

# 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







# 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



### Key Treatment Component Addiction Information

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





### DSM-5 Criteria for Tobacco Use Disorder

- Two within 12-month period
  - Taken in larger amounts over longer period
  - Persistent desire or efforts to cut down
  - Great deal of time in activities to obtain
  - Strong craving, desire, urge to use
  - Interference with roles (home, school, work)
  - Continued use despite problems
  - Important social, occupational activities given up
  - Use in situations where it's hazardous (i.e., bed)
  - Illness caused by tobacco but still use
  - Tolerance (need for more or diminished effect)
  - Withdrawal (use of nicotine to alleviate symptoms)

# Tobacco Withdrawal Symptoms (DSM-5)

- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Increased appetite
- Restlessness
- Depressed mood
- Insomnia



### 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





# 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**





#### Individualized Plan For Those Patients Not Ready to Quit

# Important points

# Next steps

#### Congratulations!

You've taken some important steps toward quitting smoking. You've worked hard to reach this point. You probably learned a great deal and have many ideas on how to change your lifestyle. Continue to use the information in this booklet to guide you along your path to a healthier, smoke-free future.

To be completed with your tobacco treatment specialist

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:
- Motivation:
- **Barriers**:
- Triggers:
- Coping skills:
- Medication plan:
- Support:

MAYO CLINIC Next steps:

Today's Date:\_\_\_\_\_

CO Level:\_\_\_\_\_

Quit Date:\_\_\_\_\_

Follow-up appt:\_\_\_\_\_

Strengths:

Notes/other:

#### **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, cognitivebehavioral, 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.



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