

Module 2: How to help your patients quit smoking



ENSP

START

01

Health professionals role in smoking cessation as a clinical priority.

02

How to integration evidence-based tobacco dependence treatment into your clinical practice using the 5As strategies.

03

Review of available tools to assist with integrating cessation into your practice.





There is nothing more important we can do for our patients who smoke than help them quit.



Treat tobacco use with the same rigour
and clinical importance that we would
manage any other major chronic disease

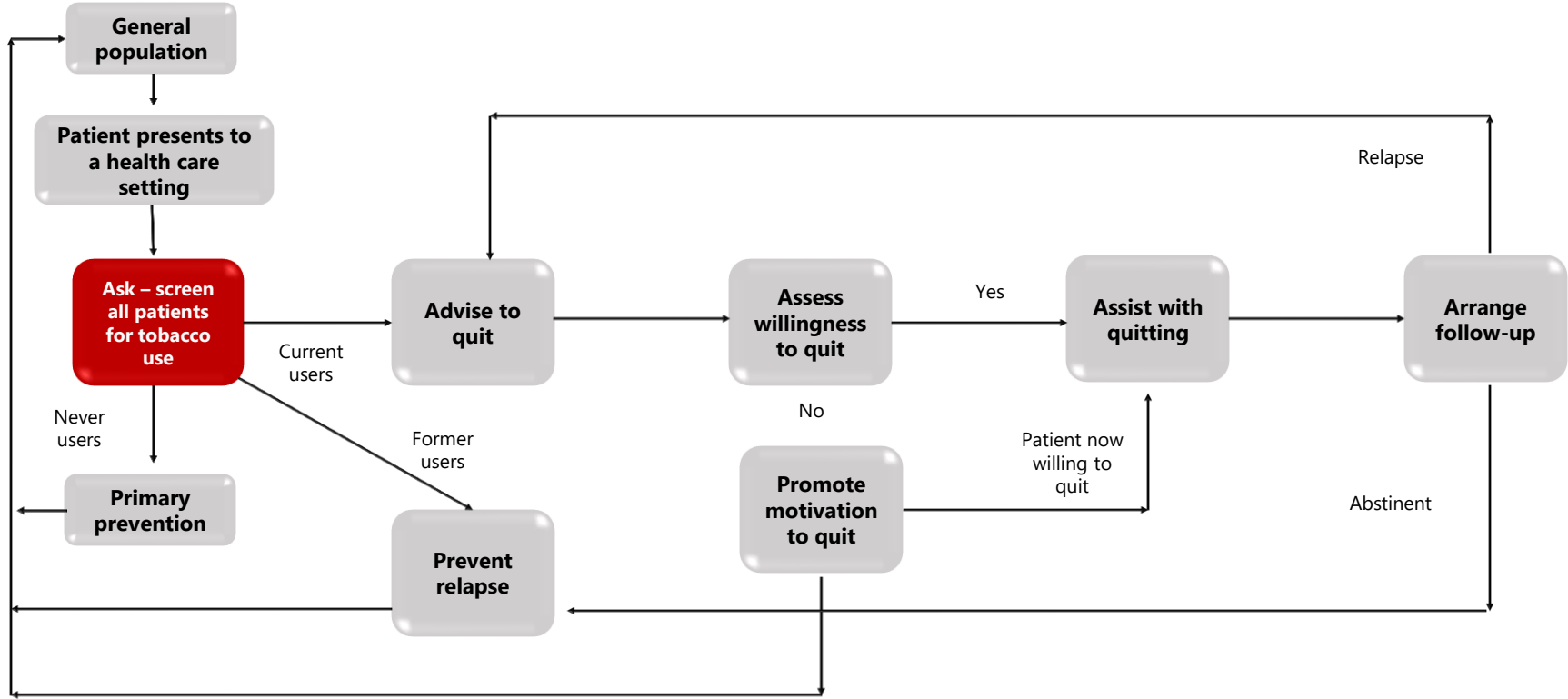


The 5 As


The “Five As” (5As) strategies are:

- | | | |
|----------------|---|---|
| ASK | about tobacco use |  |
| ADVISE | to quit |  |
| ASSESS | willingness to make a quit attempt |  |
| ASSIST | in quit attempt |  |
| ARRANGE | follow up |  |


Ask & Document - 30 secs



Simple Question to ASK

A middle-aged man with grey hair and glasses, wearing a white lab coat over a blue shirt and a red and blue striped tie, stands on the left side of the slide. He is gesturing with his hands as if speaking.

Do you smoke or use any other tobacco products?

A middle-aged man with grey hair, wearing a black and white plaid button-down shirt and blue jeans, stands on the right side of the slide. He has his hand to his chin in a thoughtful pose.

Have you smoked in the past or used other tobacco products in the past?

- **Level of nicotine dependence**
- **Personal reasons for quitting**
- **Past experience with quitting**
- **The presence of anxiety or depression**



Fagerström Test for nicotine dependence (FTND)



1. How soon after you wake up do you smoke the first cigarette?

Under 5 minutes (3)

6-30 minutes (2)

31-60 minutes (1)

More than 60 minutes (0)

2. Does it feel difficult for you to abstain from smoking in places where smoking is banned (e.g. church, cinema, train, restaurant etc.)?

Yes (1)

No (0)

3. Which cigarette would it be the most difficult for you to give up?

The first cigarette in the morning (1)

All the others (0)

4. How many cigarettes/day do you smoke?

10 or fewer (0)

11-20 (1)

21-30 (2)

31 or more (3)

5. Do you smoke more frequently in the first hours after you wake up than in the rest of the day?

Yes (1)

No (0)

6. Do you smoke if you are so ill that you are immobilized in bed most of the day?

Yes (1)

No (0)



Score 0-3: no or low tobacco dependence

Score 4-6: medium tobacco dependence

Score 7-10: high tobacco dependence

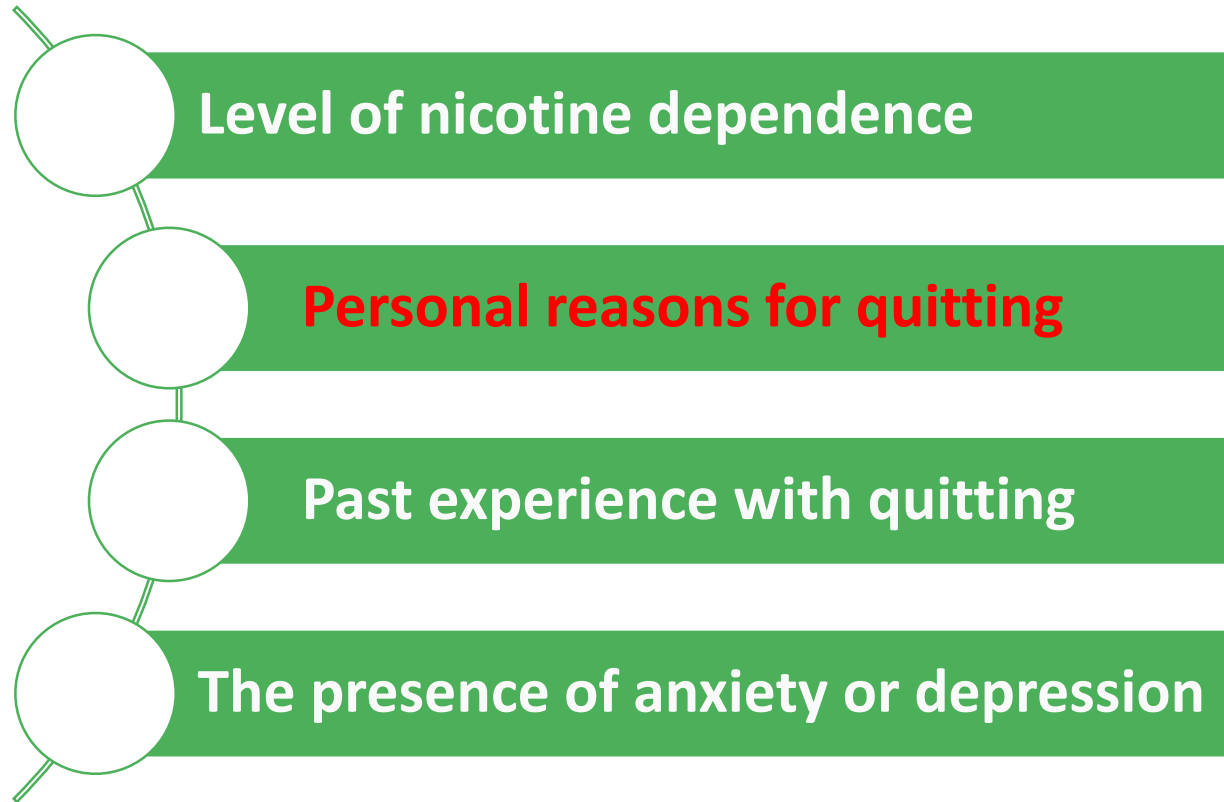


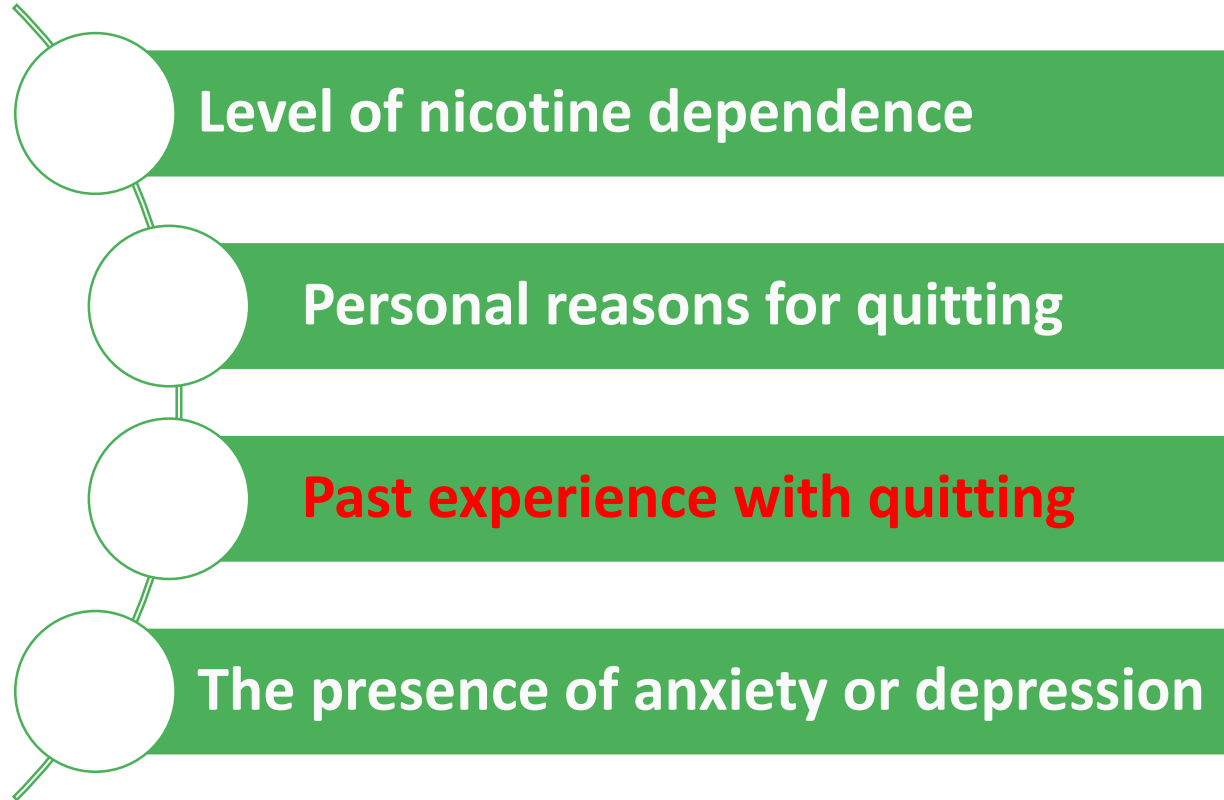
Number of cigarettes smoked per day

How many cigarettes/day do you smoke?
10 or fewer
11-20
21-30
31 or more

Time to first cigarette

How soon after you wake up do you smoke the first cigarette?
Under 5 minutes
6-30 minutes
31-60 minutes
More than 60 minutes



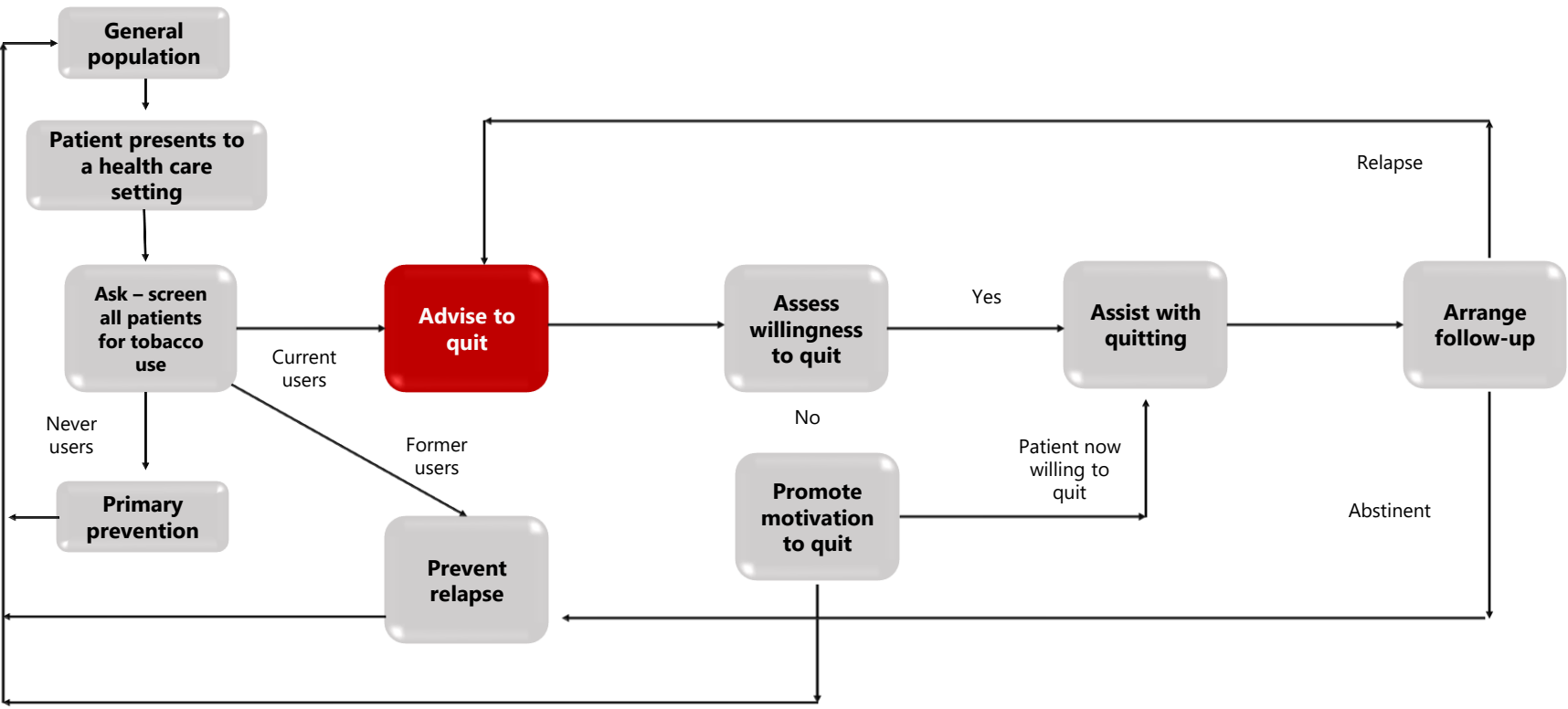




- the number of past quit attempts
- longest smoking abstinence period
- any previous cessation treatment and what the treatment consisted of
- any history of withdrawal symptoms
- any relapsing risk factors

- Level of nicotine dependence
- Personal reasons for quitting
- Past experience with quitting
- **The presence of anxiety or depression**







A health care provider's advice to quit is a powerful intervention, which can increase patient's motivation to quit.

Advice from a Health Professional is the major external trigger



Advice to quit smoking should be:

Clear

Strong

Personalized

Non-
judgmental

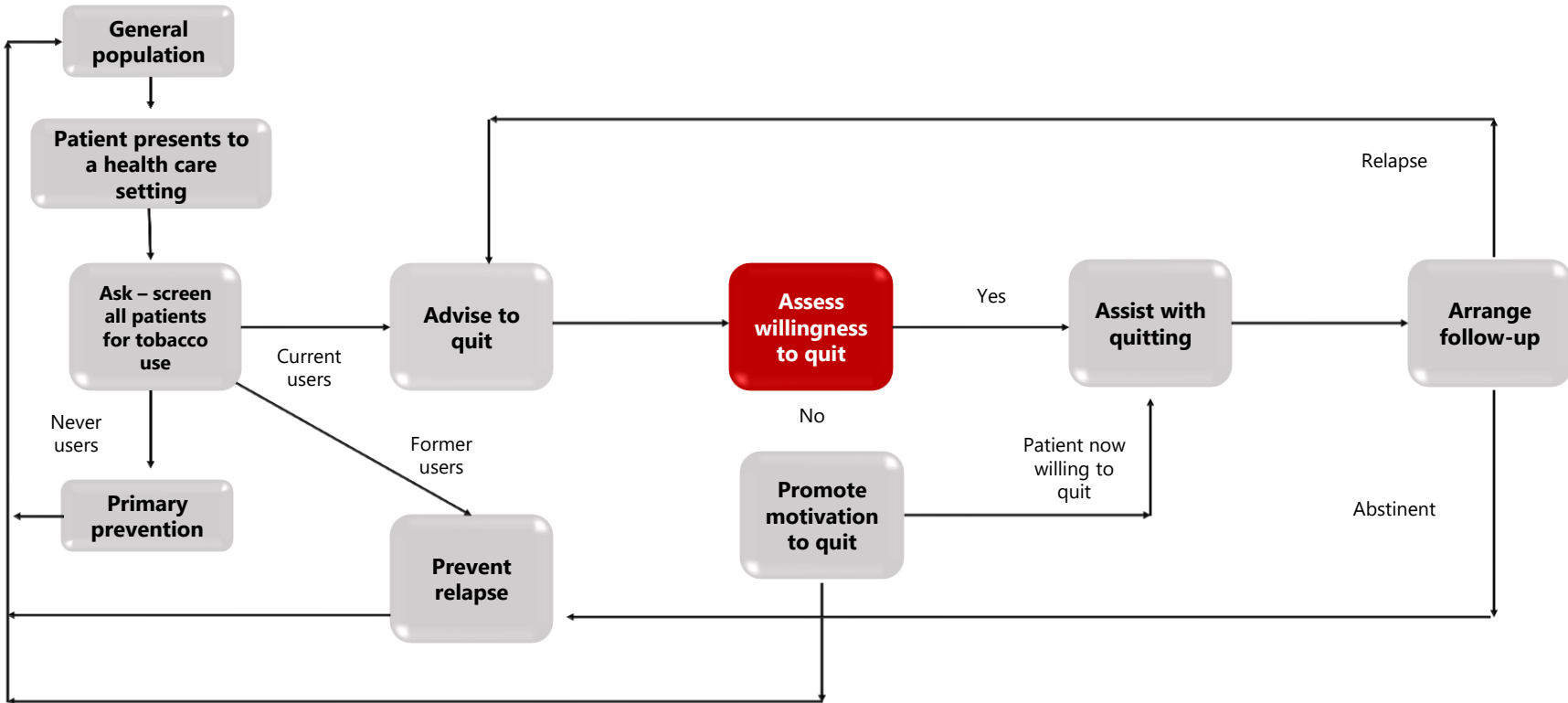
Offer of
Support



Offer Support with Quitting

If you would like to stop smoking I can help you.
Are you willing to make a quit attempt now?





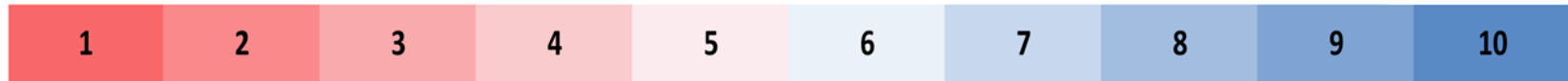
“Do you want to quit smoking (now)?”

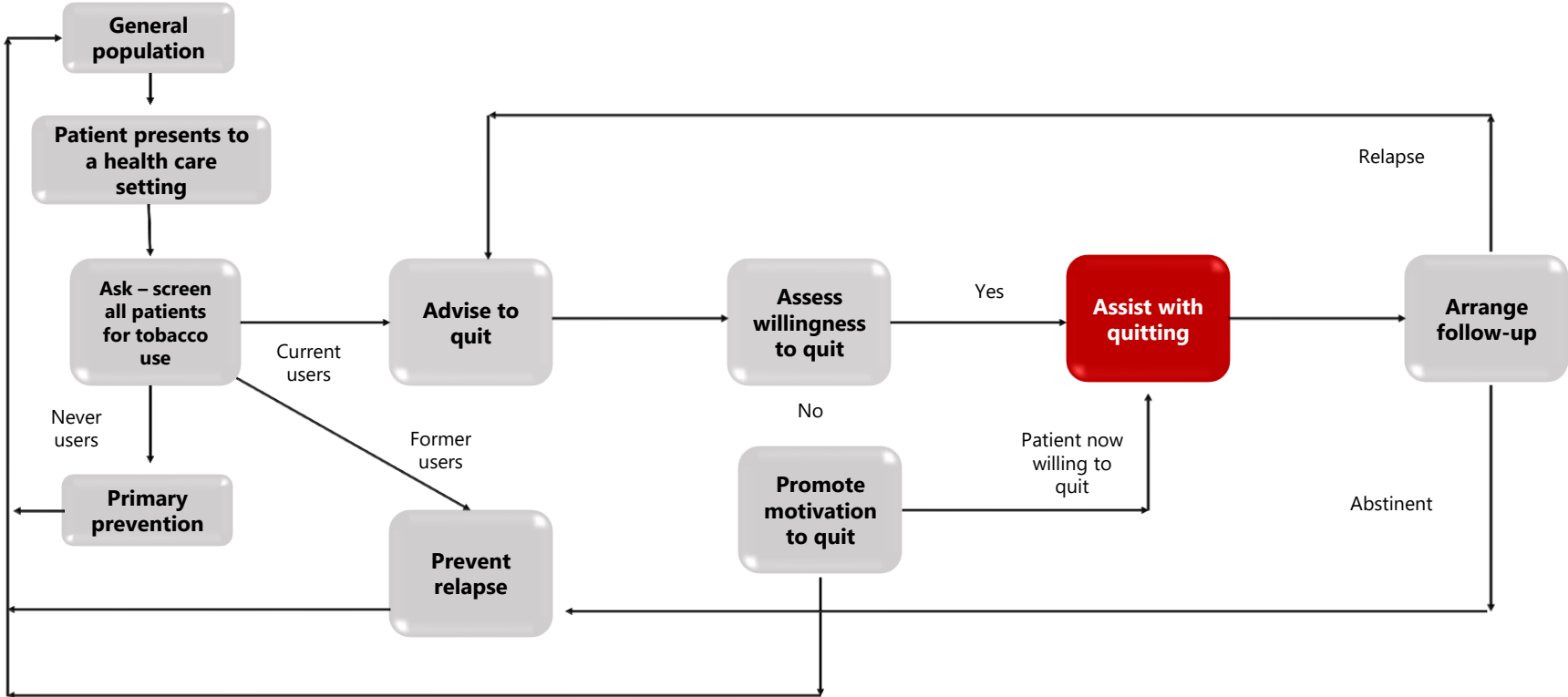
“Are you willing to make a quit attempt in the coming weeks?”

“How motivated are you to stop smoking?”

**No
motivation**

**Very strong
motivation**







- Remain non-judgemental
- Reinforce Message
- Support is available

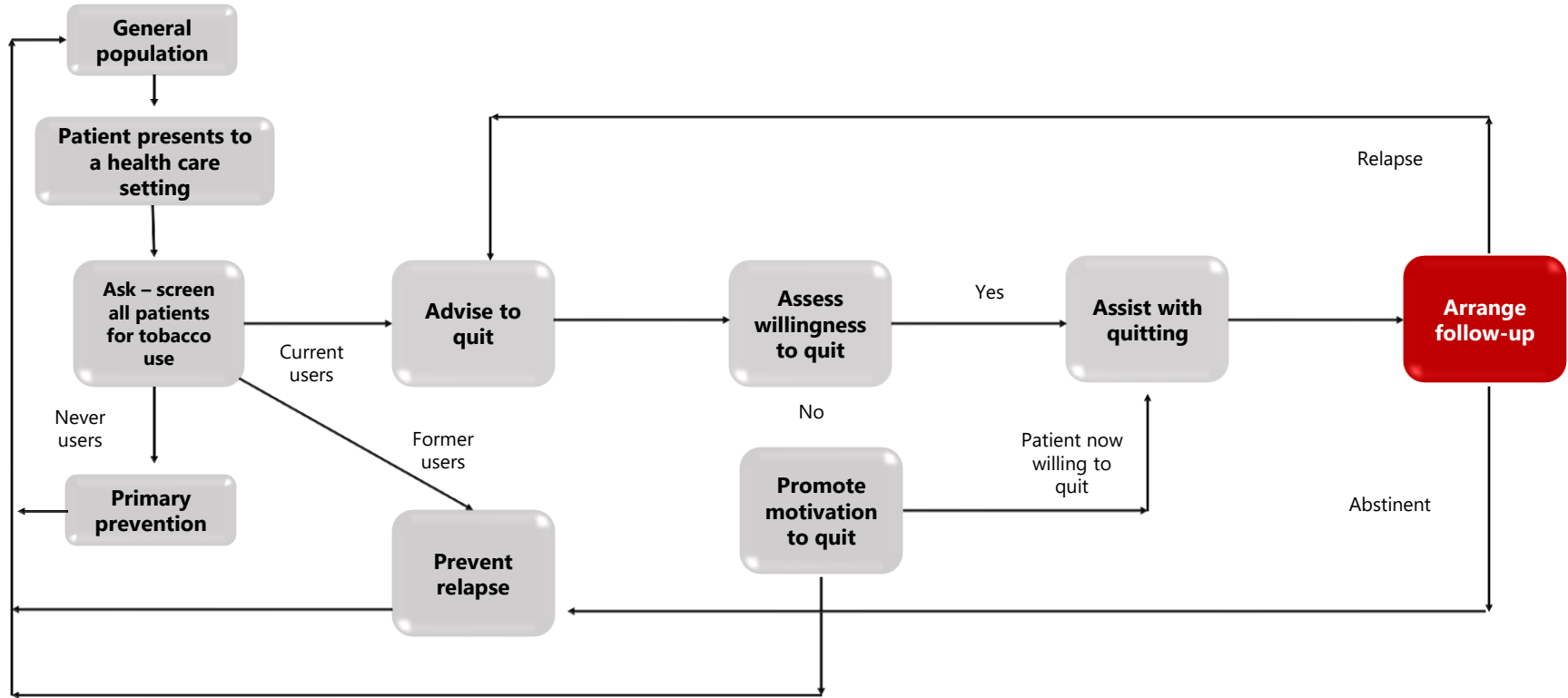


Patients not willing to quit:

- Motivational Interviewing
- Smoking Reduction

	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

Arrange



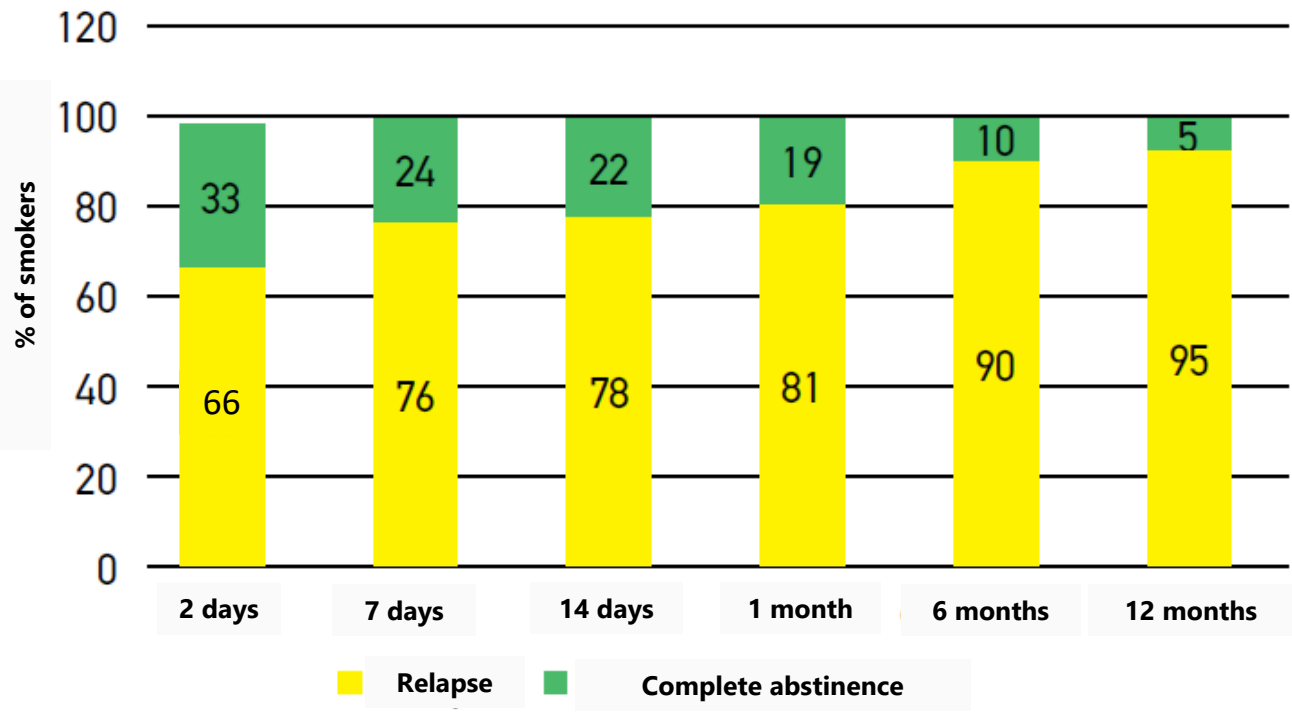


**Follow-up Visit
Every 2-8 weeks for 2-6 months**



More frequent contacts are recommended early in quitting process when risk of relapse is highest

Relapse Curve First Year - Unaided



Relapse prevention

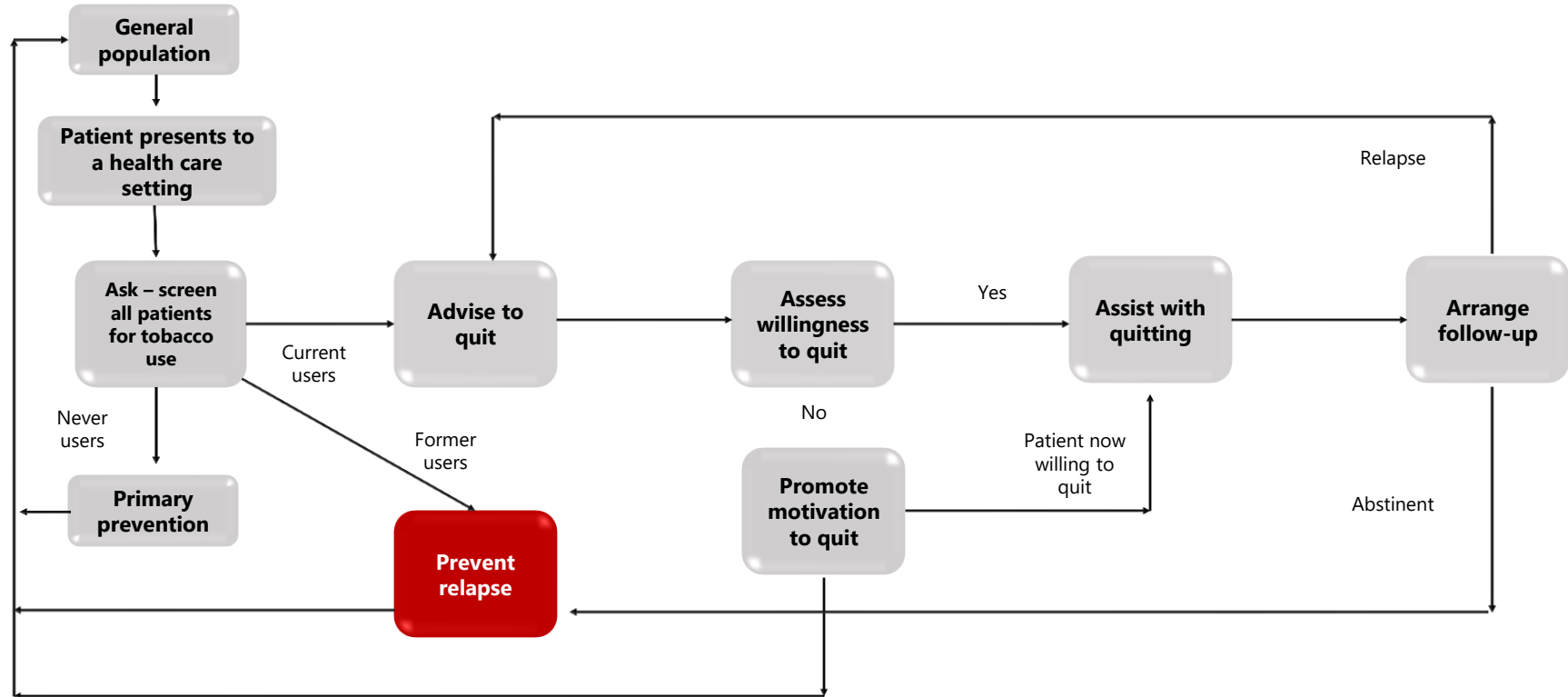
In the early period of quitting

- generally related to cravings and withdrawal

In later stages of quitting

- stress or other psychological factors





Module 3 - Behavioural Counseling

Module 4 – Pharmacotherapy