# ASSISTING PATIENTS with QUITTING

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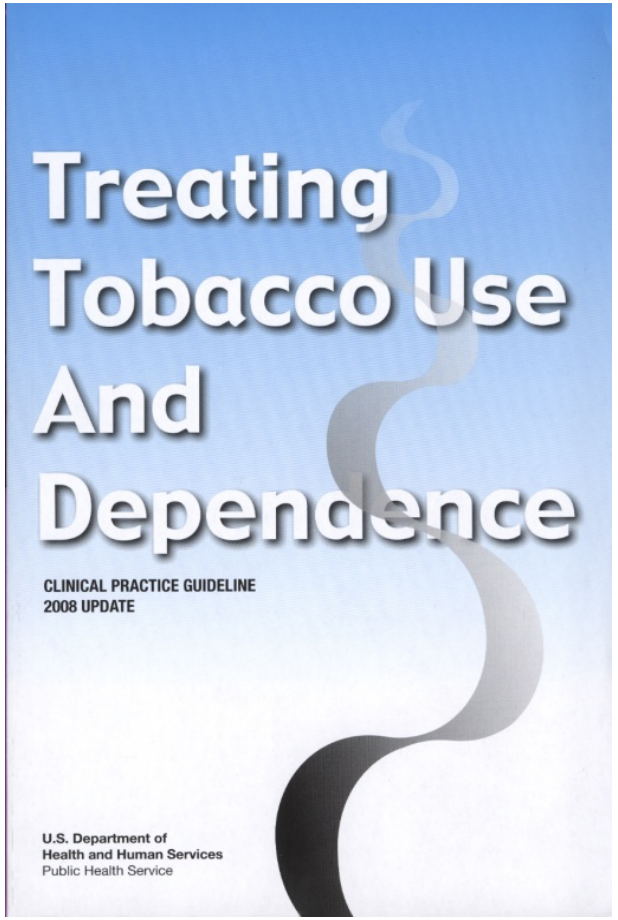
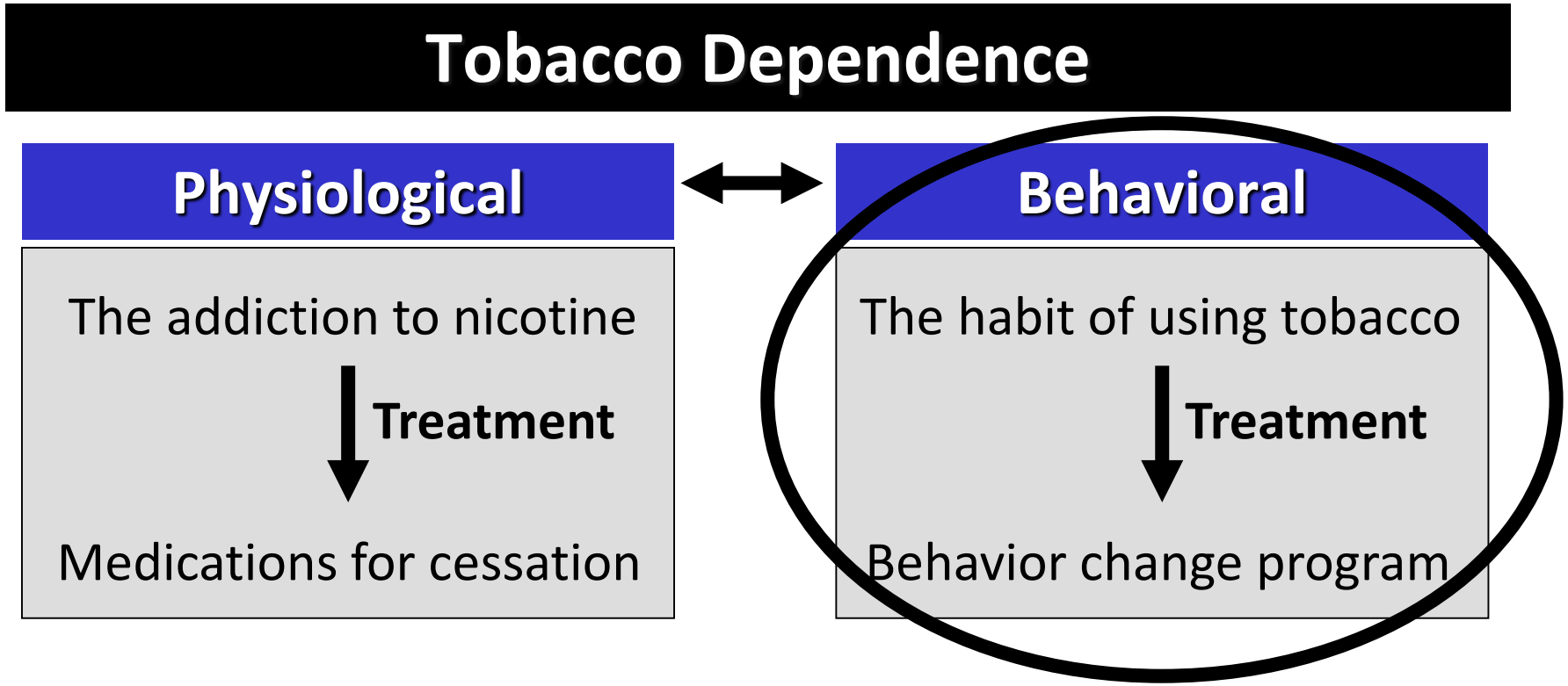
# CLINICAL PRACTICE GUIDELINE for TREATING TOBACCO USE and DEPENDENCE

- 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




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

# 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 (cont'd)

**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.]"
- "Quitting smoking is the single most important thing you can do to protect your health now and in the future."
  - "I can help you select medications that can 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.

# 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)

## 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.

# Motivational Interviewing

"…..a skillful clinical style for eliciting from patients their own good motivation for making behavior change.."

# In Other Words….

Guide

the patient to telling you that they

want to change

rather than you telling them they have to change.

# Avoid

- Forcing the change
- Intimidating
- Nagging
- Guilt

# To Begin With:

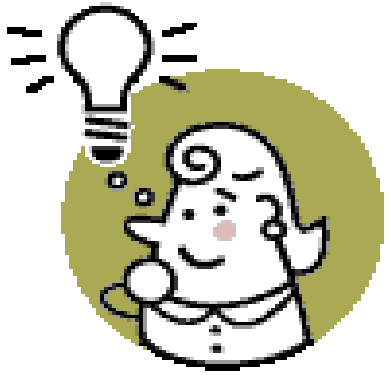
- Accept Ambivalence
- View change as a learning process
  - Understand that relapse is natural
- Elicit C**hange Talk**

# Benefits to This Approach

- Using MI:
  - Prevents frustrating conversations with "noncompliant" patients
  - Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
  - Establishes a real sense of collaboration between you and the patient

# Why Change Talk?

Change
is more likely to occur
when the idea comes from the individual
not from you!



# Creating Change Talk Through Motivational Interviewing

# How To Elicit Change Talk

- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence

# Ask Permission

- “Do you mind if we discuss your smoking today?”
- “Can I tell you what concerns me about your smoking?”
- “Is it ok to talk about the possibility of quitting?”

# Open Ended Questions:

Questions that do not invite short or one word answers

# Open Ended Questions (cont.)

- Most open-ended questions begin with:
  - WHAT
  - HOW

- What's wrong with Why?

# If Reluctant:

"What would have to happen to you for you to consider……?

# How to Boost Confidence

“What accomplishment are you most proud of?”

“If you can do that you can
quit smoking!”

# Listen Reflectively

- Use the patient's own words
  - "I hear you saying that the idea of quitting *is very scary*"
  - "I am getting the feeling that you don't think you can quit smoking because *you have too much stress in your life.*"

# Summarize your Feedback

- “We have agreed…..
- “So here are the steps that you said you would do….”
- “Let me summarize what we have just discussed……”

# Roll with Resistance/Ambivalence

- "Can you help me understand….."
- "What specifically concerns you about…."
- "OK, I hear you saying that on one hand you want to quit, but on the other hand you are scared to do it."

# Ambivalence

- A natural part of the change process
  - Both the old and new have value
- Getting stuck there is the problem
- Resolving ambivalence can be key
  - “ The Decisional Balance Sheet”

# Decisional Balance Sheet

**SMOKE**

| PRO | CON |
| --- | --- |
| | |

**DON'T SMOKE**

| PRO | CON |
| --- | --- |
| | |

# Your Goal

- Establish a strong, clear, internal reason for quitting:
  - Health
    - Clearly link presenting illness to smoking
    - Don’t talk about DEATH
  - Money
  - Family
  - Social
  - Other

# 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

- Praise the patient's readiness
- Assess tobacco use history
  - Current use: type(s) of tobacco, amount
  - Past use: duration, recent changes
  - Past quit attempts:
    - Number, 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

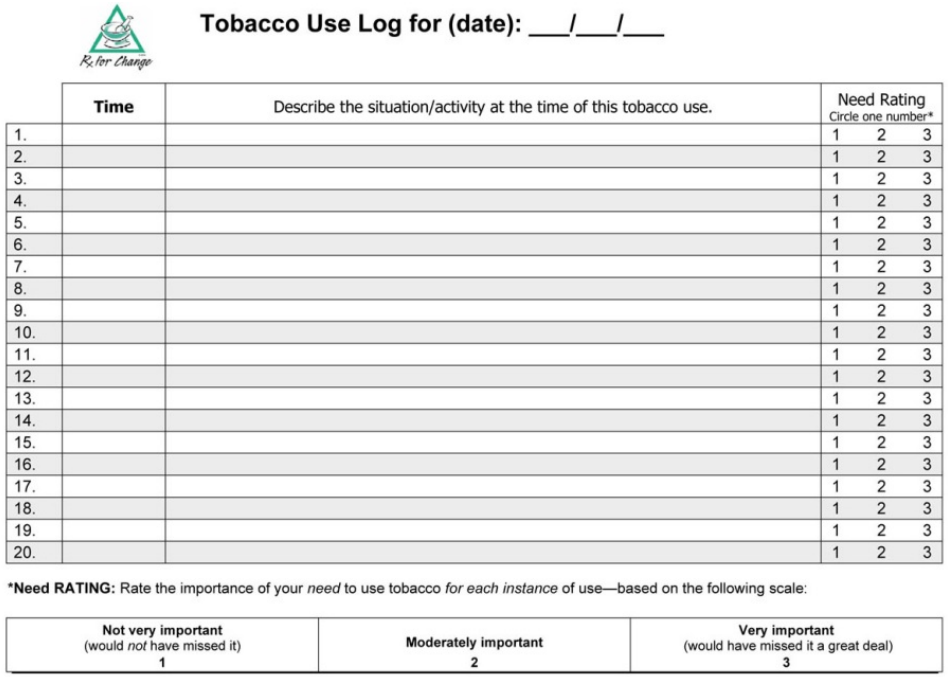
# STAGE 2: READY to QUIT
# Facilitate Quitting Process

- 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 number* |
|---|---|---|---|
| 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* have missed it) 1 | Moderately important 2 | Very important (would have missed it a great deal) 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.

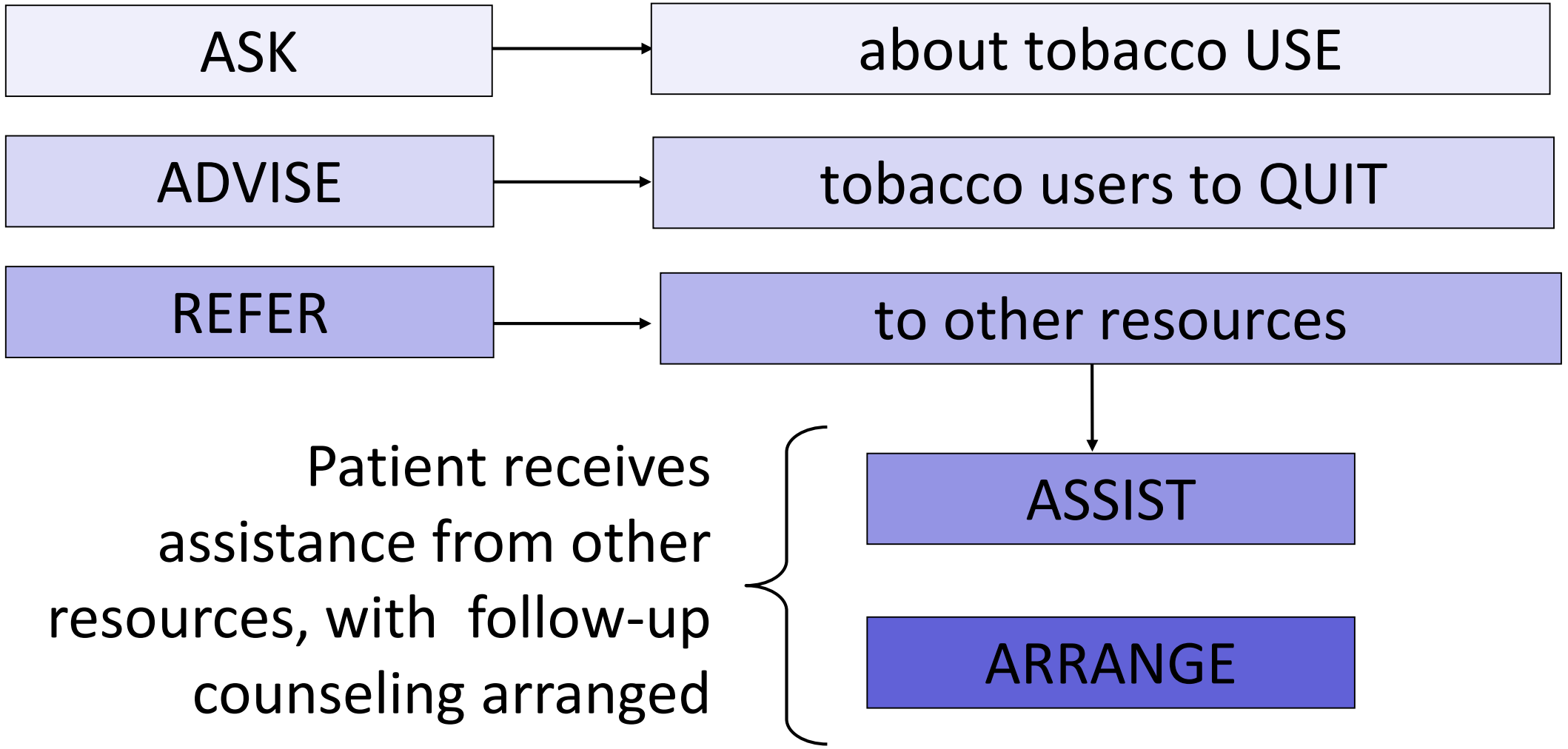
**GOAL:** Remain tobacco-free for life.

# 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.**

# 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.**

# Contact Information:

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