

Clinical Guideline of Acupuncture and Moxibustion for Smoking Cessation (Hong Kong Edition)

2024^{edition}



衛生署
Department of Health

Supporting Organisations:

Institute of Acupuncture and Moxibustion,
China Academy of Chinese Medical Sciences

Institute of Basic Theory for Chinese Medicine,
China Academy of Chinese Medical Sciences
Pok Oi Hospital

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Lead authors

Yang Jinsheng

- Second-level Professor of China Academy of Chinese Medical Sciences
- Academic Leader of National Administration of Traditional Chinese Medicine
- Secretary-General of World Federation of Acupuncture-Moxibustion Societies

Wang Yingying

- Chief Physician of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

Zhang Ou

- Deputy Chief Physician of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

Zhao Hong

- Executive Director of Shenzhen Luohu Hospital of Traditional Chinese Medicine

Chen Min

- Chinese Medicine Service Coordinator of Hong Kong Pok Oi Hospital

Co-authors

Liu Zhao

- Attending Physician of Tobacco Medicine and Tobacco Cessation Centre, China-Japan Friendship Hospital

Yang Yuyang

- Executive Vice Secretary-General of World Federation of Acupuncture-Moxibustion Societies

He Huijun

- First Level Physician of Hong Kong Pok Oi Hospital

Chen Shumin

- PhD Student of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

Wu Yuan

- Attending Physician of China Association of Acupuncture and Moxibustion

Yang Li

- Attending Physician of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

Chen Feng

- Chief Physician of Wangjing Hospital of China Academy of Chinese Medical Sciences

Ji Jia

- Master Student of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

Liu Zhenyu

- Master Student of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

Zhang Lu

- Chief Physician of Xiyuan Hospital, China Academy of Chinese Medical Sciences

Yuan Guihong

- Chief Physician of Changzhou Jintan District Hospital of Traditional Chinese Medicine

Tong Shuai

- Chief Physician of Beijing Haidian Hospital

Chang Jin

- Master Student of Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

International Consultants

Reginaldo de Carvalho Silva Filho

- Executive Committee Member of World Federation of Acupuncture-Moxibustion Societies, President of Faculdade EBRAMEC – Brazilian College of Chinese Medicine, Brazil

Timothy Kang

- Chinese Medicine Practitioner, Teaching and Research Centre of Middlesex University of Traditional Chinese Medicine, England

William Dawson

- Chinese Medicine Practitioner, Hopewell Medical Acupuncture Center, The United States of America

Zheng Jianhua

- Vice President of World Federation of Acupuncture-Moxibustion Societies, Founder President of Chinese Medicine & Acupuncture Society of Australia Ltd, Australia

Wu Binjiang

- Vice President of World Federation of Acupuncture-Moxibustion Societies, President of Ontario College of Traditional Chinese Medicine, Canada

Tao Liling

- Executive Committee Member of World Federation of Acupuncture-Moxibustion Societies, President of Belgian Federation of Traditional Chinese Medicine, Belgium

Claudia Skopalik

- Director of the Publishing Department, European Foundation of Traditional Complementary and Integrative Medicine (FEMTCI), Germany

Ramon Ma Calduch

- Vice President of World Federation of Acupuncture-Moxibustion Societies, President of European Foundation of Traditional Complementary and Integrative Medicine (FEMTCI), Spain

Dupont Marie Anne

- Chinese Medicine Practitioner, French Faculty Free Traditional Chinese Medicine-FLETC (Faculté Libre d'Énergétique Traditionnelle Chinoise), France

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1 Introduction

1.1 Background

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1 Introduction

1.1 Background

Tobacco consumption severely affects health and has become an important social, economic and public health problem. Smoking causes many diseases, and smoking-related deaths are a leading preventable cause of mortality worldwide. The importance of identifying effective ways to help people quit smoking and prevent smoking-related illnesses is universally recognized.

Acupuncture and moxibustion are recognised as safe and effective therapies for smoking cessation. Being a notable feature and strength of Traditional Chinese Medicine (TCM), acupuncture for smoking cessation was included in the collaboration program between the National Administration of Traditional Chinese Medicine and Hong Kong in 2010. The Department of Health of Hong Kong SAR, the Institute of Acupuncture and Moxibustion of the Chinese Academy of Chinese Medical Sciences, and Pok Oi Hospital have collaborated in the establishment of TCM acupuncture smoking cessation services and research over the course of more than a decade. The collaborative efforts have led to the development of the “Clinical Guideline of Acupuncture and Moxibustion for Smoking Cessation (Hong Kong Edition)” (hereinafter referred to as the Guideline), which is founded on the principles outlined in the “Clinical Guideline on Acupuncture and Moxibustion - Smoking Cessation” (WFAS 007.2-2023). The Guideline has been tailored to reflect the characteristics of local acupuncture and moxibustion practices, making it a practical and applicable resource for the local context.

“Clinical Guideline on Acupuncture and Moxibustion - Smoking Cessation” (WFAS 007.2-2023)” (the original guideline) is an evidence-based guideline. It consolidates the latest scientific evidence to provide guidance on the use of acupuncture in the treatment of smoking cessation. This Guideline adopts those treatment protocols in the original guideline that are suited to the local context, with the goal of assisting Chinese medicine practitioners in Hong Kong to comprehensively understand and apply effectively the practice of acupuncture in combination with smoking cessation counselling.

1.2 Objectives

This Guideline aims to help Chinese medicine practitioners understand the theoretical basis of using acupuncture and moxibustion for smoking cessation. It guides them in selecting appropriate treatment plans based on research evidence and practical considerations and in providing brief smoking cessation advice or counselling to enhance the effectiveness of cessation treatments.

1.3 Scope of Applicable Diseases for

Acupuncture and Moxibustion for Smoking Cessation

Acupuncture and moxibustion for smoking cessation are intended for smokers who are tobacco dependent and want to quit. Nicotine dependence is a chronic, relapsing condition. As per the International Classification of Diseases, Tenth Revision, tobacco dependence is characterized by at least three of the following six criteria:

1. Strong desire to smoke;
2. Difficulty controlling use;
3. Physical withdrawal at times;
4. Increased tolerance;
5. Higher priority given to smoke than to other activities and obligations;
6. Persistent use despite harmful consequence.

Tobacco dependence can also be diagnosed using the criteria provided by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

1.4 Outcome Measures for Smoking Cessation

The outcome measure for smoking cessation interventions, "quit rate", can be categorised into point prevalence quit rate and continuous abstinence rate. Point prevalence quit rate measures the rate of abstinence assessed at a specified time point, by self-report or by measuring exhaled carbon monoxide level and urine/saliva cotinine to indicate abstinence over a defined period (e.g. past 24 hours, 7 days, or 30 days). Continuous abstinence rate measures the rate of abstinence maintained continuously from the start of the cessation attempt until follow-up, mainly based on self-reporting.

1.5 Criteria for Quality of Evidence and Strength of Recommendations

This Guideline adopts the Grading of Recommendations Assessment, Development and Evaluation approach recommended by World Health Organization for grading the recommendations' strength into three categories, i.e. strong, moderate, and weak according to the evidence's quality. Recommendations graded as weak will not be included in the Guideline.

This Guideline included a total of 53 randomised controlled trials (RCTs) on acupuncture for smoking cessation, with 32 Chinese papers and 21 English papers. The total samples was 6,277, with sample sizes ranging from 30 to 500. The outcome measures were categorised into 7 types: clinical efficacy (point prevalence quit rate, continuous abstinence rate); physical symptoms or

signs; nicotine dependence scales; traditional Chinese medicine syndromes (traditional Chinese medicine syndrome scores); biochemical validation (exhaled carbon monoxide, urinary/salivary/serum cotinine); quality of life (health questionnaires); economic evaluations (cost analyses); and safety (adverse reactions and events). Among all 53 included studies, 'quit rate' is the most commonly used outcome measure and adopted in 27 studies, followed by 'quantity of cigarettes consumed' which was adopted in 19 studies.

2 Smoking Cessation

2.1 Aim of Smoking Cessation

2.2 Local Smoking Cessation Services

2.3 Smoking Cessation Methods

2.3.1 Pharmacotherapy

2.3.2 Very Brief Advice (VBA) on Smoking Cessation

2.3.3 Brief Intervention (BI) on Smoking Cessation

2.3.3.1 The 5A's Model

2.3.3.2 The 5R's Model

2 Smoking Cessation

2.1 Aim of Smoking Cessation

obacco smoke contains more than 7000 types of chemicals (such as nicotine, cyanide, arsenic, carbon monoxide, etc), of which at least 69 are carcinogens (such as nitrosamine, aldehyde, chromium, etc). Smoking is the leading preventable cause of mortality and morbidity in Hong Kong. It is closely associated with various diseases and caused at least half of all smokers' deaths. Apart from cancers and various systemic diseases, smoking is also a significant risk factor for oral and dental diseases and dental surgical complications. There is conclusive evidence showing that smoking causes diseases in nearly every organ and system of human body.

Example of Organs and Systems Affected by Smoking

Heart	Coronary heart disease
Brain	Stroke
Eyes	Cataracts, age-related macular degeneration
Lungs	Lung cancer, COPD, tuberculosis, asthma
Head and neck	Periodontitis, oropharyngeal cancer, laryngeal cancer
Circulatory system	Peripheral vascular disease, aortic aneurysm

Example of Organs and Systems Affected by Smoking

Gastrointestinal tract	Esophageal cancer, stomach cancer, liver cancer, pancreatic cancer, colon cancer, and rectal cancer
Reproductive system	Erectile dysfunction in men, ectopic pregnancy and reduced fertility in women, and orofacial clefts
Urinary system	Kidney cancer, ureteral cancer, and bladder cancer
Blood	Acute myeloid leukaemia
Endocrine system	Diabetes
Autoimmune system	Rheumatoid arthritis

2.2 Local Smoking Cessation Services

The Department of Health operates a quitline (1833 183) to provide cessation counselling, information, and referral to free cessation services. There are fixed and mobile smoking cessation clinics serving multiple locations, with operating hours that extend into evenings and weekends for the convenience of the public.

Services and features

Quitline operated by the Department of Health

- Telephone cessation counselling, cessation information, and referral to free cessation services

Combined smoking cessation counselling and pharmacotherapy

- Provided in fixed and mobile clinics
- Includes service tailored for people of diverse race and new immigrants
- Offers postal delivery of nicotine replacement therapy

Combined smoking cessation counselling and acupuncture

- Provided in fixed and mobile clinics

Youth Quitline

- Available to smokers under 25 years old
- Telephone counselling provided by peer counsellors

2.3 Smoking Cessation Methods

Effective cessation methods include self-help, web-based or text-based interventions, brief advice by health professionals, counselling, pharmacotherapy, and Chinese medicine treatment (acupuncture). These methods are evidence-based, and increasing the frequency of intervention and using them in combinations can increase the success rate of quitting. The most effective way to quit is to combine smoking cessation counselling with pharmacotherapy.

2.3.1 Pharmacotherapy

Pharmacotherapy can alleviate withdrawal symptoms and help increase the success rate of quitting smoking. There are two types of pharmacotherapies provided by smoking cessation services in Hong Kong: nicotine replacement therapy (NRT) and non-nicotine replacement therapy (non-NRT). NRT includes nicotine patches, nicotine gum, and nicotine lozenge, whereas non-NRT refers to Varenicline. All of these are effective smoking cessation medications, but they cannot completely replace the efforts made by the smoker. Smokers must still be determined and adequately prepared to quit smoking. NRT is generally available in pharmacies with on-site registered pharmacists, while Varenicline requires a doctor's prescription.

2.3.2 Very Brief Advice (VBA) on Smoking Cessation

Very Brief Advice (VBA) is a tool by which healthcare workers advise smokers to quit and offer referral to smoking cessation services. VBA can be delivered in less than 30 seconds and comprises 3 steps:

Three Steps of VBA

- (1) Ask whether the patient smokes or has ever smoked.
- (2) Advise all smokers that combining counselling and pharmacotherapy yields the best result for quitting.
- (3) Offer referrals to cessation services and provide information pamphlets to smokers regardless of their intention to quit. Smokers who decline the referral are encouraged to make use of the pamphlets and seek assistance at any time.

Relapse is common due to the addictive effects of nicotine. It is particularly important for healthcare professionals to ask patients about their smoking status again during their next follow-up visit (please refer to **Figure 1**).

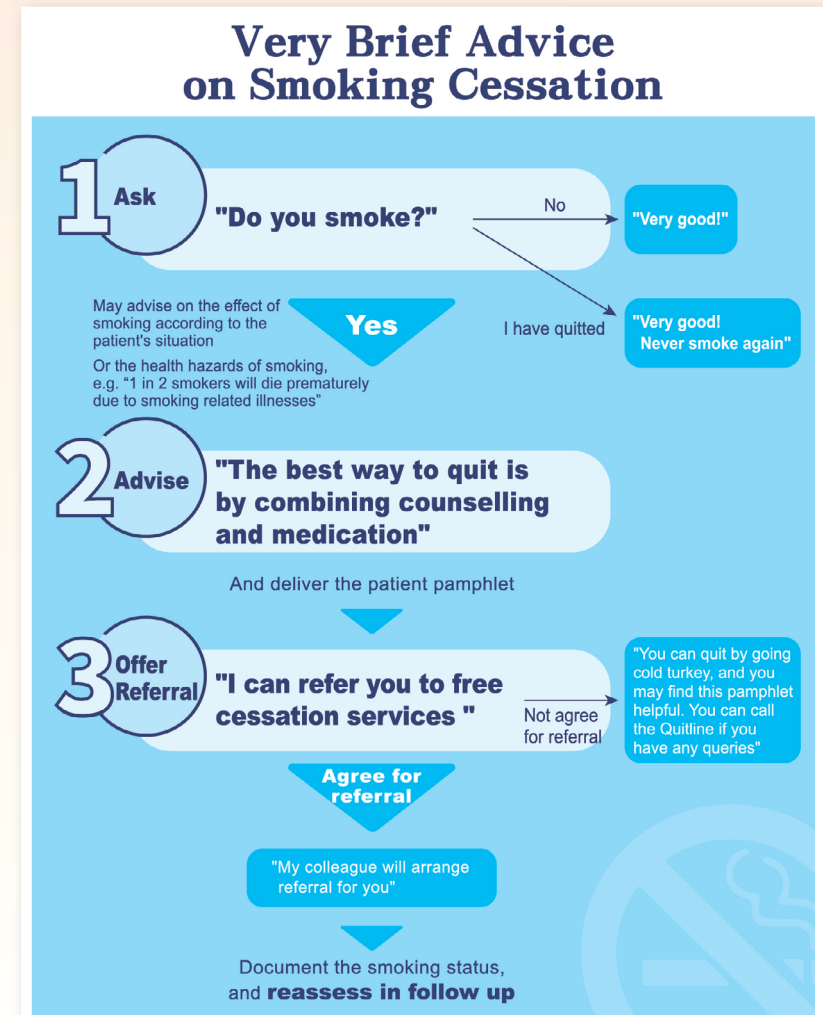


Figure 1. Workflow of Very Brief Advice on Smoking Cessation

2.3.3 Brief Intervention (BI) on Smoking Cessation

The World Health Organization recommends that all health professionals deliver brief interventions (BI) to smoking patients using the 5A's (Ask, Advise, Assess, Assist, Arrange) and 5R's (Relevance, Risk, Rewards, Roadblocks, Repetition) models, which typically take 3 to 5 minutes. Providing advice as brief as three minutes or less has been shown to increase the quit rate by 30%.

2.3.3.1 The 5A's Model

The 5A's model is the gold standard for delivering BI. When there is a time constraint, health professionals can adapt the elements from the 5A's model according to the situation and patient's need.

Below are the actions and strategies for implementing the 5A's:

1. Ask

- Ask all clients at each consultation about their smoking status, daily consumption and the number of years of smoking, and record the information accordingly. Regular updates of such information are especially important for children and adolescents.

- Include the “smoking status” of the clients as one of the vital signs and record such information prominently.
- Health professionals should ask about tobacco use in a friendly way.

2. Advise

- Convince the client to quit smoking with a clear and assertive manner in a personalised way. For example, “Quitting smoking is the most important thing that you can do to protect your health” and “Quitting smoking can delay the progression of your chronic obstructive pulmonary disease.”
- Clients who are adolescents, pregnant women or heart disease patients may require more in-depth counselling.
- Perform “Fagerstrom Test for Nicotine Dependence” and motivate the smoker to quit.

3. Assess

- Assess each client's desire and readiness to quit by asking -
 - (1) Would you like to quit smoking?
 - (2) Do you think you can successfully quit this time?

- If answer is “yes” to EITHER question, move on to “Assist”.
- If answer is “no” to BOTH questions, or if the patient is unsure, adapt the 5R’s model.

4. Assist

Work out with the client on the smoking cessation plan

- Set a quit day – preferably within the following two weeks.
- Encourage the client to tell his/her family members, colleagues, and friends about his/her decision to quit smoking so as to enlist their support and encouragement.

Provide appropriate techniques on problem solving

- Identify the reasons and benefits of quitting.
- Reflect on past quit attempts to identify what was helpful in quitting and what contributed to relapse.
- Discard cigarettes, lighters, and all other smoking-related items. Before the quit day, minimise the number of cigarettes smoked in frequented places.
- Refrain from smoking completely starting on the quit day.

- Anticipate and prepare for the challenges such as withdrawal symptoms and help the client develop coping strategies.
- Encourage family members to support the quitting process by joining in or refraining from smoking around the client.

Give advice to quit successfully

- Total abstinence is essential.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

Recommend the use of acupuncture for smoking cessation

- Select appropriate acupuncture treatment plan taking into account their smoking habits.

Assist by making referral

- Refer the client to smoking cessation service that fits his/her needs and preferences, or make referral through the Integrated Smoking Cessation Hotline.

Provide relevant smoking cessation information such as pamphlets or quitline card

- The information provided should be relevant and meet the needs of the client based on factors such as age and sex.

5. Arrange

- Work out with the client on the follow-up schedule and approaches, such as follow-up visits and telephone calls.
- The first follow-up should preferably occur within the first week after the quit day, followed by regularly scheduled subsequent encounters.
- Provide counselling and encouragement during each follow-up.
- Recognise the efforts of those who have successfully remained smoke-free, and remind those who are still struggling to view occasional “slips” as an alert.
- If a relapse occurs, encourage the client to repeat quit attempt and review the cause of relapse.

2.3.3.2 The 5R's Model

Smokers may be unwilling to quit due to misconceptions or previous unsuccessful quit attempts. 5R's intervention will be delivered to those who indicate they are not ready to quit smoking during the “Assess” stage of the 5A's.

The 5R's model is a patient-centred counselling approach that is based on principles of motivational interviewing. The 5R's refer to:

1. Relevance

Get the client to understand why his/her quitting is relevant to him/ her personally and to the people around him/her.

- Deliver motivational information such as the client's family medical history and physical conditions, and analyse his/her experience, motives and reasons for failure in previous quit attempts so as to identify possible areas of improvement.

2. Risk

Guide the client to identify potential negative consequences of tobacco use that are affecting him/her, such as:

Acute risks

- Tachypnea, exacerbation of asthma, increased risk of respiratory infections, increased risk of pregnancy-related diseases, impotence, and infertility.

Long-term risks

- Heart diseases and stroke, lung and other cancers (cancers of the oral cavity, pharynx, kidney, and bladder), osteoporosis, chronic obstructive pulmonary disease, permanent disabilities that require extensive care.

Risks of secondhand smoke

- Increased risk of lung cancer and heart diseases in spouse and health risks in smokers' children, such as low birth weight in infants, asthma, sudden infant death syndrome, middle ear infection, and respiratory infections.
- Emphasise that consumption of low tar or low nicotine tobacco products cannot reduce smoking-related harms, and that they still cause cancers, heart diseases, respiratory diseases, impotence, infertility, and damage to foetal health.
- Stress the fact that passive smoking is as harmful as active smoking.

3. Rewards

Clinicians can explain the benefits of quitting to the client.

- Improvement in health and fitness of the client and his/her family members.
- Delay ageing.
- Save money.

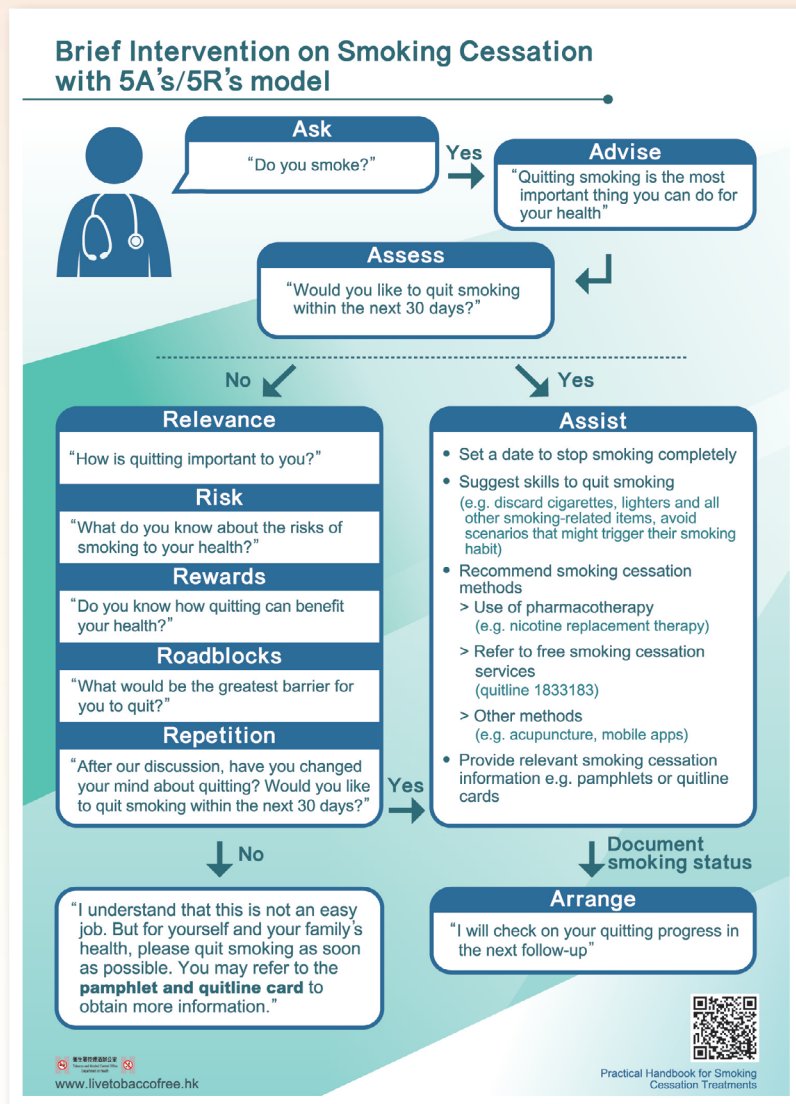
4. Roadblocks

Guide the client to assess various barriers to quitting, e.g. experience of withdrawal symptoms or fear of repeated failure, and provide counselling accordingly.

5. Repetition

Make good use of every contact opportunity to strengthen the client's motivation to quit.

- Tell the client that most smokers may make repeated attempts before they succeed, and encourage him/her to keep trying. Health professionals can follow **Figure 2** to provide 5A's/5R's brief intervention on smoking cessation.



3 Acupuncture and Moxibustion for Smoking Cessation

3.1 Service Process of Acupuncture and Moxibustion for Smoking Cessation

3.2 Assessment

3.3 Set a Quit Day

3.4 Withdrawal Symptoms

3.5 Health Counselling

Figure 2. Flow chart to provide Brief Intervention on Smoking Cessation with 5A's/5R's model

3 Acupuncture and Moxibustion for Smoking Cessation

3.1 Service Process of Acupuncture and Moxibustion for Smoking Cessation

Generally, quitting smoking may involve multiple attempts before success. Therefore, the outcomes of smoking cessation interventions should not be simply categorised as "quitted" or "not quitted", but rather as an incremental and phased "success" process. Clinicians need to assist each smoker in addressing the problems encountered during the process, in order to help them quit successfully.

3.2 Assessment

This includes two parts: self-assessment of smoking cessation by the smoker, and assessment by the physician.

Self-assessment:

Smokers are encouraged to examine their smoking habits, including when, where, what events trigger them to smoke, and reasons for smoking throughout the day. This involves recording the time and circumstances of each cigarette smoked within a 24-hour period. For example, they may find themselves smoking during specific routine such as having coffee, after meals, before work, or while commuting. Smokers should take time to analyse their patterns of smoking behaviours and their psychological state during smoking. They can also invite family members to help recall and analyse their smoking habits. This would enable smokers to observe more closely each smoking instance, increase their awareness of their smoking habits, and better prepare for quitting.

Physician Assessment:

The clinician or staff will assess the smoker's willingness, determination, and confidence to quit smoking. They should also evaluate the smoker's habits, past experiences with quitting, and the reasons for this quit attempt to help plan appropriate smoking cessation methods, such as counselling and/or acupuncture, and set a quit date (preferably within two weeks). If the smoker is still indecisive, "Motivational Interviewing" and "5R's" model should be used to motivate them to quit and a follow-up date should be scheduled. If the smoker is ready to quit during the follow-up, "5A's" model will be used to assist them to quit.

Assessing tobacco use and dependence is a crucial step in acupuncture and moxibustion treatment for smoking cessation. The assessments primarily include the type of tobacco used, the amount smoked, the duration of smoking, the time of smoking initiation, dependence on tobacco, previous quit attempts, exposure to secondhand smoke, as well as attitudes towards and knowledge of tobacco use.

For smokers who are dependent on tobacco, the level of their dependence can be assessed using the Fagerstrom Test for Nicotine Dependence (FTND). This assessment tool comprises six factors: the time of first cigarette after waking, smoking in public places, the cigarette they would be most reluctant to give up, the number of cigarettes smoked per day, the number of cigarettes smoked within a few hours of waking, and whether they smoke when they are ill. The total score ranges from 0 to 10. A score of 0 to 3 points indicates

low dependence, 4 to 5 points indicates medium dependence, and 6 to 10 points indicates high dependence.

Assessment questionnaire for FTND

Question	Score
(1) How soon after you wake up do you smoke your first cigarette?	
a. 5 minutes	3
b. 6-30 minutes	2
c. 31-60 minutes	1
d. 60 minutes or more	0
(2) Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. shopping mall, MTR train or lift)?	
a. Yes	1
b. No	0
(3) Which cigarette would you be most reluctant to give up?	
a. The first one in the morning	1
b. Any other	0

Question	Score
(4) How many cigarettes do you smoke every day?	
a. ≤ 10	0
b. 11 - 20	1
c. 21 - 30	2
d. ≥ 31	3
(5) Do you smoke more frequently during the first few hours after waking up than the rest of the day?	
a. Yes	1
b. No	0
(6) Do you smoke when you are so ill that you are in bed for most of the day?	
a. Yes	1
b. No	0

Acupuncture treatment can be used for smokers with low nicotine dependence. For those with medium to high nicotine dependence, it is recommended to increase the intensity and frequency of acupuncture treatments, or combining them with counselling and pharmacological interventions.

3.3 Set a Quit Day

It is recommended that the clinician help the smoker set a clear quit date (such as holidays, birthdays, anniversaries, etc) instead of an ambiguous time period (like within two weeks), and from that day onward, the smoker should stop smoking entirely. Avoid choosing a day when the smokers may be very busy, stressed, or experiencing a strong urge to smoke (such as a night out with friends or period of high stress at work). The ideal quit date should be within two weeks from the assessment day (inclusive of the assessment day), marking the start of the quit smoking plan.⁷

Clinicians may suggest that the smoker announce his/her decision to family, friends, and colleagues, and discard all smoking-related items such as tobacco products, ashtrays, and lighters. Clinicians could also assist in the preparation for quitting by anticipating potential challenges and devising solutions with the smoker. They may explain possible withdrawal symptoms and ways to manage them. Depending on the chosen treatment method, clinicians could aid in developing a suitable treatment plan and elaborate on the specifics, precautions, and self-acupressure points, etc.

3.4 Withdrawal Symptoms

Withdrawal symptoms are a series of symptoms that occur when one quits smoking or reduces the number of cigarettes smoked. These symptoms include physical, emotional, and cognitive disturbances. Physical symptoms include tremors, gastrointestinal discomfort, and increased appetite; cognitive symptoms include having a hard time concentrating; emotional symptoms include anxiety, depression, restlessness, hypersensitivity, and irritability.

Generally, withdrawal symptoms can appear several hours after stopping smoking and are most intense within the first two weeks of quitting. After that, they gradually lessen and disappear. Withdrawal symptoms may last about a month, but some people may continue to experience cravings for more than a year. If they smoke again after experiencing withdrawal symptoms, they may feel very relieved and hence give up quitting. When withdrawal symptoms appear, it is important to have strong confidence and determination to face the discomfort caused by quitting smoking.

3.5 Health Counselling

Clinicians should keep track of the progress of those who are quitting smoking and assist them in actively addressing the challenges encountered during the cessation period. They should discuss solutions that are tailored to their personal needs. Clinicians should also emphasize the importance of a balanced diet and adopting a healthy lifestyle, such as increasing physical activity and cultivating healthy hobbies, and equipping them with quitting skills (see **Appendix 7.1**).

Clinicians may also teach clients how to press and stimulate acupoints by themselves. They can apply pressure on or massage to stimulate body acupoints that have calming, soothing, lung-clearing, and phlegm-dissolving effects, such as Baihui, Lieque, Neiguan, Zusanli, Taichong, and ear acupoints such as Shenmen, Neifenmi, Pizhixia, Jiaogan, Fei, and Wei. When craving occurs, these acupoints can be pressed at any time until the urge to smoke disappears.

4 Acupuncture and Moxibustion for Smoking Cessation

4.1 Introduction to Acupuncture Smoking Cessation Methods

4.2 Summary of Recommendations

4.3 The Duration of Smoking Cessation Programme with Acupuncture and Moxibustion

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4.4.1 Filiform needling method

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4.4.5 Other related therapies for smoking cessation

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4 Acupuncture and Moxibustion for Smoking Cessation

4.1 Introduction to Acupuncture Smoking Cessation Methods

The clinical research and application of acupuncture for smoking cessation began in the 1970s, involving application of pressure to auricular acupoints and electroacupuncture. Studies have shown that acupuncture works by stimulating the body to produce a significant amount of endogenous opioids after acupuncture treatment, thus alleviating withdrawal symptoms and facilitate smoking cessation.

Acupuncture for smoking cessation emphasizes holistic regulation. It involves stimulating certain acupoints to adjust the mental state and calm the nerves, thereby alleviating withdrawal symptoms like anxiety, irritability, and sluggishness. The acupoint selection typically includes some from the lung, spleen, and liver meridians, such as Lieque, Zusanli, and Taichong (specific acupoints may vary from person to person). This can help relieve physical withdrawal symptoms such as cough, dry mouth, and decreased appetite. These symptoms are often difficult to overcome without medical assistance and represent the obstacle in achieving cessation through the "cold turkey" method.

The advantages of acupuncture for smoking cessation include its rapid, safe, effective nature and does not involve medication. For those with a strong desire to quit and low tobacco dependence, it is recommended to adopt an abrupt cessation approach. They should quit smoking completely from the quit date and receive

undergo acupuncture treatment. Successful cessation can usually be achieved within one to two months. The treatment time is longer for those with higher dependence on tobacco, as the first two to three weeks are devoted to gradual reducing tobacco use before transitioning to complete abstinence. The entire process may take two to three months.

4.2 Summary of Recommendations

The following table presents a summary of acupuncture methodologies for smoking cessation based on literature. Treatment protocols graded as "weak" will be excluded from this Guideline. All treatment protocols outlined below must be in compliance with the regulations for Chinese Medicine in Hong Kong. Practitioners should assess and select the most suitable treatment options based on the individual circumstances of the patient.

Recommended protocols		Recommendation's strength
1	1. Acupuncture with filiform needle is effective for smoking cessation.	Strong
	Lieque, Tianmei, Baihui, Hegu, Zusanli, Sanyinjiao, Taichong, and Zhongwan are recommended.	Strong

Recommended protocols		Recommendation's strength
1	Even needling technique of reinforcing and reducing is applied to all of the acupoints.	Moderate
	Acupuncture takes 20-30 minutes per session, 3-5 times per week, for a total of 8-12 weeks.	Moderate
	For severe tobacco dependence, it is recommended to increase the intensity, frequency, and duration of acupuncture treatment, or combine counselling and pharmacotherapy.	Strong
	Acupuncture combined with electroacupuncture has good efficacy on smoking cessation.	Moderate
	Acupuncture combined with moxibustion has some efficacy on smoking cessation.	Weak
	Acupuncture combined with needle-embedding therapy has some efficacy on smoking cessation.	Weak

Recommended protocols		Recommendation's strength
2	2. Auricular therapy is effective for smoking cessation.	Strong
	Shenmen, Neifenmi, Pizhixia, Jiaogan, Kou, Fei, and Wei are recommended in auricular acupuncture.	Moderate
	Auricular points patches and auricular needling therapy can relieve withdrawal symptoms after smoking cessation.	Strong
	For severe tobacco dependence, it is recommended to increase the frequency of auricular acupuncture, or combine counselling and pharmacotherapy.	Strong
	Embedding-needle therapy has some efficacy on smoking cessation.	Weak
	Acupoint dressing application may assist smoking cessation.	Moderate
	Fire needling has some efficacy on smoking cessation.	Weak

4.3 The Duration of Smoking Cessation Programme with Acupuncture and Moxibustion

Clinicians can monitor the progress of individuals undergoing smoking cessation and offer support to help them navigate challenges positively. The acupuncture treatment plan can be customized based on the individual's level of tobacco dependence.

In the case of moderate to severe tobacco dependence, it is generally recommended to undergo an 8-12 week acupuncture treatment.

Randomized controlled studies on various acupuncture and smoking cessation regimens have shown that the frequency of treatment is a major determinant for effectiveness of treatment. It is recommended to administer no fewer than two acupuncture treatments per week and complete at least six treatments within the first month in order to achieve treatment effect for smoking cessation. Research has shown that high-frequency (three times per week) regimen demonstrated better treatment effect than the low-frequency (2 times per week) regimen.

Analysis on the treatment outcomes of a large sample of smokers quitting by acupuncture and their characteristics revealed that among smokers with low tobacco dependence, there was no significant difference in the quit rate between those received 1 month of treatment and those who received 2 months of treatment. However, for individuals with moderate and severe tobacco dependence, the quit rate gradually increased as the treatment period extended (1, 2, and 3 months), and their withdrawal symptoms were relatively mild. These individuals may gradually reduce their tobacco consumption as a way to quit smoking. Of note, studies have shown that smoking reduction without complete cessation cannot reduce the risks of smoking-related diseases. Smoking reduction can be a part of the cessation process and the ultimate goal should be quitting smoking completely.

The assessment of the condition of smokers post-acupuncture treatment may include the relief of withdrawal symptoms, the technique and frequency of self-acupoint massage, the occurrence of side effects, and the effectiveness of the acupuncture treatment.

Through a counselling session, clinicians can enhance the patient's confidence and skills to overcome obstacles.

4.4 Acupuncture and Moxibustion for Smoking Cessation

4.4.1 Filiform needling method

Based on the available evidence, the following acupuncture and moxibustion treatment protocols are recommended and can assist smoking cessation effectively. The protocols are as follows:

4.4.1.1 Selection of Acupoints

Set I of acupoints:

- Baihui, Lieque, Hegu, Zusanli, Sanyinjiao, Taichong.

Set II of acupoints:

- Tianmei, Lieque.

Set III of acupoints:

- Tianmei, Zusanli, Hegu, Lieque, Baihui, Shenmen, Zhongwan.

For patients who have cough, runny nose and dry eyes, Yintang is added. For patients with irritability, melancholy, insomnia, etc, Neiguan is added. For patients who have high blood pressure, Sishencong is added. For patients with have sleep problems, Shenmen is added. Fenglong is added for patients with hyperlipidemia.

4.4.1.2 Acupuncture Method

Before the acupuncture procedure, the patient should rest in a supine position to expose the acupoints.

Once the skin has been disinfected, disposable sterile needles are inserted into the following acupoints: first inserting into Baihui pointing backward along the subcutaneous layer, then into Lieque pointing towards the elbow, at a depth of 0.5-0.8 inch. After inserting into Lieque, needle may also be inserted into Tianmei.

An even reinforcing-reducing technique is applied to all the acupoints to achieve the De Qi (arrival of Qi) effect.

Upon completion of the treatment, needles are to be withdrawn quickly and gently to prevent bleeding or hematoma formation.

4.4.1.3 Frequency and Duration of Treatment

Clinicians should start acupuncture treatment one to two weeks prior to the planned quit date to enhance the effectiveness of smoking cessation.

It is recommended to administer no fewer than two acupuncture treatments per week, with each session lasting 20-30 minutes, and complete at least six treatments within the first month in order to achieve treatment effect for smoking cessation.

The number of acupuncture sessions in the first month is directly proportional to the success rate of smoking cessation. Therefore, depending on the level of tobacco dependence, increasing the frequency to 3-5 acupuncture sessions per week can greatly enhance the smoking cessation effect.

4.4.2 Electroacupuncture Adjuvant Treatment

For those who are not responsive to acupuncture alone, it is recommended to add electroacupuncture as an adjunct treatment. Studies have indicated that electroacupuncture can effectively enhance the sensation of De Qi, and has satisfactory clinical efficacy in alleviating withdrawal symptoms.

Procedure:

- The electrodes of the electroacupuncture device are connected to the handles of the needles at the bilateral Lieque and Zusanli acupoints. The electroacupuncture stimulation should last for 30 minutes, with a continuous wave of 15 Hz, and a current intensity ranging from 1 to 5 mA.

4.4.3 Auricular Acupuncture

Based on the available evidence, the following auricular acupuncture protocols are recommended:

4.4.3.1 Auricular Point Pressing Method

The auricular point patches pressing can effectively alleviate withdrawal symptoms and increase the quit rate. It is commonly used in clinical practice and can be combined with filiform needling.

Selection of Acupoints:

- Shenmen, Fei, Jiaogan, Neifenmi, Pizhixia, and Wei. Kou is added if there are symptoms of nausea, and Zhiqiguan is added in case of coughing.

Procedure:

- After routine disinfection, a cowherb seed patch with a diameter of 2mm is applied and pressed onto different auricular acupoints. Each auricular acupoint is pressed for 1 minute. Patients may press each auricular point for 20 seconds every 1 to 2 hours, or whenever they have cravings.

Duration of Treatment:

- The auricular point patches pressing treatment could start one or two weeks prior to the quit date, and last for 8 to 12 weeks in total. For patients with severe tobacco dependence, it is suggested to increase the intensity, frequency, and duration of treatments.

4.4.3.2 Auricular Acupuncture Method

Selection of Acupoints:

- Shenmen, Fei, Kou, Jiaogan.

Procedure:

- After regular disinfection, the clinician should use the thumb and index finger to gently lift the auricle. Gently insert a 0.5-inch filiform needle at auricular acupoints. The needle should penetrate the ear cartilage to a sufficient depth without traversing the skin at the back of the ear. Use the other hand to feel the depth of needle insertion. Then twisting technique is employed.

Duration of Treatment:

- Auricular acupuncture treatment may commence one or two weeks before the quit date, with administration three times per week, and continue for 8 to 12 weeks. For patients with severe tobacco dependence, it is advised to increase the frequency and duration of treatments.

4.4.3.3 Acupoint Magnetic Method

Selection of Acupoints:

- Fei, Wei, Kou, Shenmen, Jiaogan.

Procedure:

- After routine disinfection, magnetic beads are applied to the auricular acupoints and pressed with the thumb and index finger, resulting in sensation of soreness, swelling, and pain. Apply pressure for 3-5 minutes each time, and self-administer pressure 3-5 times daily.

Duration of Treatment:

- The acupoint magnetic therapy should start one or two weeks before the quit date, with administration three to five times per week, and continue for a total duration of 3 weeks. For patients with severe tobacco dependence, it is suggested to increase the pressing intensity and duration of treatments.

4.4.4 Acupoint Patches

For those who fear needles, acupoint patches can be used. Studies show that the dressing application of acupoint patches could aid smoking cessation.

Selection of Acupoints:

- Tianmei (both sides), Fenglong (both sides), Tiantu, Danzhong.

Procedure:

- Circular acupoint herbal pastes, which should be prepared by modern Chinese Medicine preparation techniques, measuring 1.5 cm in diameter are affixed to pressure-sensitive adhesive tapes measuring 3 cm in length on each side. The herbal pastes are then applied to the acupoints.

Duration of Treatment:

- The treatment is applied once a day for at least 6 hours but ideally for 24 hours. The acupoint patches should be replaced once every 2 days, with treatment duration lasting for 6 weeks and a follow-up period of 2 weeks. After the first application, it is recommended that the patient quits smoking immediately.

4.4.5 Other related therapies for smoking cessation

Based on the prevailing evidence, it is not recommended to provide other therapies such as Gua Sha, cupping, and bloodletting therapy for smoking cessation.

4.5 Guidelines of Acupuncture for Smoking Cessation

Clinicians must clearly explain the treatment procedures and associated risks to patients receiving acupuncture for smoking cessation for the first time. Clinicians should pay attention to the patient's physical condition. Acupuncture should be avoided when the patient is excessively hungry, fatigued, or under significant mental stress. For patients with clotting disorders or on anticoagulant medications like Warfarin, the control of local bleeding should be carefully observed after the start of treatment. The acupuncture treatment should not be overly intense for first-time or frail recipients. Attention should be paid to changes in women's menstrual cycles. Pregnant women are advised against using acupuncture for smoking cessation. Special caution is necessary when employing acupuncture at certain acupoints like Sanyinjiao and Hegu. If the skin condition at the intended acupuncture site is unhealthy – due to skin infections, ulcers, eczema, scars, or tumours – acupuncture should be avoided.

Physician's Hand Disinfection:

- Nails should be trimmed daily. Before giving any treatment, wash hands with soap and then disinfect with 75% alcohol swab. The hand that does not hold the needle should be disinfected first, followed by the hand that holds the needle. The alcohol swab, held with tweezers, should be used to wipe from the fingertips towards the palm. Repeat this process with a new 75% alcohol swab for the remaining areas. After the alcohol has evaporated, switch hands and repeat the process to disinfect fingers on the other hand.

Acupoint Disinfection:

- Use a hemostatic forcep to hold a cotton ball soaked in 75% alcohol for skin disinfection. Never touch the cotton ball directly with hands. The cotton ball should not be too dry or too wet. Each acupoint should be wiped in a circular motion from the centre outward. Wait for the alcohol to completely evaporate before inserting needle. After extracting the needle, apply a dry, sterilized (by high temperature) cotton ball to the needle puncture site. Special attention is essential for disinfection in areas such as joints, eye sockets, auricles, and hairy areas.

Needles should never be inserted through clothing. During acupuncture, precise control over the angle and direction of needle insertion is crucial to prevent harm to vital organs and blood vessels. Used or unsealed needles should be disposed of in a dedicated sharp box. Any blood-stained medical items such as cotton balls or gloves should be treated as medical waste in accordance with relevant regulations. After administering the needles, the total number of needles used should be recorded. After needle removal, the total number of needles should be checked to make sure no needles are left on the patient. Careful inspection is necessary during needle removal in hairy and concealed areas to prevent overlooking any needles.

4.6 Prevention and Management of Possible Accidents in Puncturing

4.6.1 Fainting

Fainting during acupuncture, known as vasoinhibitory syncope or vasodepressor syncope, is a type of reflex syncope triggered by intense acupuncture stimulation. The primary factors include physical constitution factors, such as physical weakness, hunger, fatigue, or hypersensitivity; psychological factors, like fear, pain aversion, or emotional tension; pathological factors, such as a history of orthostatic hypotension; and excessive stimulation of acupuncture points.

Symptoms

- **Premonitory Phase:**

During this phase, patients may experience discomfort in their head, abdomen, or throughout the body, blurred vision, tinnitus, palpitations, nausea, a pale complexion, cold sweat, or yawning. This phase is often very brief, and some patients may not experience this phase.

- **Onset Phase:**

Mild symptoms during the onset phase may include dizziness, chest tightness, nausea, and weak and cold limbs. Severe symptoms may consist of sudden fainting, bluish lips and nails, profuse sweating, a pale face, a decrease in blood pressure, and slowed pulse.

- **Late Phase:**

After timely treatment and recovery, patients may experience significant fatigue, a pale complexion, increased salivation, and sweating. Mild symptoms may only include slight discomfort.

The above outlines a typical fainting episode during acupuncture. However, mild cases may experience only the premonitory phase before transitioning directly to the late phase, without an onset phase. Most fainting incidents occur during acupuncture, but some patients may show symptoms only several minutes or longer after the removal of the needles, known as delayed fainting. With prompt treatment, patients who faint can typically recover quickly.

Prevention

- **Psychological preparation:**

For those who are fearful of acupuncture, clinicians should patiently explain the specific procedure of acupuncture before inserting the needles, and explain the possible sensations, intensity and pathways involved in acupuncture to build trust and cooperation of patients seeking cessation. Clinicians may also redirect the patient's attention to help ease any feeling of apprehension.

- **Physiological prevention:**

Clinicians may advise patients not to receive acupuncture treatment on an empty stomach and should eat an appropriate amount of food. Individuals who are excessively fatigued should rest until they have sufficiently recovered. For those who have a history of fainting or are receiving acupuncture treatments for the first time, it is best for them to lie down during the treatments. The acupuncture stimulation should not be too strong, and clinicians could press the acupoints with fingers before inserting the needle.

When the premonitory symptoms of fainting occur during acupuncture, clinicians should immediately handle the fainting.

After the completion of acupuncture, the patients should rest in the treatment room for 5-10 minutes before leaving, in order to prevent delayed fainting.

Ways to handle

- If mild symptoms of fainting appear, stop acupuncture immediately and remove all filiform needles or ear patches. The patient should lie down in a well-ventilated area with both legs elevated, head down with pillow removed, tight clothing loosened, and kept warm. Allow the patient to rest quietly for a while, and provide them with warm water if needed.
- In the case of an emergency, it should be reported to senior staff, and the patient should be transferred to a hospital for medical treatment as quickly as possible. A "special incident report" should be filled out later.
- Physicians must record this incident in the patient's medical records.

4.6.2 Stuck Needle

A “stuck needle” situation occurs when the physician encounters resistance and difficulty in manipulating or removing the needle during and after insertion, while the patient feels intense pain. The primary causes of a stuck needle may include excessive force during needle insertion, improper needling techniques, or excessive unidirectional twisting causing muscle fibres to wrap around the needle. Additionally, intense muscle contraction due to the patient's mental stress can also cause the needle to become stuck.

Prevention

- During needle insertion, avoid using excessive speed or force. Instead, the needle should be inserted gradually and steadily until reaching the appropriate depth. Needle manipulation should be skilful, and the pressure applied by fingers should be uniform. Avoid excessive twisting in a single direction.
- For nervous patients, it is important to first explain the treatment to address their concerns or apply some pressure to the acupoints before inserting the needle.

Ways to handle

- If the patient's tension causes excessive muscle contraction, the needle retention time can be appropriately extended. Also, clinicians may apply finger pressure near the stagnant acupoints or tap on the needle handle. In addition, an extra needle could be inserted nearby to help disperse qi and blood and alleviate muscle tension.
- If the needle is stuck due to improper needle manipulation or unidirectional twisting, try twisting the needle in the opposite direction and scraping the needle handle or tapping it to release the muscle fibres wrapped around the needle. To prevent breakage, the needle must not be removed forcibly.

4.6.3 Bent Needle

Bent needle refers to the condition where the needle bends inside the body after needle insertion or during acupuncture. In this situation, the altered direction or angle of the needle handle makes it difficult to lift, rotate, and remove the needle and causes pain to the patient. This usually happens when the practitioner applied excessive force or speed during acupuncture causing the needle to impact hard tissue. This situation may also occur when the patient suddenly changes position during acupuncture or needle retention, or when the needle handle is struck by external objects.

Prevention

- Before treatment, clinicians should let patients choose a comfortable position. During needle retention, they should be instructed not to change their position. During treatment, clinicians should apply techniques skilfully and maintain even finger pressure. When inserting the needle, they should not insert too forcibly or too fast. Also, care should be taken to protect the acupuncture site from being struck or pressed by external objects.

Ways to handle

- When a needle is bent, do not perform techniques such as lifting, thrusting, and twisting. If the needle is only slightly bent, slowly withdraw it along the bend. If the needle is significantly bent, instruct the patient to relax their muscles as much as possible. The clinician can then gently shake the needle and withdraw it along the direction of the bend. If there is more than one bend, the needle can be gradually withdrawn in segments following the direction of the twisting and tilting of the needle handle.
- If the bent needle is caused by the patient changing their position, the clinician should help the patient to slowly return to their original position. Once the local muscles are relaxed, the needle can be slowly removed.
- Clinicians must not remove the needle forcibly, in order to prevent the needle from breaking inside the body.

4.6.4 Broken Needle

Broken needle, also referred to as needle fracture, refers to a situation where the needle breaks and remains inside the human body. The primary reasons for this include poor needle quality or damage to the needle body. Moreover, during acupuncture, if the entire needle body is inserted into the acupoint and the lifting, thrusting, and twisting techniques are applied too rapidly or at an excessively twisting angle, the needle may break. Also, when the patient is nervous and fearful, and unable to bear the intense pain or soreness during acupuncture, reflex muscle spasms and severe muscle contraction may occur, resulting in a broken needle. In addition, involuntary movements such as severe coughing and sneezing, or sudden and significant changes in body position, during needle retention process can cause a needle to break.

Symptoms

- If the broken needle is not located in an important organ or joint, there may be localised tenderness at the site of the broken needle, which gradually subsides; sometimes there may be a feeling of heavy pressure at the site of the broken needle, with occasional pain during movement, but not hindering body movements.
- Broken needle within a joint may result in serious difficulties in movement and pain. Difficulty in breathing and chest pain could occur when a needle breaks in an intercostal joint.

- If the broken needle is located within an organ, the situation will be more serious and can cause varying degrees of body dysfunction and pain.
- If the broken needle affects surrounding nerves, localised pain, numbness or reduced sensation may occur.
- If the needle breaks within a blood vessel, it could potentially move with the flow of blood and enter blood vessels, causing risk of embolism.

Prevention

- To prevent needle breakage, clinicians should carefully select and inspect needles before acupuncture treatment. Do not use any needles that are bent, rusty, or damaged. Suitably adjust the current intensity, frequency, and waveform when using electroacupuncture needles.
- Prior to acupuncture, massage the acupoint to alleviate spasms and reduce patients' anxiety. If a patient coughs or changes position, halt needle insertion or withdraw the needle.
- Use both hands for needle insertion, stabilising the needle with the thumb and forefinger, inserting swiftly, then gradually deepening the needle. When feeling any resistance, do not force the insertion or withdrawal. Instead, adjust the direction of the needle or wait for a while before withdrawing it.

- For patients with weak De Qi sensation, employ the 'waiting for De Qi' method, and avoid intensifying the technique to achieve De Qi.

Ways to handle

- When a needle is broken, the practitioner should stay calm and instruct the patient to maintain their current position to prevent the needle fragment from penetrating deeper into the muscle.
- If the broken part of the needle protrudes from the skin, it can be removed with forceps.
- If the broken part is near the skin surface, apply vertical pressure around the needle puncture site with the thumb and forefinger until the fragment is exposed, then remove it with forceps.
- If the broken needle fragment is beneath the skin or deep within the muscle, the patient should be immediately referred to an accident and emergency department.
- Any incident of a broken needle must be documented in the patient's medical record and a "special incident report" must be filed for follow-up.

4.6.5 Hematoma

A hematoma is caused by local subcutaneous bleeding that results in purplish discoloration or swelling and pain after needle withdrawal. This is mainly due to the damage to small blood vessels during needle insertion, or the failure to press the puncture point after needle withdrawal, particularly when the needle is bent like a hook.

Symptoms

- After needle withdrawal, there may be local swelling and pain at the acupuncture site, followed by the appearance of blue and purplish lumps or bruises on the skin.

Prevention

- Before performing acupuncture, the needle should be carefully inspected.
- Practitioners must be familiar with anatomy and avoid blood vessels during needle manipulation.
- When removing the needle, the press-out needle method should be applied, and a sterilised dry cotton ball should be used to thoroughly press and massage the needle puncture site to prevent subcutaneous bleeding.

Ways to handle

- Minor bleeding or small purplish spots around the needle puncture site generally does not require treatment and will naturally recover over time.
- If there is significant local pain and a large bruise that hinders activity, apply cold compresses to stop the bleeding, and to help resolve the bruise.

5 / Follow Up

5.1 Prevention of relapse

5 Follow Up

Practitioners can actively maintain contact with patients to ensure their return to the clinic on time for follow-up consultations, especially in the first week of quitting. During these consultations, enquire about their recent smoking habits, and address any problems that have arisen or may arise during the quitting process. For those who relapse after quitting, it is necessary to analyse the reasons and adopt personalised intervention measures.

Clinicians should continue the monitoring of patients' progress. It is recommended to schedule regular follow-ups at least 6 times over a minimal period of 3 months, primarily in face-to-face sessions. Assessment scales (see **Appendix 7.2**) or biochemical validation, such as expired carbon monoxide or cotinine level, can be used if necessary. Higher scores on the scale indicate more severe withdrawal symptoms and cravings for smoking during the quitting process.

Practitioners can also offer telephone follow-ups to address patients' inquiries and provide support. They may record the patients smoking patterns to understand their progress. Moreover, practitioners may assist them in addressing difficulties encountered during the quitting period, and discuss solutions based on individual needs. They should also emphasize the importance of balanced diet, healthy lifestyle, regular exercise and cultivating healthy hobbies. Patient's condition after receiving acupuncture treatment should also be evaluated, such as relief of withdrawal symptoms, methods and frequency of self-acupoint massage, the occurrence of side effects, and the effectiveness of acupuncture treatment.

For those who have not successfully quit smoking, practitioners may analyse the reasons and encourage them to take further action. This may include abstaining from alcohol and coffee, informing family and friends about their plan to quit smoking to gain their understanding and support, and removing all smoking-related cues. They can also try making their home and office smoke-free before starting to quit. Practitioners can also assist them in identifying sources of stress, learning stress management techniques, and finding correct ways to deal with stress that do not involve smoking. Techniques for refusing cigarettes, such as encouraging others to quit or refrain from smoking in their presence, and weight management strategies can also be shared.

5.1 Prevention of relapse

Those who have successfully quit smoking still face the risk of relapse. However, the risk of relapse can be significantly reduced by abstaining from smoking continuously for 6 months or more. The criteria for evaluating successful quitting include: no smoking for the past 7 days (as verified by family members, colleagues, friends, etc.); no smoking after quit day; normal level of exhaled carbon monoxide; negative result for nicotine in a urine test; and an FTND score of ≤ 2 . Failure in these criteria implies a relapse. Most relapses occur during the first week of quitting, but in some cases, they may occur several years after quitting. In view of the common occurrence of relapse, clinicians must assess smoking status of ex-smokers during each follow-up visit and provide counselling and treatment when appropriate.

Relapse can be prevented by positive influencing factors such as family support. Clinicians can educate the patients' family members about smoking cessation skills and knowledge. Family members can regularly check-ins and provide reminders, providing support and supervision throughout the quitting process, thereby reducing the likelihood of relapse.

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6 Bibliography

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7 / Appendix

7.1 Quitting skills

7.2 Minnesota Nicotine Withdrawal Scale (MNWS) and Brief Questionnaire of Smoking Urges (QSU-Brief)

7 Appendix

7.1 Quitting skills

1. **Knowing the right time to quit smoking**

Quitting smoking is beneficial at any age, and "quitting early is better than quitting late, and quitting is better than not quitting at all". Quitting is beneficial to smokers of all ages and brings immediate and long-term health benefits. It significantly reduces risk of smoking-related illnesses, and prevents disease progression and mortality in persons with chronic illness.

2. **Creating a tobacco-free home environment**

Smokers are requested to discard all tobacco products, lighters, matches, and ashtrays, as well as daily items that carry the smell of smoke. It is suggested that tobacco-free households should place a no-smoking sign prominently on the wall in the living room. When relatives or friends who smoke visit, they should be promptly reminded not to smoke in the house. Family members should remind and supervise each other.

3. **Stay away from smoking environments**

Smokers are advised to avoid participating in activities where smoking occurs and avoid gatherings with friends who smoke during quitting. When invited to smoke, they should firmly refuse and say: "No thank you, I have quit smoking!". They should adamantly resist the temptation of cigarettes and remind themselves that smoking even one more cigarette could undermine all their previous efforts to quit.

4. **Diverting attention**

Based on the characteristics of smoking habits identified in the self-assessment and physician assessment, patients are recommended to develop the habit of distracting themselves during quitting or when withdrawal symptoms persist. This can include washing their face, chatting, meeting non-smoking friends for meals or movies, discussing their feelings with someone, walking or exercising, and taking deep breaths to help alleviate fatigue, drinking more warm water or soup to help alleviate symptoms like dry mouth and throat.

5. **Acupoint massage and stimulation**

Teach patients how to self-press and stimulate acupoints. They can apply pressure or massage stimulation at body acupoints that have calming, soothing, lung-clearing, and phlegm-resolving effects, such as Baihui, Lieque, Neiguan, Zusanli, Taichong, and ear acupoints such as Shenmen, Neifenmi, Pizhixia, Jiaogan, Fei, and Wei. If there is a desire to smoke, these acupoints can be pressed at any time until the urge to smoke disappears.

6. Experience exchange and sharing

Encouraging organisations to share successful quitting experiences can help patients in learning from family, friends, and colleagues who have successfully quit smoking. When there is an urge to smoke, patients shall actively seek their help and try to express the needs and the importance of receiving support as clearly as possible beforehand. For example, patients may want their supporters to engage in meaningful activities with them to distract them from smoking. Invite successful quitters to become smoke-free ambassadors, allowing them to share the harms of smoking, the benefits of quitting, and their successful smoking cessation experiences with friends and family. Establish mutual support groups such as WhatsApp groups for those who are quitting smoking can guide everyone to support each other, encourage the sharing of smoking cessation experiences, and enhance the motivation to quit smoking.

7. Cultivate interests and hobbies

Patients can cultivate interests and hobbies during the quitting period and establish new habits. They can spend their leisure time in places where smoking is prohibited, such as libraries, and actively participate in sports to cultivate new interests and habits to enrich their lives.

7.2 Minnesota Nicotine Withdrawal Scale (MNWS) and Brief Questionnaire of Smoking Urges (QSU-Brief)

The Chinese versions of the Minnesota Nicotine Withdrawal Scale (MNWS) and the Brief Questionnaire of Smoking Urges (QSU-Brief) * can be used to evaluate the withdrawal symptoms and craving levels of patients during the quitting process, as well as the expected difficulty of quitting. During the visit, it is recommended to consider increasing its use to evaluate the effectiveness of treatment and further help regulate the treatment plan.

Attention should be paid to the smoking cravings and other withdrawal symptoms in the process of quitting smoking. The withdrawal symptoms should be accurately evaluated, and corresponding treatment should be given to patients to help them get through the withdrawal period more easily in order to improve the possibility of long-term abstinence.

*The MNWS includes nine questions covering urges to smoke when quitting, low mood, irritability, feelings of frustration or anger, anxiety, difficulty concentrating, restlessness, increased appetite, difficulties falling asleep, and waking easily. Each question is scored on a scale of 0-4, where 0 indicates no symptoms, 1 indicates mild symptoms, 2 indicates moderate symptoms, 3 indicates severe symptoms, and 4 indicates very severe symptoms. The QSU-Brief includes ten questions to test the participants' immediate craving for smoking, and each scored on a 1-7 scale. The higher the score, the stronger the craving for smoking.



Quit Smoking App

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