

TiTAN CRETE

Tobacco treatment TrAining
Network in Crete

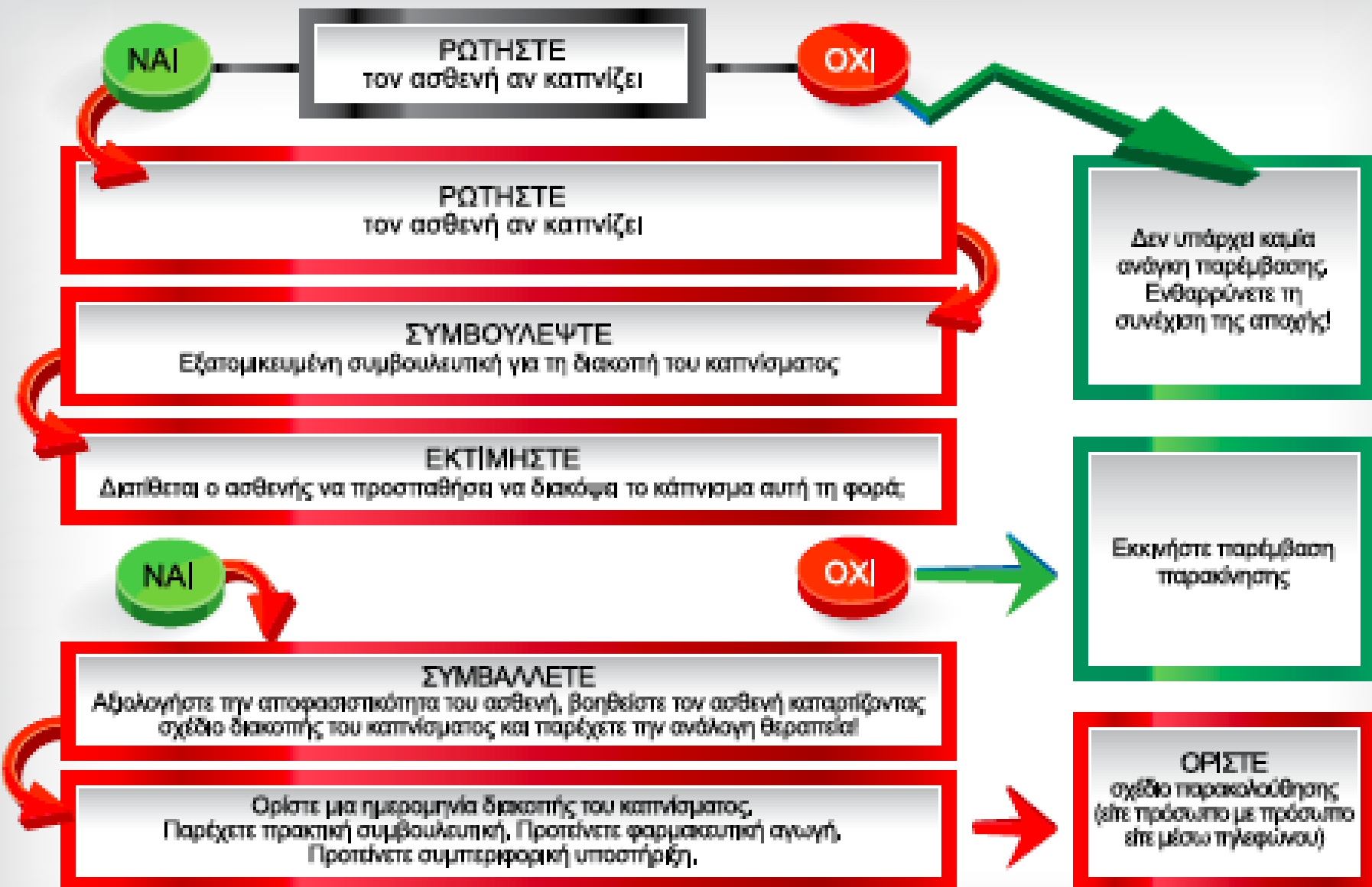


Recap >> The 5As

2 Fundamental Principles

Treat smoking cessation in exactly the same way that you would manage any other CVD risk factor.

Manage smoking cessation medications in the same way that you would manage other cardiac medications.



ADVISE & ASSESS

HEALTH PROFESSIONAL'S ADVICE

- Clear
- Strong
- Personalized
- Offer of Support

“Unambiguous & Non-Judgmental”

ASSESS READINESS TO QUIT

“Are you willing to work with me to set a quit date in the next month?”

- Not Ready → Provide Self-Help
- Ready → Develop Quit Plan



Be Positive and Build Patient Self-Confidence

- Acknowledge quitting smoking is not easy.
- Build on past successes (whether its years, months, weeks).
- Communicate availability in new approaches.
- Communicate your confidence in their ability to quit.
- Leave the door open.

ROADBLOCKS TO QUITTING

Fear of Failure

Quit smoking medication

Stress

Weight Gain

Spouse or significant others who smokes

Enjoyment of Tobacco

Loneliness and Boredom

Withdrawal, cravings and mood changes

Stress



FICTION

Smoking has a relaxing effect on the body

FACT

Nicotine is a stimulant. Blood pressure increases thereby putting more strain on the heart, decreasing oxygen circulation, and harming cells' ability to heal during stress. Non smokers report feeling less stress than smokers.

Weight Gain



FICTION

Quitting smoking always causes weight gain

FACT

Not all people who quit smoking gain weight. On average, weight gain is minimal (2 - 4lbs) and preferable to the significant health issues associated with tobacco use.

Weight Gain and Quitting

Table 1: Reasons for postcessation weight gain

- Decreased metabolism
- Increased appetite
- Taste and smell return, making food taste better
- Replacing hand-to-mouth action of a cigarette with food
- Lack of physical activity
- Poor diet

Fear of Failure

✓ Whether people state it out loud or not, it is generally safe to assume most smokers and tobacco users fear failure.

✓ Most individuals have tried to quit and repeatedly failed.

•REFRAME FAILURE:

✓ How might it feel if you were able to overcome this?

✓ Most smokers need many quit attempts to be successful. In fact, research shows that it's the people who make *more* quit attempts that are the successful ones – failure seems to be necessary in quitting.

Leave the Door Open

- Remain non- judgmental; stay positive and supportive
- Consider “Reduce to Quit” Approach
- Make sure patients know:
 - They can make an appointment to see you at any time
 - You will ask about smoking at future visits

Recap >> Motivational Interviewing

The Spirit of MI - 3 Components



- **Collaboration**
 - Working in partnership
- **Evocation**
 - Draw out ideas and solutions from the patient
- **Autonomy**
 - Patients are ultimately responsible for choosing their behaviours
 - Need to draw from patients' goals & values

2 Main Phases:



- Phase I: goals are to raise the importance of change, enhance confidence, and resolve ambivalence
- Phase II: solidify patient's commitment to change & negotiate change plan

RULE – Principles of MI

(express empathy, support self-efficacy, develop discrepancy, roll with resistance)



- **R – Resist the righting reflex**
 - ✦ Actively trying to fix patient's problems – feel compelled to tell them what and how to do it
 - ✦ Can lead to resistance
- **U – Understand your patient's motivation**
 - ✦ We do not motivate them, we find the motivation with in them & help them recognize
 - ✦ Highlight discrepancies between current behaviour & goals
- **L – Listen to your patient**
 - ✦ Communicate empathy, reflective listening, attitude of acceptance
- **E – Empower your patient**
 - ✦ Patient needs to be actively engaged & believe they are capable

OARS – Counseling Skills



- **O – Open-ended questions**
- **A – Affirmation**
 - Clear and genuine understanding and appreciation
 - Instill hope & belief they can change behaviour
 - Re-orient patient to resources she/he has available - strengths
- **R – Reflective Listening**
 - Primary skill
 - Simple reflection – “so you feel, it sounds like, you’re wondering if...”
 - Complex reflection – infer greater meaning and reflect
 - Amplified reflection – add intensity to the resistance
 - Double-sided reflection – “one the one hand...and on the other”
 - Use of metaphors
- **S – Summaries**
 - Helps organize patient’s experience
 - Enhance understanding

Eliciting Change – Strategies for Change Talk



- **Evocative Questions** – directs the patient to change talk
 - “In what ways does smoking concern you?”
 - “If you decided to make a change, what makes you think you could do it?”
- **Elaboration** – ask for examples that illustrate change talk
 - “Tell me about a time that you spent \$ on cigarettes when you needed it for something else”
 - “You said things were better when you quit last time. What was happening then?”

Eliciting Change (2)



- **Using Extremes**

- Worst imagined outcome if behaviour continues
 - ✦ “What concerns you the most? Worst thing that could happen?”
- Best hoped for benefits if change occurred
 - ✦ “What do you hope for the most?”

- **Looking Back**

- Remember things before smoking
 - ✦ “What has changed since you started smoking?”

- **Looking forward**

- How things might unfold in the future
 - ✦ “If you continue to smoke, what do you see happening in 5 years?
If you decide to quit, what will it be like in 5 years?”

Eliciting Change (3)



- **Exploring Goals** – how the behaviour fits with the patient's values or goals
 - What things are most important to you? How does smoking fit into these?
- **Assessment Feedback** – personalized info that builds on goals
 - “Your CO = 35, that is a bit above the average smoker & a non-smoker is usually between 0-2 . How does this fit with you know about yourself? What do you make of that?”
- **Readiness Ruler**
 - Scaling questions – “what led you to chose a 7 instead of a 3?”

Practicing Affirmations

(Exercise 4.4)



- Work with a partner
- Talk about 1 patient in each of your practices that you have seen recently
 - Did you use motivational interviewing? (Why/Why Not)
 - Discuss how your interaction with the patient went and what you learned.
- Report back to group about one patient

Case Study

23

Michalis is a 65 year old patient,

- smoked 2 pack per day for 40+ years
- Smokes within 30 minutes of waking
 - Has never tried to quit before
- Reports not wanting to quit – at this stressful time
- Respiratory symptoms have appeared on his exam and you are sending him for further testing
 - He is expecting his first grandchild in the next 6-months

What would an interaction with Michalis sound like?

Case Study

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- «Δεν πρόκειται να σας ταλαιπωρήσω επιμένοντας για την διακοπή του καπνίσματος αλλά θέλω πραγματικά να καταλήξουμε σε ένα πλάνο που θα σας βοηθήσει να σταματήσετε το κάπνισμα.»

Case Study

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«Τι είναι αυτό που σε αποτρέπει από το να διακόψεις το κάπνισμα; »

Ποια θα ήταν μερικά από τα θετικά στοιχεία της διακοπής του καπνίσματος;

«Τι νομίζεις ότι θα συμβεί εάν συνεχίσεις να καπνίζεις;»

Case Study

26

- "Σε μια κλίμακα 1-10 πόσο έτοιμος είσαι να διακόψεις το κάπνισμα αυτή τη στιγμή ;"
- Γιατί βάζεις στον εαυτό σου ένα X και όχι 10;
- Γιατί δεν βάζεις ένα 3 ή 4; ”

Case Study

- "Εχετε δοκιμάσει να το διακόψετε στο πρόσφατο παρελθόν;"
- "Μπράβο, καταφέρατε να διακόψετε για 3 εβδομάδες. Ο πρώτος μήνας είναι στην πραγματικότητα ο πιο δύσκολος. Μετα γίνεται πολύ πιο εύκολο."
- «Ποια ήταν τα θετικά που εντοπίσατε κατά το διάστημα που είχατε διακόψει το κάπνισμα;»
- «Τι μάθατε από αυτή την εμπειρία;»

The Quit Plan Visit

What we are up against

ADDICTION

60-70% of Tobacco Users
Report High Levels of
Addiction

BEHAVIOURAL-ENVIRO

Routines, Triggers

NEGATIVE AFFECTIVE STATES

Mood, Stress, Anger,
Anxious

3 Fundamentals

Effective Counselling

Pharmacotherapy

Book Follow-up Appointment

BEST PRACTICE GUIDELINES.....




The Quit Plan Visit

In this visit you will:

1. Give an overview of the visit and the quitting process
2. Ensure the patient is motivated to quit
3. Review smoking history and assess nicotine dependence
4. Set a quit date
5. Choose a quit smoking medication
6. Choose a method of follow-up support
7. Review preparation for the quit date
8. Review what to expect once they have quit
9. Discuss smoking routines and plans for high risk situations
10. Book follow-up appointment

TOBACCO USE SURVEY

- Time saver
- Identify smokers
- Assess readiness
- Counselling prompts
 - Smoking history
 - Barriers/motivators



UNIVERSITY OF OTTAWA
UNIVERSITÉ D'OTTAWA

OTTAWA MODEL
MODÈLE D'OTTAWA

Tobacco Use Survey

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

- Have you used any form of tobacco in the past 6-months?
- Have you used any form of tobacco in the past 7 days?
- What form of tobacco do you currently use?
- How many years in total have you been smoking?
- How many cigarettes do you usually smoke per day?
- How soon after you wake up do you smoke your first cigarette?
- How many quit attempts (lasting >24 hours) have you made in the past year?
- Do others smoke in your home?
- Which of the following best describes your feelings about smoking right now?
- On a scale from 1-5, how important is it to you to quit smoking?
- On a scale from 1-5, how confident are you that you can quit smoking?
- What are your reasons for wanting to quit smoking?
- What concerns, if any, do you have about quitting smoking?
- Have you previously used quit smoking medications?
- Does your drug benefit plan cover quit smoking medications?
- Are you presently receiving follow-up telephone calls from the Quit Smoking Program?
- How many caffeinated drinks (eg. coffee, tea, pop) do you consume per day?

ANSWER HERE

- Yes No - please return the survey to the clinic receptionist
- Yes - please continue to question 3
No - please skip to questions 18-27 (lip stick)
- Cigarettes Pipe Cigar Smokeless tobacco
- Years _____
Cigarettes / day or _____
Cigarettes / month _____
- within 5 minutes 6-30 minutes
 31-40 minutes >40 minutes
 No attempt 1-2 attempts
 3 or more attempts
- Yes No
- I would like to quit in the next 30 days
 I would like to quit in the next 6 months
 I am not planning on quitting in the next 6 months
- 1 2 3 4 5
(1=not important at all, 5=extremely important)
- 1 2 3 4 5
(1=not at all confident, 5=extremely confident)
- Health Reasons Children/Spouse
 Financial (Save Money) Social
Other: _____
- Weight Gain Withdrawal symptoms
 I won't be successful Stress
 Depression Boredom
 Social Other: _____
- Nicotine Replacement Therapy:
 Gum Patch Inhaler
 Bupropion / Zyban Varenicline / Champix
Yes No
Don't know no benefit plan
- Yes No
- Yes No
_____ Drinks

THANK YOU. Please return this survey to the clinic receptionist.

Assessment

- # cigs/day
- # years Smoking
- Importance of quitting (1-10)
- Confidence with quitting (1-10)
- Nicotine Addiction (Fagerstrom Test)
- Anxiety / Depression
- Readiness to quit (next 30 days, next 6-months, not ready)
- Past Quit Attempts
- Reasons for quitting / Concerns about quitting
- CO reading or Lung Age (if available)

Patient Quit Plan

ΗΡΘΕ Η ΩΡΑ ΝΑ ΔΙΑΚΟΨΕΤΕ ΤΟ ΚΑΠΝΙΣΜΑ

Είναι δύσκολο αλλά όχι ακατόρθωτο να διακόψετε το κάπνισμα! Κάθε χρόνο, χιλιάδες άνθρωποι τα καταφέρνουν. Μπορείτε και εσείς!

ΤΟ ΑΤΟΜΙΚΟ ΣΑΣ ΠΡΟΓΡΑΜΜΑ ΓΙΑ ΝΑ ΔΙΑΚΟΨΕΤΕ ΤΟ ΚΑΠΝΙΣΜΑ ΠΕΡΙΛΑΜΒΑΝΕΙ 4 ΒΗΜΑΤΑ:

- ΒΗΜΑ 1: Ορίζετε την ημερομηνία διακοπής.....σελ 4
- ΒΗΜΑ 2: Επιλέγουμε φαρμακοθεραπεία.....σελ 6
- ΒΗΜΑ 3: Προετοιμάζουμε την διακοπή.....σελ 14
- ΒΗΜΑ 4: Συνεχίζουμε να μην καπνίζουμε.....σελ 16

TITAN CRETE

ΟΔΗΓΟΣ ΑΥΤΟΒΟΗΘΕΙΑΣ
ΓΙΑ ΤΗ ΔΙΑΚΟΠΗ ΤΟΥ
ΚΑΠΝΙΣΜΑΤΟΣ



Assess Readiness, Concerns, Past Experience

“How ready are you to quit smoking?”

“What are some of the good things smoking does for you?”

“What are some of the not-so-good things smoking does for you?”

“What are your concerns about quitting?”

“Tell me about the last time you quit smoking? What worked well – what didn’t work so well”

Step 1 – Set a Quit Date

“Here is a calendar of the next month, I would like your to pick a quit date”



Step 2 – Choose a Quit Smoking Medication

PATCH OR PILL?

- Screen for contraindications
- Assess Patient Preference (History)
- Assess Cost Concerns
- Review Instructions, Possible Side Effects

Comparison of Monotherapy and Combination Therapies

Pharmacotherapy	Estimated OR (95% CI)	Estimated Abstinent Rate (95% CI)
Placebo	1.0	13.8
Nicotine Patch	1.9 (1.7-2.2)	23.4 (21.3-25.8)
High Dose Patch	2.3 (1.7-3.0)	26.5 (21.3-32.5)
Nicotine Inhaler	2.1 (1.5-2.9)	24.8 (19.1-31.6)
Nicotine Gum	1.5 (1.2-1.7)	19.0 (16.5-21.9)
Bupropion	2.0 (1.8-2.2)	24.2 (22.2-26.4)
Varenicline	3.1 (2.5-3.8)	33.2 (28.9-37.8)
Patch + Inhaler	2.2 (1.3-2.6)	25.8 (17.3-36.5)
Patch + Gum	2.6 (2.5-5.2)	26.5 (28.6-45.3)
Patch (long-term; > 14 weeks) + ad lib NRT (gum or spray)	3.6 (2.5-5.2)	36.5 (28.6-45.3)
Patch + Bupropion	2.5 (1.9-3.4)	28.9 (23.5-25.1)

Κόστος φαρμακοθεραπείας διακοπής καπνίσματος

Φαρμακοθεραπεία	Κόστος ανά μονάδα	Κόστος ανά εβδομάδα	Κόστος για θεραπεία 12 εβδομάδων
Βαρενικλίνη/ Champix	€45 Για 14 ημέρες	€23	€270
Βουπροπιόνη/ Zyban	€53 Για 30 ημέρες	€13	€160
Επίθεμα νικοτίνης	€13 Για 7 ημέρες	€13	€160
Εισπνεόμενο	€19 Για 42 δοχεία €15 μόνο ανταλλακτικά δοχεία	€8 - €19	€100 - \$200
Τσίχλα νικοτίνης 2 mg	€4.90 Για 30 τεμάχια	€5 - 25	€50 - 250
Τσίχλα νικοτίνης 4 mg	€9.90 Για 30 τεμάχια	€ 10 - 40	€100 - 400
Σπρέι νικοτίνης	€19	€19	€228

Πόσο σας κοστίζει το κάπνισμα;



Πόσα χρήματα ξοδεύετε για τσιγάρα την εβδομάδα;

- Παράδειγμα: €31.5 (€4.5 το πακέτο x 7 ημέρες)

Πολλαπλασιάστε επί 52 εβδομάδες

- Παράδειγμα: €31.5 x 52 εβδομάδες

Ετήσιο κόστος:

€1,638

Step 3 - Make the Commitment

- Plan Ahead (what will you do instead)
- Tell friends/ family ask for their support
- Pick up medications

Step 3 – On the Quit Date

- Throw out cigarettes, ashtrays, lighters
- There is no such thing as “just one”
- Sensitivity to Caffeine >> Cut back by half



Caffeine Ingestion

- *Caffeine metabolism altered by cessation*
- *Caffeine levels may rise: 2-3 x higher !*
- *Consider reducing caffeine intake*
- *Consider substituting de-caffeinated drinks*
- *Be aware of similarities between 'caffeinism' and withdrawal symptoms*

Step 4

Staying Quit - What to Expect

- Coughing
- Cravings and withdrawal
- Mood Changes
- Weight Gain

Cravings and withdrawal

Withdrawal

- Worst is usually last 3 to 5 days but can last longer

Cravings

- Worse of it will generally last 3 to 5 minutes
- Try to keep yourself busy
- Avoid places which you will have the urge to smoke
- Change your routine

*Improves over time the longer you go without a single puff

*Remind the patient that cravings are normal and that meds/NRT may make them easier to deal with

Nicotine Withdrawal Symptoms

Symptoms	Duration	Prevalence
Irritability / aggression	< 4 weeks	50%
Depression	< 4 weeks	60%
Restlessness	< 4 weeks	60%
Poor concentration	< 2 weeks	60%
Increase appetite	> 10 weeks	70%
Light-headedness	< 48 hours	10%
Night-time awakenings	< 1 week	25%
Constipation	> 4 weeks	17%
Mouth ulcers	> 4 weeks	40%
Urges to smoke	> 2 weeks	70%

The 4 D's

- **DELAY**
- **DISTRACT**
- **DRINK WATER**
- **DEEP BREATHS**

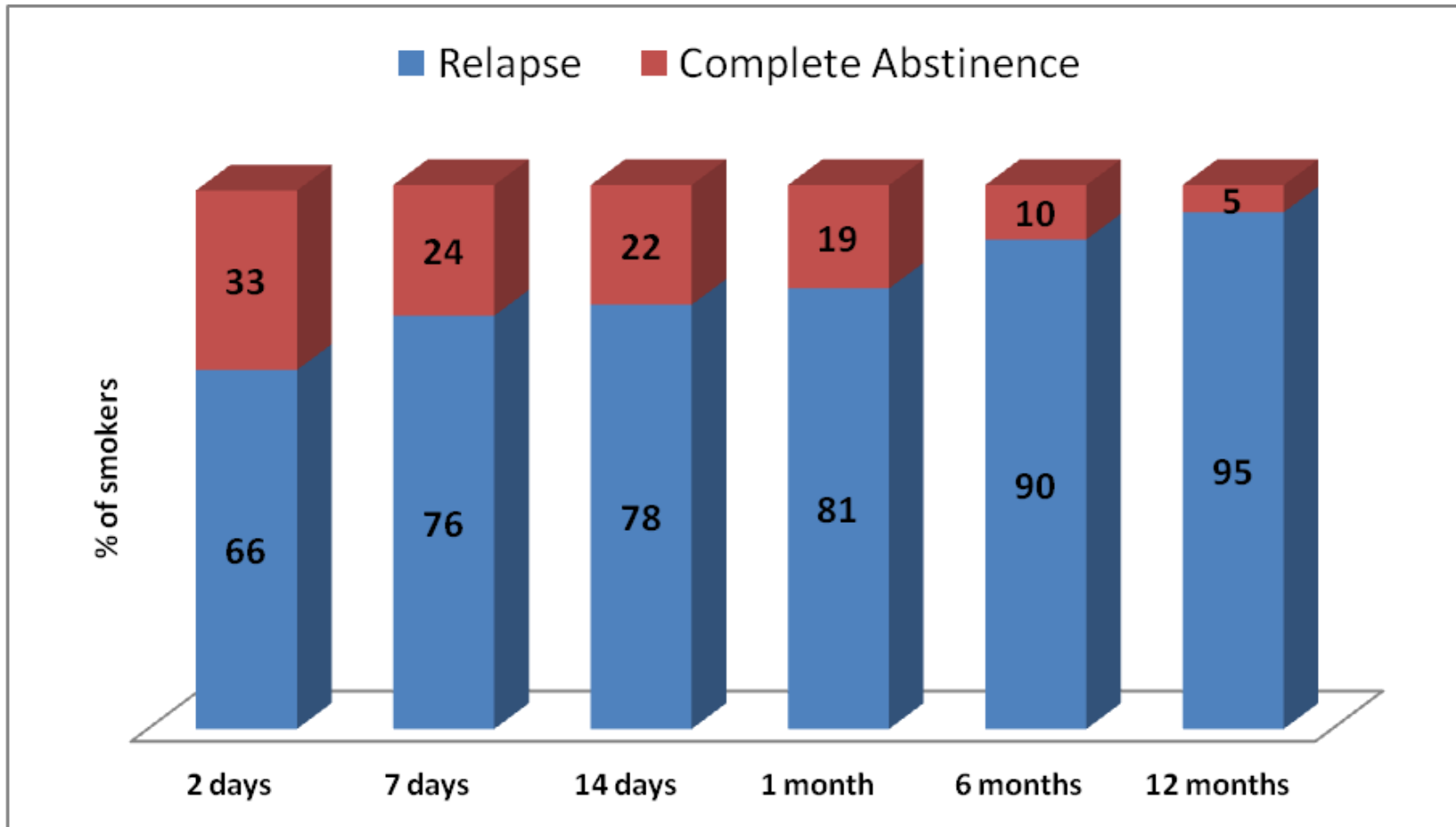
Identify 3 High Risk Scenarios

- Have the patient identify 3 situations they will face in the next 2 weeks that they may feel tempted to smoke
 - First thing in the morning
 - Driving
 - At work
 - Coffee breaks
 - With friends
- Have them identify what they can do instead.
- Use quit plan to document....or assign as homework.

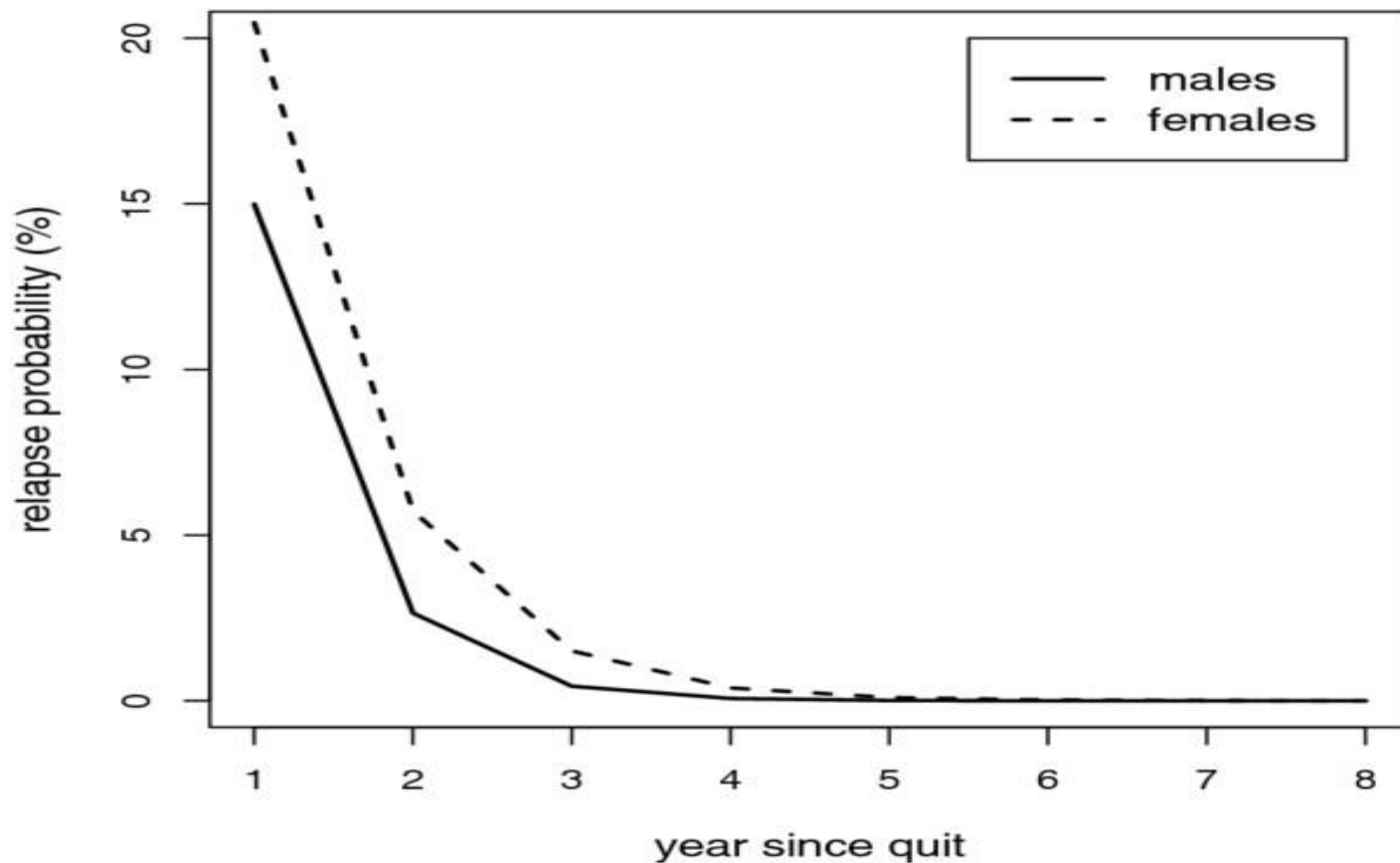
Schedule Follow-up Visit

- Flexible (1-4 weeks following quit date)
- Sooner if confidence is low

Relapse Curve First Year - Unaided



Probability of Relapse by Year



Nicotine Metabolism

Large variations exist in nicotine metabolism affecting quit efforts.

Slower metabolism allows brain and body to meet nicotine needs with:

- Lower cigarette consumption
- Reduced smoking intensity
- Reduced withdrawal symptoms
- Higher quitting rates

(Ho et al., 2009. *Clinical pharmacology & Therapeutics* 85(6), 635-643)

Case Study

John is a 58 year old patient,

- smoked 1 pack per day,
- Smokes within 30 minutes of waking
 - Has used NRT in the past,
- Experienced significant cravings in past quit attempt

What questions do you have for John?

What pharmacotherapy(ies) would you recommend?

Case Study

Anastasia is a 43 year old patient,

- smoked 1 pack per day,
- Smokes within 5 minutes of waking
 - Has used NRT in the past,
 - Reports depressive symptoms
- Reports feeling uncertain about quitting today, despite agreeing to quitting – Confidence = 4/10

What questions do you have for Anastasia?

Would you recommend pharmacotherapy(ies)?

Reduce to Quit

- **Ask for permission**
 - “Would you be willing to work with me to cut back on the number of cigarettes you smoke and then we can talk again in a few weeks about quitting?”
- **Prescribe pharmacotherapy**
 - “I want you to begin using this medication immediately. It is completely safe to continue smoking while using the medication.”
- **Strategic advice**
 - Instruct patient to reduce the number of cigarettes smoked during this time.
- **Schedule follow-up appointment**
 - In 2 to 4 weeks time.

The cut back process with NRT

- **Step 1:** 0-6 weeks

Cut down to 50% of cigarette consumption

- **Step 2:** 6 weeks to 6 months

Continue to cut down, stop completely

- **Step 3:** 6-9 months

Stop smoking completely, continue NRT

- **Step 4:** within 12 months

Stop using NRT by 12 months

Follow-up Visit



Assessment

1. Smoking status
2. Medication compliance
3. Withdrawal symptoms
4. Changes in mood
5. Common side effects of the medication
6. Caffeine intake
7. Cravings
8. Assess relapse risk & confidence

Relapse Prevention

What are your “high risk” situations for smoking?

Have the patient identify 1-3 potentially high risk situations and develop plans to deal with them

Common “high risk” situations:

- Arguments with family/friend/spouse
- Pressure/stress at work
- Holidays
- Bereavement
- When under the influence of alcohol
- When on vacation

Reduce to Quit Approach

Case Study

John is a 58 year old patient, smoked 1 pack per day, his scheduled quit date was 2 weeks ago, you had prescribed nicotine patch

you are seeing him in clinic for your follow-up visit, John has quit but is having a difficult time with withdrawal symptoms and cravings

- Conduct assessment
- Modify Plan to Meet John's Needs

Case Study

Maria is a 40 year old patient, smoked 1 pack per day, his scheduled quit date was 1 weeks ago, you had prescribed varenicline

You are seeing her in clinic for your follow-up visit, Maria has quit but is experiencing significant nausea and would like to discontinue medication

- Conduct assessment
- Modify Plan to Meet Maria's Needs

Case Study

Maria is a 40 year old patient, smoked 1 pack per day, his scheduled quit date was 1 weeks ago, you had prescribed varenicline

You are seeing her in clinic for your follow-up visit, Maria has quit but is experiencing significant nausea and would like to discontinue medication

- Conduct assessment
- Modify Plan to Meet John's Needs

Case Study

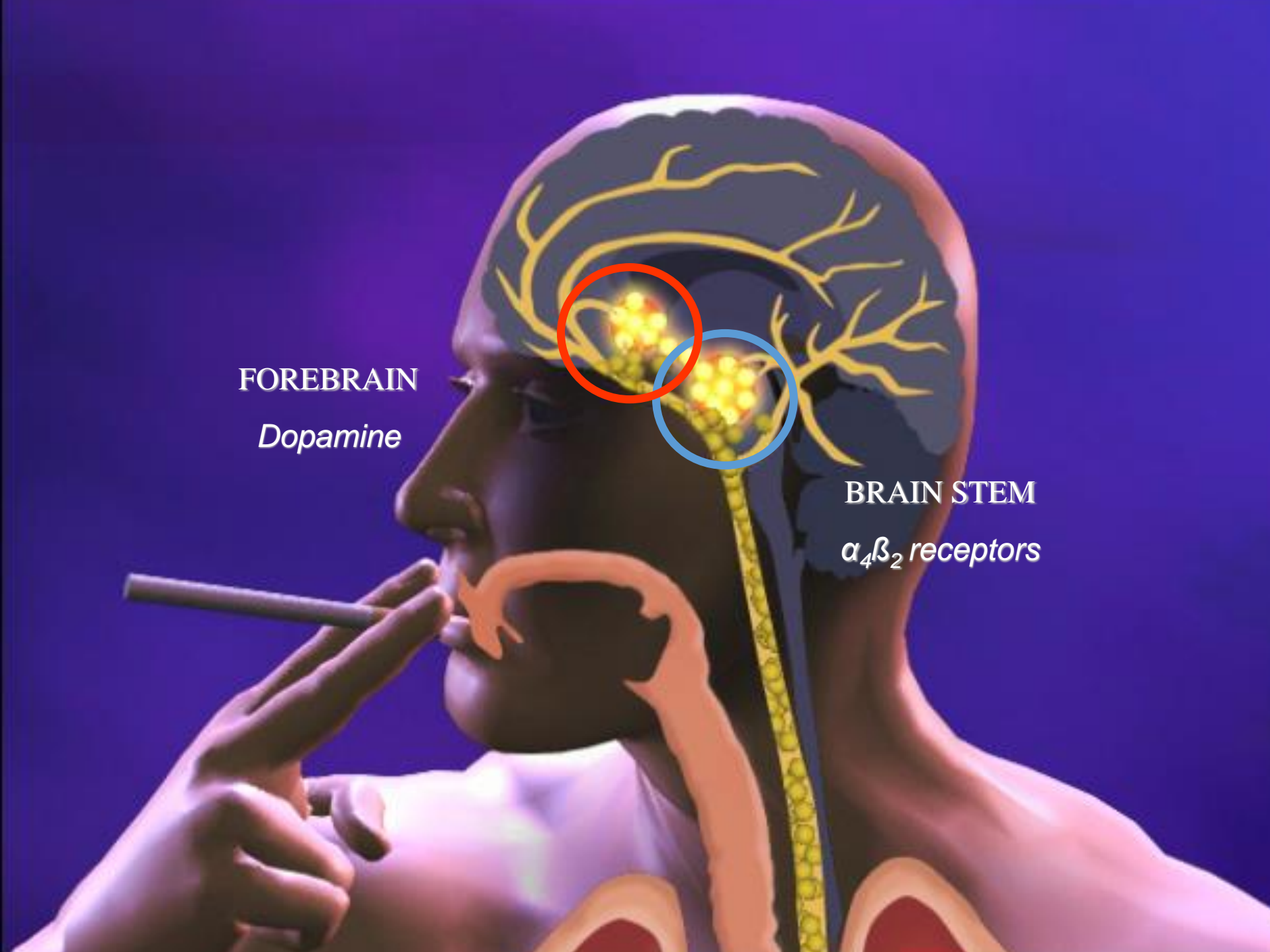
Niko is a 60 year old patient, smoked 2 pack per day, his scheduled quit date was 4 weeks ago, you had prescribed varenicline

You are seeing him in clinic for your second follow-up visit,

Niko has been able to cut back on cigarette use but has not been able to quit and reports smoking 5-10 cigarettes per day

- Conduct assessment
- Modify Plan to Meet Niko's needs

Considerations



FOREBRAIN

Dopamine

BRAIN STEM

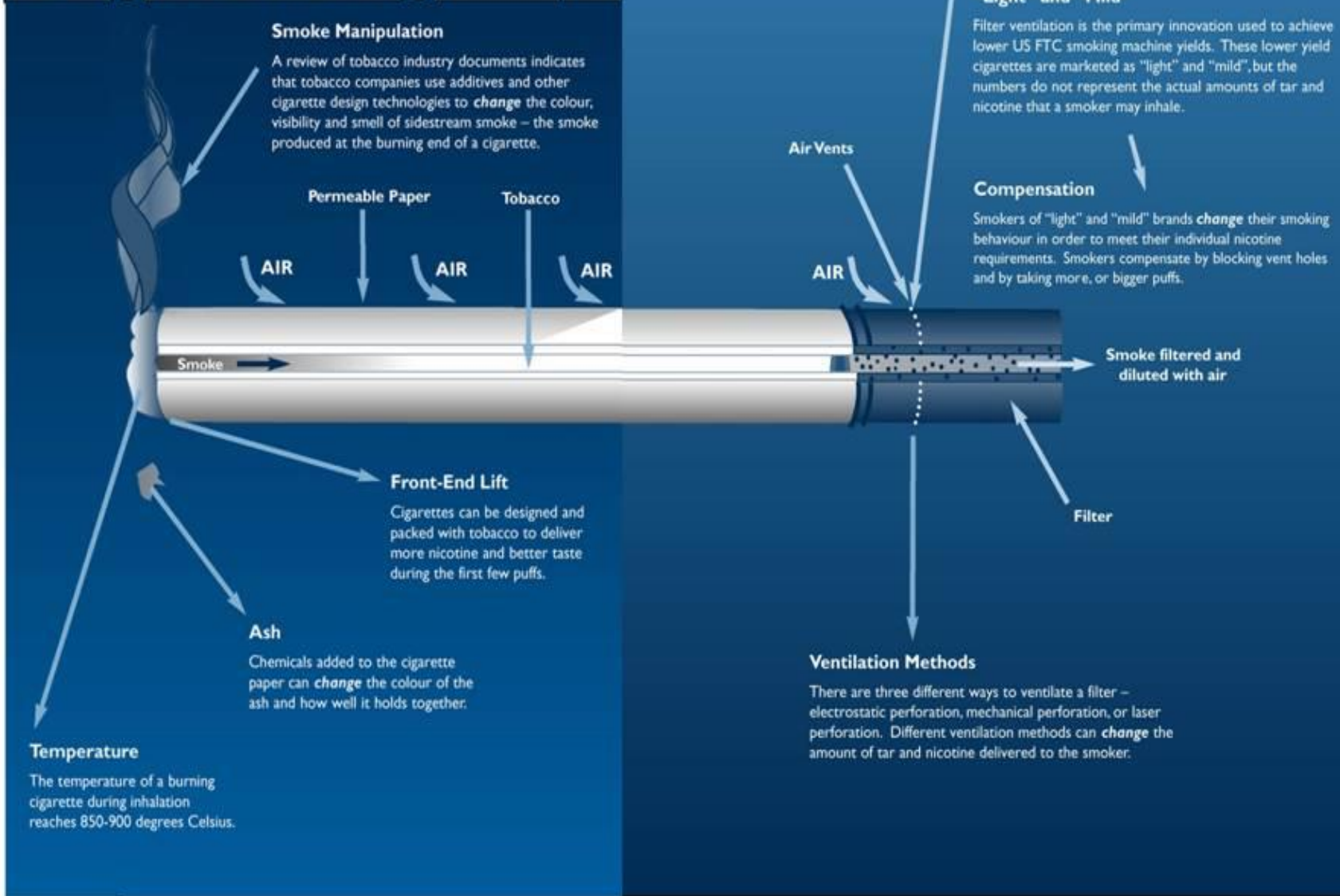
$\alpha_4\beta_2$ receptors

Smoking is one of the most difficult substances to quit.

- **Tobacco is as addictive as heroin (as a mood & behavior altering agent).**
- **Nicotine is:**
 - 1000 X more potent than alcohol
 - 10-100 X more potent than barbiturates
 - 5-10 X more potent than cocaine or morphine
- A 1-2 pack per day smoker takes 200-400 hits daily for years. This constant intake of a fast acting drug (which affects mood, concentration & performance).. eventually produces dependence.

Cigarette

engineering





TITAN CRETE TOBACCO
TREATMENT TRAINING
NETWORK IN CRETE

<http://www.titan.uoc.gr>

TiTAN CRETE



UNIVERSITY OF OTTAWA
HEART INSTITUTE
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DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL
FOR SMOKING CESSATION
IN PRIMARY CARE
MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC
EN SOINS PRIMAIRES

Global  Bridges
Healthcare Alliance for Tobacco Dependence Treatment