



LINCOLN COMMUNITY HEALTH CENTER, INC.

1301 Fayetteville Street • P.O. Box 52119
Durham, North Carolina 27717 – 2119

SUBJECT: Tobacco Use Assessment and Cessation Counseling

EFFECTIVE DATE: 04/2014

REVISION DATE: 12/2017; 05/2022

REVIEWED DATE: 01/2020

APPENDIX: Smoking Cessation Medication Therapy

PROCEDURE STATEMENT: LCHC clinicians strive to screen annually all patients ages 12 and older for tobacco use and to offer all patients cessation counseling.

1. LCHC clinicians use Clinical Practice Guidelines, such as those published by the Agency for Healthcare Research and Quality (AHRQ), to provide evidence-based care and culturally appropriate patient education.

“The overarching goal of these recommendations is that clinicians strongly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health systems, insurers, and purchasers assist clinicians in making such effective treatments available.”


“This Public Health Service-sponsored Clinical Practice Guideline update gives hope to the seven out of ten smokers who visit a clinician each year. This Guideline urges every clinician, health plan, and health care institution to make treating tobacco dependence a top priority during these visits. Please ask your patients two key questions: “Do you smoke?” and “Do you want to quit?” followed by use of the recommendations in this Guideline.”

–excerpts from AHRQ: Treating Tobacco Use and Dependence 2008 Update

To access the Guideline:

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

2. Prescriber’s guides, reflecting treatments available on the LCHC formulary, will be provided to clinicians. This information is reviewed periodically at clinical staff meetings.
3. Clinical staff are encouraged to direct patients to other resources, including NC Tobacco Use Quitline.

APPROVED BY:  **DATE:** 5/13/22
Kristin Ito, MD, MPH, Chief Medical Officer

APPROVED BY: _____ **DATE:** 06/06/2022
Juliana Hodges, DNP, RN, CPNP-PC, Quality Improvement & Risk Management Director



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Appendix: Smoking Cessation Medication Therapy

Therapy*	Tobacco Free at 6 months	Individual Considerations
Patch (>14 weeks) + gum	36.5%	See individual ingredients
Varenicline (Chantix) <i>January 2022: Not currently available at LCHC Pharmacy due to April 2021 manufacturer recall</i>	33.2%	Yes: H/o heart disease No: H/o psychiatric illness Patients w/severe renal dysfunction (CrCl<30ml/min)
Patch + bupropion	28.9%	See individual ingredients
Gum (>14 weeks) NICOGUM2, NICOGUM4	26.1%	Yes: Patients concerned with weight gain Patients with oral cravings No: Patients with serious dental work or TMJ H/o of serious arrhythmias or angina
Clonidine** CLON0.1, CLON0.2, CLON0.3	25%	Yes: Patients with hypertension
Bupropion BUPR100	24.2%	Yes: Patients with depression Patients concerned with weight gain No: H/o insomnia, seizures, eating disorders, psychiatric illness
Patch NICOP7, NICOP14, NICOP21	23.4%	No: Patients with dermatologic conditions H/o serious arrhythmias or angina
Gum (<14 weeks)	19%	See Gum (>14 weeks)
Placebo	13.8%	

* All therapies may be used up to six months or longer.

** Clonidine not considered “first line” due to harm associated with abrupt discontinuation, lack of FDA approval, and variability of dosing.

Nicotine Replacement Therapy (NRT) Dosing Suggestions

Form	Consideration	Dosing
Patch	>10 cigarettes/day	21 mg → 14 mg → 7 mg
	<10 cigarettes/day	14 mg → 7mg
Gum	1 st cigarette <30 minutes after waking	4mg
	1 st cigarette >30 minutes after waking	2 mg



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Special Populations

Pregnancy and Lactation	Data inconclusive. All NRT is pregnancy cat. D, but still considered safer and with lowering nicotine levels for the fetus than smoking. Gum preferred over patches because of lower total nicotine absorbed by the mother. Bupropion: Pregnancy cat. B. Clonidine: Pregnancy cat. C Varenicline: Pregnancy cat. C. It is unknown if Chantix or the nicotine from the gum enters the breast milk, but nicotine from the patch, clonidine and bupropion do, and should be used with caution.
Adolescents	Medication therapy not approved or shown effective at six months post quit in the US, but counseling alone shown to be more effective than in adults.

In addition to medications, counseling sessions have been shown in recent meta-analyses to increase the chance of a patient being tobacco-free at six months post quit by as much as 49%. Participating in Quitline counseling can increase the chance by 21%.