TITAN CRETE Tobacco treatment TrAining Network in Crete



Effective Cessation Techniques for Busy Family Medicine Providers

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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 SFI. 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.



BEST PRACTICE GUIDELINES....

岡田 TOY KAIINIEMATO

EYPOINAİKET KATEYOYNTHPIET OAHLIET FIA TE

TITAN CRETE

ΕΥΡΩΠΑΪΚΕΣ

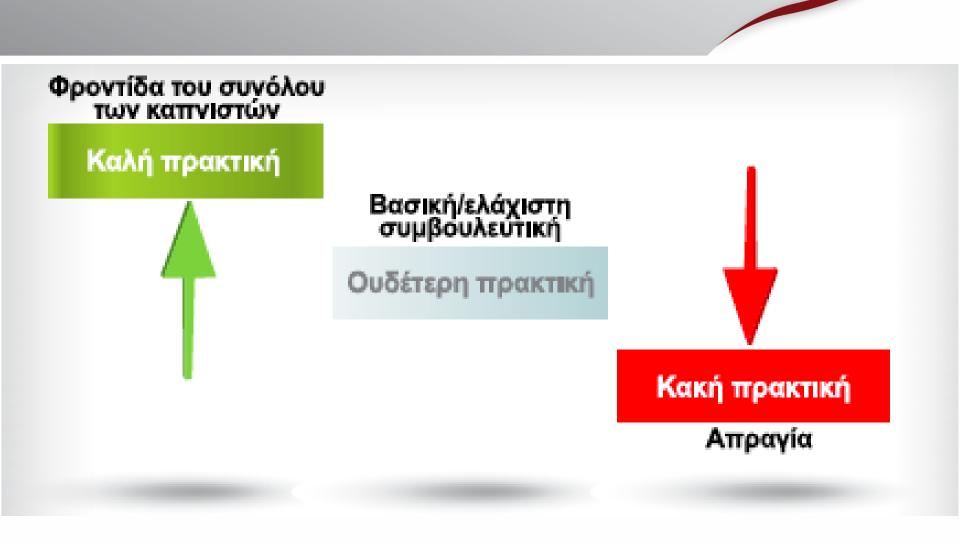
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ENS

Έγκυρος οδηγός για την κατανόηση των επιπτώσεων της κατανάλωσης καπνού και την εφαρμογή των θεραπευτικών μέσων και στρατηγικών για την επίτευξη της διακοπής του καπνίσματος, συμπεριλαμβανομένων των ποιοτικών προδιαγραφών.





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.

Adapted from Hughes JR. CA Cancer J Clin. 2000; 50(3):143-51.

The Challenge....

These treatments are often not provided to patients

• We are not intervening with smokers at optimal rates

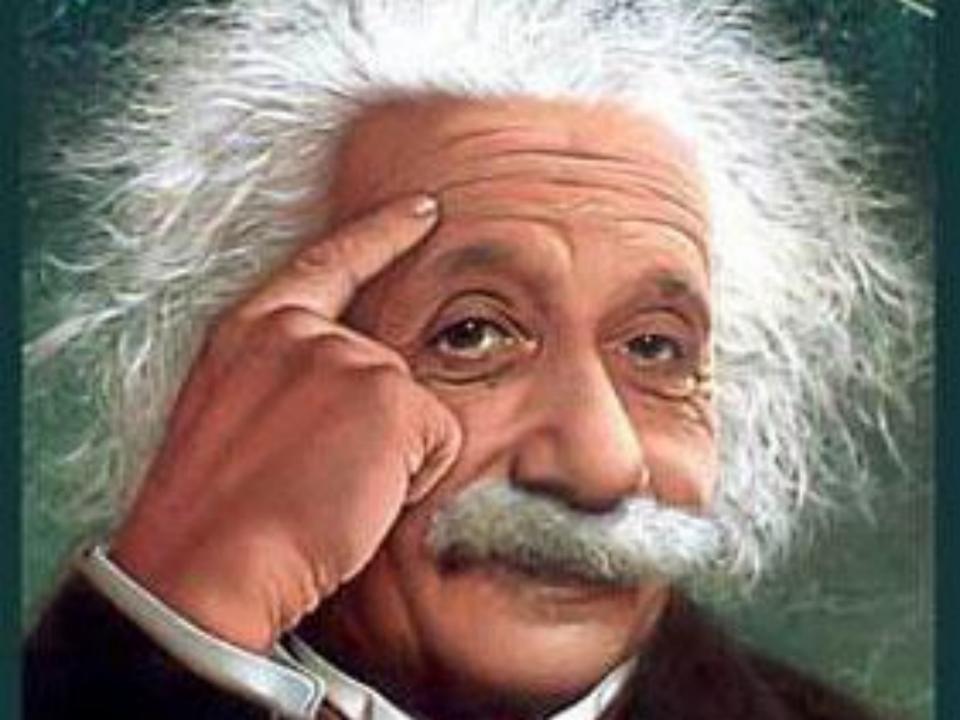
- Better at asking and advising (23%-80%)
- Not as good as intervening (0-20%)

Smokers don't require more information...or a lecture.

• They want help.

Helping Your Patients Quit: The 3As



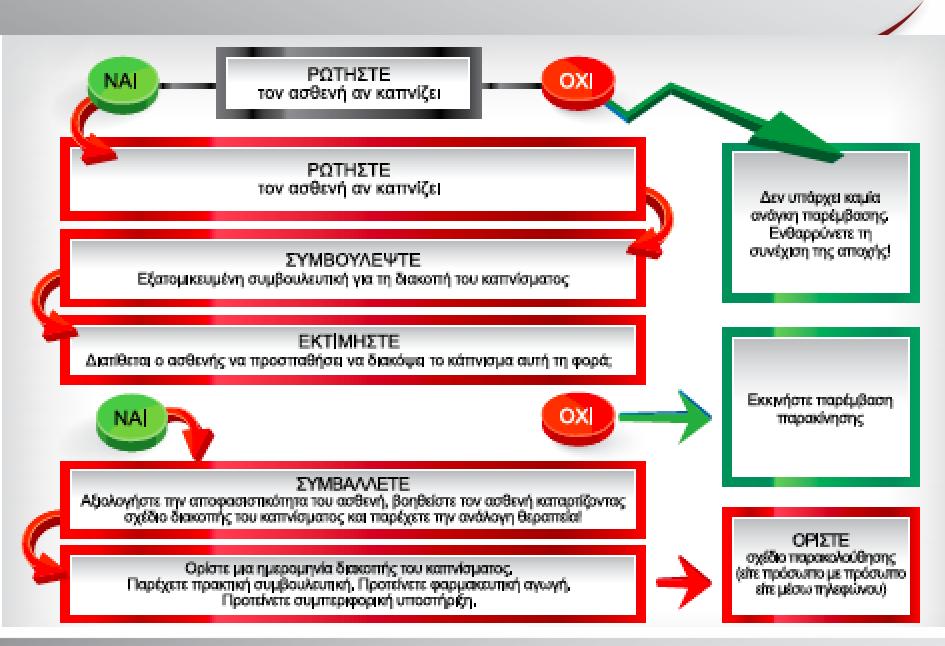


2 Fundamental Principles

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.





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System for Identifying and Documenting Smoking Status of <u>all</u> Patients

THE NEW 5th VITAL SIGN



Reception/ Triage Nurse

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?"



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)

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• EFFECTIVE ADVISE TO QUIT • IN 2 to 5 MINUTES

ADVISE & ASSESS

HEALTH PROFESSIONAL'S ADVICE

- Clear
- Strong
- Personalized
- Offer of Support

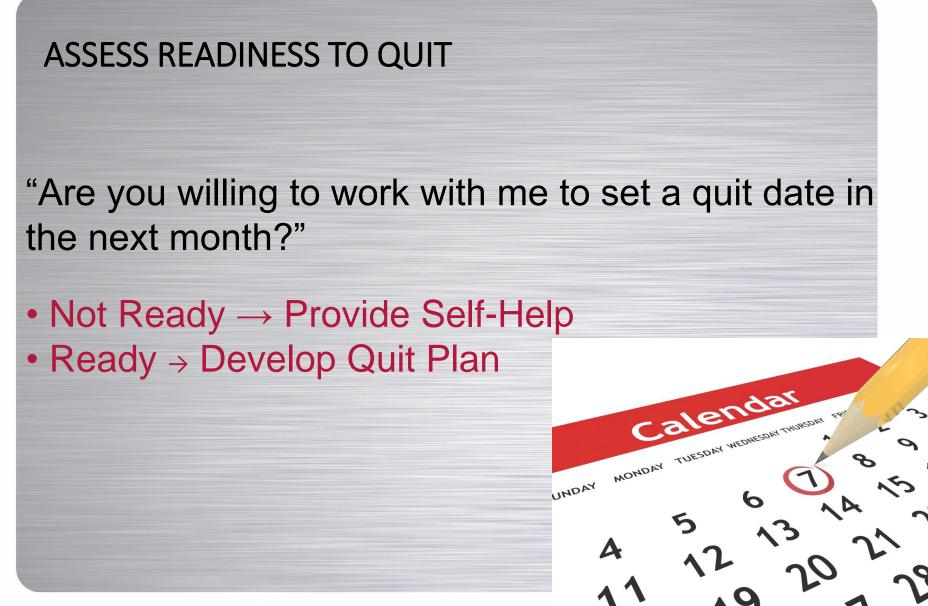
"Unambiguous & Non-Judgmental"



Advising and offering support is more effective than just advising

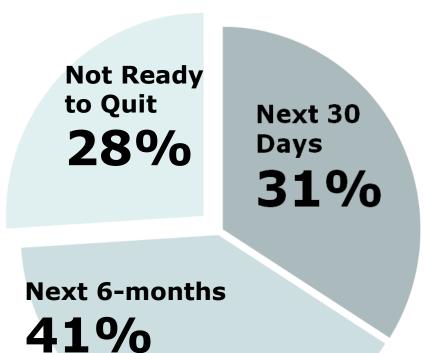
In a direct comparison, offering assistance generated more quit attempts than giving advice to quit on medical grounds (RR 1.69, 95%CI 1.24 to 2.31 for behavioural support and 1.39, 95%CI 1.25 to 1.54 for offering medication).

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





Readiness to Quit



27

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.

TiTAN Crete Clinical Tools

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PLEASE COMPLETE THE FOLLOWING QUESTIONS:	ANSWER HERE
1. Have you used any form of tobacco in the past 6-months?	Yes No - please return the sur
2. Have you used any form of tobacco in the past 7 days?	Yes - please continue to question 3 No - please kito to questions 18-27
3. 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? 	Yearns Cigurettee / day or
6. How soon after you wake up do you smoke your first cigarette?	Cigarettee / month within 5 minutee 6-30 m 11.40 minutee - 40 mi
7. How many quit attempts (lasting >24 hours) have you made	No attempte 1-2 attempte
in the past year? 8. Do others smoke in your home? 9. Which of the following best describes your feelings about	3 or more attempts Yes No I would like to guit in the next 30 day
smoking right now?	I would like to gut in the next 6-mont I would like to gut in the next 6-mont I am not planning on gutting in the r
10. On a scale from 1-5, how important is it to you to quit smoking?	1 2 3 4 5 (1-not important at all, 5-activerie's imp
11. On a scale from 1-5, how confident are you that you can guit smoking?	1 2 3 4 5 Outstand and statements and
12. What are your reasons for wanting to quit smoking?	Health Reasons Children Financial (Seve Money) Social Other:
13. What concerns, if any, do you have about quitting smoking?	Weight Gain Withde I won't be successful Stress Depression Borek
14. Have you previously used quit smoking medications?	Social Other: Notice Replacement Therapy: Gum Patch Inhaler
15. Does your drug benefit plan cover quit smoking medications?	Bupropion / Zyban Varenic Yes: No
16. Are you presently receiving follow-up telephone calls from the	Vex No
Ouit Smoking Program? 17. How many caffeinated drinks (eg. coffee, tea, pop) do you	Dreks
consume per day?	
THANK YOU. Please return this survey to the clinic receptionist.	

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TOBACCO USE SURVEY

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

АЛИСКИТУ ОГ ОТТАЖА ОТТАЖА МОДЕЦ И В АКТ ТИ ЭТТУУТВ Нопаноры станфак рактуута самарькой модец МОДЕЦ РОТТАМА со учиските роттама нов Амадов остама			
Tobacco Use Survey			
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6. How soon after you wake up do you smoke your first cigarette?	Cigarettes / month within 5 minutes 31-60 minutes >60 minutes		
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13. What concerns, if any, do you have about quitting smoking?	Weight Gain Withdrawai symptome I won't be successful Depression Screek Dopression Consul		
14. Have you previously used quit smoking medications?	Nicotine Replacement Therapy:		
15. Does your drug benefit plan cover quit smoking medications?	Bupropton / Zyban Varenicitwe / Champis Yes No Don't know no banefit plan		
16. Are you presently receiving follow-up telephone calls from t			
Quit Smoking Program? 17. How many caffeinated drinks (eg. coffee, tea, pop) do you	Drinka		
consume per day?			









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...





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"









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

