

TiTAN CRETE

Tobacco treatment TrAining
Network in Crete



Effective Cessation Techniques for Busy Family Medicine Providers

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Learning Objectives

Define the fundamental elements of evidence based tobacco treatment delivery and techniques for addressing smoking with patients using the 3A's (Ask, Advise, Act) for smoking cessation in clinical settings.



Smoking Cessation

“The single, most powerful, preventive intervention in clinical practice.”

Woolf SH. *JAMA* 1999;282(24):2358-65.

A POWERFUL INTERVENTION

Intervention	NNT to save one life year
Smoking cessation	9
Lowering lipids by 10%	16
Blood pressure control with diuretics	34
Mammography	205
Papanicolaou smear	534
Pneumococcal vaccine	716

Source: Woolf SH. *JAMA* 1999;282(24):2358-65.

'What do you like about smoking?'

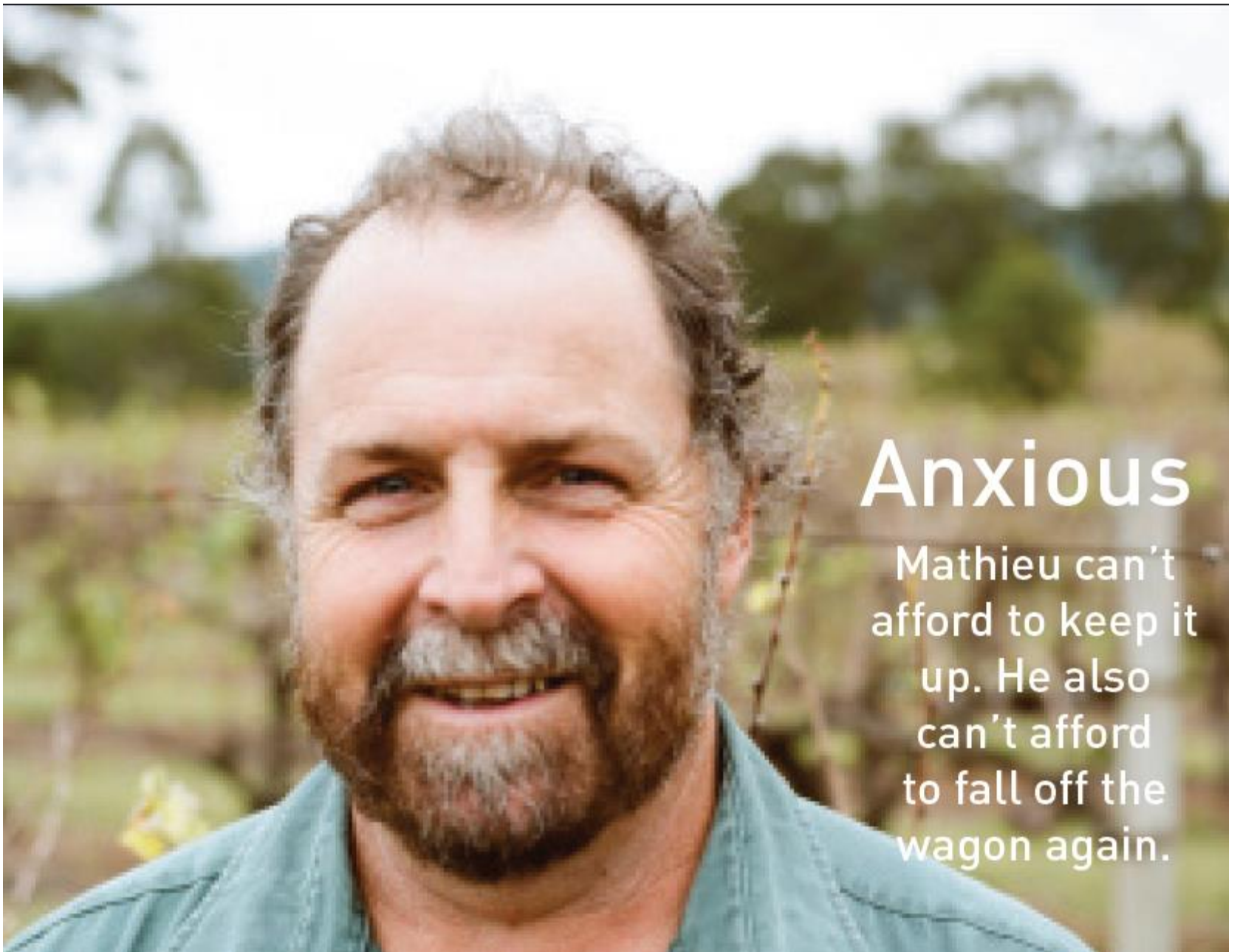


- "It helps me relax."
- "It takes the stress away."
- "It helps me think straight."
- "It's part of my daily routine."
- "I'd gain weight if I quit smoking."
- "Smoking gives me a pick-me-up."



Stressed

If Kate doesn't quit this time she knows she'll have some serious health problems.



Anxious

Mathieu can't afford to keep it up. He also can't afford to fall off the wagon again.



ADDICTION

BEST PRACTICE GUIDELINES.....



**Φροντίδα του συνόλου
των καπνιστών**

Καλή πρακτική



**Βασική/ελάχιστη
συμβουλευτική**

Ουδέτερη πρακτική



Κακή πρακτική

Απραγία

WHAT WE KNOW

62% of smokers intend to quit¹

45% will attempt to quit¹

4-7% will be successful²⁻³

WHAT WE KNOW.....

Advice from a health professional can increase success of quitting by up to 30%.

Source: 1 Eckert 2001; Kreuter 2000; Ossip-Klein 2000 2 Longo, et al, 2006, Gottlieb, et al, 2001, Young and Ward, 2001, Shaohua, et al, 2003, CTUMS, 2006 3 Longo, et al, 2006, Gottlieb, et al, 2001, Young and Ward, 2001, Shaohua, et al, 2003, Curry, 2000, DePue, et al, 2002, Piper, et al, 2003

Evidence-based Treatments can Dramatically Enhance Patient Success with Quitting

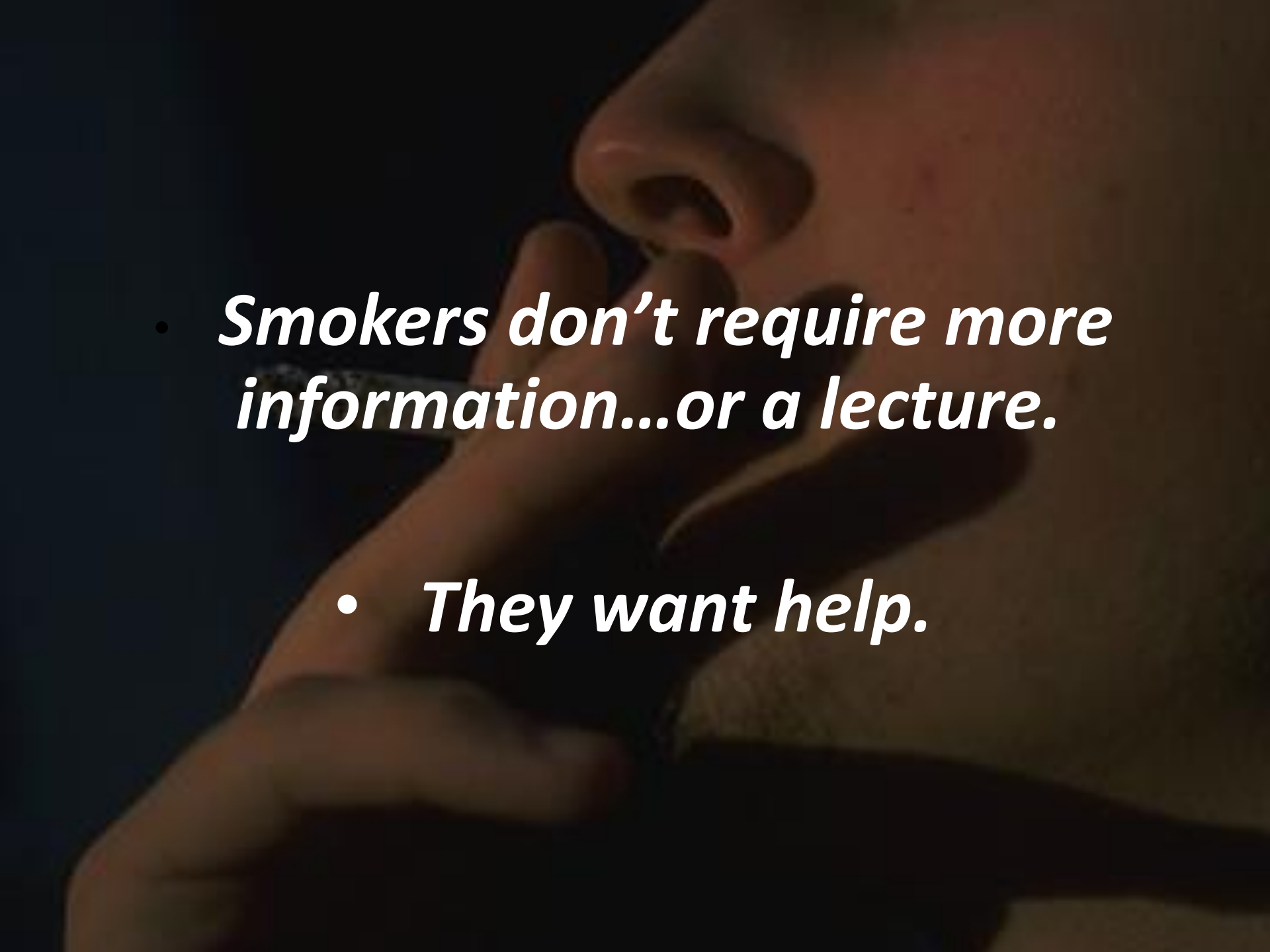
	No behavioural treatment	Brief advice	Longer advice, multiple sessions
No medication or placebo	Control condition (CC)	2 x CC	3 x CC
Medication	2 x CC	4 x CC	6 x CC

Combining medication with brief advice or behavioural therapy increases continuous abstinence up to 6 times.

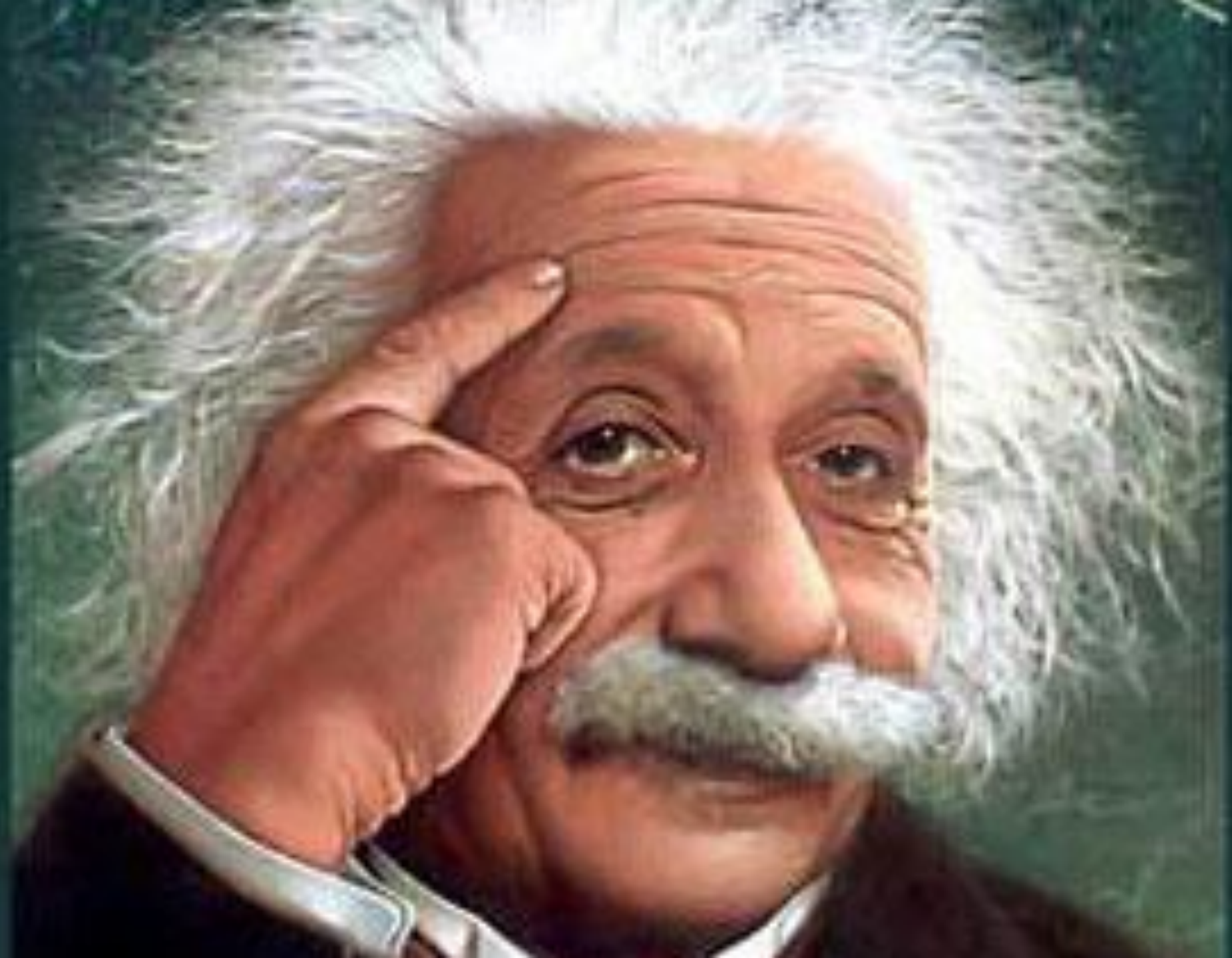
The Challenge....

These treatments are often not provided to patients

- **We are not intervening with smokers at optimal rates**
 - Better at asking and advising (23%-80%)
 - Not as good as intervening (0-20%)

- 
- *Smokers don't require more information...or a lecture.*
 - *They want help.*

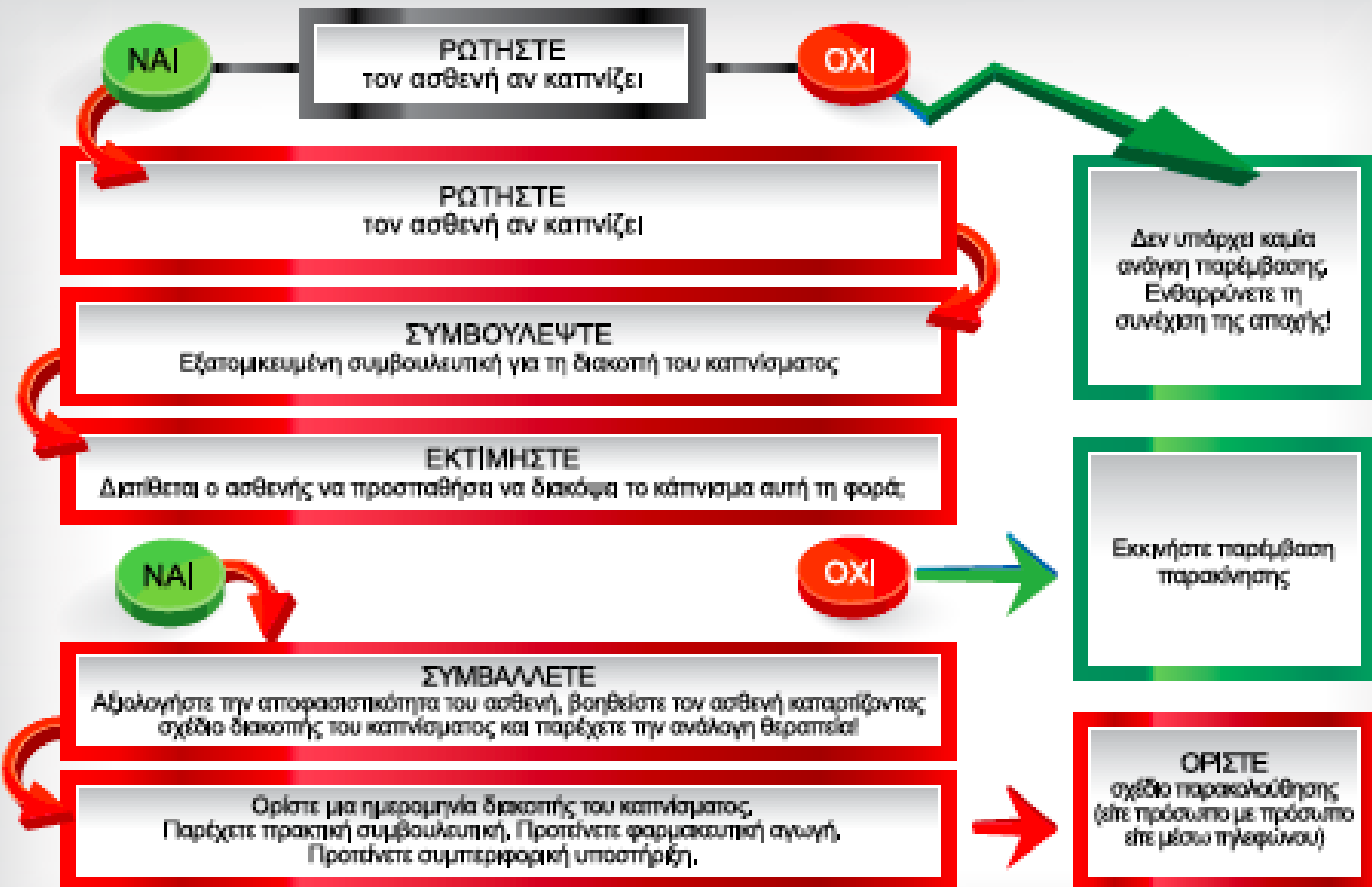
Helping Your Patients Quit: The 3As



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.



System for Identifying and Documenting Smoking Status of all Patients

THE NEW 5th VITAL SIGN

ASK: TOBACCO USE QUESTIONS:

“Have you used any form of tobacco in the past 7 days?”

“Have you used any form of tobacco in the past?”

30

SECONDS

Reception/ Triage
Nurse

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)

- **EFFECTIVE ADVISE TO QUIT**
 - **IN 2 to 5 MINUTES**

ADVISE & ASSESS

HEALTH PROFESSIONAL'S ADVICE

- Clear
- Strong
- Personalized
- Offer of Support

“Unambiguous & Non-Judgmental”

Advising *and* offering support is more effective than just advising

In a direct comparison, offering assistance generated more quit attempts than giving advice to quit on medical grounds (RR 1.69, 95%CI 1.24 to 2.31 for behavioural support and 1.39, 95%CI 1.25 to 1.54 for offering medication).

Aveyard P, et al. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. *Addiction* 2011 Dec 16

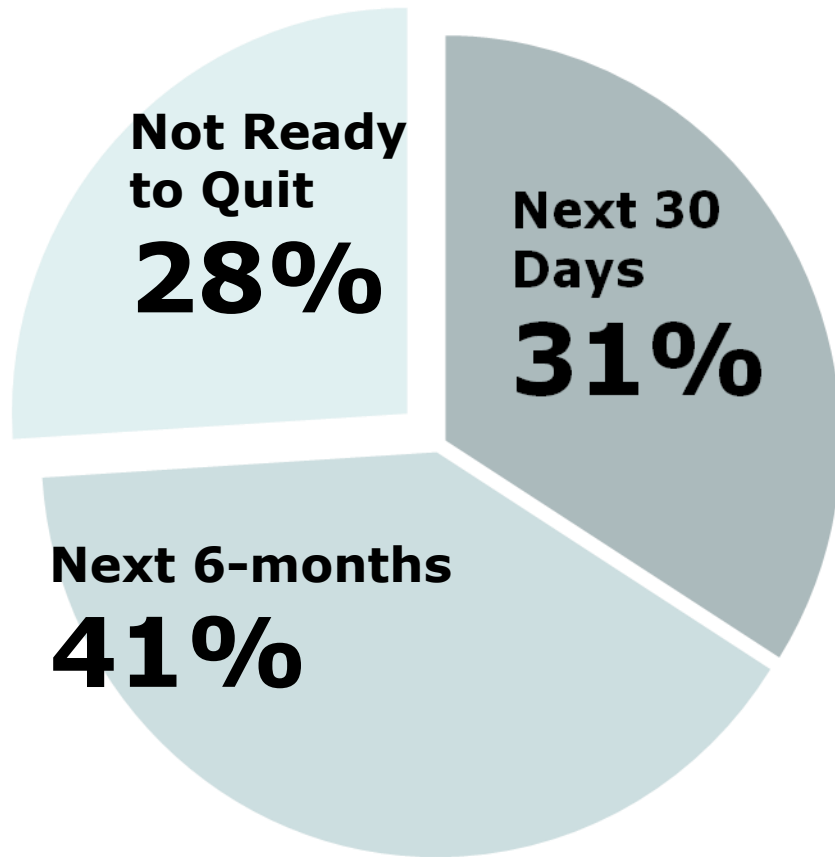
ASSESS READINESS TO QUIT

“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



Readiness to Quit




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.

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 attempts 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
- _____ Drinks

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



TITAN CRETE TOBACCO
TREATMENT TRAINING
NETWORK IN CRETE

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

Case Study

You will meet Stavros Papadakis, 55 years,
heart attack 1 year ago, unemployed
smoked 2 packs/day for 40 years and
is now smoking 1 pack/day

Time to first cigarette is within 30 minutes of waking
Will become grandfather in a few months

He is being seen in practice for medication refills...

Case Study

Take 3 minutes

Partner with the GP next to you

Have one person play the role of patient

The other the role of the GP

What would effective ADVICE to quit sound like....

ADVISE & ASSESS

HEALTH PROFESSIONAL'S ADVICE

- Clear
- Strong
- Personalized
- Offer of Support

“Unambiguous & Non-Judgmental”

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UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
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