



Components of a Treatment Plan

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Mayo Clinic Tobacco Treatment Specialist Certification

Amy – Successful Real Estate Agent

- Age 45
- Smokes 2 ppd (for the past 25 years)
- Three serious past quit attempts
 - Cold turkey – lasted 8 hours
 - Hypnosis – lasted 24 hours
 - Longest abstinence was 3 days when using the patch (purchased OTC)

Amy

“I just can’t quit smoking right now. I’m a single mother and trying to deal with problems I’m having with my teenage son. I work 50 hours a week and my boss doesn’t appreciate me. On top of all that, I’m taking care of my sick father.”

Amy

Importance – 10

Confidence – 5

Decisional balance

Pros

- Relieves stress
- Happy hour on Friday
- Controls my weight

Cons

- Smell
- Cost
- Embarrassing

Discrepancies

- Wants to be a good role model to her son
- Doesn't fit in with her “professionalism”

Get to Know Her

- Elicit her hopes, fears, values, concerns, challenges and smoking history
- Learn more about her relapses
- Build her confidence
 - Point out strengths
 - Perseverance
 - Determination
- Emphasize personal choice & control
- Ask permission to give her information

Reassess readiness

Strength commitment

Medication Plan

42 mg patch, inhaler as needed

High-risk situations

- Stress (work, teenager, sick father)
- Alcohol (Happy hour)
- Friends (socializes with some smokers)

Behavioral

- Alter routines, cinnamon sticks, drink water, distraction, jigsaw puzzles

Cognitive

- Positive self-affirmation

Stress Management

- Yoga, deep breathing, music, warm baths

Reward

- Gold bracelet

Support

- Son, co-worker

Follow-up

Major Points

- Motivational Interviewing
- Pharmacotherapy
- Cognitive-Behavioral
- Triggers
- Coping Skills

Motivational Interviewing

- Use MI to join with the patient
- What are the patient's reasons for being here today?
- How important is change?
- How confident are they in making change?

Pharmacotherapy

- What is the patient's type and level of tobacco use?
- Has this changed in the past six months?
- Past use of medications – pros and cons
- Patient preference
- Contraindications – Varenicline, Bupropion

Cognitive – Behavioral

- Utilizing positive thoughts
- Altering routines
- Behavioral substitutes

Triggers

- Identify high risk situations for relapse
- What behaviors are associated with smoking/chewing?
- People that patient has used with (work, family, friends)

Coping Skills

- What has worked in the past?
- Identify their support people?
- What coping skills have they used or are they interested in trying?
- Physical activity
- Deep breathing

Bill – College Sophomore

- Age 20
- Smokes approximately 8 cpd
- One past quit attempt
 - No medication (abstinent for 5 days)

Bill

“I’m not an addict or a ‘smoker.’ I just smoke because it’s basically what college kids do. It doesn’t control anything I do. I plan on quitting when I graduate.”

Bill

Importance – 3

Confidence – 10

Decisional balance

Pros

- Helps for concentration
- Something to do
- Enjoy it

Cons

- Costs money
- Bad breath
- Folks get on your case

Discrepancies

- He said tobacco has no control, yet it does control his ability to concentrate more

Get to Know Him

- Elicit his hopes, fears, values, concerns, challenges and smoking history
- Learn more about his one quit attempt
- Point out discrepancies
 - “On the one hand you say you don’t need to smoke. At the same time you do need to smoke in order to concentrate and to study”
- Emphasize personal choice & control
- Ask permission to give him information

Reassess readiness

Reach agreement

CASE EXAMPLES

Kelly

John

Connor

Medication Recommendations for Kelly

21mg patch, 2 per day (every morning), x 4 to 6 weeks (on TQD)

21mg patch & 14mg patch (each 1 per day) x 2 to 4 weeks

14mg patch, 2 per day x 2 to 4 weeks (or 21mg & 7mg, 1 per day) **42mg**

21mg patch, 1 per day, x 2 to 4 weeks **35mg**

14mg patch, 1 per day, x 2 to 4 weeks

7mg patch, 1 per day, x 2 to 4 weeks **28mg**

- Bupropion: Dose as bupropion SR 150 mg, 1 tablet daily for three days and then increase to 1 tablet twice a day, taken at least 8 hours apart. Continue tablets twice a day for at least 3 months, but may be used longer. Tapering is not necessary when discontinuing bupropion. When possible, bupropion SR should be started at least 1 week prior to the Target Quit Date (TQD), the recipient may smoke up until the TQD.
- Inhaler, use as needed. Taper off after 6 to 12 weeks

Note: How many pills? How many refills? When to start medications?

Medication Recommendations for John

- 2 mg nicotine lozenge at 1-2 lozenges every 1-2 hours as needed to control cravings and withdrawal symptoms
- Limit use to no more than 20/day for up to 12 weeks
- Taper as needed to control cravings and withdrawal symptoms

Medication Recommendations for Connor

- Varenicline – dose as varenicline 0.5 mg
 - 1 tablet daily for three days, then increase to one 0.5 mg tablet twice a day for four days
 - Take pills with food and a large glass of water
 - After 7 days, increase dose to 1.0 mg twice a day
 - Continue 1.0 mg tablets twice a day for 3 months
 - If not smoking at the end of 3 months, consider continuing the 1.0 mg pills for an additional 3 months (6 months total)
 - Tapering is not necessary when discontinuing varenicline.
 - When possible varenicline should be started at least 1 week prior to the Target Quit Date (TQD), the recipient may smoke up until the TQD

Case Study – Arthur Smith

- 52 yr old, married male, finance & insurance manager at a car dealership
- Referred by MD for COPD
- Hx of 40 yrs of smoking, 2 1/2 ppd
- Several quit attempts (once tried to taper, once tried the patch) Longest abstinence 3 days. Reports relapses due to cravings and stress, severe withdrawal
- Recently completed inpatient alcoholism tx program (6 months sobriety)
- Wife and sponsor are both smokers
- Wants to quit next week

Motivation Health concerns
Barriers Wife and sponsor smoke
Strengths Perseverance, commitment, enthusiasm, sobriety x6 mo

Triggers After meals
When driving
Breaks at work
Skills Brush teeth
Cinnamon sticks, gum, mints
Prayer, distraction

Medication plan

21 mg patch x2 per day, (4 to 6 weeks, then taper by
7 mg every 2 to 4 weeks)
2 mg Commit Lozenge, use as needed, taper off after 6 to 12 weeks

Support Sister, co-workers, son, N.A. meeting on Tuesday nights

Other Stress management – exercise and deep breathing

Next steps Secure prescriptions, practice positive self-affirmations
Clean car, prepare for quit date, and return for follow-up
in 2 weeks

Stage preparation

Degree of dependence – severe

Follow-up for Arthur

- How do you engage Arthur in follow-up?
- What will you assess in Arthur's follow-up visits?
- If Arthur is struggling, what might be some options?

Case Study – Kevin Jones

- 17 year old, single male, high school student
- Self-referred
- Currently smoking 20 cpd, and chewing 1 tin per week
- Started tobacco use at age 8, regularly at age 12; older brothers introduced him
- One quit attempt, for three months during football season. Relapsed due after the season due to desire to use and triggers
- Interested in quitting

Motivation Health concerns (not breathing as well), cost, smell

Barriers Siblings and friends smoke/chew

Strengths Self-motivated to quit, parents are supportive

Triggers With others who use
When driving
Hunting/fishing

Skills Chew on gum, mints
sunflower seeds

Medication plan

28 mg patch per day, (4 to 6 weeks, then taper by 7-14 mg every 2 to 4 weeks)

Nicotine inhaler, use as needed up to 16 cartridges per day, begin tapering after 6 to 12 weeks

Support Parents, friends

Other Stress management – exercise and deep breathing

Next steps Secure prescriptions, inform support people that he plans to quite, prepare for quit date, and schedule follow-up for 1 week after his quit date

Stage preparation

Degree of dependence – severe