Reducing Smoking and Children’s Exposure to
Second Hand Tobacco Smoke:
The new ACCP Tobacco Dependence
Treatment Tool Kit

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Disclosures

• Most of what I am presenting today is from the ACCP Tobacco Dependence Treatment Toolkit 3rd Edition

• I am one of the contributors to the toolkit

• I want you to get and use the toolkit.
Acknowledgements

• Members of the Tobacco Dependence Treatment Toolkit 3rd Edition Committee
  – David PL Sachs, MD (chair)
  – Frank Leone MD
  – David Prezant, MD
  – Harold J. Farber, MD
  – Matthew Bars
  – Sandra Zelman-Lewis
Tobacco smoke exposure and asthma

- Reduces Oral and Inhaled Corticosteroid Responsiveness
- May increase severity of respiratory viral infections
Tobacco smoke triggered asthma behaves differently

- The rate of decline in lung function for individuals who smoke and have asthma is greater than for either alone (1).
- Exhaled nitric oxide is decreased in smokers (2).
- Urinary leukotriene levels are increased in smokers with asthma (3).
- The effect of genetic polymorphisms at 17q21 on risk for early asthma is magnified by early life tobacco smoke exposure (4).
- Severity of respiratory viral infections appears to be augmented by smoke exposure (5).

Medication Response is different

- Responses to inhaled and oral corticosteroids are impaired (1-3)
- Response to leukotriene modifier medication is more prominent (3)

Most smoke exposure of children comes from their parents and caregivers
Cotinine level as a function of caregiver smoking status.

LETS Manage Asthma Study

N= 519 Smoke Exposed Children 3-12 years with asthma

Tobacco Dependence is a severe addiction.

Behavioral Interventions have limited benefit
“It is difficult to identify any other condition that presents such a mix of lethality, prevalence, and neglect, despite effective and readily available interventions”

Pediatricians have a unique opportunity

- Young adult parents may present to a pediatrician (for care of their children) more often than to their own physician
- Pediatricians have an important opportunity
  - To reduce BOTH the parent’s and the child’s tobacco related morbidity.
The American Academy of Pediatrics

• Pediatricians should inquire about active and secondhand smoke exposure of their patients.
• Pediatric health care providers should be knowledgeable about tobacco cessation and ROUTINELY offer help and referral to those who are nicotine dependent.

• “I had given up hope of ever quitting until our discussion (of effective pharmacotherapy of tobacco dependence)”
  • Parent of a child with asthma and recurrent pneumonia
If you can treat asthma you can treat tobacco dependence

• Goal of asthma therapy:
  – Normal lung function
    • Minimal to no asthma symptoms

• Goal of tobacco dependence therapy
  – Normal brain function
    • Minimal to no symptoms of nicotine withdrawal
If you can treat asthma you can treat tobacco dependence

• Assess severity in asthma:
  – Asthma Control Test
  – Asthma Therapy Assessment Questionnaire

• Assess disease severity in tobacco dependence
  – Fagerström Test for Nicotine Dependence
  – Modified Fagerström Tolerance Questionnaire (adolescents)
If you can treat asthma you can treat tobacco dependence

• Controller Medications
  – Nicotine Patch (OTC)
  – Bupropion (Rx)
  – Varenicline (Rx)

• Reliever Medications
  – Nicotine gum, lozenge (OTC)
  – Nicotine inhaler, nasal spray (Rx)

• Severity of disease guides intensity of treatment
• Pre-medicate for at risk situations
If you can treat asthma you can treat tobacco dependence

- On follow-up
  - If disease is well controlled
    - Step down medications
  - If disease is not well controlled
    - Evaluate for triggers, adherence, etc.
    - Consider stepping up medication
  - Medications are adjusted based on control of the underlying disease -- not on a fixed timetable.
Nicotine withdrawal symptoms:

- Cravings for cigarettes
- Irritability, frustration, anger
- Increased appetite
- Tremors
- Dysphoric or depressed mood
- **Insomnia**
- **Anxiety, Restlessness**
- **Difficulty concentrating**
- **Slowed cognitive performance**
Simple Steps in Treating Tobacco Dependence

• **ASK** about smoking and smoke exposure
• **ASSESS** the disease
• **RECOMMEND** treatment
• **MONITOR** for effectiveness and side effects.
• **REVISE** the treatment plan
ASK

• Second hand smoke:
  – Does anyone who lives with (name of child) smoke?
  – Does anyone who provides care for (name of child) smoke?
  – Does (name of child) visit places where people smoke?

• Active smoking (adolescent):
  – How many of your friend’s smoke?
  – Have you ever tried (name of tobacco product)?
  – How many times have you tried (name of tobacco product)?
  – How much do you smoke?
Assess

• Assess severity of disease
  – Fagerström Test for Nicotine Dependence
  – Modified Fagerström Tolerance Questionnaire (adolescents)
  – Hooked on Nicotine Checklist (autonomy over smoking)

• Previous experience with smoking cessation
Assess

• Co-morbid conditions
  – Psychiatric conditions
    • Beck Depression Inventory-II,
      – Anxiety
      – Depression
      – Suicidality
      – Other substance abuse
  – Medications
    • Drug metabolism may be altered by smoking cessation
Factors Predicting More Intensive Tobacco-Dependence Treatment Requirements

- Higher Level of Physical Nicotine Dependence
  - FTND (Fagerström Test for Nicotine Dependence) Score $\geq 5$ out of 10 points
- Higher Quantitative Nicotine Withdrawal Symptom Score
  - NWS (Nicotine Withdrawal Symptom) Score $\geq 20$ out of 48 points
- Higher Serum Cotinine Level
  - Serum Cotinine $\geq 250$-ng cotinine/mL
- Heavy Cigarette Smoker
  - Smokes $\geq 25$ cigarettes/day (cpd)
- Short Time to First Cigarette of the Day
  - Time $\leq 5$ minutes
Factors Predicting More Intensive Tobacco-Dependence Treatment-Requirements

- Female Sex
- Started Regular Tobacco Use Young
  - Age ≤17 years old
- Multiple Previous Stop-Smoking Attempts
- Another Cigarette Smoker in the Household
- Current Psychiatric Condition
- Current substance abuse
Factors Predicting More Intensive Tobacco-Dependence Treatment-Requirements

- Symptomatic Nicotine Withdrawal with Prior Stop-Smoking Attempt
- Low Annual Household Income
- Low Educational Level
## Classification of Severity – Table #1

<table>
<thead>
<tr>
<th>Classification</th>
<th>Cigarette Use</th>
<th>Nicotine Withdrawal Symptoms</th>
<th>Quantitative</th>
<th>Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 4</strong></td>
<td>&gt;40 CPD</td>
<td>Constant</td>
<td>FTND 8-10</td>
<td>≥ 1 Chronic Medical Dis., AND/OR ≥ 1 Psychiatric Disease</td>
</tr>
<tr>
<td>Very Severe</td>
<td>Daily use</td>
<td>NWS &gt;40</td>
<td>Se Cotinine &gt;400 ng/mL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time To 1st Cig: 0-5 min</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 3</strong></td>
<td>20-40 CPD</td>
<td>Constant</td>
<td>FTND 6-7</td>
<td>≥ 1 Chronic Medical Dis., OR ≥ 1 Psychiatric Disease</td>
</tr>
<tr>
<td>Severe</td>
<td>Daily use</td>
<td>NWS 31-40</td>
<td>Se Cotinine 251-400 ng/mL</td>
<td></td>
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<tr>
<td><strong>STEP 2</strong></td>
<td>6-19 CPD</td>
<td>Frequent</td>
<td>FTND 4-5</td>
<td>Healthy medically, Healthy psychiatrically</td>
</tr>
<tr>
<td>Moderate</td>
<td>Daily use</td>
<td>NWS 21-30</td>
<td>Se Cotinine 151-250 ng/mL</td>
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<td><strong>STEP 1</strong></td>
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<td>Mild</td>
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<td></td>
<td>Time To 1st Cig: &gt;60 min</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 0</strong></td>
<td>Non-daily cigarette use</td>
<td>None</td>
<td>FTND 0-1</td>
<td>Healthy medically, Healthy psychiatrically</td>
</tr>
<tr>
<td>Non-Daily/Social</td>
<td>Social setting, only</td>
<td>NWS &lt;10</td>
<td>Se Cotinine &lt;50 ng/mL</td>
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*The presence of one feature of severity is sufficient to place patient in that category.

- CPD=Cigarettes Per Day
- Time To 1st Cig=Time To First Cigarette after Awakening in the Morning
- NWS=Nicotine Withdrawal Symptom Score
- FTND=Fagerström Test for Nicotine Dependence Score
- Se=Serum
- Cotinine=First-pass, hepatic metabolite of nicotine; physiologically inactive
Recommend

• Base treatment intensity on
  – Severity of underlying disease.
  – Prior experience with tobacco dependence treatment
  – Combination therapy is more effective than single agent therapy.
Initial & Long-Term Tobacco-Dependence Medical Management
Stepwise Approach to Tobacco-Dependence Treatment

**Outcome: Tobacco-Dependence Control**
No Nicotine Withdrawal Symptoms and No Smoking

<table>
<thead>
<tr>
<th>Controller:</th>
<th>Nicotine Patch or Bupropion-SR or Varenicline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliever:</td>
<td>Not Known</td>
</tr>
<tr>
<td>Reliever Meds:</td>
<td>(NNS, NI, NG, NL)*, prn</td>
</tr>
</tbody>
</table>

**Controller:** Nicotine Patch or Bupropion-SR or Varenicline
**Reliever Meds:** (NNS, NI, NG, NL)*, prn

**Controller(s):**
- Varenicline and/or Bupropion-SR
- Nicotine Patch and/or Bupropion-SR
- Hi-Dose/Individualized Nicotine Patch and/or

**Multiple Controllers:**
- Varenicline and/or Bupropion-SR
- Nicotine Patch and/or
- Individualized Nicotine Patch and/or
- Hi-Dose Nicotine Patch and/or

**When tobacco dependence is controlled**
(patient is not smoking AND not suffering from nicotine withdrawal symptoms):
- Gradually reduce medications, one at a time
- Monitor, to maintain NO nicotine withdrawal symptoms

**STEP 0:** Non-Daily/Social
**STEP 1:** Mild
**STEP 2:** Moderate
**STEP 3:** Severe
**STEP 4:** Very Severe
**STEP Down & Maintenance**

*Reliever Medications (Rapid Acting Nicotine Agonists): •NNS=Nicotine Nasal Spray •NI=Nicotine [Oral] Inhaler •NG=Nicotine Gum •NL= Nicotine Lozenge. Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.
Freedom from Tobacco Action Plan

Tobacco use is more than a habit. It’s an addition.

In the green and good to go!

I have no real cravings for tobacco. I’m pretty calm. I feel like my brain can focus normally.

I use medicine to control nicotine cravings every day.

☐ Nicotine patch: _____ mg patch ______ # patches, apply once daily.
☐ Bupropion IR, SR, XL (Wellbutrin® or Zyban®): _____mg/day once daily for first ___ days, then ______________
☐ Varenicline (Chantix®)
  ☐ Use Starter Pack as directed
  ☐ Use continuing month pack, ___ mg tab, ____ times per day
☐ Use prior to problem times: _____________________________________

Yellow, but not so mellow.

I’m craving tobacco. I may be feeling irritable, anxious, and restless. It is hard for me to get my brain to focus.

Continue your Green zone EVERY DAY Medicine

Need a rescue? Take a quick-relief nicotine medicine:

☐ Gum ☐ Lozenge ☐ Nasal Spray ☐ Inhaler

Take _______(dose) every ________ minutes as needed.

Seeing red.

I am feeling strong cravings for tobacco. I really need a cigarette now. It may be very hard to get my brain to focus.

In the RED ZONE, take a quick-relief nicotine medicine.

Take _______(dose) every ________ minutes as needed. ☐ Gum ☐ Lozenge ☐ Nasal Spray ☐ Inhaler

Continue your Green zone EVERY DAY Medicine.
If you are in the red zone, contact your physician or tobacco dependence treatment specialist. You may need stronger medicine
Monitor

- Adherence to treatment
- Effectiveness of treatment
  - Control of nicotine withdrawal
  - Lapses in tobacco use
- Side effects of treatment
Revise

• What changes to the tobacco dependence treatment plan are needed.
Not ready to quit yet

• Discuss “5Rs”.
  – relevance, risks, rewards, roadblocks, repetition
• Individualize to age appropriate and personally relevant.
  – For adolescents:
    • Bad breath, yellowed fingers, smelly clothes.
• The benefits of quitting
  – For adolescents:
    • Better performance in sports
    • Money saved
• Resources to treat tobacco dependence
Reduction toward cessation

• Use nicotine patch to reduce smoking and prepare for cessation
• Use of NRT to reduce smoking and gain greater control of smoking behavior
Nicotine Safety

- Keep out of reach of children and pets.
- Overdose is possible, though rare. Signs of overdose include headaches, drooling, dizziness, nausea, vomiting, diarrhea, mental confusion, weakness, and fainting.
- Safe for patients with heart disease or hypertension to use nicotine medications.
- Medications with extensive cytochrome metabolism such as theophylline and warfarin may require dose adjustments following smoking cessation.
Nicotine Safety

- NOT one smoker has died from therapeutic nicotine since its approval in 1984
- In that time over 8 million smokers have died from the effects of tobacco.
- NRT is underutilized by physicians and by the patients who could benefit from them.
Relievers

• Nicotine Gum (OTC) (2 mg and 4 mg)
  – Chew slowly until a slight tingling or a peppery taste
  – Then place between the cheek and the gum until the peppery taste or tingling is gone.
  – Proper technique is important.
    • Swallowed nicotine can cause nausea and hiccups.
  – Highly nicotine dependent persons
    • use the 4-mg dose.
Relievers

• Nicotine Lozenge (OTC) (2 mg and 4 mg)
  – Place between cheek and gum and allow to dissolve
  – Allowed to dissolve slowly over a 20-30 minute period
  – Do NOT swallow lozenge.
  – Do not place under tongue
    • excess saliva will lead to swallowed nicotine and GI side effects
  – Highly tobacco dependent
    • Use the 4 mg dose.
Relievers

• Nicotine oral inhaler (Rx)
  – Nicotine is absorbed across oral mucosae
  – Side effects (cough, sore throat) increased by deep inhalation
Relievers

• Nicotine Nasal Spray (Rx)
  – Nicotine reaches the bloodstream faster
  – It has an impact more similar to the cigarette than other forms of nicotine replacement.
  – May cause mild burning of nasal mucosa
Considerations in *reliever* choice

- **Nicotine Nasal Spray:**
  - Patient is severely addicted to nicotine (FTND score $\geq 7$)
  - Patient is obese (BMI $\geq 30$ kg/m$^2$)
  - Patient has experienced treatment difficulty or failure with other rescue medications
  - Patient preference

- **Nicotine Gum:**
  - Patient preference

- **Nicotine Lozenge**
  - Patient is edentulous
  - Inconspicuous use a priority
  - Patient preference

- **Nicotine inhaler**
  - Patient needs respiratory tract sensory stimulation
  - Patient prefers hand-mouth tactile stimulation
E-cigarette

• No safety/efficacy trials
• FDA analysis found carcinogenic and toxic substances in the vapor of these devices
• Vapor of many products contains anti-freeze
• An “introductory” product to get kids hooked.
• Use of flavorings (chocolate, strawberry and mint) is designed to appeal to young people
Controllers

• Nicotine Patch (OTC)
  • Step 1 (21 mg)
  • Step 2 (14 mg)
  • Step 3 (7 mg)
  – May cause vivid/bizarre dreams, insomnia remove before bedtime.
  – May cause skin irritation
  – Adjust dose to effect
Controllers

- Bupropion SR (Rx)
- Increases dopaminergic tone
  - Decreases compulsion to smoke
- Contraindicated if seizure disorder
- Start 1-2 weeks before quit date
- More effective when used in combination with NRT.
Controllers

• Varenicline (Rx)
  – Nicotine receptor partial agonist/antagonist
  – Start at 7-14 days before target quit date
  – Note black box warning on suicide risk
    • Need to differentiate inadequately treated nicotine withdrawal
  – Combination with NRT and/or bupropion can be used for severe nicotine dependence
Case example

• Adult, female
• She smokes 15 cigarettes/day
• First cigarette of the day ~31 minutes after awakening
• Began smoking at age 14
• Fagerström Test for Nicotine Dependence (FTND) score of 5/10 points
• **Moderate Tobacco Dependence.**
## Classification of Severity – Table #1

### Classify Tobacco-Dependence Severity

#### Clinical Features Before Treatment*

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<th>Health Status</th>
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<td>• Time To 1st Cig: 0-5 min</td>
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<tr>
<td><strong>STEP 3</strong> Severe</td>
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<td><strong>STEP 1</strong> Mild</td>
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<tr>
<td><strong>STEP 0</strong> Non-Daily/Social</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Non-daily cigarette use</td>
<td>• None</td>
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• **CPD**=Cigarettes Per Day  • **Time To 1st Cig**=Time To First Cigarette after Awakening in the Morning  • **NWS**=Nicotine Withdrawal Symptom Score  • **FTND**=Fagerström Test for Nicotine Dependence Score  • **Se**=Serum  • **Cotinine**=First-pass, hepatic metabolite of nicotine; physiologically inactive
Initial & Long-Term Tobacco-Dependence Medical Management
Stepwise Approach to Tobacco-Dependence Treatment

**Outcome: Tobacco-Dependence Control**
No Nicotine Withdrawal Symptoms and No Smoking

**Controller:**
None

**Reliever:**
Not Known

**Controller:**
Nicotine Patch or Bupropion-SR or Varenicline

**OR**
Reliever Meds: (NNS, NI, NG, NL)*, prn

**Controller:**
Varenicline, alone

**Controller(s):**
(1 or More)
Varenicline And/Or Bupropion-SR Or Nicotine Patch And/Or Bupropion-SR And/Or Hi-Dose/Individualized Nicotine Patch And/Or Reliever Meds: (NNS, NI, NG, NL)*, prn

**Multiple Controllers:**
Varenicline And/Or Bupropion-SR And/Or Hi-Dose Nicotine Patch And/Or Individualized Nicotine Patch Dose And Multiple Reliever Meds: (NNS, NI, NG, NL)*, prn

**When tobacco dependence is controlled**
(patient is not smoking AND not suffering from nicotine withdrawal symptoms):
- Gradually reduce medications, one at a time
- Monitor, to maintain NO nicotine withdrawal symptoms

**STEP 0:**
Non-Daily/Social

**STEP 1:**
Mild

**STEP 2:**
Moderate

**STEP 3:**
Severe

**STEP 4:**
Very Severe

**STEP Down & Maintenance

*Reliever Medications (Rapid Acting Nicotine Agonists): •NNS=Nicotine Nasal Spray •NI=Nicotine [Oral] Inhaler •NG=Nicotine Gum •NL= Nicotine Lozenge. †Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.
CEASE Program
Clinical Effort Against Secondhand smoke Exposure

- Can be easily implemented in pediatric practices
- Can be used by non-physicians
CEASE Program
www.ceasetobacco.org

• Ask
• Assist
• Refer
CEASE Program

www.ceasetobacco.org

• Ask
  – About smoking status of household members
  – Rules about smoking in the home
CEASE Program
www.ceasetobacco.org

• Assist
  – In quitting smoking
  – In establishing smoke free home and car policies
  – **Prescribe OR recommend appropriate medication**
CEASE Program
www.ceasetobacco.org

• Refer
  – To the quitline
    • 1 800 QUIT NOW
    • To a tobacco dependence treatment program

• Make a follow-up plan
Conclusions:

• Tobacco dependence is not just a bad habit
  – It is a severe addiction
• The most effective tobacco dependence treatments involve
  – Use of medications
  – Goal is to control nicotine withdrawal and allow the patient to feel normal
Conclusions:

• Similar to asthma
  – There are controller and reliever medications
  – Intensity of initial pharmacotherapy is determined by disease severity
  – Adjustment of pharmacotherapy is based on disease control
  – Green/yellow/red zone plans can be used
Conclusions

• In contrast to asthma
  – The person who needs treatment may not be not your patient
  – Caregivers smoking impacts the child
  – Treatment of the tobacco dependence of a child’s caregivers is important to the child’s asthma control.
Conclusions

• In contrast to asthma
  – The person who needs treatment may not be your patient
  – Treatment of the tobacco dependence of a child’s caregivers is important to the child’s asthma control.
Conclusions

• Ideal is to offer tobacco dependence treatment yourself
• Much benefit can be had from appropriate use of OTC medications as controller + reliever.
• If you are not prescribing treatment yourself, showing them the way can make a huge difference.