

# Make 'em Quit!

(If it was only that easy)

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# Objectives

At the completion of the presentation, the participants will be able to:

- Screen & assess for tobacco use and exposure to environmental tobacco smoke
- Conduct a “Five A’s” model brief intervention for tobacco cessation
- Identify patient education resources for use in tobacco cessation
- Describe pharmacotherapy for tobacco cessation
- Document intervention(s) for tobacco cessation.
- Refer patients who use tobacco to intensive cessation services

# Clinical Practice Guideline

- Focus on Chapters 2 and 3 – practical aspects of a brief intervention
- Guideline also includes:
  - Intensive interventions for smokers
  - System interventions – cost effectiveness
  - Actual evidence and recommendations
  - Treating specific populations
  - Glossary
  - Appendixes (including coding information p.231)

# Key Findings Pages 6-8

1. Tobacco dependence is a chronic condition
2. Important to document tobacco status
3. Treatments are effective for everyone
4. Brief interventions are effective
5. Practical & social support counseling most effective
6. Encourage medication use
7. Counseling & medication are effective alone, but more effective together
8. Telephone Quit Lines are effective
9. Motivational treatments are effective for those unwilling to quit
10. Tobacco treatments are cost effective

# Guide for Brief Interventions

Page 38

- Three Patient Types
  1. Tobacco users who are willing to quit
  2. Those who are unwilling to quit now
  3. Those who recently quit



# 5 A's Page 39

 Ask

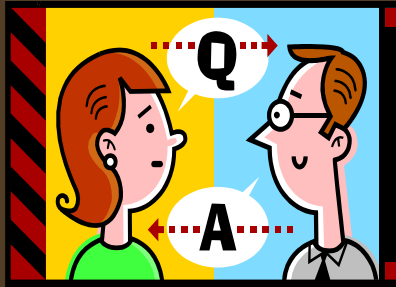
 Advise

 Assess

 Assist

 Arrange

# Ask — Page 40



- Every patient (age 11 and up)
- Every visit (record as a vital sign)
- Record present use, historical use, exposure to secondhand smoke

# Advise — Page 41

**Current  
Smoker**



**Former Smoker  
– recently quit**





# Advise – Page 41

- For current smokers:
  - Give a clear, strong, and personalized message
  - Urge every smoker to quit

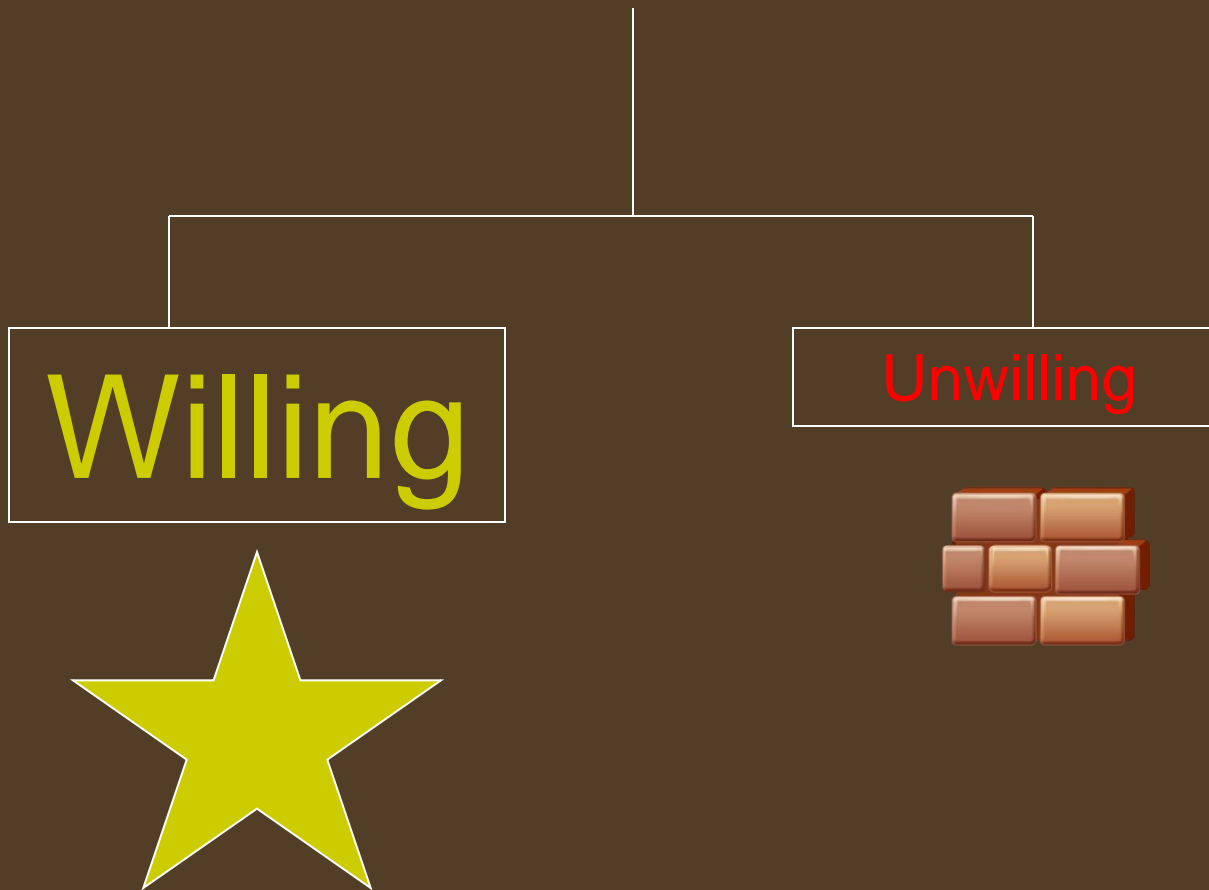


# Assess – Page 41

Assess every tobacco user's willingness to make a quit attempt at this time



# Assist – Page 42



# Willing to Quit – Page 42

## 1. Assist with Quit Plan



**S**et a quit date (within 2 weeks)

**T**ell family members and co-workers

**A**nticipate challenges

**R**emove tobacco products from  
environment

# Willing

2. Recommend the use of approved medications (if appropriate) – Pages 44-56



# 1<sup>st</sup> & 2<sup>nd</sup> Line Tobacco Treatments

- 1<sup>st</sup> Line

- OTC – Nicotine gum, patches, and lozenges
- Rx – Nicotine nasal spray or inhaler  
bupropion SR (Zyban)  
varenicline (Chantix)



- 2<sup>nd</sup> Line

- clonidine (see FDA package insert)
- nortriptyline (see FDA package insert)

# Willing

## 3. Provide practical counseling - Pg. 98

- Recognize danger situations
- Develop coping skills
- Stress abstinence



## 4. Provide intra-treatment support - Pg. 99

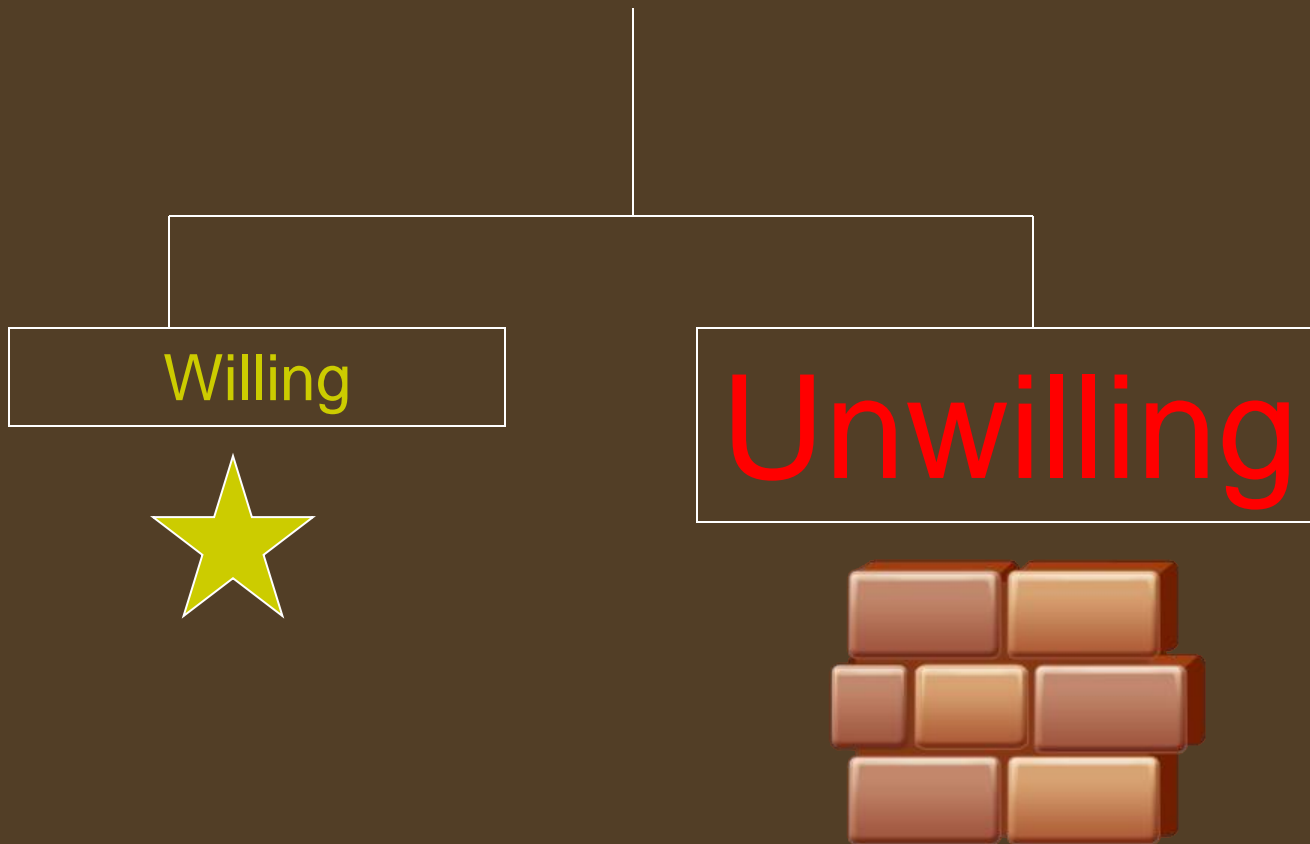
- Encourage patient in the quit attempt
- Communicate caring and concern
- Encourage patient to talk about quitting



## 5. Provide supplementary materials

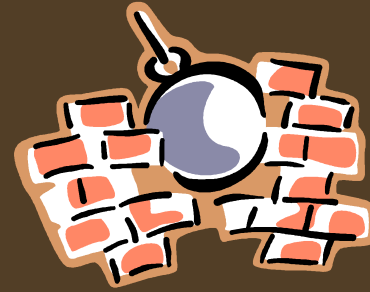
- Quit Line number 1-800-QUIT NOW

# Assist – Page 42





# Unwilling



- 5 R's (motivational intervention) – Page 59
  - R**elevance – why is quitting personally relevant?
  - R**isks – identify potential negative consequences
  - R**ewards – identify potential benefits of quitting
  - R**oadblocks – identify barriers to quitting
  - R**epetition – used at each visit for an unwilling patient

# Arrange — Page 43

Arrange for follow-up contact, either by phone or in person during the first week after the quit date

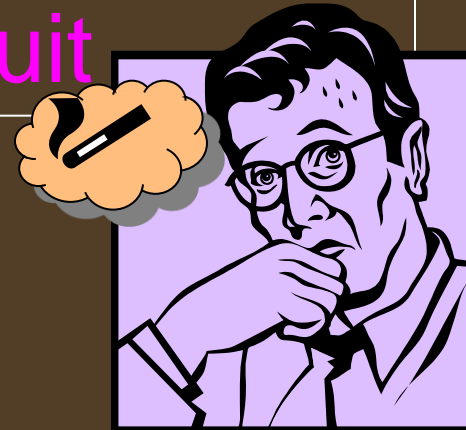


# Advise — Page 60

Current  
Smoker



Former  
Smoker –  
recently  
quit



# Assess — Page 61

- For former smokers who have recently quit:
  - How long has it been since you quit?
  - Do you still have any urges to use tobacco?
  - Do you have challenges to remain tobacco free?

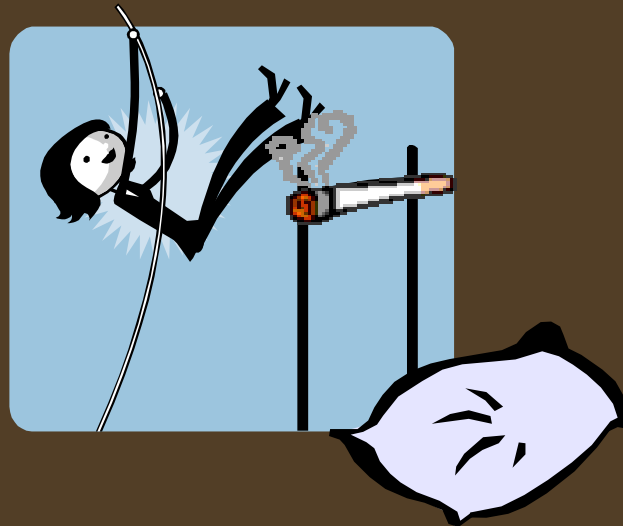
# Assist — Pages 61

The former tobacco user should  
receive congratulations on any success  
and  
strong encouragement to remain abstinent



# Arrange — Page 61-62

All patients who have recently quit  
or still face challenges  
should receive follow-up  
for continued assistance and support



# Contact Information

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