



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

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

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
 ___ 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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Clinical Pearls –Statements from TTS participants

“I’ve heard the lozenge has a weird texture, so I don’t recommend that.”

“I tried the lozenge and it was hard not to chew it, so no way would I suggest it to a patient.”

“I don’t advise anyone to take the inhaler. It mimics the behavioral part of smoking.”

“I’ve heard that people can become addicted to the nasal spray, so I don’t even offer it as an option.”

“Varenicline gets bad press, so why bother even trying to discuss it.”

“I only recommend prescription medication if someone has benefits, because I know how expensive OTC meds are.”

“Clinical Pearls”

“I tried the patches. They don’t work for me.”

“Clinical Pearls”

“I just can’t afford those medications.”

“Clinical Pearls”

“I’m not really addicted. I just smoke because it has become a bad habit.”

“Clinical Pearls”

“I’d really rather go cold-turkey. I think it’s weird that I’m trying to get off nicotine, yet you’re trying to encourage me to take it.”

Key Treatment Component

Relapse Prevention

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

Carbon Monoxide Detector

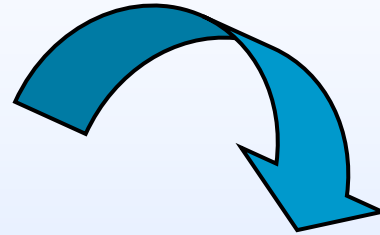
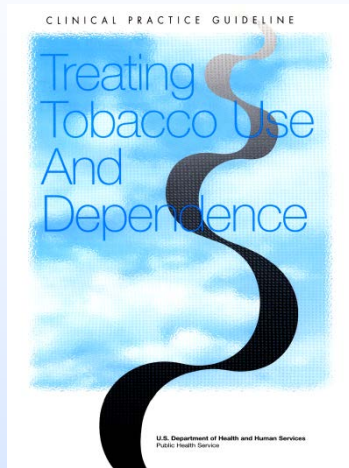
- Measures CO in expired air
- Does not measure lung function
- Objective feedback
- Personalized teaching tool



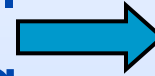
Mayo's Individualized Structure

- 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

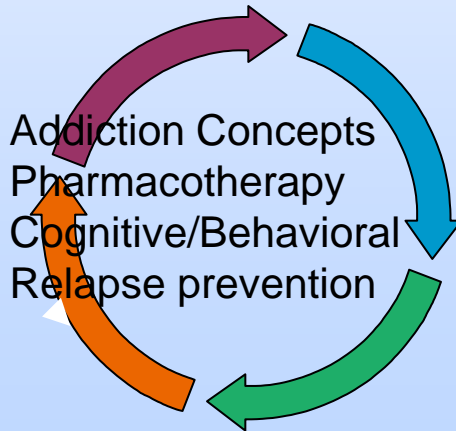
Individualized Plan



Motivational
Interviewing



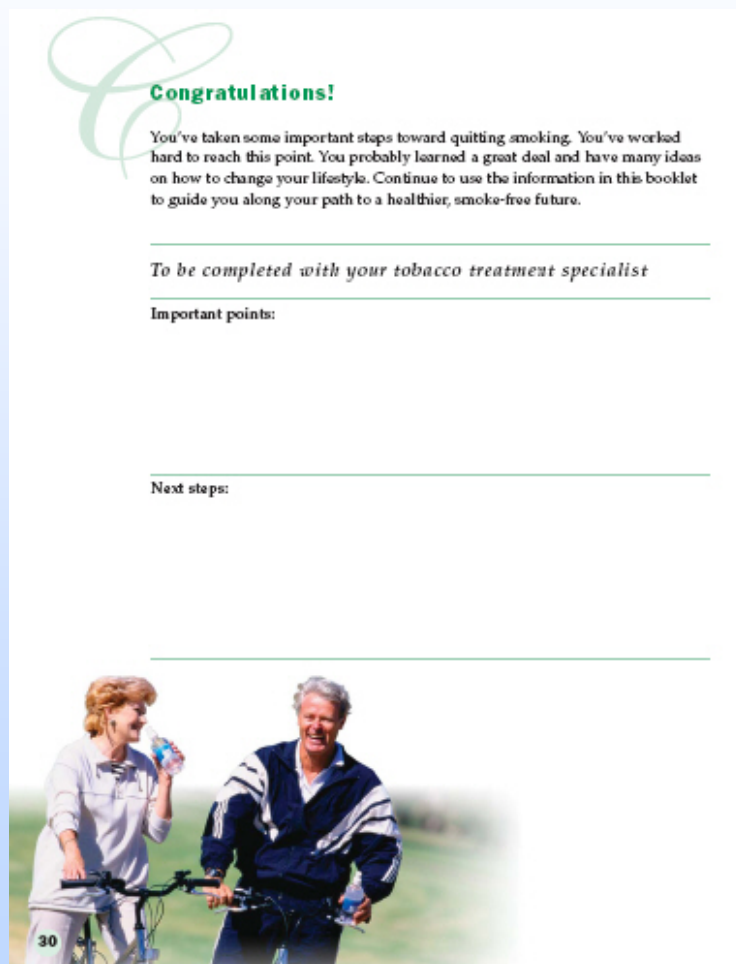
**Next
Steps
For your
Patient**



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:

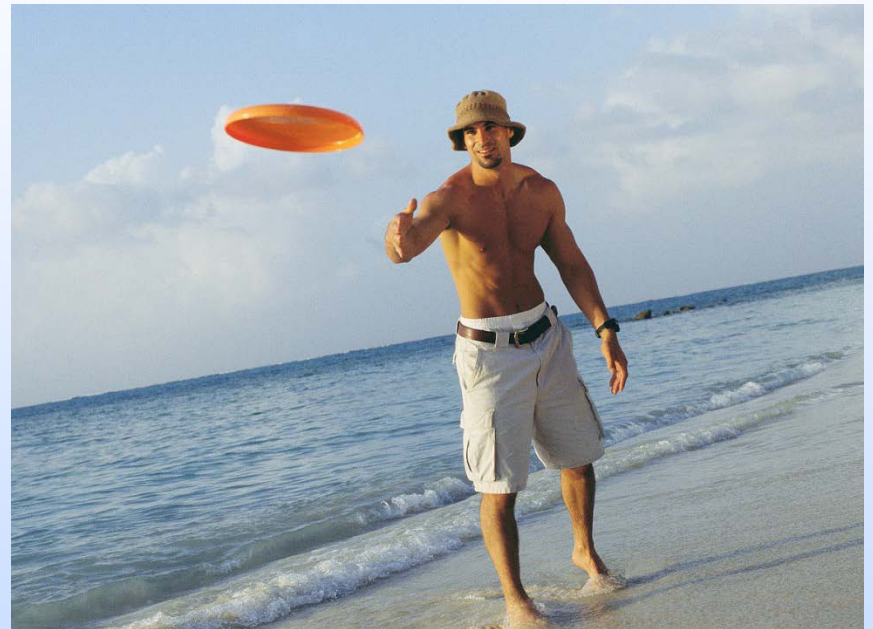
Notes/other:

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



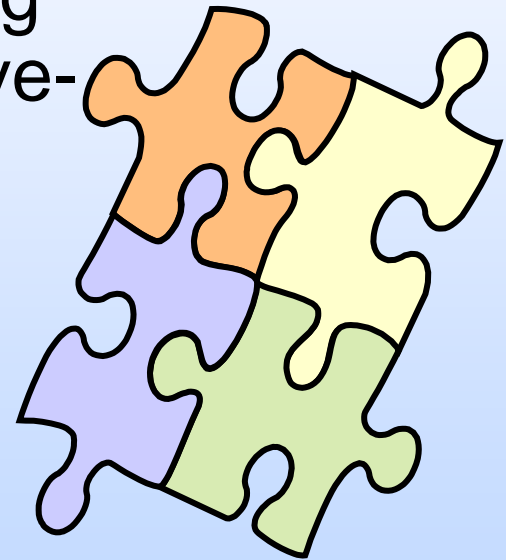
Hospital (Bedside) Consultation vs Outpatient Consultation vs Qitline

- 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.”

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