Effective Strategies for Treating Tobacco Use and Dependence

Presented by Jennifer Kelley, MA, RN, CTTS

April 7, 2010
Format

- Presentation – 30 minutes
- Q&A – 15 minutes
Questions

- On the left side of your screen, click the message box, “Chat with Presenter.”
- Type your question.
- Click ‘Send.’
- These questions will be addressed after the presentation.
Presented by:

Jennifer Kelley, MA, RN, CTTS

- Partners Program Manager for Tobacco Cessation
- Partners High Performance Medicine, Team 3: Uniform High Quality
Agenda

- Review strategies for the treatment of tobacco use and dependence
- Review available resources
- Questions and answers
Purpose

In this session, clinicians will

- Learn to identify and assess tobacco users.
- Understand how to deliver effective tobacco dependence interventions.
- Review strategies and recommendations from the Public Health Service-sponsored Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update*. 
The “5A’s” Model

- Ask, Advise, Assess, Assist, Arrange
- Used to treat tobacco use and dependence.
- Organized approach for delivery of tobacco treatment.
- Implemented by single clinician, or by team of clinicians (i.e. MDs, RNs, MAs, TTSs, quitlines, local programs, self-help materials.

“5A’s” Model: Ask

<table>
<thead>
<tr>
<th>Ask about tobacco use</th>
<th>“Do you currently use tobacco?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematically <strong>identify</strong> all tobacco users at every visit.</td>
<td></td>
</tr>
<tr>
<td>Ask and <strong>document</strong> tobacco use status for every patient, at every clinic visit.</td>
<td></td>
</tr>
</tbody>
</table>
## “5A’s” Model: Advise

<table>
<thead>
<tr>
<th>Advise to quit</th>
<th>In a clear, strong, and personalized manner, urge all tobacco users to quit.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clear</strong> – “I think it is important for you to quit smoking now, and I can help you.”</td>
<td></td>
</tr>
<tr>
<td><strong>Strong</strong> – “As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future.”</td>
<td></td>
</tr>
<tr>
<td><strong>Personalized</strong> – Link tobacco use to current symptoms and health concerns. “Continuing to smoke makes your asthma worse and quitting may dramatically improve your health.”</td>
<td></td>
</tr>
</tbody>
</table>

### “5A’s” Model: Assess

<table>
<thead>
<tr>
<th>Assess</th>
<th>Determine willingness to make a quit attempt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For <strong>current</strong> tobacco user - “Are you willing to make a quit attempt at this time?”</td>
<td></td>
</tr>
<tr>
<td>For <strong>past</strong> tobacco user – “How recent did you quit?” “Are there any challenges to staying quit?”</td>
<td></td>
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<tr>
<td>Based on assessment, clinician can <strong>Assist appropriately.</strong></td>
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</tbody>
</table>

Assess (con’t)

Assessment of tobacco use status separates patients into three treatment categories:

<table>
<thead>
<tr>
<th><strong>Willing to quit now</strong></th>
<th>Patient should receive intervention to help quit attempt.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unwilling to quit now</strong></td>
<td>Patient should receive intervention to increase motivation to quit.</td>
</tr>
<tr>
<td><strong>Recently quit</strong></td>
<td>Patient should receive intervention to prevent relapse.</td>
</tr>
</tbody>
</table>
## “5A’s” Model: Assist

<table>
<thead>
<tr>
<th>Assist patient willing to make a quit attempt at this time</th>
<th>Help patient develop quit plan (<em>Set, Tell, Anticipate, Remove</em>).</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Offer FDA-approved medication.</td>
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<tr>
<td></td>
<td><strong>Exceptions</strong> - -pregnant women, adolescents, light smokers, smokeless tobacco users.</td>
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<tr>
<td></td>
<td>Provide or refer for counseling, support or additional behavioral treatment.</td>
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<td></td>
<td>Provide supplementary materials - -written literature, Quitline or local program information.</td>
</tr>
</tbody>
</table>

**“5A’s” Model: Assist**

<table>
<thead>
<tr>
<th>Assist patient unwilling to make a quit attempt at this time</th>
<th>Provide interventions that enhance motivation to quit and increase the likelihood of future quit attempts.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduce the topic of quitting, while allowing the patient to explain in own words. <em>(Relevance, Risk, Rewards, Roadblocks, Repetition)</em></td>
</tr>
<tr>
<td></td>
<td>Use principles of motivational interviewing <em>(express empathy, develop discrepancy, roll with resistance, support self-efficacy)</em>.</td>
</tr>
</tbody>
</table>

### “5A’s” Model: Assist

<table>
<thead>
<tr>
<th>Assist patient who recently quit smoking</th>
<th>Provide relapse prevention strategies.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>“How long has it been since you quit?” Most relapse occurs within the first 2 weeks after quitting.</td>
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<tr>
<td></td>
<td>“Do you still have any urges to use tobacco or any challenges to staying tobacco free?”</td>
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<tr>
<td></td>
<td>Offer congratulations and encouragement to remain abstinent.</td>
</tr>
</tbody>
</table>

### “5A’s” Model: Arrange

<table>
<thead>
<tr>
<th>Arrange</th>
<th>All those receiving the previous A’s should receive follow-up.</th>
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<tr>
<td></td>
<td>If preparing to quit, first follow-up preferably during first week of quitting; second follow-up within the first month of quitting.</td>
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<tr>
<td></td>
<td>Ask patient to identify problems already encountered, anticipate future challenges, assess medication use and side effects.</td>
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<td></td>
<td>Phone or visit.</td>
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</table>

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. However, effective treatments exist that can significantly increase rates of long-term abstinence.

2. Identify and document tobacco use status; treat every tobacco user seen in a health care setting.

3. Treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt, to use the counseling treatments and medications recommended in this Guideline.
4. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this Guideline.
5. Individual, group, and telephone counseling are effective; effectiveness increases with treatment intensity.

Two effective components of counseling:

- **Practical counseling**
- **Social support**
6. Effective medications for tobacco dependence

**FDA-Approved, First-line medications:**

- Bupropion SR
- Nicotine gum
- Nicotine inhaler
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine patch
- Varenicline

7. Counseling and medication are effective alone; combination of counseling and medication is more effective.

8. Telephone quitline counseling is effective with diverse populations. Clinicians and health care delivery systems should ensure patient access to quitlines and promote quitline use.

9. Tobacco users unwilling to make a quit attempt - clinicians use the motivational treatments in this Guideline to be effective in increasing future quit attempts.

10. Treatments - clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates.
Resources - online

- Treating Tobacco Use and Dependence-Quick Reference Guide

- Agency for Healthcare Research and Quality (AHRQ) Resources
  http://www.ahrq.gov/path/tobacco.htm#clinicians

- Partners Tobacco Treatment Resource Center
  http://www.partners.org/stopsmoking/home.html
■ Partners Tobacco Cessation Outpatient Programs


■ MA Quitline

http://www.trytostop.org/

■ QuitWorks

http://www.makesmokinghistory.org/quitworks/
Partners Tobacco Cessation Outpatient Program Offerings

- Brigham and Women’s/Faulkner Hospital
  (617) 732-9694

- Massachusetts General Hospital
  (617) 726-7443

- MGH Community Health Associates
  (Charlestown & Revere)
  (781) 485-6210

- North Shore Medical Center
  (978) 741-4151
Questions and Answers
Upcoming Webinars and Programs

- **April**
  - Patient Gateway 4/21

- **May**
  - MA Training: Getting Started *(Compass Medical)*
  - Obesity Webinar
  - Better Outcomes through Communication *(Compass Medical)*
  - Managing Error in Primary Care (MGH)
  - Employee Engagement Webinar

**Program and Course Information:**
www.massgeneral.org/stoecklecenter/pec/course_catalog
Wrap-Up

- Today’s session - available as a webcast.
- Evaluations

Thank you for your participation!