


HIV and Aging

Making Tobacco Cessation a Priority in HIV/AIDS Services


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Amanda Brown, MPH
Ruth Tripp, MPH, RN



Objectives

- To explore existing knowledge of the HIV and smoking connection.

- To increase knowledge regarding tobacco use among PLWHA including on behavioral interventions and medications.




Tobacco Use Among PLWHA

- HIV+ people more likely to smoke
 - Smoking is 3 times higher in NY among PLWHA than the general population

 - 59% of PLWHA receiving care in NYS currently smoke (NS DOH AIDS Institute, 2005)

 - 67% of NYC HIV+ Medicaid recipients smoke (Burkhalter, et al., 2005)



Use of ARV and Changing Causes of Death

- PLWHA are living longer, healthier lives
 - Makes tobacco use a significant issue
- Smoking is the leading cause of morbidity and mortality in non-HIV infected persons:
 - Cancers, Cardiovascular diseases, Chronic respiratory conditions
- Causes of death among PLWHA are increasingly non-HIV related





"..I'm doing pretty well. I think my chances are better of going of a heart attack than of AIDS. My biggest problem now is , What do I do when I retire?"

James Cadenhead

Infected with HIV for 18 years. Has had Hep B, C, toxoplasmosis.

New York Times, Aug. 17, 2004



Impact of Smoking on PLWHA


- HIV+ smokers have increased:
 - Oral conditions
 - Respiratory symptoms
 - Respiratory conditions – Bacterial pneumonia, COPD, lung cancer
 - Cardiovascular disease
 - Mortality
- And decreased quality of life

(Crothers, et al. 2005; Engels, et al. 2006; Vittecoq, et al. 2003)




Barriers to Treating Tobacco Dependence

- Stress of HIV infection
- Don't believe they will live long enough to benefit
- Substance abuse and psychiatric disorders
- Clinicians/providers - Not enough time to address it; lack of knowledge; patients don't want to hear about it



Why Intervene?


- Significant health threat with effective interventions
- Clinicians have high credibility with smokers
 - 50% more likely to make a quit attempt with physician advice and receiving cessation counseling from a nurse are (Fiore, 2004)
- Patients report greater satisfaction when asked about tobacco use or advised to quit (Solberg, et al. 2001)
- Minimal interventions (< 3 min.) increase overall tobacco abstinence rates U.S. DHHS, Clinical Practice Guidelines: Treating Tobacco Use and Dependence 2008 Update May 2008.



PLWHA – Readiness to Quit

- HIV diagnosis – a teachable moment
 - 8% report quitting within 6 months of diagnosis
 - 14% quit within one year
 - Building motivation is important
 - Nearly half would use free or low cost cessation program


(Burkhalter, et al. 2005)



Nicotine


- Travels quickly to the brain; lasts 5 min.-2hrs
- ↑ dopamine levels – feelings of pleasure
- ↓ appetite and ↑ metabolism
- May stimulate or relax a person
- Specific withdrawal symptoms

**Nicotine doesn't cause the diseases
~ it causes addiction**





Best Practices in Treatment


- Screen and assess tobacco use at every visit
- Provide treatment
 - Brief interventions
 - Counseling & Behavioral Therapies
 - Medication




Publications Describing the Evidence-based Intervention



PHS Clinical Practice Guideline, June 2000 PHS Clinical Practice Guideline, 2008 Update




The 5 As:
A Counseling
Intervention to Help
Tobacco Users Quit




What are the 5 A's?

- **ASK** about tobacco use
- **ADVISE** to quit
- **ASSESS** willingness to make a quit attempt
 - 5 R's for those who are not ready
- **ASSIST** in quit attempt
- **ARRANGE** for follow-up



ASK

Determine tobacco use
status at every visit.



Advise

- Urge every tobacco user to quit
- Use clear, strong messages that are personal

“Stopping smoking is the best thing you can do for your health. Quitting smoking will decrease the infections you are having.”



Advise

- Advice to stop smoking is essential therapeutic step
 - Brief MD advice doubles quit rate from approx. 5% to 10%
 - Advice from non-physicians also effective
 - Advice from multiple sources is more effective
- Advice best given in nonjudgmental, empathic and supportive manner



Assess

- Assess every the willingness of tobacco user to make a quit attempt within 30 days.

“Are you willing to give quitting a try?”


- If No:
 - Provide motivational intervention
 - Arrange to discuss at next visit



Assist


If YES:

- Help with quit plan
 - Set quit date, Tell family/friends, Remove products
- Provide social support
- Provide supplemental materials specific to PLWHA & self-help smoking cessation materials
- Recommend use of approved medications




Assist Provide Practical Counseling

- Abstinence
- Past quit experiences
 - Build on them
 - Identify what helped and hurt in past attempts
- Anticipate challenges and triggers
- Alcohol
- Other smokers in the household




ARRANGE

- For follow-up!
 - Within 1st week if possible
 - Second follow-up within the month
- Congratulate if abstinent
- If tobacco use occurred, illicit recommitment
 - Consider more intensive treatment



Adjuncts to the 5As



- Medication
- Referral to more intensive counseling
- 311
- NYS Smokers' Quitline



Using Pharmacotherapy

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

(Fiore, et al. 2000)



First Line Medications

- Nicotine Replacement Therapy (NRT) 
- Bupropion SR (Wellbutrin and Zyban) 
- Varenicline (Chantix) 

All covered by Medicaid except for the lozenge



NRT

- Replaces nicotine – decreases severity of withdrawal symptoms
- Supplied as:
 - Steady dose (patch)
 - Self-administered (gum, lozenge, inhaler, nasal spray)
- Safe – with little abuse potential



Over-the-Counter NRT

The Patch



Gum



Lozenge



Safe for most clients, including those with stable heart disease



Nicotine Patch

- 24-hour patch provided in 2 doses
 - 21 mg
 - 14 mg
- One patch per day
- Placed on a clean, dry, hairless part of body
- Can be worn while showering or bathing



Nicotine Patch

- **Possible side effects:**
 - Skin irritation – usually mild
 - Insomnia and/or vivid dreams
 - **Don't smoke when wearing the patch**
- Symptoms of nicotine overdose:**
- Palpitations, Headache, Dizziness, Nausea



Nicotine Gum



- Available in 2 & 4 mg. pieces
- 1 piece every 1-2 hours - tailor fit needs
- Chew and park for approximately 30 min.
- Avoid eating or drinking anything except water for 15 minutes before and during chewing
- Chew on a fixed schedule; prn for craving
- Side effects: mouth soreness



Nicotine Lozenge



- Available in 2 & 4 mg. lozenges
- 1 piece every 1-2 hours - tailor fit needs
- Chew on a fixed schedule; prn for craving
- Side effects: nausea, insomnia



Prescription Only NRT

Inhaler



Nasal Spray



Nicotine Inhaler



Considerations Primary side effects: local irritation of mouth and throat; coughing, rhinitis. Best effects are achieved with frequent puffing.

Dosage & Duration 6 – 16 cartridges/day
Up to 6 months; taper dosage in final 3 months



Nicotine Nasal Spray


Considerations Primary side effects: nasal irritation. Some dependence potential. Precaution: severe reactive airway disease.

Dosage and Duration 8 – 40 doses/day
3 – 6 months




Treatment Considerations

- Choice of NRT dependent on patient preference, route of administration and side effect profile
 - Different NRTs have different advantages
- Patch
 - Many find it easier to use; provides maintenance level of nicotine
 - 24 hour patch relieves morning cravings but may increase insomnia side effect



Treatment Considerations


- Gum and Lozenge
 - Often patients do not use enough – encourage scheduled dosing plus prn dosing for cravings
- Nasal Spray and Inhaler
 - Provides faster delivery of nicotine than gum or lozenges – may increase the rewarding effects
 - Inhalers are cartridges placed inside hollow cigarette-like plastic rod that person puffs on – simulates smoking behavior

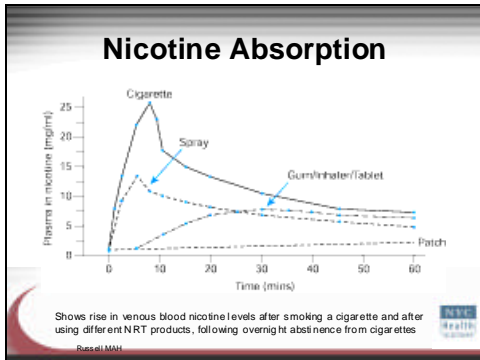


Treatment Considerations


NRTs

- Dosage needs to be equivalent to the amount of nicotine from patient's tobacco usage
- Under treating with NRT will result in withdrawal symptoms - may undercut quit attempt






Bupropion SR



- Non-nicotine medication approved by FDA for treating of nicotine dependence - Zyban
- Can be used in combination with NRT
- Begin treatment 1-2 weeks before quit date
- Side effects: insomnia, dry mouth

Varenicline



- Non-nicotine medication approved by FDA in July 2006 – Chantix
- Blocks nicotine activation of receptors – reduces craving and withdrawal
- Begin treatment 1 week prior to quit date
- Side effects: nausea, insomnia, abnormal dreams, dry mouth
- Precaution with severe renal impairment
- FDA Warning – February 2008

Overcoming Barriers

- Fear of weight gain
- Withdrawal symptoms
- Fear of failure



Relapse Prevention

- Most relapses occur within the first few days
 - If able to remain abstinent for 3 months, relapse unlikely
 - Brief follow-ups increase quit rate



Resources

311

NYS Smokers Quitline:

- 1-866-NY-QUITS
- <http://www.nysmokefree.com/>
 - FREE starter kit of Nicotine Patches, Gum or Lozenges for eligible NYS smokers
 - Trained Quitline Specialists offering help with quit plans
 - Information about local stop smoking programs
 - Informational taped messages
 - Information for providers



