



Tobacco Dependence Assessment and Treatment

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Outline

- Motivation
- Key treatment components
- Assessment issues
- Treatment planning

Exploring and enhancing motivation for stopping smoking may be more important than helping your patients with a plan on “how to” stop smoking.

Exploring and Enhancing Motivation

Importance **Confidence**



Transtheoretical Model Stages of Change (used only as a guide)

- **Precontemplation** – No intention to quit within 6 months
- **Contemplation** – Intention to quit within 6 months
- **Preparation** – Ready to quit within 30 days
- **Action** – Has quit
- **Maintenance** – Abstinent for 6 months or more
- **Relapse** – Return to regular use after a period of abstinence

Prochaska, J.O. & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-287

Assessment

- Dependence level
- Tobacco type and amount
- Stressors
- Barriers
- Previous quit attempt(s)
- Previous relapse(s)
- Coping skills
- Support



Assessment

- Depression
 - Two screening questions (handout)
- Alcohol
 - AUDIT (handout)
- Substance Abuse
- Other Psychiatric Disorders
- Domestic Violence
 - “Do you feel safe in your home?”

Key Treatment Component

Addiction Information

- Nicotine - highly addictive substance
- Brain chemistry changes
- Affirm the difficulty in stopping



Substance Dependence

DSM-IV

- Tolerance
- Withdrawal
- Substance taken in larger amounts or over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control
- Great deal of time spent in activities necessary to obtain or use

Substance Dependence

DSM-IV (cont)

- Important social, occupation, or recreational activities given up or reduced because of use
- Continued use despite having had a persistent or recurrent physical or psychological problem caused or exacerbated by substance

Key Treatment Components

Cognitive-Behavioral

Thoughts

- “Smoking isn’t an option”
- “I happily see myself as a nonsmoker”
- “I can do this.”

Behaviors

- Alter routines
- Behavioral substitutes
- Problem-solving skills

Key Treatment Component Pharmacotherapy

- Rationale for medication(s)
 - Goal is to stop tobacco use
 - Can't match dose delivery or concentration of nicotine
 - Double the success rate
 - “Takes the edge off” while incorporating behavioral change

Pharmacotherapy

Give Patient a Menu of Options

Medication options

Your treatment specialist or other health care provider can help complete this page and discuss recommendations with you.



Nicotine patch

Recommendations:

___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks
 ___ mg, daily for ___ weeks

The suggested taper schedule above can be adjusted if necessary.

Comments:



Nicotine gum

Recommendations:

2 mg
 4 mg

Comments:



Nicotine lozenge

Recommendations:

2 mg
 4 mg

Comments:



Nicotine inhaler

Comments:



Nicotine nasal spray

Comments:



Bupropion

Available dose:
 150 mg

Comments:



Varenicline

Available doses:
 0.5 mg
 1 mg

Comments:

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Key Treatment Component

Relapse Prevention

- Individualized
- Red flags/high risk situations
- “Fire plan”
- Follow-up
- Support
- Stress management

Carbon Monoxide Detector

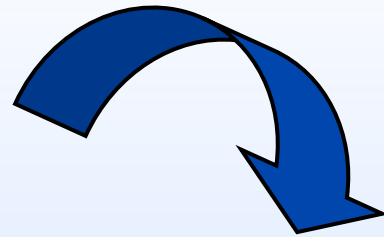
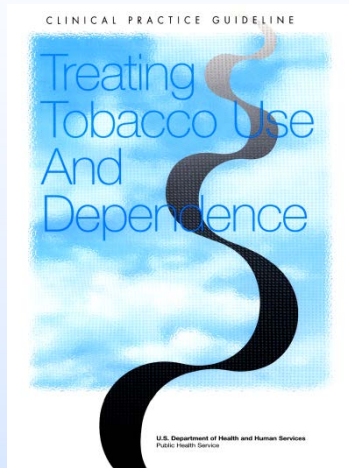
- Measures CO in expired air
- Does not measure lung function
- Objective feedback
- Personalized teaching tool



Mayo's Individualized Structure

- Review materials before consultation
- Explain session to client
- Complete session
- Offer patient brochures
- Carbon Monoxide Screening
- Give the patient a written plan
- Discuss with referring MD (prescriptions)
- Documentation
- Follow-up

Individualized Plan

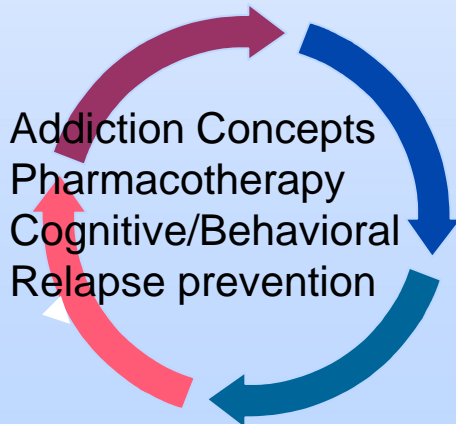
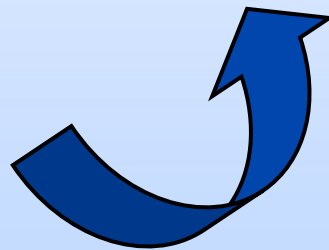


Motivational
Interviewing



**Next
Steps
For your
Patient**

Addiction Concepts
Pharmacotherapy
Cognitive/Behavioral
Relapse prevention

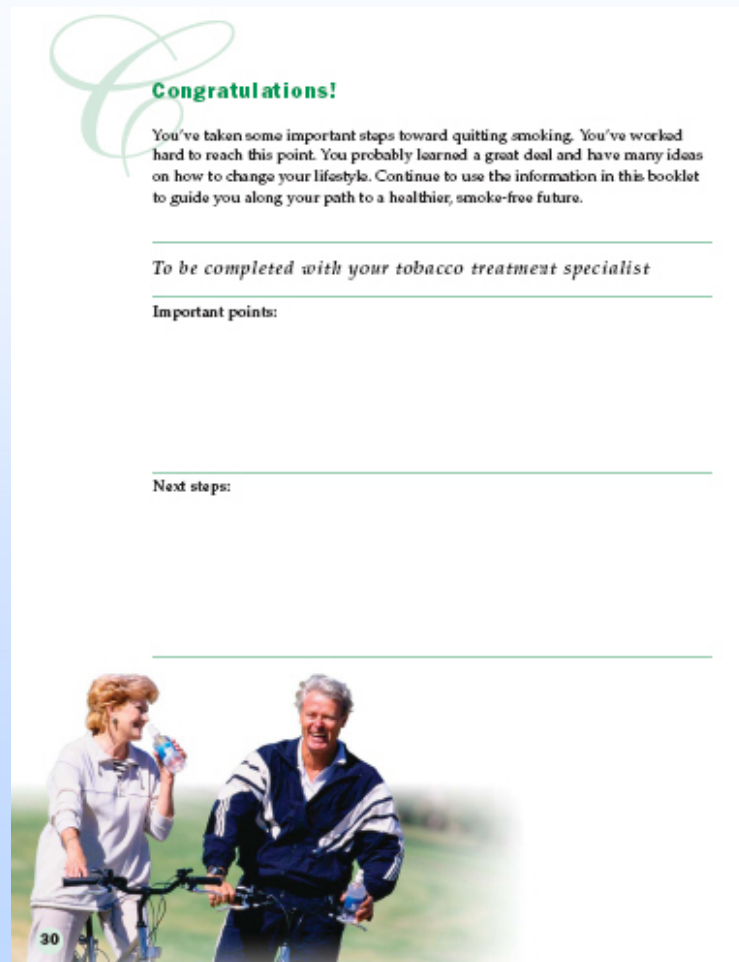


Individualized Plan

For Those Patients Not Ready to Quit

Important points

Next steps



Individualized Plan For Those Patients Ready to Quit

Patient's Written Plan

- Physical
 - Medication
- Cognitive/behavioral
 - Coping skills
 - Alter routines
 - Positive self-talk
- Emotional
 - Support



Treatment Plan

Patient's Name:

Today's Date:_____

Motivation:

CO Level:_____

Barriers:

Quit Date:_____

Triggers:

Follow-up appt:_____

Coping skills:

Strengths:

Medication plan:

Notes/other:

Support:

Next steps:

Treatment Plan/Next Steps

Every plan should include reiterating to the patient the strengths that he/she has to succeed with stopping tobacco use.



Types of Interventions

- Outpatient consult
- Residential
- Group
- Worksite
- Hospital/bedside
- Brief
- Quitline



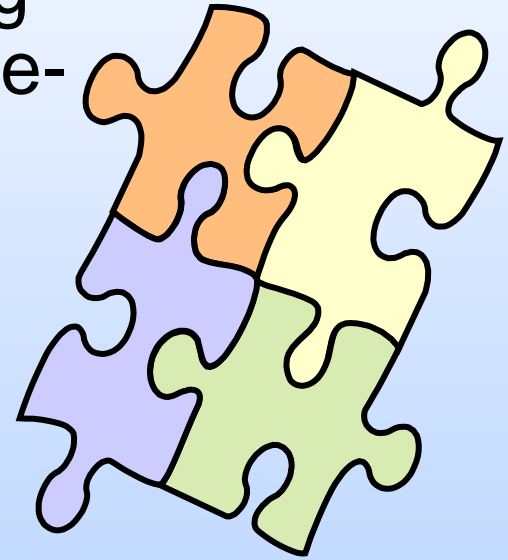
Hospital (Bedside) Consultation vs Outpatient Consultation vs Quitline

- Discussion
 - Opportunities
 - Challenges



Putting It All Together

- Cessation is a process, and all aspects of assessment and treatment are individualized
- Four principles to address during treatment are addiction, cognitive-behavioral, pharmacology, and relapse prevention
- Use a Motivational Interviewing approach



Case Study – Kyle

- 39 year old, married, male, highway construction worker
- Dr. referred him saying, “He must quit smoking because of his chronic bronchitis”
- Hx of 24 yrs of smoking, 2 1/2 ppd
- Four previous quit attempts on his own. For two of those attempts, he used the patch but reports “It didn’t help much.”
- Recently lost 65 pounds and is very concerned about weight gain
- After your consultation, pt says, “My wife is having major surgery next month, then 6 weeks later we go on vacation; I’ll quit as soon as we get back.”

References

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