Tobacco Use Cessation:

A Brief Primary Care Intervention

A Training Manual

for

Integrated Primary Care Behavioral Health Providers
and other

Tobacco Cessation Providers

June 2010

By

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Center for Integrated Healthcare

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The U.S. Department of Veterans Affairs did not plan or authorize this manual. The guidance contained is not to be construed as official or reflecting the views of the U.S. Government or any other institution public or private. The authors have no financial or other conflicts of interest to disclose.

Introduction

Tobacco use is the single largest cause of morbidity and mortality in the United States (Mokdad et al., 2004), with higher rates among Veterans than in the general population (Miller et al., 1999; 2001). Moreover, there is substantial empirical evidence supporting the efficacy and public health impact of tobacco cessation interventions (Fiore et al., 2008; Hopkins, 2001; Institute of Medicine, 2001), all of which assert that a multidisciplinary approach, combining FDA-approved tobacco cessation medications and behavioral interventions, are effective in maintaining long-term tobacco abstinence. This manual is based on the current recommended treatment guidelines that combining medication and behavioral interventions in a collaborative, multidisciplinary approach results in greater outcomes than either method alone (Fiore et al., 2008). The materials included aim to improve you and your Integrated Primary Care (IPC) team's awareness of tobacco use and health-related risks in Veterans as well as improve IPC delivery of brief, evidence-based tobacco cessation interventions. The materials in this manual include targeted training on a stepped care model for tobacco cessation, the benefits, risks, and appropriate use of pharmacological and behavioral interventions following the latest Clinical Practice Guidelines (2008), and the essential elements of conducting a brief, mid-level intervention for tobacco cessation. In addition to comprehensive provider educational and training materials you will also find patient education materials, including informational worksheets and patient handouts on prescription and non-prescription pharmacological interventions. Reproduction-ready patient educational materials can also be found at the following sharepoint sites:

CIH sharepoint site with materials: https://vaww.visn2.portal.va.gov/sites/natl/cih/default.aspx

VA Tobacco Cessation sharepoint site: https://vaww.portal.va.gov/sites/tobacco/default.aspx

This training package is highly adaptable and can also be used to train primary care medical providers and allied primary care staff (i.e. nursing, pharmacy, psychology, medical social work, preventative staff), as well as portable, with the ability to reach a breadth of patient populations presenting for care, including: females, rural/CBOC, Veterans with chronic medical conditions, and OEF/OIF Veterans. The PowerPoint slides provide an overview of core content based on current evidence, followed by full text step-by-step guidance for a 4-session intervention complete with scripts. Once familiar with the full text version, or for those already skilled in this area, we add a summary version for quick reference. The sample progress note can be built with health factors to enable efficient monitoring of abstinence, and the patient education materials can be copied or printed directly from the sharepoint sites for better quality.

Acknowledgments

Production of this manual was supported by a grant from the Public Health Strategic Health Care Group of the Veterans Health Administration awarded to Anna Kusche, PhD. The authors gratefully acknowledge this support. Materials for this intervention are based on the 5As framework described and presented in Hunter et al. (2009). As noted elsewhere, materials were also adapted from Robinson & Reiter (2007) and Shipley (2009). Sessions 3 and 4 were adapted from the participant work book developed by the VA Cooperative Studies Program #519 prepared by Miles McFall, Ph.D. and Andrew Saxon, M.D. Drs. McFall and Saxon also provided expert review of this manual, as did Dr. Pamela Belperio. The contents are consistent with Clinical Practice Guidelines, 2008 update and the VA/DOD 2004 Clinical Practice Guidelines, and 2010 update (draft). Last but not least, we thank Drs. Kim Hamlett-Berry and Jean Beckham for their expert review of this material. For questions please contact Dr. Katherine Dollar at katherine.dollar@va.gov or Dr. Margaret Dundon at margaret.dundon@va.gov.

Provider Training Materials

Tobacco Use Cessation: A Brief Primary Care Intervention

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- **CIH sharepoint site with materials:** https://vaww.visn2.portal.va.gov/sites/natl/cih/default.aspx
- **VA Tobacco Cessation sharepoint site:** https://vaww.portal.va.gov/sites/tobacco/default.aspx

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Objectives

- At the conclusion of the program, participants will be able to:
  - Discuss the benefits, risks, and appropriate use of pharmacological and behavioral interventions for tobacco cessation.
  - Describe stepped-care models of service delivery in general and for tobacco cessation.
  - Verbally demonstrate the essential elements of conducting a brief (mid-level) intervention for tobacco cessation within primary care.

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Tobacco use

- Higher among Active Duty and Veterans than among civilian populations
  - ~19.8% = general population smoke
  - ~ 22% = Veterans smoke (IOM, 2009).
  - Rates of smokeless tobacco (SLT) use (i.e., snuff, chew, and dip) higher among Veterans (9 to 19%), than among the general U.S. adult male population (4.5%) (Miller at al., 2001; Nelson et al., 2006)
- Cigarette use in the military: More likely among men, white, younger, and enlisted (Bray and Hourani, 2007)

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Tobacco Use in the Military (%)

	Army	Navy	Marine Corps	Air Force
Cigarette Use: (Past 30 days)	38.2	32.4	36.3	23.3
Men :	39.4	29.8	36.3	23.3
Women:	26	22.2	26.6	22.8
SLT: (Past 30 days)	18.8	11.1	22.3	9.2
Cigar or Pipe	30	24.5	36.7	21.5

From: DoD. (2006). 2005 *Department of Defense Survey of Health Related Behaviors among Active Duty Military Personnel*. Research Triangle Park, NC: RTI International. Within Institute of Medicine. (2009) *Combating Tobacco Use in Military and Veteran Populations*. Washington, DC: The National Academies Press.

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Smokers Play Russian Roulette

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- 50% of long-term smokers will die from an illness caused by smoking.
- Those who die will lose an average of 16 years of life.

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Clinical Practice Guideline (2008)

- Encourage all patients attempting to quit to use effective stop-smoking medications
- Except where contraindicated or where there is insufficient evidence of effectiveness: pregnant women, smokeless users, light smokers, adolescents
- For a free guideline, call 800-311-3435, or download: www.ahrq.gov/path/tobacco.htm#clinic

Fiore, et al., 2008, Treating Tobacco Use and Dependence. USDHHS.

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Interventions

- Pharmacological agents: Prescription and Over-the-counter (OTC)
- Behavior change interventions
- Combination (Most effective. As treatment intensity increases, so does success)

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Non-Prescription Medicines

Medicine	Months to Use	$/Month (generic)	Success Multiplier
Nicotine Patch	2–6	$80 (50)	2x
2 mg Nicotine gum or lozenge	3–6	$120 (95)	2x
4 mg Nicotine gum or lozenge	3–6	$120 (95)	3x

Fiore, et al., 2008, Treating Tobacco Use and Dependence. USDHHS.

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Prescription Medicines

Medicine	Months to Use	$/Month (generic)	Success Multiplier
Nicotine Nasal Spray	3–6	$115	2x
Nicotine Inhaler	3–6	$150	2x
Zyban/Wellbutrin (Bupropion ER)	2–6	$220 (30)	2x
Chantix (Varenicline)	3–6	$160	3x

Fiore, et al., 2008, Treating Tobacco Use and Dependence. USDHHS.

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Nicotine Replacement Therapy (NRT) Dosing

- Goal is to provide client's usual amount of nicotine
- Smoking-machine values are too low. Humans get about twice as much nicotine, averaging 2 mg nicotine per cigarette rather than 1 mg
- Adjust NRT dose based on client's reaction. If cravings and withdrawal symptoms, use more NRT. If dizzy or nauseous, use less NRT

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Using Gum or Lozenges: Patient Education for Medication Use Example

- **Gum**. Chew slowly until a peppery taste emerges, then "park" between cheek and gum. After about a minute, repeat. Chew and park for 30 minutes.
- **Lozenge**. Allow to dissolve over 20–30 minutes. Minimize swallowing. Do not chew or swallow the lozenge. Occasionally move lozenge from one side of the mouth to the other.
- **Both**. Do not eat or drink (except water) for 15 minutes before or during use.

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Bupropion (Zyban; Wellbutrin)

- Increases some of the same neurotransmitters as smoking (dopamine; noradrenalin)
- Side effects: insomnia, dry mouth, shakiness
- Available as generic Bupropion ER
- May be combined with the nicotine patch

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Bupropion Contraindications

- History of seizures, head trauma, or brain tumor
- Abrupt cessation of alcohol or other sedatives
- Concomitant use of Wellbutrin/Zyban (bupropion)
- History of bulimia or anorexia nervosa
- Recent use (past 14 days) of an MAOI

Zyban is not recommended for women who are pregnant or breastfeeding.

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Varenicline (Chantix/Champix)

- Varenicline attaches to brain nicotine receptors ⇨ dopamine release. The user feels as if s/he has already had nicotine. If the person smokes, it's not very rewarding because the nicotine receptors are already partially occupied
- Varenicline triples quit rates – better than Zyban or a single NRT; about the same as combination NRT
- If Varenicline dose is reduced to one tablet a day (due to side effects), quit rates are respectable at 2x

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Is Varenicline Safe?

- Among 6 million varenicline users there have been 100s of reports of erratic behavior, agitation, depression, suicidal thoughts and suicide attempts.
- Some have been injured or killed in falls and accidents possibly from confusion, dizziness, visual disturbances, or muscle spasms.
- Such problems are unlikely, but users should be monitored for changes in behavior and mood. Users should use caution while driving or operating machinery.

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Varenicline and VA

- Considered second-line smoking cessation medication in VA, to be used only for those patients who failed an appropriate trial of nicotine replacement therapy, Zyban, or combination therapy within the past year
- Prior to starting varenicline, patients should be screened for feelings of hopelessness, which may increase the risk of suicide once the medication is started. Patients should also be screened for current suicidal ideation or intent as well as a history of past suicide attempts
- Patients with suicidal or assaultive thoughts, ideation or behaviors within the past 12 months are not candidates for varenicline until judged to be stable by a mental health professional. Providers should strongly consider closer monitoring of mental health symptoms for patients with prior suicidality
- At each renewal (or at other times, per provider discretion), thoughts of harm to self or others should be evaluated

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Varenicline Dosing

- Start one week before the quit date
  - Day 1 to 3 ⇨ 0.5 mg **white** tablet **1x** a day
  - Day 4 to 7 ⇨ 0.5 mg **white** tablet **2x** a day
- On Quit Date STOP SMOKING and take 1.0 mg **blue** tablet **2x** a day for 11 weeks
- If not smoking at the end of twelve weeks, may continue for an additional 12 weeks
- May stop abruptly. No need to taper.
- Take Varenicline after eating and with a full glass of water (to lessen the chance of nausea)

VHA Clinical Practice Guidance for Tobacco Use Cessation Treatment, 2010)

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Side Effects of Varenicline

- Stomach upset: 30–50% of users (mostly nausea)
- Sleep problems: 30–50% of users. (insomnia or vivid and unusual dreams)
- 17% stop using Varenicline within a month, most due to side effects

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Behavioral Interventions

- Higher quit rates compared to no counseling
- Higher quit rates than medication alone
- Unclear if difference between 1:1 and group interventions
  (Lancaster & Stead, 2005; Ranney, Melvin, Lux, McClain, & Lohr, 2006)
- It is clear that some patients prefer group and others 1:1, so we need to offer both, with 1:1 same day access

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Success Rates

- Having at least 4 individual brief (10-15 minutes) appointments substantially improves abstinence rates (2-3 sessions: 16%; 4-8 sessions: 21%)

CPG 2008 Update

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A Stepped Care Approach

- Matches the intensity of services to patients level of need
- Population-based
- All individuals receive basic intervention
- Interventions are intensified for individuals with difficulty sustaining progress
- Allows for increased flexibility and meeting specific patient needs
- Success with multiple health behaviors (weight management, diabetes care, hypertension)

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Level One Support

- Support for quitting starts with the primary care provider (PCP). Patient simply talks with PCP about quitting. Clinical Reminders will prompt periodically, but anytime is ok. Medications and brief advice can be given
- If not successful, a higher level of care is indicated (i.e., level two or level three support)

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Level Two Support: Integrated Primary Care Behavioral Health Provider

- Level two support also starts with PCP. PCP links patient with Integrated Primary Care (IPC) Behavioral Health Provider (BHP) for same-day, brief intervention and planning
- Brief (15-20 minutes) individual visits x 4
- If needed, the IPC staff will help patient access medications to increase chances of success
- Follow-up will happen in 2-3 brief additional visits, some of which can be on the telephone

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Level Three Support: Specialty Programs

- The most intensive level of support
- Often group format (e.g. QuitSmart™, ALA, ACS…)
- Consider referring if previous unsuccessful quit attempts in integrated primary care
- Most important: *patient preference*. The steps or not linear, or required to be sequential!

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Ask the Experts

- Please consult with experts and other team members, as needed, for support and continued treatment recommendations
- Specialty Tobacco Use Cessation program staff may be excellent resources
- New Health Behavior Coordinators also likely to be good resources
- Coordinate efforts: educate the Level 1 and 3 staff about Level 2 offerings

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Level 2 Intervention

- Primary Care staff (preferably PCP) refer patient to BHP in Primary Care for brief intervention
- See: "**Tobacco Use Cessation: A Brief Primary Care Intervention- Step by Step Guide"** (full and summary versions available)
- See also: companion patient handouts and brochures

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Tobacco Use Cessation: A Brief Primary Care Intervention Step by Step Guide

- Overview of Full Intervention: (Ideally, meet with patient for 15-30 minutes at least 4 times in person or by phone)
  - Appointment 1: Preparing for the Quit Attempt
  - Appointment 2: On or before the Quit Date
  - Appointment 3: Approximately 1 week after the Quit Date (Maintenance)
  - Appointment 4: Approximately 1 Month after the Quit Date (Strategies for Relapse Prevention)

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Appointment 1

- Appointment 1 Overview: Preparing for the Quit Attempt
- 1.1. Introduction and Verify Patient Interested in Assistance with Quitting
  - If No: Use Discontinuation script
  - If Yes: Assessment of Tobacco Use
  - If Ambivalent: Use Motivational Interviewing (MI) language to discuss reasons for quitting, benefits of cessation, and treatment options
    - Ask if they would like to set a goal to quit smoking
      - » If Yes: Assessment of Tobacco Use
      - » If No: Discontinuation script
- 1.2. Assessment of Tobacco Use
    - Provide with tobacco cessation brochure and "Tobacco Cessation: How to Change" handout (If time is limited, schedule 30 minute follow-up appointment. If time permits, begin assessment of tobacco use.)
- 1.3. Develop Plan for Quitting. Use "Tobacco Cessation: How to Change" handout to provide written plan

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1.1. Introduction and Verify Patient Interest in Assistance with Quitting

"I'm the behavioral health provider for the clinic and I'm (a social worker/a health psychologist/a psychology intern....) It sounds like (medical provider's name) is concerned about your tobacco use. One of my roles in the clinic is to work with (medical provider's name) to help people stop using tobacco. S/he asked me to help you with quitting tobacco. Is that something you would like? ... Do you have 15 or 20 minutes today so we can get started?

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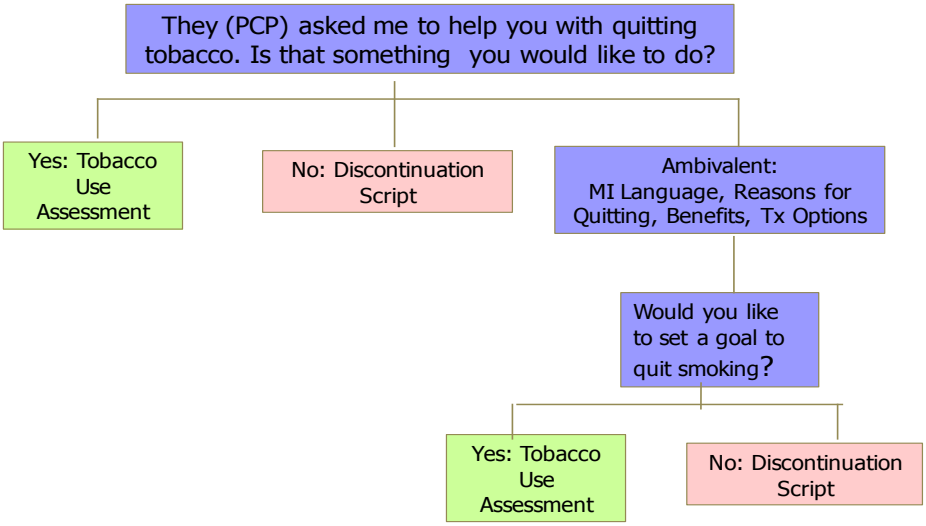
Tobacco Use Intervention Decision Tree



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If "No": Discontinuation Script

- *"It doesn't sound like you are interested in quitting right now, but if you ever change your mind and want to consider quitting, (your medical provider) and I will be happy to help you quit. We can help you right here in the clinic or we can refer you to a more intensive treatment program. We both consider quitting tobacco to be the most important change you can make for your health. I can give you this brochure with information about our programs and the benefits of quitting tobacco. You can contact me or any of these numbers on the brochure if you want help with quitting."*
- Offer brochure with your contact information if desired and conclude session.

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If AMBIVALENT: Using MI language, discuss reasons for quitting, benefits of cessation, and treatment options

- *"Would you be interested in talking about reasons for quitting and hearing more about treatment options?* **(If yes, continue)** *Let's start by reviewing your reasons for quitting tobacco."*
- Using MI language, elicit reasons why the patient would like to stop tobacco and why they might want to continue use (pros and cons).
- *"What are some of the good things about quitting tobacco? Why would you like to stop using it? "*
- *"I know that there are also reasons why people continue to "smoke"/"chew"…. What are some of the things that might stop you from quitting?"*

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Discuss patient's responses and provide additional information about health benefits of quitting

"Although there are some things that people enjoy about using tobacco, the health benefits that you get from quitting are dramatic. Would you like hear more specific information about health benefits? ***(if yes- provide brochure.)*** *If you would like, you can take this with you today. It provides information about the benefits of quitting tobacco, the types of programs we have, and other numbers you can call for assistance. For example, some of the benefits include fresher smelling breath and clothes, and improved ability to do everyday tasks (climbing stairs, walking…)"*

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MI Language

- Provide overview of treatment options (brochure if available)
- Assess readiness to change:
  - Give patient readiness ruler, explain scale and ask them to rate their current level of readiness to change

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Readiness Ruler

Assessing Importance and Confidence

Importance

How important is it to you to quit tobacco ?
On a scale of 0 to 10, with 0 being not important & 10 being very important…

0 1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

Confidence

How confident are you that you could stop smoking/using…, if you decided to? On a scale of 0 to 10, with 0 being not confident at all & 10 being very confident?

0 1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

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MI (Continued)

- "*On a scale of 1 to 10, with 1 meaning not that important and 10 meaning very important, how important do you think it is for you to quit smoking?"*
- "*On a scale of 1 to 10, with 1 meaning not at all confident and 10 meaning completely confident, how confident do you feel about quitting?*
- *"Why are you at a __instead of a (lower number here) __?"* ***and/or*** *"What would need to happen to make your ____increase to (slightly higher number)___?*
- *Given everything that we have talked about today, including the benefits of quitting, the types of treatment we can offer, and your readiness to change, would like to set a goal to quit smoking?*

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1.2. Tobacco Use Assessment

- Gather pattern of use (what, when, exactly how much, and why)
  - *What kind of tobacco do you use?*
  - *How much tobacco do you use?*
  - *How often do you use tobacco?*
  - *Everyday or on the weekends?*
- Understand what factors predispose use
- Gather history of cessation attempts (stop smoking medications, what worked)
- Determine potential alternatives for stress management. (In subsequent sessions, it may be beneficial to teach relaxation strategies- such as diaphragmatic breathing)

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1.3. Develop Plan for Quitting; use "Tobacco Cessation: How to Change" handout

- Review information on patient handout "Tobacco Cessation: How to Change" about the factors that contribute to using tobacco
- Help patient establish exact quit date and time
- Help patient develop plan for success by preparing environment (also on patient handout)
- Help the patient choose a method or combination of methods to quit (document on handout)
- Recommend use of tobacco cessation medications and provide information
  - Facilitate medication process with the PCP, pharmacy, etc., as needed

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Appointment 2

Appointment 2 Overview: (On or before the quit date)

- 2.1. Review Benefits of Quitting
- 2.2. Review Quit Plan
- 2.3. Discuss Concerns/Fears (Confidence and Motivation / Develop Plan to Address Concern)
- 2.4. Discuss Plan for Handling Urges
- 2.5. Introduce Relaxation Strategies - Such as Diaphragmatic Breathing

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2.1. Review Benefits of Quitting

- Suggest and highlight benefits that seem most relevant to the patient. Examples of benefits:
  - Improved health and reduced risk of disease and early death
  - Food will taste better
  - Improved sense of smell
  - Easier breathing and less "smoker's coughing"
  - Save money to purchase things and vacations you really want
  - Elicit others from patient ("what do you see as some of the benefits of quitting?")

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2.2 Review Quit Plan

- If patient did not bring a copy of plan from previous session, provide another copy to discuss
- Using "Tobacco Cessation: How to Change" handout. Teach the patient 4 As of quitting (i.e., **A**void, **A**lter, use **A**lternatives, stay **A**ctive)
- Revise as needed

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2.3. Discuss Concerns /Fears (Confidence and Motivation/Develop Plan to Address Concerns)

- "A*re there any other specific concerns that you have? It is good that we know some of your concerns before hand- that way we can come up with ways to address them."* (Help to develop plan to address these concerns and review additional strategies.

  For example, help the patient consider how they will live differently. Ask questions.)
  - *Will you stop carrying lighters in your pocket?*
  - *Will you be able to drink alcohol without using tobacco?*
  - *How will you still take breaks at work without using tobacco?*
- *"It is often helpful to get the support of others when you are trying to quit. How would you feel about asking your significant other/spouse and coworkers to help you quit? Could you let your friends and coworkers know you are quitting?"*

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2.4. Discuss Plan for Handling Urges

"The Goal is not to have a single puff or chew. Once a person quits tobacco, they often struggle with urges. Thus, it is important to have a plan for when you feel the urge to use tobacco. It can help to know that the urge will pass in just a few minutes whether you use tobacco or not. Remember that you can always look back at the plan that we have developed. The most common reason for returning to tobacco is stress. I am wondering what besides using tobacco you might do if you feel stressed and have urges to use/smoke/chew?"

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2.5. Introduce Additional Strategies such as Diaphragmatic Breathing

- Consider other relaxation training (e.g., progressive muscle relaxation)
- Consider cognitive strategies
- Recommend NRT (gum/lozenge) or other meds –for withdrawal and cravings, if not included in initial plan

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Appointment 3

- Appointment 3 Overview: Maintenance (approximately 1 week after quit date)
  - 3.1 Assessment of Current Tobacco Use Status
  - 3.2 Discuss Maintenance Strategies
  - 3.3 Address Stress Management

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3.1. Assessment of Current Tobacco Use Status

- Determine if patient has quit
- Ask the patient to describe his/her smoking cessation experiences on Quit Date and subsequent days. Complete abstinence?
  - If no: Discuss what happened, if they actually made the quit attempt, how long it lasted, and what factors lead to starting again. Assess motivation and confidence for making another attempt- Encourage and return to planning phase (see materials in session 1 and 2)- ask the patient to consider different strategies, including NRT or other medications.

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3.2. Discuss Maintenance Strategies

- Explain to the patient that despite great plans, slips and relapse often occur
- Reinforce previous success
- Acknowledge that it is difficult and often takes multiple attempts
- Do not become hopeless after a failed attempt
- Frame as an opportunity for learning and problem-solving

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3.3. Address Stress Management for Success

- Consider teaching additional brief relaxation methods (e.g. deep breathing) that were not discussed in sessions 2, cognitive techniques, and encouraging physical activity.

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Appointment 4

- 4.1 Assessment of Current Tobacco Use Status
  - Determine if patient has continued abstinence
- 4.2 Initiate a Brief Discussion of Positive Experiences Associated with Quitting Tobacco and Successful Methods Used to Quit
  - Encourage the patient to vigorously continue using coping strategies and medications that worked since Quit Date
- 4.3 Assess and Resolve Problems Encountered in Quitting Smoking and/or Anticipated Threats to Abstinence
- 4.4 Discuss the Difference between a Slip and a Relapse
- 4.5 Discuss Strategies for Managing and Preventing Relapse
  - Provide information about the most common high-risk situations for relapse
  - Query the patient about his/her highest risk smoking trigger that could lead to resumption of smoking after Quit Date

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Encounter Information

- This mid-level intervention is intended to be used by behavioral health providers integrated in primary care clinics and **should not** be coded or documented as specialty care.
- **Diagnostic Code:** Tobacco Use Disorder (305.1)
- **Procedure Code (CPT):** Will depend on the length of appointment as follows:
  - **99407** = Smoking and tobacco use cessation counseling visit: intensive, Greater than 10 minutes
  - **99406** = Smoking and tobacco use cessation counseling visit: intermediate, Greater than 3 minutes up to 10 minutes
- Although specific clinic names and note titles will vary by individual clinics, appointments for this intervention should be entered in the standard clinic used for patients receiving behavior health services in primary care. Similarly, note titles should reflect services provided in primary care rather then specialty tobacco cessation programs.

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Tobacco Use Cessation: A Brief Primary Care Intervention Step-by-Step Guide**

Overview of Full Intervention:
Ideally, meet with patient for 15 to 30 minutes at least 4 times in person or by phone

- **Appointment 1: Preparing for the Quit Attempt**
- **Appointment 2: On or before the Quit Date**
- **Appointment 3: Approximately 1 week after the Quit Date (Maintenance)**
- **Appointment 4: Approximately 1 Month after the Quit Date**

Appointment 1

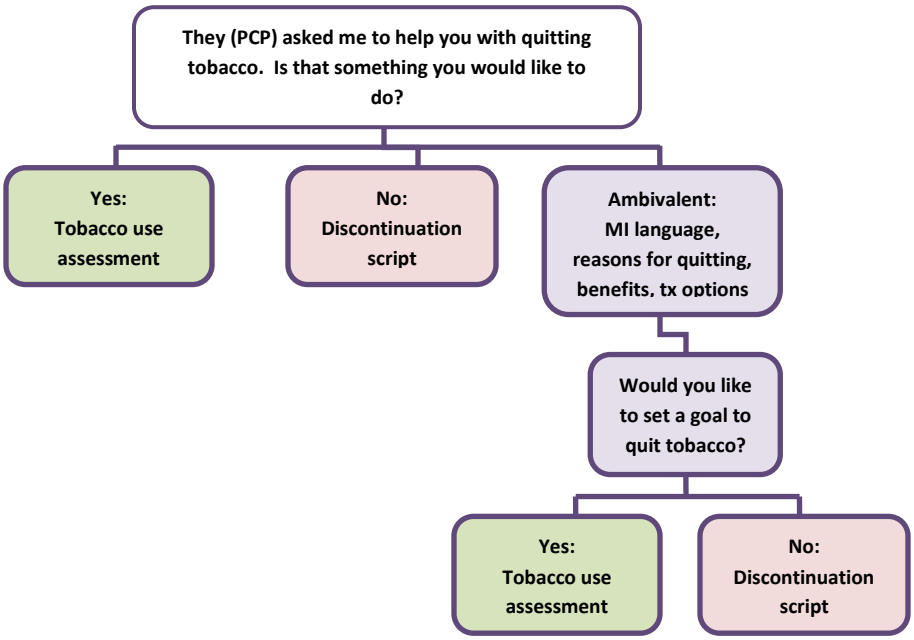
Appointment 1 Overview: Preparing for the Quit Attempt

- **1.1. Introduction and verify patient interest in quitting (sample script below)**
  - **If no: Use discontinuation script**
  - **If yes: Assessment of tobacco use**
  - **If ambivalent: Use motivational interviewing (MI) language to discuss reasons for quitting, benefits of cessation, and treatment options**
  - **Ask if they would like to set a goal to quit smoking**
    - **If yes: Assessment of tobacco use**
    - **If no: Discontinuation script**
- **1.2. Assessment of tobacco use:**
  - **Provide with tobacco cessation brochure and "Tobacco Cessation: How to Change" handout.** (If time is limited, schedule 30 minute follow-up appointment. If time permits, begin assessment of tobacco use.)
- **1.3. Develop plan for quitting: Use "Tobacco Cessation: How to Change" handout to provide written plan (advise, agree and assist)**

- **1.1. Provide Brief Introduction about Role in Clinic and Determine if Interested in Quitting:**

"I'm the behavioral health provider for the clinic and I'm (a social worker/a health psychologist/a psychology intern). It sounds like (medical provider's name) is concerned about your tobacco use. One of my roles in the clinic is to work with (medical provider's name) to help people stop using tobacco. S/he asked me to help you with quitting tobacco. Is that something you would like? … Do you have 15 or 20 minutes today so we can get started?"

Tobacco Use Intervention Decision Tree



If Yes: Assessment of Tobacco Use (see section 1.2)

If No: Discontinuation Script

"It doesn't sound like you are interested in quitting right now, but if you ever change your mind and want to consider quitting, (your medical provider) and I will be happy to help you quit. We can help you right here in the clinic or we can refer you to a more intensive treatment program. We both consider quitting tobacco to be the most important change you can make for your health. I can give you this brochure with information about our programs and the benefits of quitting tobacco. You can contact me or any of these numbers on the brochure if you want help with quitting."

Offer brochure with your contact information if desired and conclude session.

If AMBIVALENT: Using MI language, discuss reasons for quitting, benefits of cessation, and treatment options

"Would you be interested in talking about reasons for quitting and hearing more about treatment options? **(If yes, continue)** *Let's start by reviewing your reasons for quitting tobacco."*

- **Using MI language, elicit reasons why the patient would like to stop tobacco and why they might want to continue use (pros and cons).**

"What are some of the good things about quitting tobacco? Why would you like to stop using it?
I know that there are also reasons why people continue to "smoke"/"chew"…. What are some of the things that might stop you from quitting?"

- **Discuss patient's responses and provide additional information about health benefits of quitting. (Review tobacco cessation brochure).**

"Although there are some things that people enjoy about using tobacco, the health benefits that you get from quitting are dramatic. Would you like to hear more specific information about health benefits? ***(If yes, provide brochure.)*** *If*

you would like, you can take this with you today. It provides information about the benefits of quitting tobacco, the types of programs we have, and other numbers you can call for assistance. For example, some of the benefits include fresher smelling breath and clothes, and improved ability to do everyday tasks (climbing stairs, walking without getting out of breath). Further, 12 hours after quitting, the carbon monoxide level in your blood drops to normal and 2 weeks to 3 months after quitting your circulation improves and your lung function increases. Overtime, lung function, cardiac risk and cancer risks all reduce. Quitting tobacco is definitely the best change you can make for your health."

- **Provide overview of treatment options (VISN 2 has 3 levels: 1) PCP-meds & advice, 2) 4 brief sessions with co-located, collaborative behavioral health provider in Primary Care, and 3) QuitSmart specialty program).**

"As you can see in the brochure, we have three different levels of treatment in our VA system…." (**continue providing overview of treatment options, including use of nicotine replacement therapy (NRT) and other medications, and clarify what patient preference might be**)

- **Assess readiness to change: Give patient readiness ruler, explain scale and ask them to rate their current level of readiness to change. (see attached readiness ruler)**

"*On a scale of 1 to 10, with 1 meaning not that important and 10 meaning very important, how important do you think it is for you to quit tobacco?"* _____

"*On a scale of 1 to 10, with 1 meaning not at all confident and 10 meaning completely confident, how confident do you feel about quitting?"* _____

"Why are you at a _____ instead of a (lower number here) ___?" ***and/or*** *"What would need to happen to make your _____ increase to (slightly higher number)___?"*

"Given everything that we have talked about today, including the benefits of quitting, the types of treatment we can offer, and your readiness to change, would like to set a goal to quit smoking?"

If Yes: Continue with tobacco use assessment (see section **1.2** below)
If No or in precontemplation stage (1-3 on readiness ruler): Use discontinuation script (see above) and conclude session:

▪ 1.2. Tobacco Use Assessment

If time is limited, schedule 30 minute follow-up appointment to complete assessment phase and develop cessation plan. If time permits begin assessment of tobacco use.

Assessment of tobacco use patterns:

"Great, this is the most important decision you can make for your health. To help us come up with a good plan, I would like to learn more about your tobacco use. Is that alright with you?" **(If yes, continue)**

a. Gather pattern of use (what, when, exactly how much, and why)

- *What kind of tobacco do you use?* _____
- *How much tobacco do you use?* _____
- *How often do you use tobacco?* _____
- *Everyday or on the weekends?* _____

b. Understand what factors predispose use (sample items: Consider using 3-4)

- *Are there situations, such as in the car, at home, or when you are with others when you are more likely to use tobacco?*
- *How often do you smoke (chew…) at work? What determines when you take a break to use tobacco?*
- *Are there certain emotions or thoughts that seem to be related to when you use tobacco? Stress? Sadness? Worry? Feeling overwhelmed?*
- *Are there other household members who smoke? Do your friends use tobacco? Do you have any friends who do not use tobacco?*
- *How do you feel when or just after you have used tobacco? Relaxed? Calm? More stressed? What do you like about using tobacco? What do you dislike?*

c. Gather history of cessation attempts

"*Most people need several tries to quit tobacco for good. If you have tried in the past, consider it good practice and don't let it stop you from quitting again.*"

- *How many times have you quit before? When was the last time you quit? What is the longest amount of time you have remained tobacco-free? How did you stay tobacco-free for that long? How did you cope with urges to resist them?*
- *What contributed to you going back to tobacco use?*
- *Did you use the patch, gum, or any other nicotine replacement before?*
- *Did you ever use any medication such as Zyban, Chantix or any herbal supplements to help you quit?*
- *Which of the meds used was helpful/unhelpful? Did you have any problems with the meds?*

d. Determine potential alternatives for stress management. (In subsequent sessions, it may be beneficial to teach relaxation strategies- such as diaphragmatic breathing)

- *What do you do for enjoyment?*
- *When you are stressed, is there anything else that you can do to manage the stress other than tobacco use?*
- *What do you do to relax? Have you ever learned ways to help you relax, such as deep breathing?*

- **1.3. Develop Plan for Quitting; use "Tobacco Cessation: How to Change" handout to provide written plan: (advise, agree and assist)**

"Now that I have a better understanding of your tobacco use, would you like to develop your plan for quitting?"

- **Review information on patient handout "Tobacco Cessation: How to Change" about the factors that contribute to using tobacco.**
- **Help patient establish <u>exact</u> Quit Date and time:**

"It is important to have a specific date and time when you will quit tobacco use. Many people start fresh- as of midnight on a given date. Considering your schedule, when would be the best time for you to use tobacco for the last time?"

Once determined, record (use "Tobacco Cessation: How to Change" handout)

- **Help patient develop plan for success by preparing environment (also on patient handout).**

"There are many things in your environment that you can change that will help you to be successful. What are the things that remind you to use tobacco? It is important to change your surroundings so that you won't be reminded about tobacco use as frequently. Before your Quit Date consider the following."

- *Don't buy tobacco in bulk (e.g., don't buy cartons).*
- *Find all of your hidden stashes of tobacco. Check in the couch, the glove compartment, in your drawers at home and at work. It is unwise to keep an emergency stash once you quit.*
- *Get rid of tobacco-related materials—things like ashtrays and lighters. You may need lighters for candles or fireplaces, but you likely don't need to carry lighters wherever you go.*
- *Prepare family and friends. Let them know that you are planning to quit and ask for their help. If you have friends and family who do use tobacco, ask them to avoid using tobacco around you.*
- *Choose a method to quit. There are several ways to consider quitting, but one of the most important considerations is preparing your body for the reduction in nicotine. Two ways to do this are below. Brand switching also helps to make the experience of smoking less enjoyable. Many Veterans have stated "I'd rather quit than keep smoking those lower nicotine cigarettes."*
- *Nicotine fading: Gradually decrease the amount of tobacco you are using. You can do this by decreasing how often you use your current tobacco, or you can switch to another brand of tobacco that has less nicotine. This is true for smokeless tobacco and cigarettes.*
- *Brand switching: On your last day of tobacco use, choose a different brand of tobacco, preferably a brand that tastes very different from your usual brand. Rather than the pleasant sensation you associate with your current brand, you'll remember the more unpleasant taste of the new brand.*

- **Help the patient choose a method or combination of methods to quit (document on handout)**
- **Strongly recommend use of tobacco cessation medications and provide information**

"For many people it is difficult to quit tobacco on their own. We know that people who use tobacco cessation products are more likely to be successful. The physical addiction associated with tobacco use can be successfully treated using medications that reduce withdrawal symptoms and decrease urges to use. With fewer withdrawal symptoms and cravings you are more likely to quit. There are several types of medication that I would like to tell you about. Is it alright to take a few minutes to discuss these products?

One of the most common products to help quit tobacco is nicotine replacement: This includes the patch, nicotine gum, and lozenge. They help to reduce nicotine withdrawal symptoms by safely delivering nicotine without the harmful effects of cigarette smoke. These products have been proven to help people quit and are safe to use. People who use medication have much higher rates of success in quitting. Nicotine replacement meds are over the counter, meaning that you can buy them at most drugstores. However, we offer many of them through VA pharmacy, which may help to reduce your cost.

Another option is Zyban. Zyban reduces urges to smoke and can make cigarette smoking less enjoyable. It contains the same medicine as bupropion, an antidepressant medication. Zyban is a pill that is taken up to twice daily and must be started 1-2 weeks before your Quit Date to be helpful. It is not recommended for everyone, including people with a history of seizure disorders, eating disorders, or who are already on bupropion. Your Primary Care Provider (PCP) will advise whether this is a good option for you.

If you have tried either of these in the past and were not successful, your provider might consider prescribing Chantix (or varenicline), a newer medication that reduces urges to smoke and can make cigarette smoking less rewarding. Chantix is a pill that is taken twice daily and must be started 1 week before the Quit Date.

I know that many people are a little uncertain about using these products. Do you have any questions or concerns about these products or how you can use them to stop using tobacco?" **(Answer any questions within your purview, address any misconceptions by providing information and reassurance, and consult PCP or pharmacist or tobacco cessation lead clinician as appropriate)**

"Would you be interested in using any of these?"

IF YES.

"Great, I am glad you have chosen to use something that can help you quit. I will contact your primary care provider and discuss your preferences and he or she will determine which products will be best for you. Hopefully, we can get a prescription ready today before you leave."

- **Facilitate medication process with the PCP, pharmacy, etc., as needed, for anyone interested in using either nicotine replacement therapy or other medications.**

1. **Communicate with PCP, if possible while patient is still present, and have prescription initiated same-day.**
2. **Provide the patient with written instruction about how to use the specific smoking cessation medications.**
3. **Conclude appointment. Give patient the completed handout "Tobacco Cessation: How to Change," document plan in CPRS note, and schedule next appointment.**

"I'm glad that we were able to come up with a plan today. I am excited about helping you to make this change that will not only improve your health, but also your quality of life. Because I know that this can be a difficult change, is it okay if we schedule an appointment either right before or on your Quit Date? This way we can continue to problem-solve together and I can help you plan for success." (If agreeable, schedule appointment either right before or on quit date.) "In the meantime, if you have any difficulties, feel free to call me."

Appointment 2

Appointment 2 Overview: **(Should be on or before the *Quit Date*)**
`
2.1. Review benefits of quitting
2.2. Review quit plan
2.3. Discuss concerns, fears, confidence, and motivation
Develop plan to address concerns
2.4. Discuss plan for handling urges
2.5. Introduce relaxation strategies- such as diaphragmatic breathing

▪ 2.1. Review Benefits of Quitting

"I'm glad that you came in again today and I am looking forward to helping you be successful. If it is alright with you, one of the things I would like to do today is review some of the benefits of quitting. I know we talked about some of these last time, and I am wondering what you think are the most important reasons for you to quit tobacco." **(Acknowledge reasons that patient presents and add in a few others.)**

Suggest and highlight benefits that seem most relevant to the patient. Examples of benefits:

- **Improved health and reduced risk of disease and early death**
- **Feel better physically, and improved well-being**
- **Others you live with will be healthier by not being exposed to smoke**
- **Food will taste better**
- **Improved sense of smell**
- **Easier breathing and less "smoker's coughing"**
- **Save money to purchase things and vacations you really want**
- **Home, car, breath will smell better**
- **Can stop worrying about quitting**
- **Set a good example for kids**
- **Freedom from being controlled by addiction**
- **More energy and stamina to participate in recreational activities and daily work**

▪ 2.2. Review Quit Plan (If patient did not bring a copy of plan from previous session, provide another copy to discuss.)

"Would you like to talk about your quit date and plan? I see that you are quitting on_____and that you are using _____ to help. Last time we discussed several strategies and came up with a plan to help you quit. Let's review that plan." **Take a few moments and review plan developed in previous session.**

- **Using "Tobacco Cessation: How to Change" handout. Teach the patient 4 A's of quitting (i.e., A**void, **A**lter, use **A**lternatives stay **A**ctive)

"*As you prepare to quit there are other things in your life that you can do a little bit differently that will help you to be successful. For example, there may be places you should avoid or things you should do differently.*
What situations (e.g., bars, sporting events, smoking areas) do you need to **avoid** *during the next month to limit your urges to use tobacco?"*

"How can you change situations that you can't avoid so that you'll be more successful with your quit attempt {**Alter**}*? When you feel the urge to put tobacco in your mouth what could you use instead?" (e.g., gum, hard candies or mints,*

toothpicks, cinnamon sticks) **{Alternatives}**? *Are there* **activities** *(e.g., going for a walk) you can do or ways to keep you busy if you feel an urge to use tobacco?"*

- **2.3. Discuss Concerns, Fears, Confidence, and Motivation and Develop Plan to Address Concerns**

"*Are there any other specific concerns that you have? It is good that we know some of your concerns before hand- that way we can come up with ways to address them."* (**Help to develop plan to address these concerns and review additional strategies.**)

(For example, help the patient consider how they will live differently. Ask questions.

- *Will you stop carrying lighters in your pocket?*
- *Will you be able to drink alcohol without using tobacco?*
- *How will you still take breaks at work without using tobacco?*

"It is often helpful to get the support of others when you are trying to quit. How would you feel about asking your significant other/spouse and coworkers to help you quit? Could you let your friends and coworkers know you are quitting?"

- **2.4. Discuss Plan for Handling Urges**

"The goal is not to have a single puff or chew. Once a person quits tobacco, they often struggle with urges. Thus, it is important to have a plan for when you feel the urge to use tobacco. It can help to know that the urge will pass in just a few minutes whether you use tobacco or not. Remember that you can always look back at the plan that we have developed. The most common reason for returning to tobacco is stress. I am wondering what besides using tobacco you might do if you feel stressed and have urges to use smoke/chew?"

- **2.5. Introduce Additional Strategies such as Diaphragmatic Breathing (see example below)**

- **Consider other relaxation training, such as progressive muscle relaxation (see example below). Demonstrate by placing your own hands on your own torso and showing breath changes.**
- **Consider cognitive strategies**
- **Recommend NRT (gum/lozenge) or other meds for withdrawal and cravings, if not included in initial plan**

Sample Diaphragmatic Breathing Script

You may be familiar with diaphragmatic or deep breathing. This relaxation strategy involves breathing in a slow and deep fashion using your diaphragm, which is a muscle that separates your abdominal and chest cavities. Breathing with the help of the diaphragm is the most natural way for your body to breathe (as opposed to using your upper chest).

You can tell you are using your diaphragm to breathe if your stomach expands as you breathe in (like a balloon filling up with air). You can check for this during breathing by placing one hand on your stomach and one on your chest, then watching them as you breathe deeply. The hand on your stomach should be moving up and down more than the one on your chest. Check for this when you practice diaphragmatic breathing until you are certain you're doing it correctly.

Here's the basic breathing procedure:

1. Breathe in deeply and slowly (about four seconds) through your nose.
2. Breathe out deeply and slowly (again about four seconds) through your mouth, allowing the air to fully escape.
3. Repeat this procedure for thirty to sixty seconds, or as long as needed.

Keep in mind that diaphragmatic breathing is a skill that requires practice. Like all skills, some people will have more trouble learning it than others. For most people, diaphragmatic breathing feels awkward initially. Stick with it! With practice, you will begin to feel more comfortable with it and will be able to use it more effectively.

From Robinson, P. and Reiter, J., Behavioral Consultation and Primary Care: A Guide to Integrating Services, Springer, 2007.

Example Progressive Muscle Relaxation Script

When time permits, or stress seems especially strong, progressive muscle relaxation (PMR) can bring relief. It requires more time and a quiet environment, but the results can be very worthwhile!

PMR involves tensing one muscle group for four to five seconds, followed by a complete release of tension for forty-five to sixty seconds. The muscle group is then tensed again and given a second release period. After completing both cycles, the next muscle group is used. Notice and enjoy the contrast between tension and relaxation. The muscles used and the positions for tensing them are presented below:

1. BOTH LEGS: Lift both legs off the ground, straighten your knees and point your toes toward your head.
2. CHEST: Take a very deep breath (through the upper chest, not the diaphragm) and hold it.
3. BOTH ARMS: Turn your palms up and then make a fist. Bring your fists up to your shoulders while tensing the biceps.
4. ABDOMEN: Tighten these muscles as if you were trying to touch your belly button to your backbone.
5. SHOULDERS: Lift both shoulders up toward your ears.
6. BACK OF NECK: Tuck in and lower your chin toward your chest.
7. FOREHEAD: Raise your eyebrows.
8. EYES: Squint

Adapted from Robinson, P. and Reiter, J., Behavioral Consultation and Primary Care: A Guide to Integrating Services, Springer, 2007.

Appointment 3

<u>Appointment 3 Overview:</u> Maintenance (approximately 1 week after *Quit Date*)
3.1 Assessment of current tobacco use status
3.2 Discuss maintenance strategies
3.3 Address stress management

▪ 3.1. Assessment of Current Tobacco Use Status

Determine if patient has quit: *"For starters, I am wondering how you have done with your efforts to quit tobacco? Have you been able to remain totally abstinent (meaning not even a single puff or chew) from tobacco for the past seven days?"* (**Discuss response as appropriate being careful to accentuate the positive and avoid seeming judgmental of any slips.**)

If yes, or if had slips but resumed abstinence: congratulate and discuss what has helped them to be successful, what has been difficult, what positive benefits they may have noticed already. Help them to problem solve for continued success during stressful situations.

- **Ask the patient to describe his/her smoking cessation experiences on Quit Date and subsequent days.**
- **Express** enthusiasm and support for the patient's recent success in stopping tobacco.
- **Emphasize** the importance of <u>continued total abstinence</u> ("not even a puff") to greatly increase chances of long-term success in stopping smoking permanently.
- **Advise** patient to focus on remaining quit from smoking "one day at a time" or "one urge at a time."

If no: Discuss what happened, if they actually made the quit attempt, how long it lasted, and what factors led to starting again. Assess motivation and confidence for making another attempt. Encourage and return to planning phase (see materials in session 1 and 2) ask the patient to consider different strategies, including NRT or other medications.

▪ 3.2. Discuss Maintenance Strategies

Explain to the patient that despite great plans, slips and relapse often occur.

"Despite the best maintenance plans, slips and relapse often occurs. Remember that it often takes multiple attempts to succeed and do not become hopeless after a failed attempt. A lapse, or slip, is an isolated instance or a few instances of smoking; a relapse is a return to regular, daily smoking. The likelihood of slips is high. However, if you have a slip, that doesn't mean you will relapse and turn into a regular smoker again, unless you allow it. Striving for complete abstinence, with back-up and coping plans is the key. Immediately after a slip, try to figure out what the trigger was and how you can avoid it or cope with it better the next time. Go back to the handouts from our previous sessions and review all of the strategies that helped you to quit. Use the relaxation techniques that you have learned and, remember that the negative feelings about a slip will pass soon-as you continue your success. The goal is not to use tobacco, not a single puff/dip/chew, but if you do slip, what can you do to keep the slip from becoming a total collapse? A slip doesn't mean that you've failed. How can you recommit yourself to not using tobacco?"

- **Reinforce previous success**
- **Acknowledge that it is difficult and often takes multiple attempts**
- **Do not become hopeless after a failed attempt**

▪ 3.3. Address Stress Management for Success

- Consider teaching additional brief relaxation methods (e.g. deep breathing) that were not discussed in sessions 2, cognitive techniques, and encouraging physical activity.
- *"In addition to the breathing exercises we discussed last time, there are other things besides using tobacco that you can do to manage stress. For example, take a walk or call a friend. You want to increase the amount of enjoyable activities in your day to day life. You might want to take a hot bath, do stretching exercises, or listen to relaxing music. What might you be able to do, besides using tobacco, when you are feeling stressed?"*
- *"You may also want to consider decreasing the amount of caffeine you have daily. After you stop smoking, your body processes caffeine differently. It stays in your body longer and may cause you to feel jittery or have trouble sleeping. Decreasing the amount of caffeine by 1/3 daily may also help you to relax" (Shipley, 2009).*

- **Also target cognitions**

"Another tip for long-term success has to do with the power of your thoughts. The way we think about things can influence what we do. We can use this to help you stay away from tobacco. For example, you can use your thoughts to create an image of yourself as a non-smoker. When you think of yourself as a nonsmoker, you are more likely to behave as a nonsmoker. Think of yourself as a nonsmoker rather than a smoker who just quit. You may also tell yourself thoughts such as, "I'd *like* to have a cigarette, but I don't *need* to have one." *It can also be helpful to focus on pleasant thoughts. For example, urges usually go away, however, if you can distract yourself by thinking about pleasant things for you such as a walk on the beach or spending time with your kids, or a favorite memory, you can control the urge."*

- "What might be some helpful thoughts for you to have when you need them?"

Appointment 4

Appointment 4 Overview: Relapse Prevention (approximately 1 month after Quit Date)

- **4.1. Assessment of current tobacco use status**
- **4.2. Discussion of positive experiences associated with quitting smoking and successful methods used to quit**
- **4.3. Assess and resolve problems encountered in quitting tobacco and/or anticipated threats to abstinence.**
- **4.4. Discuss the difference between a slip and a relapse**
- **4.5. Discuss strategies for managing and preventing relapse**

4.1. Assessment of Current Tobacco Use Status

- **Determine if patient has continued abstinence:** *"How have things gone since our last appointment? I am wondering how you have done with your efforts to stop tobacco? Have you been totally abstinent (meaning not even a single puff or chew) from tobacco for the past seven days?"* (**Discuss response as appropriate.**)

If yes or if had slips but resumed abstinence: Congratulate and discuss what has helped them to be successful, what has been difficult, what positive benefits they may have noticed already. Help them to problem solve for continued success during stressful situations.

If no: Discuss what happened, if they actually made the quit attempt, how long it lasted, and what factors led to starting again. Assess motivation and confidence for making another attempt. Encourage and return to planning phase. Ask the patient to consider different strategies, including NRT or other medications.

4.2. Initiate a Brief Discussion of Positive Experiences Associated with Quitting Tobacco and Successful Methods Used to Quit

Ask open-ended questions to elicit discussion in the following areas:

"*What positive changes have you noticed in your life since you quit*" (Suggest possibilities if necessary, cost savings, satisfaction of family members, pride, improved taste or smell, etc.)

"Which strategies for quitting were the most helpful for you?"

- **Encourage the patient to vigorously continue using coping strategies and medications that worked since Quit Date**

4.3. Assess and Resolve Problems Encountered in Quitting Tobacco and/or Anticipated Threats to Abstinence

"I am wondering if there have been any times or situations that have been really hard for you to not use tobacco. Have you had any problems or difficult situations? Do you expect that this might be a problem for you in the future? I am wondering what ideas you have for ways you can avoid this potential problems."

- **Emphasize the importance of not smoking <u>even a single puff</u> after Quit Date, as not smoking at all will greatly increase the chances of permanent smoking abstinence.**

"Now that you are no-longer a tobacco user, I want to emphasize that it is really important to not use tobacco at all. Often, once people have quit they think, that they can "just have one." Unfortunately, for most people it is this sort of thing that can prolong withdrawal symptoms and often leads to a return to regular use. We recommend not using tobacco at all, as this is the best way to insure that you will not go back to regular use."

- **4.4. Discuss the Difference between a Slip and a Relapse**

"As we talked about last time, even with the best plans, slips and relapse often occur. Remember that if you have a slip that doesn't mean you will relapse and turn into a regular smoker again, unless you allow it. Striving for complete abstinence, with back-up and coping plans is the key. Immediately after a slip, try to figure out what the trigger was and how you can avoid it or cope with it better the next time. Go back to the handouts from our previous sessions and review all of the strategies that helped you to quit. Use the relaxation techniques' that you have learned and, remember that the negative feelings about a slip will pass soon, as you continue your success."

- **4.5. Discuss Strategies for Managing and Preventing Relapse**

Provide information about the most common high-risk situations for relapse:

"Although everyone is different, there are some situations that frequently cause people to slip or relapse. These include negative moods, like stress, depression, and anger. On the other hand, some people return to smoking when they are feeling positive and upbeat, especially in situations where others are drinking and/or using tobacco. At other times, people may think things that are not true, which causes them to relapse. For example, sometimes people think they "need" to use tobacco in a crisis, or that they should test themselves to see if they can "smoke just one every once in a while."Many the relapsed smoker has thought "I can smoke just one and then go back to quitting."

"Because using tobacco is no longer part of your life, you will want to be certain to increase other pleasures in your daily life. For example, even taking the time to notice the little things, such as a sunset or flowers can help to decrease your stress and never underestimate the power of positive thinking."

- **Query the patient about his/her highest risk smoking trigger that could lead to resumption of smoking after Quit Date:**

"All of the things that you identified in previous appointments as triggers have now become potential risks for relapse. The best way to maintain abstinence is to be prepared and plan ahead for situations that will be difficult. If you were to slip and use tobacco again, in what situation would that be?" **Discuss response.**

"How can you prepare for that situation? What other situations might be difficult for you?

"I am so proud of you and all of your hard work. Quitting tobacco is difficult and most people find it hard. By successfully quitting tobacco you have not only improved your quality of life, but have also improved your health. Do you feel proud of your accomplishment so far?"

*"Remember to use **ALL** of the strategies we have worked on together to anticipate smoking triggers and plan for how to cope with them without tobacco.* As these triggers occur, and you do not use tobacco, the urges they evoke will become weaker and go away over time. Also remember the following:

"Do whatever it takes to avoid using tobacco after your Quit Date! *Your success in doing this will make becoming a permanent non-smoker much easier and more likely.*
Remember that any tobacco after Quit Date usually leads to a return to regular use, *which means the job of quitting again starts over.*
As time passes, urges get fewer and farther between, and tobacco use gets less appealing. *Some people find it gets easier all the time, and others find they have urges now and then for years to come, but these are manageable.* ***Using tobacco to deal with stress never solves the problem*** *that caused you to return to tobacco in the first place and only gives you one more reason to feel bad."*

Encounter and Procedural Information

This mid-level intervention is intended to be used by behavioral health providers integrated in primary care clinics and should not be coded or documented as specialty care. This intervention should occur within clinics using the 534 stop code (standard Primary Care- Mental Health Integration clinic coding)

Diagnostic Code: Tobacco Use Disorder (305.1)
Procedure Code (CPT): Will depend on the length of appointment as follows: The 99406 code should be used to report an intermediate visit of between three and 10 minutes, and 99407 should be reported for an intensive visit lasting longer than 10 minutes.

99407 = Smoking and tobacco use cessation counseling visit: intensive, Greater than 10 minutes

99406 = Smoking and tobacco use cessation counseling visit: intermediate, Greater than 3 minutes up to 10 minutes

Although specific clinic names and note titles will vary by individual clinics, appointments for this intervention should be entered in the standard clinic used for patients receiving behavior health services in primary care. Similarly, note titles should reflect services provided in primary care rather than specialty tobacco cessation programs.
Clinic name example (where Dr. Smith is the provider at Buffalo VA): BU-PCG1 IPC Smith
Note title example: Behavioral Health in Primary Care Progress Note.

** Materials for this intervention are based on the 5As framework described and presented in Hunter et al.,(2009). As noted elsewhere, materials were also adapted from Robinson & Reiter, (2007) and Shipley (2009). Sessions 3 and 4 were adapted from the participant work book developed by the VA Cooperative Studies Program #519 prepared by Miles McFall, Ph.D. and Andrew Saxon, M.D. All sessions are consistent with Clinical Practice Guidelines, 2008 update and the VA/DOD 2004 Clinical Practice Guidelines and 2010 update (draft).

References

Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. R., & Wewers, M. E. (2008).*Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: U.S. Department of Health and Human Services.

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Additional Resources

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- VA Tobacco Cessation sharepoint site: https://vaww.portal.va.gov/sites/tobacco/default.aspx
- Online Guide to Quitting: www.smokefree.gov
  - 1-800-QUITNOW (1-800-784-8669)
  - Information on nicotine lozenge: www.commitlozenge.com
  - Information on nicotine gum: www.nicorette.com
  - Information on nicotine patches: www.nicodermcq.com
  - Information on smokeless tobacco: www.killthecan.org, www.smokeysnuff.com, www.mintsnuff.com

Center for Integrated Healthcare

Summary Version of
Tobacco Use Cessation: A Brief Primary Care Intervention
Step-by-Step Guide**

Overview of full intervention:

Ideally, meet with patient for 15 to 30 minutes at least 4 times in person or by telephone

- Appointment 1: Preparing for the Quit Attempt
- Appointment 2: On or before the Quit Date
- Appointment 3: Approximately 1 week after the Quit Date (Maintenance)
- Appointment 4: Approximately 1 month after the Quit Date (Strategies for Relapse Prevention)

Encounter and Procedural Information

This mid-level intervention is intended to be used by behavioral health providers integrated in primary care clinics and should not be coded or documented as specialty care. This intervention should occur within clinics using the 534 stop code (standard Primary Care- Mental Health Integration clinic coding)

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Although specific clinic names and note titles will vary by individual clinics, appointments for this intervention should be entered in the standard clinic used for patients receiving behavior health services in primary care. Similarly, note titles should reflect services provided in primary care rather than specialty tobacco cessation programs.
Clinic Name Example (where Dr. Smith is the provider at Buffalo VA): BU-PCG1 IPC Smith
Note Title Example: Behavioral Health in Primary Care Progress Note

Appointment 1

Appointment 1 Overview: Preparing for the Quit Attempt

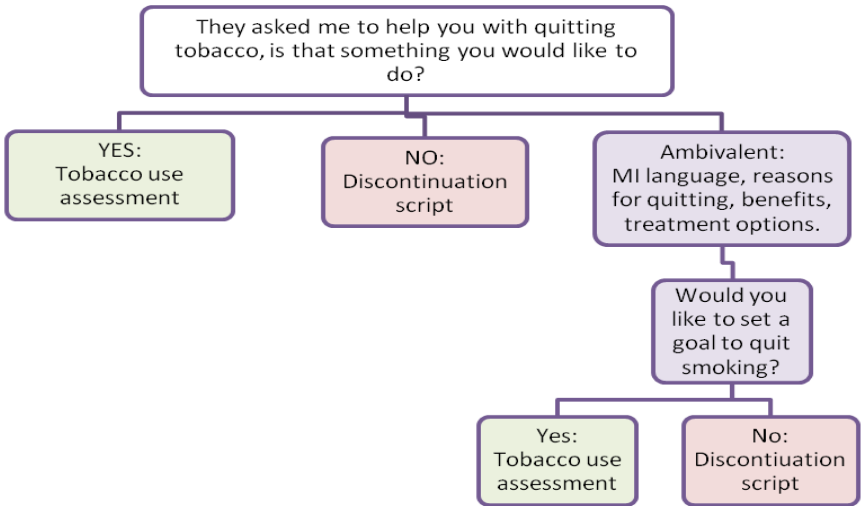
- **1.1. Introduction and verify patient interested in assistance with quitting (sample script below)**
  - **If No: Use Discontinuation Script**
  - **If Yes: Assessment of Tobacco Use**
  - **If Ambivalent: Use Motivational Interviewing (MI) language to discuss reasons for quitting, benefits of cessation, and treatment options**
  - **Ask if they would like to set a goal to quit smoking**
    - **If Yes: Assessment of Tobacco Use**
    - **If No: Discontinuation Script**

- **1.2. Assessment of Tobacco Use:**
  - **Provide with Tobacco Cessation Brochure and "Tobacco Cessation: How to Change" handout** (If time is limited, schedule 30 minute follow-up appointment. If time permits, begin assessment of tobacco use.)
- **1.3. Develop Plan for Quitting Use "Tobacco Cessation: How to Change" handout to provide written plan: (advise, agree and assist)**

- **1.1. Provide Brief Introduction about Role in Clinic and Determine if Interested in Quitting:**

"I'm the behavioral health provider for the clinic and I'm (a social worker/a health psychologist/a psychology intern….) It sounds like (medical provider's name) is concerned about your tobacco use. One of my roles in the clinic is to work with (medical provider's name) to help people stop using tobacco. S/he asked me to help you with quitting tobacco. Is that something you would like? … Do you have 15 or 20 minutes today so we can get started?"

Tobacco Use Intervention Decision Tree



- **1.2. Tobacco Use Assessment:**
  - **Gather pattern of use (what, when, exactly how much, and why)**
    - *What kind of tobacco do you use?*
    - *How much tobacco do you use?*
    - *How often do you use tobacco?*
    - *Everyday or on the weekends?*
  - **Understand what factors predispose use**
  - **Gather history of cessation attempts (stop smoking medications, what worked)**
  - **Determine potential alternatives for stress management. (In subsequent sessions, it may be beneficial to teach relaxation strategies- such as diaphragmatic breathing)**
- **1.3. Develop Plan for Quitting; use "Tobacco Cessation: How to Change" handout to provide written plan : (advise, agree and assist)**
  - **Review information on patient handout "Tobacco Cessation: How to Change" about the factors that contribute to using tobacco.**
  - **Help patient establish <u>exact</u> Quit Date and time:**
  - **Help patient develop plan for success by preparing environment (also on patient handout)**
  - **Help the patient choose a method or combination of methods to quit (document on handout)**
  - **Recommend use of tobacco cessation medications and provide information**
    - **Facilitate medication process with the Primary Care Provider (PCP), pharmacy, etc as needed, for anyone interested in using either Nicotine Replacement Therapy (NRT) or other medications.**

Appointment 2

Appointment 2 Overview: **(Should be on or before the Quit Date)**

2.1. Review Benefits of Quitting
2.2. Review Quit Plan
2.3. Discuss Concerns/Fears (Confidence and Motivation / Develop Plan to Address Concern)
2.4. Discuss Plan for Handling Urges
2.5. Introduce Relaxation Strategies - Such as Diaphragmatic Breathing

- **2.1. Review Benefits of Quitting:**
  - **Suggest and highlight benefits that seem most relevant to the patient. Examples of benefits:**
    - **Improved health and reduced risk of disease and early death**
    - **Food will taste better**
    - **Improved sense of smell**
    - **Easier breathing and less "smoker's coughing"**
    - **Save money to purchase things and vacations you really want**
- **2.2. Review Quit Plan (if patient did not bring a copy of plan from previous session, provide another copy to discuss.)**
  - **Using "Tobacco Cessation: How to Change" handout. Teach the patient 4 A's of quitting (i.e.,** Avoid, Alter, use Alternatives stay Active-)
- **2.3. Discuss Concerns/ Fears (Confidence and Motivation/Develop Plan to Address Concerns)**
- **2.4. Discuss Plan for Handling Urges**
- **2.5. Introduce Additional Strategies such as Diaphragmatic Breathing**
  - **Consider other relaxation training (e.g., Progressive muscle relaxation- demonstrate by placing your own hands on your own torso and showing breath changes)**
  - **Consider cognitive strategies**
  - **Recommend NRT (gum/lozenge) or other meds –for withdrawal and cravings, if not included in initial plan**

Appointment 3

Appointment 3 Overview: **Maintenance (approximately 1 week after Quit Date)**
3.1 Assessment of Current Tobacco Use Status
3.3 Discuss Maintenance Strategies
3.3 Address Stress Management

- **3.1. Assessment of Current Tobacco Use Status**
  - **Determine if patient has quit**
  - **Ask the patient to describe his/her smoking cessation experiences on Quit Date and subsequent days.**
    If no: Discuss what happened, if they actually made the quit attempt, how long it lasted, and what factors lead to starting again. Assess motivation and confidence for making another attempt- Encourage and return to planning phase (see materials in session 1 and 2)- ask the patient to consider different strategies, including NRT or other medications.
- **3.2. Discuss Maintenance Strategies**
  - **Explain to the patient that despite great plans, slips and relapse often occur.**
  - **Reinforce previous success**
  - **Acknowledge that it is difficult and often takes multiple attempts**
  - **Do not become hopeless after a failed attempt**
- **3.3. Address Stress Management for Success**
  - **Consider teaching additional brief relaxation methods (e.g. deep breathing) that were not discussed in sessions 2, cognitive techniques, and encouraging physical activity.**
  - **Also target cognitions**

Appointment 4

Appointment 4 Overview: **Relapse Prevention (approximately 1 month after Quit Date)**
4.6. Assessment of Current Tobacco Use Status
4.7. Discussion of Positive Experiences Associated with Quitting Smoking and Successful Methods Used to Quit
4.8. Assess and Resolve Problems Encountered in Quitting Smoking and/or Anticipated Threats to Abstinence
4.9. Discuss the Difference between a Slip and a Relapse
4.10. Discuss Strategies for and Managing and Preventing Relapse

- **4.1. Assessment of Current Tobacco Use Status**
  - **Determine if patient has continued abstinence**
- **4.2. Initiate a Brief Discussion of Positive Experiences Associated with Quitting Tobacco and Successful Methods Used to Quit**
  - **Encourage the patient to vigorously continue using coping strategies and medications that worked since Quit Date**
- **4.3. Assess and Resolve Problems Encountered in Quitting Smoking and/or Anticipated Threats to Abstinence**
- **4.4. Discuss the Difference between a Slip and a Relapse**
- **4.5. Discuss Strategies for Managing and Preventing Relapse**
  - **Provide information about the most common high-risk situations for relapse:**
  - **Query the patient about his/her highest risk smoking trigger that could lead to resumption of smoking after Quit Date**

References

Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. R., & Wewers, M. E. (2008). *Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: U.S. Department of Health and Human Services.

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- VA Tobacco Cessation sharepoint site: https://vaww.portal.va.gov/sites/tobacco/default.aspx
- Online Guide to Quitting
  - www.smokefree.gov
  - 1-800-QUITNOW (1-800-784-8669)
- Information about nicotine lozenge
  - www.commitlozenge.com
- Information about nicotine gum
  - www.nicorette.com
- Information about nicotine patches
  - www.nicodermcq.com
- Information about smokeless tobacco use and cessation
  - www.killthecan.org, www.smokeysnuff.com, www.mintsnuff.com

Readiness Ruler

Assessing Importance and Confidence

Importance

How important is it to you to quit tobacco?

On a scale of 0 to 10, with 0 being not important & 10 being very important…

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

Confidence

How confident are you that you could stop smoking/using_____, if you decided to?

On a scale of 0 to 10, with 0 being not confident at all & 10 being very confident?

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

Integrated Primary Care Tobacco Use Cessation
Sample CPRS Appointment Progress Note Templates*

Appointment 1: *Preparing for the Quit Attempt*

- Date: _____
- Visit Duration:
  - 15 minutes
  - 30 minutes
  - 45 minutes

Patient referred by _____ and seen in a brief, initial consultation for tobacco cessation in Primary Care.

☐ Introduction and Verification Patient Interested in Assistance with Quitting.

- Patient not interested in tobacco cessation at this time: Provided written and verbal patient information on treatment options available. Can be reconnected with Primary Care Behavioral Health Provider for future assistance if needed/desired. *(D/C note)*

- Patient initially ambivalent about changing tobacco use: Reviewed reasons and benefits for quitting, discussed pros and cons of changing behavior, treatment options available, and provided motivational interviewing (MI).

  - *After brief MI intervention, pt. interested in making quit attempt. (Go to next section)*

  - *After brief MI intervention, pt. not interested in making quit attempt:* Provided written and verbal patient information on treatment options available. Encouraged to contact Primary Care Behavioral Health Provider or Primary Care Provider for future assistance if needed/desired. *(D/C note)*

- Patient verified interest in setting a goal to quit: Provided with tobacco cessation brochure.

☐ Assessment of Tobacco Use (what, when, exactly how much, and why)

- Kind of tobacco used: _____
- Amount used: _____
- Frequency of use: _____
- Factors that predispose use were reviewed with patient (affective, social, and environmental triggers/cues): _____

☐ History of Prior Quit Attempts

- Number of prior attempts: _____
- Date of last attempt: _____
- Longest amount of time remained tobacco-free: _____
- Prior therapies/treatments/strategies used:
  _____

☐ Stress Management Strategies Assessed

- Patient has strategies *(list)*:_____
- Patient in need of additional resources for stress management. Will provide at future visit(s).

☐ Developed Plan for Quitting

- Reviewed "Tobacco Cessation: How to Change" handout with patient and set Quit Date
    - Quit Date: _____
    - Pt's specific change plan:
        - 1.
        - 2.
        - 3.

- Verbal and written patient education provided on cessation medications (NRT patch, gum, lozenge; Zyban; Chantix/Varenicline)

- Veteran interested in medications (NRT patch, gum, lozenge; Zyban; Chantix/ Varenicline)
    - Behavioral Health Provider to consult with Primary Care Provider or Pharmacist about medications (NRT patch, gum, lozenge; Zyban; Chantix/Varenicline)

- Veteran interested in Chantix/Varenicline (Following items must be completed)

    - Are you feeling hopeless about the future?
        - Yes
        - No
    - Have you ever had a suicide attempt?
        - Yes
        - No
    - Have you had thoughts about taking your life or harming others in the past 12 months? (If yes ask question 4)
        - Yes
        - No
    - Do you have a plan to take your life?
        - Yes
        - No

If YES to any question, do not prescribe or recommend varenicline. Complete comprehensive risk assessment. Note that any patient with active suicidality should receive an emergent evaluation. (These 4 items must be documented in progress notes for each varenicline prescription and refill request, every 28 days).

RTC: (On or before the Quit Date)

- Phone Call scheduled for: _____
- Face-to-Face appointment scheduled for: _____

Appointment 2:

- Date: _____
- Type of Contact:
  - Phone Call
  - Face-to-Face appointment
- Visit Duration:
  - 15 minutes
  - 30 minutes
  - 45 minutes

Patient is a seen in a brief follow-up consultation for tobacco cessation in Primary Care.

☐ Reviewed benefits of quitting with patient.

☐ Reviewed quit plan with patient using "Tobacco Cessation: How to Change" handout. Patient provided written and verbal education on 4 A's.

- Patient plans to:
  1.
  2.
  3.

☐ Discussed patient's concerns/fears surrounding confidence and motivation to quit.

- Patient identified concerns of:
  _____
- Developed specific plan to address concerns, (e.g. stop carrying lighters, drink/ take breaks without using tobacco, social support) including:
  _____

☐ Developed and discussed plan for handling patient's urges for tobacco use.

- Patient plans to: _____

☐ Introduced coping/relaxation strategies to patient.

- Reviewed technique for:
  - Diaphragmatic Breathing
  - Progressive Muscle Relaxation
  - Other: _____
- Provided information on cognitive strategies:
  _____
- Recommended NRT or other meds for withdrawal/cravings (if not included initially)
  - (NRT patch, gum, lozenge; Zyban; Chantix/Varenicline)

- Veteran interested in Chantix/Varenicline (Following items must be completed)
    - Are you feeling hopeless about the future?
        - Yes
        - No
    - Have you ever had a suicide attempt?
        - Yes
        - No
    - Have you had thoughts about taking your life or harming others in the past 12 months? (If yes ask question 4)
        - Yes
        - No
    - Do you have a plan to take your life?
        - Yes
        - No

If YES to any question, do not prescribe or recommend varenicline. Complete comprehensive risk assessment. Note that any patient with active suicidality should receive an emergent evaluation. (These 4 items must be documented in progress notes for each varenicline prescription and refill request, every 28 days).

- Other: _____ (increase exercise, call friends, decrease caffeine, etc)

RTC: (approximately 1 week after Quit Date)

- Phone Call scheduled for: _____
- Face-to-Face appointment scheduled for: _____

Appointment 3: *Maintenance*

- Date: _____
- Type of Contact:
  - Phone Call
  - Face-to-Face appointment
- Visit Duration:
  - 15 minutes
  - 30 minutes
  - 45 minutes

Patient is seen in a brief follow-up consultation for tobacco cessation in Primary Care.

☐ Assessed patient's current tobacco use status

- Patient has remained totally abstinent from tobacco (not even a puff, dip, or chew) for the past 7 days. *(If yes, skip to next section: Maintenance Strategies)*

- Patient has decreased tobacco use and is interested in making continued quit attempts.
  - Current type of tobacco and amount of use: _____decreased from _____
  - Quit Date: _____
  - Revised quit plan: Patient plans to
    1.
    2.

- Patient has not remained totally abstinent from tobacco (not even a puff, dip, or chew) for the past 7 days.
  - Date of last tobacco use: _____

- Reported the following as factors that lead to resuming tobacco use *(list)*: _____

  - Patient is motivated and confident to make another attempt. Reviewed benefits of quitting and developed new quit plan.
    - Quit Date: _____
    - Revised quit plan: Patient plans to
      1.
      2.
      3.

  - Patient is not motivated to make another attempt currently. Discussed pros and cons, provided written and verbal patient information on treatment options. Encouraged to contact Primary Care Behavioral Health Provider or Primary Care Provider for future assistance if needed/desired. *(D/C note)*

☐ Discussed Maintenance Strategies

- Reviewed with patient difference between a slip and relapse. Reinforced patient's prior successes.

☐ Addressed Stress Management Resources

- Reviewed cognitive and behavioral strategies with patient
- Taught additional brief coping methods to patient, including (list): _____
- Encouraged physical activity and limiting daily caffeine use. Plan: _____
- Other: _____

RTC: (approximately 1 month after Quit Date)

- Phone Call scheduled for: _____
- Face-to-Face appointment scheduled for: _____

Appointment 4: *Relapse Prevention*

- Date: _____
- Type of Contact:
  - Phone Call
  - Face-to-Face appointment
- Visit Duration:
  - 15 minutes
  - 30 minutes
  - 45 minutes

Patient is seen in a brief follow-up consultation for tobacco cessation in Primary Care.

☐ Assessed patient's current tobacco use status

- Patient has remained totally abstinent from tobacco (not even a puff, dip, or chew) for the past 7 days. *(If yes, skip to next section: Maintenance Strategies)*

- Patient has decreased tobacco use and is interested in making continued quit attempts.
  - Current type of tobacco and amount of use: _____decreased from _____
  - Quit Date: _____
  - Revised quit plan: Patient plans to
    1.
    2.

- Patient has <u>not</u> remained totally abstinent from tobacco (not even a puff, dip, or chew) for the past 7 days.
  - Date of last tobacco use: _____

- Reported the following as factors that lead to resuming tobacco use *(list)*: _____

  - Patient is motivated and confident to make another attempt. Reviewed benefits of quitting and developed new quit plan.
    - Quit Date: _____
    - Revised quit plan: Patient plans to
      1.
      2.
      3.

  - Patient is not motivated to make another attempt currently. Discussed pros and cons, provided written and verbal patient information on treatment options. Encouraged to contact Primary Care Behavioral Health Provider or Primary Care Provider for future assistance if needed/desired. *(D/C note)*

☐ Discussed patient's positive experiences associated with quitting tobacco use. Reinforced successful methods used to quit, and benefits of "not even a puff". Patient will continue using the following methods (list):

_____

_____

_____

☐ Assessed and resolved problems encountered in quitting tobacco use and/or anticipated threats to abstinence. Potential problems identified include (list):

_____

_____

☐ Plan for long-term success includes (list):

_____

_____

☐ Discussed with patient strategies for managing and preventing relapse, including (list):

_____

_____

Patient discharged as tobacco cessation treatment complete. Patient encouraged to contact Primary Care Behavioral Health Provider or Primary Care Medical Provider in future if needed. Also reminded patient of other resources available such as Quitlines and specialty group program, as outlined in brochure.

*Currently, the tobacco use cessation CPRS progress note templates, as well as development of a provider clinical reminder, are still undergoing editing to finalize outcome tracking. However the majority of content is complete in this draft version. Outcome tracking will include a health factor/reminder structure that can be used to assess patient treatment progress as well as allow for efficient electronic outcome monitoring.

Follow-Up/Discharge Note:**

- Date: _____
- Type of Contact:
    - Phone Call
    - Face-to-Face appointment
- Visit Duration:
    - 15 minutes
    - 30 minutes
    - 45 minutes

Patient is seen for last appointment for tobacco cessation in Primary Care.

Patient is:

- Totally abstinent from tobacco use. Treatment goals have been met. Patient is reminded to avoid even a single use of tobacco, and to continue to use coping strategies if urges occur. Also encouraged to contact writer/clinic if additional support is needed in the future.

- Using less tobacco (reported amount: _____) but not ready to pursue complete abstinence at this time. Encouraged to continue reduced amount, and contact writer/clinic should further assistance be desired.

- Not successful in changing tobacco use at this time, and not currently motivated to continue quit efforts, but welcome to re-engage when ready to do so in the future.

***Use the Follow-up/Discharge progress note template following patient's completion of the 4 session protocol <u>or</u> following patient's early termination/discontinuation from treatment.*

Patient Education Handouts

Reproduction-ready patient educational materials
can also be found at the following sharepoint sites:

CIH sharepoint site with materials:
https://vaww.visn2.portal.va.gov/sites/natl/cih/default.aspx

VA Tobacco Cessation sharepoint site:
https://vaww.portal.va.gov/sites/tobacco/default.aspx

Tobacco Cessation: How to Change?

To effectively change your tobacco use, consider all of the factors that contribute to using tobacco. It can be helpful to group these factors into three main categories: physical factors, habits, and psychological factors (i.e., your thoughts and emotions).

Physically, nicotine is the most addictive substance on the planet. Your medical provider will tell you whether it is appropriate for you to use a nicotine replacement product, such as the patch or gum. Some medications, like Zyban, are very helpful to some people but don't seem to help other people with their nicotine cravings. Sometimes, using two of these products together can help relieve cravings and withdrawal symptoms better. It is best to work closely with your Primary Care Provider (PCP) to choose the best medication or combination of medications which may be right for you. These products have been proven to help people quit and are often key to success. People who use medication have much higher rates of success in quitting.

Behaviorally, you will need to change your habits and the situations that you typically associate with tobacco. Undoubtedly, you will experience situations that cause you to crave tobacco, but you can learn skills that will help you choose alternatives other than using tobacco. Practical counseling and support are available to help you through this process. This counseling can help you recognize situations that tempt you to use tobacco, problem-solve and develop skills to cope with these situations. Even brief counseling greatly increases the success of a quit attempt. In addition to services in primary care, VA offers tobacco cessation groups and/or individual counseling through tobacco cessation clinics. Also, if you would find telephone counseling supportive, you can call 1-800-QUIT-NOW (1-800-784-8669) to get connected to your state telephone quit line.

Thoughts and emotions are some of the hardest aspects of tobacco use to change. Often, individuals think that they need tobacco to get through a difficult situation. Changing these thoughts to cope with stress and negative emotions is an essential aspect of successful tobacco cessation. One helpful strategy is to list your top 3 reasons for quitting, and remind yourself of them as a way to stay strong if you need a boost along the way. Take a moment to list *your* main reasons for quitting:

1. _____
2. _____
3. _____

Preparing to Quit

Your Quit Date

When is the last day and time that you are going to use tobacco?

Month_____ Day_____ Year_____ Time_____

Preparing Your Surroundings

What are the things that remind you to use tobacco? It is important to change your surroundings so that you won't be reminded about tobacco use as frequently. Before your quit date consider the following:

- Don't buy tobacco in bulk (e.g., don't buy cartons).
- Find all of your hidden stashes of tobacco. Check in the couch, the glove compartment, in your drawers at home and at work. It is unwise to keep an emergency stash once you quit.
- Get rid of tobacco-related materials—things like ashtrays and lighters. You may need lighters for candles or fireplaces, but you likely don't need to carry lighters wherever you go.
- Prepare family and friends. Let them know that you are planning to quit and ask for their help. If you have friends and family who do use tobacco, ask them to avoid using tobacco around you.
- Prepare and develop a plan for coping with cravings and withdrawal symptoms. Use the combination of strategies that works for you.
- Choose a method to quit. There are several ways to consider quitting, but one of the most important considerations is to avoid thinking favorably about your last tobacco use. If you remember your tobacco fondly, then you may be more likely to go back to tobacco use when you perceive that you need it.

Quitting is difficult and many people find it to be challenging. Preparing for difficult situations as you quit can help you succeed. What do you expect to be the most difficult challenge for you as you quit? Will it be going without a cigarette with your morning coffee? Will it be not smoking when your spouse or friends light up? Anticipating and having a plan for how to handle these challenges will increase your success.
As you prepare to quit there are other things in your life that you can do a little bit differently that will help you to be successful. For example, there may be places you should avoid or things you should do differently. What situations (e.g., bars, sporting events, smoking areas) do you need to **avoid** during the next month to limit your urges to

use tobacco? How can you change situations that you can't avoid so that you'll be more successful with your quit attempt {**Alter**}? "When you feel the urge to put tobacco in your mouth what could you use instead" (e.g., gum, hard candies or mints, toothpicks, cinnamon sticks) **{Alternatives}**? "Are there **Activities** (e.g., going for a walk) you can do or ways to keep you busy if you feel an urge to use tobacco?"

Using the Four A's to Outsmart Tobacco Urges

Avoid. What are the situations or places that you need to avoid over the next month?

1. _____
2. _____
3. _____

Alter. What situations will you need to change to help you be more successful?

1. _____
2. _____
3. _____

Alternatives. What can you put in your mouth or hands instead of using tobacco?

1. _____
2. _____
3. _____

Action. When you get an urge to use tobacco, what can you do to be active or busy?

1. _____
2. _____
3. _____

Follow-Up Appointment Plan:

_____

_____

_____

Adapted from: Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2009). Integrated *Behavioral Health in Primary Care: Step-by-step Guidance for Assessment and Intervention.* Washington, DC: American Psychological Association.

Center for Integrated Healthcare

Information from your Primary Care Team

INSTRUCTIONS FOR USING NICOTINE PATCH

How the Nicotine Patch Will Help You

Nicotine patch therapy is used to help people stop smoking cigarettes. This therapy replaces nicotine in your body that you were getting from cigarettes so that you don't have withdrawal symptoms when you quit smoking.

Instructions for Using THE NICOTINE PATCH

1. Nicotine patches are applied directly to the skin. They are applied once a day, usually at the same time each day. Nicotine patches come in various strengths and may be used for various lengths of time. Follow the directions on your prescription label carefully, and ask your primary care provider (PCP) or pharmacist to explain any part you do not understand. Use nicotine skin patches exactly as directed. Do not use more or less of them or use them more often than prescribed by your doctor.
2. Do not smoke any cigarettes after Midnight on your Quit Date. Then begin using nicotine patch therapy first thing in the morning on your Quit Date.
3. Apply the patch to a clean, dry, hairless area of skin on the upper chest, back, upper arm, or hip as directed by the package directions. Avoid areas of irritated, oily, scarred, or broken skin. Remove the patch from the package, peel off the protective strip, and immediately apply the patch to your skin. With the sticky side touching the skin, press the patch in place with the palm of your hand for about 10 seconds. Be sure the patch is held firmly in place, especially around the edges.
4. Wash your hands with water alone after applying the patch.
5. If the patch falls off or loosens, replace it with a new one.
6. You should wear the patch continuously for 16-24 hours, depending on the specific directions inside your nicotine patch package. The patch may be worn even while showering or bathing. Remove the patch carefully, and dispose of it by folding it in half with the sticky sides touching. After removing the used patch, apply the next patch to a different skin area to prevent skin irritation. Never wear two patches at once unless directed by your doctor to do so.

7. A switch to a lower strength patch may be considered after the first 2 to 4 weeks on the medication. A gradual reduction to lower strength patches is recommended to reduce nicotine-withdrawal symptoms.
8. Sometimes the nicotine patch can be used with other kinds of nicotine products (like the gum or the patch) to help relieve cravings. You can talk to your PCP about using the patch with the gum or lozenge as combination therapy.

Precautions

Before using nicotine skin patches, tell your PCP and pharmacist if you are allergic to adhesive tape or any drugs. Tell your PCP and pharmacist what prescription and nonprescription medications you are taking. Tell your PCP if you have or have ever had a heart attack, irregular heart rate, angina, ulcers, uncontrolled high blood pressure, overactive thyroid, pheochromocytoma, or a dental condition or disorder. Tell your PCP if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while using nicotine skin patches, call your PCP immediately. Nicotine and nicotine skin patches may cause harm to the fetus.

Although side effects from nicotine skin patches are not common, they can occur. Tell your PCP if any of these symptoms are severe or do not go away:

- Skin irritation
- Trouble sleeping (insomnia)
- dizziness
- headache
- upset stomach
- nausea
- vomiting
- diarrhea
- redness or swelling at the patch site

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom).

The Center for Integrated Healthcare gratefully acknowledges the contributions of the VA Cooperative Studies Program #519 prepared by Miles McFall, Ph.D. and Andrew Saxon, M.D. for content.

Center for Integrated Healthcare

Information from your Primary Care Team

INSTRUCTIONS FOR USING NICOTINE GUM (NICORETTE)

How Nicotine Gum Will Help You

Nicotine chewing gum is used to help people stop smoking cigarettes. It acts as a substitute oral activity to satisfy your craving for tobacco. It also provides a source of nicotine that can reduce the withdrawal symptoms you may experience when smoking is stopped.

Instructions for Using Nicotine Gum

1. Follow the directions on the label, and ask your Primary Care Provider (PCP) or pharmacist to explain any part you do not understand. Use nicotine gum exactly as directed. Although Nicotine gum is used by mouth as a gum, it is not "chewed" like regular gum.

2. Begin using nicotine gum therapy after you stop smoking on your Quit Date. You should not smoke while you are using this medication, either before or after your Quit Date.

3. Treatment is started by using the 2-mg or the 4mg gum. Heavy smokers (those smoking more than 20 cigarettes per day OR those who smoke the first cigarette of the day within 30 minutes after waking up in the morning) may start by using the 4-mg gum.

4. Nicotine gum should be chewed slowly until you can taste the nicotine (peppery taste) or feel a slight tingling in your mouth (usually after about 15 to 30 chews). Then stop chewing and place (park) the chewing gum between your cheek and gum. When the tingling is almost gone (about 1 minute), start chewing again; repeat this chew and park procedure for about 30 minutes or until the tingling or taste does not return. Be sure to rotate the gum to different places between your cheek and gum each time.

5. Do not chew nicotine gum too fast, do not chew more than one piece of gum at a time, and do not chew one piece too soon after another.

6. Avoid eating and drinking (especially acidic beverages such as coffee, juice, or soft drinks) for 15 minutes before and during chewing of nicotine gum to make sure all the nicotine from the gum can get into your system.

7. Be sure to use the Nicotine gum at regular times throughout the day. Most people use about 8 to 10 pieces a day when they first start.

8. **If you are using this medication along with transdermal nicotine patch therapy, follow these instructions:** Use 1 piece of gum every 1 to 2 hours when you have cravings to smoke. The maximum number is 12 pieces per day.

9. Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

Use frequently for 6 weeks. Then after you have gone 14 days in a row without strong cravings or withdrawal symptoms begin to slowly taper off. Don't worry if you continue to use some gum for many months. The important thing is to stay smoke free.

Precautions

Before using nicotine gum, tell your PCP and pharmacist what prescription and nonprescription medications you are taking. Tell your PCP if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while using nicotine gum, stop using it and call your PCP immediately. Nicotine and nicotine gum may cause harm to the fetus.

Although side effects from nicotine are not common, they can occur. Tell your PCP if any of these symptoms are severe or do not go away:

- mouth ulcers
- mouth irritation
- jaw muscle aches
- hiccups
- heartburn
- dizziness
- headache
- upset stomach
- nausea

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Center for Integrated Healthcare

Information from your Primary Care Team

INSTRUCTIONS FOR USING NICOTINE LOZENGES (COMMIT)

How Nicotine Lozenges Will Help You

The nicotine lozenge is used to help people stop smoking cigarettes. It acts as a substitute oral activity to satisfy your craving for tobacco. It also provides a source of nicotine that can reduce the withdrawal symptoms you may experience when smoking is stopped.

Instructions for Using This Medication

1. The nicotine lozenge is dissolved in the mouth and should not be swallowed. Follow the directions on the label, and ask your Primary Care Provider (PCP) or pharmacist to explain any part you do not understand. Use nicotine lozenges exactly as directed.
2. Begin using nicotine lozenge therapy after you stop smoking on your Quit Date. You should not smoke while you are using this medication, either before or after your Quit Date.
3. Treatment is usually started by using the 2-mg or 4mg lozenge. Heavy smokers (those who smoke the first cigarette of the day within 30 minutes of waking up in the morning OR those who smoke more than 25 cigarettes per day) should start by using the 4-mg lozenge.
4. <u>If you are using this medication along with transdermal nicotine patch therapy, follow these instructions</u>: Use 1 lozenge every 1 to 2 hours when you have cravings to smoke. The maximum number is 12 lozenges per day.

   <u>If you are using nicotine lozenges as your only form of nicotine replacement therapy, follow these instructions</u>: Begin by using 1 lozenge every 2 hours while awake. Use additional lozenges as needed when you have cravings to smoke up to a maximum of 24 lozenges per day. Be sure to use the lozenge at regular times throughout the day, Most people will need to use about 9-10 lozenges a day when they first start.

5. Nicotine lozenges should be dissolves slowly (about 20 to 30 minutes). You may feel a slight tingling in your mouth. Occasionally move the lozenge from one side of your mouth to the other. Minimize swallowing and do not chew or swallow lozenge.
6. Do not dissolve the nicotine lozenge too fast, do not dissolve more than one lozenge at a time, and do not dissolve a lozenge too soon after another.
7. Avoid eating and drinking (especially acidic beverages such as coffee, juice, or soft drinks) for 15 minutes before using and while the lozenge is in your mouth to make sure all of the nicotine from the lozenge can get into your system.

Use frequently for 6 weeks. Then after you have gone 14 days in a row without strong cravings or withdrawal symptoms begin to slowly taper off. Don't worry if you continue to use some gum for many months. The important thing is to stay smoke free.

8. Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

Precautions

Do not use the nicotine lozenge longer than 6 months without talking with your PCP.

Before using nicotine lozenges, tell your PCP and pharmacist what prescription and nonprescription medications you are taking. Tell your PCP if you have or have ever had a heart attack, irregular heart rate, angina, ulcers, uncontrolled high blood pressure, overactive thyroid, pheochromocytoma, or a dental condition or disorder. Tell your PCP if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while using the nicotine lozenge, stop using it and call your PCP immediately. Nicotine and nicotine lozenges may cause harm to the fetus.

Although side effects from nicotine are not common, they can occur. Tell your PCP if any of these symptoms are severe or do not go away:

- mouth ulcers
- mouth irritation
- dizziness
- headache
- upset stomach
- nausea
- diarrhea
- gas
- heartburn
- hiccup
- cough

If you experience any of the following symptoms, call your PCP immediately:

- seizures
- heart rhythm disturbances
- difficulty breathing

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Center for Integrated Healthcare

Information from your Primary Care Team

INSTRUCTIONS FOR USING BUPROPION (ZYBAN)

How This Medicine Will Help You

Bupropion (Zyban) is used to help people stop smoking by reducing the urge to smoke and decreasing withdrawal symptoms. Also, many patients report that cigarettes do not taste as good after starting this medication. This medication is sometimes prescribed for other uses; ask your Primary Care Provider (PCP) or pharmacist for more information.

Instructions for Using Bupropion

1. Follow the directions on your prescription label carefully, and ask your PCP or pharmacist to explain any part you do not understand. Take bupropion exactly as directed.

2. Bupropion comes as a tablet to take by mouth. It is usually taken one to two times a day and may be taken with or without food. Do not crush, chew, or divide bupropion tablets. Take it at the same time each day

3. Bupropion for smoking cessation is usually started 7 to 14 days before your smoking Quit Date (the date you plan to stop using tobacco).

3. If you take bupropion two times per day, take the missed dose as soon as you remember it and take the second dose for that day at least eight hours later. Do not take an extra tablet to make up for the dose you forgot. However, if it is almost time for the next dose, skip the one you forgot and continue your regular dosing schedule.

4. Do not take a larger dose; take it more often, or for a longer period than your PCP tells you.

5. Keep this medication in a tightly closed container, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

Precautions

There is a chance of having a seizure (convulsion or fit) with bupropion if it is taken in large doses. Take bupropion **precisely as instructed** to minimize the risk of seizures.

Some people have had changes in behavior, hostility or anger, agitation, depression, suicidal thoughts or actions while taking bupropion to help them quit smoking. These symptoms can develop during

treatment with bupropion or after stopping treatment with bupropion. If you, your family member, or your caregiver notices any of these symptoms, call your PCP right away. Tell your PCP if you have or have ever had depression, suicidal thoughts or actions, or other mental health problems.

Tell your PCP if you have or have ever had seizures, brain tumors, head injuries, or an eating disorder or are taking anti-psychotics, tranquilizers or other antidepressants.

Before taking bupropion, tell your PCP and pharmacist if you are allergic to bupropion or any other drugs. Tell your PCP and pharmacist what other prescription and nonprescription drugs you are taking, or have taken in the last 2 weeks, especially anticoagulants [warfarin (Coumadin)]; antihistamines; antipsychotics; carbamazepine (Tegretol); cimetidine (Tagamet); diet pills; insulin; levodopa (Sinemet, Larodopa); lithium (Eskalith, Lithobid); MAO inhibitors [phenelzine (Nardil), tranylcypromine (Parnate)]; medication for high blood pressure, seizures, asthma, colds, or allergies; methylphenidate (Ritalin); oral antidiabetic medications; other antidepressants; ritonavir (Norvir); sedatives; sleeping pills; theophylline (Theobid, Theo-Dur, others), thyroid medications; tranquilizers; and vitamins.

You should not take Wellbutrin or Wellbutrin SR and Zyban together.

Also tell your PCP if you drink large amounts of alcohol or are addicted to cocaine, opiates or other drugs so that you can properly taper and end their use. If you stop using these things all of a sudden it can increase your chance of having a seizure. Let your PCP know if you have or have ever had glaucoma, an enlarged prostate, difficulty urinating, an over active thyroid gland, anorexia or bulimia, or liver, or kidney or heart disease.

Tell your PCP if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking bupropion, call your PCP immediately. If you are having surgery, including dental surgery, tell the doctor or dentist that you are taking bupropion.

Side effects from bupropion are common and may include:

- dry mouth
- insomnia (trouble sleeping)
- weakness or tiredness
- excitement or anxiety (nervousness)
- nightmares
- change in appetite or weight

Tell your PCP if any of these symptoms are severe or do not go away:

- frequent urination
- difficulty urinating
- constipation
- blurred vision
- change in sex drive or ability
- excessive sweating

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Center for Integrated Healthcare

Information from Your Primary Care Team

INSTRUCTIONS FOR USING VARENICLINE (CHANTIX)

How This Medicine Will Help You

Varenicline (Chantix) is used to help people stop smoking by reducing the urge to smoke.

Instructions for Using This Medication

1. Follow the directions on your prescription label carefully, and ask your Primary Care Provider (PCP) or pharmacist to explain any part you do not understand. Take varenicline exactly as directed.
2. Varenicline comes as a tablet to take by mouth. It is usually taken one to two times a day. Do not crush, chew, or split varenicline tablets.
3. Take varenicline after eating and with a full (8 ounces) glass of water.
4. Varenicline should be started 7 days before your smoking Quit Date (the day you stop smoking).
5. If you miss a dose of varenicline, take it as soon as you remember it. However, if it is almost time for your next dose, just wait and take your next dose at the regular time. Do not take an extra tablet to make up for the dose you forgot.
6. Do not take a larger dose; take it more often, or for a longer period than your PCP tells you.
7. Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess cold, heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

Precautions

Some people have had changes in behavior, hostility, agitation, depression, suicidal thoughts or actions while taking varenicline. These symptoms can develop during treatment with varenicline or after stopping treatment with varenicline. If you, your

family member, or your caregiver notice any of these symptoms, call your healthcare provider right away. Tell your healthcare professional if you have or have ever had depression, suicidal thoughts or actions, or other mental health problems.

Before you start taking varenicline, tell your PCP if you have or had kidney problems, or get kidney dialysis. Some people can have allergic reactions to varenicline. Some of these allergic reactions can be life-threatening and include: swelling of the face, mouth, and throat that can cause trouble breathing. If you have these symptoms, stop taking varenicline and get medical attention right away.

Some people can have serious skin reactions while taking varenicline. These can include rash, swelling, redness, and peeling of the skin. Some of these reactions can become life-threatening. If you have a rash with peeling skin or blisters in your mouth, stop taking varenicline and see your PCP right away.

Before taking varenicline, tell your healthcare professional and pharmacist if you are allergic to varenicline or any other drugs. Tell your healthcare professional about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your healthcare professional if you take: insulin, asthma medicines, and/or blood thinners

Tell your healthcare professional if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking varenicline, call your PCP immediately.

You should not use varenicline while using other medicines to quit smoking. Tell your PCP if you use other treatments to quit smoking.

Use caution driving or operating machinery until you know how varenicline may affect you. Some people who use varenicline may feel sleepy, dizzy, or have trouble concentrating, that can make it hard to drive or perform other activities safely.

Side effects from varenicline are common and may include: Tell your healthcare professional about side effects that bother you or that do not go away.

- nausea
- insomnia
- changes in dreaming
- new or worse mental health problems
- headache
- constipation
- gas
- vomiting

If you experience any of the following symptoms, call your PCP immediately:

- thoughts about suicide or dying, or attempts to commit suicide
- new or worse depression, anxiety, nervousness, or panic attacks
- feeling very agitated or restless
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- abnormal thoughts or sensations
- seeing or hearing things that are not there (hallucinations)
- feeling people are against you (paranoia)
- feeling confused
- other unusual changes in behavior or mood
- swelling of the face, mouth, and throat that can cause trouble breathing
- rash with peeling skin or blisters in your mouth

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