

Smoking Cessation in Primary Care



Aspirin when appropriate



Blood pressure control



Cholesterol management

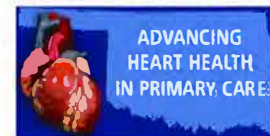


Smoking cessation

Healthy Hearts for Oklahoma (H2O)

The Oklahoma Cooperative for AHRQ's

EvidenceNOW



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The persistent challenge of smoking

The 2012 smoking percentage of 23.3% is historically low for Oklahoma, but there are still high rates of smoking-related disease¹. Oklahoma now ranks 39th for adult smoking in the United States, which is improved from its previous ranking of 47th¹.



5.6 million

of today's Americans younger than 18 years of age are projected to die prematurely from a smoking-related illness²



Short and long-term benefits of quitting^{2,3}

After:

2

weeks

circulation improves and pulmonary function increases

1

year

excess risk of coronary heart disease is half that of a continuing smoker

10

years

risk of dying from lung cancer is about half that of a continuing smoker

The 5 A's

- ✓ Ask
- ✓ Advise
- Assess
- Assist
- Arrange

The 5 A's: A framework to attack smoking

Effective smoking cessation relies on identifying smokers and offering help.

ASK at all visits whether someone is smoking and **ADVISE** strongly to quit, offering a treatment plan that fits the patient.⁴

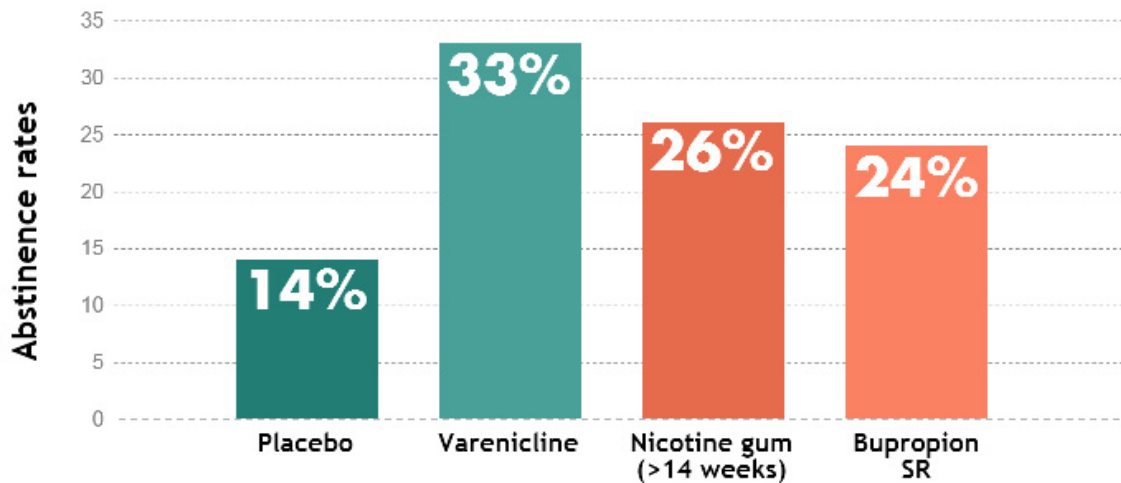
Choose a treatment plan that fits the patient

A comprehensive approach to cessation is more successful than any one mode of therapy. For patients ready to commit to quitting, use both behavioral interventions and pharmacologic therapy.

Good evidence suggests that each of the following pharmacotherapies can effectively support smoking cessation, unless contraindications are present:⁵

- Nicotine replacement therapy (gum, lozenges, patches, inhalers, and nasal spray)
- Bupropion (a norepinephrine/dopamine reuptake inhibitor and nicotinic acetylcholine receptor antagonist)
- Varenicline (a partial agonist of the alpha-4/beta-2 nicotinic acetylcholine receptor)

Effectiveness of smoking cessation pharmacotherapies⁶



Combining nicotine replacement therapy with either bupropion or varenicline can help patients who are still smoking during monotherapy.^{7,8}

Make counseling part of smoking cessation strategies

Focused counseling sessions between provider and patient can increase successful tobacco cessation success by up to 20%.⁹

 Social Support	 Problem solving techniques
 Screen for psychiatric disease	 Set a quit date

E-cigarettes

E-cigarettes are **not associated** with successful quitting in general population-based samples of smokers.¹⁰

Between 2011 and 2013 the number of U.S. middle and high school students who had never smoked regular cigarettes but who began smoking e-cigarettes tripled, from 79,000 in 2011 to 263,000 in 2013.¹¹



Other resources

The Oklahoma Tobacco Quitline offers a variety of free services to those thinking about quitting or who are ready to quit.



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For interactive calculators, up-to-date statistics, and more information on this initiative, visit our website:

<http://ophic.ouhsc.edu/rpr>

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