

Smoking Cessation

Only about half of smokers are ever advised to quit smoking by their physicians. The Agency for Health Care and Policy and Research recommends that physicians should discuss the dangers of smoking with their patients and should continue to encourage them to quit at every office visit.

Physicians are in an ideal position to advise against smoking because 70 % of smokers see their primary care physician about three to four times a year. Research indicates that success rates for unaided smoking cessation doubles from 5% to 10% of attempts when instigated by simple advise to quit from the clinician.

Yet, the literature continues to document the failure of physicians and other healthcare professionals to intervene with all of their patients who smoke, with only half of current smokers reporting having been encouraged to quit and even fewer receiving specific counseling.

Healthcare settings provide an important teachable moment for smoking cessation intervention. Seventy-five percent of the adult population visits a physician at least once a year, with the average adult making five visits per year. In the physician's office, patients are often conscious of their health and most receptive to risk factor intervention, providing an important opportunity for change.

A number of studies have documented that physician-delivered counseling interventions for smoking cessation can be effective. However, these studies have also documented that two factors are especially important:

- the physician (or other healthcare professional) should receive skill-building training in counseling methods, and
- an office system that facilitates delivery of such counseling and enhances its effect must be in place.

The following, published by the American Heart Association, describes what a **Minimal Intervention in smoking cessation should contain:**

- Ask about smoking.
- Recommend cessation (or if a patient is a child or teenager, not starting).
- Help patients who want to stop smoking (provide audiovisual and/or print materials, refer to smoking cessation specialist or other trained office support personnel, provide a list of community resources).
- If possible, schedule a quit date.
- Arrange for follow-up.

There is overwhelming evidence demonstrating both the cardiovascular hazards of smoking and the prompt benefit that occurs with smoking cessation. The provision of advice alone significantly increases the smoking cessation rate, and even minimal counseling yields a further benefit.

Intervention with patients who have already suffered a cardiac event yields particularly striking benefits.

- The smoking status of all patients should be assessed and appropriate intervention offered to those who smoke.

The importance of ensuring the delivery of smoking cessation counseling was recognized when smoking counseling assessments were incorporated into version 3 of HEDIS, the Health Plan Employer Data Information Set of the National Committee for Quality Assurance (NCQA).

The **Smoking Cessation** template can be found from either The **LESS Initiative** on AAA Home or from the Main Tool Bar Template Icon.

LESS Initiative

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Sex: Age: DOB:

Home Phone: Work Phone:

Patient's Code Status:

SETMA's LESS Initiative | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)

[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)

[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#)

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) | [Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#)

Disease Management

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) | [Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy:

Phone: Fax:

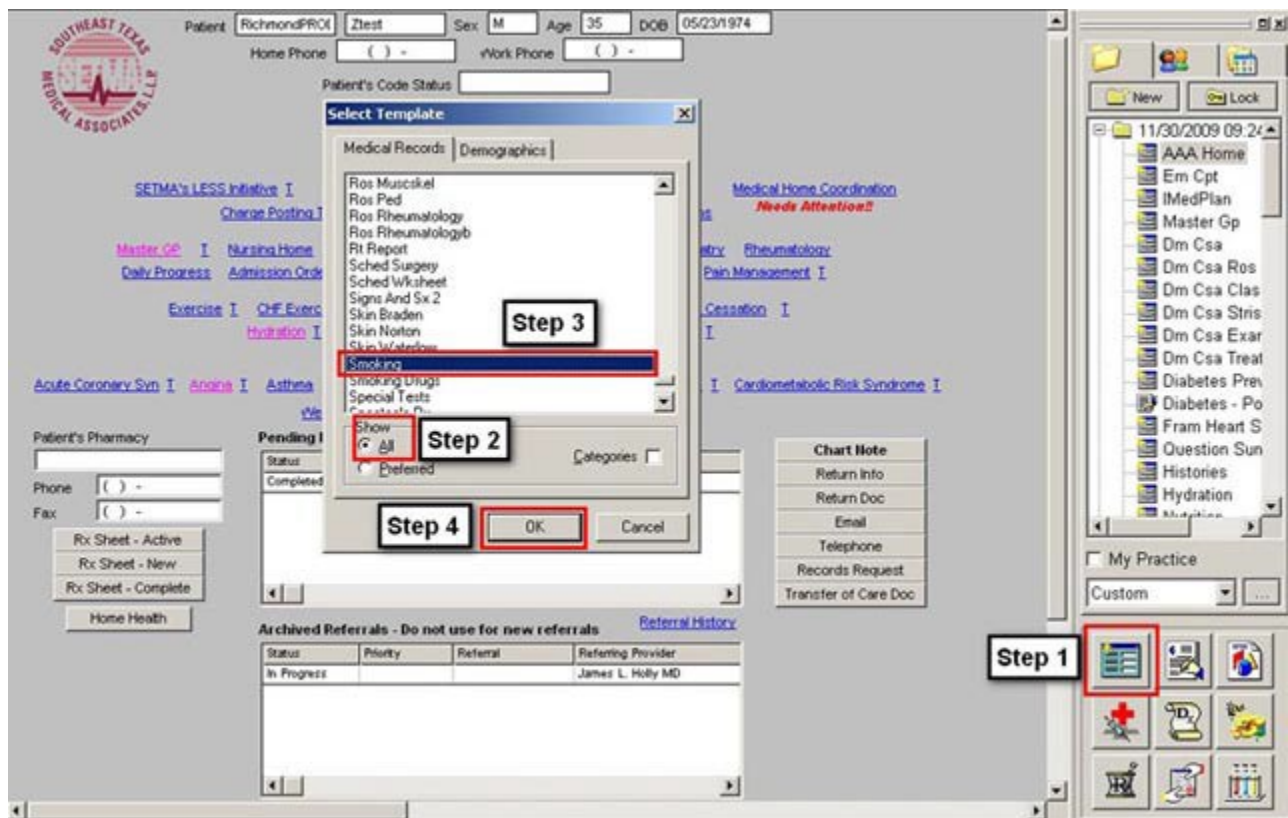
Pending Referrals

Status	Priority	Referral	Referring Provider
Completed	Routine	Test	Abbas

Archived Referrals - Do not use for new referrals

Status	Priority	Referral	Referring Provider
In Progress			James L. Holly MD

Chart Note



- When the Template button is clicked you will be presented with the preference list.
- If the Smoking Cessation Template is listed as one of your preferences, select it.
- If it is not one of your preferences, select the All radio button and scroll down until you find it in the list. Then you may select the template by either double-clicking on the name or single click on the name (so that it is highlighted in blue) and then click the OK button.

NOTE: For more on how to set up your preferences, [Click Here](#)
 The organization and content of the template is as follows:

The top section is organized into three columns:

Top Column 1 -

At the top left is an alert which states Red = Required Field

This is followed by the only required field which states

- Patient currently smokes? Yes No

Following in the first column are functions to document:

- Pipe? Yes No

- Smokeless Tobacco? Yes No
- Date Stopped Smoking? _____
- Packs per day? _____ Years? _____

Note: These functions interact with the History Template if they have been completed there.

The screenshot shows a web-based form titled "Smoking Cessation". At the top right, there is a field for "Last Chest X-Ray" with a date picker showing "///". A legend indicates "Red = Required Field". A red box highlights a section containing: "Patient currently smokes?" (radio buttons for Yes, No, with No selected), "Check here if patient has quit!!" (checkbox), "Pipe?" (radio buttons for Yes, No, with No selected), "Smokeless Tobacco?" (radio buttons for Yes, No, with No selected), "Date stopped smoking?" (calendar field showing "///"), and "Packs per day?" and "Years?" (text input fields). To the right of this section are questions: "Patient exposed to second hand smoke at home or work?" (radio buttons for Yes, No), "Has the patient committed to quit?" (radio buttons for Yes, No), "On what date did they commit?" (calendar field showing "///"), and "What is the goal stop date?" (calendar field showing "///"). On the far right are buttons for "Return", "Pharmacotherapy", and "Document". Below the highlighted section are several sections of checkboxes: "Ask" (checkboxes for asking patients about tobacco use and documenting responses), "Advise" (checkbox for letting patients know to quit), "Assess" (checkbox for finding out if patients are willing to quit), "Assist" (checkboxes for helping patients plan to quit by setting a date, reviewing past attempts, providing practical counseling, anticipating challenges like nicotine withdrawal symptoms, and urging total abstinence), and "Arrange Follow-Up" (checkbox for following up on smokers trying to quit). At the bottom, there is a link for "Email Ticker File" and a "Scheduled Date?" field with a date picker showing "///". On the right side, there is an "Information" section with links for "General Information", "Process of Quitting Smoking", and "Second Hand Smoke".

Top Column 2 -

A box where the date of the Last Chest X-ray is automatically documented.

There are then four data points for completion:

- Patient exposed to second hand smoke at home or work? Yes No
- Has the patient committed to quit? Yes No
- On what date did they commit? A calendar box is present for documentation
- What is the goal stop date? A calendar box is present for documentation

Red = Required Field

Smoking Cessation

Last Chest X-Ray

Patient currently smokes? Yes No

Check here if patient has quit!

Pipe? Yes No

Smokeless Tobacco? Yes No

Date stopped smoking?

Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No

Has the patient committed to quit? Yes No

On what date did they commit?

What is the goal stop date?

Return

Pharmacotherapy

Document

Information

[General Information](#)

[Process of Quitting Smoking](#)

[Second Hand Smoke](#)

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.

Men who smoke cut their lives short by 13.2 years
Women smokers lose 14.5 years of life

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

<input type="checkbox"/> setting a date	<input type="checkbox"/> anticipating challenges such as nicotine withdrawal symptoms
<input type="checkbox"/> reviewing past attempts to quit	<input type="checkbox"/> urging total abstinence
<input type="checkbox"/> providing practical counseling	

Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Ticker File](#) Scheduled Date?

Top Column 3 -

- **Return** Button for navigation back to the **LESS Initiative**
- **Pharmacotherapy** - this button launches a review of medications for smoking cessation. This is described below
- **Document** - this button launches the development of the Smoking Cessation document which also contains information on each element of the program which applies to this patient, i.e.:
 1. General Information
 2. Process of Quitting Smoking
 3. Second Hand Smoke
 4. Nicotine Withdrawal
- **Information** - the following three documents can then be printed, if there is every a need to do so apart from the completion of the Smoking Cessation document.
 1. General Information
 2. Process of Quitting Smoking
 3. Second Hand Smoke

Red = Required Field Smoking Cessation Last Chest X-Ray

Patient currently smokes? Yes No
 Check here if patient has quit!
 Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Return

Pharmacotherapy

Document

Information

[General Information](#)

[Process of Quitting Smoking](#)

[Second Hand Smoke](#)

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.

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Women smokers lose 14.5 years of life

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

 setting a date anticipating challenges such as [nicotine withdrawal symptoms](#)

 reviewing past attempts to quit providing practical counseling urging total abstinence

Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Tickler File](#) Scheduled Date?

The second section of the template from top to bottom allows the provider to follow a classic behavioral modification pattern, i.e., "Ask," "Advise," "Assess," "Assist," "Arrange"

Under "Ask" there are two steps, each of which should be checked marked, if the provider has taken these steps:

- At every visit, ask all patients about tobacco use, and document their response
- Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Red = Required Field

Smoking Cessation

Last Chest X-Ray

Patient currently smokes? Yes No
 Check here if patient has quit!

Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.

**Men who smoke cut their lives short by 13.2 years
 Women smokers lose 14.5 years of life**

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

setting a date anticipating challenges such as
 reviewing past attempts to quit [nicotine withdrawal symptoms](#)
 providing practical counseling urging total abstinence

Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Tickler File](#) Scheduled Date?

Under "Advise" there is one opportunity to document an action taken to intervene in the patient's smoking. It states:

- Let patients know, in a clear, strong, and personalized manner that you urge them to quit.

The following facts which appear on the template are helpful in the "Advise" phase of the Smoking Cessation encounter:

1. Men who smoke cut their lives short by 13.2 years
2. Women who smoke lose 14.5 years of life.

Red = Required Field

Smoking Cessation

Last Chest X-Ray

Patient currently smokes? Yes No
 Check here if patient has quit!

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.
Men who smoke cut their lives short by 13.2 years
Women smokers lose 14.5 years of life

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

<input type="checkbox"/> setting a date	<input type="checkbox"/> anticipating challenges such as
<input type="checkbox"/> reviewing past attempts to quit	nicotine withdrawal symptoms
<input type="checkbox"/> providing practical counseling	<input type="checkbox"/> urging total abstinence

 Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Ticker File](#) Scheduled Date?

Under the "Assess" phase of the Smoking Cessation encounter, there is one point of documentation:

- Find out whether patients are willing to quit now or at least within the next 30 days.

Red = Required Field

Smoking Cessation

Last Chest X-Ray:

Patient currently smokes? Yes No
 Check here if patient has quit!

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.

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Women smokers lose 14.5 years of life

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

- setting a date
- reviewing past attempts to quit
- providing practical counseling
- anticipating challenges such as [nicotine withdrawal symptoms](#)
- urging total abstinence

Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Tickler File](#) Scheduled Date?

Under the "Assist" phase of the Smoking Cessation encounter, there are the following opportunities to document aspects of the effort:

- Help patients plan to quit by.
 1. Setting a date
 2. Reviewing past attempts to quit
 3. Providing practical counsel
 4. Anticipating challenges such as nicotine withdrawal symptoms
 5. Urging total Abstinence

Note: The **nicotine withdrawal symptom** provides a document to give to the patient by clicking on those words.

6. Prescribe pharmacotherapy
7. Provide educational materials on smoking cessation

Red = Required Field

Smoking Cessation

Last Chest X-Ray

Patient currently smokes? Yes No
 Check here if patient has quit!

Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Information

[General Information](#)
[Process of Quitting Smoking](#)
[Second Hand Smoke](#)

Ask At every visit, ask all patients about tobacco use, and document their response.
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 Women smokers lose 14.5 years of life**

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

setting a date

reviewing past attempts to quit

providing practical counseling

anticipating challenges such as [nicotine withdrawal symptoms](#)

urging total abstinence

Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Ticker File](#) Scheduled Date?

The "Arrange Follow-up" phase of the Smoking Cessation encounter provides the following opportunity for documentation:

- Smokers trying to quit are at high risk for relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

Red = Required Field

Smoking Cessation

Last Chest X-Ray

Patient currently smokes? Yes No
 Check here if patient has quit!

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Ask At every visit, ask all patients about tobacco use, and document their response.
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Women smokers lose 14.5 years of life

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...

- setting a date
- reviewing past attempts to quit
- providing practical counseling
- anticipating challenges such as [nicotine withdrawal symptoms](#)
- urging total abstinence
- Prescribe pharmacotherapy.
- Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Tickler File](#) Scheduled Date?

Information
[General Information](#)
[Process of Quitting Smoking](#)
[Second Hand Smoke](#)

Beneath this is a link entitled **Email Tickler File** with a **Scheduled Date** Box next to it.

- When the "**Email Tickler File**" is clicked, a pop-up appears which gives the **8 steps to creating an electronic tickler file**.
- When **OK** is clicked an e-mail is launched.
- Click on the option "**this template**," and then click **OK**
- This launches an e-mail which has the following information on it:

"Please contact Test IBM Serv AAA to confirm that she has stopped smoking. Her home telephone number is 4098354550. If she has stopped smoking, please congratulate her. If she has not, but is making a good faith effort, please let her know that we will contact her again in one month. She must have stopped by then. Let her know that her healthcare provider will be notified of her progress or lack thereof. Create a follow-up electronic tickler file for one month hence. Notify the provider of the patient's response."

- Put your nurse or your unit clerk's name in the "**To**" space, then click on **Options**.
- Select the option "**To Not Deliver Before**."
- Select a date one month from this date.
- Click "**send**."
 1. This e-mail will then appear on your unit clerk's desktop on the date selected.
 2. When the nurse or the unit clerk calls the patient, the content of that call will be documented and the e-mail will be placed in the patient's EMR record. For more

information on setting up an Email Tickler in the EMR, [Click Here For information on how to put an e-mail in the EMR, Click Here](#)

Red = Required Field **Smoking Cessation** Last Chest X-Ray

Patient currently smokes? Yes No
Check here if patient has quit!
Pipe? Yes No
Smokeless Tobacco? Yes No
Date stopped smoking?
Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No
Has the patient committed to quit? Yes No
On what date did they commit?
What is the goal stop date?

Return
Pharmacotherapy
Document

Information
[General Information](#)
[Process of Quitting Smoking](#)
[Second Hand Smoke](#)

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

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Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...
 setting a date anticipating challenges such as [nicotine withdrawal symptoms](#)
 reviewing past attempts to quit providing practical counseling urging total abstinence
 Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Tickler File](#) Scheduled Date?

Pharmacotherapy

When the **Pharmacotherapy** button is depressed on the **Smoking Cessation Template**, it launches a template entitled, "**Smoking Cessation Pharmacotherapy.**"

At the top, the following statement appears:

Because tobacco dependence clearly meets all criteria for a drug dependence disorder, the guideline panel concluded that it is inappropriate to reserve pharmacotherapy until patients have tried to quit on their own; because 95% of these unaided quit-attempts fail.

At the left-hand side of the template are six documents which provide facts about medications used in smoking cessation; under the heading **First-Line Pharmacotherapy** are:

1. Bupropion, sustained release (SR)
2. Nicotine Patch
3. Nicotine polacrilex (gum)
4. Nicotine inhaler
5. Nicotine nasal spray
6. Nicotine lozenge

Smoking Cessation Pharmacotherapy

Because tobacco dependence clearly meets all criteria for a drug dependence disorder, the guideline panel concluded that it is inappropriate to reserve pharmacotherapy until patients have tried to quit on their own, because 95% of these unaided quit attempts fail.

[Return](#)

First-Line Pharmacotherapies

- [Bupropion, sustained-release \(SR\)](#)
- [Nicotine patch](#)
- [Nicotine polacrifex \(gum\)](#)
- [Nicotine inhaler](#)
- [Nicotine nasal spray](#)
- [Nicotine lozenge](#)

Second-Line Recommended Therapies

Although clonidine and nortriptyline can be effective for treating tobacco dependence, they are not FDA approved for this indication and side effects may be greater than with first-line treatments. They should only be considered when first-line therapies have failed or are contraindicated.

[Clonidine](#) [Nortriptyline](#)

Prescribing Pharmacotherapies

[Avoid Pharmacotherapy](#) [Safety, Weight Gain, Women](#) [Drug Dosing](#)

Under the heading **Second-line Recommend Therapies** is the following statement:

Although clonidine and nortriptyline can be effective for treating tobacco dependence, they are not FDA approved for this indication and side effects may be greater than with first-line treatments. They should only b considered when first-line therapies have failed or are contraindicated.

Below this statement are two links which launched documents about the named drug:

- Clonidine
- Nortriptyline

Smoking Cessation Pharmacotherapy

Because tobacco dependence clearly meets all criteria for a drug dependence disorder, the guideline panel concluded that it is inappropriate to reserve pharmacotherapy until patients have tried to quit on their own, because 95% of these unaided quit attempts fail.

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First-Line Pharmacotherapies

- [Bupropion, sustained-release \(SR\)](#)
- [Nicotine patch](#)
- [Nicotine polacrifex \(gum\)](#)
- [Nicotine inhaler](#)
- [Nicotine nasal spray](#)
- [Nicotine lozenge](#)

Second-Line Recommended Therapies

Although clonidine and nortriptyline can be effective for treating tobacco dependence, they are not FDA approved for this indication and side effects may be greater than with first-line treatments. They should only be considered when first-line therapies have failed or are contraindicated.

[Clonidine](#) [Nortriptyline](#)

Prescribing Pharmacotherapies

[Avoid Pharmacotherapy](#) [Safety, Weight Gain, Women](#) [Drug Dosing](#)

At the bottom of the template is a section entitled **Prescribing Pharmacotherapy**.

Smoking Cessation Pharmacotherapy

Because tobacco dependence clearly meets all criteria for a drug dependence disorder, the guideline panel concluded that it is inappropriate to reserve pharmacotherapy until patients have tried to quit on their own, because 95% of these unaided quit attempts fail.

[Return](#)

First-Line Pharmacotherapies

[Bupropion, sustained-release \(SR\)](#)
[Nicotine patch](#)
[Nicotine polacrifex \(gum\)](#)
[Nicotine inhaler](#)
[Nicotine nasal spray](#)
[Nicotine Ionzenge](#)

Second-Line Recommended Therapies

Although clonidine and nortriptyline can be effective for treating tobacco dependence, they are not FDA approved for this indication and side effects may be greater than with first-line treatments. They should only be considered when first-line therapies have failed or are contraindicated.

[Clonidine](#) [Nortriptyline](#)

Prescribing Pharmacotherapies

[Avoid Pharmacotherapy](#) [Safety, Weight Gain, Women](#) [Drug Dosing](#)

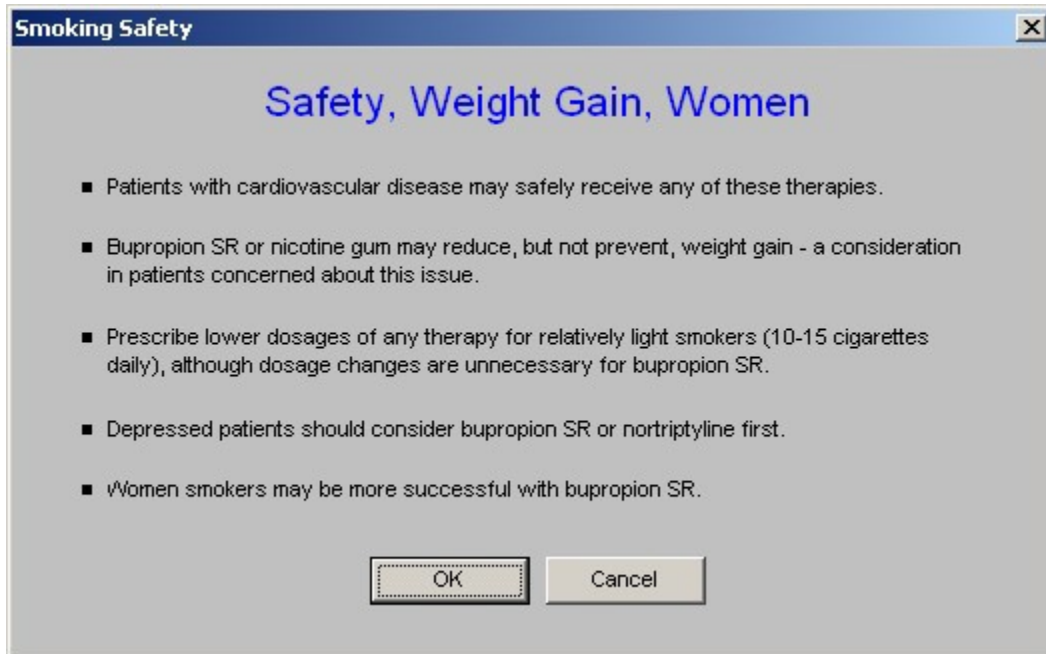
There are three buttons which launched different functions:

- **Avoid Pharmacotherapy** - this lists four circumstances in which pharmacotherapy is not indicated. They are:
 1. Those smoking fewer than 10 cigarettes per day
 2. Women who are pregnant
 3. Women who are breastfeeding
 4. Adolescent smokes



- **Safety, Weight Gain, Women** - this list five considerations about drug treatment of nicotine; they are:
 1. Patients with cardiovascular disease may safely receive any of the therapies

2. Bupropion SR or nicotine gum may reduce, but not prevent, weight gain - a consideration in patients concerned about this issue.
3. Prescribe lower dosages of any therapy for relatively light smokers (10-15 cigarettes daily), although dosage changes are not necessary for bupropion SR.
4. Depressed patients should consider bupropion SR or nortriptyline first.
5. Women smokers may be more successful with bupropion SR.



- **Drug Dosing** - this launches an electronic PDR for information about each of the First and Second-line drugs discussed above. When the appropriate drug is selected by checking the box next to it, the following information is populated into boxes with the names:
 1. Precautions/contraindications
 2. Side effects
 3. Dosage
 4. Duration

This information is displayed for:

5. Bupropion, sustained release
6. Nicotine gum
7. Nicotine inhaler
8. Nicotine nasal spray
9. Nicotine transdermal systems
10. Nicotine lozenge
11. Clonidine
12. Nortriptyline

Smoking Cessation Pharmacotherapy

Select the drug of interest and view the available information below.

First-Line Therapies

- Bupropion, sustained release
- Nicotine gum
- Nicotine inhaler
- Nicotine nasal spray
- Nicotine transdermal systems
- Nicotine lozenge

Second-Line Therapies

- Clonidine
- Nortriptyline

Precautions/Contraindications

Side Effects

Dosage

Duration

OK

Cancel