

# Module 5: Tobacco Treatment in a Clinical Setting



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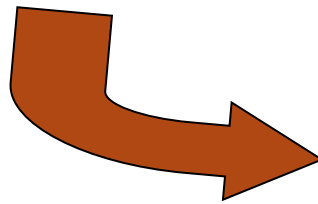
# Why Intervene with Tobacco Users?

- 70% of smokers see a health care provider each year.
- 70% of smokers want to quit.
- Physician's advice to quit is an important motivator.
- Patients are **more satisfied** with their health care if their provider offers smoking cessation interventions - **even if they're not yet ready to quit.**

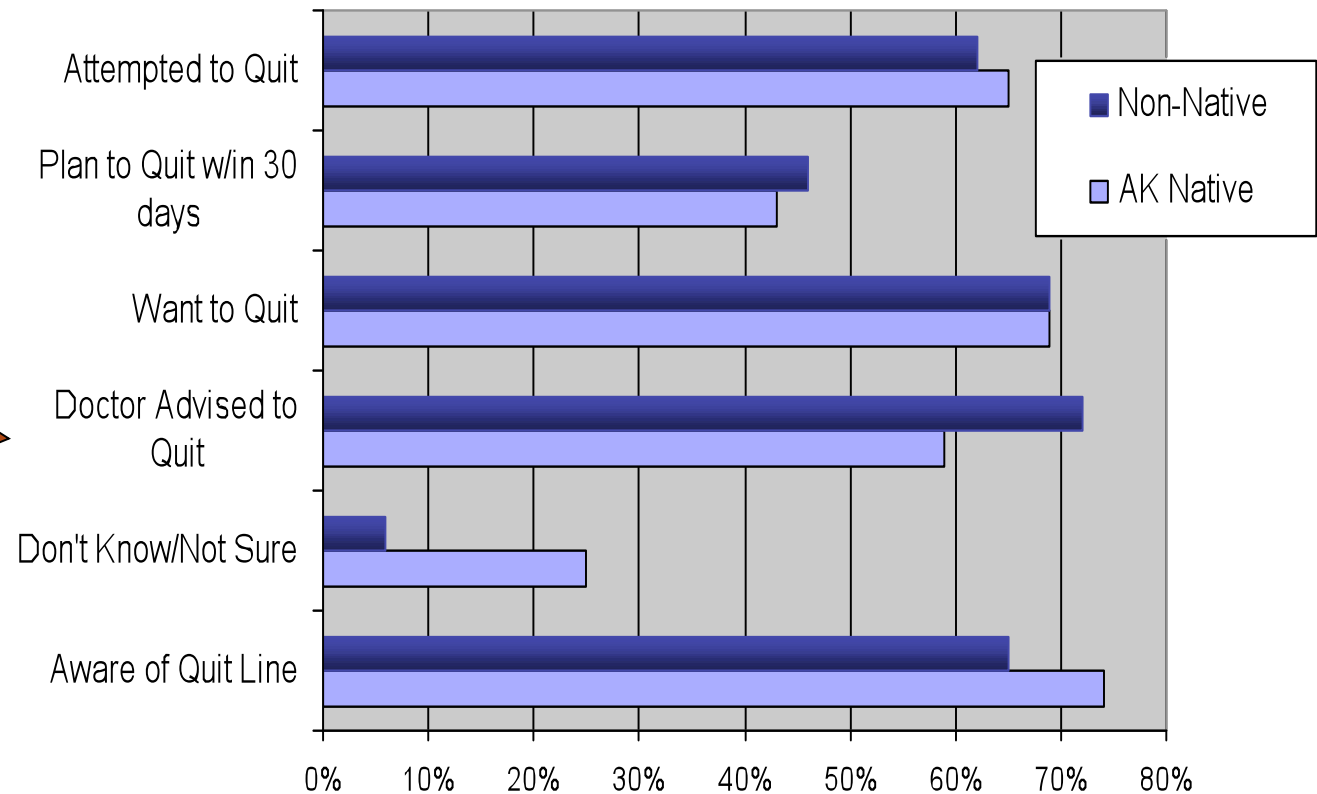


# Why Intervene with Tobacco Users?

*Adult smokers, both Native and Non Native, are heavily impacted by their Provider's advice to quit tobacco.*



## Key cessation Variables Among Adult Smokers



Source: Alaska BRFSS 2001-2008

## Why Intervene with Tobacco Users?<sup>10</sup>

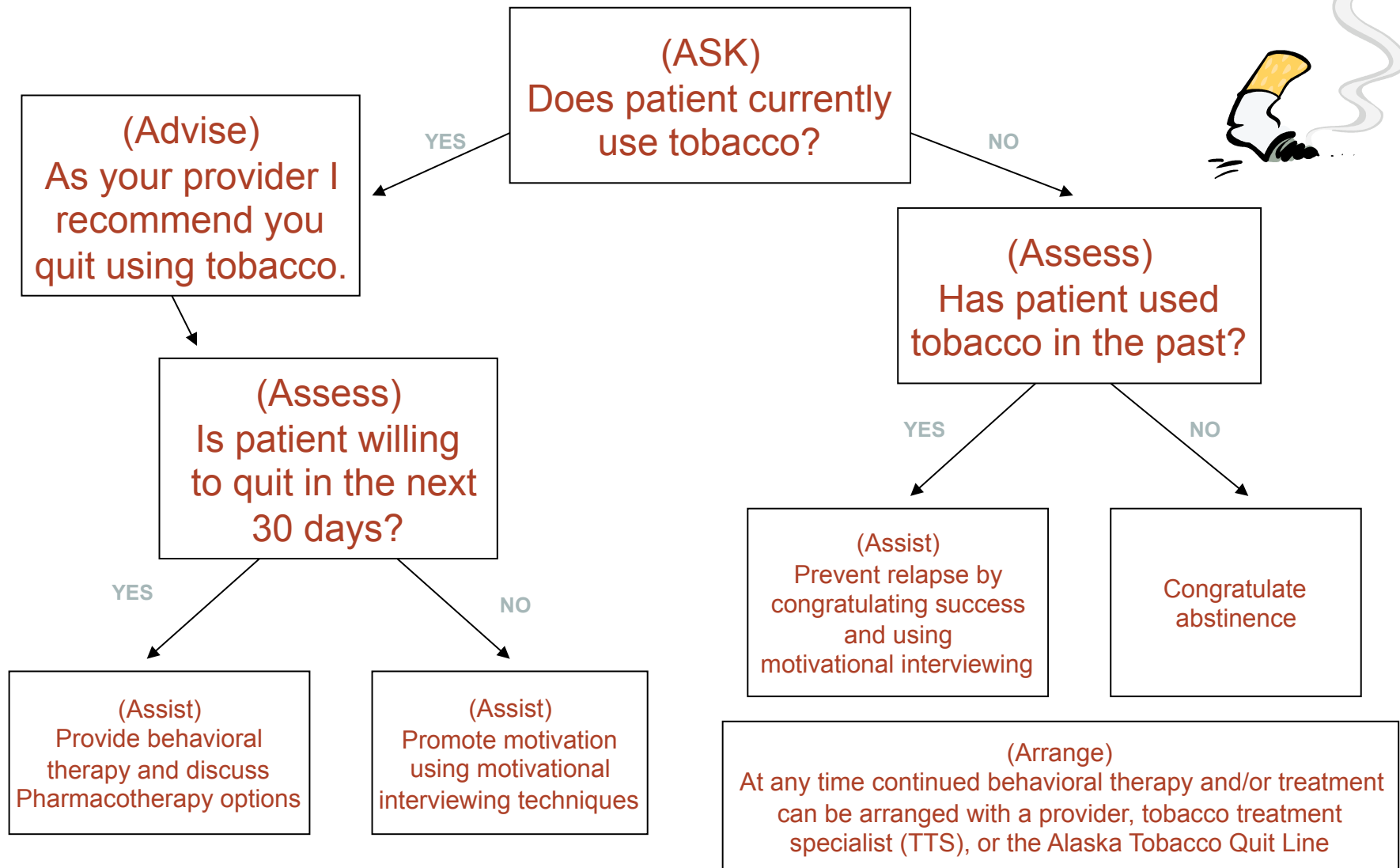
	(Time spent)	(% abstinence)
Higher-Intensity counseling	> 10 min	22.1%
Low-Intensity counseling	3-10 min	16.0%
Minimal counseling	< 3 min	13.4%
No contact		10.9%

- **The more time spent with a patient, the higher the chance for an attempted quit to be successful**

# Treating Tobacco Use<sup>10</sup>

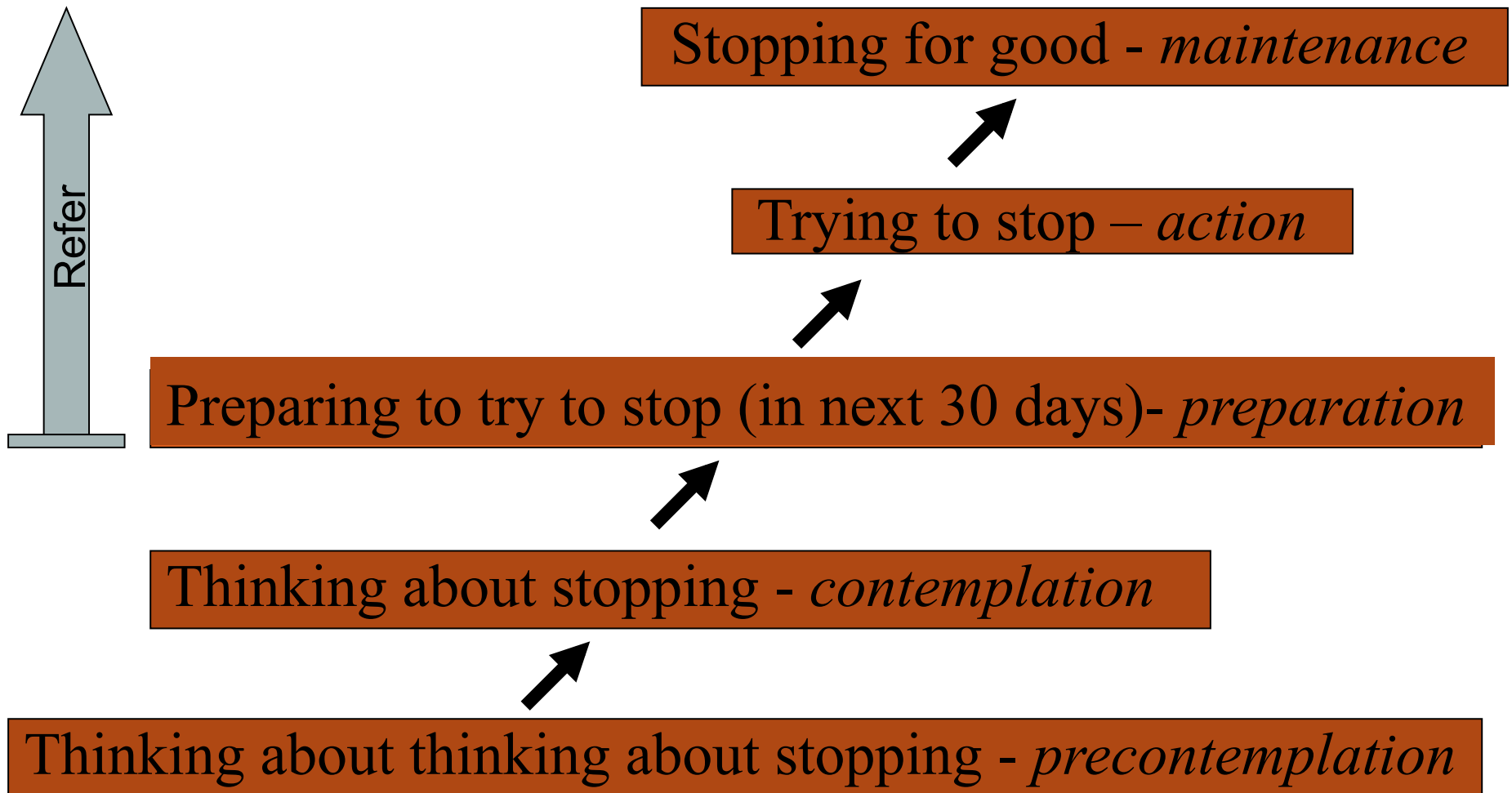
- Tobacco dependence is a chronic condition that often requires repeated intervention.
- Effective tobacco dependence treatments are available and every patient who uses tobacco should be offered one of these treatments
  - Patients *willing* to try to quit tobacco use should be provided with treatments that are identified as effective in the guideline.
  - Patients *unwilling* to try to quit tobacco use should be provided with a brief intervention that is designed to increase their motivation to quit.
- It is essential that clinicians and health care delivery systems (including administrators, insurers, and purchasers) institutionalize the consistent identification, documentation, and treatment of every tobacco user who is seen in a health care setting.

# Flow Chart For Treating Tobacco Use<sup>10</sup>



How to know whether a patient is ready to quit tobacco...

## Assess Stage of Change



# Quitting tobacco consists of three phases<sup>10</sup>

1. **Preparation (Getting ready)** - The *Preparation* phase begins to prepare the smoker for quitting by helping him/her understand what's involved in the process of quitting smoking by bolstering motivation to quit and by helping them learn about their unique smoking habit. Many clients overlook or shortchange this phase.
2. **Cessation (Quitting)** - The *Cessation* or *Quitting* phase teaches specific strategies for quitting smoking, while reinforcing the notion that initial quitting is only "half the battle".
3. **Maintenance (Relapse Prevention)** - The *Maintenance* or *Relapse Prevention* phase helps smokers understand that maintenance of nonsmoking is the ultimate goal, while teaching specific strategies for achieving long-term maintenance of nonsmoking.

**Effective treatment planning must address all three phases**

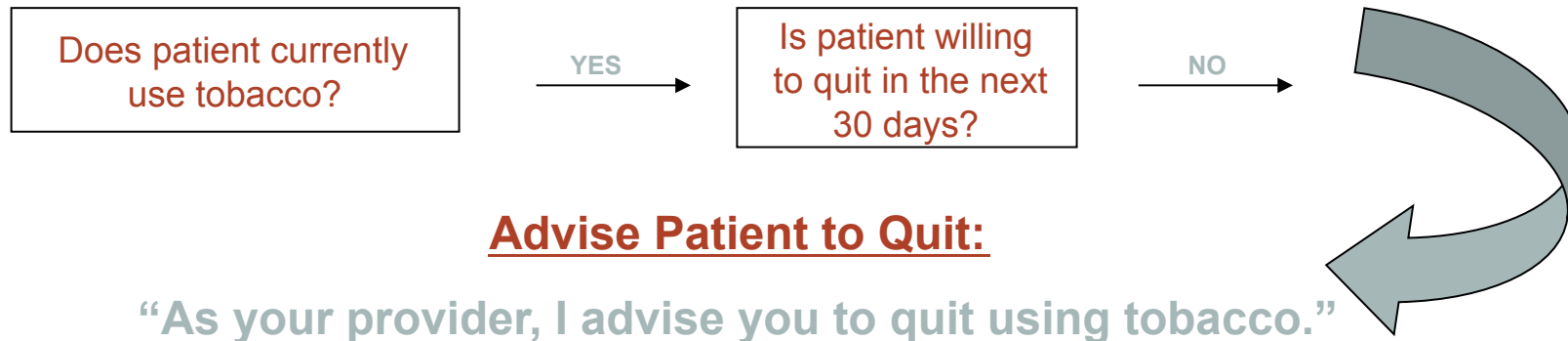
# Tobacco Cessation Requires Behavior Change

- Fewer than 5% of people who quit without assistance are successful in quitting for more than a year.
- Few patients adequately **PREPARE** and **PLAN** for their quit attempt.
- Many patients do not understand the need to change behavior
- Patients think they can just “make themselves quit”

**Behavioral counseling is a key component of treatment for tobacco use and dependence.**

# Providing Behavioral Treatment<sup>10</sup>

- Recognize danger situations
  - Identify events, internal states, or activities that increase the risk of smoking or relapse
    - Negative affect, Being around other smokers, Drinking alcohol, Experiencing urges, Being under time pressure
- Develop coping skills
  - Identify and practice coping or problem solving skills
    - Learning to anticipate and avoid temptation, Learning cognitive strategies that will reduce negative moods, Accomplishing lifestyle changes that reduce stress, improve quality of life, or produce pleasure, Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention)
- Provide basic information
  - Provide basic information about smoking and successful quitting
    - Any smoking (even a single puff) increases the likelihood of full relapse
    - Withdrawal typically peaks within 1-3 weeks after quitting
    - Withdrawal symptoms include negative mood, urges to smoke, and difficulty concentrating
    - The addictive nature of smoking
- Elements to provide support for quitting tobacco
  - Encourage the patient in the quit attempt
    - Note that effective tobacco dependence treatments are now available
    - Note that one-half of all people who have ever smoked have now quit
  - Communicate belief in patient's ability to quit
    - Communicate caring and concern
    - Ask how patient feels about quitting
    - Directly express concern and willingness to help
    - Be open to the patient's expression of fears of quitting, difficulties experienced, and ambivalent feelings
    -
  - Encourage the patient to talk about the quitting process
    - Reasons for quitting
    - Concerns or worries about quitting
    - Success the patient has achieved
    - Difficulties encountered while quitting



## Motivational Interviewing<sup>10</sup>

- The basic approach to interactions in motivational interviewing is captured by the acronym OARS
  - Open-ended questions
  - Affirmations
  - Reflective listening
  - Summaries

When a patient is not ready to quit, begin...

# Motivational Interviewing

**Ask permission:**

Would it be OK with you if we discussed your tobacco use today?

**Use an open-ended question:**

Tell me about your tobacco use.  
How important is it for you to stop using tobacco?

**Find out what makes them want to stop or not want to stop. Questions to ask are:**

What is it you like about using tobacco?  
What is it you do not like about using tobacco?

**GOAL: move the patient forward by eliciting change talk, or self-motivational statements**

# Pharmacotherapy Treatment<sup>10</sup>

	PROS	CONS	Recommended Dosage	Directions
Nicotine Gum or Lozenge	<ul style="list-style-type: none"> <li>-Convenient</li> <li>-Flexible</li> <li>-Faster nicotine delivery</li> </ul>	<ul style="list-style-type: none"> <li>-Can't eat or drink while chewing.</li> <li>-If you have dental/jaw problems talk with your dentist.</li> </ul>	<ul style="list-style-type: none"> <li>-2 or 4mg per piece;</li> <li>1 cigarette = 2mg nicotine</li> <li>-Decrease dose as needed.</li> </ul>	<ul style="list-style-type: none"> <li>-Don't eat/drink 15 minutes prior to use.</li> <li>-Chew briefly then "park" in mouth.</li> <li>-Each piece should be used for about 30 minutes for mouth to absorb all the nicotine.</li> </ul>
Nicotine Nasal Spray	<ul style="list-style-type: none"> <li>-Fastest nicotine delivery of all NRT options</li> <li>-Easy to use</li> </ul>	<ul style="list-style-type: none"> <li>-Can cause nose and throat irritation, watering eyes, sneezing and cough</li> <li>-People with asthma should not use nasal spray</li> </ul>	<ul style="list-style-type: none"> <li>-1 dose = 0.5mg in each nostril</li> <li>-1-2 doses per hour with max of 40 doses per day</li> </ul>	<ul style="list-style-type: none"> <li>-Spray one puff into each nostril</li> <li>-Use spray for up to 8 weeks, then stop or taper for the next 4-6 weeks</li> </ul>
Nicotine Inhaler	<ul style="list-style-type: none"> <li>-Easy to use</li> <li>-Few side effects</li> <li>-Addresses physical and behavioral dependency</li> </ul>	<ul style="list-style-type: none"> <li>-RX only</li> <li>-Temperature dependent</li> <li>-Can cause irritation of the lining of the mouth</li> </ul>	<ul style="list-style-type: none"> <li>-1 cartridge delivers 4mg nicotine; however only 2mg are absorbed</li> <li>-6-16 cartridges/day for first 6 weeks of treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Puff continuously for 20 min (1 cartridge)</li> <li>-Deposits nicotine in the oropharynx, from which it is absorbed across the mucosa</li> </ul>
Nicotine Patch	<ul style="list-style-type: none"> <li>-Easy to use</li> <li>-Few side effects</li> </ul>	<ul style="list-style-type: none"> <li>-Releases nicotine more slowly than others</li> <li>-Can cause skin irritation and vivid dreams.</li> </ul>	<ul style="list-style-type: none"> <li>-7, 14, 21mg per patch.</li> <li>1 cigarette = 2mg nicotine</li> <li>-Decrease dose as needed.</li> </ul>	<ul style="list-style-type: none"> <li>-Apply to hairless skin every day, alternate areas each day to lessen irritation.</li> <li>-Releases steady dose of nicotine through skin.</li> </ul>
Bupropion (Zyban)	<ul style="list-style-type: none"> <li>-Easy to use</li> <li>-Few side effects.</li> <li>-Proven to be more helpful when used with patch</li> </ul>	<ul style="list-style-type: none"> <li>-RX only</li> <li>-Cannot use if you have seizures/eating disorders.</li> </ul>	<ul style="list-style-type: none"> <li>-1 pill (150 mg) per day for 3 days, then</li> <li>-2 pills (150 mg x 2) (1 pill a.m./1 pill p.m.) daily until end of treatment</li> </ul>	<ul style="list-style-type: none"> <li>-Allow 8 hours between doses</li> <li>-Start taking 1 week before quit date</li> </ul>
Varenicline (Chantix)	<ul style="list-style-type: none"> <li>-Easy to use</li> <li>-Few side effects</li> </ul>	<ul style="list-style-type: none"> <li>-RX only</li> <li>-Nausea</li> <li>-Sleep disturbances</li> <li>-If nausea occurs the dose may have to be lowered to .5mg temporary or permanently</li> </ul>	<ul style="list-style-type: none"> <li>-1 pill (.5 mg) per day for 3 days, then</li> <li>-2 pills (.5 mg x 2) (1 pill a.m./1 pill p.m.) for 4 days, then</li> <li>-2 pills (1mg x 2) (1 pill a.m./1 pill p.m.) until end of treatment</li> </ul>	<ul style="list-style-type: none"> <li>-Take after eating with a full glass of water</li> <li>-Start taking 1week before quit date.</li> </ul>

# Nicotine Replacement Therapy (NRT) and Other Medications<sup>10</sup>

- Numerous effective pharmacotherapies for smoking cessation exist. Except in the presence of contraindications, these should be used with all patients who are attempting to quit using tobacco.
  - Caution NRT use with diabetic and mental health patients
- Six *first-line* pharmacotherapies are identified to reliably increase long-term smoking abstinence rates:
  - Varenicline
  - Nicotine patch
  - Nicotine nasal spray
  - Nicotine gum
  - Nicotine inhaler
  - Bupropion SR
- Research shows that almost all tobacco users can benefit from pharmacotherapy, and that these products double your chances of quitting. The patch, gum, lozenge and other NRT deliver nicotine to your body to help reduce the urges and cravings of tobacco withdrawal. NRT is a safe delivery of nicotine and is not addictive. It is important to follow directions carefully when using NRT.
- Bupropion (Zyban) and Varenicline (Chantix) are prescription medications that do not contain nicotine. They affect certain chemicals in the brain, decreasing symptoms that come when quitting tobacco.

# Combined Treatments<sup>10</sup>

*Used together, both medication and counseling can provide complimentary effects and help to improve compliance with one another<sup>17</sup>*

## Counseling

1. May address diverse problem areas (e.g. coping skills, decision making)
2. Therapeutic effects often require time and practice to achieve
3. Enhances medication compliance

## Pharmacotherapy

1. May provide targeted relief from aversive physical cravings and withdrawal symptoms
2. Therapeutic effects rapid relative to psychotherapy
3. Improves treatment retention

**Counseling + Pharmacotherapy = Highest success of staying quit**

# Counseling + Pharmacotherapy<sup>29, 30, 31</sup>

- When combined together, medications and counseling can provide complementary functions that enhance the potential therapeutic value of one another.
  - For example, counseling can be useful for addressing a diverse range of problem areas that contribute to ongoing substance use while medication may provide targeted relief from unpleasant physical aspects of craving and withdrawal.
- The effects of counseling may take time and practice to achieve while the beneficial effects of medication may be more immediate relative to psychotherapy.
- *Patients have the best chance of quitting if four methods are used together:*
  - *Pharmacotherapy (NRT, Zyban or Chantix)*
  - *Counseling.*
  - *Learning techniques to handle stress and urges to use tobacco*
  - *Following through with decision to quit tobacco*

# Tobacco Treatment in a Clinical Setting Takes *TEAMWORK...*

- *Studies have shown screening multiple times for tobacco use increases the likelihood of a Quit attempt...*
  - **Reception/Administration Staff:** Ask about tobacco use with admission forms, registration paperwork, keep tobacco educational materials in view, etc.
  - **Medical Assistant:** Ask patient about tobacco use at every visit while taking vital signs, document tobacco use status in chart for health care provider to see
  - **Healthcare Provider** (Physician, Dentist, Nurse, CHA/P, PA, etc): Clinical interventions: 5A's, 2A's + 1R, and Pharmacotherapy
  - **Discharge Staff:** Ask patients if they would like educational materials and/or information on treatment services available
  - **Billing and Coding Staff:** Code appropriately for reimbursement (see appendix B)
  - **I.T. or Medical Records Clerk:** Expand vital signs to include tobacco use, create a tobacco use template/sticker or use an alternative universal ID system
    - Example: **Tobacco Use** (circle one): Current Former Never Type\_\_\_\_\_

# Tobacco Treatment in a Clinical Setting

- Implement an office wide system that ensures that, for *every* patient at *every* clinic visit, tobacco use status is queried and documented.<sup>10</sup>



- Use **incentives** to ensure office staffs are efficiently
  - screening,
  - providing a brief intervention,
  - referring, and
  - documenting tobacco use



# Tobacco Treatment in a Clinical Setting

- Make system changes
  - Incorporate tobacco screening into vital signs
  - Use chart stickers or computer prompts to document status: current, quit or never smoker
  - Develop templates for EHRs
  - **Let patients know you can help** -- posters, lapel pins, brochures
  - Maintain tobacco cessation patient registry