

SMOKING CESSATION

QUICK TIPS

1. ASK



Every visit ask about smoking cessation. Interventions as brief as three minutes can increase cessation rates (4% increase) in particular when done by a vascular surgeon (10% increase).

2. ADVISE



Advise every user to quit. This needs to be a clear, strong and personalized approach about why they should quit (including the risks to their vascular disease and impact on potential interventions).

3. ASSESS



All patients should be assessed for willingness to quit and offered treatment. If unwilling use 5 R's: Relevance of quitting to patient's situation, Risks of ongoing smoking, Rewards of quitting, Roadblocks patients face, Repeat.

4. ASSIST



Combination of brief physician advice, pharmacologic Rx and active referral to telephone-based smoking cessation counseling most effective (quit rate 15.2% over 6 months vs. 8.6% with usual care).

No high-certainty of evidence or consensus to help choose among first-line pharmacologic therapies, final decision reflects patient preference and insurance.

5. ARRANGE FOLLOW UP



Relapse often occurs within the first 3 months after quitting and continued intervention during that period is essential for sustained cessation. Most smokers start trying to quit at least 6 times before they are finally successful.

NICOTINE REPLACEMENT

- Increase rate of quitting by 50-60%.
- Dual-form NRT (patch + fast-acting) has higher long-term quit rates.
- Cost: \$20-60/week, up-front \$300-1000
- Dose based on amount of smoking and form of NRT: patch 14-21mg + short-acting (gum, lozenge, inhaler) for 10-12 weeks. Underdosing contributes to poorer outcomes.
- Side effects (SE): minor irritation at site.

VARENICLINE

- More effective, increased quit rates (23%) than placebo (9%), bupropion (18%), e-cigarettes (15%) and single-form NRT (18%). Similar rates compared to dual-form NRT.
- Start 0.5mg daily for 3 days then increase to 0.5mg BID for 4 days then 1mg BID for 12 weeks.
- Cost: \$25/week, up-front \$300-600
- SE: Neuropsychiatric (insomnia, vivid dreams, headaches, agitation, depression, suicidal ideation).

BUPROPION

- Increased smoking cessation rates (19%) compared to placebo or no pharmacological treatment (12%).
- Lower smoking cessation rates to varenicline and dual-form NRT.
- Start 150mg daily for 3 days then 150mg BID, maintain for 7-12 weeks.
- Cost: \$4-13/week, up-front \$50-150
- SE: Neuropsychiatric (seizures, anxiety, depression, agitation, insomnia).

E-CIGARETTES

- Controversial: limited evidence on devices, and uncertainty about possible health risks of long-term use.
- More recent analysis demonstrated increased smoking abstinence at longer-term (>6 months) follow-up compared to NRT.

LOCAL RESOURCES

Alberta Quits website: FREE resources
Call toll-free at 1-866-710-7848
Text ABQUITS to 123456 to register for 3 month text messaging program
QuitCore support group program
CCS Quit Map to search for counselling

MORE INFORMATION

Information sheet
with resource links:

