

*Smoking Cessation Counseling
for Dental Professionals*




Objectives




- To help dental professionals become comfortable:
 - **Assessing** smoking/tobacco use status of patients
 - **Discussing** cessation with these patients
 - **Recommending or prescribing** cessation medications
 - **Referring** patients to behavioral change programs

Dental Interventions: Why?



- Smoking is the **leading cause** of death and disability in the world!
- Tobacco use directly impacts the condition of **every** smoker you see
- Your message can be an **effective motivator**:
 - Long term relationship with patient
 - Trust
- **Not saying anything** is taken as tacit approval to smoke by many patients!

Dental Interventions (Cont.)



- In surveys 50% to 60% of patients report that **no health care professional** has told them to quit.
- **Your role:**
 - Part of a comprehensive approach
 - Motivator/educator, not cessation expert
- Cessation advice is **good dental education**

Smokeless Tobacco: A Unique Opportunity

- Use is often missed by other healthcare professionals
- Dental visit is an ideal venue to address this problem:
 - Add question about use to intake forms
 - Do routine oral cancer screening on all users
 - Discuss negative health effects
 - Provide cessation advise

Role of Dental Professional in Smoking Cessation

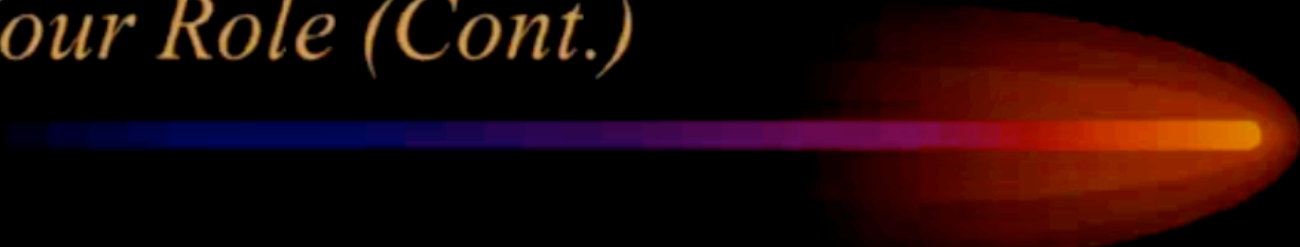


Motivate

Educate

Refer**

Your Role (Cont.)



- Dental professionals are not expected to be psychologists
- Do what you are comfortable with
- Discussing cessation elevates importance

“A little information is better than
no information at all!”

MOTIVATE



**“Quitting smoking/tobacco use
is one of the most important
actions you can take
to improve your
dental health/general health,
now and in the future”**

SMILE!



How To Motivate

Strategies

Myth


Incentives

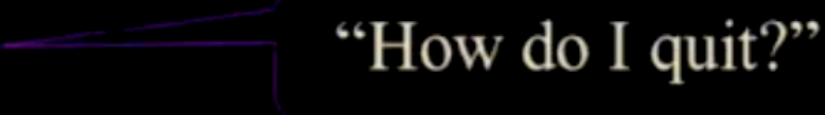
Links

Empowerment

SMILE

Strategies



- The problem:  “How do I quit?”
- Your role:
 - Discuss the importance of planning
 - Dissuade patients from just “trying”
 - Emphasize expert behavioral programs


Myths



- The problem:
- Your role:
 - Discuss barriers
 - Stress management
 - Weight management

“I need to smoke!”

Stress Management



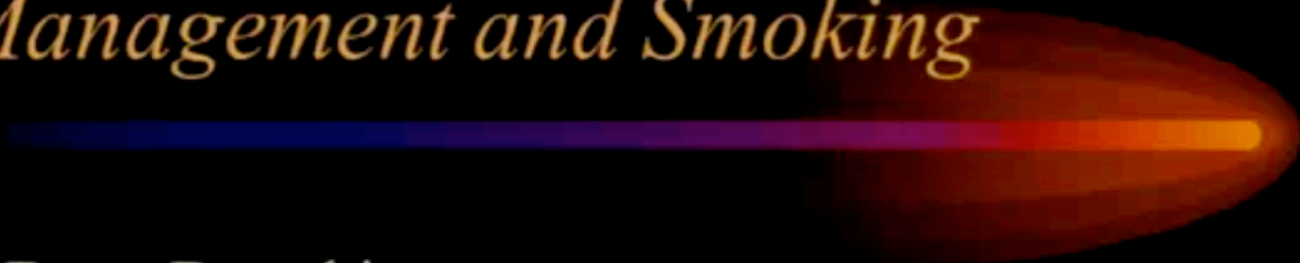
The Myths

- There is an ingredient in cigarettes that calms
- Smoking gets rid of all my stress
- I can't relax without a cigarette

The Facts

- The chemicals in a cigarette actually stimulate
- There will always be stress in one's life
- There are millions of ways to relax *without* a cigarette.

What Really Happens: Stress Management and Smoking



- Deep Breathing
- Shifting focus: Taking a break
- Reuptake of nicotine:
 - Smokers confuse relieving withdrawal with relaxing



Dan Smith has told you that he is ambivalent about quitting since he is concerned about how he will handle stress once he no longer smokes.

What stress management techniques could you discuss with Dan that might help him feel more comfortable about quitting?

Weight Management



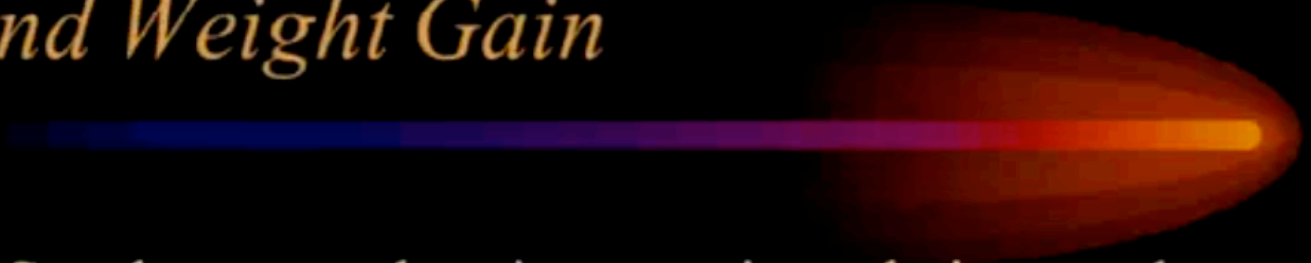
The Myths

- Smoking keeps food out of my mouth.
- If I quit I'll gain 50 to 60 pounds
- Even gaining two pounds is unthinkable

The Facts

- You control what you eat...you always have
- The average weight gain as a result of quitting is 5-7 pounds
- 100 lb. gain = same negative effect on body as smoking

What Really Happens: Quitting and Weight Gain



- Smokers put the cigarette into their mouth 200 to 300 times a day
 - Natural substitute is food
- Taste buds are “dead”
 - They “wake up” after quitting
 - Attraction to fatty food is increased

Nicotine does not turn your body into a fat burning machine!



Karen Smith has told you that potential weight gain is a barrier to her quitting.

What suggestions could you make to alleviate this fear?


Incentives



- **The Problem:**
- **Your role:**
 - Review benefits of quitting
 - Better oral/general health
 - More money
 - Social: smoking is less acceptable
 - Healthier atmosphere for family
 - Other personal reasons

“Why quit?”

Links



- **The Problem:**
 - **Your Role:**
 - Discuss consequences/risks of smoking
 - Link smoking to oral health risks
 - Link smoking to general health risks
- “Smoking isn’t hurting me!”

Empowerment



- **The Problem:**
- **Your role:**
 - Emphasize that quitting is important and “doable”
 - Review past quit attempts
 - Challenge “will power”
 - Support and encourage

“I can’t quit!”



Do you remember Melissa, the teenage daughter of Dan and Karen? She is clearly not interested in stopping tobacco use at this time.

What steps could you take to motivate her to think about quitting the next time she is in your office?

EDUCATE



- **Conduct** oral cancer screening on all tobacco users
- **Review** effects of smoking/tobacco use on oral health
- **Discuss/recommend** smoking cessation medications
- **Discuss/recommend** behavioral treatment

REFER



- To pharmacy for over the counter meds
- To pharmacy for prescription meds
- To MD for prescription meds
- To a smoking cessation specialist
- Organizational smoking cessation structures

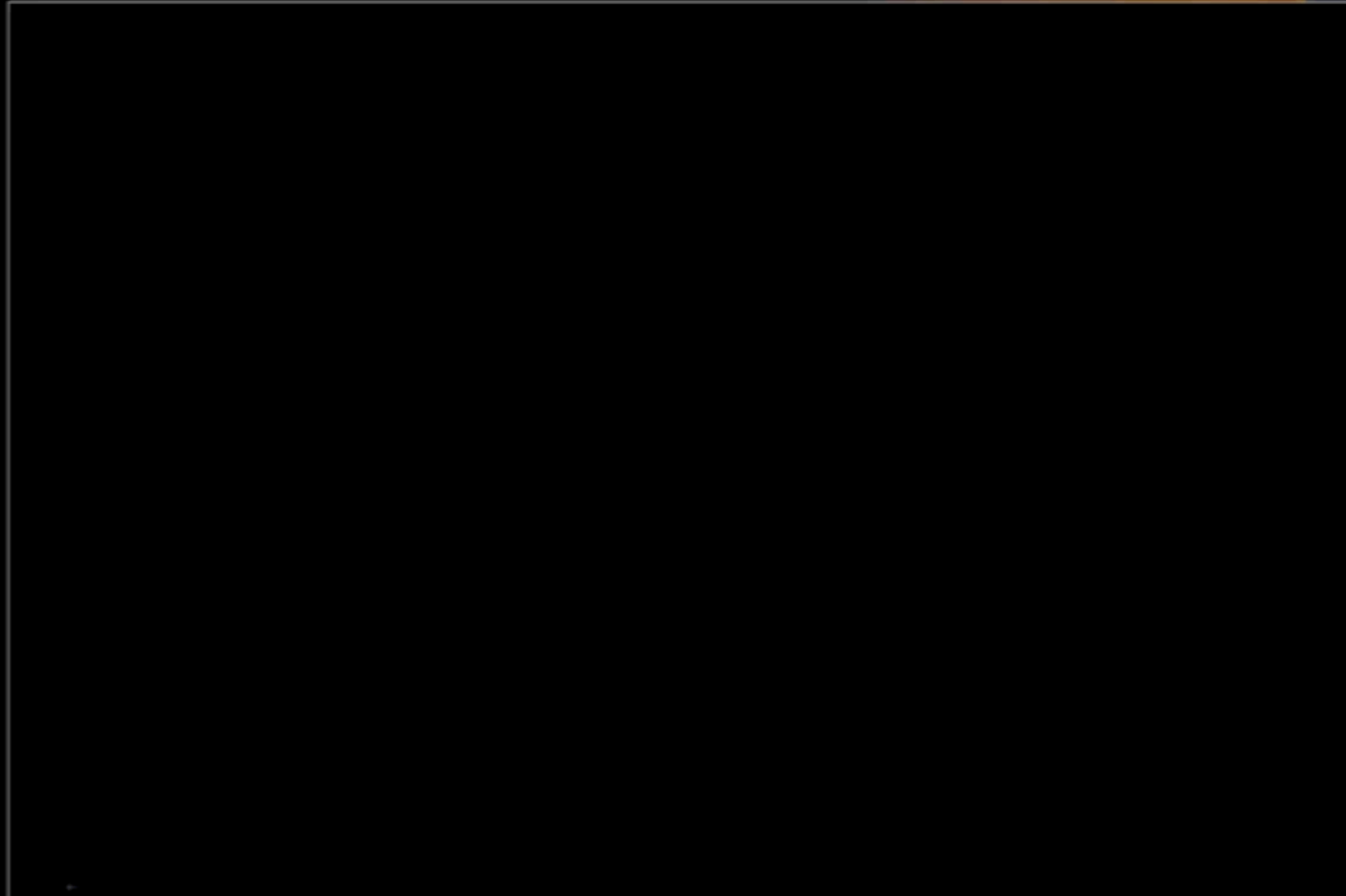
Oral Health Effects of Smoking

- About 90% of oral cancer deaths are attributable to smoking
- Negative effects on subgingival flora
- Reduction in wound healing
- Loose and shifting teeth
- Increased calculus build up

JADA Supp. 11/2001;

Oral Health in Am, Dept of Health
Human Services 9/200

*University of Pittsburgh Cancer
Institute – Oral Cancer Center*



*University of Pittsburgh Cancer
Institute – Oral Cancer Center*

Oral Cancer Screening

A Brief Review


Oral Cancer Risk by Patient Profile

- Increased Risk
patients age 18-39
- High risk
patients age 40 and over
tobacco users (any type, any age, within
past 10 years)
- Highest Risk
patients age 40 with lifestyle risk factors
(tobacco/alcohol use, diabetes, HIV)
patients with history of oral cancer

Smoking and Periodontal Disease

- Smoking promotes periodontal disease by:
 - Can depress polymorphonuclear leukocytes (PMN's)
 - Accelerates rate of alveolar bone loss
 - Increased plaque and calculus build-up
- Smoking effects treatment of periodontal disease by:
 - Delaying wound healing
 - Suppressed immune response

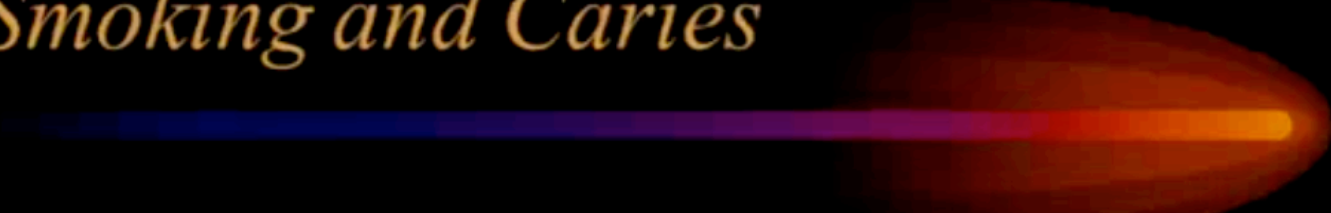
Smoking and Periodontal Disease Cont.



- Review of the Third National Health and Nutrition Survey showed the following findings:
 - More than 50% of adult periodontal cases are attributable to cigarette smoking
 - In current smokers 75% of cases may be caused by smoking

Tomar SL, J Period. 2000;71:743-51

Smoking and Caries



- Although the connection is not definitive, there is growing evidence of a link between increased caries and smoking
- Several studies have shown that smokers tend to have more caries than nonsmokers but exact link is not know

Mecklenburg RE NIH publication 93,3330;
Winn DM. J Dent.Edu. 4/2001; 306-12

Cigarette Smoking and Dental Caries among Professional Truck Drivers in Mexico

V. Aguilar-Zinser^a M.E. Irigoyen^b G. Rivera^a G. Maupomé^c L. Sánchez-Pérez^b
C. Velázquez^b

Table 2. Smoker status and cigarettes/day across DMFT index and its components among professional drivers (mean \pm standard deviation)

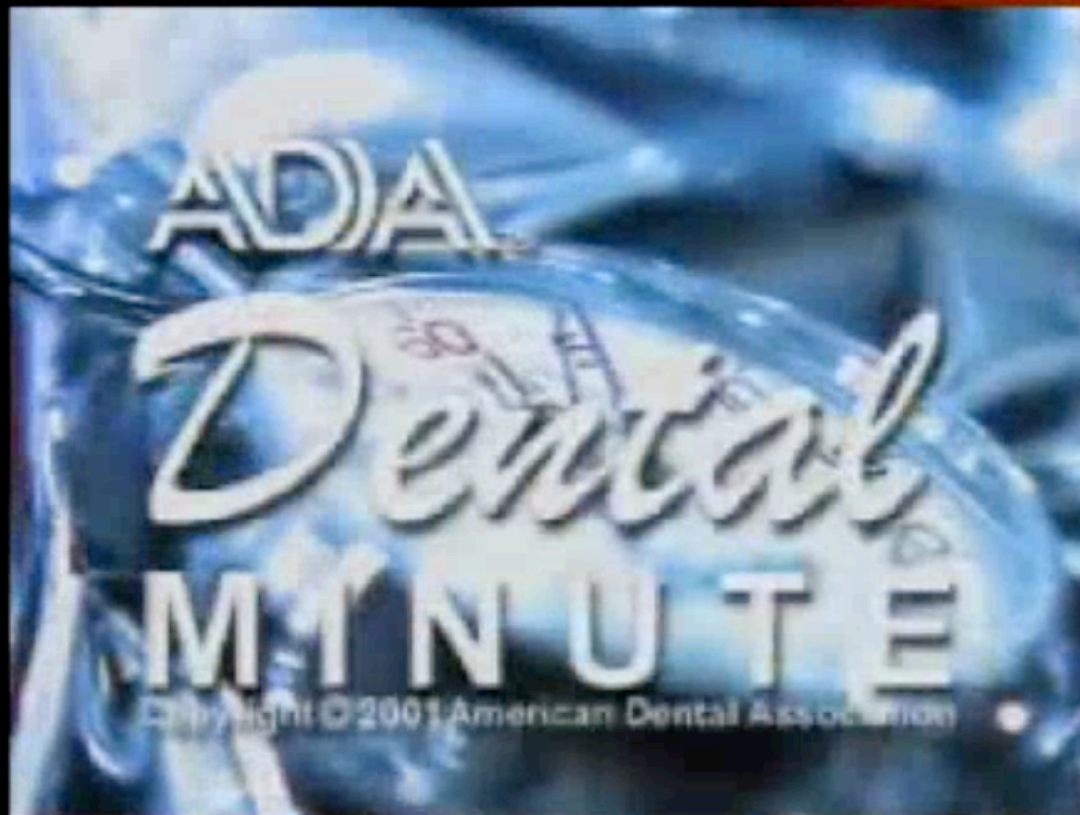
| Smoking status | Decayed teeth | Missing teeth | Filled teeth | DMFT |
|----------------|-----------------|-----------------|-----------------|------------------|
| Cigarettes/day | | | | |
| 1–3 | 3.85 \pm 3.88 | 1.37 \pm 2.12 | 2.75 \pm 3.82 | 7.80 \pm 5.79 |
| 4–9 | 3.90 \pm 3.43 | 1.84 \pm 3.16 | 3.68 \pm 4.96 | 9.42 \pm 6.24 |
| ≥ 10 | 5.00 \pm 4.23 | 2.31 \pm 2.98 | 3.39 \pm 4.34 | 10.69 \pm 6.31 |
| Pack-years | | | | |
| <1 | 3.64 \pm 3.87 | 0.87 \pm 1.55 | 2.19 \pm 3.47 | 6.70 \pm 5.03 |
| 1–5 | 4.11 \pm 4.02 | 1.68 \pm 2.33 | 3.32 \pm 4.40 | 9.11 \pm 6.01 |
| >5 | 4.13 \pm 3.78 | 3.35 \pm 4.36 | 4.81 \pm 5.40 | 12.29 \pm 6.53 |

Other Oral Effects of Smoking



- Bad Breath
- Discolored Teeth
- Mouth Sores
- Hairy Tongue
- Altered sense of Taste and Smell

ADA Dental Minute




Oral Effects of Second Hand Smoke

- Children exposed to smoking in home have about double the rate of caries in primary teeth than children in non-smoking homes
- Nicotine also promotes the growth of caries causing bacteria in smokers. Smoking parents who kiss children pass on this bacteria



JAMA 2003.3/12:289; 1258-64

Oral Health Effects of Smokeless Tobacco



- All oral cancers
- Pharyngeal cancer
- Leukoplakia
- Caries
- Gingivitis
- Gingival recession
- Damage to oral bone structure

Surgeon General Report on
Smokeless Tobacco, 1986

Other Effects of Smokeless Tobacco

- Addiction
 - Can have much higher amounts of nicotine than cigarettes
- Increase in blood pressure/
heart rate
- Tooth Abrasion
- Impaired sense of taste



General Health Effects of Smoking



- MI's, Strokes, CAD
- Almost all cancers
- Emphysema and COPD
- Chronic Bronchitis
- Respiratory infections
- Peripheral vascular disease
- Aggravation of asthma

Additional Health Consequences



- Reduced immune response
- Premature aging and wrinkling
- Increased risk of cataracts and macular degeneration
- Increase in LDL, decrease in HDL
- Increase acid secretion in stomach
- Impotence and infertility
- Disruption of menstruation and menopause
- Increase in risk in SIDS

What's In A Cigarette



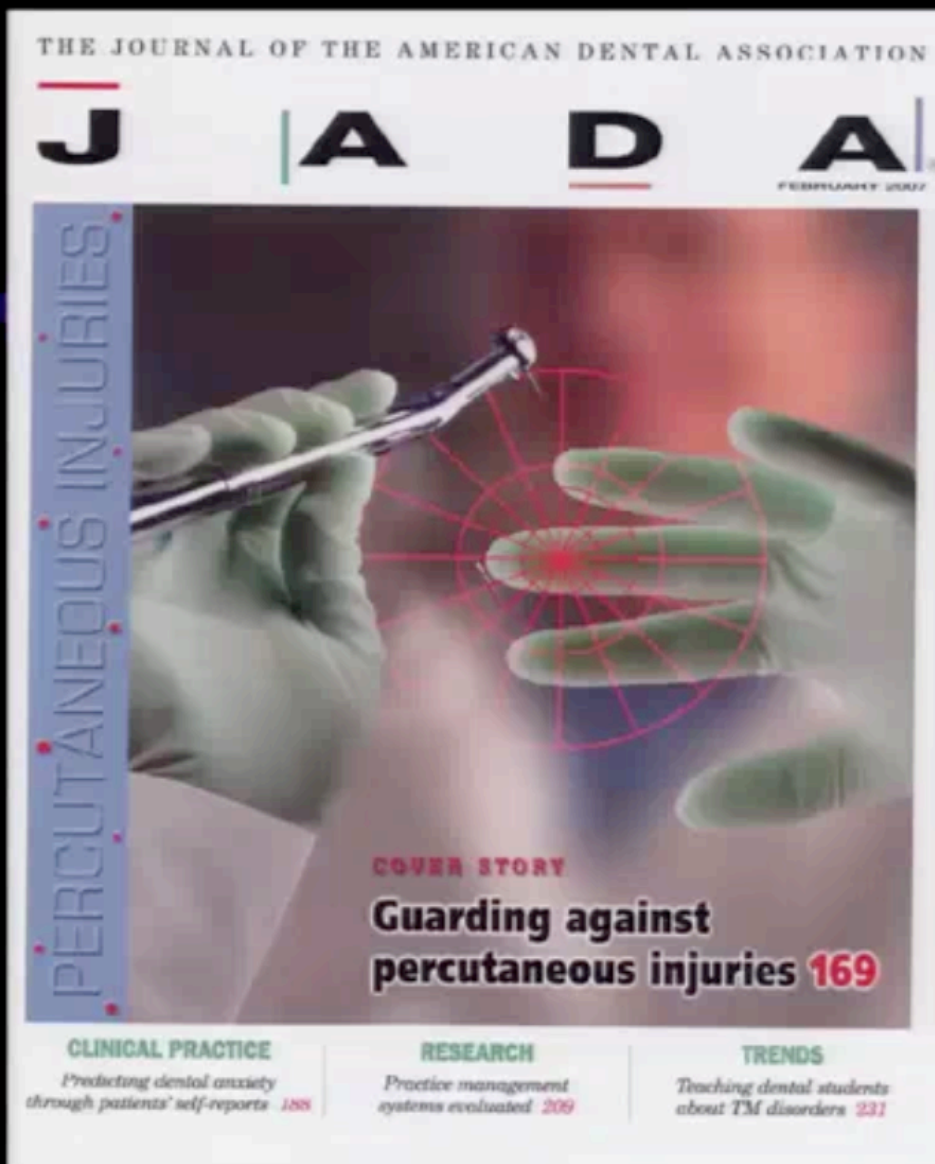
| | | |
|--------------------|----------------------|--------------------|
| Acetone Ammonia | Butane Benzene | Carbon Monoxide |
| Cyanide DDT | Formaldehyde Urea | Lead Cadmium |
| Polonium 210 | Tar | Nicotine |



Many teenagers like Andy Smith think that smoking is perfectly safe. They have no concept of what they are putting into their bodies. Knowing the ingredients in a cigarette might just help move some of these individuals away from smoking.

How could you comfortably broach this subject with Andy during an office visit?

Tobacco-use Cessation resources



1-800-QUIT-NOW: National Network of Tobacco Cessation Quit lines.

Smokefree.gov: online cessation guide & professional referrals.

CDC- Office on Smoking & Health

NCI: Cancer & smoking cessation counseling

American Cancer Society

American Legacy Foundation

American Lung Association

nidcr.nih.gov – enter “spit tobacco”

ada.org

FOR THE DENTAL PATIENT ...

Tobacco-use cessation

Resources to help you quit

Mark Twain once said, “Quitting smoking is easy; I’ve done it a thousand times.” Quitting use of tobacco is difficult because all forms of it—cigarettes, cigars and smokeless (spit) tobacco—contain nicotine, and nicotine is the agent in tobacco that is capable of causing addiction or dependence. However, you can quit once and for all.

RESOURCES

Here are several recognized resources that can provide the tools to help you quit using tobacco and make the transition to a healthier lifestyle.

➤ **1-800-QUIT-NOW** (1-800-784-8689): This toll-free number (TTY: 1-800-332-8615) is a single access point to the National Network of Tobacco Cessation Quitlines. Callers are routed automatically to a state-run quitline, if one exists in their area. If there is no state-run quitline, callers are routed to the National Cancer Institute (NCI) quitline, which provides help with quitting smoking, literature and referrals to other resources.

➤ **“smokefree.gov”**: This Web site provides information and professional assistance to help support the immediate and long-term needs of people who want to quit smoking. The site provides an online step-by-step cessation guide; local and state telephone quitlines; NCI’s national telephone quitline; NCI’s instant messaging service; and publications.

➤ **Centers for Disease Control and Prevention** (CDC), **Office on Smoking and Health** (OSH): 1-800-CDC-1311 (1-800-232-1311), “www.cdc.gov/tobacco”. The CDC’s OSH is the government’s lead agency on smoking control. OSH funds the distribution of booklets on smoking topics such as helping a friend or family member quit smoking, the health hazards of smoking, relapse and the effects of parental smoking on teenagers.

➤ **NCI**: The specially trained staff at NCI’s **Cancer Information Service** can provide smoking cessation counseling and answer questions (in English or Spanish). They can send free materials about cancer and have information about other

resources and services. Call 1-800-4-CANCER (1-800-422-6237) (TTY: 1-800-332-8815) to be connected with the office that serves your area. Or visit the NCI Web site at “www.cancer.gov”.

➤ **American Cancer Society**: 1-800-ACS-2345 (1-800-227-2345), “www.cancer.org”. Check your telephone book to find your local office.

➤ **“You Can Quit Smoking”**: For a free copy of this brochure, call any of the following: Agency for Healthcare Research and Quality (1-800-358-9295), CDC (1-800-CDC-1311), NCI (1-800-4-CANCER).

More information about quitting is available at the surgeon general’s Web site (“www.surgeongeneral.gov/tobacco”).

➤ **American Legacy Foundation**: The foundation has two goals that guide its work toward creating tobacco-free generations: to arm all young people with the knowledge and tools to reject tobacco use; and to eliminate disparities in access to tobacco-use prevention and cessation services. The foundation’s Great Start program is the first national media campaign and toll-free quitline to help pregnant women quit smoking. Free, confidential counseling is available in English and Spanish by calling 1-866-66-START (“www.americanlegacy.org”).

➤ **American Lung Association**: 1-800-686-4872 or 1-212-332-6700 (“www.lungusa.org”).

QUITTING USE OF SMOKELESS TOBACCO

Smokeless tobacco goes by many names, such as “spit tobacco,” “dip and chew,” “snuff” or “chewing tobacco.” No matter what it is called, smokeless tobacco is highly addictive and can harm one’s health. “You Can Quit Spit Tobacco” is sponsored by the National Institute of Dental and Craniofacial Research. For more information, visit “www.nidcr.nih.gov” and enter “spit tobacco” in the search field.

For more information about oral health, visit “www.ada.org”. •

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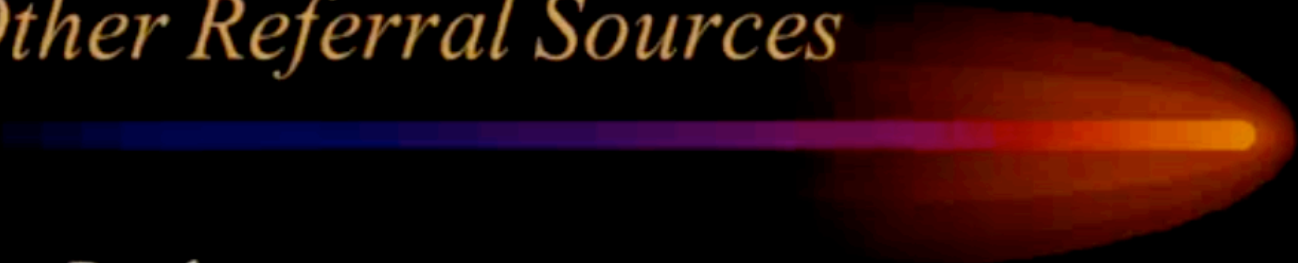
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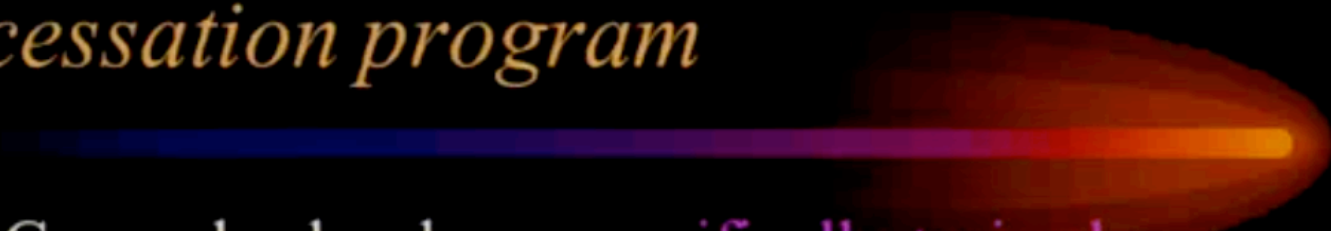
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Other Referral Sources



- Product support programs
- PA Free Quit Line 1-877-724-1090
 - Five proactive phone calls
 - 24-hour support
- Online Support Programs
 - www.lungusa.org
 - www.quitnet.com

Elements of a comprehensive cessation program



- Counselor has been specifically trained as a smoking cessation specialist
- Program is multi-session with follow up
- Smoking cessation medication use is encouraged and monitored
- Emphasizes coping skills and problem solving
- Provides intra- and extra- treatment social support
- 6-month and one year quit rates are over 25%

Currently Available Products

Over-the-Counter

Patch
Gum
Lozenge

Prescription

Oral Inhaler
Nasal Spray
Zyban
Chantix

Patch: Heavy Smokers

- **Nicoderm CQ 24/16 Hours**
 - 10/day or more
 - 21mg x 6wks, 14mg x 2wks, 7mg x 2wks
- **Private Label**
 - 10/day or more
 - 21mg x 4 wks, 14mg x 2wks, 7mg x 2wks




Light Smokers



- **Nicoderm** (Less than 10/day)
 - 14mg x 6wks, 7mg x 2wks
- **Private Label** (Less than 10 day)
 - 14mg x 6wks, 7mg x 2wks

Very Light Smokers



- 5 cigarettes a day or less
 - NRT is generally not recommended
 - If quitter insists use only the lowest patch strength for a few weeks
 - Suggest gum, lozenge or inhaler




Melissa Smith reports that she is only smoking six or seven cigarettes a day. She also tells you that there are many days she does not smoke at all.

Should she use a product if she decides to quit?

How does the fact that she is 15 impact your decision?

Patch Patient Counseling



- Apply promptly
- Apply a new patch every day to a different, dry, clean, hairless place
- Rotate sites over a seven day period
- Do not leave on for more than 24 hours
- Do not use if using tobacco (4 hour bolus left in skin when removed)

Patch Side Effects



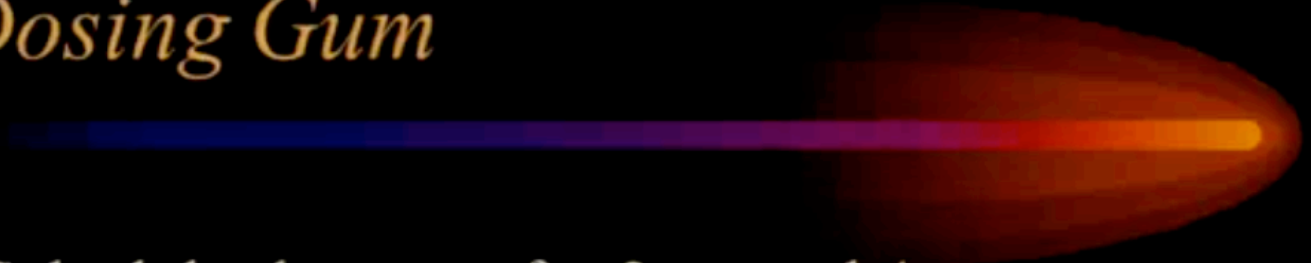
- Vivid Dreams
- Localized Skin Reactions (rash, pruritis, burning)
 - Up to 50% of patients have mild form
 - Incidence higher with 24 hour products
 - Less than 5% discontinue therapy

Nicotine Gum

- **Nicorette** (Original, Fresh Mint, Fruit Chill)
- Generic
- Both come in
 - 2mg (< 25 cigarettes a day)
 - 4mg (>25 cigarettes a day)




Dosing Gum




- Schedule the same for 2mg and 4mg
- Weeks 1-6
 - 1 piece every one to two hours
- Weeks 7-9
 - 1 piece every 2-4 hours
- Weeks 10-12
 - 1 piece every 4-8 hours

Gum: Patient Counseling




- Must use on a **regular, consistent basis** throughout the day (at least 9 pieces)
- Use for a **full three months** with a fixed tapering schedule
- Do not use more than **24 pieces** in one day
- **Avoid eating or drinking** with gum in mouth
- Additional pieces can be used **PRN** to deal with specific urges

Proper Gum Technique



- *Do Not Chew!!*
- **Proper technique**
 - Activate slowly until “peppery taste” emerges
 - Then park between cheek and gum
 - When taste disappears, move to another spot and repeat
 - One piece is usually good for 30 minutes

Gum Precautions



Incorrect use
may lead to:

Mouth soreness

Dyspepsia, hiccups, etc.

Jaw ache

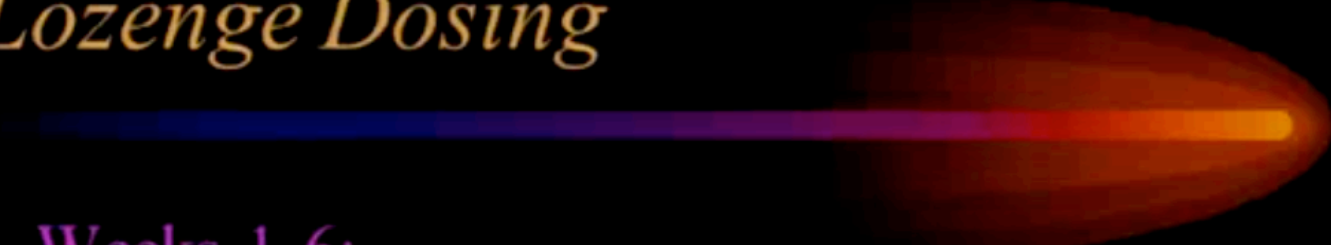
TMJ

Lozenge

- “Commit”
- Sublingual administration
- Quick Acting
- Mint Flavor
- 2mg—first cigarette > 30 min. from waking
- 4mg—first cigarette < 30 min. from waking



Lozenge Dosing



- **Weeks 1-6:**
 - One piece every one to two hours
- **Weeks 7-9:**
 - One piece every two to four hours
- **Weeks 10-12:**
 - One piece every four to eight hours



Karen Smith has indicated that she is definitely interested in using a nicotine replacement product when she quits.

Why might you want to suggest that she use the gum or the lozenge rather than the patch?

Oral Inhaler

- Prescription
- Two part mouth piece enclosing nicotine cartridge
- Cartridge = 10mg nicotine
- Mimics the oral aspect of smoking
- Use 6-16 cartridges/day puffing as needed for up to six months

Nasal Spray

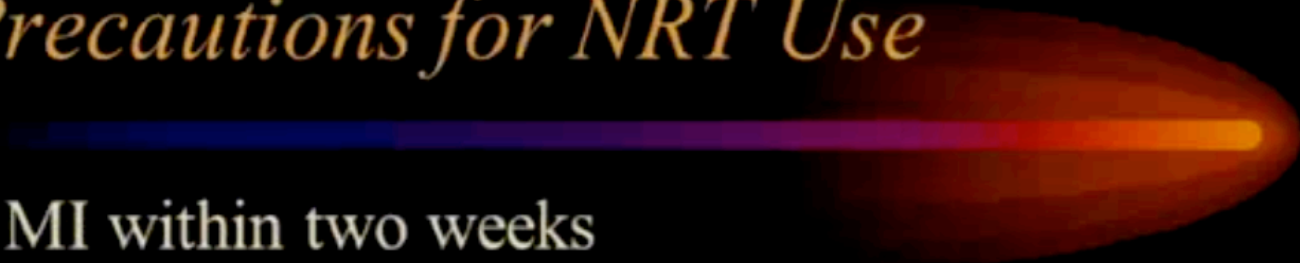
- Prescription
- One metered spray contains .5mg nicotine
- One to two sprays in each nostril per hour, initially—increase as needed
- No more than 5 doses/hr. or 40 does/day
- Use for eight weeks then taper for 4-6 wks.

Oral Pathology II Fall 2011 (D506-001) Fall 2011



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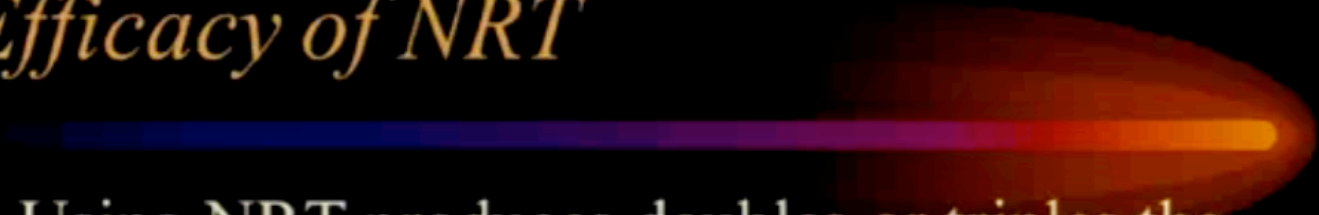
Precautions for NRT Use



- MI within two weeks
- Unstable angina
- Dysrhythmia
- Uncontrolled hypertension
- Pregnancy

Review all on a case-by-case basis. Risk of continued smoking may far outweigh the minimal risk of short term NRT use. If questions, refer to MD.

Efficacy of NRT



- Using NRT produces doubles or triples the long term quit rates over placebo
- Caution: Not a magic bullet
 - Not a “cure” for smoking
 - Part of a comprehensive treatment program
 - Most effective when combined with a behavior modification program

Oral Effects of NRT




- **Gum**
 - Not recommended for individuals with extensive dental work, dentures, or TMJ
- **Lozenge**
 - May cause minor mouth sores if left in one spot too long
- **Oral Inhaler**
 - Nicotine vapor mist may irritate mouth
- **Patch/Zyban/Chantix**
 - No oral effects
 - May be ideal for patients with oral concerns

Zyban (Bupropion)

- Repackaging of Wellbutrin
- May increase dopamine
- Begin one week prior to quitting
- 150 mg Q/Day x 3, then 150mg BID
- 7-10 weeks of therapy: no tapering



Zyban (cont.)



- Drug interactions:
 - Tricyclic antidepressants (lowers seizure threshold)
 - MAOI (hypertensive crisis)
- Absolute contraindication: Seizure disorder or head trauma
- Relative contraindications: Anxiety Disorder, PTSD, Bulimia and Anorexia

Zyban (cont.)

- **Side effects:** Dry mouth, insomnia, agitation
 - If occurs with initial use of SR Q/day then try 75mg immediate release
 - Can be minimized by:
 - Reducing SR dosage to Q/day
 - Give entire 300mg in morning
 - Move second dose to as early in day as possible
 - SR Q/day vs. BID almost identical 6mth quits

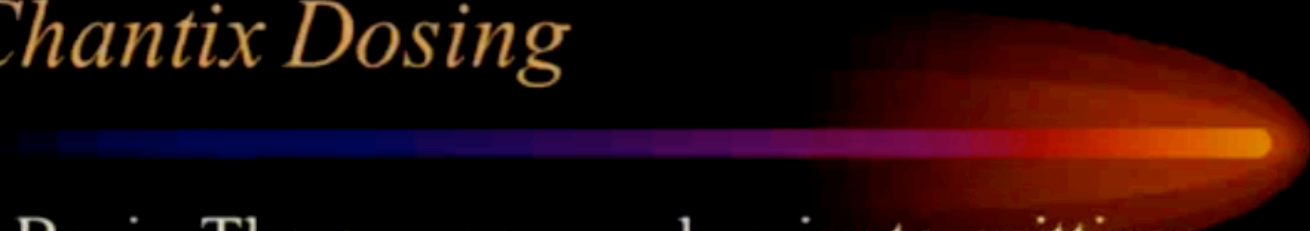
Hurt RD, NEJM 1997, 337 1195-202

Chantix (Varenicline)




- Approved 5/6
- Activates nicotine receptors allowing brain to think nicotine has arrived
- Reduces craving and withdrawal
- Also reduces effect of nicotine if someone does smoke
- Not approved for use with any under 18

Chantix Dosing




- Begin Therapy one week prior to quitting
- 0.5mg/day for 3 days
- 0.5mg B.I.D. for 3 days
- 1mg B.I.D. for remainder of therapy
- Recommended for 12 weeks
- Additional 12 wks if needed to stop relapse

Additional Information



- Take after eating and with glass of water
- Caution in use with renal insufficiency and during hemodialysis
- Adverse effects:
 - Nausea, vomiting, gas, dreams
- Pregnancy Category C

Combination Therapies




- Clinical trials show that using Patch and Zyban increases quit rates over using either alone
 - Probably best for heavy smokers: > 2packs/day
- Can use patch or Zyban as “base” therapy
- Gum, lozenge or inhalers can then be used PRN for specific trigger situations



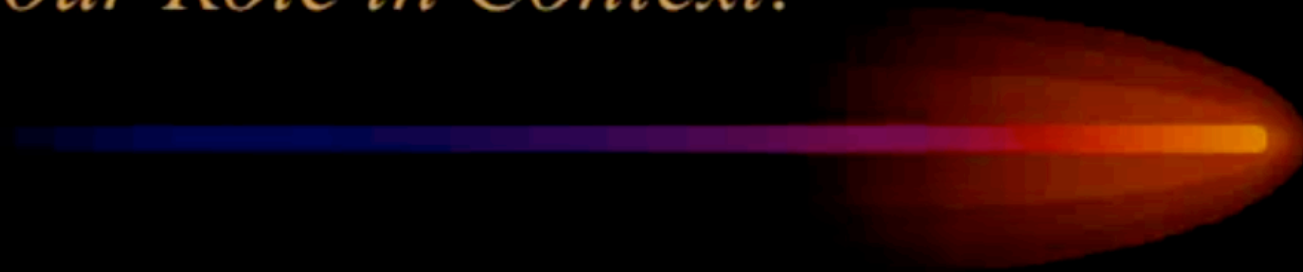
It has been one week since Dan has quit smoking. He has been using the patch but is having nightmares almost every night. You suggest that he remove the patch before bedtime and put a new one on in the morning. The first time he does this he reports the return of significant morning cravings.

What can he do to prevent these cravings?




“All patients attempting to quit should be encouraged to use effective pharmacotherapies for smoking cessation except in the presence of special circumstances”

Your Role in Context:



A brief review of cessation models

The Five A's



Ask all patients about tobacco use

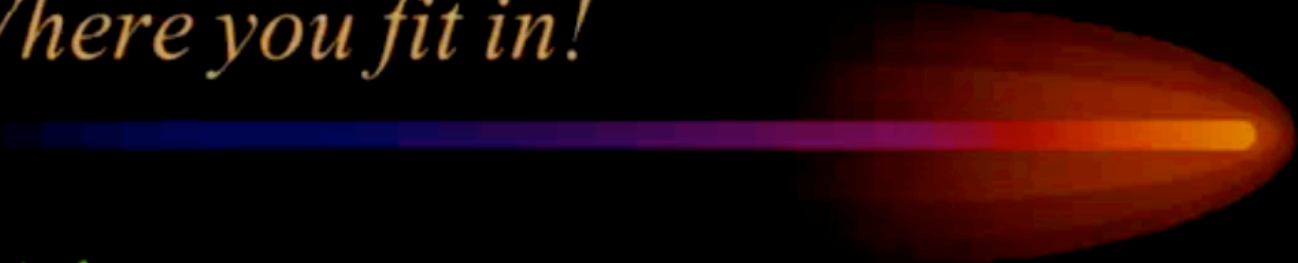
Advise all patients to quit

Assess willingness to quit

Assist in whatever way you can

Arrange follow up

Where you fit in!




- Ask
- Advise
- Assess
 - Yes: Refer to Cessation Programs
 - No: Discuss Barriers



MAKE A PLAN TO QUIT.
1-800-QUIT-NOW
TobaccoSmokesYou.com

You can't rely on cold turkey alone.

The Stages of Change

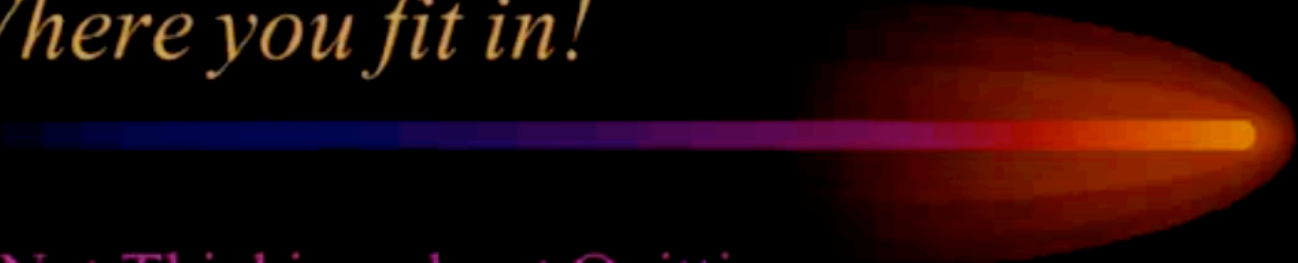


Quitting is a process that occurs over time,
not a discrete one time event.

Behavior change
usually occurs in
discreet stages

1. Not considering change
2. Thinking about quitting
3. Quitting
4. Maintenance
5. Relapse

Where you fit in!



- **Not Thinking about Quitting**
 - Emphasize importance
 - Educate
 - Don't push
- **Thinking About Quitting**
 - Motivate
 - Educate
 - Refer

Special Consideration

- Maintenance Phase: staying quit
- Support and Encourage
 - “Keep up the good work!”
 - “I am proud of you!”
 - Rewards
- Encourage compliance
 - Medication regime
 - Behavioral changes
- Strategize about potential barriers

General Counseling Suggestions

- Ask open ended questions
 - Avoid yes/no or short answer question
- Listen reflectively
 - Respond to the patient/Don't lecture or dictate
- Be positive
 - Quitting is “doable”!
- Be patient

Final Reminder



- As a **dental professional**, you are in an ideal position to encourage patients to stop smoking and to support their quit.
- You can play a **crucial role** in the process by motivating, educating and referring.
- Therefore, make cessation advice an integral part of all office visits for every smoker and tobacco user!