Clinical Decision-Making Flow Chart for Vaping Cessation in Adults 18+

Professor Renee Bittoun

NOTES FOR CLINICIANS

The flowchart has been designed based on the author's clinical practices that consider the current evidence, where available, for managing nicotine dependence in adults. The flowchart also includes "intuitive" guides, as nicotine for vaping cessation evidence is scant but evolving.

When all recommendations have been applied, yet the patient continues to vape, and legally dispensed vapes are advised as a final option, it is appropriate to advise that long-term vape use is a likely outcome.

The notes below are in the order in which they appear on the flowchart:

TIME TO FIRST VAPE (TTFV)

The time to first vape (TTFV) lengthens during the recommended processes. That is, the urge to vape is increasingly less urgent on waking, and nicotine withdrawal symptoms should become less frequent and less significant.

WITHDRAWAL SYMPTOMS

Withdrawal symptoms may occur between puffs of the vape as nicotine decays very quickly:

- Cravings or urges to vape (*feening* - adolescent term for strong urge)
- Anxiety
- Aggression
- Inability to concentrate
- Tension
- Increase in appetite
- Sleepiness/sleeplessness
- Depression
- Mouth ulcers
- Constipation

Withdrawals last from days to weeks. Withdrawals are most severe during the first days and week of a quit attempt. Urges or cravings diminish in intensity and frequency over this period.

ACUTE SHORT-TERM BEHAVIOURAL CHANGE STRATEGIES

- Make your home vape-free—always go **outside** to vape.
- No vaping in the car.
- Do not use Mentholated (minty) flavoured vapes; they worsen the addiction.
- Exercise: Short, intense 1-minute indoor exercise (if possible), such as up and down a staircase, push-ups, wall presses, stationary run etc. (This mimics a nicotine hit).
- Glucose tablets/jelly beans: Assists due to acute hypoglycaemia, especially after a meal.
- Diversional activities: Fidget spinners and/or progressive muscle relaxation.

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- Caffeine reduction: Caffeine interacts with nicotine in complex two-way processes that stimulate an urge to vape. Reduce (but don't eliminate) caffeinated drinks, colas, and energy drinks.
- Alcohol reduction: Reduce or eliminate alcohol for the time being (it stimulates an urge to vape).

VALIDATED ABSTINENCE

Self-reported abstinence is the most common, least expensive way; however, reliance on self-reporting risks patient potential dissimulation. Biomarkers that validate self-reported nicotine abstinence, such as urine and salivary cotinine (the metabolite of nicotine), are available. If the patient is using Nicotine Replacement Therapy (NRT), this test will be positive. There is no test to validate abstaining from Vaping if NRTs are being used.

LONG-TERM ABSTINENCE STRATEGIES

- Put up NO SMOKING/VAPING HERE signs in your house/room.
- If you live with a smoker/vaper? Avoid the smoke/vape as much as possible (it contains nicotine).
- Everyone vapes outside.
- Ensure no passive vaping in confined spaces such as a car.

Reasons:

- Remind yourself of the reasons why you want to stop.

Visualisation:

- Learn temptation skills- called "temptation therapy".
- Practice scenarios where you may have smoked or vaped and picture yourself saying "No".

Other ideas:

- Do you buddy up with someone? Caution *Maybe. It can go either way.*
- Can your friend or partner help? *If they nag, it's not a good idea (counterproductive). If they are supportive but not "on your case" all the time, it is called "invisible support"—that's good!*
- Quitline: 13 78 48
- Smartphone apps

FAST ACTING NRT

4 mg nicotine gum (not 2 mg), nicotine oral spray, nicotine inhalator, nicotine lozenge.

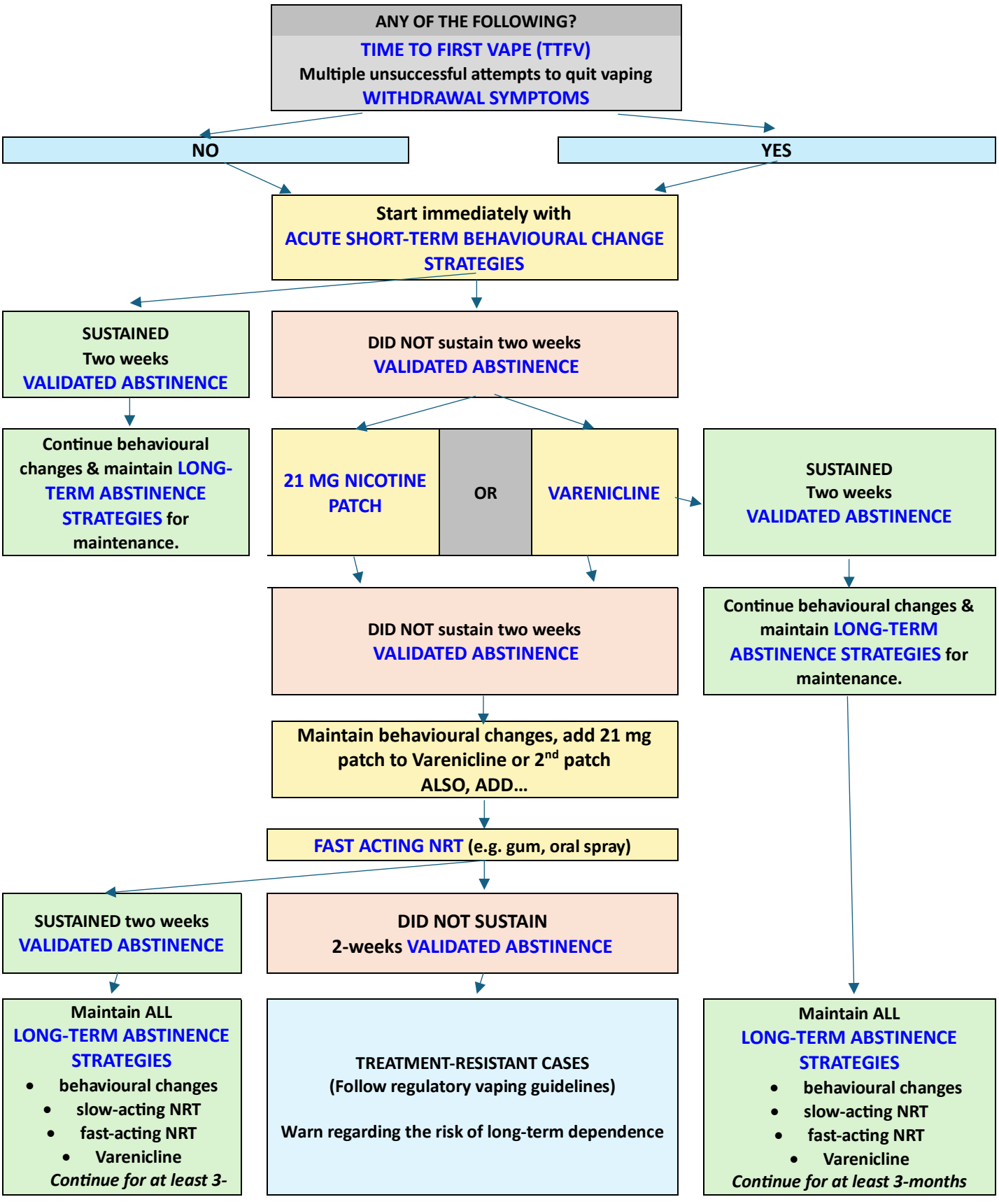
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BITTOUN CLINICAL DECISION FLOW CHART FOR VAPING CESSATION IN ADULTS 18 +

In these recommended processes, TTFV lengthens, and withdrawal symptoms should reduce

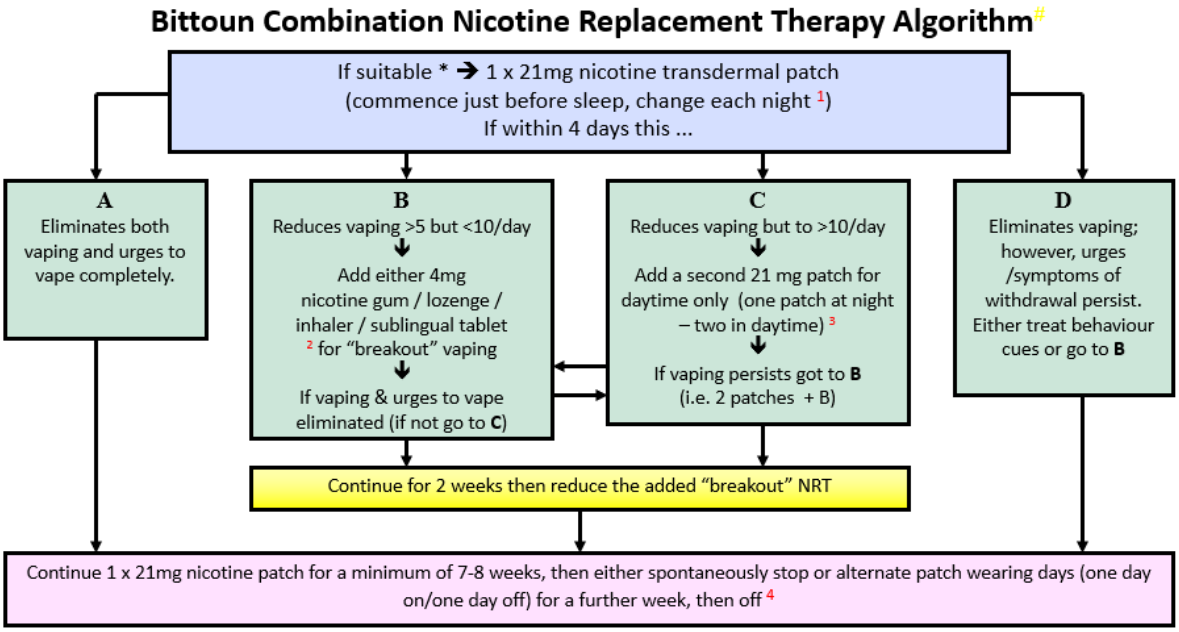


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Avondale UNIVERSITY

ALGORITHM:
21 MG NICOTINE PATCH

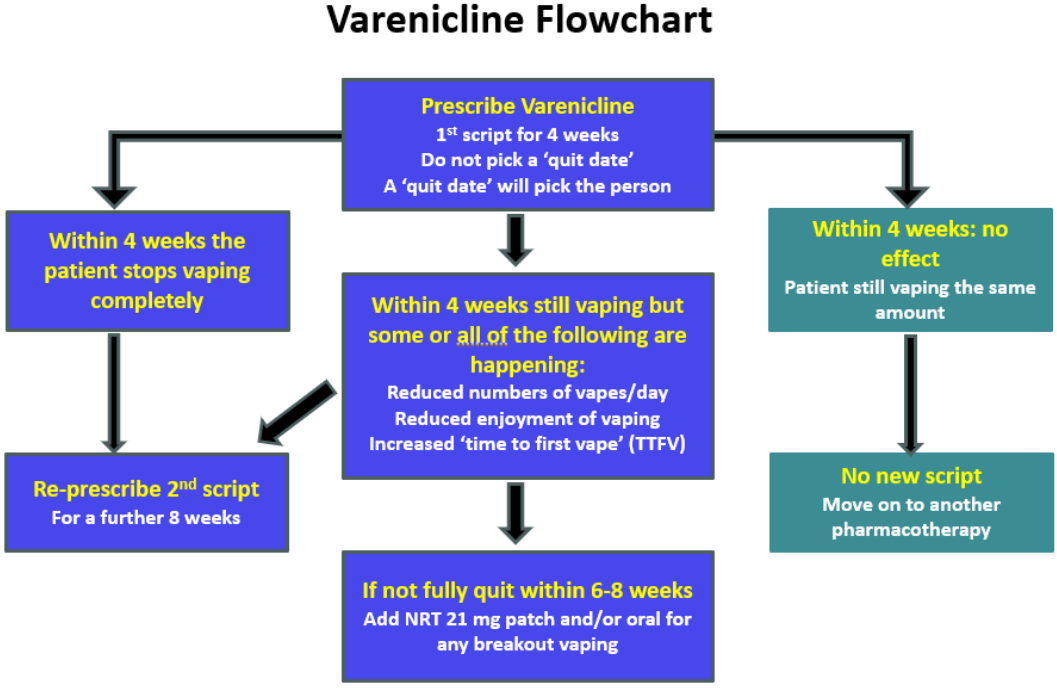


* Keep in mind contraindications: 1) PREGNANCY OR LIKELIHOOD (all NRT OK but not Patch)
2) RECENT CARDIOVASCULAR EVENT (48hrs)

1. Applying a patch last thing before sleep allows the slow rise of nicotine overnight - the likelihood of the 1st vape of the day "urge" is strongly diminished.
2. Either 4mg nicotine gum or lozenge depending on patient choice. Inhalator or spray are recommended over the others if the patient needs faster reinforcement.
3. No evidence in our experience of toxicity. Consider reducing concentrations if nausea occurs.
4. There is no evidence for weaning (or reduction) of patch strengths

Adapted from: Bittoun R. A Combination Nicotine Replacement Therapy (NRT) Algorithm for Hard-to-Treat Smokers. *Journal of Smoking Cessation*. 2006;1(1):3-6. doi:10.1375/jsc.1.1.3

ALGORITHM:
VARENICLINE



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