

How to Help Your Smoking Patients Quit

Smoking is now accepted as a chronic, relapsing health disorder rather than a lifestyle choice. Most smokers want to quit but are unable to do so, largely because of dependence on nicotine. In fact, the quit rate from unaided self-quit attempts is only 3-5%.⁽¹⁾

GPs can play an important role in helping smokers to quit. Brief advice of only a few minutes can significantly boost success rates. ⁽²⁾ Additional support and pharmacotherapy will increase quit rates even further.

This article provides a practical guide for helping your smoking patients to quit and is based on The Smoking Cessation Guidelines for Australian General Practice ⁽³⁾. The guidelines are structured around the 5As approach of ask, assess, advise, assist and arrange.

1. ASK

Ask all patients from the age of 16 if they smoke. Many smokers in general practice are not being identified.

2. ASSESS

Assess the smoker's readiness to quit by asking 'How do you feel about your smoking?' and 'Are you ready to quit now?' ⁽⁴⁾ At any one time, 21% of smokers in general practice are ready to quit. ⁽⁵⁾

Assess nicotine dependence. Smoking within 30 minutes of waking correlates well with nicotine dependence. Daily cigarette consumption is also a guide, but

is less reliable.

Assess any barriers to quitting. Common barriers are nicotine withdrawal, weight gain, stress, fear of failure and social pressure. Strategies to address these concerns can improve quit rates.

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3. ADVISE

All smokers should be given clear, brief, non-confrontational advice to quit, for example, 'It is your decision, but as your doctor I strongly advise that you stop smoking.'

4. ASSIST

If the patient is ready to quit, provide brief, personalised advice and support using the following strategies:

1. Set a quit date.
2. Discuss coping strategies for smoking triggers and high risk situations. For example, instead of having a cigarette after dinner, go for a walk.
3. Review the patient's barriers to quitting and brainstorm solutions. For example, start an exercise program to ameliorate weight gain.
4. Provide written information.
5. Encourage the support of friends and family and consider rewards for ongoing success.
6. Consider pharmacotherapy (see below).

5. ARRANGE

Arrange a follow up appointment in the first week to enhance motivation and to review the problems and benefits of quitting.

If you don't have the time or interest in smoking cessation, arrange referral to a trained practice nurse or to Quitline,

tel 137 848. Quitline counselling is 2-3 times more effective than general practice intervention. ⁽⁶⁾.

Other useful online resources are www.quitnow.info.au and www.quit.org.au.

PHARMACOTHERAPY

Pharmacotherapy should be offered to all motivated smokers who are nicotine dependent. ⁽³⁾ It reduces cravings and withdrawal symptoms and allows the smoker to focus on breaking the habit. First line treatments are nicotine replacement therapy (NRT), varenicline and bupropion.

NICOTINE REPLACEMENT THERAPY

Nicotine patches, gum, inhalers and lozenges are safe and boost quit rates by 60% at 12 months compared to placebo. ⁽⁷⁾ Starting the patch 2 weeks prior to quitting (prequit treatment) doubles the odds of quitting over and above the normal use of nicotine patches from quit day. ⁽⁸⁾ Combination therapy (using a nicotine patch with gum or lozenges) is also safe and increases the quit rate by a further 35%. ⁽⁷⁾ A course of at least 8 weeks is recommended.

VARENICLINE

Varenicline tablets double the success rate compared to placebo. ⁽⁹⁾ Varenicline has a good safety profile but should be used with caution in patients with mental health problems, although there is no scientific evidence that it aggravates those conditions. It is taken as a 12 week course.

BUPROPION

Bupropion almost doubles quit rates ⁽¹⁰⁾. It has a 1:1,000 risk of seizures. A course of





tablets lasts 8 weeks.

CONCLUSION

There are many priorities competing for the GP's time. However, smoking is the single greatest preventable cause of death and illness in our patients and demands our attention.

Your brief advice or simple referral to Quitline can have a significant impact on quit rates and will save lives.

Are you doing all you can to help your smoking patients?

REFERENCES AVAILABLE ON REQUEST.

Conflict of Interest

Dr Mendelsohn has received honoraria for teaching, consulting and travel from Pfizer and GlaxoSmithKline. He is on the Champix Advisory Board and has been a member of GlaxoSmithKline's Nicotine Replacement Therapy Expert Panel. Both companies have sponsored articles in Your Health newsletter.



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