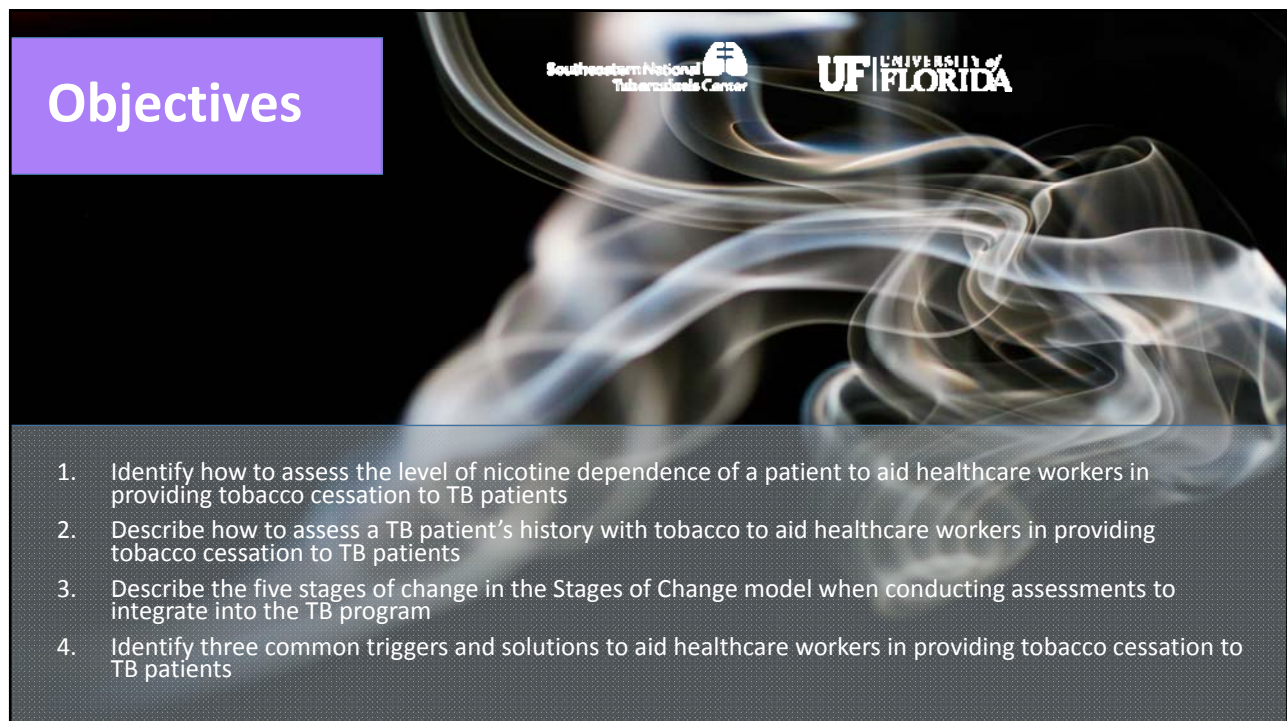


TB and Tobacco: Assessment and Practical Counseling Skills

Stefani Nixon, CPH, CHES, CTTS, PMP



Objectives

1. Identify how to assess the level of nicotine dependence of a patient to aid healthcare workers in providing tobacco cessation to TB patients
2. Describe how to assess a TB patient's history with tobacco to aid healthcare workers in providing tobacco cessation to TB patients
3. Describe the five stages of change in the Stages of Change model when conducting assessments to integrate into the TB program
4. Identify three common triggers and solutions to aid healthcare workers in providing tobacco cessation to TB patients

The link between Tobacco and TB

TB patients who are smokers are more likely to:

- have a cough
- have pulmonary TB
- have cavitory 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



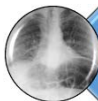
Weakened immune system



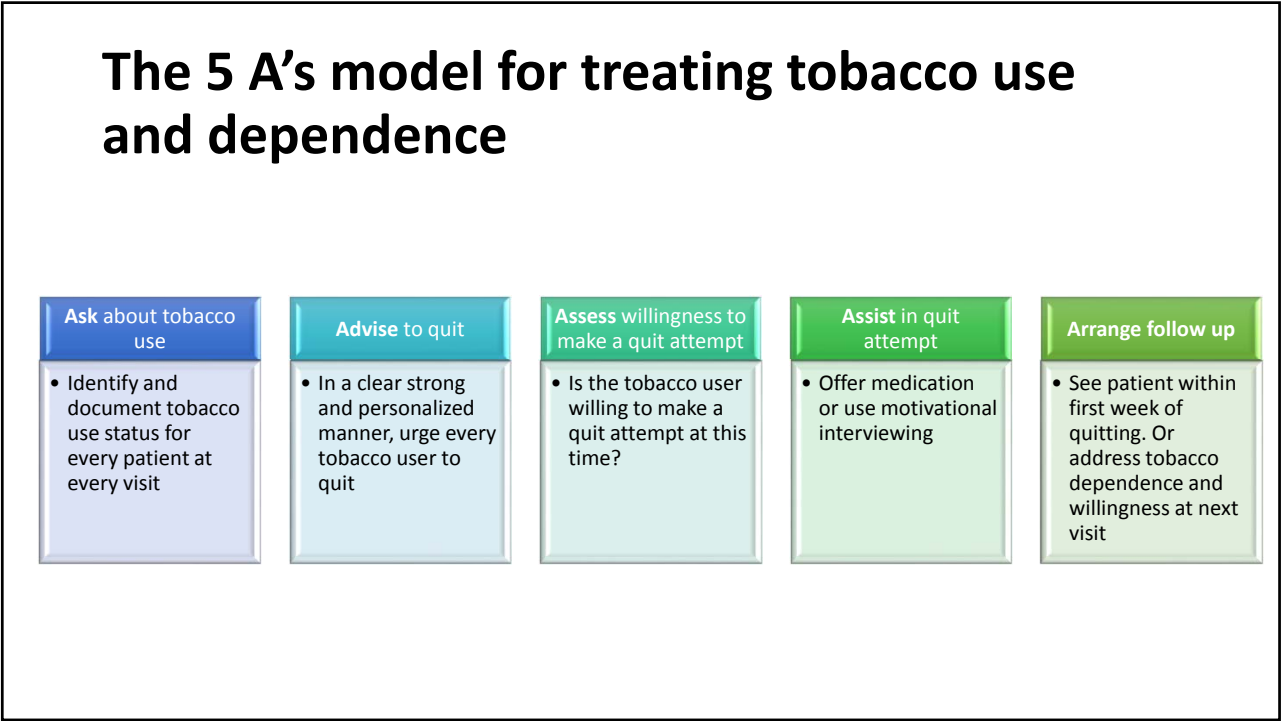
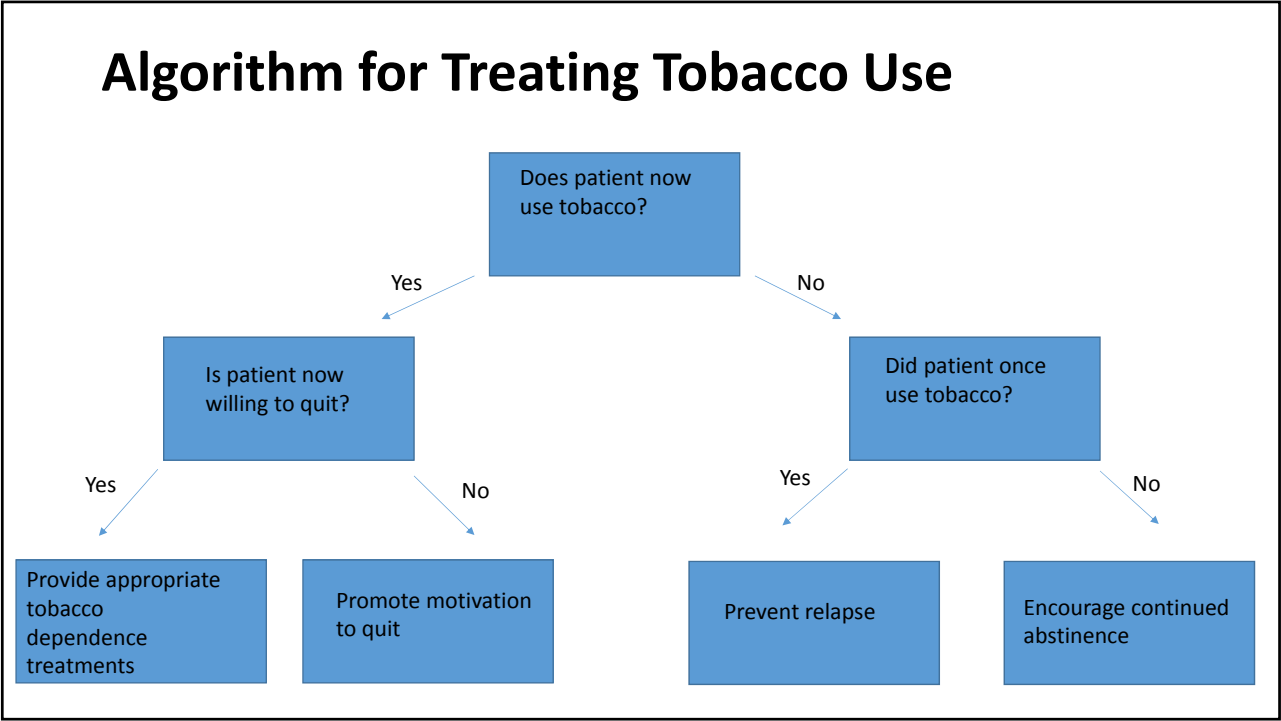
Increased risk for diabetes



More likely to use alcohol



Increased risk for respiratory diseases



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Assessing Physical Dependency

- Carbon Monoxide Monitor
- Fagerstrom Nicotine Tolerance Questionnaire

Assessing Physical Dependency

Fagerström Nicotine Tolerance Questionnaire	For each statement, circle the most appropriate number that best describes you.
1. How many cigarettes do you smoke per day?	
a) 10 or less	0
b) 11-20	1
c) 21-30	2
d)31 or more	3

Assessing Physical Dependency

Fagerström Nicotine Tolerance Questionnaire	For each statement, circle the most appropriate number that best describes you.
1. How soon after you wake up do you smoke your first cigarette?	
a) 0-5 min	3
b) 30 min	2
c) 31-60 min	1
d) After 60 min	0

Assessing Physical Dependency

Fagerström Nicotine Tolerance Questionnaire	For each statement, circle the most appropriate number that best describes you.
3. Do you find it difficult to refrain from smoking in places where smoking is not allowed (e.g. hospitals, government offices, cinemas, libraries, etc)	
a) Yes	1
b) No	0

Assessing Physical Dependency

Fagerström Nicotine Tolerance Questionnaire	For each statement, circle the most appropriate number that best describes you.
3. Do you smoke more during the first hours of waking than during the rest of the day?	
a) Yes	1
b) No	0

Assessing Physical Dependency

Fagerström Nicotine Tolerance Questionnaire	For each statement, circle the most appropriate number that best describes you.
5. Which cigarette would you be the most unwilling to give up?	
a) First in the morning	1
b) Any of the others	0

Assessing Physical Dependency

Fagerström Nicotine Tolerance Questionnaire	For each statement, circle the most appropriate number that best describes you.
6. Do you smoke even when you are very ill?	
a) Yes	1
b) No	0

Scoring

Score	Dependence Level and Strategy
Score 0-3: Low Nicotine Dependence	Mild physical dependence Will benefit from counseling Pharmacotherapy not indicated at this time
Score 4-6: Medium Nicotine Dependence	Moderate physical dependency Definite need for counseling May recommend NRT or pharmacotherapy
Score 7-10: High Nicotine Dependence	Strong physical dependence Requires counseling Recommend NRT and/or pharmacotherapy

Low on time?

1. How many cigarettes do you smoke per day?

 - 10 or less
 - 11-20 (moderate dependency)
 - 21-30
 - 31 or more
2. How soon after you wake up do you smoke your first cigarette?

 - 0-5 mins
 - 30 mins
 - 31-60 mins
 - After 60 mins

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Assessing History

Tobacco Use History

- First experience with tobacco
- How soon to daily use
- Number of years using tobacco

Medical History

- Tobacco related illness in patient
- Tobacco related illnesses in family
- Current medications

Assessing History

Quit History

- Past successes and failures
- Previous NRT experience
- Methods used
- How long they quit
- Withdrawal symptoms
- Reasons for relapses

Assessing History

Environment/Social History

- Living and working environment
- Social pressures
- Stress levels

Patient's Reasons for Quitting

- Thoughts about quitting
- Concerns about quitting

Assessing Ecological Factors

Cues to using tobacco

- Alcohol
- Coffee
- Seeing other people smoke
- Stress

Assessing Coping Mechanisms

How has the patient coped with difficulties in their life?

- How are they coping with TB?

How do they cope with a crisis?

How do they manage their stress levels?

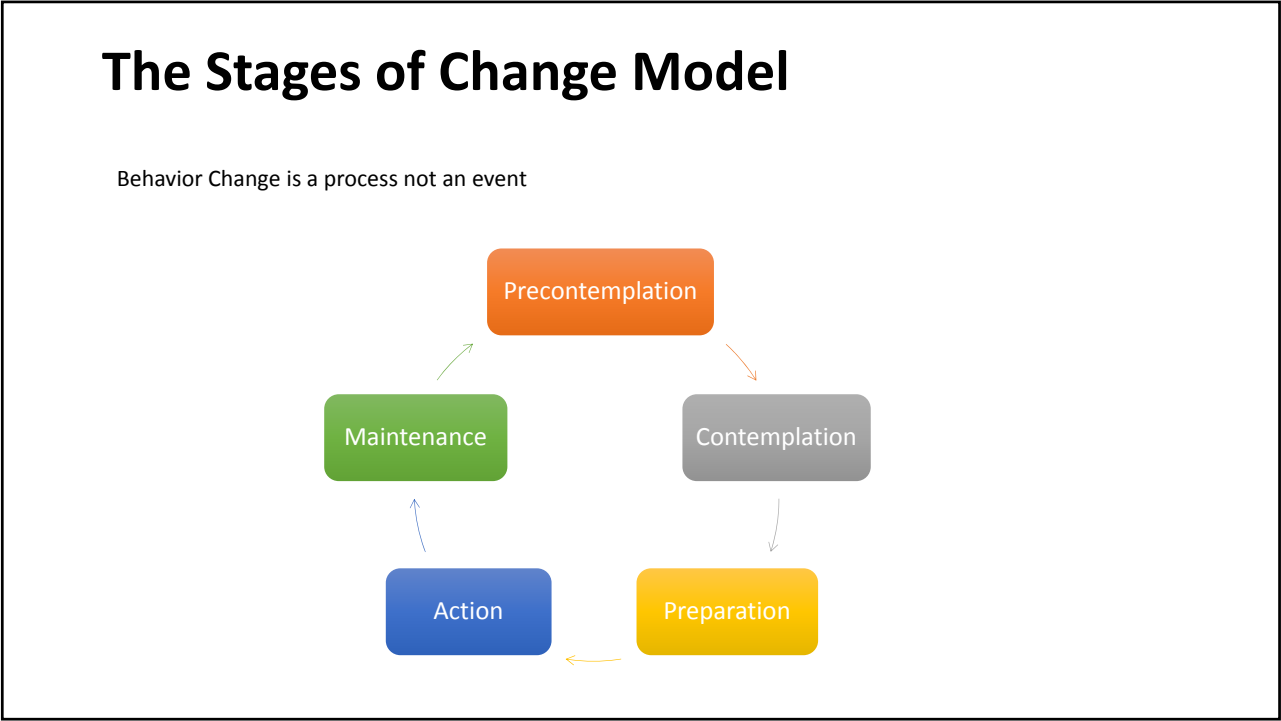
Setting Goals

Agree on how to measure success

- What is the best outcome?
- What does “some success” look like?
- What is an unfavorable outcome?
- Follow up plan for unfavorable outcomes

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Precontemplation

Has no intention of taking action within the next 6 months

Increase awareness of need for change

Personalize information about risks and benefits




Contemplation

Intends to take action in the next 6 months

Motivate

Encourage making specific plans

Address concerns




Preparation

Intends to take action within the next 30 days and has taken some behavioral steps in this direction

Develop realistic goals

Timeline for change

Positive reinforcement

A photograph of a young man and woman smiling and looking at each other in a park-like setting. The woman is on the left, wearing a light green shirt, and the man is on the right, wearing a red shirt. They are both looking towards the right side of the frame.

Action

Has changed behavior for less than 6 months

Assist with feedback, problem solving, social support

A photograph showing the silhouettes of two people jumping joyfully against a bright sunset or sunrise sky. The sky is a mix of orange, yellow, and pink. The ocean is visible in the foreground.

Maintenance
Relapse Prevention

Has changed behavior for more than 6 months.

Assist with coping, reminders, finding alternatives, avoiding slips and relapses

STAGE	DEFINITION	STRATEGIES
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans. Address concerns and identify support systems
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Develop realistic goals and timeline for change. Positive reinforcement.
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
Maintenance and Relapse Prevention	Has changed behavior for more than six months. Strives to maintain the new behavior over the long term.	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)



Objectives

Southeastern National
Tuberculosis Center

UF UNIVERSITY of
FLORIDA

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Cessation Support In-depth

Practical Advice

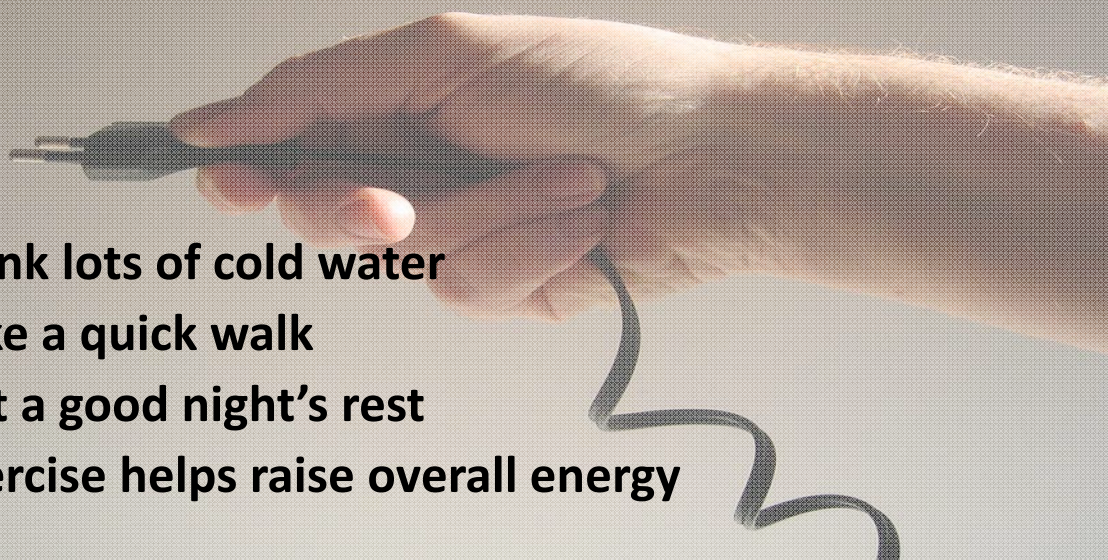




Strategy Session

Stimulation

- Drink lots of cold water
- Take a quick walk
- Get a good night's rest
- Exercise helps raise overall energy





Handling

- Doodle-especially while on the phone
- Carry a stress ball
- Use a toothpick or gum or something to have in their mouth
- Take up a hobby that involves their hands



Pleasure

- Remind them of all the benefits of quitting
- Savor how good food will smell and taste
- Remind them how much easier it will be to walk or exercise
- Feel good about being in control
- Buy something new

Relaxation

- Use relaxation techniques to calm down when angry or upset
- Deep breathing exercises
- Exercise regularly
- Avoid stressful situations
- Tobacco will not solve the problem

Craving

- Consult doctor about using Nicotine Replacement Therapy (NRT)
- Use NRT
- Keep away from tobacco
- Get rid of ash trays
- Avoid triggers



Habit

- Change tobacco use routine
- Keep tobacco in different places
- Try smoking with the opposite hand
- Do they really want the tobacco?



What concerns do you commonly hear as to why people are worried about quitting or why “now isn’t a good time to quit?”

Obstacles to quitting

I'll gain too much weight

I've cut way down

My spouse will make it hard for me to quit

My friend will offer me tobacco

There is too much stress in my life to quit

I don't have the willpower to quit

I will get irritable when I quit



While in the car

- Remove the ashtray
- Sing to the radio
- Take an alternate route to work
- Keep healthy snacks in the car



How to face the morning

- Change routine
- Deep breathing
- Glass of water
- Avoid triggers



Enjoy coffee and tea

- Enjoy your drink
- Switch to decaf
- Plan while drinking



Enjoy your meals

- Stay away from food triggers
- Brush your teeth/use mouthwash
- Wash dishes by hand
- Take a walk



Face boredom

- Plan more activities than you have time for
- Carry a book or puzzle
- Listen to a favorite song



Being around other tobacco users

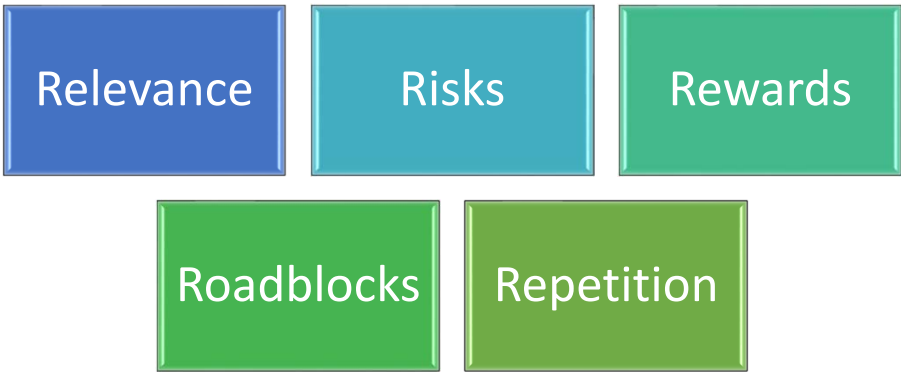
- Ask others to help you in your quit attempt
- Put a 'No Smoking' sign by your front door
- Leave the group while they smoke and don't return until they finish





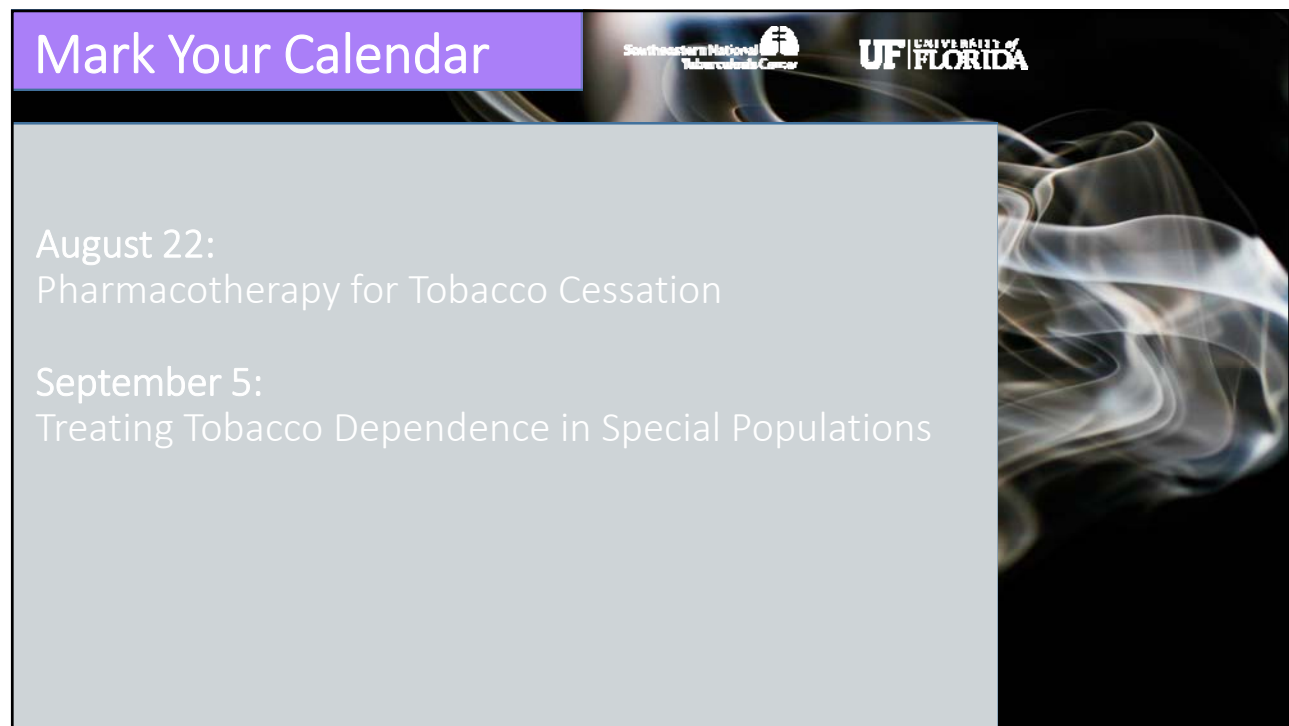


Enhancing Motivation to Quit Tobacco



For the Patient Who Has Recently Quit	
Lack of cessation support	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• If significant, provide counseling, medication or refer to a specialist
Strong or prolonged withdrawal symptoms	<ul style="list-style-type: none">• Extend the use of approved medication• Add or combine medication
Weight gain	<ul style="list-style-type: none">• Engage in physical activity• Reassure that weight gain is common• Healthy diet• Refer patient to a nutritional counselor





Mark Your Calendar

August 22:
Pharmacotherapy for Tobacco Cessation

September 5:
Treating Tobacco Dependence in Special Populations