

Information on Smoking Cessation for the Clinician

Promoting the Motivation To Quit For the Patient Who Has Recently Quit

- Smokers who have recently quit face a high risk of relapse. Although most relapse occurs early in the quitting process, some relapse occurs months or even years after the quit date.
- The best strategy for producing high long-term abstinence rates appears to be use of the most effective cessation treatments available; that is, the use of evidence-based cessation medication during the quit attempt and relatively intense cessation counseling (eg, four or more sessions that are ten minutes or more in length).
- Ex-smokers often report problems that have been worsened by smoking withdrawal or that coexisted with their smoking. If a clinician encounters a tobacco user who recently quit, the clinician might reinforce the patient's success at quitting, review the benefits of quitting, and assist the patient in resolving any residual problems arising from quitting.
- Expressions of interest and involvement on the part of the clinician might encourage the patient to seek additional help with cessation should she or he ultimately relapse.

Strategy C1. Intervening with the patient who has recently quit

The former tobacco user should receive congratulations on any success and strong encouragement to remain abstinent.

When encountering a recent quitter, use open-ended questions relevant to the topics below to discover if the patient wishes to discuss issues related to quitting:

- The benefits, including potential health benefits, the patient may derive from cessation
- Any success the patient has had in quitting (duration of abstinence, reduction in withdrawal, etc.)
- The problems encountered or anticipated threats to maintaining abstinence (eg, depression, weight gain, alcohol, other tobacco users in the household, significant stressors)
- A medication check-in, including effectiveness and side effects if the patient is still taking medication

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Strategy C2. Addressing problems encountered by former smokers

A patient who previously smoked might identify a problem that negatively affects health or quality of life. Specific problems likely to be reported by former smokers and potential responses below:

Problems	Responses
Lack of support for cessation	<ul style="list-style-type: none"> • Schedule follow-up visits or telephone calls with the patient. • Urge the patient to call the national quitline network (1-800-QUITNOW) or other local quitline. • Help the patient identify sources of support within his or her environment. • Refer the patient to an appropriate organization that offers counseling or support.
Negative mood or depression	<ul style="list-style-type: none"> • If significant, provide counseling, prescribe appropriate medication, or refer the patient to a specialist.
Strong or prolonged withdrawal symptoms	<ul style="list-style-type: none"> • If the patient reports prolonged craving or other withdrawal symptoms, consider extending the use of an approved medication or adding/combining medications to reduce strong withdrawal symptoms.
Weight gain	<ul style="list-style-type: none"> • Recommend starting or increasing physical activity. • Reassure the patient that some weight gain after quitting is common and usually is self-limiting. • Emphasize the health benefits of quitting relative to the health risks of modest weight gain. • Emphasize the importance of a healthy diet and active lifestyle. • Suggest low-calorie substitutes such as sugarless chewing gum, vegetables, or mints. • Maintain the patient on medication known to delay weight gain (eg, bupropion SR, NRTs—particularly 4-mg nicotine gum and lozenge). • Refer the patient to a nutritional counselor or program.
Smoking lapses	<ul style="list-style-type: none"> • Suggest continued use of medications, which can reduce the likelihood that a lapse will lead to a full relapse. • Encourage another quit attempt or a recommitment to total abstinence. • Reassure that quitting may take multiple attempts, and use the lapse as a learning experience. • Provide or refer for intensive counseling.

Adapted from Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.