

CASE SIX

Short case number: 3_1_6

Category: Cardiovascular

Discipline: General practice

Setting: Urban_Community

Topic: Smoking cessation [SDL]

Case

Anna Hook, aged 38 years, presents wanting guidance with smoking cessation. She has tried to quit twice before, but only lasted a few days. She states that her job is very stressful and everyone else smokes at work, but her new partner is a non-smoker and has made it clear that if she doesn't stop he will leave her.

Questions

1. Describe the 5A's approach to smoking cessation that provides health professionals with an evidence-based framework for structuring smoking cessation?
2. Summarise the evidence-based medicine strategies that have been found effective in smoking cessation.
3. What are some of the barriers to quitting?
4. What are some of the evidence based strategies that help address these barriers?
5. Describe the approach you would undertake in the case?

Suggested reading:

Hanlon P et al. Environmental and nutritional factors in disease. In: Davidson's Principles and Practice of Medicine 20th edition. Churchill Livingston, Philadelphia. Pages 97-132

<http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/>

ANSWERS

1. **Describe the 5A's approach to smoking cessation that provides health professionals with an evidence-based framework for structuring smoking cessation?**

The 5As approach (five components of effective tobacco cessation counselling) originally proposed by the US Clinical Practice Guideline,¹¹ provides health professionals with an evidence-based framework for structuring smoking cessation by identifying all smokers and offering support to help them quit.^{7, 8} The approach is adopted in guidelines from The Netherlands and WHO and adopted in modified forms in other international guidelines. In the United Kingdom an approach of 'very brief advice' is being suggested with the steps Ask, Advise and Act (UK National Centre for Smoking Cessation and Training www.ncsct.co.uk).

The 5As structure allows health professionals to provide the appropriate support for each smoker's level of interest in quitting (Figure 1). Where possible, health professionals should maintain long-term and ongoing relationships with people who smoke, in order to foster the person's motivation and confidence to attempt smoking cessation. It is important for health professionals to ask all patients/clients if they use tobacco, assess their willingness to make a quit attempt, advise on the importance of quitting and offer assistance in the form of help from the health professional or referral.

1. Ask all patients about smoking
2. Assess readiness to quit
3. Advise all smokers to quit
4. Assist
5. Arrange follow-up

(Reference RACGP document for further details <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/the-5-as-structure-for-smoking-cessation/>)

2. **Summarise the evidence based medicine strategies that have been found effective in smoking cessation.**

Health professionals play an important role in educating and motivating smokers as well as assessing their dependence on nicotine and providing assistance to quit. All health professionals should systematically identify smokers, assess their smoking status and offer them advice and cessation treatment at every opportunity.

Where a client presents with a problem caused or exacerbated by smoking, it is of vital importance for health professionals to raise the issue of smoking cessation.

There is a range of evidence-based strategies that can improve the implementation of effective smoking cessation intervention in the practice setting.

- a. Providing a systematic approach to smoking cessation is associated with higher levels of success.
- b. Routine enquiry through waiting room surveys
- c. use of additional practice staff to provide counselling is associated with higher quit rates.

- d. Where health professionals are not able to offer support or treatment within their own practices, they should refer smokers for help elsewhere – for example, to Quitline, to one of the increasing number of accredited tobacco treatment specialists (www.aascp.org.au) and to local programs such as the Fresh Start course by Quit Victoria.

Brief interventions for smoking cessation involve opportunistic advice, encouragement and referral. Interventions should include one or more of the following:

1. brief advice to stop smoking
2. an assessment of the smoker's interest in quitting
3. an offer of pharmacotherapy where appropriate
4. providing self-help material
5. offering counselling within the practice or referral to external support such as Quitline, an accredited tobacco treatment specialist or other local programs in your area.

3. What are some of the barriers to quitting??

It is important for health professionals to be aware of the potential difficulties smokers face when attempting to quit and, where possible, to address the barriers at the time of the quit attempt. This could include providing treatment for withdrawal symptoms or mental health issues, or recommending physical activity and a healthy diet to minimise weight gain. Situations likely to discourage quit attempts or lead to unsuccessful attempts at quitting include:

1. high dependence on nicotine and heavy smoking (more than 20 cigarettes per day, short time to first cigarette)
2. lack of knowledge of the benefits of quitting or belief that action is not necessary
3. enjoyment of nicotine or smoking behaviour
4. psychological or emotional concerns (stress, depression, anxiety, psychiatric disorders)
5. fear of weight gain
6. fear that quit attempt will be unsuccessful
7. substance use (alcohol and other drugs)
8. living with other smokers
9. Circumstances that result in the smoker giving quitting a low priority, such as poverty and social isolation.

4. What are some of the evidence based strategies that help address these barriers?

<u>Barriers to Quitting</u>	<u>Evidence based strategies</u>
I can quit at any time/I'm not addicted	Ask about previous quit attempts and success rates
Use of cessation assistance is a sign of weakness/help is not necessary	Reframe assistance. Explain that nicotine dependence is a powerful addiction Highlight unassisted quit rate is 3–5%
Too addicted/too hard to quit	Ask about previous quit attempts Explore pharmacotherapy used and offer options, e.g. combination therapy
Too late to quit/I might not benefit so why bother?	Benefits accrue at all ages, and are greater if earlier: at age 30 years, similar life expectancy to non-smoker. Provide evidence/feedback, e.g. spirometry, lung age, absolute risk score
My health has not been affected by smoking/you have to die of something/I know a heavy smoker who has lived a long time	Provide evidence/feedback, e.g. spirometry, lung age, cardiovascular absolute risk score Reframe, e.g. chronic obstructive pulmonary disease (COPD) = smoker's lung
Not enough willpower/no point in trying unless you want to/to quit successfully you really have to want to, then you will just do it	Explore motivation and confidence. Explore and encourage use of effective strategies, e.g. Quitline, pharmacotherapy

Smokers should be reassured that it may take many attempts at quitting before successfully stopping, but that this should not stop them attempting to quit. It has been estimated that a 40-year-old smoker who started in their teens will have made as many as 20 quit attempts. The average smoker makes at least one failed attempt per year; some make a lot more and some people rarely try. They can learn something from each attempt to help overcome tobacco dependence.

5. Describe the approach you would undertake in the case?

Ask – Anna about her smoking and determine her readiness to quit. (see below)

Assess – Nicotine dependence (see Fagerström Test below)

Advise – as appropriate based on her stage of readiness to quit and her nicotine dependence.

Assist – her in identifying her barriers to quitting and discuss appropriate strategies.

Strategies may include

- counselling and cognitive behavioural therapy
 - a. support by GP or other staff member within GP setting
 - b. referral to external group or individual counselling
 - c. telephone counselling and quitlines
 - d. self-help materials
- pharmacotherapy (Nicotine Replacement Therapy, varenicline, bupropion)

Fagerström Test for Nicotine Dependence

Questions	Answers	Score
1. How soon after waking up do you smoke your first cigarette?	Within 5 minutes 6-30 minutes 31-60 minutes	3 2 1
2. Do you find it difficult to abstain from smoking in places where it is forbidden?	Yes No	1 0
3. Which cigarette would you hate to give up?	The first one in the morning Any other	1 0
4. How many cigarettes a day do you smoke?	10 or less 11 - 20 21 - 30 31 or more	0 1 2 3
5. Do you smoke more frequently in the morning than in the rest of the day?	Yes No	1 0
6. Do you smoke even though you are sick in bed for most of the day?	Yes No	1 0

Score: 0-2 very low dependence
3-4 low dependence
5 medium dependence
6-7 high dependence
8+ very high dependence