight risks most relevant to the patient.</p> <ul style="list-style-type: none">• Acute risks: Shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, infertility.• Long-term risks: Heart attacks and strokes, lung and other cancers (e.g., larynx, oral cavity, pharynx, esophagus, pancreas, stomach, kidney, bladder, cervix and leukemia), chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability and need for extended care.• Environmental risks: Increased risk of lung cancer and heart disease in spouses; increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease, and respiratory infections in children of smokers.

Rewards

The clinician should ask the patient to identify potential benefits of stopping tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient:

- Improved health.
- Improved sense of smell.
- Feeling better about yourself.
- Feeling better physically.
- Having healthier babies and children.
- Performing better in physical activities.
- Improved appearance including reduced wrinkling/aging of skin and whiter teeth.
- Food will taste better.
- Saving money.
- Home, car, breath, smell better.
- Set good example for children

Roadblocks

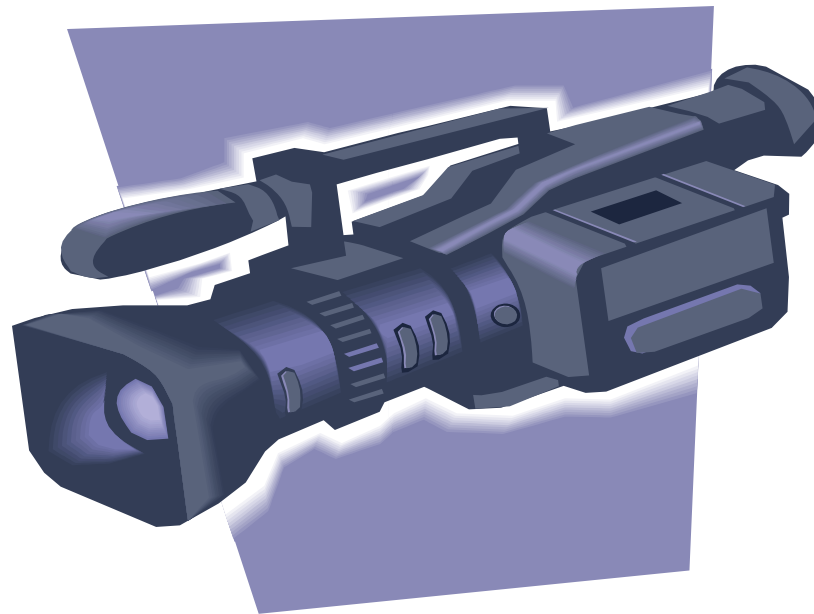
The clinician should ask the patient to identify barriers or impediments to quitting and provide treatment that could address:

- Withdrawal symptoms.
- Fear of failure.
- Lack of support
- Other tobacco users.
- Depression
- Weight gain.
- Enjoyment of tobacco.
- Limited knowledge of treatment options.

Repetition

The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

VIDEO 5 R'S





Stages: Preparation and Action

GOAL: Achieve cessation.

Ready to quit in the next month

- Patients are aware of the need to and the benefits of making the behavioral change.
- Patients are getting ready to take action.

Assess Tobacco Use History

- Praise the patient's readiness
- Assess tobacco use history

type(s) of tobacco _____

Amount smoked/chewed per day _____

years smoked/chewed _____

times quit for 1 week or more _____

Longest amount of time abstinent _____

Reasons for relapse



Discuss Medication

- Are you currently using a medication currently?

Is it helping?

- Have you used a medication in the past?

- What worked? _____

- What didn't? _____

Recommend what worked in the past

- Quitline - NRT 2-week starter kit



Enhance Motivation

- Create a list of your top 5 reasons for wanting to quit.
- Cost \$10/day, \$280 month, \$3,360
- Keep these in your wallet and read them everyday
- Pick a quit date within the next 2 weeks and start smoking less

Pack Tracks

	Time	Date	Situation	Desire (1 - 5)
1				1 2 3 4 5
2				1 2 3 4 5
3				1 2 3 4 5
4				1 2 3 4 5
5				1 2 3 4 5
6				1 2 3 4 5
7				1 2 3 4 5
8				1 2 3 4 5
9				1 2 3 4 5
10				1 2 3 4 5

Create a Plan

Smoking Trigger

**Instead of smoking I
will.....**

1. Coffee

2. Driving

3. After meals

4. Before bed



Withdrawal Symptoms

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings

Withdrawal Symptoms

- **Most pass within 2–4 weeks after quitting**
- **Cravings can last longer, up to several months or years**
- **These cravings typically are psychologically motivated, not physiologic**

Coping

- Drink a lot of water
- Exercise
- Get support from a friend
- Recommend community programs like the BSH
- Deep breathe
- Reward yourself
- Think positive:

"I can and I will."

"I don't smoke anymore."

"This urge will pass whether I smoke or not."

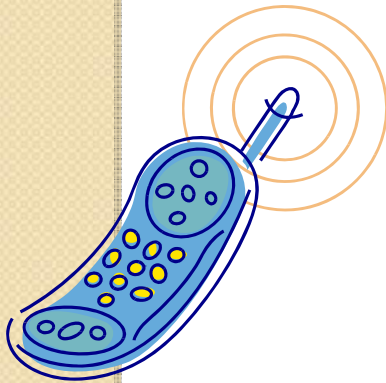


Advising Youth

- **Emphasize that tobacco use is bad for their health, and focus on short-term risks:**
 - **Makes clothes / breath / hair stink**
 - **Will not allow you to perform in sports as well**
 - **Talk about the cost factor \$\$\$**
- **Offer free educational materials**
- **Reinforce positive messages within the office**

NYS Smokers' Quitline

Now Smokers can Call or
CLICK TO QUIT



1 866-697-8487



Free Online Quit Plan
nysmokefree.com



**Nicotine
Patches**

24-7 online and personalized quit plan

Coaches Forum

Chats

Blog

Savings

Calculator



Fax to Quit



NYS Smokers' Quitline

“The NYS Smokers’ Quitline is a great resource. Let’s make this as easy as possible. I’ll have them call you. All I need is your name, address, DOB and a good time for them to contact you.”

New York State Smokers' Quitline Fax to Quit Program

- Contacts the patient at their convenience to discuss options for quitting
- Provides anonymity- counselor and client never meet face to face
- Provides free 2- week starter kit of nicotine patches or gum
 - Eligibility: >18 years, not pregnant & free of certain medical conditions.
- Faxes feedback to clinicians (optional)

FAX-TO-QUIT

New York State Smokers' Quitline 1 - (866) - NY - QUIT (1-866-697-8487)

Fax-to-Quit
Fax Referral Form
 Fax form to: 1-866-QUIT-FAX (1-866-784-8329)

Patient stamp, label OR Name, record number, DOB, date:

TOBACCO TREATMENT CHECKLIST

ADVISE smoker to stop smoking. Recommended stop-smoking advice: "I strongly advise you to quit smoking and can help you."

ASSESS readiness to quit: Ready to quit Thinking about quitting Not ready to quit

ASSIST smoker to quit: Brief counseling Prescription medications if appropriate:

Nicotine Replacement (CIRCLE): patch gum lozenge inhaler nasal spray
 Other (CIRCLE): bupropion (Zyban® or Wellbutrin SR®)

ARRANGE follow-up: Refer to NYS Smokers' Quitline by faxing this page (toll-free) to 1-866-784-8329

REFERRAL SOURCE

Referred by: Name (Please print) _____ Phone (area code + number) _____
 { } _____ - _____
 Group/Agency/Hospital/Organization _____ Fax (area code + number) _____
 { } _____ - _____
 Street Address/City/State/Zip Code _____ DO NOT CALL PATIENT UNTIL AFTER (mm/dd/yy): _____ / _____ / _____

Send progress report to (if different from above):
 Name (Please print) _____ Phone (area code + number) _____
 { } _____ - _____
 Group/Agency/Hospital/Organization _____ Fax (area code + number) _____
 { } _____ - _____
 Street Address/City/State/Zip Code _____

PATIENT INFORMATION

Patient's name (Please print)
 First: _____ Last: _____ Date of Birth (mm/dd/yy): _____ / _____ / _____

Phone number (including area code): () _____ - _____ May we leave a message? Yes No

Best time to call: Morning (9 am to noon) Afternoon (Noon to 5 pm) Evening (5 pm to 9 pm) Language: English Spanish

Street Address: _____ Other: _____
 City: _____ Zip Code: _____ Health Insurance? Yes No

E-mail: _____ Insurance carrier: _____
 @ _____ If Medicaid, ID Number: _____

PERMISSION

I (undersigned) give permission for the support staff of the New York State Smokers' Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the health care provider listed above and permission for that provider to forward the information to other relevant health care providers.

Signature of Patient (or Agent if authorization was verbal). Signature is required for patient to be called. _____ / _____ / _____ Date

ReferFormV1-05-04.doc

New York State Smokers' Quitline 1-(866)-NY-QUIT(1-866-697-8487)

Fax-to-Quit
Patient Progress

Patient stamp, label or name, record number, DOB, date:

Patient Information

Patient's Name: _____ Referrer: _____
 Date of Birth: _____ Phone Number: _____

Patient Contact Attempts

Date	By	Call Type	Result	Assessment

Call Outcomes

Comments: _____


Quit Commitment

Your patient wants to quit.
 Your patient has chosen a quit date:
 Your patient has not determined a quit date but plans a quit attempt within two weeks.

NRT Eligibility

Eligible: Your patient was sent a 2-week supply of:
 Your patient was ineligible for a 2-week supply of NRT. Reason:
 Your patient has already received NRT and is using NRT.
 Your patient is not using NRT yet.
 Your patient has discontinued use of NRT. Reason:

Referrals



**Refer to Quit Program
(electronic referral)**



NYS Quitline Refer-to-Quit Online

Welcome Peggy Keigley

- New** Enter a new referral to NYS Quitline
- Change** Change or Delete or Print a referral that has not been processed yet.
- Progress** View status / progress in Quitline to contact your client.
- Profile** Modify / Update Provider Information
- Log Out** Log out of Quitline Fax-to-Quit Online system

Fax-to-Quit Referral

Referring Provider

Referral No: **NEW**

Peggy Keigley
Center for Smoking Cessation at Seton Health
24 Aviation Rd. Suite 204
Albany NY 12205
Phone:(518) 459-2550
Fax:(518) 459-2633

If any of these information is incorrect, please call NYS Quitline to correct it or change it in your profile page.

Reference Code (OPTIONAL)

Tobacco User Information

First Name:

Last Name:

Address 1:

Address 2:

City:

State:

(Only New York State residents are eligible for Quitline services)

Zip:

Phone:

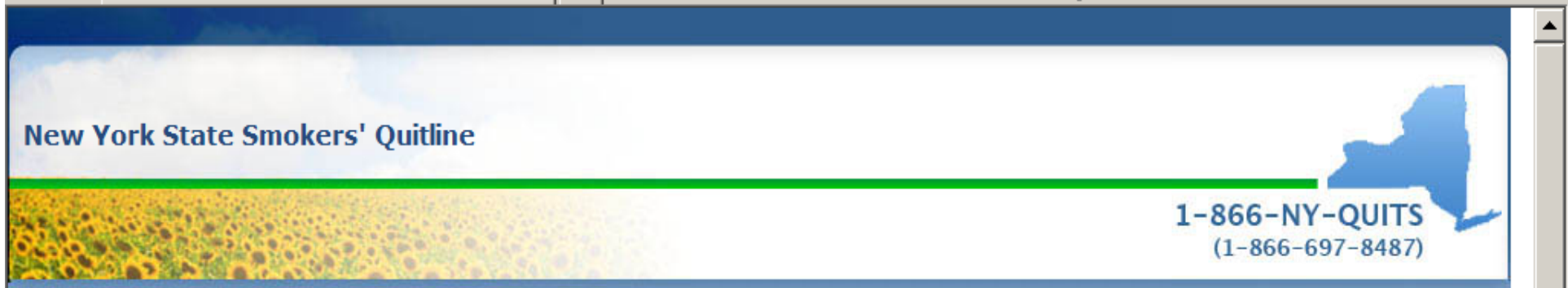
eMail:

Enter Phone with Area Code + 7 Digit Number.

When should we call?

Week:

Time:



**Assigned by
Quitline**

NYS Quitline Fax-to-Quit Online

Please enter your Login Name and password below

Login Name:

Password:



Tobacco User Information

First Name: Last Name:
Address 1:
Address 2:
City:
State: Zip:
(Only New York State residents are eligible for Quitline services)
Phone: eMail:

Enter Phone with Area Code + 7 Digit Number.

When should we call? Week: Time:

Gender: Language:

Date of Birth: Enter in mm/dd/yyyy format or pick from the pop-up calendar.

SEND PROGRESS REPORT:

- Secured Site Access (online)
- e Mail (Secured attachment)
- Fax (provider secured)
- DO NOT SEND PROGRESS REPORT

If a selection is not indicated, no progress report will be available.

Additional Provider to Receive Quitline Reports:

Mark and complete this section, ONLY if you wish the follow-up report to be sent ALSO to another person.

REFERRERS AUTOMATICALLY WILL GET THE REPORTS.

(Please provide complete address including phone and fax numbers)

Provider First Name:	<input type="text"/>	Provider Last Name:	<input type="text"/>
Group/Agency/ Hospital/Organization:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zipcode:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>

Enter Phone and Fax numbers with Area Code + 7 Digit Number.

Checking the box on the left verifies the client has provided written or verbal consent to refer his/her information, agrees to be contacted by the NYS Smokers' Quitline and allows the Quitline to send a follow-up report to the designated provider(s). This verified consent is on file with this provider.

For more info. call 1-866-NY QUILTS (1-866-697-8487)

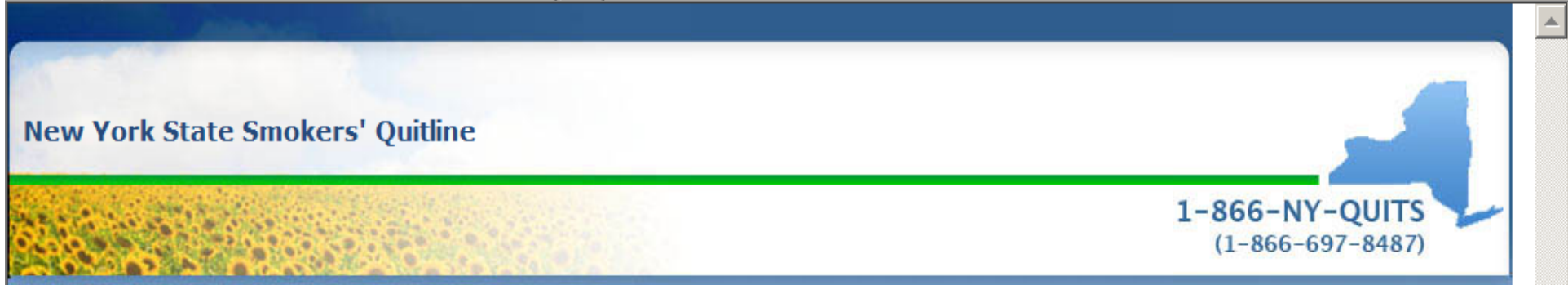
Peggy Keigley
Center for Smoking Cessation at Seton Health

03/04/2011

PEDIATRICS ONLY:

Tobacco users' relationship to child:

- Not Applicatble
- Mother
- Father
- Other



NYS Quitline Refer-to-Quit Referral Progress

Search based on the Quitline Call Activity:

From: To:

Refresh

Search for clients (enter one or more letters in firstname and/or lastname fields):

LastName: Firstname:

Search

Last Name	First Name	Referral Date	Status
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Update Contact Information

FTQ Referring Provider Information

Physician ID:	5716				
Salute:	<input type="text"/>	First Name:	<input type="text" value="Peggy"/>	Last Name:	<input type="text" value="Ke..."/>
Degree:	<input type="text"/>	(MD, Ph.D, RN etc)			
Facility:	<input type="text" value="Center for Smoking Cessation at Seton Health"/>				
Address:	<input type="text" value="24 Aviation Rd. Suite 204"/>				
City:	<input type="text" value="Albany"/>	State:	<input type="text" value="NY"/>	Zip:	<input type="text" value="12..."/>
County:	Albany	Region:	Capital		
Phone:	<input type="text" value="(518) 459-2550"/>	Fax:	<input type="text" value="(518) 459-2633"/>		
eMail:	<input type="text" value="Pkeigley@setonhealth.org"/>				

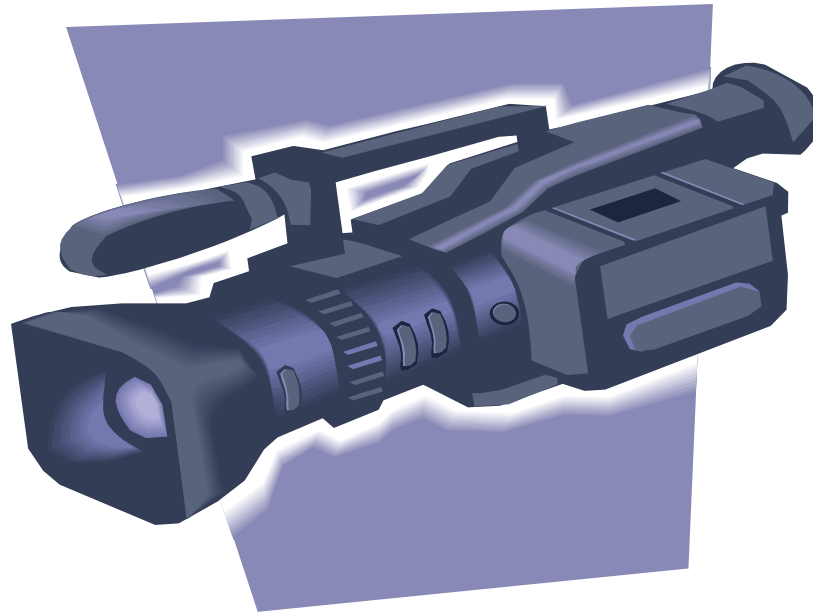
Update

Update profile only. Passwords should be updated independently.

Change Password:

Password:	<input type="text"/>	Use only letters and numbers. - No spaces
Confirm Password:	<input type="text"/>	Change

Dental Video 1 & 2



Medications





Provider Intervention Quit Rates

- **“Cold turkey” yields 2% - 4% quit rate**
- **Brief advice: 1- 3 minute intervention by clinician yields 3% - 6% quit rate**
- **Behavioral counseling:**
 - Dose related - quit rate increases with time spent**
 - Yields 10% - 15% quit rate**
- **Pharmacotherapy combined with counseling yields 20% - 30%**



Health Plan Coverage

Medicaid

- Stop Smoking medications are covered by your Medicaid Managed Care Health Plan but you need to call to find out which ones are covered.
- Stop smoking medications include nicotine replacement therapy (patched, gum, lozenge, or inhaler), Zyban or Wellbutrin.
- Some Medicaid Managed Care Plans will cover all the costs of the medications and some will require a co-pay. Call your plan to find out.

Other Health Plans

- Call your Managed Care Health Plan for details

Nicotine Gum

- Chew and park (oral absorption)
 - PRN or fixed-schedule
(every 1-2 hours, up to 24 pieces/day)
- *Takes 20-30 min. for full absorption.

Advantages

- PRN use (active)
- Less weight gain while using

Disadvantages

- Don't eat/drink around use (decreased absorption)
- Hard to chew – jaw pain
- Nausea



Nicotine Transdermal Patch

- Apply to clean skin (upper trunk/arms/back)
- Try 24 hours (decreases morning cravings)
- Rotate sites
- Taper over 4-6 weeks

Advantages

- OTC
- Place and forget



Disadvantages

- Passive (nothing to do when craving)
- Local irritation – treat with steroid cream

Nicotine Nasal Spray

- Spray (don't sniff/inhale)
- PRN or fixed schedule (1-2 doses per hour)

Advantages

- Rapid onset (3 min. or less)
- PRN use (active)

Disadvantages

- Irritations
- Some potential for dependence
- Caution with sinusitis, rhinitis



Nicotine Oral Inhaler

- Puff (oral absorption)
- PRN or fixed schedule -
(max 16 cartridges per day)
- 1 cartridge lasts 30 minutes of puffing

Advantages

- PRN use (active)
- Oral/hand behavior

Disadvantages

- Throat irritation/cough – first few days
- Visible



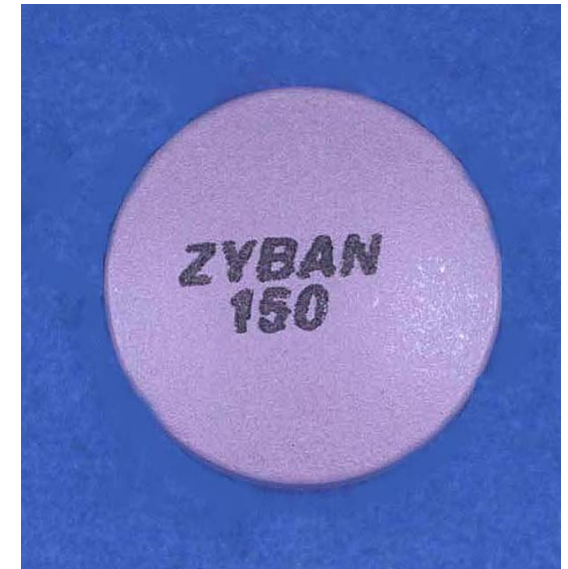
Nicotine Lozenge (Commit[®])

- Dosing based on time of first cigarette (TTFC)
Within 30 min = 4 mg
Over 30 min = 2mg
- Use 9-15 lozenges/day for 6 weeks then taper over next 6 wks
- Allow to dissolve/ Don't chew



Bupropion SR

- **AKA: Zyban or Wellbutrin SR**
- **Mechanism not completely known**
- **Dopaminergic effects**
- **Reduces cravings, withdrawal**
- **Improved abstinence rates in RCT**
- **Less weight gain while using**
- **Start 7-10 days prior to quit date**



Bupropion Precautions

Contraindicated: seizure disorder, eating disorders, electrolyte abnormalities, MAO use

- **NOT dangerous to smoke while taking**
- **Monitor blood pressure**
- **Side effects:**
 - **Insomnia**
(2nd dose early evening helps)
 - Dry mouth**
 - Headaches**
 - Rash**



Chantix®

- Taken 12-24 weeks
- Start 7 days before quit date
- Side effects: nausea, changes in dreaming, constipation, gas & vomiting
- Contraindication: Renal failure
- Category C for pregnancy
- Includes behavioral support program



Is NRT Addictive?

- NRT delivers a smaller amount of nicotine and it is absorbed much slower by the lungs with a delayed entry to the brain.
- The potential for addiction is low.
- Nasal spray has highest addictive potential
- 5% become addicted to nicotine gum
- Dependence on the nicotine patches is virtually non-existent.





More Research Is Needed But...

- In patients with a history of depression, Zyban appears to be effective.
- Zyban and NRT have been shown to delay, but not prevent, weight gain.
- In patients with cardiovascular disease, the patch is safe & has been shown not to cause adverse cardiovascular effects.
- Safety has not been established for post myocardial infarction or severe angina.

COMBINATION PHARMACOTHERAPY

Regimens with enough evidence to be 'recommended' first-line

- **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

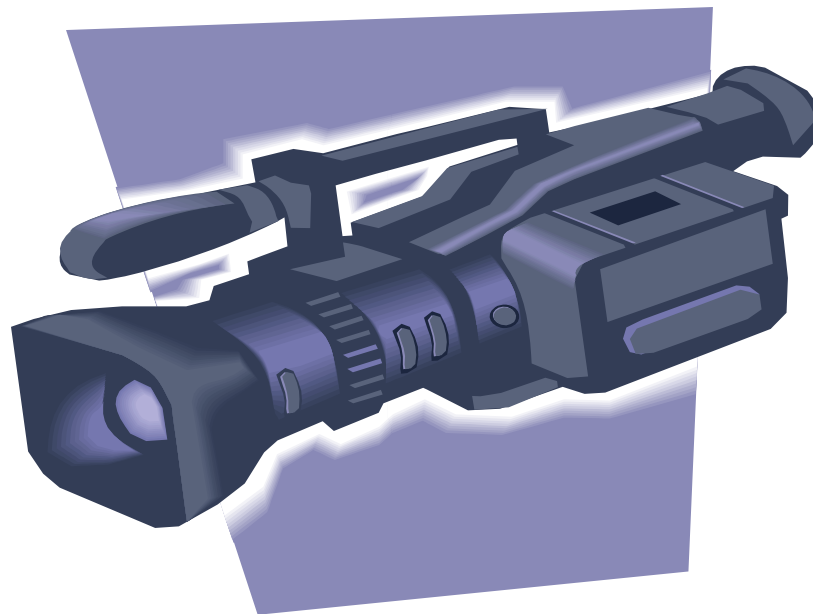
PLUS


Short-acting formulation (gum, inhaler, nasal spray)

- Allows for acute dose titration as needed for nicotine withdrawal symptoms

- **Bupropion SR + Nicotine Patch**

Video: Medication Combination





The Dental Office is an Excellent Venue for Providing Tobacco Intervention Services

- Dental Hygienists / Dentists are in a prime position to *show* patients the health effects of tobacco use
- You can be as effective – if not *more so* – than primary care physicians in helping patients quit tobacco



Summary

- Ask every patient at every visit
- Advise them to quit
- Assess
- Assist

Questions?