STAGE: Not Ready to Quit

You are a clinician providing care to Ms. Stewart, a 55 year-old patient. She uses two different inhalers for her emphysema.

KEY POINTS

THIS PATIENT

- is in contemplation for quitting (wants to quit in the next 6 months, but not in the next 30 days)

- is aware that she needs to quit smoking

THE CLINICIAN

- educates patient on the hazards of smoking, in relation to the patient's emphysema condition

- respects the patient's decision not to quit now, but strongly advises her to consider it

- offers to help, when she is ready

Step 1:   ASK

☑ **Ask about tobacco use**

Note: It is important to know that patients with emphysema are likely to be current or former smokers. Although not all smokers develop chronic obstructive pulmonary disease (emphysema or chronic bronchitis), most patients with these conditions have a long history of smoking.

Clinician

Ms. Stewart, I see that you now are using two different inhalers to control your emphysema. Tell me about your emphysema control.

Patient

Well, my symptoms seem to be getting worse in recent years. I really need to quit smoking; my family is getting upset with me.

Step 2:   ADVISE

This patient has been hospitalized for pneumonia. Smokers are more likely to acquire pneumonia and experience more complications than non-smokers. This is an optimal time to advise this patient to quit.

Clinician

As a clinician, I can say the most important component of your treatment at this stage is to discontinue smoking. I **strongly** advise you to quit.

Step 3:   ASSESS

☑ **Assess readiness to quit**

Clinician

And are you considering quitting?

Step 3:   ASSESS (cont'd)

Patient

Sure… I've *considered* quitting.

Clinician

Are you interested in quitting now as part of your treatment for pneumonia?

Patient

Yes… but not **right** now. Maybe in a few months—I have cut down since I've been in the hospital!

Clinician

Cutting down is an important first step—but given your condition, it's important that we work towards getting you off of smoking completely.

Patient

Yes… I know I need to quit but it's not that easy. Beside, I know lots of non-smokers who have worse lungs than I do. In fact, the last time I tried to quit I felt worse. All I did was cough and feel irritable.

Clinician

Most nonsmokers do **not** have worse lungs than you—smoking is the #1 cause of lung disease, particularly emphysema. And the coughing that you experienced after quitting was a normal process— your lungs were clearing the mucus that has been blocking your airways because of smoking. That coughing doesn't occur long-term, usually only about a week or so.

Ms. Stewart, only you can decide when you are ready to quit, but keep in mind that if you continue to smoke, your risk of additional hospitalizations for pneumonia and other lung and tobacco-related problems increases every year. You already use two inhalers for your emphysema. In the meantime, it will be important for you to be sure to use your inhalers exactly as they are prescribed.

This patient appears to be interested in quitting smoking but will not commit to quitting in the near future. While she is aware of the problem, she is discouraged by previous quit attempts and rationalizes her current health problem by stating, "I know lots of non-smokers with worse lungs."

Step 4: ASSIST

☑ **Prepare for the Quit Attempt**

> Not applicable; patient is not ready to quit.

Step 5: ARRANGE

☑ **Schedule follow-up contact**

Clinician

> Even though you don't have immediate plans to quit smoking, I am encouraged that you are giving some thought to it. When you are ready to quit, please call me. I have special training to help my patients quit smoking, and I would be more than happy to help you quit. We can talk about different strategies for quitting at that time. There are several different medications on the market that will, when combined with behavioral counseling, substantially increase your likelihood of successfully quitting.