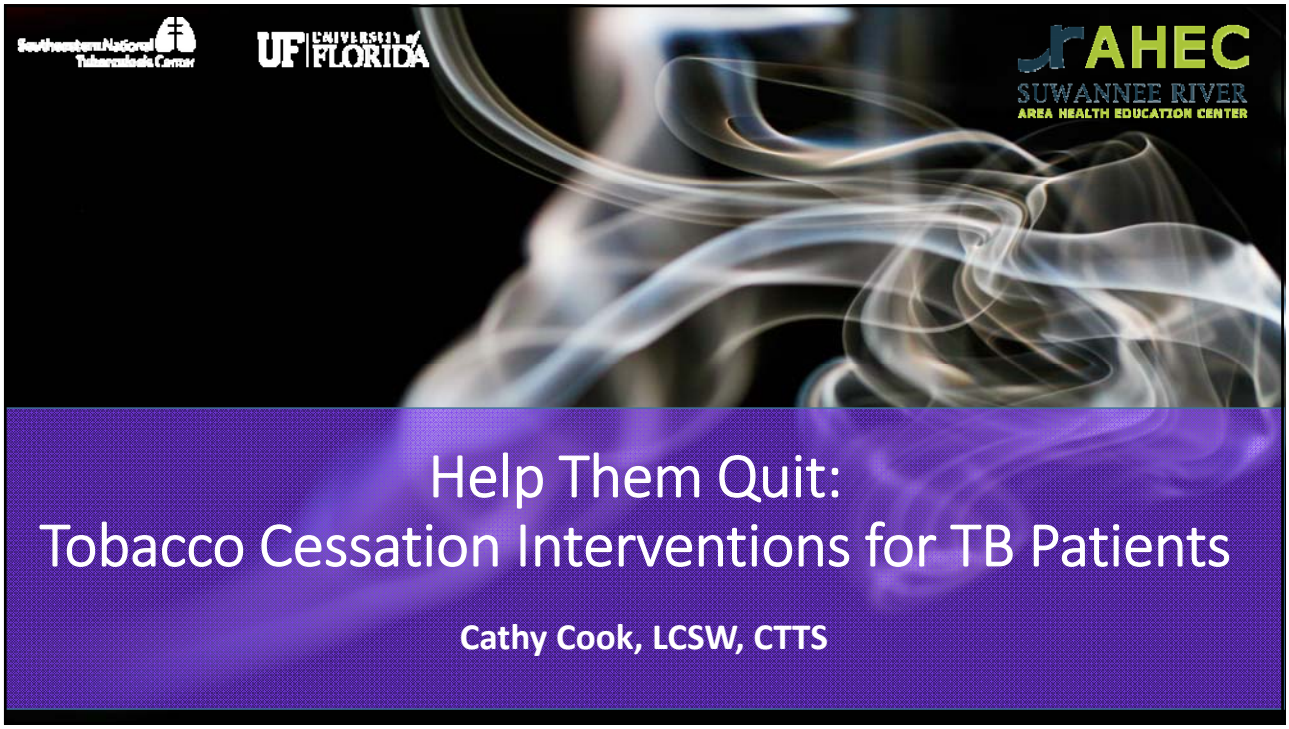

Polling Question

- What is your professional identification
  - Physician
  - Nurse
  - Nurse Practitioner or PA
  - Social Worker
  - Psychologist
  - Respiratory Therapist
  - Tobacco Treatment Specialist
  - Other health care professional
  - Not a health care professional

Objectives

- Identify and describe 5 Key Guideline Recommendations mentioned in the Treating Tobacco use and Dependence: 2008 Update to aid providers in providing tobacco cessation to TB clients.
- Describe the 5 major components of a brief intervention to aid in implementation in TB programs.
- List 3 interventions for the patient who is willing to quit, the patient who is unwilling to quit and the patient who has recently quit to aid providers in providing tobacco cessation to TB clients.
- Identify the 5 components of an intensive tobacco dependence to aid providers in providing tobacco cessation to TB clients.

Background

The link between Tobacco and TB

TB patients who are smokers are more likely to:

- have a cough
- have pulmonary TB
- have cavitary lesions in their lungs
- be sputum positive

TB patients who smoke are more likely to spread TB than non-smokers

Effects of Tobacco and TB

Weakened immune system

Increased risk for diabetes

More likely to use alcohol

Increased risk for respiratory diseases

Why is the TB program special?

Regular contact between patients and TB services over a period of at least 6 months

↓

Involves patients who are likely to be motivated by their illness to make changes in their behavior

↓

Often involves families and they often support patients to quit smoking

Objective #1

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- Identify and describe 5 Key Guideline Recommendations mentioned in the Treating Tobacco use and Dependence: 2008 Update to aid providers in providing tobacco cessation to TB clients.
- Describe the 5 major components of a [illegible] intervention to aid in [illegible] in TB programs.
- List 3 interventions for the patient who is willing to quit, the patient who is unwilling to quit and the patient who has recently quit to aid providers in providing tobacco cessation to TB clients.
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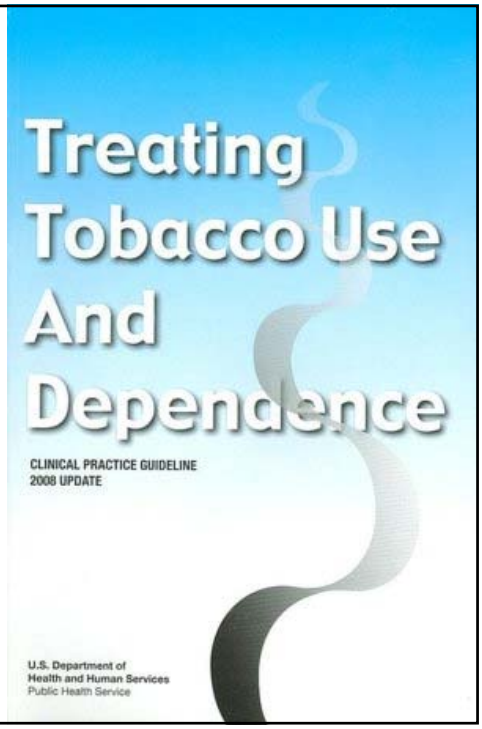
Clinical Practice Guidelines



Clinical Practice Guidelines

- Tobacco use presents rare convergence of circumstances
  - Highly significant health threat
  - Disinclination among clinicians to intervene consistently
  - Presence of effective interventions
    - If delivered in a timely and effective manner, significantly reduces the smoker's risk of suffering from a smoking-related disease.

10 Key Guideline Recommendations

1. Tobacco dependence is a chronic disease	It often requires repeated intervention and multiple attempts to quit.
	Effective treatments exist that can significantly increase rates of long-term abstinence.
2. Importance of identification and documentation	It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
3. Tobacco dependence 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.
4. Brief tobacco dependence treatment is effective	Clinicians should offer every patient who uses tobacco at least the brief treatments.

10 Key Guideline Recommendations

5. Effectiveness of Counseling	Individual, group and telephone counseling are effective and their effectiveness increases with treatment intensity.
	Provide practical counseling (problem solving/skills training).
	Social support delivered as part of treatment.
6. Medications are available for tobacco dependence	Medications are numerous and effective.
	Physicians should encourage use.

10 Key Guideline Recommendations

7. Effectiveness of counseling and medication	Effective when used by themselves for treating tobacco dependence.
	The combination is more effective.
8. Telephone Quitline counseling	Effective with diverse populations and broad reach.
9. Tobacco user is unwilling to make a quit attempt	Use motivational treatments.
	Effective in increasing future quit attempts.
10. Tobacco dependence treatments	Clinically effective and highly cost effective relative to interventions for other clinical disorders.

Do they want to quit?

70% of smokers see a physician each year	70% of smokers report wanting to quit	Smokers cite a physician's advice to quit as an important motivator for attempting to stop smoking
	• 66% of smokers who relapse want to try quitting again within 30 days	• 44% report that they try to quit each year

Tobacco Interventions

Only 25% of Medicaid patients reported any practical assistance with quitting or ensuing follow-up of their progress

1/3 of adolescents who visited a physician or dentist report receiving counseling about the dangers of tobacco use

Pregnant women who smoke were identified at 81% of physician visits but received counseling at only 23% of these visits

Polling Question

- Do you currently help your patients with practical assistance?
  - Yes
  - No
  - I'm not sure

Objective #2

- Identify and describe 5 Key Guideline Recommendations mentioned in "Treating Tobacco Use and Dependence: 2008 Update" to aid providers in providing tobacco cessation to TB clients.
- Describe the 5 major components of a brief intervention to aid in implementation in TB programs.
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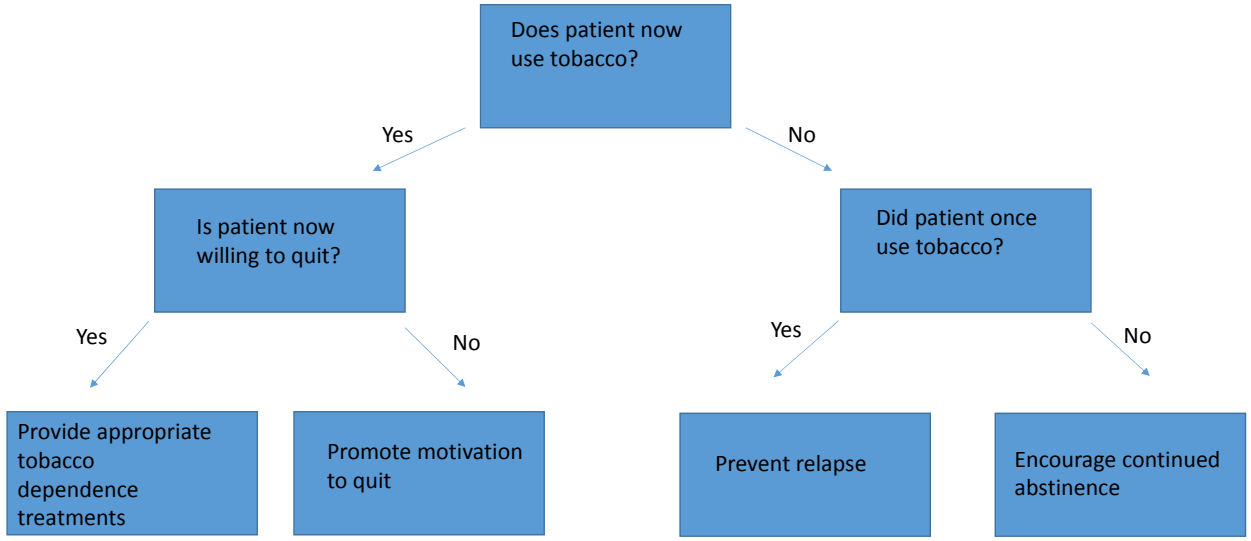
Asssessment

- Identification of smokers
  - Increases rates of clinician intervention
  - Guides appropriate interventions based on patients' tobacco use status and willingness to quit
- Use 5 A's (Or 3 A's and an R for Refer)
  - **Ask**
  - **Advise**
  - **Assess**
  - Assist
  - Arrange

Algorithm for Treating Tobacco Use



The 5 A's model for treating tobacco use and dependence

Ask about tobacco use
- Identify and document tobacco use status for every patient at every visit

Advise to quit
- In a clear strong and personalized manner, urge every tobacco user to quit

Assess willingness to make a quit attempt
- Is the tobacco user willing to make a quit attempt at this time?

Assist in quit attempt
- Offer medication or use motivational interviewing

Arrange follow up
- See patient within first week of quitting. Or Address tobacco dependence and willingness at next visit

Objective #3

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- Identify and describe 5 Key Guideline Recommendations mentioned in the Treating Tobacco Use and Dependence: 2008 Update to aid providers in providing tobacco cessation to TB clients.
- Describe the 5 major components of a brief intervention to aid in implementing cessation programs.
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For the Patient Willing to Quit

- **Advise**
  - **Advice should be clear**
    - "It's important that you quit smoking now and I can help you"
    - "Cutting down while you are ill is not enough"
    - "Occasional or light smoking is still dangerous"
  - **Advice should be strong**
    - "As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health. The staff and I will help you.
  - **Advice should be personalized**

General vs. Personalized advice

General Advice

- Smoking is very harmful for your health
- It is extremely important for you to quit smoking as soon as possible
- It is very harmful to breathe the smoke from other's cigarettes or cigars
- One of the best things you can do to improve your health and your family's health is to not allow any smoking inside your home

Personalized Advice

- You need to quit smoking now so that you can recover properly from TB
- As soon as you quit smoking, your coughing and sputum will decrease and your breathing will become easier
- By smoking in your home, you are putting your children and family at greater risk of getting TB
- Quitting smoking will reduce your risk of getting TB again

For the Patient Willing to Quit

- **Assess**
- "Are you willing to give quitting a try"?
  - **If yes,**
    - Provide assistance.
    - If member of a special population, provide additional information
  - **If no**
    - Provide an intervention shown to increase future quit attempts

For the Patient Willing to Quit

- **Assist**
  - Aid the patient in quitting
    - provide counseling and medication
  - Recommend medication
  - Provide practical counseling
  - Provide intra-treatment support
  - Provide supplementary materials

For the Patient Willing to Quit

- **Assist**
  - Counsel the patient on STAR
    - Set a quit date
    - Tell family, friends and coworkers
    - Anticipate challenges to the upcoming quit attempt
    - Remove tobacco products from your environment

For the Patient Willing to Quit

- **Arrange**
  - **Arrange follow up:**
    - By phone or in person
    - Within first week of quit date
    - Identify problems already encountered
    - If tobacco use has occurred:
      - Review circumstances
      - Elicit recommitment to total abstinence

For the Patient UNwilling to Quit

- Why don't they want to quit?
  - Lack information about the harmful effects of tobacco use
  - Lack information about the benefits of quitting
  - Lack the required financial resources
  - Have fears or concerns about quitting
  - Be demoralized because of a previous relapse

Motivational Interviewing

- There is evidence that MI is effective in increasing future quit attempts
- Patient- centered style counseling

Motivational Interviewing

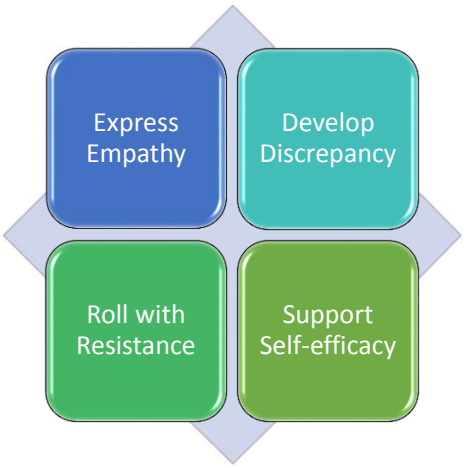
- A directive, patient-**centered** counseling
- Elicits behavior change by helping clients explore own **ambivalence**
- Resolves ambivalence while **minimizing resistance**
- Minimizes resistance by **empathic listening**

Motivational Interviewing

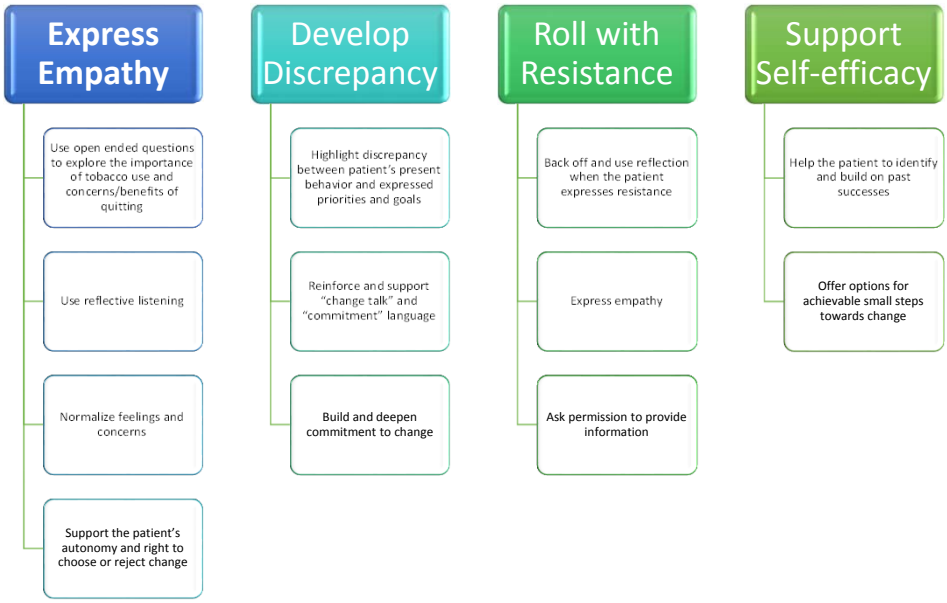
- Explore tobacco user's feelings and beliefs
  - Uncover ambivalence about using tobacco
- Clinician selectively elicits and supports patient's change talk
  - Reasons, ideas, needs for eliminating tobacco use
- Have patients use their own words to commit to change
  - More effective than clinician lectures or arguments for quitting

Motivational Interviewing

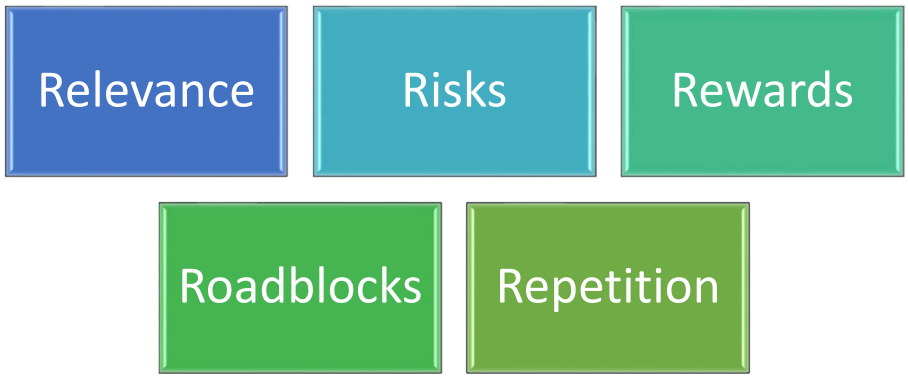
4 General Principles



Motivational Interviewing



Enhancing Motivation to Quit Tobacco



For the Patient who has recently quit

Smokers who have recently quit face a high risk of relapse

- Most occurs early in the quitting process

Use open ended questions to discuss:

- The benefits the patient gets from cessation
- Any success the patient has had in quitting
- The problems encountered or anticipated threats to maintaining abstinence
- A medication check-in

For the Patient who has recently quit

Lack of cessation support	• Schedule follow up visits • Use the quitline • Help identify sources of support in environment • Refer patient to organization that offers counseling
Negative mood or depression	• If significant, provide counseling, medication or refer to a specialist
Strong or prolonged withdrawal symptoms	• Extend the use of approved medication • Add or combine medication
Weight gain	• Engage in physical activity • Reassure that weight gain is common • Healthy diet • Refer patient to a nutritional counselor

Objective #4

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- Identify and describe 5 Key Guideline recommendations mentioned in the training, Tobacco Use and Dependence: 2008 Update to aid providers in providing tobacco cessation to TB clients.
- Describe the 5 major components of a brief intervention to aid in implementation in TB programs.
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Intensive Interventions

Intensive tobacco dependence treatment is more effective than brief treatment

- May occur over multiple visits
- Longer periods of time
- Provided by more than one clinician

Even patients who are not ready to quit have reported increased satisfaction with their overall health care as tobacco counseling intensity increases

Individual, group and phone counseling are effective tobacco use treatment formats

Components of Intensive Interventions

Assessment

- Determine if patient is willing to make a quit attempt using an intensive treatment program
- Specialized assessment of stress, dependence, etc

Program Clinicians

- Medical/health care clinician deliver advise and recommendation to quit
- Nonmedical clinicians could deliver additional counseling interventions

Program Intensity

- Intensity of the program should be longer than 10 minutes and number of sessions should be 4 or more

Program Format

- Either individual or group may be used
- Phone counseling can supplement treatments provided in the clinical setting

Type of Counseling

- Practical counseling (problem solving/skills training
- Intratreatment social support

Medication

- Every patient should be offered medication except where contraindicated

Conclusion

- Identify and describe 5 Key Guideline Recommendations mentioned in the Treating Tobacco use and Dependence: 2008 Update to aid providers in providing tobacco cessation to TB clients.
- Describe the 5 major components of a brief intervention to aid in implementation in TB programs.
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Mark Your Calendar

July 11:
Counseling Skills and Assessment for Dependence

August 22:
Pharmacotherapy for Tobacco Cessation

September 5:
Treating Tobacco Dependence in Special Populations