

The FASTeR approach for using Nicotine Replacement Therapy for Smoking Cessation

A new and practical approach to help your patients become non-smokers using Nicotine Replacement Therapy (NRT).



“By regularly integrating this tool into practice, healthcare professionals can reduce the impact of smoking on disease risk and mortality.”

- **Michael Boivin, pharmacist.**

This tool was created by Michael Boivin, RPh, CDE with support from Johnson & Johnson Consumer Health Canada

Steps to a FASTeR Approach:

- Step 1** Frequently **A**sk patients about their tobacco status
- Step 2** **S**tart patient-centred nicotine replacement therapy
- Step 3** Slowly taper ↓ tobacco and if needed, **S**lowly titrate ↑ NRT products
- Step 4** **S**top **T**obacco and if appropriate, **S**lowly **T**aper ↓ NRT products
- Step 5** Reassess and frequently follow up. **R**estart treatment if the patient has a slip or relapse

Step 1 - Frequently **A**sk patients their tobacco status

Quick facts for this stage

- Before intervening, it is important to understand the patient's tobacco status. 85% of patients *want* you to bring up the topic of smoking cessation.¹
- Patient's tobacco status will commonly change. It is important to ask your patients frequently
- Normalize asking as part of routine care

Examples of ways to ask your patients:

- “Do you currently use any types of tobacco products or any products containing nicotine?”
- “In the past month, have you smoked any type of tobacco?”
- “We regularly check the smoking status of our patients as some drugs have interactions with tobacco smoke. Do you use any tobacco products or any products containing nicotine?”



Even less than 3 minutes can help a smoker quit. Counselling advice lasting 3 minutes or less increased the likelihood of smoking cessation and abstinence rates by 40%²

Step 2 - **S**tart patient-centred NRT smoking cessation therapy

Quick facts for this stage

- The most successful way of quitting tobacco is a combination of counselling and pharmacotherapy
- Tool – Drug InterACTIONS with Tobacco Smoke
 - Evaluate patients current drug therapy for interactions with tobacco smoke and adjust accordingly
 - This tool and others are available for download at www.HelpThemQuit.ca
- Your patients can receive additional behavioral support and track their cigarette and NRT use through the FREE Nicorette® Stop Smoking App
- Counselling services can be provided by the healthcare professional, or through services like Smoker's Help Line at 1-877-513-5333



Engage the patient in the choice of pharmacotherapy. Each option is effective and by involving the patient, it increases their buy-in and sets them up for success.

The most common smoking cessation pharmacotherapy options are:

- Combination nicotine replacement therapy (NRT)
- Varenicline
- Bupropion

Step 3 - Slowly taper tobacco and if needed, Slowly titrate ↑ NRT products

Quick facts for this stage

- Quitting tobacco suddenly is difficult for some smokers. Consider a reduce to quit NRT approach and have the patient taper their tobacco use after starting NRT therapy
- Combined with strategic advice from a healthcare professional, combination NRT (Patch + Short Acting) increases the chances of quitting by up to 4x³ VS monotherapy (2x more likely to quit)⁴.
- If the patient has significant withdrawal symptoms or cravings, consider stepping up the pharmacotherapy. This could include increasing the dose (NRT) or considering combination therapy if they are currently using monotherapy
 - Before adjusting therapy, it is important to ensure the patient is adherent and using it correctly. Please refer to NRT on-package use instructions or go to www.helpthemquit.ca for more information on proper NRT usage technique.
 - If the patient is adherent and using the correct technique, consider increasing the NRT dose up to daily on-label maximum if required to manage cravings.
- Frequent follow-up with the patient during this stage is strongly recommended to adjust therapy and to provide tips to manage barriers

There is NO rush to stop tobacco. A common approach to consider is that the more the person smokes and the longer their history, the slower the taper.

Step 4 - Stop Tobacco and if appropriate, Slowly Taper ↓ NRT products

Quick facts for this stage

- Each patient is unique, some will be able to stop using tobacco immediately, while others will take weeks to months to be able to stop tobacco use
- It is important to complete treatment.
 - Smokers should be encouraged to **not stop NRT too early** and to use appropriate quantities of NRT over a **sufficient duration of time** (8-12 weeks, or longer duration, if needed, based on healthcare professional opinion).⁵
- It is important to continue smoking cessation products after the patient has stopped tobacco.
- When the patient is ready, smoking cessation products can be slowly tapered down, and eventually used only when experiencing strong cravings⁶

Many patients stop pharmacotherapy prematurely. This can increase the risk of relapse. Engage the patient not only as they taper tobacco, but when they begin to taper down NRT. This can help to adjust the treatment plan as required and help to reduce the risk of relapse.

Step 5 - Reassess and frequently follow up. Restart treatment if the patient has a slip or relapse

Quick facts for this stage

- Slips and relapses are very common. Tobacco use behaves like a chronic disease with improvement and relapses
- Slips and relapses are a normal part of becoming a non-smoker and should be supported with empathy and guidance to identify barriers and develop solutions.
- By frequently asking patients about their tobacco status, relapses can be identified (Step 1 of the FASTeR tool)
 - **It is important to reengage the patient and encourage them to start the FASTeR approach again**

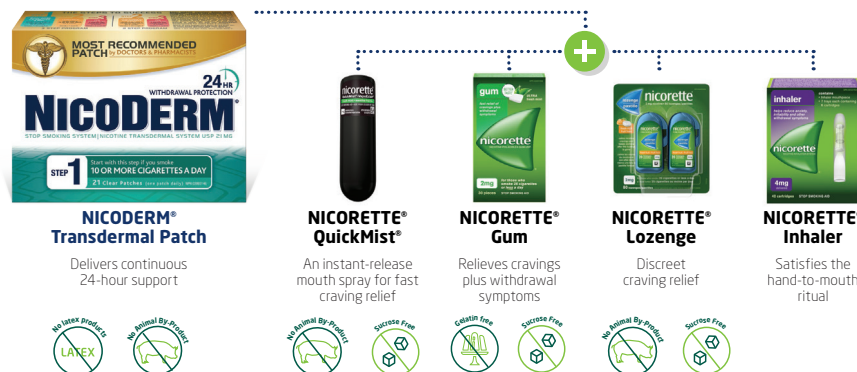
Quitting tobacco is a journey. Many patients will have slips and relapses. By having empathy and support using the FASTeR approach, you can help them with this journey.

Combination therapy vs. monotherapy

Combination therapy

is 30% more effective than using one NRT product alone⁷

Combination therapy: Patch + another form of NRT



References: 1. Slama KJ, et al. Community views about the role of general practitioners in disease prevention. *Fam Pract* 1989;6(3):203-9. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1012.862&rep=rep1&type=pdf>. 2. Fiore MC, et al. Clinical practice guideline: Treating tobacco use and dependence: 2008 update Full Version. 3. Sutherland G. Smoking: Can We Really Make a Difference? *Heart* 2003;89:ii25-27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1876294/pdf/v089p0ii25.pdf>. 4. Cahill L, et al. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database Syst Rev*. 2013;(5). 5. Zhang B, et al. Association between duration of use of pharmacotherapy and smoking cessation: findings from a national survey. *BMJ Open* 2015;15(1):e006229. 6. Nicorette® Gum Health Canada Product License, 2017. 7. Nicoderm Product Licence. August 17, 2018.