# Helping patients to stop smoking: a guide for general practitioners



Smoking is the leading cause of preventable death and disease in Australia.<sup>1,2</sup> The benefits of quitting are significant: from immediately lowering the risk of physical health problems,<sup>3</sup> to improving mental health and wellbeing.<sup>4,5</sup>

This guide provides information on how to deliver the most efficient and effective stop smoking intervention for your patients. It is based on research evidence and is informed by consultations with general practitioners, primary health networks and leaders in cessation.

# Embedding brief advice into routine care

Smoking cessation brief advice from a doctor is effective, 6 with one in 33 conversations resulting in a person successfully quitting.

Population surveys show, repeatedly, that more than four in five smokers want to quit. Nearly all expect smoking cessation advice from doctors and other health professionals.

While many patients are asked about smoking, few receive practical help. As time was identified as a major barrier in delivering the 5-step (5As) approach to smoking cessation, <sup>8</sup> Quit worked with health professionals to develop the 3-step model (Ask, Advise, Help) overleaf. It can take as little as 3–5 minutes to deliver.

Brief advice combined with a behavioural intervention and pharmacotherapy, if appropriate, gives your patient the best chance of stopping smoking.<sup>7</sup>

# One in every 33 conversations

in which a doctor advises a patient to quit smoking will result in the patient successfully quitting.

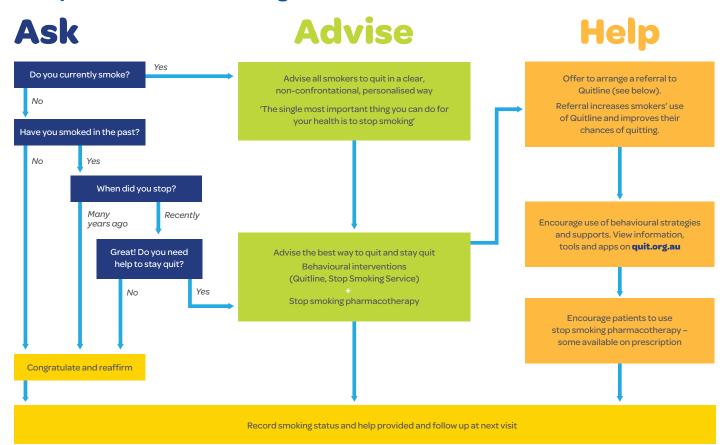








# 3-step brief advice for smoking cessation



# **Behavioural intervention**

## Refer to Quitline 13 7848

Quitline is a welcoming, confidential and effective telephone counselling service. It provides ongoing counselling to help people plan, make and sustain a quit attempt. Quitline will assess your patient's smoking history, provide motivational interviewing and help your patient develop a plan to stop smoking.

Return calls are scheduled to encourage your patient to set a quit date and to develop skills to manage the nicotine withdrawal period (day 1, day 3, day 7) and to maintain a smokefree lifestyle (approximately 14 days and 30 days quit).

Quitline has tailored programs for people with mental health conditions, pregnancy, and for young people. Quitline also has Aboriginal Quit Specialists available.

Making a referral to Quitline has a number of benefits:

- Improves access to treatment one study found a 13-fold increase in the proportion of smokers enrolling in treatment compared to the doctor simply recommending that patients call Quitline.<sup>10</sup> Quitline will make multiple attempts to contact your patient.
- Reduces costs for your patient it is a totally free service as Quitline calls the patient.

- Increases the chance of your patient quitting.<sup>11,12</sup>
- Referred patients see their GP as more supportive of their quitting.<sup>12</sup>
- You receive feedback from Quitline on the outcome of your referral.

# How to refer to Quitline

Referral is quick and easy. Use one of the following options:

- Fax (or electronically submit) a template auto-populated in Medical Director or Best Practice to 1800 931 739.
  Visit quit.org.au/generalpractice.
- Download the Quitline referral form from quit.org.au/referral and fax to 1800 931 739.
- Submit a secure online referral at quit.org.au/referral.

# **Encourage use of behavioural strategies**

If the patient declines the offer of a referral to Quitline, provide self-help material and encourage use of other evidence-based behavioural strategies, such as:

 Customised self-help: QuitCoach (web-based personalised program), QuitTxt (phone messaging help) and other patient education tools and resources are available from quit.org.au

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# **W**uitline 13 7848

- Self help material: This should be offered as a minimum during all brief advice conversations and includes:
  - patient fact sheets, available from the Quit website
  - the *Quit Because You Can* booklet. It guides a person to set a quit date, identify triggers and develop a quit plan
  - an appointment card with the Quitline phone number and strategies to manage cravings. This is useful if the person has declined your offer of help.

Quit resources can be ordered from quit.org.au/resource-order-form

# **Pharmacotherapy**

Use the diagram on the back of this resource to help determine which cessation pharmacotherapy would be most beneficial for your patient based on clinical suitability and patient needs.

# **Quit Victoria resources and training**Resources for your clinic

Quit has a range of resources developed in consultation with consumers and health professionals. Resources include posters for display in the clinic, reference cards for GPs and brochures and wallet cards for patients. Examples include:

- 4Ds Appointment Card
- My Quit Plan brochure
- Quit Because You Can
- Stress Cycle of Smoking

These resources are available to download or order on the Quit website at quit.org.au/resource-order-form

### **Quit education**

Quit offers a range of online education options to support health professionals to deliver brief advice for smoking cessation.

# Brief advice training

Quit offers online training for health professionals on delivering brief advice using Quit's 3-step Ask, Advise, Help model. It has been accredited by the RACGP for Category 2 CPD points.

# Plan, Do, Study, Act (PDSA) cycle for smoking cessation

The PDSA (Plan, Do, Study, Act) is a cyclical framework for quality improvement. It is designed to assist GPs to embed smoking cessation systematically as part of routine practice. It can be completed as a whole-of-practice project, incorporating GPs, practice managers, nurses and other practice staff. It has been accredited by the RACGP for 40 Category 1 points.

Visit education.quit.org.au to access Quit's training.



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# **Quitline** 137848



Record in patient notes

ADVISE patient the best thing they can do for their health (make salient to current health if possible) is to quit. Also ADVISE the best way to quit.

Immediately make enthusiastic offer of HELP

Record in patient notes

Affirm decision and congratulate if patient is a former smoker.

## Assess need for pharmacotherapy (nicotine dependence indications)

- Smoking within 30 minutes of waking
- Smoking more than 10 cigarettes per day
- History of withdrawal symptoms in previous quit attempts

# Not nicotine-dependent

Refer to Quitline or other smoking cessation specialist service for coaching (behavioural intervention) and information

# Nicotine-dependent

- Refer to Quitline plus pharmacotherapy to increase chance of cessation success
- Explain options for pharmacotherapy (see below)
- Specify therapy based on clinical suitability and patient preference
- Explain medicines reduce, but do not eliminate, withdrawal symptoms; they are only aids to quitting

# **Nicotine replacement therapy** (NRT)

## **Clinical suitability**

Can be used in all groups of smokers including adolescents. Use with caution (under medical supervision) in pregnant women and patients with unstable cardiovascular disease (check PI).

### **Patient choice**

# Reasons to prefer:

- OTC availability (all forms) and also PBS subsidy (patch, gum, lozenge; as monotherapies)
- Concerns about side effects of varenicline or bupropion
- Variety of dosage forms available

## **Varenicline**

## **Clinical suitability**

Not recommended in pregnancy, childhood or adolescence. Caution with significant intercurrent psychological/ psychiatric disease. Caution in cardiovascular disease. Nausea in 30% of patients. Reduce dose in severe renal impairment (check PI).

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### **Patient choice**

Reasons to prefer:

- On current evidence, varenicline is the most effective monotherapy
- PBS subsidy
- Lack of drug interactions



- Refer to Quitline
- Give initial 4-week script; arrange for return for second script and discussion of progress
- At follow-up, review progress and problems: common adverse effects, nausea and abnormal
- Check for neuropsychiatric symptoms
- Encourage completion of at least 12 weeks of therapy
- Arrange further visits as needed

# **Bupropion sustained release**

### Clinical suitability

Absence of contraindications such as current or past seizures, concurrent monoamine oxidase inhibitors (or use within the last 14 days), pregnancy. Caution with other conditions or drugs that lower seizure threshold (check PI).

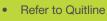
### **Patient choice**

Reasons to prefer:

- PBS subsidy when varenicline not appropriate
- Oral non-nicotine preparation
- Relapse in past using NRT
- Evidence of benefit in chronic disease and depression



- Refer to Quitline
- Give initial 4-week script; arrange for return for second script and discussion of progress
- At follow-up, review progress and adverse effects: such as insomnia, headache and dry mouth
- Monitor for allergy problems (skin rash)
- Encourage completion of at least 7 weeks of therapy
- Arrange further follow-up visits as needed



- Discuss benefit of follow-up visits, especially if there are concerns about side effects, e.g. skin irritation, sleep disturbance
- Encourage completion of 12 weeks of therapy
- **Encourage combination NRT**
- Arrange further follow-up visits as needed

Adapted with permission from The Royal Australian College of General Practitioners from Supporting smoking cessation: A guide for health professionals. Melbourne: RACGP, 2014. Available at www.racgp.org.au/download/ documents/Guidelines/smoking-cessation.pdf [accessed 14 February 2019].