

# BEHAVIORAL HEALTH TOBACCO TREATMENT CASE STUDY

## Presenter's Information

**Name:** Annette McDaniel

**Title/Role:** Nurse Practitioner, Director Nicotine Dependence Program

**Credentials:** NP, NCTTP

**Agency:** Community Health Network

## Patient Demographic Information

**Age:** 59 y/o

**Gender:** Male

**Race/Ethnicity:** Caucasian

## Type of Service Provided

Tobacco Treatment

Patient is engaged in a multidisciplinary team.

## Patient Care Team:

- PCP - General (Family Medicine)
- Radiation Oncology
- Medical Oncology
- Nurse Practitioner Oncology
- Pulmonologist
- Orthopedic MD
- Psychiatrist
- LMHC as OP BH Primary Therapist (Behavioral Health)
- NP, NCTTP Nicotine Dependence Program

## Psychological/Medical Information

**Diagnoses:** Anxiety, Persistent Depressive Disorder, Rule Out Unspecified Bipolar and Related Disorder, Insomnia, Cannabis Use Disorder, Tobacco Abuse Disorder/Nicotine Dependence, DJD, Stage IIIB Non-small Cell Lung CA, ?COPD

## **Current Medications:**

## **Changes to psychiatric medications in the past 3 months?**

No changes  Yes, changes

If yes please provide details: [Click or tap here to enter text.](#)

**Status of psychiatric symptoms in the last 3 months:**

Stable     Partially Stable     Unstable     Unknown

**Tobacco Use History**

**Current Type of tobacco product/s used** (list all products and amount used):

**Quit on 7/4/20**

- Smoked combustible cigarettes
- Age of first cigarette in his teens, rolls his own cigarettes and enjoys menthol tobacco
- Initial visit was smoking 30cpd but could go up 50cpd when “having a bad day”
- Longest quit was 2 weeks

**Diagnostic Codes Used:**

**F17.208 Nicotine dependence, unspecified, with other nicotine-induced disorders**

**Tobacco Treatment Medications**

**Tobacco Treatment Medications Used** (Past and current):

Nicotine Gum     Nicotine Lozenge     Nicotine Patch     Nicotine Inhaler  
 Nicotine Nasal Spray     Bupropion SR/Zyban     Varenicline/Chantix  
 Combination Therapy?

**Please detail the specific medication regimen, including medication strength**

- acetaminophen (TYLENOL) 325 MG tablet PRN
- albuterol (VENTOLIN HFA) 90 mcg/actuation inhaler PRN
- ascorbic acid, vitamin C, (VITAMIN C) 500 MG tablet QD
- b complex vitamins tablet QD
- cholecalciferol 25 mcg (1000 unit) QD
- clonazepam (KLONOPIN) 1 MG tablet; 1-2 QHS PRN Sleep
- coenzyme Q10 100 mg capsule QD
- gabapentin (NEURONTIN) 300 MG capsule TID
- guaifenesin (MUCINEX) 1,200 mg Ta12 PRN
- herbal complex no.174 (ECHINACEA AND GOLDENSEAL ORAL)
- HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet PRN
- ibuprofen (MOTRIN IB) 200 MG tablet PRN
- inhalation spacing device (OPTICAMBER DIAMOND VHC) inhalation device
- ipratropium-albuterol (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution
- lamotrigine (LAMICTAL) 100 MG tablet ½ tab BID
- loratadine (CLARITIN) 10 mg tablet QD
- multivitamin tablet QD
- OMEGA-3-DHA-EPA-DPA-FISH OIL ORAL QD
- pseudoephedrine (SUDAFED) 30 MG tablet PRN
- sertraline (ZOLOFT) 50 MG tablet QD
- trazodone 150 MG tablet PRN QHS Sleep
- turmeric 400 mg Cap QD
- varenicline (CHANTIX) 1 mg tablet: ½ tab BID

## Patient Barriers to Treatment:

Barriers to Quitting Include: Cost of smoking cessation aids, Anxiety, Depression, Stress Management, COVID-19 induced stress/anxiety

## Providers Barriers to Treatment:

Anxiety & Virtual visits due to COVID-19 pandemic (patient prefers in-person visits)  
THC use

## Treatment overview:

### Initial Visit 9/25/20:

Smoking 30cpd but up to 50 cpg

CO not accurate at initial visit due to patient's breathing status; measure 10 ppm but difficulty holding breath

### **Initial Screeners:**

- Fagerstrom Smoking Score: 7
- Importance for quitting: 8
- Confidence in ability to quit: 8
- PHQ-9/2 Score on Initial: 13 (negative for suicidal ideation)
- GAD-7 Assessment on Initial: 7

Smoking Triggers: Driving, Finishing a meal, Watching someone else smoke

Motivation for Tobacco Cessation: Health (Lung CA) and overall breathing

A/P:

Discussed the following: Mechanisms for nicotine addiction, Scaled for importance and confidence for cessation, Triggers, Motivation for stopping, Health Consequences, Preparation for smoking cessation, Behavior modification

### Pharmacotherapy

- Discussed pharmaceutical options. Shared decision to start combination therapy of NRT (patch 21mg qd and nicotine inhaler prn hourly); may need to titrate patch given amount of tobacco he consumes but will start with 21mg patch qd; Likely he will require higher dose nicotine replacement; has failed nicotine monotherapy (with patch) in the past but was under-dosed.

-Psychiatry note from yesterday's visit and noted comment "at this time psychiatric eval does not indicate any acute risks for trial" for Chantix

-We may consider Chantix in future if fails NRT if mental health remains unchanged

-He agreed to keep smoking log, review cessation book, start tobacco treatment medication

### Office visit 10/25/19

- Has gotten to single digits <10cpd on some days; goes up to 30cpg
- Changed from menthol to non-menthol cigarette and feels like having some success

- Wearing the patch daily; takes off at bed time; working on insomnia with behavior health
- Getting some good sleep on trazadone
- Strategies: binge watching sci fi movies/shows, keeping busy
- Thinking of setting a scheduled smoking with timing around shows because using a timer is stressful for him

A/P

-Doing well on NRT (patch 21mg and inhaler); feels like his regimen is working but not using inhaler as much because he wishes it felt more like a cigarette; I provided nicotine lozenge 2mg samples to trial hourly prn

-He will work on using behavior strategies to reduce smoking: change type of tobacco, being more active, ration cigs while out, scheduled smoking around watching tv

-Difficult for him to set a reduction schedule with amount per day; will continue to work on behavior changes.

#### Monthly NDP Visit 11/2019, 12/2019, 1/2020, 2/2020

- Medical regimen remains the same: wearing Nicotine Patch 21mg during waking hours and using nicotine lozenge 2mg prn (underutilizing) using 3 x per day; dc'd nicotrol inhaler because patient preferred lozenge
- Worked on consistent amount of smoking (would fluctuate several cigarettes per day depending on stressors)
- Very compliant on keeping log and reviewed each visit
- Continue to work on behavior changes and rules around smoking (no smoking in car, no smoking in home, no back-to-back chain smoking "doubles or triples")
- Gradually cut back and nearly each visit was able to attain his goals

#### Office visit follow up 3/4/20

- Smoking 7-10cpd
- Doing well with his set behavior changes and cig/day goals
- Recently started on Lamictal for mood stabilizer per psychiatry
- Patient wanting to consider using Chantix; given recent Lamictal start I discuss with patient I prefer to have no mood medication changes for 3 months and shared decision to continue current medical regimen of NRT patch 21mg with very little use of nicotine lozenge 2mg prn hourly
- Patient has nicotine patches 14mg supply and really wants to use those vs 21mg patch and feels like this is a good step for him; in MI spirit ask reasons why he wants to go down to lower dose patch; feels like this will really work for him; I let him know I recommend 21mg qd but I will support what he truly feels will work \*\*this has been a key to his engagement and our great therapeutic relationship\*\*

-Quit date: TBD; quitting overwhelms him; need to have small goals that are manageable

#### Monthly Visit 4/2020 & 5/2020

- Stalled on progress and has had some back-sliding going up to 15 cpd but average ~10 cpd (during COVID-19 pandemic)
- Did continue nicotine patch 21m QD ☺
- Not utilizing nicotine lozenge; does not feel they really help
- Patient interested in Chantix; in mid-May I discuss with Psychiatry and they gave ok to start Chantix and we will take shared responsibility of monitoring patient; lamictal initiated to assure ongoing stability and not for acute symptoms so psychiatry feels stable to initiate Chantix starting dose and then 1mg bid

#### Increased to BiWeekly NDP Visits to Monitor Mood 6/2020 & 7/2020

- He tells me he has not mood changes on Chantix but feels a little like "slowed molasses"? related to Chantix; he is seeing great benefit with smoking reduction on Chantix
- Feels like he has necessary tools for behavior change; still keeping his tobacco log!!
- He did have nausea so we backed down Chantix to .5mg bid even when taking with food and water; was making progress on chantix .5mg bid; he has self adjusted his dose despite my recommendations but I always appreciate his honesty! He would go from .5mg bid to 1mg qd

- We finally landed on the right dose for him .5mg qd in am and 1mg in pm which he has been on consistently
- He remained on nicotine patch 21mg and shortly after starting the Chantix started using Nicotine patch 14mg qd during waking hours
- 6/24/20 Visit smoking 7cpd
- 6/30/20 Visit smoking 4 cpd

#### **Telehealth office visit (Phone) 7/7/20**

- Last cigarette the morning of July 4<sup>th</sup>!! He increased Chantix back up to original dose of 1mg bid; feels like tolerating with minimal nausea and report no mood changes; in fact he tells me his mood is slightly better; when I inquired he attributes this to THC brownie he has had which he tells me has improved his chronic pain

A/P

- Discussed the following: Continued Behavior modification
- Initial visit he was smoking a minimum of 30 cpd and on occasion would go up to 50cpd
- Quit on 7/4/20! I congratulated him on his success
- Continue Chantix 1mg bid
- Remains on nicotine patch 14mg qd and will use until his supply it out in about 2 weeks; will then consider dc patch or can consider using 7mg qd (per patient direction)
- Quit date: July 4th, 2020!

#### **Telehealth office visit (Phone) 7/29/20**

Doing well and remains smoke free since 7/4!

Cut back Chantix on own to .5mg in am and 1mg in pm due to a little nausea; refilled 14mg nicotine patch and doing well. Feels like no mood changes and admits to rumination at night due to scrolling facebook but denies worsening depression or thoughts of harm

-Continue Chantix he cut back on his own to .5mg in am and 1mg in pm (from 1mg bid) due to nausea; shared decision to decrease to .5mg bid for the remaining of his bottle which is ~2 month supply.

-Remains on nicotine patch 14mg qd and continue for ~3 weeks and then decrease to 7mg or dc patch; will have him titrate as he is on Chantix and ok to stop patch when he feels ready

-Denies any mood changes on Chantix

#### Treatment outcome as of last session:

#### **Telehealth office visit (Phone) 9/2/20**

-Remains smoke free! Not one puff since 7/4/20!

-On chantix .5mg bid; took himself of nicotine patch (14mg qd); did not feel like he needed 7mg patch

-Mood slightly more depressed; denies any thoughts of harm to self or others; Chantix may be playing a slight role he thinks but has a lot of other things going on too; family dog recently passes away which was hard and had an urge to smoke but was successful in abstaining.

-Denies intense cravings; cravings are rare

A/P

Discussed the following: Behavior modification; discussed relapse prevention

-Initial visit he was smoking a minimum of 30 cpd and on occasion would go up to 50cpd

-Quit on 7/4/20! I congratulated him on his success

-Continue Chantix .5mg bid for now; slightly more depressed without suicidal ideation; chantix may be contributing but also he admits other factors that could be causing; shared decision to continue Chantix .5mg bid and discuss with psychiatry at next visit on 9/14/20; note sent to psychiatrist

-If psychiatry agreeable, would like to continue Chantix for an additional 4 weeks; he is at high chance for relapse and has worked one year with the NDP and has successfully quit now for 2 months.

-off all NRT