

CLINICAL PRACTICE GUIDELINES

**TREATMENT OF
TOBACCO USE
DISORDER**



QUICK REFERENCE GUIDE
For Healthcare Professionals



MINISTRY OF HEALTH
MALAYSIA



MALAYSIAN ACADEMY
OF PHARMACY

11 Key Messages

1.	Ask and document smoking status for all patients.
2.	Provide brief advice on quit smoking at every visit to all smokers.
3.	Use individual, group and telephone counselling approaches, or in combination for smoking cessation interventions.
4.	Assess level of nicotine addiction using Modified Fagerström Test for Cigarette Dependence Questionnaire and verify smoking status using carbon monoxide (CO) breath analyser.
5.	Offer pharmacotherapy to all smokers who are attempting to quit, unless contraindicated.
6.	If selected, use NRT for at least eight to twelve weeks, whereas varenicline should be used for at least twelve weeks.
7.	Combination therapy (e.g., two NRTs, a non-NRT, e.g. bupropion with a NRT) is better than monotherapy in smoking cessation treatment and may be most useful for those smokers at highest risk of relapse.
8.	Use smoking cessation medications with caution in special populations (e.g., children and adolescents, pregnant, breastfeeding women, psychiatric and substance abuse disorder patients).
9.	Arrange a minimum of six to eight face to face follow-up sessions for smoking cessation interventions in six months.
10.	Apply motivational intervention technique (incorporating 5R's approach – Relevance, Risks, Rewards, Roadblocks & Repetition) for patients who are unwilling to make a quit attempt.
11.	Provide effective relapse prevention interventions to all smokers who have recently quit.

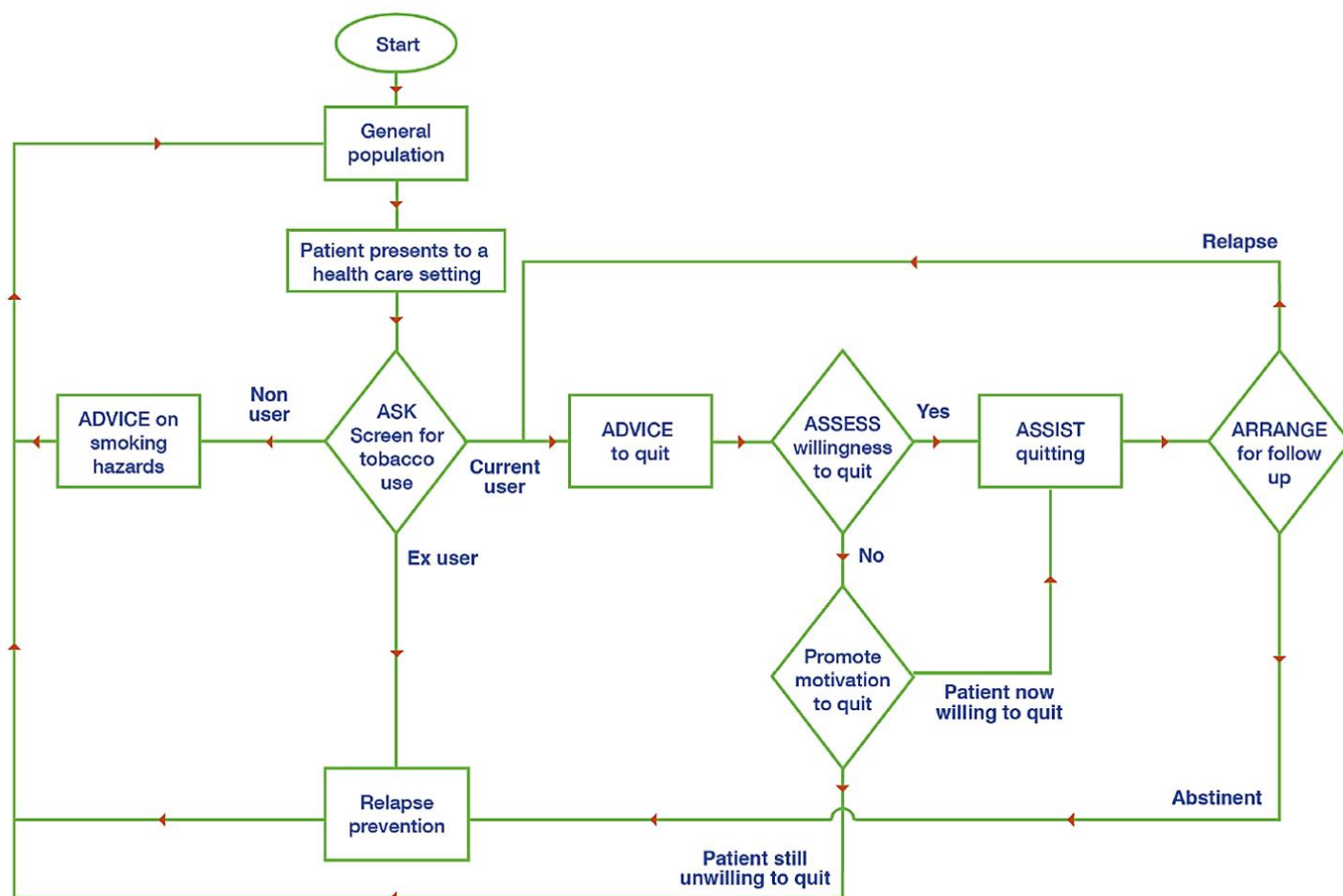
This Quick Reference Guide provides key messages and summary of the main recommendations in the Clinical Practice Guidelines (CPG) on Treatment of Tobacco Use Disorder.

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites: www.moh.gov.my and www.acadmed.org.my

PUBLISHED BY

**Tobacco Control Unit & FCTC Secretariat,
Non-Communicable Disease Section,
Disease Control Division, Ministry of Health Malaysia
Federal Government Administrative Centre, Putrajaya, Malaysia**

ALGORITHM FOR TREATMENT OF TOBACCO USE DISORDER



MODIFIED FAGERSTRÖM TEST FOR CIGARETTE DEPENDENCE QUESTIONNAIRE

No	Question	Option	Point
1	How soon after you wake up do you smoke your first cigarette?	<input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 5 to 30 minutes <input type="checkbox"/> 31 to 60 minutes <input type="checkbox"/> After 60 minutes	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
2	Do you find it difficult not to smoke in places where you shouldn't, such as in church or school, in a movie, at the library, on a bus, in court or in a hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
3	Which cigarette would you most hate to give up; which cigarette do you treasure the most?	<input type="checkbox"/> The first one in the morning <input type="checkbox"/> Any other one	<input type="checkbox"/> 1 <input type="checkbox"/> 0
4	How many cigarettes do you smoke each day?	<input type="checkbox"/> 10 or fewer <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 30 <input type="checkbox"/> 31 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5	Do you smoke more during the first few hours after waking up than during the rest of the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
6	Do you still smoke if you are so sick that you are in bed most of the day, or if you have a cold or the flu and have trouble breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0

Scoring: 7 to 10 points = highly dependent; 4 to 6 points = moderately dependent; less than 4 points = minimally dependent.

5A'S STRATEGY FOR BRIEF INTERVENTION

ASK	Identify and document tobacco use status for every patient at every visit, including the adolescents. Where appropriate, ask the caretaker of the patient about tobacco use or exposure to tobacco smoke.
ADVISE	Advise in a clear, strong and personalized manner urge every tobacco user to quit.
ASSESS	Is the tobacco user willing to make a quit attempt at this time? If the patient clearly states he or she is unwilling to make a quit attempt at this time, provide a motivational intervention built around the "5 R's": Relevance, Risks, Rewards, Roadblocks, and Repetition.
ASSIST	Assist in quit attempt for patients who are willing to make a quit attempt, use counselling with pharmacotherapy (when indicated) to help him or her quit. Apply STAR method in preparations for quitting (see below).
ARRANGE	Follow-up should occur soon after the quit date, preferably during the first week. Subsequent follow-ups are recommended weekly within the first month, and then every two weeks for the 2nd and 3rd month, and monthly after that up to 6 months.

STAR METHOD FOR PATIENT'S PREPARATIONS TO QUIT

Set	Set a quit date. Ideally, the quit date should be within 2 weeks.
Tell	Tell family, friends, and co-workers about quitting and request understanding and support. Also, help patient obtain extra-treatment social support from self-help groups, if available.
Anticipate	Anticipate challenges to planned quit attempt, particularly during the critical first few weeks, including nicotine withdrawal symptoms. Discuss challenges/triggers and how to overcome them.
Remove	Remove tobacco products from the environment. Prior to quitting, avoid smoking in places where most of the time is spent (e.g., work, home, car).

5R'S APPROACH FOR PATIENTS WHO ARE UNWILLING TO QUIT

Relevance	Encourage the patient to indicate why quitting is personally relevant, being as specific as possible.
Risks	Ask the patient to identify potential negative consequences of tobacco use.
Rewards	Ask the patient to identify potential benefits of stopping tobacco use.
Roadblocks	Ask the patient to identify barriers or impediments to quitting and provide treatment that could address barriers.
Repetition	Repeat motivational intervention every time an unmotivated patient visits the clinic setting.

MOTIVATIONAL INTERVIEWING STRATEGIES

Express empathy	<ul style="list-style-type: none"> • Use open-ended questions to explore the importance of addressing tobacco smoking, concerns and benefits of quitting. • Use reflective listening to seek shared understanding • Normalize feelings and concerns • Support the patient's autonomy and right to choose or reject change.
Develop discrepancy	<ul style="list-style-type: none"> • Highlight the discrepancy between the patient's present behaviour and expressed priorities, values, and goals. • Reinforce and support "change talk" and "commitment" language. • Build and deepen commitment to change.
Roll with resistance	<ul style="list-style-type: none"> • Back off and use reflection when the patient expresses resistance. • Express empathy. • Ask permission to provide information.
Support self-efficacy	<ul style="list-style-type: none"> • Help the patient to identify and build on past successes. • Offer options for achievable small steps toward change.

PHARMACOLOGICAL INTERVENTION - NICOTINE BASED SMOKING CESSATION DRUGS

Drug	Dosage	Prescribing instructions	Precautions	Side effects.
Nicotine Gum	<p>2 mg and 4 mg per piece.</p> <p>2 mg gum for patients smoking < 20 cigs/day, 4 mg gum for ≥ 20 cigs/day.</p> <p>Use up to 12 weeks with no more than 24 pieces/day.</p>	<p>Chewing technique: chew slowly until a peppery or minty taste emerges, then parked between cheek and gum. Repeat for about 30 minutes then discard</p> <p>Chew the gum on a fixed schedule (at least one piece every 1-2 hours during waking hours) for at least 1-3 months.</p> <p>Do not eat or drink while gum is in the mouth.</p>	<p>Pregnancy and lactating women: Should be used only if the increased likelihood of smoking abstinence, with its potential benefits, outweighs the risk of nicotine replacement and potential concomitant smoking.</p> <p>Cardiovascular diseases: should be used with caution among those in the immediate (within 1 to 2 weeks) post myocardial infarction period, serious arrhythmias and worsening angina pectoris.</p>	<p>Mouth soreness, hiccups, dyspepsia, and jaw ache.</p>
Nicotine Patch	<p>Niquitin® : 21, 14 and 7 mg</p> <p>Nicorette® : 25,15 and 10 mg</p>	<p>Apply a new patch on a relatively hairless location (e.g., upper arm or shoulder) as soon as the patient wakes up.</p> <p>Smokers with time-to-first cigarette (TTFC) of 30 minutes or less may benefit from putting the patch immediately before sleeping.</p> <p>Remove the patch after 16 or 24 hours.</p> <p>Rotate and avoid using the same site of application for ~ 1 week.</p>		<p>Skin reactions, insomnia.</p>
Nicotine Lozenge	<p>2 mg and 4 mg</p> <p>2 mg for patients smoking < 20 cigs/day, 4 mg for ≥ 20 cigs/day.</p>	<p>Week 1-6: 1 lozenge 1-2 hourly. Min: 9 lozenge/day. Week 7-9: 1 lozenge 2-4 hourly. Week 10-12: 1 lozenge 4-8 hourly. Max: 15 lozenge/day. Max duration: 24 wk.</p> <p>Should not be chewed or swallowed. Do not eat or drink while lozenge is in the mouth.</p>		<p>Nausea, vomiting, dyspepsia, hiccups, flatulence, oral discomfort.</p>

PHARMACOLOGICAL INTERVENTION - NON-NICOTINE BASED SMOKING CESSATION DRUGS

Drug	Dosage	Prescribing instructions	Precautions	Side effects.
Varenicline	<p>Days 1-3: 0.5 mg once daily; Days 4-7: 0.5 mg twice daily;</p> <p>Day 8-end of treatment: 1 mg twice daily.</p> <p>Minimum treatment duration is 12 weeks.</p>	<p>Start 1-2 weeks before quit date. Best taken with a bit of food.</p>	<p>Renal insufficiency, and lactating women.</p> <p>Not recommended in pregnancy, children and adolescents.</p>	<p>Nausea, headache, insomnia and abnormal dreams.</p>
Bupropion	<p>Begin 1-2 weeks prior to quit date with 150 mg o.m. for 3 days, then increase to 150 mg b.i.d. for 12 weeks following the quit date.</p>	<p>If insomnia is marked, take the PM dose earlier (in the afternoon, at least 8 hours after the first dose) may provide some relief.</p>	<p>Pregnancy and lactating women</p> <p>Close monitoring of patients for clinical worsening, emergence of suicidality, agitation, irritability & unusual changes in behaviour. Excessive use or abrupt discontinuation of alcohol or sedatives. Renal or hepatic impairment including mild to moderate & severe liver cirrhosis. Patients w/ a recent history of MI or unstable heart disease.</p> <p>Contraindicated in individuals with a history of seizure disorder, a history of an eating disorder, who are using another form of bupropion (Wellbutrin SR) or who have used an MAO inhibitor in the past 14 days.</p>	<p>Insomnia, headache and dry mouth.</p>

CORRECT WAY TO USE THE GUM



CHEW

Chew the gum slowly until peppery/minty taste becomes strong after about 10 chews



REST

Rest the gum between your gum and cheek



CHEW

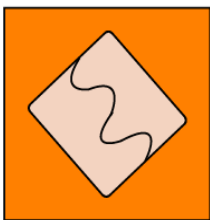
Start chewing again when taste has faded



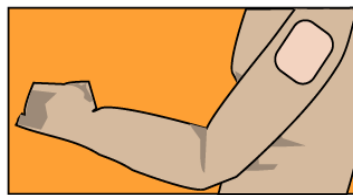
After about 30 minutes discard it properly

HOW TO USE THE NICOTINE PATCH?

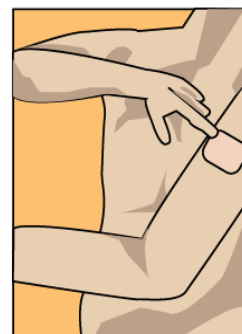
Remove seal at the back of the patch



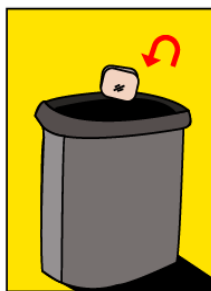
Put the patch on your arm or hip (non-hairy area)



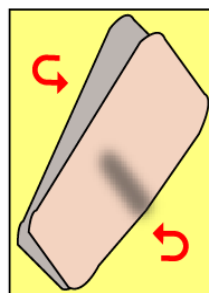
Seal it tightly



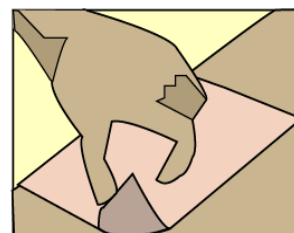
Leave it on for about 16 hours (during waking hours)



Next day, put a new patch on a different side (do not use the same side for at least 1 week)



Fold before discarding it safely



Peel off the patch