



RELAPSED SMOKERS WHO ARE READY TO TRY AGAIN: WHAT TO DO?

A 3-STEP PROTOCOL FOR CLINICIANS (PAGE 1 OF 2)

Many smokers who relapse do so because they fail to plan. Often, patients think that they can simply “make” themselves quit and do not avail themselves of the many proven behavior change programs provided by various sources. Furthermore, most smokers do not use a cessation medication or, if they do, they use it incorrectly. Generally speaking, patients significantly under-dose or stop pharmacologic therapy too soon.

You can help relapsed smokers regain abstinence by encouraging them to learn from their prior experiences rather than use those experiences as proof that they cannot quit. To underscore this perspective, inform patients that the best way to quit smoking is to combine a behavior change program with a cessation medication. The following **3-step protocol** will help you provide this information in an efficient, effective manner for patients who are ready to try again:

STEP 1: ASK

- “TELL ME ABOUT YOUR LAST QUIT ATTEMPT(S).”
- “DID YOU USE A SMOKING CESSATION MEDICATION?”
 - If yes: “EXPLAIN HOW YOU USED YOUR MEDICATION.”
 - Reinforce proper usage/ rectify incorrect usage or dosage
 - If no: “WHAT WAS YOUR REASONING FOR NOT USING A MEDICATION?”
- “DID YOU RECEIVE ANY PROFESSIONAL ADVICE OR ENROLL IN A BEHAVIOR CHANGE PROGRAM?”
 - If yes: “TELL ME WHAT YOU LIKED, OR DIDN’T LIKE ABOUT THE ASSISTANCE YOU RECEIVED.”
 - If no: “WHAT WAS YOUR REASONING FOR NOT SEEKING ADVICE OR ENROLLING IN A PROGRAM?”

STEP 2: ADVISE

- “ACCORDING TO THE MOST CURRENT RESEARCH AND THE SURGEON GENERAL, THE BEST WAY TO QUIT IS TO COMBINE A SMOKING CESSATION MEDICATION WITH A BEHAVIORAL PROGRAM.”

NOTE: Examples of behavior change programs are listed on the reverse side, under the “Refer” section of the protocol.
- “LET’S DISCUSS WHICH MEDICATION(S) WOULD BE BEST FOR YOU.”
- Review current level of tobacco use, past usage of medications, personal preference, precautions/ contraindications, etc. to determine best product for current quit attempt.

NOTE: Refer to the Rx for Change *Pharmacologic Product Guide* for dosing instructions, etc. for FDA-approved smoking cessation medications.
- Consider the following options:
 - If prior medication was used correctly, was well tolerated, and appeared to have been effective, consider repeating the same medication regimen in conjunction with an enhanced behavioral program.
 - If prior medication was used incorrectly, carefully review usage instructions.
 - If prior medication was used correctly but did not control urges/withdrawal, or if patient prefers something new, review other medication options, including both single and combination therapy:

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RELAPSED SMOKERS WHO ARE READY TO TRY AGAIN: WHAT TO DO?

A 3-STEP PROTOCOL FOR CLINICIANS (PAGE 2 OF 2)

Combination therapy currently is off-label for all cessation medications, but is supported by multiple clinical trials and the *Clinical Practice Guideline for Treating Tobacco Use and Dependence* (p. 118):

- *Safe*: Most smokers are highly tolerant to nicotine from years of smoking. Side effects are rare and easily mitigated by reducing or stopping use.
- *Effective*: Especially in those who failed with one medication. Also useful in patients who are heavily dependent (2 or more packs/day).

Suggested combinations:

- Nicotine patch + *ad libitum* gum, inhaler, or nasal spray as needed for breakthrough urges.
- Sustained-release bupropion (Zyban) + nicotine patch

Currently, varenicline (Chantix) is not recommended for combination therapy

STEP 3: REFER

The amount of counseling that patients receive is linearly related to their success in quitting. More counseling contacts yield higher quit rates. If you do not have the time or expertise to assist patients with quitting and to provide follow-up counseling, refer patients to other resources:

- To a behavior change program:
 - “HERE ARE SOME SUGGESTIONS. WHICH DO YOU THINK WOULD WORK BEST FOR YOU?”
 - 1 800 QUIT NOW, the national toll-free telephone quit line
 - All products are accompanied by a free behavior change program: Refer to usage instructions for enrollment procedures
 - Hospital-based or other local resources (e.g., a group program)
 - www.quitnet.com, an on-line tobacco cessation support program
 - smokefree.gov, an on-line guide for quitting
 - American Lung Association, American Cancer Society, or American Heart Association web-sites or cessation programs (e.g., American Lung Association’s *Freedom From Smoking* group cessation program)
 - Local pharmacist, physician, or other health-care provider specializing in cessation
- To a community pharmacist:
 - “WHEN YOU PURCHASE YOUR SMOKING CESSATION MEDICATION, PLEASE TAKE A FEW MINUTES TO DISCUSS PROPER USAGE WITH THE PHARMACIST, EVEN IF IT IS A PRODUCT YOU HAVE USED IN THE PAST. PROPER USAGE WILL GIVE YOU THE BEST CHANCE OF SUCCESS.”
- To other staff:
 - If you have dedicated cessation staff within your clinic or health-care organization, refer patient to these resources for follow-up counseling.

For more information, see Fiore MC, Jaén CR, Baker TB, et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. Available at: www.surgeongeneral.gov/tobacco.

For complete prescribing information, please refer to the manufacturers’ package inserts.