Helping patients to stop smoking: a guide for general practitioners

Smoking is the leading preventable cause of death and disease in Australia.[1] The benefits of quitting are significant: from immediately lowering the risk of physical health problems,[2,3] to improving mental health and wellbeing.[4]

This guide provides information on how to deliver best practice smoking cessation care to patients. Brief advice is an evidence-based way of structuring a conversation about smoking that is fast, simple and effective.

Smoking cessation brief advice

Smoking cessation brief advice from a doctor is effective. Research has shown it is a major external trigger in prompting a person who smokes to make a quit attempt.[5,6]

Evidence shows that most people who smoke want to quit, and expect their doctor to discuss smoking with them.[7,8]

While many patients are asked about smoking, few receive practical help. Quit, in consultation with health professionals, has developed the brief advice model Ask, Advise, Help. It can take as little as 3–5 minutes to deliver, and is recommended by the RACGP.[9]

Smoking cessation brief advice, which connects patients to pharmacotherapy and multi-session behavioural intervention (Quitline), gives your patient the best likelihood of stopping smoking.[10]

One in every 33 conversations in which a doctor advises a patient to stop smoking **will result in the patient successfully quitting.**

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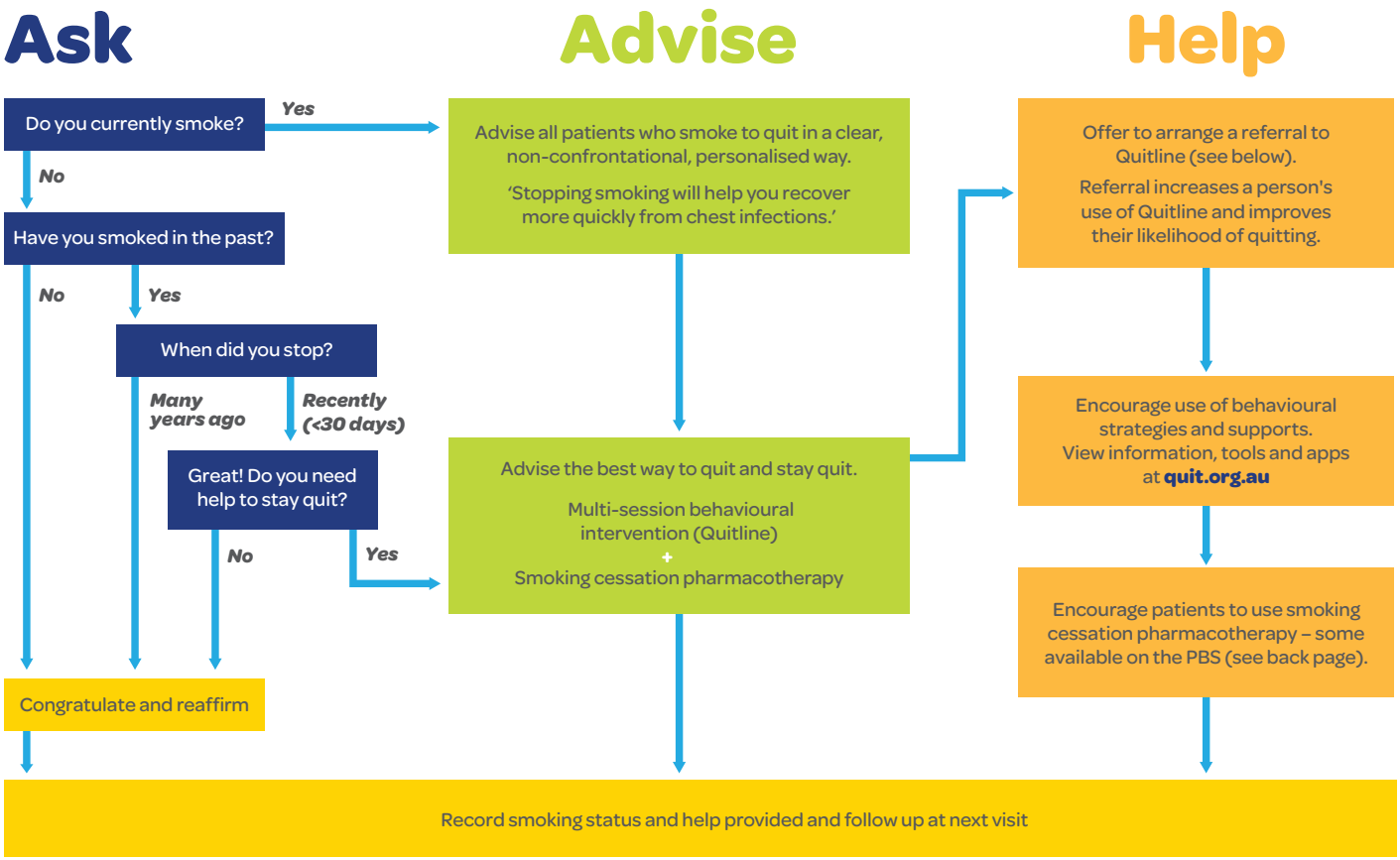
3-step brief advice for smoking cessation



Behavioural intervention

Refer to Quitline 13 7848

Quitline is a welcoming, confidential and evidence-based telephone counselling service.[11] It provides ongoing counselling to help people plan, make and sustain a quit attempt. Quitline will assess your patient's smoking history, provide motivational interviewing and help your patient develop a plan to stop smoking.

Return calls are scheduled to encourage your patient to set a quit date and to develop skills to manage the nicotine withdrawal period (day 1, day 3, day 7) and to maintain a quit attempt (approximately 14 days and 30 days quit).

Quitline has tailored programs for people living with a mental illness, pregnant women and young people. Aboriginal Quitline is also available.

Making a referral to Quitline has a number of benefits:

- Improves access to treatment – one study found a 13-fold increase in the proportion of people who smoke enrolling in treatment compared to the doctor simply recommending that patients call themselves.[12] Quitline will make multiple attempts to contact your patient.
- Reduces costs for your patient – it is a totally free service as Quitline calls the patient.
- Increases the likelihood of your patient quitting.[13,14]
- You receive feedback from Quitline on the outcome of your referral.

How to refer to Quitline

Referral is quick and easy. Use one of the following options:

- Submit a secure online referral at quit.org.au/referral.
- Download the Quitline referral form from quit.org.au/referral and fax to 1800 931 739.
- Fax (or electronically submit) a template auto-populated in Medical Director or Best Practice to 1800 931 739. Visit quit.org.au/generalpractice.

Encourage use of behavioural strategies

Encourage use of evidence-based behavioural strategies, such as:

- **Customised self-help:** QuitCoach (web-based personalised program), QuitTxt (phone messaging help) and other patient education tools and resources are available from quit.org.au
- **Self-help material:** This should be offered as a minimum during all brief advice conversations and includes:
  - Patient brochures available from the Quit website
  - The *Quit Because You Can* booklet. It guides a person to set a quit date, identify triggers and develop a quit plan
  - An appointment card with the Quitline phone number and strategies to manage cravings. This is useful if the patient has declined your offer of help.

Quit resources can be ordered from quit.org.au/resource-order-form

Pharmacotherapy

Use the diagram on the back of this resource to help determine which smoking cessation pharmacotherapy would be most appropriate for your patient based on clinical suitability, reasons to prefer and considering patient preference.

Quit resources and training

Resources

Quit has developed a range of resources in consultation with consumers and health professionals. Resources include display posters, brochures for patients and clinical resources for you.

These resources are available to download or order on the Quit website at quit.org.au/resource-order-form

Training

Quit offers a range of online training courses to support health professionals to deliver smoking cessation brief advice.

Visit education.quit.org.au to access Quit's training.

References

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The 'Help' component of brief advice – Offer help to all patients who smoke

Quitline 13 7848

For all patients who smoke, or have recently quit (<30 days), offer referral to multi-session behavioural intervention (Quitline). Arrange referral (quit.org.au/referral) if accepted.

Indicators of nicotine dependence to determine need for smoking cessation pharmacotherapy

- Smoking within 30 minutes of waking
- Smoking more than 10 cigarettes per day
- History of cravings and withdrawal symptoms in previous quit attempts

Note, some patients who do not meet these criteria may still be nicotine dependent. In reality, most patients who smoke are nicotine dependent and will require pharmacotherapy.

Considerations for initiating pharmacotherapy

- Due to efficacy, combination NRT and varenicline are considered **first-line** options and bupropion is **second-line**
- Explain options for pharmacotherapy based on clinical suitability, reasons to prefer and considering patient preference (see below and check PI for further information)
- Explain pharmacotherapies reduce, but do not entirely eliminate, cravings and withdrawal symptoms; they are only aids for quitting
- Combining pharmacotherapy with Quitline increases likelihood of cessation
- Tobacco smoke interferes with drug metabolism. Dosages of some medications may need to be adjusted upon stopping smoking. Visit quit.org.au/generalpractice for more information.

First-line

Nicotine replacement therapy (NRT)

Clinical suitability

Can be used by most people who smoke, including adolescents and children over age of 12. Use with caution (under medical supervision) in pregnant and breastfeeding women and patients with unstable cardiovascular disease.

Reasons to prefer:

- Variety of formulations (all available OTC)
- PBS subsidy for some formulations
- Concerns around adverse effects of varenicline or bupropion

Next steps:

- Give script for combination NRT (patch plus faster-acting formulation)
- Encourage completion of at least 8 weeks of therapy
- At follow-up, review progress and concerns; adverse effects e.g. skin irritation (patch), indigestion (faster-acting formulations)
- Arrange further follow-up visits as needed

Varenicline

Clinical suitability

Not recommended in pregnancy, breastfeeding, adolescence or childhood. Caution with unstable mental illness and unstable cardiovascular disease. Nausea in 30% of patients. Reduce dose in severe renal impairment. Could consider use in combination with NRT (evidence for increased quit rates with patch).

Reasons to prefer:

- On current evidence, varenicline is most effective monotherapy
- PBS subsidy
- Non-nicotine medication

Next steps:

- Give initial 4-week script; arrange for return for second script and discussion of progress
- At follow up, review progress and concerns; adverse effects e.g. nausea and sleep disturbance
- Monitor for neuropsychiatric symptoms
- Encourage completion of at least 12 weeks of therapy
- May require faster-acting NRT once completed course to manage temporary increase in cravings
- Arrange further follow-up visits as needed

Second-line

Bupropion

Clinical suitability

Consider if not suitable for varenicline or NRT. Not recommended in pregnancy, breastfeeding, adolescence or childhood.

Absence of contraindications such as eating disorders, history of seizures, concurrent monoamine oxidase inhibitors (or use within the last 14 days). Caution with other conditions or drugs that lower seizure threshold. Caution with concurrent alcohol use. Can increase blood pressure – monitor regularly.

Reasons to prefer:

- PBS subsidy
- Evidence of benefit in depression
- Non-nicotine medication; can be considered when varenicline not appropriate

Next steps:

- Give initial 2-week script; arrange for return for second script and discussion of progress
- At follow-up, review progress and concerns; adverse effects e.g. insomnia, headache and dry mouth
- Monitor for neuropsychiatric symptoms, allergy problems (skin rash) and increase in blood pressure
- Encourage completion of at least 7 weeks of therapy
- Arrange further follow-up visits as needed

For references for this algorithm, visit quit.org.au/gp-refs

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