Tobacco Dependence Assessment and Treatment

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Mayo Clinic Tobacco Treatment Specialist Certification
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

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

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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:

Comments:

The suggested taper schedule above can be adjusted if necessary.

Nicotine gum
Recommendations:

Comments:

2 mg
4 mg

Nicotine lozenge
Recommendations:

Comments:

2 mg
4 mg

Nicotine nasal spray
Comments:

Bupropion
Available dose: 150 mg
Comments:

Varenicline
Available doses: 0.5 mg 1 mg
Comments:
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

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Today’s Date:_________</th>
</tr>
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<tbody>
<tr>
<td>Motivation:</td>
<td>CO Level:______________</td>
</tr>
<tr>
<td>Barriers:</td>
<td>Quit Date:______________</td>
</tr>
<tr>
<td>Triggers:</td>
<td>Follow-up appt:________</td>
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<tr>
<td>Coping skills:</td>
<td>Strengths:</td>
</tr>
<tr>
<td>Medication plan:</td>
<td>Notes/other:</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
</tr>
<tr>
<td>Next steps:</td>
<td></td>
</tr>
</tbody>
</table>
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


