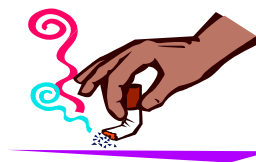


PATIENT INFORMATION
SMOKING CESSATION (SHORT FORM)
(PAGE 1 OF 3)

QUITTING SMOKING TAKES HARD WORK AND A LOT OF EFFORT, BUT ---

YOU CAN DO IT



**WITH SUPPORT AND ADVICE
FROM YOUR PHYSICIAN**

A PERSONALIZED QUIT PLAN FOR: _____

FACTS ABOUT QUITTING:

- Nicotine is a powerful addiction.
- Quitting is hard, but don't give up.
- Many people try 2 or 3 times before they quit for good.
- Each time you try to quit, the more likely you will be to succeed.

GOOD REASONS FOR QUITTING:

- Your physicians and nurses are concerned about your health and want you to quit.
- You will live longer and live healthier.
- The people you live with, especially your children, will be healthier.
- You will have more energy and breathe easier.
- You will lower your risk of a blood clot, heart attack, stroke, cancer, or lung disease.

QUIT AND SAVE YOURSELF MONEY:

- At \$5.00 per pack, if you smoke 1 pack per day, you will save \$1,825 each year and \$18,250 in 10 years.
- What else could you do with this money?

TIPS TO HELP YOU QUIT: You have already made the first step in quitting smoking. You have not smoked since your admission.

- Commit yourself right now to quit; this will put you on a path to success.
- Make a list of the reasons why you want to stop. Carry these with you and review them several times a day.
- Determine what made you smoke, be aware of the triggers and cues, so you are prepared to make other choices when urges occur.
- Begin thinking of what life will be like as a non-smoker and how much healthier your heart and lungs will be. Get rid of ALL cigarettes and ashtrays in your home, car, or workplace.
- Ask your family, friends, and coworkers for support.
- Stay in nonsmoking areas away from tobacco users.
- Breathe in deeply when you feel the urge to smoke.
- Keep yourself busy and reward yourself often.

Strategies for Quitting

Your Quit Plan



1. GET READY

- You have already quit, now stick to it - not even a single puff!
- Think about past quit attempts. What worked and what did not?

1. YOUR QUIT DATE WAS:



2. GET SUPPORT AND ENCOURAGEMENT

- Tell your family, friends, and coworkers you are quitting.
- Talk to your doctor or other health care provider.
- Get group, individual, or telephone counseling.

2. WHO CAN HELP YOU:



3. LEARN NEW SKILLS AND BEHAVIORS

- Change your routine.
- Reduce stress.
- Distract yourself from urges to smoke.
- Plan something enjoyable to do every day.
- Drink a lot of water and other fluids; unless you have been instructed not to.

3. SKILLS AND BEHAVIORS YOU CAN USE:



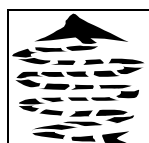
4. GET MEDICATION AND USE IT CORRECTLY

- Medication can help you quit; talk with your health care provider about which medication will work best for you:
- Smoking cessation medications are available in various forms: gum, inhaler, nasal spray, skin patch, lozenges, and pills.

4. YOUR MEDICATION PLAN:

Medications:

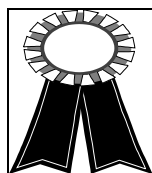
Instructions:



5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS

- Avoid alcohol.
- Be careful around other smokers.
- Improve your mood in ways other than smoking.
- Eat a healthy diet and stay active.

5. HOW WILL YOU PREPARE?



6. INCREASING YOUR CHANCE OF SUCCESS

- Find activities that make smoking difficult.
- Keep oral substitutes handy (carrots, celery, sunflower seeds, gum)
- Change your daily routine to break old habits.
- Consider enrolling in a multi-component smoking cessation program as described on the next page.

Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.

Follow-up plan: _____

Other information: _____ Referral: _____

Where Can I Get Additional Help?

Smoke Enders (www.smokenders.com)

- Home study package: 7 weeks audio tape work book course with counseling
- Cost: \$ 125
- Call 800-828-4357

American Lung Association: (www.lungusa.org)

- 7-8 sessions
- Cost: \$ 75-150
- Call: 800- LUNG-USA or 323-935-5864

St. John's Medical Center: (www.stjohns.org)

- 8 sessions held on Monday and Wednesday, 0630-0830 PM
- Cost: \$ 80
- Call: 310-829-8453

Pacific Care: (www.pacificare.com)

- Home study with phone follow-ups
- Cost: \$ 180
- Call: 800-513-5131 or 800- No Butts

Hoag Memorial Hospital: (www.hospitalsoup.com/externalwebframe.asp/hospitalid=9825)

- 8 sessions held on Monday and Thursday, 0700-0900 PM
- Call 949-760-5750

Mayo Nicotine Dependence Center: (www.mayoclinic.org/ndc-rst)

- 8 days residential program (cost \$ 3560) or
- 8 days non residential program (cost \$ 200)
- Call: 800-344-5984

Nicotine Anonymous: (www.nicotine-anonymous.org)

- Ongoing support groups
- No fees (free)
- Call: 800-642-0666 or 213-476-1161

American Cancer Society: (www.cancer.org)

- Provides a variety of quit- smoking programs within your local zip code area
- Call: 800-ACS-2345
- LA Regional Chapter: 213-386-6102

California Smoker Helpline: (www.http/californiasmokershelpline.org)

- Assist in making individualized stop-smoking plan for people with different ages and languages.
- Provides information on a variety of smoking cessation programs in CA
- Opens 24 hrs, Call: 800-662-8887

Disclaimer: The above list, "Where can I get additional help?", is provided as a source of information to our patients. The listed organizations are not sponsored by, affiliated with, or under the control of The Regents of the University of California, UCLA Healthcare or UCLA Medical Group, and the University assumes no responsibility for the quality or availability of any listed program or service.

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Physician Support Services
5767 W. Century Blvd. Suite 400
Los Angeles, CA 90045
Phone (310) 302-1300
Fax (310) 302-5250

PATIENT INFORMATION
SMOKING CESSATION (LONG FORM)
(PAGE 1 OF 4)

WHAT IS THE PROBLEM WITH SMOKING?

Smoking increases your risk of heart disease, lung disease, and cancer. Smoking damages blood vessels making it more likely for the arteries to become obstructed. Smoking makes your blood thicker and as a result makes you more likely to form clots in your arteries. Smoking makes you more likely to have a heart attack, stroke, and heart failure. Smoking damages the lungs causing significant diseases like emphysema and chronic obstructive lung disease. Smoking causes a variety of cancers. Smoking is the single most important preventable cause of death in the United States.

Once you have heart disease, vascular disease, lung disease, or cancer it is imperative that you find a way to quit smoking. If you have had a heart attack and continue to smoke, you are up to 5 times more likely to die than if you had quit smoking. If you have a balloon angioplasty or bypass surgery and continue to smoke, you are more likely to continue to have chest pain, more likely to need another surgery, and more likely to die, than if you had quit smoking. Once you have lung disease, you are at much great risk of infection, lung failure, and death if you continue to smoke. Smoking makes it harder for you to recover from major surgery or get over infections. You should absolutely, positively never smoke another cigarette again.

WHAT CAN I DO TO PREPARE TO QUIT SMOKING?

Resolve to quit smoking

Decide positively that you want to quit. Committing yourself right now puts you on a path to success. Make a list of all the reasons why you want to stop. Carry these reasons with you and review them several times a day. Determine what made you smoke. Being more aware of your triggers and cues to smoking will assist you in making other choices during your cessation attempts.

Tell your family and friends that you are quitting and enlist their support. Identify your rewards for quitting smoking. Begin thinking of what your life will be like as a nonsmoker. Think about how much healthier your heart and lungs will be and how much better you will feel in the long run.

Throw away all of your tobacco, lighter, ashtrays, and other smoking-related products as soon as you get home or have a family member or friend do this before

you arrive home. Clean your clothes, car, drapes, and furniture to rid them of the smell of smoke.

Stay away from other tobacco users and other tempting situations (i.e. alcohol). Do something special that you've been putting off. It will help you associate positive feelings with quitting.

HOW CAN I PREPARE TO AVOID URGES TO SMOKE?

Spend more time with friends who do not smoke. Find activities that make smoking difficult (e.g. gardening, exercising, washing the car). Keep oral substitutes handy. Try carrots, sunflower seeds, sugarless gum, straws, toothpicks, or apples. Change your daily routine to break your old habits. Distract yourself from thoughts of smoking by talking to someone, reading, or doing a task. Use relaxation techniques such as deep breathing, yoga, or exercising.

HOW CAN I HAVE THE GREATEST CHANCE OF SUCCESS?

Enrolling in a multi-component program offers you the best chance of quitting. Success rates are highest when smoking interventions are combined. Interventions include the following:

- Physician advice
- Self-help materials
- Behavioral counseling
- Self management techniques
- Support groups
- Nicotine replacement therapy
- Zyban (medicine that reduces urge to smoke)
- Follow-up

AM I A CANDIDATE FOR NICOTINE REPLACEMENT AND/OR ZYBAN?

Research supports that almost everyone can benefit from using nicotine replacement. Ask your doctor or nurse whether this is right for you. Your health care provider can help you choose the most appropriate form of nicotine replacement.

Zyban (bupropion) decreases the urge to smoke and can help you quit smoking. It can be used alone or in combination with nicotine replacement. Ask your doctor whether you are a candidate for Zyban. There are potential risks with this medication, including seizure. You should never take an extra dose of Zyban and should not use it in combination with Wellbutrin.

Nicotine replacement and/or Zyban are often started prior to, or at the time of hospital discharge to help you not go back to smoking. Ask your doctor or nurse.

WHAT SHOULD I DO IF I RELAPSE AND BEGIN SMOKING AGAIN?

Stop smoking immediately. Get rid of all tobacco products. Don't be too hard on yourself. Get yourself back on track as soon as possible. Realize that most people try several times before they successfully quit. Identify your triggers that led you to smoking again and learn from your past mistakes. Set a new quit date and begin again.

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UCLA Medical Center Smoking Cessation Program: Pharmacotherapies for Smoking Cessation

Product	UCLA Formulary Status	Daily Dose	Duration of Treatment	Common Side Effects	Advantages	Disadvantages	Cost*
First-line Pharmacotherapies							
Bupropion SR	Yes	150mg/day qd x 3days, then 150mg bid (begin treatment 1-2 weeks pre-quit or prior to hospital discharge)	7-12 weeks maintenance up to 6 months	Insomnia, dry mouth, agitation	Easy to use (pill), no exposure to nicotine	Risk of seizure (<.1 percent)	\$\$\$
Nicotine Gum (Nicorette) OTC	Yes	2mg (<25 cigarettes/day) 4mg (≥25 cigarettes/day) 1 piece/hr (<24 pieces/day)	Up to 12 weeks	Mouth soreness, dyspepsia	User controls dose; oral substitute for cigarettes, available without prescription	Proper chewing technique needed to avoid side effects and achieve efficacy; user cannot eat or drink while chewing the gum; can damage dental work; difficult for denture wearers to use	\$\$ - \$\$\$
Nicotine Inhaler (Nicotrol Inhaler, prescription only)	No	6-16 cartridges/day	Up to 6 months	Local irritation of mouth and throat	User controls dose; hand-to-mouth substitute for cigarettes	Frequent puffing needed; device visible when used	\$\$\$
Nicotine Nasal Spray (Nicotrol NS, prescription only)	No	8-40 doses/day 1-2 doses/hr (1mg total; 0.5mg in each nostril; maximum, 40mg/day)	3-6 months	Nasal irritation, sneezing, cough, teary eyes	User controls dose; offers most rapid delivery of nicotine and the highest nicotine levels of all nicotine-replacement products	Most irritating nicotine replacement product to use; device visible when used	\$\$\$
Nicotine Patch (Nicoderm CQ, OTC) (Generic patches, prescription and OTC) (Nicotrol OTC only)	Yes	21mg/24 hours 14mg/24 hours 7mg/24 hours 15 mg/16 hours	4 weeks then 2 weeks then 2 weeks 8 weeks	Local skin reaction, insomnia	Provides steady level of nicotine; easy to use; unobtrusive; available without prescription	User cannot adjust dose if craving occurs; nicotine released more slowly than in other products	\$\$ - \$\$\$
Second-Line Pharmacotherapies							
Clonidine	Yes	0.15-0.75 mg/day	3-10 weeks	Dry mouth, drowsiness, dizziness, sedation	No exposure to nicotine	Side effects limit use	\$
Nortriptyline	Yes	75-100 mg/day	12 weeks	Sedation, dry mouth	Easy to use (pill), no exposure to nicotine	Side effects common; should be used cautiously in patients with CAD	\$\$

*Cost based on Average Wholesale Price (AWP)

Reference: Fiore MC, Bailey WC, Cohen SJ, et. Al. Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. October 2000.

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