

Q&A: Researcher discusses a prescription for quitting nicotine

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Researcher Tanja Tomson and her colleagues have developed a support tool for health care professionals whose patients want to quit nicotine. Tomson is an associate professor of Public Health who conducts



research on tobacco cessation at the Department of Learning, Informatics, Management and Ethics (LIME) at Karolinska Institutet. In this interview, she answers questions about kicking the tobacco habit.

How does nicotine dependence work?

When smoking, <u>nicotine</u> reaches the brain within ten minutes, releasing dopamine that provides a nicotine kick. Snus (tobacco designed to be held between the upper lip and gum) users experience a longer delay before the nicotine reaches the brain, but the blood nicotine level remains elevated for an extended period. Over time, users need to increase their nicotine dose to maintain the desired effect. Feelings of anxiety and negativity can arise if nicotine is absent, leading to cravings.

How do you quit?

The best evidence supports using qualified counseling combined with nicotine replacement therapy, such as patches, gum, or prescription medications. The National Board of Health and Welfares guidelines also recommend this care for daily users. [The] reality is that many do not receive this care and are not even asked about their tobacco or nicotine use.

Why is this the case?

Studies indicate that doctors often lack time, and to some extent, knowledge.

What is your research about?

We have developed a concept called Tobaksavvänjning på Recept, TOR, inspired by FAR, Physical Activity on Prescription. This is a novel



approach enabling offering qualified advice and nicotine medication. Patients receive at least ten minutes of tobacco counseling, a written prescription for <u>tobacco cessation</u>, and follow-up on at least one occasion. The treatment plan is discussed with the patient, ensuring individual tailor-made treatment.

How effective is it?

We have examined the setup in a RCT study where 18 primary health care (PHC) centers in socioeconomically vulnerable areas were included. At eight PHC we trained staff in smoking cessation and introduced TOR. The remaining ten centers, which formed a control group, followed standard procedures. With TOR, 35% of those who wanted to quit remained smoke-free six months after the treatment. In the centers following standard practices, the corresponding figure was 13%.

Provided by Karolinska Institutet

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