# CiQuit®

# The Proof-of-Principle Study





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# Tobacco consumption

Tobacco consumption is the leading preventable cause of premature mortality worldwide.

#### Further PDF documents

World Health Organization

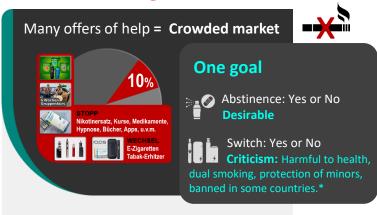
- The scientific background
   https://www.luna-medical.com/en/scientific/
- The proof-of-principle study
   https://www.luna-medical.com/en/pop-study/
- The patent https://www.luna-medical.com/en/patent/
- Cooperations with companies
   https://www.luna-medical.com/en/companies/
- Cooperations with health insurance funds
   https://www.luna-medical.com/en/health-insurance/
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   https://www.luna-medical.com/en/pharmaceuticals/
- The covered need Quit smoking "now"
   https://www.luna-medical.com/en/covered-need/
- The enormous healthcare gap Smoke "less" first https://www.luna-medical.com/en/healthcare-gap/
- Smoking A global overview https://www.luna-medical.com/en/global-overview/

### 1. Differentiation: "Covered need" vs. "CiQuit"

# The problem

There is a lack of a practical **reduction program** that leads to complete smoke-free status. The offering must drastically reduce the physical and mental dependence on **cigarettes**.

### **Quit smoking "now"!**



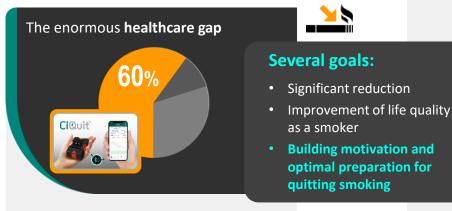
Only - **around 10%** - of smokers attempt to quit smoking each year or try switching to alternative products.\*

There are many support options available for the **desirable complete smoking cessation**, such as nicotine replacement therapy, medication, courses, hypnosis, acupuncture, apps, and more. **Despite all the offers of help**, **the relapse rates are immense!**\*

### = Covered need

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### Smoke "less" first!



The majority of smokers - **around 60%** - want to reduce their consumption before quitting smoking.

From a medical perspective, the program must not only enable a significant reduction but also specifically prepare the body and mind for smoking cessation.

It must reactivate the ability to abstain and effectively motivate towards quitting smoking.

### = Uncovered need

# What addiction experts say!

### "Reduction treatments ...

... are aimed at people who are willing to change but are unable or unwilling to lead an abstinent lifestyle. Various field studies, randomised control group studies and meta-analyses have shown

### that significantly more people are willing to reduce than to abstain ..."<sup>1</sup>

**Prof. Dr. Joachim Körkel u. Matthias Nanz,** The paradigm of open-ended addiction work, 2016,



# **Reaches smokers!**

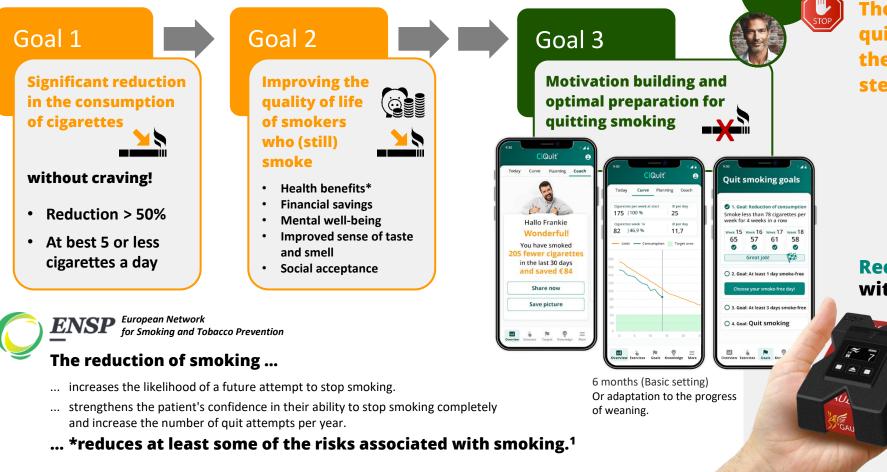
Psychological background: Rubicon model
 See Worth knowing:
 7. CiQuit - Rubicon model: The quick decision to use

### 2. Our offer for the majority of smokers!

# The solution

Stepwise **reconditioning** of smoking behavior by unlearning the mental and physical dependency.

Using a proven milestone approach towards a smoke free life.



### What addiction experts say!

"Smokers who are addicted to tobacco can hardly imagine quitting smoking immediately.

### They can only imagine quitting smoking by reducing the cigarette consumption step by step."<sup>2</sup>

Prof. Dr. Robert Olbrich, Otto Selz Institute for Applied Psychology

### **Reconditioning** with CiQuit-Box and CiQuit-App





For a detailed explanation see: www.luna-medical.com/en/scientific

Ability to

abstain



### 3. Primary problem and solution

## From reconditioning to abstinence!



For a detailed explanation see: www.luna-medical.com/en/scientific

#### Previous treatment approach

· Medical help



Weaken the effects of nicotine withdrawal

Psychological help

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**Overcome** the effects of nicotine withdrawal

For a detailed explanation see: www.luna-medical.com/en/covered-need **Problem** Quit smoking with inability to abstain



Psychological (mental) dependence +

Physical (bodily) dependence

Inability to

abstain

### Addiction centre

#### Effects of nicotine withdrawal "Hungry nicotine receptors"

#### Agonizing craving

- Irritability and restlessness
  Frustration and anger
- Anxiety
- Sleep disorders



Increased appetite and weight gain



High level of suffering

High relapse rates (despite help)

Next attempt to quit smoking is usually postponed for years

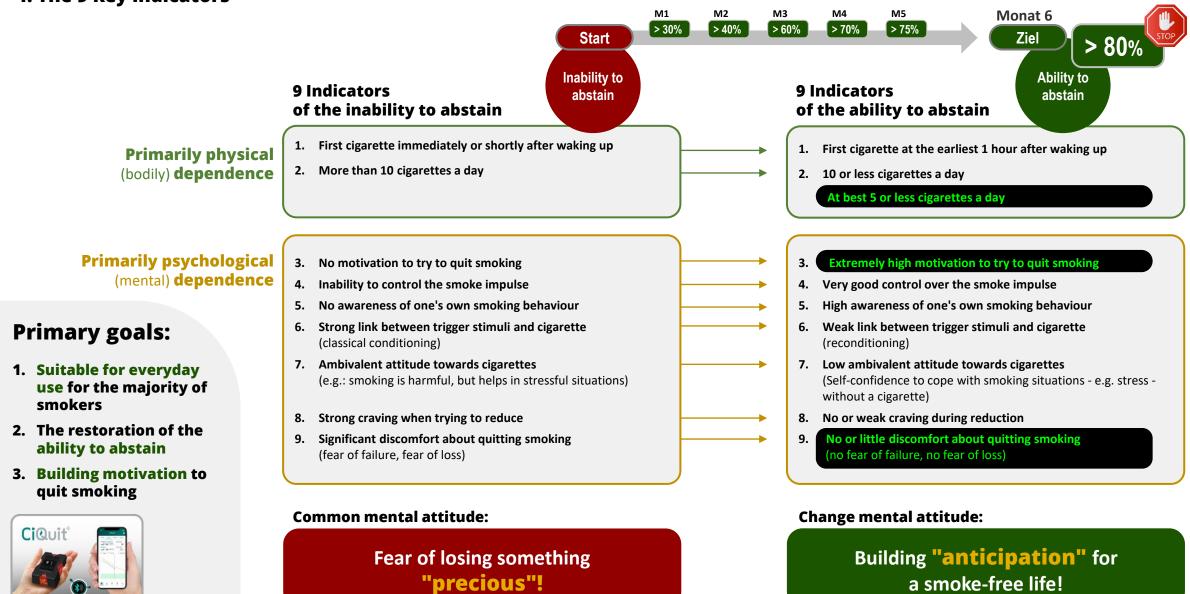


\*Sub-goals: Strong reduction, quality of life, motivation to quit smoking + outcome goal: abstinence

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### 4. The 9 key indicators

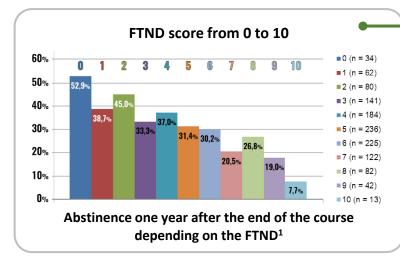
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### 5. CiQuit and the scientific derivation

### CiQuit in the context of the Fagerstrom Test (FTND)\*





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"Success rates of a German-speaking, cognitivebehavioral group program for tobacco cessation considering the FTND"

# Result:

### physical dependence,

the more likely the participant is to be a nonsmoker one year after the end of the course.<sup>2</sup>



### CiQuit

Treatment of the physical and mental indicators of the inability to abstain

### **Psychological dependence**

The additional treatment of psychological tobacco addiction is crucial, as it addresses the core of the addiction and thus enables a sustainable cessation and overcoming of the addiction (ability to abstain).

The Fagerstrom Test for Nicotine Dependence (FTND) primarily takes **physical dependence** into account, as 8 out of 10 possible points relate to **(early) morning smoking** and **cigarette consumption**.

\* The FTND (6 items) is a standard instrument for assessing the intensity of **physical dependence** to nicotine.<sup>3</sup> The higher the score on the FTND, the lower the likelihood of a successful, lasting smoking cessation.

# How soon after you wake up do you smoke your first cigarette?

Score points
(3) Within 5 minutes
(2) 6 - 30 minutes
(1) 31 - 60 minutes
(0) After 60 minutes

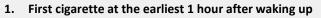
#### How many cigarettes per day do you smoke?

#### Score points (3) 31 or more

**(2)** 21 - 30 **(1)** 11 - 20

(0) 10 or less





2. 10 or less cigarettes a day

At best 5 or less cigarettes a day

#### Extremely high motivation to try to quit smoking

- 4. Very good control over the smoke impulse
- 5. High awareness of one's own smoking behaviour
- 6. Weak link between trigger stimuli and cigarette (reconditioning)
- Low ambivalent attitude towards cigarettes (Self-confidence to cope with smoking situations - e.g. stress without a cigarette)
- 8. No or weak craving during reduction
- 9. No or little discomfort about quitting smoking (no fear of failure, no fear of loss)

Which cigarette would you hate most to give up? (1) The first one in the morning (0) Any other

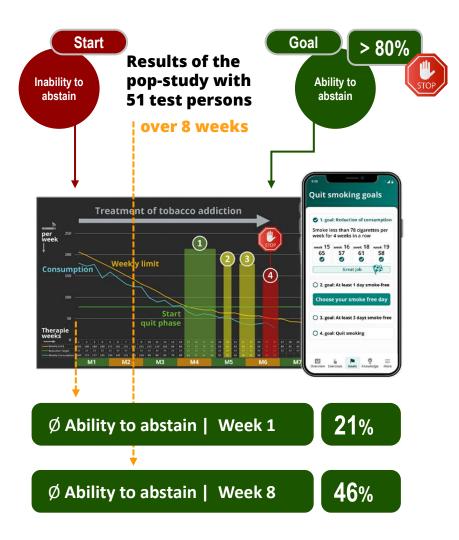
Do you smoke more frequently during the first hours after waking than during the rest of the day? (1) Yes (0) No

Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in church, at the library, in the cinema)? (1) Yes (0) No

Do you smoke when you are so ill that you are in bed most of the day? (1) Yes (0) No

3.

#### 6. Study Objective, Study Population and Results





### **Study collective**

• 51 regular starters and 51 regular finishers

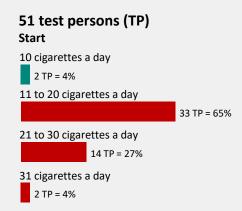
#### Gender:

36m 70,5% | 11w 21,6% | 4d 7,8%

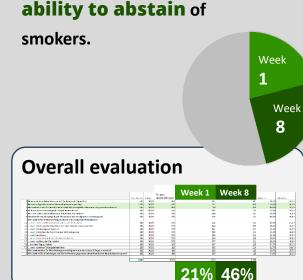
#### Age:

29 = 1 TP 2,0% | 30-39 = 12 TP 23,5% | 40-49 = 12 TP 23,5% | 50-59 = 17 TP 33,3% | 60-68 = 9 TP 17,6%

- Tobacco dependence according to Fagerström (FTND):
   low 0-2 = 4 TP 7,8% | medium 3-4 = 12 TP 23,5% | strong 5-6 = 11 TP 21,6% | very strong 7-10 = 20 TN 39,2%
- study period: 8 weeks
- Inclusion: At least 10 cigarettes per day



The primary objective of the pilot study was to investigate the effect of CiQuit on the

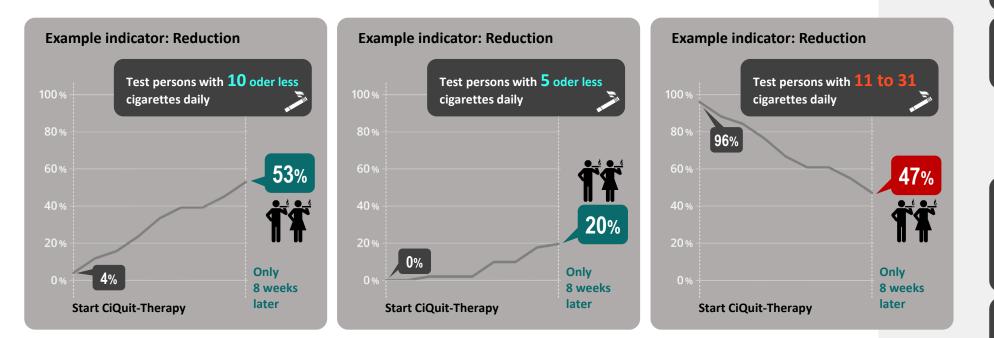


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# **Results 1/8**

### Indicator: More than 10 cigarettes a day

# Goal: 10 or less cigarettes a day At best 5 or less cigarettes a day



### Note:

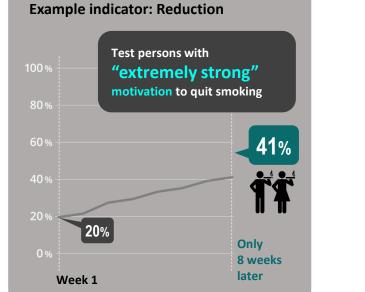
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It is particularly noteworthy that 10 out of 51 participants (20%) were already smoking **5 or less cigarettes** per day after 8 weeks.

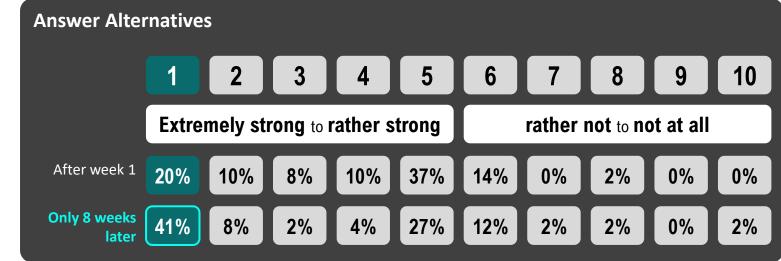


### Indicator: No motivation to try to quit smoking

# **Goal:** Extremely high motivation to try to quit smoking



How motivated are you currently to seriously quit smoking completely?



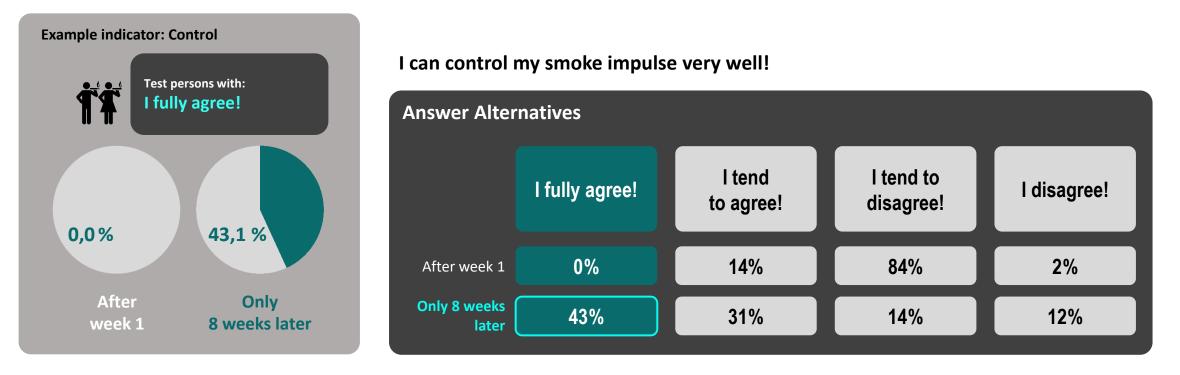
### Note:

It should be emphasized that every week more participants responded with "**extremely strong**" (1) regarding their motivation to stop smoking. In week 8, this was already 21 (41%) of 51 participants.



### Indicator: Inability to control the urge to smoke

### **Goal:** Very good control over the smoke impulse



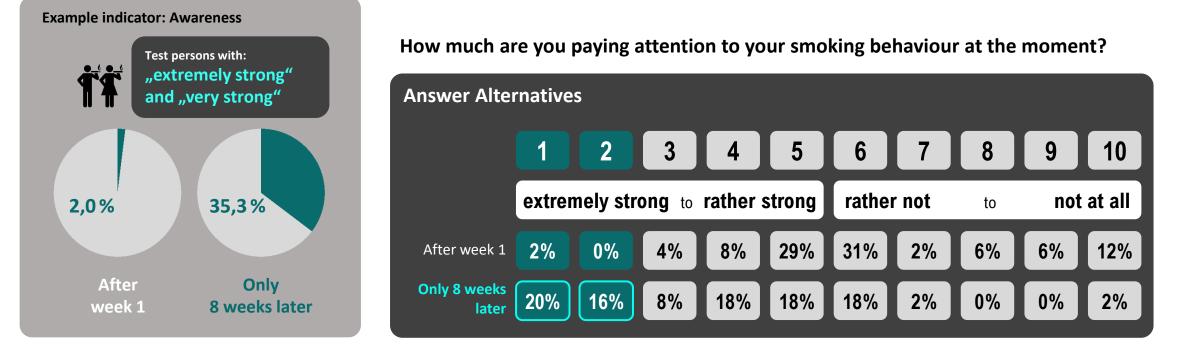
### Note:

After week 1, none of the test persons selected the alternative answer "I fully agree" (0%). It is interesting to note that after 8 weeks, 22 test persons had already selected "I fully agree" (43%).



### **Indicator:** No awareness of one's own smoking behaviour

## **Goal:** High awareness of one's own smoking behaviour



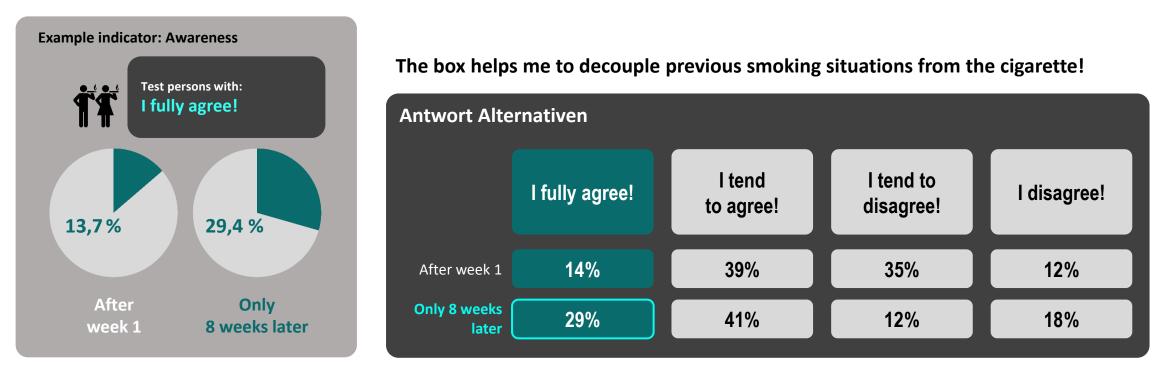
### Note:

It should be highlighted that the proportion of test persons who answered "extremely strong" and "very strong" (1 and 2) **rose from 2.0% in week 1 to 35.3% in week 8**.



### **Indicator:** Strong link between trigger stimuli and cigarette (classical conditioning)

Goal: Weak link between trigger stimuli and cigarette (reconditioning)



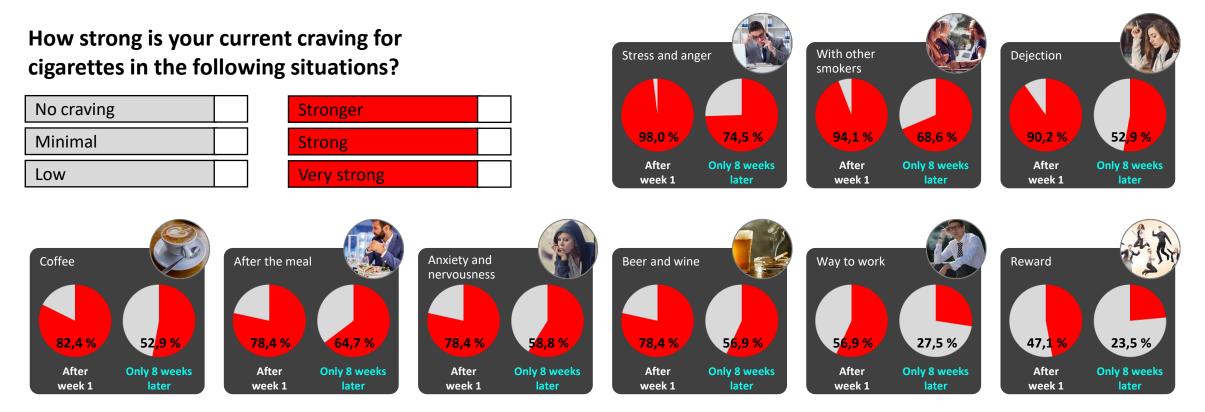
### Note:

As early as week 1, around 14% of participants voted "I fully agree!". In week 8, this proportion had already more than doubled to around 29%.



### Indicator: Ambivalent attitude towards cigarettes (e.g.: smoking is harmful, but helps in stressful situations)

**Goal:** Low ambivalent attitude towards cigarettes (Self-confidence to cope with smoking situations - e.g. stress - without a cigarette)



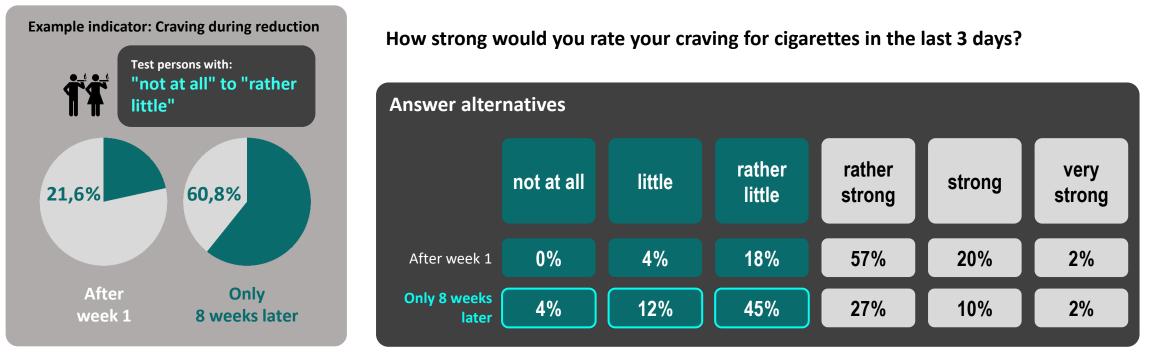
### Note:

After 8 weeks of using CiQuit, the urge to smoke was significantly reduced in all smoking situations.



### **Indicator:** Strong craving during reduction

### **Goal:** No or weak craving during reduction



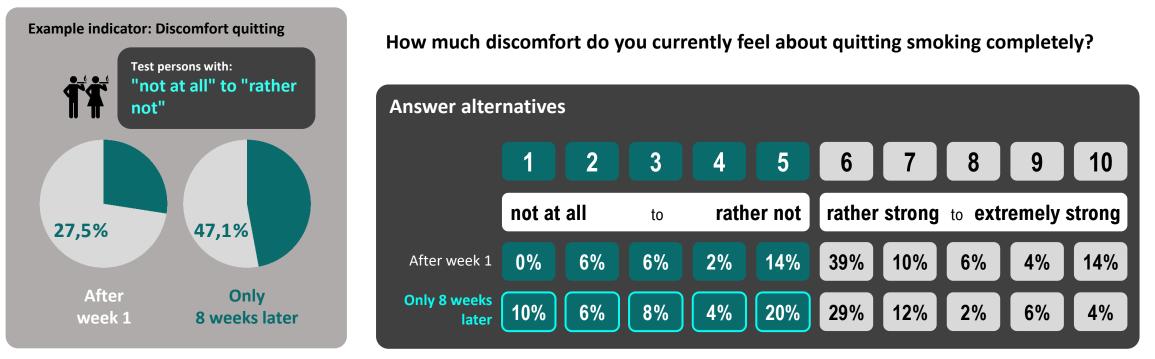
### Note:

In the 1st week, around 22% of the test persons answered "not at all" to "rather little" regarding the craving for cigarettes. Despite a permanent reduction, this figure was **increased to around 61% after week 8.** 



### **Indicator:** Significant discomfort about quitting smoking (fear of failure, fear of loss)

**Goal:** No or little discomfort about quitting smoking (no fear of failure, no fear of loss)



### Note:

#### The discomfort about quitting smoking has decreased.

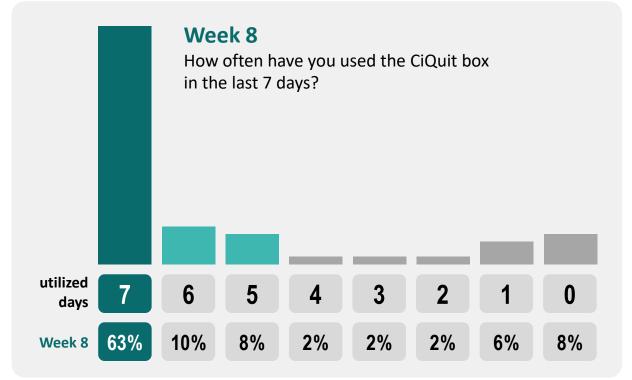
Whereas in week 1 only 14 test persons (27.5%) chose the answer alternatives 1 to 5, by week 8 this figure had risen to 24 test persons (47.1%). In particular, the extreme answer alternatives (1 and 10) developed positively.



**Results 8/8** 

### 51 test persons | after 8 weeks

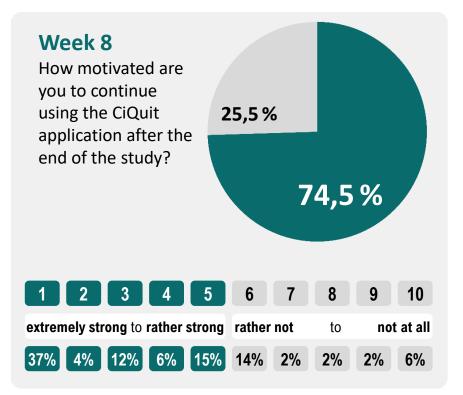
### Adherence



### Note:

Some smokers who have already reduced their daily consumption average to 5 or fewer cigarettes may no longer smoke at all on some days of the week.

### Further use after study

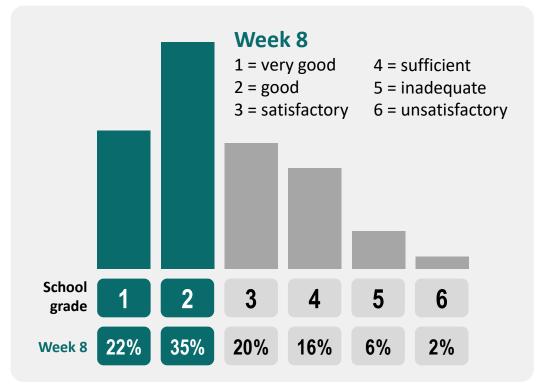


### Note:

Some smokers who have already reduced their daily consumption average to 5 or fewer cigarettes may want to quit smoking altogether.



# 51 test persons | after 8 weeks Grading



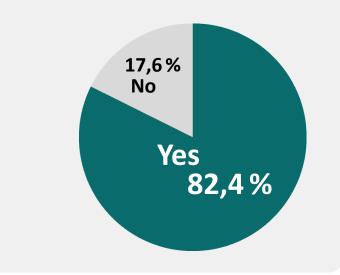
### Note:

The application left a "very good" to "good" overall impression on 57% of participants. On average, the application received a score of 2.5.

# Recommendation

### Week 8

Would you recommend the CiQuit application to support cigarette reduction?



### Note:

Most of all participants would recommend the CiQuit application to others.



# Thank you very much



#### Contact

#### Andreas Unsicker

E-Mail: unsicker@luna-medical.de Mobil: + 49 172 533 42 92 www.luna-medical.com

#### LUNA medical GmbH

Yorckstr. 6 93049 Regensburg, Germany

# What users say

Statements from the pilot study

"Very good thing, thanks to the control I was able to reduce my cigarette consumption from 18-20 to an average of 13 after just 8 weeks." Rainer W.

"So I'm very enthusiastic, I arrived on day 30 and I can only say one thing: simply great." Astrid P.

"The box made me realize how often I had reached for a cigarette without thinking. Now, before every cigarette, I think about whether I really want it and how many I have left to achieve my own daily goal." Constanze K.

"It's simple to use. The box remembers your smoking behaviour pretty quickly and I have to say that I smile every time the access time is increased. Habit becomes mindfulness!" Stefan F.

"I no longer light up a cigarette without thinking or reflecting. I can easily do without one or two. It makes you proud and, in retrospect, happy. I believe it is possible to become a real non-smoker. The brain adjusts to it. Great invention!" Nils O.

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