

Smoking Cessation Counseling

ADDRESS AGENDA: "ARE YOU CURRENTLY SMOKING?"

Assess Smoking: How Do You Feel About Trying to Stop Smoking?

A. Reasons For Smoking

1. Nicotine Addiction
 - "How soon after waking do you smoke?" (*within 1/2 hr.)
 - "How many cigarettes do you smoke per day?" (*>1 pk.)
 - "During previous quit attempts, what did you experience?"
2. Cigarettes have a calming effect.
3. Other reasons (relaxation, concentration, energy, etc.)

*within 1/2 hr. or > 1ppd = high dependence.

B. Obstacles To Quitting

1. Fear of weight gain.
2. Tried to quit before but failed.
3. Can't function as well without cigarettes.
4. Other? (See "Obstacles" on reverse side)

C. Assess readiness to quit: "Are You Considering Quitting?"

Advise Quitting

Provide a clear personalized message consistent with your patients' readiness to quit (personalize health, social and economic factors).

Not Ready to Quit

Assist

A. Provide Empathy and Support

- "I know it's hard to quit"
- "I am willing to help"

B. Address Obstacles to Quitting (See "Assessment" above and reverse.)

C. Plan with patient to discuss smoking at next visit.

Arrange Follow-Up

Reassess and offer assistance at future visits.

Ready to Quit

Assist

A. Negotiate a Plan for Quitting

1. Address obstacles to quitting (see above and reverse).
2. Negotiate best time to quit and set quit date.
3. Identify trigger situations, plan substitutes for smoking and rewards for not smoking.
4. Consider prescribing nicotine replacement when dependence is high.
5. Give out self-help quitting materials.
6. Provide empathy and support.

Arrange Follow-Up

If quit date is set, offer follow-up visit or call from doctor or nurse. Discuss progress. If relapse occurs, re-frame as a learning experience, not a failure (see relapse section on back).



ADDRESSING OBSTACLES TO QUITTING

1. Fear of weight gain
 - 2/3 of quitters gain weight; only 1/3 gain weight and maintain a significant amount of the gain.
 - Moderate exercise can be used to counter the metabolic effects of quitting. Studies show that smokers burn about 200 more calories per day - find ways to maintain that calorie expenditure with physical activity and reduced calorie intake.
 - Quitters may crave sweets - discuss coping strategies. Carrot sticks help with oral craving, but try sugarless hard candy or gum for sweet cravings.
 - Compulsive eating may suggest nicotine withdrawal - patient may respond to nicotine replacement therapy.
2. Failed in previous quit attempts - see "RELAPSE" below
3. Quitting increases "nervousness"
 - May be a sign of nicotine withdrawal - consider nicotine replacement therapy.
 - Teach coping skills (e.g., relaxation) by using self-help materials/programs that offer alternatives to smoking.
 - Tranquilizers are ineffective when used to break smoking habit and are not recommended.
4. "Can't function" without cigarettes
 - May be a sign of nicotine withdrawal.
 - Physical activity (moderate exercise) may help.
 - Sleep will become more restful and patients will have more energy when off cigarettes.
 - Is this a bad time? Pick a quit date when major stressors have passed.

RELAPSE

1. Reinforce/reward quit attempts, and provide empathy and support. "It's great that you were able to quit for _____ amount of time. Being able to stop for a week is a real accomplishment. You made it through the hardest part!"
2. Most people need to LEARN HOW TO QUIT and that may take several attempts.
3. Analyze relapse experience ("when and where did you smoke again and how were you feeling at that time?"). Develop strategies for coping with tempting situations or feelings.
4. Set new quit date and schedule follow-up - "What kind of follow-up would be most helpful?"



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