



**Lessons in tobacco cessation
in the dental setting:
Perspectives from motivating dental
patients to quit**



**October 7, 2021
12:00 PM – 1:00 PM**

Housekeeping

- This presentation is being recorded.
- All participants are muted.
No video is needed for today.
- Please direct your questions to the chat box or Q&A box.



Dental Education Credit



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Erie County Medical Center designates this webinar for 1.0 credit hour of continuing dental education.

Objectives

At the conclusion of this webinar, attendees will be able to:

- Recognize the role of the dental hygienist in motivating patients to quit tobacco use
- Access and utilize appropriate programs offered by the New York State Smokers' Quitline
- Prescribe appropriate medications for tobacco cessation
- Identify contraindications to Nicotine Replacement Therapy and Pharmacotherapy adjuncts

Webinar Moderator

Elizabeth Kapral, DDS, MS

Director of Special Needs Dentistry

Erie County Medical Center

Department of Oral Oncology /

Maxillofacial Prosthetics



** Member of the Quitline's Healthcare Professional Task Force **

Quitline Marketing & Outreach Team

- PRESENTER: Paula Celestino, MPH
Director of Client Relations and Outreach
- TECHNICAL/CHAT: Tony Astran, MPA, APR, TTS
Public Information Specialist
- ADDITIONAL SUPPORT: Patricia Bax, RN, MS, NCTTP
Marketing and Outreach Coordinator



Additional Featured Presenters

- **Dr. Kalpesh Desai, BSc.Pharm, PharmD**, Adjunct Assistant Professor, State University of New York at Buffalo, School of Pharmacy and Pharmaceutical Sciences, Department of Pharmacy Practice
- **Marlyce James, CDA, RDH, MEd**, Assistant Professor/Clinical Instructor, SUNY Erie School of Dental Hygiene
- **Dr. Michael Krajewski, PharmD, MLS**, Adjunct Assistant Professor, State University of New York at Buffalo, School of Pharmacy and Pharmaceutical Sciences, Department of Pharmacy Practice

Poll Everywhere

- PollEv.com/elizabethkap214
- **TEXT “ELIZABETHKAP214” to 37607**

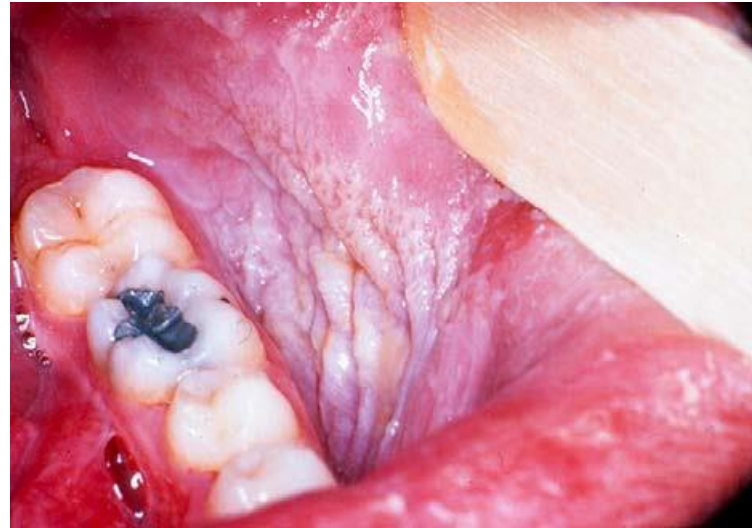
Why tobacco cessation?

- Leading cause of preventable death worldwide
- Head and neck cancer is usually diagnosed in late stages



Why tobacco cessation?

- Benign smoking-related oral disease causes morbidity



YOU ARE AFFECTIVE

Brief advice on tobacco cessation in the dental office increases success of patient quit attempts at 12 months

- More than 50% of people visit the dentist annually
 - 70% of smokers want to quit

Next Presenter:



Marlyce James, CDA, RDH, MSEd

Interim Department Head / Assistant Professor / Clinical Instructor
SUNY Erie School of Dental Hygiene

Tobacco & Oral Health

BAD BREATH

STAINED TEETH

LOSS OF TASTE

LOSS OF SMELL

MOUTH (CANKER SORES)

FAILURE OF DENTAL IMPLANTS

ORAL CANCER

GUM RECESSION

BONE LOSS

PERIODONTAL DISEASE



Tobacco & Oral Health

- **50 percent** of smoking adults have gum (periodontal) disease.
- Smokers are about **twice as likely to lose their teeth** as non-smokers.
- Cigarette smokers are nearly **twice as likely to need root canal treatment**.
- Smoking leads to **reduced effectiveness** of treatment for gum disease.

Tobacco & Oral Health

- Smoking increases risk of ***mouth pain, cavities and gum recession*** (which can lead to tooth loss).
- Tobacco reduces the body's ability to fight infection, ***including in the mouth and gums.***
- Smoking also limits the growth of blood vessels, ***slowing the healing of gum tissue*** after oral surgery or from injury.

Tobacco & Oral Health

- **Smokeless tobacco** (snuff or chewing tobacco) is associated with cancers of the cheek, gums and lining of the lips.
- Users of smokeless tobacco are **50 times more likely** to develop these cancers than non-users.
- Cigars, chewing tobacco, snuff and unprocessed tobacco leaves (used as cigar wrappers) contain tiny particles that are abrasive to teeth. When mixed with saliva and chewed, an abrasive paste is created that **wears down teeth** over time.

Cannabis & Oral Health

- Smoking marijuana is associated with **gingival enlargement, erythroplakia and chronic inflammation** of the oral mucosa with hyperkeratosis and leukoplakia
- A synergistic effect between tobacco and cannabis smoke **may increase oral and neck cancer risk for people who smoke both**, however other studies have found no association between marijuana use itself and head and neck cancer
- The ***risk and aggressiveness of cancers*** associated with cannabis appear to be higher in younger (i.e., <50 years old) users
- A number of studies have suggested a direct relationship between cannabis use and periodontal disease

ADA & CDC Recommendations

- Dentists and Hygienists are in a unique position to ***screen patients for periodontal disease due to tobacco use***
- It is recommended that all DHCPs should routinely screen for tobacco use and provide counseling

The FIVE A's:

- ASK
- ADVISE
- ASSESS
- ASSIST
- ARRANGE

ASK:

ASK every patient about tobacco use at every visit and document smoking status.

The FIVE A's

ASK:

- Type
- Quantity
- Frequency
- ***How long?***
- ***How often?***

The FIVE A's

ASK:

- Use ***motivational interviewing*** skills
- Refrain from using critical or disparaging questions (*Why haven't you quit smoking?*)
- Instead try open ended questions (*Tell me how things are going with smoking. How do you feel about quitting? Have you thought about it?*)

ASSESS:

ASSESS if the tobacco user willing to make a quit attempt at this time?

ASSESS:

- Is patient ready to quit?
- If not,
 - Identify, discuss items impeding tobacco cessation.

The FIVE A's

ASSESS:

- ***Repeating*** – repeating a portion of what client has said
- ***Rephrasing*** – slightly rephrases what client offers
- ***Paraphrasing*** – Infer meaning into what client has said and reflect back in new wording
- ***Reflection of feeling*** – regarded as deepest form of reflection, a paraphrase that emphasized emotional dimension through feeling statements

ASSIST:

For the patient willing to make a quit attempt, ASSIST using counseling and pharmacotherapy to help him or her quit.

ASSIST:

- Design a quit plan
- Refer for consideration of NRT/Pharmaceuticals
- Promote Quitline

ASSIST:

- Encourage visit with MD to further discuss smoking status
- Provide tobacco cessation brochures
- ***SUPPORT!***

The FIVE A's

ARRANGE:

- Follow up on progress
- Identify triggers for relapse
- ***Praise success!***

Thank you!

Adjunctive Pharmacotherapy

- NRT increases success rate of quit attempt by 50-60%
- Varenicline and Bupropion are more effective than NRT
- Combination treatment is most effective

Hartmann-Boyce J, et al. Cochrane Database Syst Rev. 2018

Adjunctive Pharmacotherapy

- ADA includes prescription of medications for smoking cessation among scope of dental practice

Next Presenters:



University at Buffalo

School of Pharmacy and
Pharmaceutical Sciences

Dr. Kalpesh Desai, BSc.Pharm, PharmD

Dr. Michael Krajewski, PharmD, MLS

Adjunct Assistant Professors

State University of New York at Buffalo

School of Pharmacy and Pharmaceutical Sciences

Department of Pharmacy Practice

Pharmacotherapy

- Drugs
- Dosing
- Precautions
- Contraindications

Pharmacotherapy

- Nicotine Replacement Therapy (NRT)
 - Patch
 - Lozenge, Gum
 - Nasal Spray, Inhaler
- Bupropion (Zyban, Wellbutrin)
- Varenicline (Chantix)

Pharmacotherapy

- NRT
 - Mechanism of action: Nicotine
 - Stimulation of nicotine receptors
 - Release dopamine
 - **Reduce** withdrawal symptoms

Pharmacotherapy

- NRT
- Contraindications
 - Post-MI
 - Severe/Unstable angina
 - Serious cardiac arrhythmia

Pharmacotherapy

- NRT
- Nicotine Patch
 - Long acting
 - 21mg, 14 mg, 7 mg strength



- Nicotine patch

What strength?

- ≤ 10 cigarettes / day
 - Start with 14 mg patch daily for 6 weeks
 - 7 mg patch daily for 2 weeks
- > 10 cigarettes / day
 - Start with 21 mg patch daily for 6 weeks
 - 14 mg patch daily for 2 weeks
 - 7 mg patch daily for 2 weeks



Pharmacotherapy

- Nicotine patch
 - Patient instructions
 - Apply at start of day to hair-free location
 - Upper arm, chest, or back
 - Rotate patch location
 - Do not cut
 - May remove at bedtime

Pharmacotherapy

- Nicotine Lozenge or Gum
 - Short acting
- Dosing
 - 4 mg if smoke within 30 minutes of waking
 - 2 mg if after 30 minutes of waking

 - Up to 20 lozenges/ day
 - Up to 24 pieces of gum/ day



Pharmacotherapy

- Nicotine Gum
 - Patient instructions
 - 15-30 chews, chew slowly
 - Peppery/ tingle
 - Repeat



Pharmacotherapy

- Nicotine lozenge
 - Patient instructions
 - Place between gum and cheek
 - May feel warmth or tingle
 - Move to other side of mouth
 - Dissolve over 20-30 minutes



Pharmacotherapy

- Nicotine Lozenge or Gum
 - Patient instructions
 - Avoid food or drink 15 minutes prior to or during use (Avoid acidic beverages)
 - Patient Considerations
 - Avoid gum in edentulous patients, recent dental work, or TMD

Pharmacotherapy

- Nasal Spray and Inhaler
 - Spray
 - 0.5 mg / spray
 - Inhaler
 - 4 mg inhaler
 - 80 inhalations per cartridge

R_x

Pharmacotherapy

- Nasal Spray and Inhaler
 - Nasal Spray
 - 1-2 doses / hour
 - Max 40 doses / day
 - Blow nose prior to use
 - Do not sniff while spraying



Rx

Pharmacotherapy

- Nasal Spray and Inhaler
 - Inhaler
 - Use 6-16 cartridges a day (24-64 mg)
 - 20 minutes active puffing / cartridge
 - Temperature sensitive



Rx

Pharmacotherapy

- Bupropion

R_x



Pharmacotherapy

- Bupropion
 - Mechanism of action: Enhances noradrenergic and **dopaminergic** neurotransmission
 - Indicated for **Smoking Cessation**, depression, and seasonal affective disorder

Pharmacotherapy

- Bupropion Sustained Release (SR)
 - Dosing: Start 1 week prior to quit date
 - Day 1-3: 150 mg po daily
 - Day 4 to end of treatment: 150 mg po twice daily
 - Continue for up to 6 months
 - Avoid bedtime dosing (insomnia risk)

Pharmacotherapy

– Prescription Writing:

Bupropion SR 150 mg

Disp: 60 tablets

Starting 1 week from quit date, take 1 tablet daily for 3 days, then take 1 tablet 2 times per day (at least 8 hours apart) Maximum dose: 300 mg/day

- Warnings/Contraindications: Bupropion
 - Box warning: Suicidal thoughts or behaviors
 - Contraindications:
 - History of seizure disorder
 - Current or prior diagnosis of bulimia or anorexia nervosa
 - Patients undergoing abrupt discontinuation of alcohol or sedatives
 - Concurrent therapy with MAOI
(Selegiline, Methylene blue, **Linezolid**, Phenezine)

Pharmacotherapy

- Varenicline (Chantix)



Rx



Pharmacotherapy

- Varenicline (Chantix)
 - Mechanism of action: Partial nicotinic receptor agonist
 - Indicated for smoking cessation

Pharmacotherapy

- Varenicline
 - Dosing: Start 1 week prior to quit date
 - 0.5 mg po daily for days 1-3
 - 0.5 mg po twice daily days 4-7
 - 1 mg po twice daily for 11 more weeks
 - May continue for another 12 weeks
 - Renal adjustment:
 - CrCl <30 mL/minute: Initial: 0.5 mg once daily; maximum maintenance dose: 0.5 mg twice daily

Pharmacotherapy

- Prescription

Varenicline (Chantix) 1 mg

Disp: 60 tablets

Starting 1 week before quit date take ½ tablet daily for 3 days, then take ½ 2 time per day (at least 8 hours apart) for 4 days.

Then take 1 tablet 2 times per day (at least 8 hours apart)

Pharmacotherapy

- **Box Warnings: Varenicline and Bupropion**
 - Box warning: Lifted Dec 16, 2016
 - Serious side effects on mood, behavior, and thinking
 - Risk is still present but lower than previously suspected

Pharmacotherapy

- Combination Therapy
 - NRT
 - Patch and a gum/lozenge/inhaler/spray
 - Bupropion + Patch

Pharmacotherapy

Medication	Precaution/Adverse Events
Bupropion	Insomnia, dry mouth, headaches, pruritis, pharyngitis, tachycardia, neuropsychiatric effects, ocular effects, weight loss
Varenicline	Nausea, insomnia, abnormal dreams, constipation, neuropsychiatric effects, seizure risk , suicide risk, cardiovascular events, renal impairment
NRT	Risk of too much nicotine (tachycardia, nausea, headache) Jaw pain, dry mouth (gum) Skin irritation, insomnia (Patch) Bronchospasm, nasal irritation (Nasal spray) Mouth, throat irritation (Inhaler)

Pharmacotherapy

- What to choose
 - Patient input
 - What have they tried before?
 - What worked?
 - What didn't?
 - Past medical history

Thank you!

New York State Smokers' Quitline



- Opt-to-Quit™
- Refer-to-Quit

Total Number of Referrals Received for the group

Code	Count
Unspecified	177
Total	177

Total Closed Referrals

Reflects activity in the specified period and may include referrals made before 01/01/2020

Agreed to Interview	38
Refused Interview	31
Moral Support only	1
Wrong Number Number not in Service	19
Closed after five unsuccessful attempts	79
Total Closed Referrals	168

NYS Quitline Refer-to-Quit Online

Please enter your Login Name and password below

You will need to register to log-in.
To register, please contact The New York State Smokers' Quitline by calling 1-866-697-8487 to request a log-in and password. You will need to provide name, organization, address, city, state, email address, phone, mobile number (if applicable) and a fax number.

Login Name:

Password:

Next Presenter:



Paula Celestino, MPH

Director of Client Relations and Outreach

New York State Smokers' Quitline

Roswell Park Cessation Services

New York State Smokers' Quitline

SMOKING IS AN
ADDICTION
Get support. *Don't give up.*

Talk with a Quit Coach

FREE patches

Lung screening

nysmokefree.com

1-800-NYQUITS (1-866-697-8487)

NYSSQL Free Services for Tobacco and ENDS Users

Coaching by Trained Tobacco Dependence Treatment Specialists

- Up to 3 coaching sessions
- Up to 6 coaching sessions for those reporting psychological distress, alcohol and cannabis use, disabilities and pregnancy
- Referral to additional cessation services (e.g., health plan, local or health site programs)



Nicotine Replacement Therapy

- Combination therapy (patch and gum or lozenge) for moderate or heavy users
- Nicotine patch or lozenge for light smokers
- Up to a 4- or 6-week supply



**Electronic Nicotine Delivery Systems*

Accessing Quitline Services



Nysmokefree.com



1-866-NY-QUITS



Referred by HCP

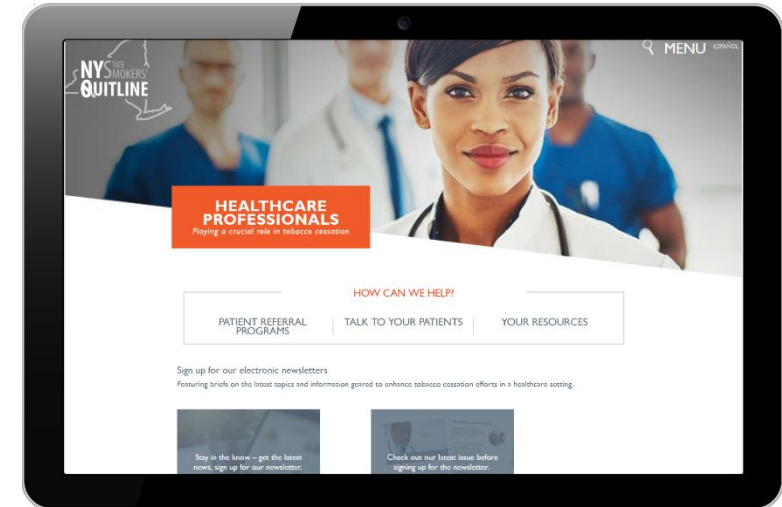
NYSSQL Coach Chat



New York State Smokers' Quitline

NYSSQL Services for Healthcare Professionals

- *Patient Referral Program*
 - *Call within 24-72 hours of referral receipt*
 - *Materials and referral forms*
 - *Technical assistance*
- *QuitSite resources (www.nysmokefree.com)*
- *E-Newsletters*
 - *Quitters Always Win! - & - The Check-Up*
- *Webinars and CME trainings*
- *Connections to local NYS Health Systems Change programs*



Social Media

Find @nysmokefree on



YouTube

LinkedIn*

*New York State Smokers' Quitline

Questions?



Contact Our Outreach Team...

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A wide-angle photograph of the Roswell Park Comprehensive Cancer Center. The main building is a large, multi-story structure with a prominent curved section, finished in reddish-brown brick with horizontal bands of windows. The name "ROSWELL PARK" is visible on the upper part of the building. In the foreground, there is a well-maintained courtyard with a green lawn, several trees, and wooden benches. A paved path winds through the courtyard. The sky is blue with scattered white clouds. A teal banner with the text "Thank you!" is overlaid on the right side of the image.

**Thank
you!**

ROSWELL PARK COMPREHENSIVE CANCER CENTER