BUTT OUT: SMOKING CESSATION IN PRIMARY CARE

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Conflict of Interest Declaration: Nothing to Disclose

Presenter: Jennifer Woodbeck

Title of Presentation: Smoking Cessation

I have no financial or personal relationship related to this presentation to disclose.

Learning Objectives

1. To review the basic pathophysiology of nicotine addiction.
2. To review the brief and intensive smoking cessation intervention that may be used in primary care.
3. To review maintenance and aftercare of patients who wish to quit smoking and those who don't wish to quit smoking.

In Canada, smoking is the leading preventable cause of premature death. Family physicians and nurse practitioners are uniquely positioned to initiate smoking cessation ...However, only a small minority of family physicians provide thorough smoking cessation counselling and less than one-half offer adjunct support to patients.

Best practice for smoking cessation interventions in primary care
McIvor, A et al
Can Respir J Vol 16 No 4 July/August 2009

Basic Pathophysiology of Nicotine Addiction

Re-enforcing the Nicotine Addiction

Smoking is also a learned behaviour, causing habits to form that are tough to break. Many patients learn to associate things with smoking, like:

- the pleasant feelings that it brings
- the temporary relief of worry, tension, boredom or fatigue
- drinking coffee or alcohol
- eating a good meal
- having a good time with friends
- Avoiding withdrawal symptoms

Withdrawal symptoms

- When smoking stops, the nicotine levels in the body drop and withdrawal symptoms will occur.

- Withdrawal symptoms can be difficult to cope with and many smokers might NOT be able to quit on their first attempt, mainly because they are not properly prepared. With better knowledge of symptoms they can work through ways to manage their withdrawal process.

Common withdrawal symptoms

Most withdrawal symptoms happen within the first week but are usually gone after two to four weeks.

- Withdrawal symptoms may include:
  - dizziness and shakiness
  - headaches
  - anxiety and irritability
  - nervousness and restlessness
  - difficulty concentrating and sleeping
  - increased appetite
  - slight depression or feeling down
  - cravings for a smoke

Brief and Intensive Smoking Cessation Intervention that may be used in Primary Care

Where to Start???

Ideal Contact Time

- The longer the conversation, the more likely people are to make a quit attempt.
- Abstinence rates increase with the amount of contact time (up to 300 min)

Key message- every client who uses tobacco should be offered at the least a brief treatment.

Total Contact Time	Estimated Abstinence Rate
None	11%
1-3 minutes	14.4%
4-30 minutes	18.8%
31-90 minutes	26.5%
90-300 minutes	28.4%
Greater than 300 minutes	25.5%

5 A's

1. Ask
2. Advise
3. Assess
4. Assist
5. Arrange

ASK

- Initiate a conversation about tobacco use at every visit.

"Do you smoke?"

"Have you used any form of Tobacco in the past 6 months?"

"Have you used any form of Tobacco in the past 7 days?"

Advise

- Advise patients to quit in a strong, clear and personalized manner.

"As your health care provider, the most important advice I can give you is to stop smoking."

"Quitting smoking is not always easy but I can help you with quitting and there are tools available to make quitting easier."

Assess

- Assess patients willingness to make a quit attempt or modify their smoking behaviour.

"Do you see yourself being smoke-free in the near future? When do you see that happening?"

"Would you be willing to make an attempt to quit smoking in the next week?"

"Are you interested in looking at reducing the harm the cigarettes are causing?"

Assist

- All patients can benefit from strategies to strengthen and enhance motivation to change their smoking behaviour
- Every tobacco user who expresses the willingness to quit should be offered assistance.

Assist

Brief Intervention

- Practice active listening
- Affirm patients
- Use techniques to strengthen motivation
- Provide information about pharmacotherapy
- Provide self-help material

Intermediate/Intensive intervention

- Review smoking/quitting hx
- Encourage self-monitoring
- Explore ambivalence (decisional balance sheet)
- Assessments
- Utilize cognitive behavioural strategies
- Review past experiences and potential challenges and triggers
- Provide Pharmacotherapy
- Determine level of addiction (Fagerstrom test)
- Assist with strategies to enhance coping skills
- Assist with the development of a QUIT PLAN

Arrange

- Schedule a follow-up appointment
- Referral to community resource
- Referral to Smoker's helpline 1-877-513-5333

Assessments for intermediate/Intensive Interventions

Assessments

- Decisional Balance Sheet
- Fagerstrom Test for Nicotine Dependence
- Why do you smoke?
- Reasons to Quit smoking
- The Cigarette Dependence Scale
- Smoking Cessation Quality of Life
- Beck Depression Inventory
- Quit Day Plan

Decisional Balance Sheet

SMOKING	NOT SMOKING
What benefits do you get from smoking? What are some of the not-so-good things about smoking?	What will you look forward to about not smoking? What negative things do you anticipate about stopping smoking?

Fagerstrom Test for Nicotine Dependence

- Assesses nicotine addiction
  - 0-4 Low dependence level (focus on behavioural change)
  - 4-6 Moderate dependence level (additional support, possible medication)
  - 7-10 High dependence level (intensive treatment, medication)

Why do you smoke scale

- Identifies categories why clients might continue to smoke;
  - Stimulation
  - Handling
  - Pleasure/Relaxation
  - Crutch: Tension Reduction
  - Cravings: Psychological addiction
  - Habit
- Higher scoring would indicate areas to focus on when becoming smoke free and to prevent relapse

Reasons to quit scale

- Assesses motivation areas
- Divided into 3 categories: External, Self-Esteem, and Health
- Those categories are broken down further.

The Cigarette Dependence Scale

- Measures the clients personal views of their addiction to cigarettes

Smoking Cessation Quality of Life

- Evaluates the clients views on their health and their quality of life
- Can be done several times to indicate improvements or possibly a tool for early signs of mood changes

Beck Depression Inventory

- Consists of 21 questions
- Scoring
  - 1-10 These ups and downs are considered normal
  - 11-16 Mild mood disorder
  - 17-20 Borderline clinical depression
  - 21-30 Moderate depression
  - 31-40 Severe depression
  - Over 40 Extreme depression

Quit Day Plan Template

Morning Plan: Instead of my usual coffee and a cigarette when I wake, I will have tea and sit in a different place at the table. I will pack snacks for work such as raw veggies and sugar free gum.
Afternoon Plan: At break time I will run errands and walk to the bank (where I can't smoke). I will get some exercise while doing my chores and keeping busy. I'll also take a water bottle with me so I drink lots of water instead of lighting up.
Evening Plan: This evening I will go to the movie with my quit-smoking buddy. That way I get some support if I am feeling tempted and can enjoy a fun night out in a place where I can't smoke.
In case of strong urges I will…. Practice deep breathing first, call my quit-smoking buddy, and read my reasons for quit smoking such as my kids, better health, and strength.

Harm Reduction

Maintenance and Aftercare for those who wish to quit smoking and those who don't wish to quit smoking

Planned Follow up

- A few days before quit date
- Day of quit date
- A few days after quit date
- 1-2 weeks after quit date
- 1 month after quit date
- 6 months after quit date
- 1 year after quit date

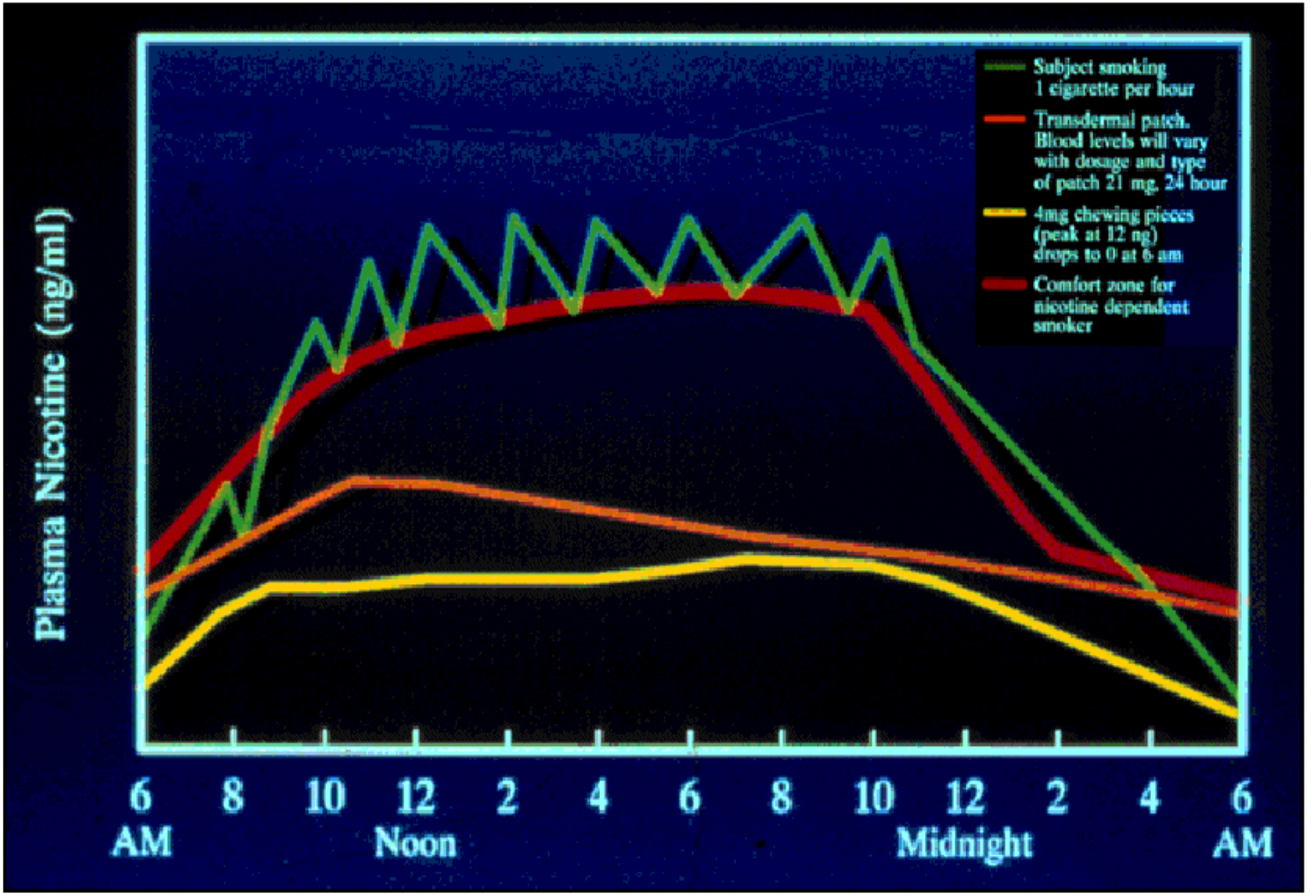
* Follow up is done my phone or in-person and each follow up involves encouragement and motivational interviewing.

Normal Side effects of quitting smoking

- Depressed mood
- Irritability and impatience
- Hostility
- Anxiety
- Headaches
- Fatigue
- Trouble sleeping
- Restlessness
- Difficulty concentrating
- Increase in appetite
- Decreased heart rate

Smoking Cessation Billing Codes

- **E079**-Initial smoking cessation discussion with patients who currently smoke
- **K039**-Follow up to E079 visits dedicated to a discussion of smoking cessation (can be used only twice/12 months following E079)
- **A001** & **A007**-minor and intermediate assessment codes (no time requirement)
- **K013** & **K033**-ongoing smoking cessation follow-up (K013 only 3X/patient/year and K033 used once K013 max is reached


Plasma Nicotine (ng/ml)
Subject smoking 1 cigarette per hour
Transdermal patch. Blood levels will vary with dosage and type of patch 21 mg. 24 hour
4mg chewing pieces (peak at 12 ng) drops to 0 at 6 am
Comfort zone for nicotine dependent smoker
6 AM
8
10
12 Noon
2
4
6
8
10
12 Midnight
2
4
6 AM

Smoking-Cessation Counseling

- Extremely under used
- Use Assessment tools to open the door for discussions
- Review the Decisional Balance sheet
- Review the Why do you smoke scale
- Review the Reasons to Quit scale

Counseling with the Readiness Ruler

- Readiness Ruler (1-10)
  - How important is it to quit or cut down your tobacco use?
  - How confident are you in your ability to quit or cut down?
  - How ready are you to make this change?

Smoking Cessation Counseling for those not ready to quit

- Daily Diary
- Triggers and coping skills

As well, I remind them I will ask at each visit so not to offend just to offer assistance when they are ready.

Case Study

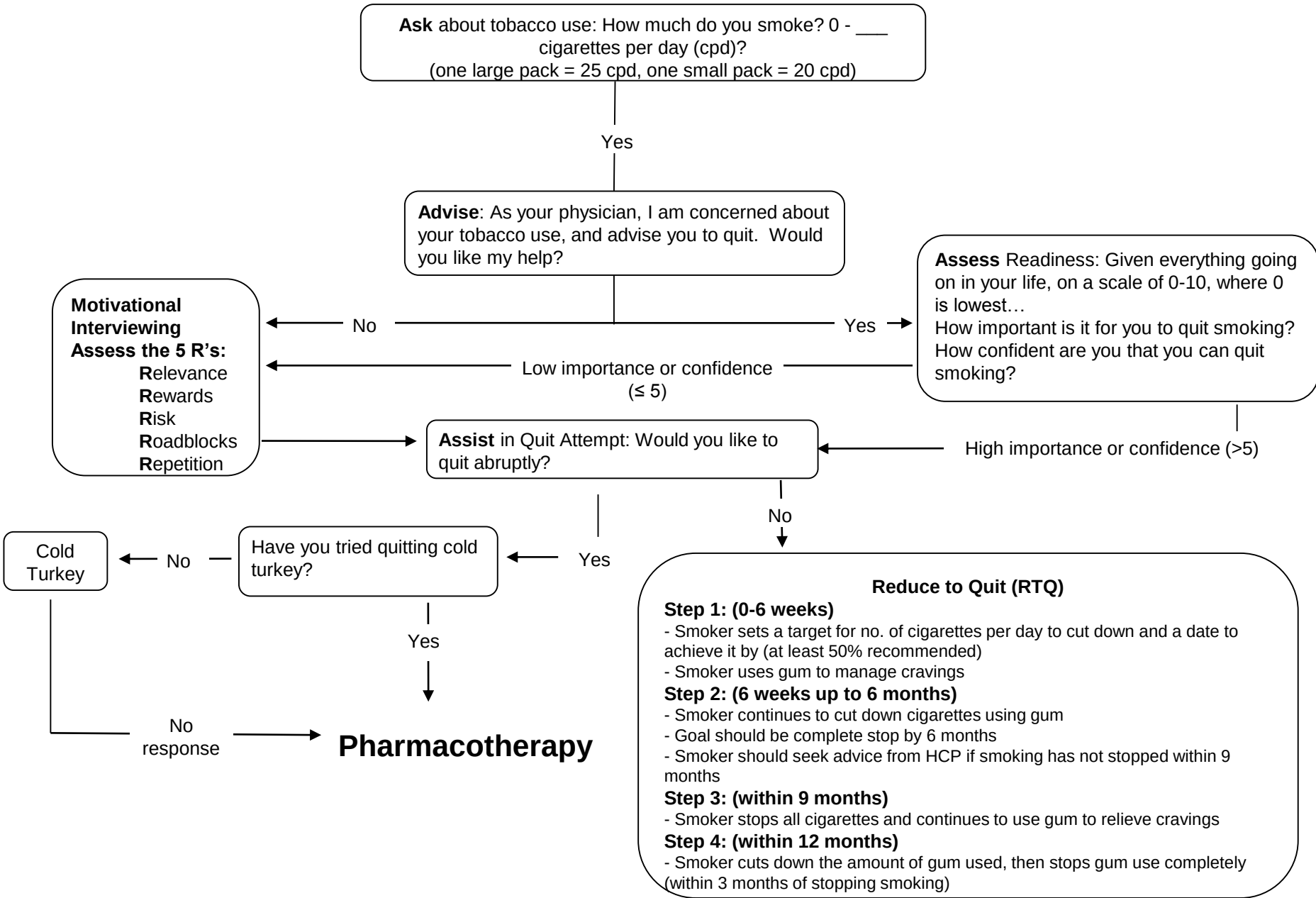
- 62 yo male
- 1pk/day of cigarettes for 39 years and pipe for a few years (unknown amount in each pipe).
- Multiple quit attempts with patches, inhaler, and Zyban.
- Drinking 10 cups of coffee/day.
- In emergency every week for COPD related lung attacks.
- Unable to walk more than 60 meters without needing a rest.

- Motivated to quit- June 2009
  - Fagerstrom Test scoring- 5 Medium Addiction
  - Why do I smoke scoring- 12 Crutch, 10 Craving
  - Reasons to Quit Smoking- 24 for Health Reasons
  - 1-5 scale of importance to quit- 4 very important
  - 1-5 scale of confidence to quit- 3 medium confidence.
- Decided to use smoking diary, nicotine inhaler and to watch the clock trying to spread out for 4 hours between cigarette

- August 4, 2009-admitted to hospital, given 21mg patch and nicotine inhaler
- Post D/C able to continue with cutting down and using diary and inhaler.
- Oct 2009- 5-6 cig/day with 2-3 cartridges in inhaler per day. I pack of cigarettes lasting 5 days. Not ready to quit today.
- Upon repeated emergency visits given 21mg patch although not smoking a pk/day (Nov 28, 2009, Dec 2, 2009, Dec 15, 2009, Dec 26, 2009, Jan 28, 2010, Feb 10, 2010, Feb 18, 2010, April 5, 2010, April 9, 2010, April 30, 2010, May 14, 2010, May 18, 2010, May 20, 2010, June2, 2010, June 8, 2010, June 17, 2010, June 28, 2010, July 6, 2010, July 28, 2010, Aug 2, 2010, Aug 8, 2010, Aug 19, 2010)
- Continued to cut down to 3 cig/day with 2-3 cartridges in inhaler per day

- August 2010- Emergency visit for COPD related lung attack, smoking 2 cig/day and 2 inhaler cartridges/day. 21mg patch ordered by Emergency physician and placed by RN.
- CJ refused and 'ripped it off' because of what he has learned about cutting down.
- He remained in hospital for 3 months and is only used 1 inhaler cartridge per day.
- Unfortunately, he was roomed in a semi-private with a room mate that was smoking 1 1/2packs per day and smells of smoke. ☹

Algorithm for Tailoring Pharmacotherapy in Primary Care Settings



Has bupropion/NRT failed? N
Is weight gain a concern? N
Want to quit within 7 days? Y
= NRT
(Gum, Patch, Lozenge or Inhaler)

Has NRT failed? Y/N
Is weight gain a concern? Y
…History of seizures? N
...History of unstable mental illness? N
…Eating disorder? N
...Allergic to bupropion? N
...Previous non-responder? N
…Want to quit in 7 days? N
= Bupropion SR

Has bupropion/NRT failed? Y
Is weight gain a concern? N
…History of unstable mental illness? N
...Allergic to Varenicline? N
...Previous non-responder? N
Want to quit within 7 days? N
= Varenicline

@ 4 weeks
Partial response

Consider combination pharmacotherapy, based on:
1. failed attempt with monotherapy
2. breakthrough cravings
3. level of dependence
4. multiple failed attempts
5. experiencing nicotine withdrawal

Choose the following combinations:
1. Two or more forms of NRT
   a. patch (15mg) + gum (2mg)
   b. patch + inhaler
   c. patch + lozenge
2. Bupropion + form of NRT
   a. Bupropion + patch
   b. Bupropion + gum

No Varenicline with NRT

Arrange Follow Up
1. Monitor carefully
2. Consider contraindications
3. Consider comorbidities and specific pharmacotherapy
4. Consider dual purpose medications
5. If after 4 weeks no response, consider alternative 1st line medications.*

Developed by Peter Selby, MBS, CCFP. This algortihm is based on:

Bader, McDonald, Selby, Tobacco Control, 2009; 18:34-42. Fiore MC et al., *Clinical Practice Guideline: Treating Tobacco Use and Dependence*, May 2008. Gray, *Therapeutic Choices: 5th Ed.*, 2007, Chapter 10: 147-157. Version 2, revised December 8, 2010.

*N.B. for 2nd line medications (clonidine and nortriptyline), see guidelines.

Offering support for cessation is a fundamental responsibility of all health professionals caring for patients who smoke.

OTTAWA MODEL FOR SMOKING CESSATION 2012-2015 HIGHLIGHTS, University of Ottawa Heart Institute

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