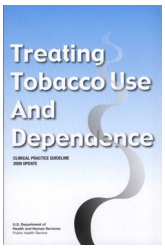
ASSISTING PATIENTS with QUITTING

CLINICAL PRACTICE GUIDELINE for TREATING TOBACCO USE and DEPENDENCE

- Update released May 2008
- Sponsored by the U.S. Department of Health and Human Services, Public Heath Service with:
  - Agency for Healthcare Research and Quality
  - National Heart, Lung, & Blood Institute
  - National Institute on Drug Abuse
  - Centers for Disease Control and Prevention
  - National Cancer Institute



TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological	Behavioral
The addiction to nicotine	The habit of using tobacco
↓ Treatment	↓ Treatment
Medications for cessation	Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.

METHODS for QUITTING

- Pharmacologic
  - FDA-approved medications
- Nonpharmacologic
  - Counseling and other non-drug approaches

Counseling and medications are both effective, but the combination of counseling and medication is more effective than either alone.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

NONPHARMACOLOGIC METHODS

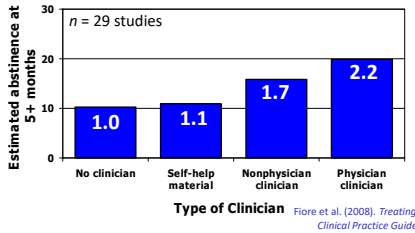
- Cold turkey: Just do it!
- Unassisted tapering (fading)
  - Reduced frequency of use
  - Lower nicotine cigarettes
  - Special filters or holders
- Assisted tapering
  - QuitKey (PICS, Inc.)
    - Computer developed taper based on patient's smoking level
    - Includes telephone counseling support

NONPHARMACOLOGIC METHODS (cont'd)

- Formal cessation programs
  - Self-help programs
  - Individual counseling
  - Group programs
  - Telephone counseling
    - 1-800-QUITNOW
  - Web-based counseling
    - www.smokefree.gov
    - www.becomeanex.org
- Acupuncture therapy
- Hypnotherapy
- Massage therapy

EFFECTS of CLINICIAN INTERVENTIONS

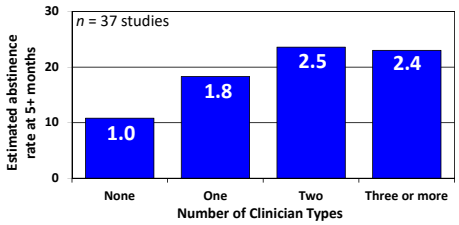
With help from a clinician, the odds of quitting approximately doubles.



Compared to patients who receive no assistance from a clinician, patients who receive assistance are 1.7–2.2 times as likely to quit successfully for 5 or more months.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

The NUMBER of CLINICIAN TYPES CAN MAKE a DIFFERENCE, too



Compared to smokers who receive assistance from no clinicians, smokers who receive assistance from two or more clinician types are 2.4–2.5 times as likely to quit successfully for 5 or more months.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

WHY SHOULD CLINICIANS ADDRESS TOBACCO?

- Tobacco users expect to be encouraged to quit by health professionals.
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction (Barzilai et al., 2001; Conroy et al., 2005).

Failure to address tobacco use tacitly implies that quitting is not important.

Barzilai et al. (2001). *Prev Med* 33:595–599; Conroy et al. (2005). *Nicotine Tob Res* 7 Suppl 1:S29–S34.

The 5 A's

- ASK
- ADVISE
- ASSESS
- ASSIST
- ARRANGE

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

The 5 A's (cont'd)

ASK about tobacco use; with a tone that conveys sensitivity, concern and is non-judgmental:

- "Do you smoke or use other types of tobacco or nicotine, such as e-cigarettes?"
  - "It's important for us to have this information so we can check for potential interactions between tobacco smoke and your other medicines."
  - "We ask all of our patients, because tobacco smoke can affect how some medicines work."
  - "We care about your health, and we have resources to help our patients quit smoking."
- "Has there been any change in your smoking status?"

The 5 A's: ADVISE

ADVISE tobacco users to quit (clear, strong, personalized)

- "It's important for your health that you quit smoking, and I can help you."
- "Quitting smoking is the most important thing you can do to...[control your asthma, reduce your chance for another heart attack, better manage your diabetes, etc.]"
  - "I can help you select medications that increase your chances for quitting successfully."
  - "I can provide additional resources to help you quit."

The 5 A's (cont'd)

ASSESS readiness to make a quit attempt

ASSIST with the quit attempt

- Not ready to quit: enhance motivation (the 5 R's)
- Ready to quit: design a treatment plan
- Recently quit: relapse prevention

The 5 A's (cont'd)

ARRANGE follow-up care

Number of sessions	Estimated quit rate*
0 to 1	12.4%
2 to 3	16.3%
4 to 8	20.9%
More than 8	24.7%

* 5 months (or more) post-cessation

Provide assistance throughout the quit attempt.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

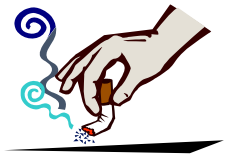
The 5 A's: REVIEW

ASK	about tobacco USE
ADVISE	tobacco users to QUIT
ASSESS	READINESS to make a quit attempt
ASSIST	with the QUIT ATTEMPT
ARRANGE	FOLLOW-UP care

The (DIFFICULT) DECISION to QUIT

- Faced with change, most people are not ready to act.
- Change is a process, not a single step.
- Typically, it takes multiple attempts.

HOW CAN I LIVE WITHOUT TOBACCO?



HELPING PATIENTS QUIT IS a CLINICIAN'S RESPONSIBILITY

TOBACCO USERS DON'T PLAN TO FAIL. MOST FAIL TO PLAN.

Clinicians have a professional obligation to address tobacco use and can have an important role in helping patients plan for their quit attempts.

THE DECISION TO QUIT LIES IN THE HANDS OF EACH PATIENT.

ASSESSING READINESS to QUIT

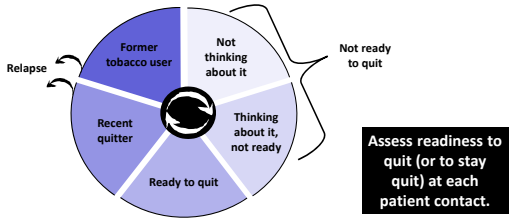
Patients differ in their readiness to quit.

- STAGE 1: Not ready to quit in the next month
- STAGE 2: Ready to quit in the next month
- STAGE 3: Recent quitter, quit within past 6 months
- STAGE 4: Former tobacco user, quit > 6 months ago

Assessing a patient's readiness to quit enables clinicians to deliver relevant, appropriate counseling messages.

ASSESSING READINESS to QUIT (cont'd)

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



Assess readiness to quit (or to stay quit) at each patient contact.

ASSESSING READINESS to QUIT (cont'd)

STAGE 1: Not ready to quit

Not thinking about quitting in the next month

- Some patients are aware of the need to quit.
- Patients struggle with ambivalence about change.
- Patients are not ready to change, yet.
- Pros of continued tobacco use outweigh the cons.

GOAL: Start thinking about quitting.

STAGE 1: NOT READY to QUIT Counseling Strategies

DO

- Strongly advise to quit
- Provide information
- Ask noninvasive questions; identify reasons for tobacco use
- Raise awareness of health consequences/concerns
- Demonstrate empathy, foster communication
- Leave decision up to patient

DON'T

- Persuade
- "Cheerlead"
- Tell patient how bad tobacco is, in a judgmental manner
- Provide a treatment plan

STAGE 1: NOT READY to QUIT Counseling Strategies (cont'd)

Consider asking:

"Do you plan to quit at some point in the future?" → **If NO** → Advise patients to quit, and offer to assist (if or when they change their mind).

If YES ↓

"What might be some of the benefits of quitting now, instead of later?"

↓ Most patients will agree: there is no "good" time to quit, and there are benefits to quitting sooner, as opposed to later.

"What would have to change for you to consider quitting sooner?"

Responses will reveal some of the barriers to quitting.

STAGE 1: NOT READY to QUIT Counseling Strategies (cont'd)

The 5 R's—Methods for enhancing motivation:

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

Tailored, motivational messages

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

ASSESSING READINESS to QUIT (cont'd)

STAGE 2: Ready to quit

Ready to quit in the next month

- Patients are aware of the need to, and the benefits of, making the behavioral change.
- Patients are getting ready to take action.

GOAL: Achieve cessation.

STAGE 2: READY to QUIT
Three Key Elements of Counseling

- Assess tobacco use history
- Discuss key issues
- Facilitate quitting process
  - Practical counseling (problem solving/skills training)
  - Social support delivered as part of treatment

STAGE 2: READY to QUIT: Assess Tobacco Use History

- Assess tobacco use history
  - Past smoking patterns, including when they started
  - Current use: type(s) of tobacco, amount, recent changes, time to first cigarette in the morning
  - Past quit attempts:
    - Number of attempts, date, length
    - Methods/medications used, adherence, duration
    - Reasons for relapse

STAGE 2: READY to QUIT
Discuss Key Issues

- Reasons/motivation to quit
- Confidence in ability to quit
- Triggers for tobacco use
  - What situations lead to temptations to use tobacco?
  - What led to relapse in the past?
- Routines/situations associated with tobacco use
  - When drinking coffee
  - While driving in the car
  - When bored or stressed
  - While watching television
  - While at a bar with friends
  - After meals or after sex
  - During breaks at work
  - While on the telephone
  - While with specific friends or family members who use tobacco

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Stress-Related Tobacco Use

THE MYTHS

- "Smoking gets rid of all my stress."
- "I can't relax without a cigarette."

THE FACTS

- There will always be stress in one's life.
- There are many ways to relax without a cigarette.

People who smoke confuse the relief of withdrawal with the feeling of relaxation.

STRESS MANAGEMENT SUGGESTIONS:

Deep breathing, shifting focus, taking a break.

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Weight Gain

- Discourage strict dieting while quitting
  - Encourage healthful diet and meal planning
  - Suggest increasing water intake or chewing sugarless gum
  - Recommend selection of nonfood rewards
- When fear of weight gain is a barrier to quitting
  - Consider pharmacotherapy with evidence of delaying weight gain (bupropion SR or 4-mg nicotine gum or lozenge)
  - Assist patient with weight maintenance or refer patient to specialist or program

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Withdrawal Symptoms

- Most pass within 2–4 weeks after quitting
- Cravings can last longer, up to several months or years
  - Often can be ameliorated with cognitive or behavioral coping strategies
- Refer to Withdrawal Symptoms Information Sheet
  - Symptom, cause, duration, relief

Most symptoms manifest within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Living with Another Smoker

- Discuss importance and negotiate where and when he/she will smoke, but **do not make demands**
- "Please keep your cigarettes where I won't find them."
  - Give the smoker one ashtray: "Please keep this clean and hidden from me."
- Surprise the smoker with a gift at the end of your first month of quitting as a thank you

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Alcohol and Socializing

- Explore alternative ways to socialize
- Avoid going to a bar
- If they do go, advise patients:
  - Don't drink alcohol, or limit drinks to one or two
  - Have a plan and practice it
  - Visualize yourself saying "No thank you, I don't smoke" several times before going out

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Smoking After Meals

- Immediately get up from the table
- Brush teeth
  - While doing so, look in the mirror and confirm commitment to quitting—"I can do this!"
- Take a short walk
- Call a supportive friend

STAGE 2: READY to QUIT
Discuss Key Issues (cont'd)

Boredom

- Advise patients to:
  - Always carry a book/newspaper/crossword puzzle
  - Plan ahead, avoiding long periods of inactivity
  - Learn to enjoy doing nothing from time to time; rethink the belief that it's necessary to always be doing something
  - Restart an old hobby or start to exercise

STAGE 2: READY to QUIT
Facilitate Quitting Process

- Discuss methods for quitting
  - Discuss pros and cons of available methods
  - Pharmacotherapy: a treatment, not a crutch!
  - Importance of behavioral counseling
- Set a quit date
- Recommend Tobacco Use Log
  - Helps patients to understand when and why they use tobacco
  - Identifies activities or situations that trigger tobacco use
  - Can be used to develop coping strategies to overcome the temptation to use tobacco

STAGE 2: READY to QUIT
Facilitate Quitting Process (cont'd)

Tobacco Use Log: Instructions for use

- Continue regular tobacco use for 3 or more days
- Each time any form of tobacco is used, log the following information:
  - Time of day
  - Activity or situation during use
  - "Importance" rating (scale of 1–3)
- Review log to identify situational triggers for tobacco use; develop patient-specific coping strategies


Tobacco Use Log for (date): __/__/__

Time	Describe the situation/activity at the time of this tobacco use.	Need Rating (circle one rating)
1.		1 2 3
2.		1 2 3
3.		1 2 3
4.		1 2 3
5.		1 2 3
6.		1 2 3
7.		1 2 3
8.		1 2 3
9.		1 2 3
10.		1 2 3
11.		1 2 3
12.		1 2 3
13.		1 2 3
14.		1 2 3
15.		1 2 3
16.		1 2 3
17.		1 2 3
18.		1 2 3
19.		1 2 3
20.		1 2 3

*Need RATING: Rate the importance of your need to use tobacco for each instance of use—based on the following scale:

Not very important (would not be a problem if I...)	Moderately important	Very important (would have things in a great deal)
1	2	3

STAGE 2: READY to QUIT
Facilitate Quitting Process (cont'd)

- Discuss coping strategies
  - Cognitive coping strategies
    - Focus on retraining the way a patient thinks
    - Occur prior to the situation or "in the moment"
  - Behavioral coping strategies
    - Involve specific actions to reduce risk for relapse
    - Occur prior to the situation or "in the moment"

HANDOUT

TEACH and ENCOURAGE COPING

- Think in terms of "alternatives"
- There is **always** some other way to think or something else to do in every situation (to avoid smoking)
- Use a variety of techniques
- Foster creativity

TEACH and ENCOURAGE COPING: STEP #1

- Ask:
  - "What could you do differently in this situation so you won't be prompted to want a cigarette?"
  - "How could you think differently in this situation, so that you aren't triggered to want to smoke?"

TEACH and ENCOURAGE COPING: STEP #2

- If they provide a reasonable alternative, be supportive
- If they say "I don't know" or "I can't think of anything"
  - Suggest a coping technique (or two)
  - Make suggestions appropriate to their lifestyle

STAGE 2: READY to QUIT
Facilitate Quitting Process (cont'd)

Cognitive Coping Strategies

- Review commitment to quit
- Distractive thinking
- Positive self-talk
- Relaxation through imagery
- Mental rehearsal and visualization

Remind yourself that urges are brief.

STAGE 2: READY to QUIT
Facilitate Quitting Process (cont'd)

Cognitive Coping Strategies: Examples

- Thinking about cigarettes doesn't mean you have to smoke one:
  - "Just because you think about something doesn't mean you have to do it!"
  - Tell yourself, "It's just a thought," or "I am in control."
- As soon as you get up in the morning, look in the mirror and say to yourself:
  - "I am proud that I made it through another day without tobacco."
- Reframe how you think about yourself:
  - Begin thinking of yourself as a non-smoker, instead of as a struggling quitter

STAGE 2: READY to QUIT
Facilitate Quitting Process (cont'd)

Behavioral Coping Strategies

- Control your environment
  - Tobacco-free home and workplace
  - Remove cues to tobacco use; actively avoid trigger situations
  - Modify behaviors that you associate with tobacco: when, what, where, how, with whom
- Substitutes for smoking
  - Water, sugar-free chewing gum or hard candies (oral substitutes)
- Minimize stress where possible, obtain social support, take a break, and alleviate withdrawal symptoms

STAGE 2: READY to QUIT
Facilitate Quitting Process (cont'd)

- Provide medication counseling
  - Promote adherence
  - Discuss proper use, with demonstration
- Discuss concept of "slip" versus relapse
  - "Let a slip slide."
- Offer to assist throughout quit attempt
  - Follow-up contact #1: first week after quitting
  - Follow-up contact #2: in the first month
  - Additional follow-up contacts as needed
- Congratulate the patient!

ASSESSING
READINESS to QUIT (cont'd)

STAGE 3: Recent quitter

Actively trying to quit for good

- Patients have quit using tobacco sometime in the past 6 months and are taking steps to increase their success.
- Withdrawal symptoms occur.
- Patients are at risk for relapse.

GOAL: Remain tobacco-free for at least 6 months.

STAGE 3: RECENT QUITTERS
Evaluate the Quit Attempt

- Tailor interventions to match each patient's needs
- Status of attempt
  - Ask about social support
  - Identify ongoing temptations and triggers for relapse (negative affect, smokers, eating, alcohol, cravings, stress)
  - Encourage healthy behaviors to replace tobacco use
- Slips and relapse
  - Has the patient used tobacco/inhaled nicotine at all—even a puff?
- Medication adherence, plans for termination
  - Is the regimen being followed?
  - Are withdrawal symptoms being alleviated?
  - How and when should pharmacotherapy be terminated?

STAGE 3: RECENT QUITTERS
Facilitate Quitting Process

Relapse Prevention

- Congratulate success!
- Encourage continued abstinence
  - Discuss benefits of quitting, problems encountered, successes achieved, and potential barriers to continued abstinence
  - Ask about strong or prolonged withdrawal symptoms (change dose, combine or extend use of medications)
  - Promote smoke-free environments
- Schedule additional follow-up as needed

ASSESSING
READINESS to QUIT (cont'd)

STAGE 4: Former tobacco user

Tobacco-free for 6 months

- Patients remain vulnerable to relapse.
- Ongoing relapse prevention is needed.

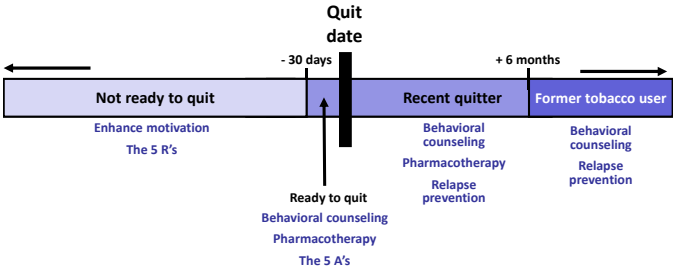
GOAL: Remain tobacco-free for life.

STAGE 4: FORMER TOBACCO USERS

- Assess status of quit attempt
- Congratulate continued success
- Inquire about and address slips and relapse
- Plans for termination of pharmacotherapy
- Review tips for relapse prevention

Continue to assist throughout the quit attempt.

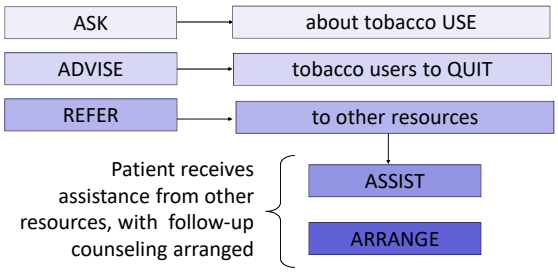
READINESS to QUIT: A REVIEW



COMPREHENSIVE COUNSELING: SUMMARY

- Routinely identify tobacco users (ASK)
- Strongly ADVISE patients to quit
- ASSESS readiness to quit at each contact
- Tailor intervention messages (ASSIST)
  - Be a good listener
  - Minimal intervention in absence of time for more intensive intervention
- ARRANGE follow-up
  - Use the referral process, if needed

BRIEF COUNSELING: ASK, ADVISE, REFER



BRIEF COUNSELING: ASK, ADVISE, REFER (cont'd)

- Brief interventions have been shown to be effective
- In the absence of time or expertise:
  - Ask, advise, and refer to other resources, such as local group programs or the toll-free quitline
    1-800-QUIT-NOW

This brief intervention can be achieved in less than 1 minute.

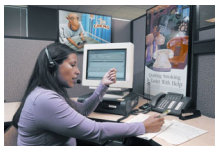
WHAT ARE "TOBACCO QUITLINES"?

- Tobacco cessation counseling, provided at no cost via telephone to all Americans
- Staffed by highly trained specialists
- Up to 4–6 personalized sessions (varies by state)
- Some state quitlines offer pharmacotherapy at no cost (or reduced cost)
- 28.1% success rate for patients who use the quitline and a medication for cessation

Most health-care providers, and most patients, are not familiar with tobacco quitlines.

WHEN a PATIENT CALLS the QUITLINE

- Caller is routed to language-appropriate staff
- Brief Questionnaire
  - Contact and demographic information
  - Smoking behavior
- Choice of services
  - Individualized telephone counseling
  - Quitting literature mailed within 24 hrs
  - Referral to local programs, as appropriate



Quitlines have broad reach and are recommended as an effective strategy in the 2008 Clinical Practice Guideline.

MAKE a COMMITMENT…

Address tobacco use
with all patients.

At a minimum,
make a commitment to incorporate brief tobacco interventions as part of routine patient care.

Ask, Advise, and Refer.

The RESPONSIBILITY of HEALTH PROFESSIONALS

It is **inconsistent**
to provide health care and
—at the same time—
remain silent (or inactive)
about a major health risk.

TOBACCO CESSATION
is an important component of THERAPY.

DR. GRO HARLEM BRUNTLAND, FORMER DIRECTOR-GENERAL of the WHO:

"If we do not act decisively, a hundred years from now our grandchildren and their children will look back and seriously question how people claiming to be committed to public health and social justice allowed the tobacco epidemic to unfold unchecked."

USDHHS. (2001). *Women and Smoking: A Report of the Surgeon General.* Washington, DC: PHS.