
Smoking Cessation

(The following is adapted from a Carlat One-Pager that was originally created for the June 2015 issue of the *Carlat Addiction Treatment Report*. See that issue for the full article.)

Assessment

DSM-5: “Problematic pattern” of tobacco use leading to “significant distress” that lasts at least 12 months.

1. *Determine daily nicotine use.* How many packs per day (20 mg nicotine is typically absorbed per 20-cigarette pack)? E-cigarettes (nicotine varies)? Chewing tobacco (one pouch = ¼ pack)? Hookah?
2. *Determine the usage pattern.* When does the patient have their first cigarette of the day? Does the patient smoke when sick?
3. *Determine past quitting techniques.* Have any worked—or not worked?

Pharmacological Treatment: Which to Choose?

- **Nicotine replacement therapy (NRT).** Start most patients on NRT. Prescribe patch based on nicotine load: One cigarette delivers about 1 mg of nicotine; so one pack per day = 21 mg patch. Place it at the same time each day, usually in the morning. Start above the heart and rotate left around the body to prevent skin irritation. Use 0.5% cortisone cream for irritation/rash. Initial dose for four to eight weeks, then taper monthly or every two months. Advise no smoking—patients may note nausea or racing heart if they do.
- **Combination NRT.** As effective as varenicline. If there are cravings throughout the day even with a patch, add a short-acting agent (gum, lozenge, spray, inhaler). Discuss chewing technique for gum: Chew a few times to activate the release (the sign is bad peppery taste), then park between cheek and gum, switching sides every few minutes. Each piece is 2 mg or 4 mg and lasts about 30 minutes. Spray and inhaler are available by prescription only.
- **Varenicline (Chantix).** Most effective single medication for smoking. Start 0.5 mg per day for three days, increase to twice daily for seven to 10 days, then quit smoking, then increase gradually to 1 mg twice daily for three months. Discuss possible insomnia and vivid dreams (common). Psychiatric side effects, such as depression, suicidal ideation, and aggression, are unusual and likely caused by nicotine withdrawal rather than varenicline.
- **Bupropion (Wellbutrin SR, Zyban).** Effective, but less effective than varenicline. 150 mg/day is just as effective as the manufacturer’s recommended dose of 150 mg BID and carries fewer side effects. Possible side effects of insomnia, nervousness, weight loss (potentially good, especially since many people gain weight after quitting).

Tips to Improve Success of Treatment

- Normalize failure. Most people need multiple quit attempts before success; if patients know this in advance, they might be more willing to come back and try again.
- The first week after quitting is the hardest in terms of craving. Craving spells last 10–20 minutes; distraction techniques can work to deal with them. Patients can try drinking a large glass of cold water, playing a video game, etc.
- Warn patients that they might cough temporarily after they quit—this is a normal lung response to healing.
- Give phone number 1-800-QUIT-NOW for free support.