# Recommendations from current smoking cessation guidelines for Australian general practice[4]

- Set up and use a system for identifying all smokers who visit the practice
- Offer all smokers brief advice to quit
- Assessment of the person's readiness to quit is a valuable step in planning treatment
- Offer brief cessation advice during routine consultations whenever possible (at least once a year)
- Offer follow-up to all smokers attempting to quit
- Offer relapse prevention advice to all smokers attempting to quit
- Where you cannot offer smokers adequate counseling within the practice, offer referral to other services
- In the absence of contraindications, offer nicotine replacement therapy or bupropion to all motivated smokers who have evidence of nicotine dependence. The choice of pharmacotherapy is based on clinical suitability and patient choice
- Based on the available evidence, acupuncture and hypnotherapy are not recommended as aids to smoking cessation.

For more information, including a full list of recommendations see Smoking cessation guidelines for Australian general practice at www.racgop.org.au and www.health.gov.au

**References:**


1 The Big Kill, Quit Victoria –The Cancer Council
2 National Asthma Council—Asthma Management Handbook 2006
3 Australian Medicines Handbook 2009
4 RACGP


**+Designation of Levels of Evidence-National Health and Medical Research Council***

| | |
|---|---|
| I | Evidence obtained from a systematic review of all relevant randomized controlled trials |
| II | Evidence obtained from at least one properly designed randomized controlled trial |
| ☑ | Recommended best practice based on clinical experience and expert opinion |

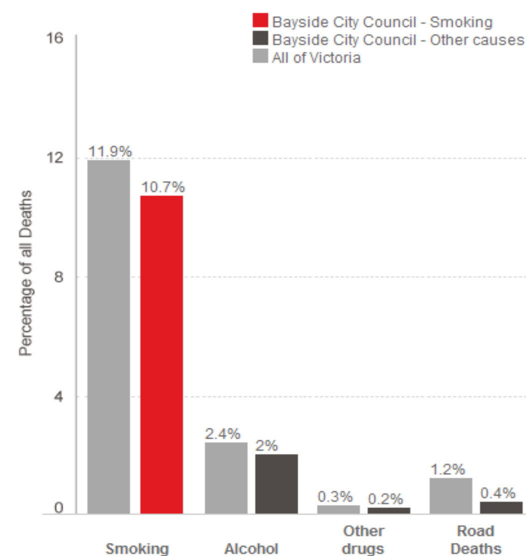
* These levels of evidence ratings have been adapted from US Preventative Services Task Force (1989) Guide to clinical preventative services: an assessment of the effectiveness of 169 interventions (ed M Fisher). Williams and Williams, Baltimore. AppendixA, p388. Source: NHMRC. A guide to the development, implementation and evaluation of clinical practice guidelines.

Bayside General Practice Network April 2009

# Smoking Cessation
# Information for Health professionals

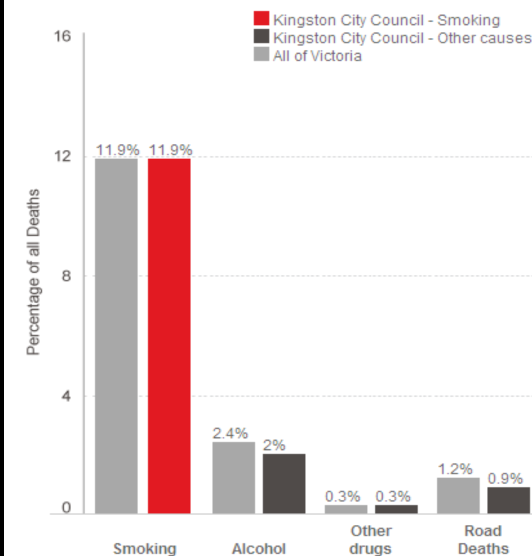
## Bayside City Council[1]

### Percentage of avoidable deaths compared to Victoria




## Kingston City Council[1]

### Percentage of avoidable deaths compared to Victoria




**Annual deaths including avoidable causes** (Bayside)

| Cause | No of Deaths |
|---|---|
| All deaths | 780 |
| Smoking | 84 |
| Alcohol | 16 |
| Other drugs | 2 |
| Road deaths | 3 |
| **Total** | **875** |

**Annual deaths including avoidable causes** (Kingston)

| Cause | No of Deaths |
|---|---|
| All deaths | 1090 |
| Smoking | 129 |
| Alcohol | 22 |
| Other drugs | 3 |
| Road deaths | 10 |
| **Total** | **1254** |

**Annual Deaths due to smoking** (Bayside)

| Disease | No of Deaths |
|---|---|
| Lung cancer | 30 |
| Mouth & throat cancer | 1 |
| Other cancers | 9 |
| Heart disease | 16 |
| Stroke | 5 |
| Chronic bronchitis & emphysema | 22 |
| **Total deaths due to smoking** | **83** |

**Annual Deaths due to smoking** (Kingston)

| Disease | No of Deaths |
|---|---|
| Lung cancer | 53 |
| Mouth & throat cancer | 2 |
| Other cancers | 11 |
| Heart disease | 21 |
| Stroke | 7 |
| Chronic bronchitis & emphysema | 34 |
| **Total deaths due to smoking** | **128** |

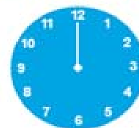
| Clinical interventions to help patients quit smoking[2] | Level of Evidence[2 +] |
|---|---|
| • Brief smoking cessation advice from doctors delivered opportunistically during routine consultations improves quit rates. | I |
| • Set up a system to identify and document tobacco use in all patients. This can almost double the rate of clinician intervention and improves cessation rates among patients. | II |
| • Smoking cessation advice from all health professionals is effective in increasing quit rates. | I |
| • Follow-up is effective in increasing quit rates. | I |
| • Relapse prevention advice can reduce relapse rates | II |
| • Telephone call-back counseling services (e.g. Quit line call back program) are effective in assisting smokers who are ready to quit. | II |

| | |
|---|---|
| • Offer pneumococcal vaccination to all smokers | ☑ |

| Drug therapy[2] | Level of Evidence[2] |
|---|---|
| • Nicotine replacement therapy and bupropion (Zyban) sustained release are effective in helping motivated people to quit smoking. | I |
| • Regardless of the treatment setting, all forms of nicotine replacement therapy (e.g. gum, transdermal patches, nasal spray, inhaler, sublingual tablets) approximately doubles quit rates at 5 to 12 month follow-up, compared with placebo. | I |
| • In smokers who are highly nicotine-dependant, **combinations** of different forms of nicotine replacement therapy are more effective than one form alone. | II |
| • Bupropion (Zyban) sustained release is effective in smoking cessation. | I |
| • Acupuncture or hypnotherapy are **ineffective** in assisting smoking cessation. | I |
| • Varenicline (Champix) provides partial agonist at nicotine receptors. It reduces withdrawal symptoms and the pleasurable effects of smoking. Varenicline (Champix) more tha n doubles the number of people quitting compared with placebo and appears to be more effective than bupropion (Zyban).[3] | |

## Some tips for General Practice[2]

Supportive organisational infrastructure



0 minutes
Quit rate*
doubled

**Supportive organisational infrastructure (no consulting time)**

- Set up a system for routine systematic identification of patients' smoking status.
- Flag patients records with smoking status and interest in quitting.
- Place self-help material in waiting areas.
- Display "stop smoking" posters.
- Train all practice staff to promote Quit line.

Brief intervention

<1 minute
Quit rate
trebled

**Brief intervention (< 1 minute consulting time)**

- Discuss Patient's smoking status.
- Assess person's motivation to quit and nicotine Dependence.
- Affirm decision to quit.
- Give brief advice and support.
- Offer written self-help materials.
- Negotiate a separate smoking cessation appointment.
- Refer the person to Quit line.

Moderate intervention

2-5 minutes
Quit rate
increased 4-fold

**Further intervention (≤ 5 minutes' consulting time)**

- Assess barriers to quitting and confidence to attempt quitting.
- Take a quit history.
- Help the person identify high-risk situations.
- Help the person explore motivation to quit.
- Give advice on dependence, habit, triggers and dealing with negative emotions.
- "Brainstorm" with the person to find solutions to barriers.
- Prescribe drug treatment (e.g. nicotine replacement therapy, bupropion).
- Offer ongoing support and referral to Quit line.
- Organize a follow-up appointment.

Intensive intervention

> 5 minutes
Quit rate
increased 5-7 fold

**Intensive intervention (full consultation time)**

- Use motivational interviewing techniques to explore the person's motivations, sources of ambivalence and confidence about quitting.
- Discuss drug treatments.
- Help the person develop a plan for quitting.
- Plan ongoing support.

*Adapted from Lifescripts Division Kits*

Estimated increase in quit rates over 12months among patients attending the practice, compared with not applying the intervention