

How to Make a Difference in Just Three Minutes With Patients Who Smoke

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Case 1

Ms. S is a 42-year-old woman who is visiting Dr. T for the third time this winter, due to her recurring bronchitis. During her first visit two months ago, Dr. T. asked Ms. S. how she felt about her smoking. Ms. S. said she was not interested in trying to stop smoking at that time and reminded Dr. T. that she had gained 6.8 kg (15 lbs) the last time she tried to stop.

At this visit, Dr. T. asks if Ms. S. has had a chance to look at the stop-smoking booklet she received during her last visit and asks how she is doing with the walking program they had agreed she would try to begin. Ms. S. says she is still not optimistic she will ever be able to stop smoking, but her bronchitis is causing her to lose sleep and work is going badly as a result. Dr. T. says it is natural to worry she might not succeed in quitting, but there are new medications that can help and the most important thing is to decide to move forward on a plan to eventually be free from nicotine addiction. Dr. T. asks: "Do you want to work with me to create a plan?" Ms. S. replies: "Yes, I am fed up with how I feel," and they set up an appointment for the following week to develop her plan.

Question:

What is the next step?

Discussion on page 44.



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Most people who smoke say they want to stop. According to The Canadian Tobacco Monitoring Survey, there are now more people who have stopped smoking than there are people who still smoke. For the first time since 1965, the rate of smoking in Canada has dropped.¹ Thousands of people try to stop smoking each year, but most try to do it on their own and only a

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small percentage succeed. The recent update of the U.S. Guideline for Treating Tobacco Use and Dependence provides clear direction for brief, but persistent, interventions for patients who smoke.² This updated review of worldwide literature resulted in a useful list of recommendations as shown in Figure 1. Interventions delivered in a physicians' office can have a statistically significant impact on patients' smoking behavior. Physicians also can find direction in the guidelines on how to initiate effective interventions with patients who still smoke. Knowing what to do and actually putting recommendations into practice, however, involves a process of change that is almost never easy.

This article will look at steps physicians can take that do not require major changes in practice routines, but which can make a significant difference in helping patients who smoke.

Overcome the Barriers

Although we have clear direction regarding what to do to help our patients who smoke, there continue to be many practical barriers that get in the way of applying the best practices. Health-care providers consistently cite lack of time and other issues related to clinical structures as major barriers to delivering smoking cessation interventions. Other important barriers are related to the frustration that often goes with trying to help people recover from addictions. Physicians also worry about how their patients will respond to being asked about smoking and, therefore, hesitate to broach the subject.

How can we address these very real barriers?

First, the issues of time and clinical environment need to be addressed through changes in our health-care systems. In the meantime, each provider can set up procedures to make smoking interventions more feasible within existing restraints. Chart

reminders can make a big difference in providing patients with supportive reminders about the importance of stopping smoking.^{3,4} In addition, giving patients easy access to community resources can offer them the support they need to quit smoking.

Secondly, the barriers related to a physician's perceptions can be altered by reframing the problem and developing a realistic and accurate set of expectations regarding the cessation process. "Smoking is a chronic addiction that may require repeated intervention over many years."⁵ If you treat tobacco dependence as you do other chronic conditions, you will likely find your expectations become more aligned with the reality of your patients' experience.

The Key May Be How You Say It, Not What You Say

Tip 1: Be Accepting and Non-Judgmental.

People who smoke tell us they experience disrespect, subjugation, impatience and anger from those who try to help them quit smoking.^{6,7} None of these emotions is helpful in supporting people who may want to stop smoking. Change is difficult. For those addicted to smoking, the changes involved in recovery often require many steps over a period of years. It is important to focus on helping patients get started and stay on a path toward being free from tobacco.

As a clinician, it is useful to think about the last time you decided to change something in your own lifestyle. If we think about the realities of what it takes to make such changes, our attitudes toward people trying to stop smoking can soften and become more supportive.

It is a well-accepted truth among those who study communication between people that we tend to absorb only a small portion of the content of what is said to us, but we do absorb the tone and

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Figure 1

New Guideline based on review of 6,000 articles from the World literature Sponsored by a consortium of seven U.S. Government and nonprofit organizations.

New U.S. Smoking Cessation Guideline from the Agency for Healthcare Research and Quality

KEY RECOMMENDATIONS*

HOW TO APPLY THE RECOMMENDATIONS

Tobacco dependence is a chronic condition that often requires repeated intervention. However, effective treatments exist that can produce long-term or even permanent abstinence.

- Reframe smoking cessation and treat it as you do other chronic conditions.
- Help your patients understand that stopping smoking is a process that may take time and that you will continue to help them – for as long as it takes.

Because effective tobacco dependence treatments are available, every patient who uses tobacco should be offered at least one of these treatments:

- Patients willing to try to quit tobacco use should be provided treatments identified as effective in this guideline.
- Patients unwilling to try to quit tobacco use should be provided a brief intervention designed to increase their motivation to quit.

- Make sure your patients who smoke know that you understand it is not easy to stop smoking, but there are treatments available that can help.
- Patients not ready to stop smoking need to know that you are there to support them, that there are treatments available that can help. Ask them to think about why they might want to stop smoking and why they do not want to stop smoking.

It is essential that clinicians and health care delivery systems (including administrators, insurers and purchasers) institutionalize the consistent identification, documentation and treatment of every tobacco user seen in a health-care setting.

- Systematically identify smoking status for every patient.
- Ask patients how they are feeling about their smoking to obtain an indication of interest in stopping.
- Make this information easily accessible for future reference.

Brief tobacco dependence treatment is effective and every patient who uses tobacco should be offered at least brief treatment.

- Offer smoking cessation treatments to all patients who smoke not just those heavily addicted.

There is a strong dose-response relation between the intensity of tobacco dependence counselling and its effectiveness. Treatments involving person-to-person contact (*via* individual, group or proactive telephone counseling) are consistently effective and their effectiveness increases with treatment intensity (*e.g.*, minutes of contact)

- Be clear with patients that you want to help them stop smoking and invite them to set up a specific time for this discussion. Offer follow-up.
- Provide self-help booklets and encourage patients to use them.
- Refer your patients to community stop smoking programs.

Three types of counseling and behavioral therapies were found to be especially effective and should be used with all patients attempting tobacco cessation:

- Provision of practical counseling (problem solving/skills training);
- Provision of social support as part of treatment (inter-treatment social support; and
- Help with securing social support outside of treatment (extra-treatment social support).

Encourage your patients who are stopping smoking to:

- Create a plan including a stop smoking date.
- Use self-help booklets to consider what they need in their plan.
- Ask friends and family for support.
- Enroll in community programs and help lines.

Numerous effective pharmacotherapies for smoking cessation now exist. Except in the presence of contraindications, these should be used with all patients attempting to quit smoking. Five first line pharmacotherapies were identified that reliably increase long-term smoking abstinence rates: ✓ Bupropion SR, ✓ Nicotine gum, ✓ Nicotine inhaler, ✓ Nicotine nasal spray, ✓ Nicotine patch

- Consider use of pharmacotherapies with all patients who are considering stopping smoking.
- Help patients understand which choice may be best for them.
- Ensure patients understand how to use the products properly.
- Help patients stay on pharmacotherapy for the full length of therapy.

*A Clinical Practice Guideline for Treating Tobacco Use and Dependence: A US Public Health Service Report Journal of the American Medical Association June 28, 2000 283(24):3244-3254 www.surgeongeneral.gov/tobacco/default.htm

Adapted from: Fiore MC, Bailey WC, Cohen SJ, et al: Treating Tobacco Use and Dependence Clinical Practice Guideline. U.S. Department of Health and Human Services, June 2000.

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manner of how the speaker is communicating. This means if you have only a few minutes with someone who needs to stop smoking, your tone of voice and style of communicating is as important as the suggestions you make. See Figure 2 for recommendations regarding how to talk to patients who smoke.

Tip 2: Communicate unconditional support over the long term. When people choose to try to live without tobacco, they are making a very courageous decision. Many of them have never lived as an adult without tobacco and, often, they do not know how they will survive life's challenges without it. Most people have tried several times to stop smoking and already feel discouraged.

What can a physician do?

- Communicate your interest in helping your patients with their nicotine addiction no matter what stage they are at.
- Provide encouragement and make sure they know there are effective treatments available.
- Do the above two points briefly every time you see them and look for the opening that shows they are ready to quit.
- Invite patients back for a 10- to 15-minute consultation to ensure they have a plan of action and understand their medications if they will be taking them.

Ingredients of Effective Interventions

The U.S. Guideline summarizes the recommended ingredients for effective interventions with patients who smoke as the Five A's.²

- **Ask:** Ask about smoking status and any interest in stopping at each patient visit.
- **Assess:** Is the patient willing to consider stopping smoking at this time?
- **Advise:** Given the information gathered through the first two steps, provide clear, strong, person-

alized advice urging the person to try to stop smoking.

- **Assist:** For the patients ready to try to stop, use counselling and pharmacotherapy to help them.
- **Arrange:** Schedule follow-up contact, preferably within the first week after the stop date.

The Flowsheet on page 45 is adapted from the "Guide Your Patients to a Smoke-free Future" materials.⁴ This flowsheet demonstrates what you can accomplish in three minutes, even when patients are at different stages in the stopping process.

Case Discussion

Ms. S. returned to discuss a plan, although it was postponed by a couple of weeks. She decided to use bupropion as part of her stop-smoking regime, as well as carry nicotine gum with her for high-risk situations. The key for Ms. S. was her walking program. By starting to go for routine walks several months before her stop-smoking date, she had already begun to work on minimizing her weight gain. She also felt she had more control in her life because she was able to decide on the walking program and follow through with it. The turning point for Ms. S. came when the advantages of stopping smoking became more important than the advantages of continuing to smoke. She set a stop date three weeks after her visit with Dr. T. and by then, she had been walking regularly for two months. Ms. S. says that Dr. T's persistent, supportive, brief suggestions were important because when that turning point came and she was ready to stop, she knew she could count on her physician for help.

Conclusion

An intervention that helps your patients stop smoking can have a greater impact on their health

GUIDE YOUR PATIENTS TO A SMOKE FREE FUTURE

| | <6 mo. | >6 mo. | |
|---|--|--|---|
| WHEN YOU HAVE LESS THAN 3 MINUTES WITH A PATIENT TO DISCUSS SMOKING |  |  |  |
| PRECONTEMPLATIONS Not thinking about stopping | CONTEMPLATION Thinking about stopping in next 4 months | PREPARATION Planning to stop in next month | ACTION AND MAINTENANCE Have stopped smoking |
| Label chart | Label chart | Label chart and note stop smoking date | Label chart |
| Ask, "How are you feeling about your smoking?" ⁽¹⁾ Show that you understand patients' feelings. ⁽²⁾ Encourage patients to consider both the good things (pros) and not so good things (cons) about their smoking. Offer booklet | Ask, "What do you see as the pros and cons about stopping smoking?" ⁽¹⁾ Reinforce patients' reasons for wanting to stop smoking. ⁽²⁾ Help patient identify more reasons for wanting to stop. ⁽³⁾ Provide booklet | "You have made an important decision." ⁽³⁾ Ask questions to determine nicotine dependence. Ask, "Have you decided what day you will stop?" Offer a longer visit within a few days of stop smoking date to discuss plan, Eupropion or NRT. Provide booklet | Ask, "How are things going?" ⁽¹⁾ Temptations? Slips? Normalize difficulties and provide encouragement and specific suggestions tailored to issues raised by patient. ⁽²⁾ Ask about Bupropion or NRT (if relevant). Offer follow up visits or referral and continuing support. Provide booklet |
| Label chart | Label chart | Label chart | Label chart |
| Ask, "How are you feeling about stopping smoking?" ⁽¹⁾ If discouraged, acknowledge feelings. ⁽²⁾ Advise that often people try several times and learn from experience with stopping before succeeding. ⁽²⁾ Offer to help when ready. Provide booklet | | | |
| | | | Offer future visit to discuss further. RETURN TO APPROPRIATE STAGE |

KEYS to EFFECTIVE COMMUNICATION

- 1. ASK OPEN ENDED QUESTIONS:**
eg. "How are you feeling about your smoking now?"
- 2. CONVEY UNDERSTANDING:**
eg. "You seem concerned about the impact of your smoking on your daughter."
- 3. AFFIRM/ACKNOWLEDGE POSITIVELY:**
eg. "Even though it's been stressful, you have been off cigarettes for two weeks, that is a major accomplishment."
- 4. SUMMARIZE THE KEY ISSUES.**
eg. "On the one hand smoking helps you cope with stress; on the other, you are worried about your health."
- 5. ENCOURAGE PATIENT TO FOCUS ON REASONS TO QUIT:**
eg. "What is your most important reason for wanting to stop smoking?"

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Suggestions for CME Course Planners

Changing Intervention Practices

Smoking cessation is a treatment area in which there are known effective treatments and less-than-ideal applications of those treatments. Practical guidelines for primary care have been available for several years, yet the recommendations are rarely applied consistently.⁸

To change smoking intervention practices, changes are needed in the health-care system and in the attitudes, beliefs, knowledge and skills of health-care providers.⁹ When the information in this article was initially presented at the University of Ottawa in April 2001, the challenge was to provide a one-and-a-half hour discussion to motivate and enable participants to make changes in their practices. The content selected for this presentation addressed several of the known barriers to adopting smoking cessation interventions and was designed to focus on the following objectives:

- Attract providers to the session with the promise of learning practical skills they can use in their current environment, with only small amounts of time available;
- Ensure participants have realistic expectations about what their interventions will accomplish;
- Shift participants' attitudes toward compassion and understanding of their patients' real needs; and
- Provide summary tools to remind participants of the content of interventions recommended by guidelines.

than almost any other treatment you provide. Since more than half of the people who ever smoked have now stopped, it is clear that if you invest less than three minutes consistently each time you see your patients over the years, there is a high probability they will stop smoking eventually.¹ This will not only benefit the patient's life expectancy, but can have a significant impact on his/her quality of life, resulting in personal growth long after tobacco use has stopped. CME

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