



Brief Smoking Cessation Interventions in the Hospital Setting

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CLINICAL PRACTICE GUIDELINE

- “Smoking Cessation” clinical practice guideline published by AHCPR (now AHRQ), April 1996
- Based on 3,000 studies published between 1975-1994
- Updated “Treating Tobacco Use and Dependence” guideline published jointly by AHRQ, USPHS and NCI, June 2000
- Based on additional 3,000 studies published between 1995-1999

GUIDELINE – KEY FINDINGS

- **CHRONIC CONDITION** - requires repeated interventions
- **EFFECTIVE TREATMENTS EXIST** – for patients willing and for patients unwilling to quit
- **Consistent IDENTIFICATION, DOCUMENTATION, and TREATMENT** is essential
- **BRIEF TREATMENT** is a **MINIMUM STANDARD** of care

GUIDELINE – KEY FINDINGS

- **STRONG DOSE-RESPONSE** relation exists between intensity and effectiveness
- **ESPECIALLY EFFECTIVE STRATEGIES** include:
 - ✓ Practical counseling (problem-solving/skills training)
 - ✓ Social support (intra-treatment and extra-treatment)
 - ✓ Pharmacotherapy

GUIDELINE – KEY FINDINGS

- PHARMACOTHERAPY SHOULD BE USED UNLESS CONTRAINDICATED
- First-line pharmacotherapies include:
 - Bupropion SR
 - Nicotine gum
 - Nicotine patch
 - Nicotine inhaler
 - Nicotine lozenge
 - Nicotine nasal spray
- Second-line pharmacotherapies include:
 - Clonidine
 - Nortriptyline

GUIDELINE – KEY FINDINGS

- **COST-EFFECTIVENESS** proven therefore:
 - ✓ Insurance plans should include as reimbursed benefit (counseling and meds)
 - ✓ Clinicians should be reimbursed for providing treatment



BEHAVIOR CHANGE STRATEGIES

The 5 As

- **ASK** – systematically identify all tobacco users
- **ADVISE** – strongly urge tobacco users to quit
- **ASSESS** – determine willingness to quit
- **ASSIST** – if willing, aid patient in quitting (help patient develop plan, support system, use medication, find resources)
- **ARRANGE** – schedule/refer for follow-up



BEHAVIOR CHANGE STRATEGIES

The 5 Rs

- **RELEVANCE** – elicit specific, personal reasons why quitting is relevant to patient
- **RISKS** – ask patient to identify potential/actual personal negative consequences
- **REWARDS** – ask patient to identify potential personal benefits of quitting
- **ROADBLOCKS** – help patient identify barriers (and coping strategies)
- **REPETITION** – repeat motivational intervention



BEHAVIOR CHANGE STRATEGIES

Preventing Relapse

- **Minimal Practice Relapse Prevention** – open-ended questions, active discussion of benefits, successes, problems
- **Prescriptive Relapse Prevention** – help identify coping mechanisms to address potential threats to abstinence

CLINICIAN'S ROLE

ASK

Systematically identify all tobacco users every admission by:

- ✓ Including item on admission form
- ✓ Expanding vital signs to include tobacco use status
- ✓ Identify current smokers, recent quitters, and non-smokers

CLINICIAN'S ROLE

ADVISE

- Strongly urge all tobacco users to quit in a clear, strong, and personal manner

ASSESS

- Determine if patient is willing to make a quit attempt (now, soon, not yet, never)

HELPING PATIENTS QUIT

ASSIST

Aid patient willing to quit by providing brief education:

- How to develop an effective Quit Plan
- Self-help materials for “problem solving/skills training and list of community/Internet programs, Quitlines
- Refer for medications (provide fact sheets)
- Be optimistic and supportive
- Arrange/encourage follow-up (PCP, Quitline)

HELPING PATIENTS QUIT

MOTIVATE

Provide simple motivational intervention if patient unwilling to quit

- Be empathetic (acknowledge difficulty)
- Provide USPHS hospital card and list of Quitlines
- Let patient know you have information for “later” if they choose and provide selected materials
- Let patient know you can help if they change their minds (see “Assist”)

NEVER/FORMER SMOKERS

- **Youth** – support “mature” decision not to smoke/use tobacco or be manipulated by others
- **Ex-smokers** – congratulate on success in quitting (no matter how long ago)
- **Secondhand smoke** – encourage advocacy for smoke-free environments

RESOURCES FOR PATIENTS

QUIT PLANS

The 3-Legged Stool Approach

- **SUPPORT** – help them identify who, how, where
- **MEDICATION** – help them select and understand effective use
- **COPING SKILLS** – help them accept need to identify important aspects of use and how to cope (find rewards, reduce discomfort, handle craving, etc.)

RESOURCES FOR PATIENTS

PRINT MATERIALS

Can be used as self-help for solving problems or developing skills/coping mechanisms, as part of a quit plan, to provide patient education, to help family members, extra information for special populations/issues, etc.

- USPHS publications (English/Spanish, free)
 - ✓ Download: www.surgeongeneral.gov/tobacco
 - ✓ Order: AHRQ www.ahrq.gov/clinic/tobacco/order.pdf

- Sentara Quit Kit (booklet and audiotape/CD) – free, call Smoke-Free Virginia Helpline [1-877-856-5177](tel:1-877-856-5177)



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RESOURCES FOR PATIENTS

QUITLINES

Trained phone counselors provide practical counseling, support, materials, relapse prevention and follow-up:

- American Legacy Foundation **1-800-399-5589**
(Washington DC Quitline but serves Virginia residents)
- Great Start Quitline **1-866-66-START**
(For pregnant women, English or Spanish speaking)
- ALA Call Center **1-800-548-8252**
(Registered Nurses/Respiratory Therapists)
- NCI Smoking Cessation Quitline **1-877-44U-QUIT**

RESOURCES FOR PATIENTS

ONLINE RESOURCES

- **Freedom From Smoking** www.lungusa.org/ffs
(free ALA online cessation program)
- **Federal Online Program** www.smokefree.gov
(free USDHHS online program includes Instant Messaging)
- **Smoke-Free Virginia Website** www.smokefreevirginia.org
(with Resource Directory of local programs and links to online cessation programs, websites with information and materials, smoke-free restaurant listings, additional toll-free phone numbers, advocacy organizations, etc.)

OTHER RESOURCES

- **Alliance for the Prevention and Treatment of Nicotine Addiction** www.aptna.org
 - ✓ Resources for healthcare providers
 - ✓ Links to online training for clinicians
 - ✓ Links to provider education materials and resources
 - ✓ Links to patient education materials

- **Center for Tobacco Research and Intervention** www.ctri.wisc.edu/main_dept/guide/guide_main.html
 - ✓ Healthcare provider training materials, including clinician packets
 - ✓ "Practical Strategies to Help Your Patient Quit" Training Manual (with video/CD)
 - ✓ Provider training manual specifically for hospitalized patients

OTHER RESOURCES

- **Handheld Computer Smoking Intervention Tool**

www.smokefree.gov/hp-hcsit.html

- ✓ Downloadable software from NCI, based on USPHS guideline
- ✓ Can be used with both Palm® and Microsoft™ Pocket PC handheld computers
- ✓ Guides clinicians through appropriate questions and makes intervention recommendations (including re: medications)
- ✓ Includes motivational intervention strategies

- **American Lung Association 1-800-LUNG USA**

Field Office staff will check the Smoke-Free Virginia website and provide information on local programs to callers who do not have Internet access

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APPROVED PHARMACOTHERAPIES

Nicotine Replacement Therapy (NRT)

Nicotine Patch – OTC

Nicotine Gum - OTC

Nicotine Inhaler – Rx

Nicotine Nasal Spray - Rx

Nicotine Lozenge OTC

Non-Nicotine Medications

Bupropion SR – Rx

Clonidine – Rx

Nortriptyline – Rx

www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

<http://speakerskit.chestnet.org/wgtlc/pres-cessation.php>

PROVIDER BARRIERS

Reasons for Not Helping Patients Quit

- Too busy
- Lack of expertise
- No financial incentive
- Most smokers can't/won't quit
- Stigmatizing smokers
- Respect for privacy
- Negative message might scare away patients
- I smoke myself

PROVIDER BARRIERS

Helping is Easier Than You Think

- Too busy – clinicians can help in 1 minute or less
- Lack of expertise – not much needed to refer to Quitline
- No financial incentive – it's worth a minute, make it part of basic treatment (also, see practitioner reimbursement guide available at: www.endsmoking.org/)
- Most smokers can't/won't quit – multiple sessions increase success (recent evidence shows repeated Quitline use triples success in quitting)

PROVIDER BARRIERS

Helping is Easier Than You Think, continued

- Stigmatizing smokers – it is an addiction (usually started in teens), empower smokers to quit by support and emphasis on effective plans
- Respect for privacy – most want to quit and want/expect support from those they highly respect (healthcare providers)
- Negative message might scare away patients – research has shown that patient satisfaction is greater when clinician addresses tobacco use/secondhand smoke

PROVIDER BARRIERS

Helping is Easier Than You Think, continued

- I smoke myself – healthcare professionals also need help and support in quitting smoking
- ✓ **Smoke-Free Virginia** website has links to numerous resources, including residential programs:
www.smokefreevirginia.org
- ✓ **Tobacco-Free Nurses** initiative makes online cessation via QuitNet available to nurses for free:
www.tobaccofreenurses.org

TAKE ACTION

- **IT'S A PROCESS:** take a small step now in planning or doing
- **USE WHAT'S AVAILABLE**
 - ✓ Free materials from AHRQ
 - ✓ Free phone counseling from Quitlines
 - ✓ Free online resources
- **"ASK & URGE"**
 - ✓ Ask if they use tobacco and are willing to talk to someone
 - ✓ Urge them to call one of the free Quitlines