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Maka...
Sejak...
Saat...
itu...

A shadow of the hourglass is cast onto the surface below it.

Rokok menjajah Indonesia

Biaya ekonomi dan sosial yang ditimbulkan akibat konsumsi tembakau terus meningkat

Angka kerugian akibat rokok setiap tahun mencapai 200 juta dolar Amerika, sedangkan angka kematian akibat penyakit yang diakibatkan merokok terus meningkat.

Di Indonesia, jumlah biaya konsumsi tembakau tahun 2005 yang meliputi biaya langsung di tingkat rumah tangga dan biaya tidak langsung karena hilangnya produktifitas akibat kematian dini, sakit dan kecacatan adalah US \$ 18,5 Miliar atau Rp 167,1 Triliun. Jumlah tersebut adalah sekitar 5 kali lipat lebih tinggi dari pemasukan cukai sebesar Rp 32,6 Triliun atau US\$ 3,62 Miliar tahun 2005 (US\$ = Rp 8,500,-)

FAKTA tentang ROKOK

Asap rokok mengandung campuran lebih dari 7000 zat kimia
. >60 zat merupakan bahan kimia penyebab kanker

BAHAYA MEROKOK

± 200.000 orang di Indonesia meninggal karena sakit yang disebabkan rokok setiap tahun.

Kerugian ekonomi karena rokok

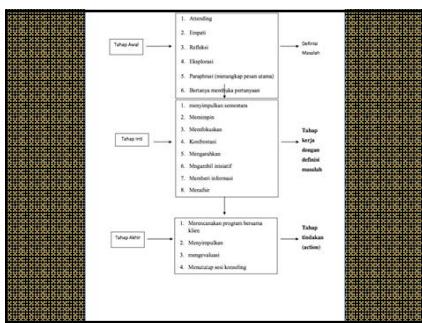
Terdapat 3,9 juta anak perokok di bawah usia 18 tahun yang menjadi perokok aktif di Indonesia, terjadi peningkatan tajam pada jumlah anak-anak yang merokok 10-14 tahun sebesar 80% dalam kurun 9 tahun (2001-2010).

Konsepsi

- peralihan sifat antara dirinya dengan para person working hasil ini akan berimbas pada nilai dan sikap yang dia miliki dan dia akan menciptakan hasil kerja yang memiliki karakteristik dan nilai-nilai yang dia miliki
- sifat-sifat yang dimiliki oleh seseorang akan mempengaruhi hasil kerjanya dan hasil kerjanya akan mempengaruhi sifat-sifat yang dimiliki oleh dirinya

Konsensor

- Sifat-sifat / Mau dan nyatakan dengan baik
- Merupakan sifat-sifat sebaliknya dengan sifat-sifat yang dimiliki
- Konsensor merupakan sifat-sifat yang dimiliki oleh orang lain
- Dapat dilihat dalam hal pengalaman
- Dapat dilihat dalam hal pengalaman
- Dapat dilihat dalam hal pengalaman



Perlu mengenal sifat dasar manusia dalam komunikasi

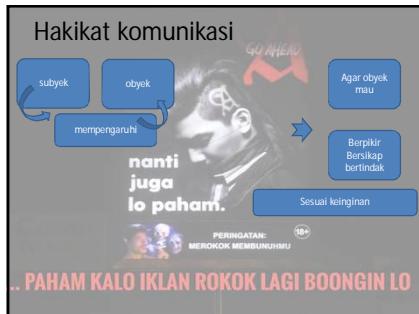
Sifat dasar manusia dalam berkomunikasi

1. Manusia dan pamrih
2. Senang diperhatikan
3. Senang dihargaai
4. Tidak senang didikte dan dipaksa
5. Tidak senang dibantah
6. Ingin umpan balik tapi tidak senang disalahkan
7. Senang dipuji dan tidak suka dikritik

Amygdala VS Cortex Prefrontal

Mengapa pesan yang kita sampaikan gagal?

- Pesan tersebut berupa ancaman sehingga membangunkan "alarm" amygdala
- Pesan harus menyenangkan sehingga seseorang melakukannya karena senang dan merasa membutuhkan.
- Oleh karena itu pesan harus sampai ke cortex prefrontal



- Sebenarnya bukanlah mulut yang harus dikontrol, tetapi adalah warna pikiran di otak
- Mulut hanya di bawah perintah otak
- Jika kondisi emosi di otak (suasana hati) tidak menyenangkan maka ucapan yang keluar di mulut tidak menyenangkan

Persepsi perokok tentang rokok

1. Tahu bahaya rokok tapi lebih banyak manfaat yang dirasakan perokok.
2. Ingin berhenti tetapi tidak tahu harus memulai
3. Tidak mau tahu, tidak ingin berhenti dan tidak mau peduli bahaya rokok

Strategi Mini Konseling

- 1 Posisi sejajar
- 2 Gesture
- 3 Sepatah dua patah kata yang menunjukkan perhatian
- 4 Parafrase
- 5 Afirmasi
- 6 Kesimpulan

Tahapan Perubahan Perilaku

1. **Tahap prokontemplasi**
(Belum berpikir sama sekali)
→ Mendidik klien mengenai efek adiksi, perilaku dan bahayanya
2. **Tahap Kontemplasi**
(Mulai berpikir bahwa merokok menimbulkan masalah)
→ Beri dukungan, umpan balik (konfrontasi dengan ramah, humor)
3. **Tahap Preparation/persiapan**
(Mau dan siap berhenti merokok)
→ Membantu upaya berhenti merokok, identifikasi hambatan, rencanakan berhenti merokok.



Tahapan Berhenti Merokok

- Pre Kontemplasi
 - Tidak pernah tahu bahaya/kerugian merokok
 - Tidak pernah berpikir untuk berhenti merokok walaupun tahu ttg bahaya merokok
- Kontemplasi
 - Sudah berpikir untuk berhenti merokok (alasan kesehatan/pemborosan/penampilan, dsb.)
- Aksi (berhenti merokok)
- Maintenance (memelihara agar tetap tidak merokok)
- Relapse (kambuh, kembali merokok)



Analisis Pasien 1

- Pre-kontemplasi
 - Ngeyel, pertanyaan menyudutkan
 - tidak yakin akan bahaya merokok, menutup diri, mencari alasan agar tidak perlu berhenti merokok
 - tidak yakin bahwa sakitnya berhubungan dg rokok,
 - Merasa sudah kecanduan
 - Merasa disudutkan dengan informasi yang diberikan
 - Apatis ketika berinteraksi dengan konselor
- Kontemplasi
 - Mulai mikir, ttp tidak yakin akan berhasil berhenti, butuh dorongan
 - Mulai mikir, ttp tidak yakin akan berhasil berhenti, takut kambuh,
 - Keinginan besar untuk tahu baik tentang bahaya, keuntungan berhenti, cara berhenti, dsb



Analisis Pasien 2

- Aksi
 - Sudah bertindak untuk berhenti, bisa mulai dengan mengurangi sampai berhenti sama sekali
 - Menerapkan strategi tertentu untuk berhenti
- Maintenance
 - Sudah berhenti sama sekali dan membutuhkan dukungan untuk tetap tidak merokok
- Relapse
 - Merokok lagi setelah berhenti beberapa waktu
 - Merasa tidak mampu untuk tetap tidak merokok



Kiat Menghadapi Klien

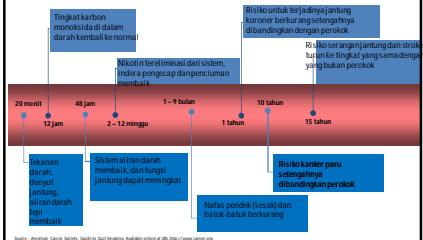
- Pre-Kontemplasi
 - Jangan habiskan waktu terlalu banyak untuk pasien seperti ini
- Kontemplasi
 - Dorong pasien untuk memahami permasalahan
 - Beri waktu yang cukup untuk konsultasi (meluruskan)
- Aksi
 - Pujian dan dukungan
 - Tanggapi semua permasalahan yang diajukan dan beri masukan2
- Maintenance
 - Pujian dan dukungan
 - Tanggapi semua permasalahan yang diajukan dan beri masukan2
- Relapse
 - Identifikasi permasalahan dan kemungkinan pemecahan
 - Beri dorongan untuk kembali berhenti merokok



Kontribusi Staf/Petugas Kesehatan yang diharapkan

- Menciptakan area bebas rokok di seluruh ruang (pasien maupun pegawai)
- Memasukkan kebiasaan merokok dalam anamnesis
- Mengajurkan untuk berhenti merokok bagi pasien dan keluarganya yang merokok
- Menyebarluaskan leaflet tentang berhenti merokok
- Merujuk ke konseling berhenti merokok

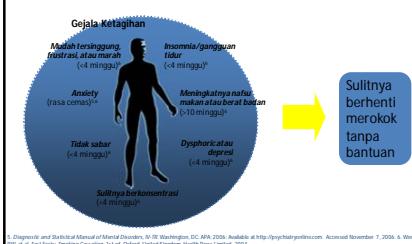
Keuntungan Berhenti Merokok dimulai sejak 20 menit pertama



Siklus Adiksi Nikotin



Gejala-gejala yang mungkin muncul bila seseorang berhenti merokok^{5,6}



c. Test untuk Ketergantungan Nikotin

Item	Pilihan Respon	Point
1. Berapa lama setelah bangun tidur anda merokok?	<ul style="list-style-type: none"> • dalam 5 menit • 6-30 menit • 30-60 menit • setelah 60 menit 	<ul style="list-style-type: none"> 3 2 1 0
2. Apakah anda merasa perlu merokok setiap hari meskipun dirimu dilarang?	<ul style="list-style-type: none"> • 0-5 ketergantungan rendah • 6-10 ketergantungan sedang • 11-15 ketergantungan berat 	<ul style="list-style-type: none"> 1 0
3. Waktu Rokok ditinggalkan?	<ul style="list-style-type: none"> • waktu rambu 	<ul style="list-style-type: none"> 1 0
4. Berapa jumlah batang rokok yang dihisap setiap hari?	<ul style="list-style-type: none"> • ≤10 • 11-20 • 21-30 • ≥31 	<ul style="list-style-type: none"> 0 1 2 3
5. Apakah merokok lebih banyak selama beberapa jam setelah bangun tidur dibandingkan waktu lain?	<ul style="list-style-type: none"> • ya • tidak 	<ul style="list-style-type: none"> 1 0
6. Apakah tetap merokok apabila tidak sehat dan pada saat bed rest?	<ul style="list-style-type: none"> • ya • tidak 	<ul style="list-style-type: none"> 1 0

Menilai tingkat motivasi

• Simpel :

Pasien ditanyakan mengenai berapa besar motivasi untuk berhenti merokok dengan skala angka "0 " sampai "10"

0 = Tidak ada motivasi sama sekali

10 = Sangat termotivasi/motivasi sangat tinggi

Prinsip-prinsip upaya berhenti merokok

2. Evaluasi dan dukungan motivasi

- Semua tahapan terdapat proses pembicaraan penting yaitu menelaah sejauh mana pasien termotivasi untuk tetap berhenti merokok.
- Apabila tingkat motivasi seseorang yang rendah/kurang maka diperlukan dukungan motivasi.
- Dukungan motivasi juga diperlukan dari anggota keluarga atau orang terdekat

Nardini S. European Respiratory Monograph 42, 2008
Flore MC. Training tobacco use and dependence, 2008
Dove M&M. Guidelines for smoking cessation. New Zealand, 2002

<p>Pendekatan motivasi</p> <ol style="list-style-type: none"> Ungkapkan Empati <ul style="list-style-type: none"> Gunakan pertanyaan <i>open ended</i> untuk menggali informasi Dengarkan pasien untuk memahami Bangun ketidaksesuaian/ ketidaksesuaian <ul style="list-style-type: none"> Tekankan kepada pasien mengenai ketidaksesuaian kebiasaan pasien merokok dengan suatu nilai, tujuan, harapan dari program Tekankan pada kallimat yang mengundang komitmen dari pasien Bangun dan perdalam komitmennya yang sudah dibuat. Menghadapi penolakan <ul style="list-style-type: none"> Potong pembicaraan dan alihkan perhatian jika terdapat tanda-tanda penolakan dari pasien Nyatakan empati. Tanyakan kepada pasien untuk memberikan informasi penunjang lain. Dukungan motivasi saat <i>follow up</i> <ul style="list-style-type: none"> Jika perokok berhasil melakukan pantangan Jika perokok melakukan penyimpangan dari program Jika perokok merokok kembali setelah 2-3 minggu program 	<p>Prinsip-prinsip Upaya berhenti merokok</p> <p>3. Penatalaksanaan / terapi</p> <table border="1"> <tr> <td style="width: 50%;"> <p>Terapi nonfarmakologi</p> <ol style="list-style-type: none"> Self help Brief advice Konseling <ol style="list-style-type: none"> Individu Kelompok Konseling melalui telepon Terapi perilaku Terapi relaksasi <ol style="list-style-type: none"> Hipnoterapi Acupuntur Acupresure </td> <td style="width: 50%;"> <p>Terapi farmakologi</p> <ol style="list-style-type: none"> Terapi penganti nikotin (Nicotine Replacement Therapy / NRT) Bupropion SR Varenicline tartrate <p><small>Kombinasi terapi baik terapi nonfarmakologi dan farmakologi telah terbukti berhasil memberikan tingkat keberhasilan yang lebih baik dibandingkan terapi tunggal.</small></p> </td> </tr> </table> <p><small>Nardi S. European Respiratory Monograph 42, 2008 Flore MC. Training tobacco use and dependence, 2008 Beaglehole R. Guidelines for smoking cessation. New Zealand, 2002</small></p>	<p>Terapi nonfarmakologi</p> <ol style="list-style-type: none"> Self help Brief advice Konseling <ol style="list-style-type: none"> Individu Kelompok Konseling melalui telepon Terapi perilaku Terapi relaksasi <ol style="list-style-type: none"> Hipnoterapi Acupuntur Acupresure 	<p>Terapi farmakologi</p> <ol style="list-style-type: none"> Terapi penganti nikotin (Nicotine Replacement Therapy / NRT) Bupropion SR Varenicline tartrate <p><small>Kombinasi terapi baik terapi nonfarmakologi dan farmakologi telah terbukti berhasil memberikan tingkat keberhasilan yang lebih baik dibandingkan terapi tunggal.</small></p>
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<h2>CARA BERHENTI MEROKOK</h2> <p>Cara 1:</p> <p>BERHENTI SEKETIKA</p> <ul style="list-style-type: none"> Hari ini anda masih merokok, besok anda berhenti sama sekali. Untuk kebanyakan orang, cara ini yang paling berhasil. Untuk perokok berat, mungkin dibutuhkan bantuan medis untuk mengatasi efek ketagihan 	<h2>Cara 2: PENUNDAAN</h2> <ul style="list-style-type: none"> Menunda saat mengisap rokok pertama, 2 jam setiap hari dari hari sebelumnya. Jumlah rokok yang dihisap tidak dihitung. Misalnya kebiasaan mengisap rokok pertama rata-rata 07.00 pagi, berhenti merokok direncanakan dalam 7 hari. Maka rokok pertama ditunda waktunya, yaitu : <ul style="list-style-type: none"> Hari 1 : jam 09.00 Hari 2 : jam 11.00 Hari 3 : jam 13.00 Hari 4 : jam 15.00 Hari 5 : jam 17.00 Hari 6 : jam 19.00 Hari 7 : jam 21.00 – terakhir
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<h2>Cara 3 : PENGURANGAN</h2> <ul style="list-style-type: none"> Jumlah rokok yang disap setiap hari dikurangi secara berangsur-angsur dengan jumlah yang sama sampai 0 batang pada hari yang ditetapkan. Misalnya rata-rata mengisap 28 batang rokok per hari. Berhenti merokok direncanakan dalam 7 hari. <ul style="list-style-type: none"> Hari 1 : 24 batang Hari 2 : 20 batang Hari 3 : 16 batang Hari 4 : 12 batang Hari 5 : 8 batang Hari 6 : 4 batang Hari 7 : 0 batang 	<p>Cth Pendekatan Konseling sesuai Kelompok Umur</p> <table border="1"> <thead> <tr> <th>Umur</th> <th>Karakter</th> <th>Pendekatan</th> </tr> </thead> <tbody> <tr> <td>Remaja</td> <td> <ul style="list-style-type: none"> - Perspektif jangka pendek - Merasa merokok bukan adiksi - Alasan: Sosialisasi dan Penampilan </td> <td> <ul style="list-style-type: none"> - Hindari nasehat menakut-nakuti (penyakit) - Fokus pada dampak langsung rokok (nafas bau, gigi/ljuri kuning) - Tegaskan akibat nikotin & CO pada prestasi olahraga - Jelaskan iklan rokok yang tidak jujur </td> </tr> </tbody> </table> <p><small>1. http://www.stop-smoking.tips/obat-obatan-obat-obatan-obat-obatan.html</small></p>	Umur	Karakter	Pendekatan	Remaja	<ul style="list-style-type: none"> - Perspektif jangka pendek - Merasa merokok bukan adiksi - Alasan: Sosialisasi dan Penampilan 	<ul style="list-style-type: none"> - Hindari nasehat menakut-nakuti (penyakit) - Fokus pada dampak langsung rokok (nafas bau, gigi/ljuri kuning) - Tegaskan akibat nikotin & CO pada prestasi olahraga - Jelaskan iklan rokok yang tidak jujur
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Cth Pendekatan Konseling sesuai Kelompok Umur

Umur	Karakter	Pendekatan
20–30 thn	<ul style="list-style-type: none"> - Banyak baru berumah tangga - Mulai sadar dampak buruk rokok - Ingin berhenti, tapi ketigihan - Ingin berhenti karena akan/sudah hamil 	<ul style="list-style-type: none"> - Dukung quitter untuk cepat berhenti → efek buruk dari merokok bersifat kumulatif - Jelaskan dampak buruk rokok pada perokok pasif - Jelaskan bahaya rokok pada janin

1. <http://www.cdc.gov/tobacco/audience/audience/index.htm>

Cth Pendekatan Konseling sesuai Kelompok Umur

Umur	Karakter	Pendekatan
31–40 thn	<ul style="list-style-type: none"> - Responsif terhadap bantuan berhenti - Risa akan efek gejala putus nikotin - Sudah pernah mencoba berhenti → gagal 	<ul style="list-style-type: none"> - Tekankan pentingnya kualitas hidup yang baik - Jelaskan : <ul style="list-style-type: none"> a) Gejala putus nikotin → sementara & dapat diatasi b) Sakit → kronis - Kegagalan adalah sukses yang tertunda → perlu terus mencoba

1. Fiore MC, et al. US Department of Health and Human Services. Public Health Service. June 2000.

2. Heale L, et al. *J Appl Cognitiv Drugs*. 2004;4:49-52. Stanek G, et al. *Br J Gen Pract*. 2003;53:151-157.

Cth Pendekatan Konseling sesuai Kelompok Umur

Umur	Karakter	Pendekatan
> 40 thn	<ul style="list-style-type: none"> - Berpendapat tak masalah, karena sudah lama merokok - Sudah sering mencoba → gagal terus 	<ul style="list-style-type: none"> - Simpatik terhadap logika mereka - Tegaskan manfaat berhenti merokok pada umur berapapun - Jelaskan bahwa relaps adalah umum → usa terus mencoba adalah penting

1. Fiore MC, et al. US Department of Health and Human Services. Public Health Service. June 2000.

2. Heale L, et al. *J Appl Cognitiv Drugs*. 2004;4:49-52. Stanek G, et al. *Br J Gen Pract*. 2003;53:151-157.

Wawancara Motivasional

- Untuk memahami tahapan perubahan perilaku pada klien
- Prinsip:
 - Ekspresikan Empati
 - Menghindari argumentasi
 - Dukungan keyakinan diri

Monitor tobacco use & prevention policies
Protect people from tobacco smoke
Offer help to quit tobacco use
Warn about the dangers of tobacco
Enforce bans on tobacco advertising, promotion, & sponsorship
Raise taxes on tobacco



5 A' s Tobacco Intervention

ASK (about tobacco use at every visit)

- ensure that tobacco use status is asked during your interview
- ensure that tobacco use is documented on every chart



cigarettes: pack years = #ppd x years

cigars: # per day, years

smokeless tobacco: amount/day, years



5 A' s Tobacco Intervention

ADVISE (all tobacco users to quit)

- "I strongly advise you to quit smoking and I can help you"



"...and I can help you!"

5 A' s Tobacco Intervention

ASSESS (readiness to quit)

- ask every tobacco user if s/he is willing to make a quit attempt at this time

Yes: provide **assistance**

No: provide **motivational intervention**

- Calculator, Changes, Resources



5 A' s Tobacco Intervention

ASSIST (tobacco users in quitting)

1. Provide brief counseling:
 - reasons to quit, especially contribution to patient's health or morbidity, and effect on family and friends
 - barriers to quitting
 - lessons from previous quit attempts, or other overcoming other lifetime adversities
 - set a definitive quit date, if ready
 - entail social support (family, friends, support network)
2. Recommend use of pharmacotherapy or alternative therapies
 - Pharmacotherapy, Contraindications, Resources
3. Provide supplementary educational materials
 - Resources, Changes



Pre-contemplative (Not considering quitting)

No intention of quitting and may actively resist being advised about smoking.



Maintenance/relapse

Seventy-five percent of relapses occur in the first six months. Even after being abstinent for a year, about one-third of ex-smokers might relapse. After two years, the probability of relapse decreases dramatically (to about four percent).

Contemplative (Planning to quit in the next six months)

Weighing up the pros and cons for them personally.

Health problems, an operation or other life events often trigger the shift from ambivalence to action in smokers.¹

Action (Ready to quit soon)

Preparing to quit in the next month or so.

The 1996/7 NZ Health Survey found that 22 percent of all smokers were thinking about or doing things that would help them quit.²

5 A' s Tobacco Intervention

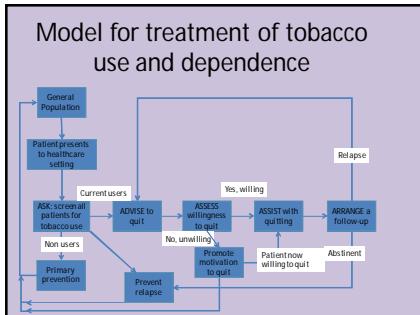
ARRANGE (follow-up)

- Refer using Resources
 - On subsequent visit, review progress. Congratulate Success. Encourage maintenance.
 - If tobacco use has occurred, ask for recommitment, review circumstances, use lapse as learning experience, assess proper therapy
 - Consider referral using Resources
- Fill out Patient Information with every intervention and mail when complete (please, please, please!)



In Review

- Ask about smoking with every interview
- Advise all tobacco users to quit
- Assess readiness to quit; utilizing Calculator, Changes, and Resources for encouragement
- Assist in finding appropriate therapies ('pharmacotherapy/Contraindications) and educational services (resources)
- Arrange referral (resources)
- Fill-out Patient Information with every intervention and mail when complete
- Hand out the Resources and Changes to every patient, DO NOT HAND OUT THE NEON STICKERS



ABC: Ask: Identify smokers
at each visit, ask all patients if they currently smoke

Month 0

- Do you smoke? Have you smoked at all- even a puff in the last three month
- Does anyone smoke inside your home?

At all other visits

- Ask if they have smoked at all- even a puff in the last two weeks
- Does anyone smoke inside your home?

International Union Against Tuberculosis and Lung Disease

ABC: Brief advice at each visit
5 to 10 minutes

Personalized advice (e.g.)

- Quitting smoking now you can recover properly from TB
- As soon as quit smoking, your coughing and sputum will decrease

General advice (e.g.)

- Smoking is very harmful for your health and family; it causes other disease such as cancer, heart disease
- To improve your health and your family's health, please do not allow anyone smoking inside

International Union Against Tuberculosis and Lung Disease

RUMAH TANPA ASAP ROKOK

ABC: Cessation support

- Tell family, friends, and colleagues that they are quitting
- Remove smoking accessories from home and work places
- Suggest patients to make smoke-free home and avoid SHS
- Give patients leaflets, pamphlets

International Union Against Tuberculosis and Lung Disease

Clinical Use of Bupropion SR	
Patient selection	Appropriate as a first-line medication for treating tobacco use
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: Pregnant smokers should be encouraged to quit without medication. Bupropion has not been shown to be effective for treating tobacco dependence treatment in pregnant smokers. (Bupropion is an FDA Pregnancy Class C agent.) Bupropion has not been evaluated in breast-feeding patients.</p> <p>Side effects: The most common side effects reported: occasional reports of hypertension. Side effects - The most common side effects (de-efficacy) were insomnia (35-40%) and dry mouth (10%).</p> <p>Contraindications: Bupropion SR is contraindicated in individuals who have a history of seizures or existing seizure, who are taking another form of bupropion, or who have used an MAO inhibitor in the past 14 days.</p>
Dosage	<p>Patients: Patients should begin bupropion SR 1 week before they quit smoking. Patients should begin with a dose of 150 mg every morning for 3 days, then increase to 150 mg every day. Then increase to 150 mg every day. Dosing up to 150 mg twice daily should continue for 7-12 weeks. For long-term therapy consider use of bupropion SR 150 mg up to 6 months post quit.</p>
Availability	Prescription only
Prescribing instructions	<p>Stopping smoking prior to quit date: Recognize that some patients may lose their desire to smoke prior to their quit date or will spontaneously reduce the amount they use.</p> <p>Dosing information: If insomnia is marked, taking the PM dose earlier in the afternoon, at least 8 hours after the first dose may provide some relief.</p> <p>Alcohol: Use alcohol only in moderation.</p>

Clinical Use of Nicotine Gum	
Patient selection	Appropriate as a first-line medication for treating tobacco use
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: Pregnant smokers should be encouraged to quit without medication. Nicotine gum has not been shown to be effective for treating tobacco dependence in pregnant smokers. (Nicotine gum is an FDA pregnancy Class D agent.) Nicotine gum has not been evaluated in breast-feeding patients.</p> <p>Side effects: Common side effects include nausea, vomiting, abdominal pain, headache, and dizziness. These side effects are usually mild and transient and often can be relieved by correcting the patient's chewing technique.</p>
Dosage	<p>Chewing technique: Gum should be chewed slowly until a "popping" or "fizzing" taste emerges, then "parked" between cheek and gum to facilitate nicotine absorption through the oral mucosa. Gum should be chewed slowly and intermittently ("chewed and parked") for about 30 minutes or until the taste disappears.</p> <p>Absorption: Acidic beverages (e.g., coffee, juices, soft drinks) interfere with the buccal absorption of nicotine. Nicotine gum should not be chewed with acidic beverages. Nicotine gum should be chewed for 15 minutes or until the taste disappears.</p> <p>Dosage: Patients often need not use enough pm/NET medications to obtain optimal clinical effects. Instructions to chew the gum on a fixed schedule (at least one piece every 1-2 hours) for at least 1-3 months may be more beneficial than ad libitum use.</p>
Availability	OTC only
Prescribing instructions	

Clinical Use of the Nicotine Inhaler

Patient selection	Appropriate as a first-line medication for treating tobacco use.
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: – Pregnant smokers should be encouraged to quit without medication. The nicotine inhaler has not been shown to be effective for treating tobacco dependence in pregnant smokers. Nicotine inhaler has not been evaluated in breastfeeding patients. Because the lozenge was approved as an OTC agent, it was not evaluated by the FDA for teratogenicity.</p> <p>Cardiovascular diseases: – NRT is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with unstable angina pectoris.</p> <p>Local irritation reactions: – Local irritation in the mouth and throat was observed in 40% of patients using the nicotine inhaler. Coughing (37%) and throat irritation (23%) also were common. Severe was generally associated with the use of the inhaler for more than 6 months or with smoking.</p>
Dosage	A dose from the nicotine inhaler consists of a puff or inhalation. Each cartridge delivers a total of 4 mg of nicotine over 80 inhalations. Recommended dosage is 6–12 cartridges/day. Recommended duration of therapy up to 6 months. Instruct patient to taper dosage during the final 3 months of treatment.
Availability	Prescription only
Prescribing instructions	<p>Ambient temperature: – Delivery of nicotine inhalers significantly decreases at temperatures below 40°F. In cold weather, the inhaler and cartridges should be kept in an unopened pocket or other insulating container.</p> <p>Absorption: – Acidic beverages (e.g., coffee, juices, soft drinks) interfere with the buccal absorption of nicotine. Patients should avoid drinking anything except water should be avoided for 15 minutes before or during use of the inhaler.</p> <p>Dosing information: – Patients often report difficulty in achieving adequate doses to obtain therapeutic clinical effects. Nicotine inhaler should be used 6–12 months, with gradual reduction in dosage if you are over the last 6–12 weeks of treatment. Best effects are achieved by frequent puffing of the inhaler and using at least six cartridges/day.</p>

Clinical Use of the Nicotine Lozenge

Patient selection	Appropriate as a first-line medication for treating tobacco use.
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: – Pregnant smokers should be encouraged to quit without medication. The nicotine lozenge has not been shown to be effective for treating tobacco dependence in pregnant smokers. Because the lozenge was approved as an OTC agent, it was not evaluated by the FDA for teratogenicity.</p> <p>Cardiovascular diseases: – NRT is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with unstable angina pectoris.</p> <p>Side effects: – The most common side effects of the nicotine lozenge are nausea, hiccups, and headache. The most common side effects of the 4-mg lozenge also include the headache and coughing (less than 10% of participants).</p>
Dosage	<p>Lozenge use: – The nicotine lozenge should be used to dissolve in the mouth rather than chewing or sucking.</p> <p>Absorption: – Acidic beverages (e.g., coffee, juices, soft drink) interfere with the buccal absorption of nicotine, so eating and drinking anything except water should be avoided for 15 minutes before or during use of the lozenge.</p> <p>Dosing information: – Patients often do not use enough prNRT medications to obtain optimal clinical effects. Generally, patients should use 12 lozenges per day for the first 1–2 weeks of treatment. If weight is being used as an element of therapy, the number of lozenges may be increased to up to 24 hours during weeks 7–9, and then decrease to 1 lozenge every 4–8 hours during weeks 10–12.</p>
Availability	OTC only
Prescribing instructions	<p>Lozenge use: – The lozenge should be allowed to dissolve in the mouth rather than chewing or sucking.</p> <p>Absorption: – Acidic beverages (e.g., coffee, juices, soft drink) interfere with the buccal absorption of nicotine, so eating and drinking anything except water should be avoided for 15 minutes before or during use of the lozenge.</p> <p>Dosing information: – Patients often do not use enough prNRT medications to obtain optimal clinical effects. Generally, patients should use 12 lozenges per day for the first 1–2 weeks of treatment. If weight is being used as an element of therapy, the number of lozenges may be increased to up to 24 hours during weeks 7–9, and then decrease to 1 lozenge every 4–8 hours during weeks 10–12.</p>

Clinical Use of Nicotine Nasal Spray

Patient selection	Appropriate as a first-line medication for treating tobacco use.
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: – Pregnant smokers should be encouraged to quit without medication. Nicotine nasal spray has not been shown to be effective for treating tobacco dependence in pregnant smokers. Nicotine nasal spray is an FDA pregnancy Class C agent. Nicotine nasal spray has not been evaluated in breastfeeding patients.</p> <p>Cardiovascular diseases: – NRT is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with unstable angina pectoris.</p> <p>Local irritation reactions: – Some 9% of users reported to severe irritation in the first 2 days of use. Irritation decreased over time. Patients should be advised to stop use if irritation becomes moderate to severe. Nasal congestion and transient changes in sense of smell and taste also were reported. Nicotine nasal spray should not be used in persons with severe respiratory disease.</p> <p>Dosing information: – Nicotine nasal spray should be used in doses that provide the highest dependence potential. Approximately 15–20% of patients report using the active spray for longer periods than recommended (12 months). 5% of patients report using the spray for less than recommended.</p>
Dosage	A dose of nicotine nasal spray consists of one 0.5 mg dose delivered each nostril (0.1 mg total). Ingestion during the first 1–2 days of use can result in nausea, vomiting, and diarrhea. Minimum recommended intranasal dose, with a maximum limit of 40 mg/day (5 mg/nostril). Each bottle contains approximately 100 doses. Recommended duration of therapy is 3–6 months.
Availability	Prescription only
Prescribing instructions	<p>Dosing information: – Patients should not sniff, swallow or inhale through the nose while administering doses, as this increases irritating effects. The spray is best delivered with the head tilted spray back.</p>

Clinical Use of the Nicotine Patch

Patient selection	Appropriate as a first-line medication for treating tobacco use.
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: – Pregnant smokers should be encouraged to quit without medication. The nicotine patch has not been shown to be effective for treating tobacco dependence in pregnant smokers. (The nicotine patch is an FDA pregnancy Class C agent.) Nicotine has not been evaluated in breastfeeding patients.</p> <p>Cardiovascular diseases: – NRT is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with unstable angina pectoris.</p> <p>Local irritation reactions: – Some 10% of patients report local irritation in the first 2 days of use. Irritation decreased over time. Skin reactions usually are mild and self-limiting, but occasionally worsen over the course of local treatment with diclofenac cream (1%) or tramadol cream (0.5%). and/or patch sites may blister. Up to 10% of patients report local irritation. In some cases, such reactions require the discontinuation of nicotine patch treatment.</p> <p>Other contraindications: – In certain patients, nicotine patch may not be as efficacious as longer treatment periods. Patches of different doses sometimes are available as well as after-their recommended dosing regimen. Clinicians should consider individualizing treatment based on specific patient characteristics, as previous experience with the patch may not be representative.</p>
Dosage	<p>Treatment: – Both a 22 mg/24 hours and an 11 mg/24 hours (for lighter smokers) dose are available in single doses. Recommended initial Dosage: First four weeks, 21 mg/24 hours. Thereafter, 14 mg/24 hours. Final 2 weeks, 7 mg/24 hours.</p>
Availability	OTC or prescription
Prescribing instructions	<p>Location: – At the start of each day, the patient should place a new patch on a relatively hairless location, typically on the upper arm, upper chest, or upper back.</p> <p>Activities: – No restrictions while using the patch. Dosing information: – Patches should be applied as soon as the patient wakes on the quit day. With patients who experience sleep disruption, have the patient remove the 24-hour patch prior to bedtime, or use the 16-hour patch (designed for use while the patient is awake).</p>

Clinical Use of Varenicline

Patient selection	Appropriate as a first-line medication for treating tobacco use.
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: – Pregnant smokers should be encouraged to quit without medication. Varenicline has not been shown to be effective for treating tobacco dependence in pregnant smokers. Varenicline has not been evaluated in breastfeeding patients.</p> <p>Cardiovascular diseases: – Not contraindicated.</p> <p>Use with caution in patients with certain history disease (stroke, heart disease, etc.) – Varenicline should be used with caution in patients with a history of stroke or heart disease. It has specifically noted that depression/agitation, changes in behavior, suicidal ideation, and suicide have been reported in patients attempting to quit smoking while using varenicline. The FDA recommends that patients be monitored for signs and symptoms of depression and suicidal thoughts during the starting of the medication, and clinicians should monitor patients for changes in mood and behavior when starting varenicline. As with all psychotropic medications, clinicians should consider eliciting information on their patients' psychiatric history.</p> <p>Warnings: – Nausea, trouble sleeping, abnormal vivid strange dreams.</p>
Dosage	Start at 0.05 mg twice daily. If tolerated, increase to 0.05 mg twice daily for 1 week, followed by 0.1 mg twice daily for 4 days, followed by 0.1 mg twice daily for 3 months. Varenicline is approved for a maintenance indication for up to 6 months. Note: Patient should be instructed to quit smoking on day 1. The recommended dosage is increased to 1 mg twice daily.
Availability	Prescription only
Prescribing instructions	<p>Stopping smoking prior to initiation: – Recognize that some patients may use their desire to smoke prior to their quit date or will spontaneously reduce the amount they smoke.</p> <p>Dosing information: – To reduce nausea, take on a full stomach. To reduce insomnia, take second pill at supper rather than bedtime.</p>

Clinical Use of Clonidine

Patient selection	Appropriate as a second-line medication for treating tobacco use.
Precautions, warnings, contraindications, and side effects	<p>Pregnancy: – Pregnant smokers should be encouraged to quit without medication. Clonidine has not been shown to be effective for tobacco cessation in pregnant smokers. (Clonidine is an FDA Pregnancy Class C agent. Clonidine has not been evaluated in breastfeeding patients.)</p> <p>Cardiovascular diseases: – Clonidine should be used with caution in patients with hypertension, bradycardia, sinus tachycardia (10%), and congestive heart failure (10%). As an alpha-2 receptor agonist, clonidine can be expected to lower blood pressure in most patients. Therefore, clinicians should monitor patients for hypotension and bradycardia.</p> <p>Rebound hypertension: – When stopping clonidine therapy, failure to reduce the dose gradually over a period of 2–4 days may result in a rapid increase in blood pressure, agitation, confusion, and/or hallucinations.</p>
Dosage	<p>Doses used in various clinical trials: – Varenicline was significantly from 0.15–0.75 mg/day by mouth and from 10–10.4 mg/day (range 1–10.4). With a clear dose-response relation to hypertension, however, higher doses (e.g., 0.10 mg/day, 0.15 mg/day, 0.2 mg/day, 0.3 mg/day, 0.4 mg/day, 0.5 mg/day, 0.6 mg/day, 0.7 mg/day, 0.8 mg/day, 0.9 mg/day, 1.0 mg/day, 1.1 mg/day, 1.2 mg/day, 1.3 mg/day, 1.4 mg/day, 1.5 mg/day, 1.6 mg/day, 1.7 mg/day, 1.8 mg/day, 1.9 mg/day, 2.0 mg/day, 2.1 mg/day, 2.2 mg/day, 2.3 mg/day, 2.4 mg/day, 2.5 mg/day, 2.6 mg/day, 2.7 mg/day, 2.8 mg/day, 2.9 mg/day, 3.0 mg/day, 3.1 mg/day, 3.2 mg/day, 3.3 mg/day, 3.4 mg/day, 3.5 mg/day, 3.6 mg/day, 3.7 mg/day, 3.8 mg/day, 3.9 mg/day, 4.0 mg/day, 4.1 mg/day, 4.2 mg/day, 4.3 mg/day, 4.4 mg/day, 4.5 mg/day, 4.6 mg/day, 4.7 mg/day, 4.8 mg/day, 4.9 mg/day, 5.0 mg/day, 5.1 mg/day, 5.2 mg/day, 5.3 mg/day, 5.4 mg/day, 5.5 mg/day, 5.6 mg/day, 5.7 mg/day, 5.8 mg/day, 5.9 mg/day, 6.0 mg/day, 6.1 mg/day, 6.2 mg/day, 6.3 mg/day, 6.4 mg/day, 6.5 mg/day, 6.6 mg/day, 6.7 mg/day, 6.8 mg/day, 6.9 mg/day, 7.0 mg/day, 7.1 mg/day, 7.2 mg/day, 7.3 mg/day, 7.4 mg/day, 7.5 mg/day, 7.6 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Clinical Use of Nortriptyline

Patient selection	Appropriate as a second-line medication for treating tobacco use
Precautions, warnings, contraindications, and side effects	<p>Prognosis. – Nortriptyline is not effective for tobacco cessation in pregnant women. Nortriptyline has not been shown to be effective for tobacco cessation in pregnant smokers. Nortriptyline (an FDA pregnancy Class D agent) Nortriptyline has not been evaluated in breastfeeding patients.</p> <p>Side effects. – Most commonly reported side effects include sedation, dry mouth (64–78%), blurred vision (40–50%), constipation (40–50%), and drowsiness (30–40%).</p> <p>Activities. – Nortriptyline may impair the mental and/or physical abilities required for the performance of potentially hazardous activities such as operating machinery or driving a vehicle; therefore, the patient should be warned accordingly.</p> <p>Cardiovascular and other effects. – Because of the risk of arrhythmias and impairment of myocardial contractility, nortriptyline should not be used in patients with cardiovascular disease. Do not co-administer with MAO inhibitors.</p>
Dosage	Dosage used in smoking cessation trials have utilized treatment at a dose of 25 mg/day increasing gradually to a target dose of 75–100 mg/day. Duration of treatment used in smoking cessation trials has been approximately 12 weeks, although clinicians may consider extending treatment for up to 6 months.
Availability	Noritriptyline – prescription only
Prescribing instructions	<p>Initiate. – Therapy is initiated 10–28 days before the quit date to allow nortriptyline to reach steady state at the target dose.</p> <p>Therapeutic dosing. – Although therapeutic doses of nortriptyline have not been determined, therapeutic dosing of plasma concentrations levels should be considered under American Psychiatric Association guidelines for treating patients with depression. Clinicians may choose to use the same dosing regimen.</p> <p>Dosing information. – Users should not discontinue nortriptyline abruptly because of withdrawal effects. Overdose may produce severe and life threatening cardiovascular toxicity, as well as seizures and coma. Risk of overdose should be considered carefully before using nortriptyline.</p>