

Information on Smoking Cessation for the Clinician

Promoting the Motivation To Quit For the Patient Unwilling To Quit

- All patients entering a health care setting should have their tobacco use status assessed routinely. Clinicians should advise all tobacco users to quit and then assess each patient's willingness to make a quit attempt.
- Patients unwilling to make a quit attempt during a visit may lack information about the harmful effects of tobacco use and the benefits of quitting, may lack the required financial resources, may have fears or concerns about quitting, or may be demoralized because of previous relapse.
- Such patients may respond to brief motivational interventions that are based on principles of Motivational Interviewing (MI).
- Clinicians employing MI techniques focus on exploring a tobacco user's feelings, beliefs, ideas, and values regarding tobacco use in an effort to uncover any ambivalence about using tobacco.
- MI researchers have found that having patients use their own words to commit to change is more effective than clinician lectures or arguments for quitting, which tend to increase rather than lessen patient resistance to change.

Strategy B1. Motivational interviewing strategies

Express empathy.

- Use open-ended questions to explore:
 - The importance of addressing smoking or other tobacco use (eg, "How important do you think it is for you to quit smoking?")
 - Concerns and benefits of quitting (eg, "What might happen if you quit?")
- Use reflective listening to seek shared understanding:
 - Reflect words or meaning (eg, "So you think smoking helps you to maintain your weight?")
 - Summarize (eg, "What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking, and you are worried you might develop a serious disease.")
- Normalize feelings and concerns (eg, "Many people worry about managing without cigarettes.")
- Support the patient's autonomy and right to choose or reject change (eg, "I hear you saying you are not ready to quit smoking right now. I'm here to help you when you are ready.")

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Strategy B1. Motivational interviewing strategies (cont)

<p>Develop discrepancy.</p>	<ul style="list-style-type: none"> • Highlight the discrepancy between the patient’s present behavior and expressed priorities, values, and goals (eg, “It sounds like you are very devoted to your family. How do you think your smoking is affecting your children?”) • Reinforce and support “change talk” and “commitment” language: <ul style="list-style-type: none"> – “So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids.” – “It’s great that you are going to quit when you get through this busy time at work.” • Build and deepen commitment to change: <ul style="list-style-type: none"> – “There are effective treatments that will ease the pain of quitting, including counseling and many medication options.” – “We would like to help you avoid a stroke like the one your father had.”
<p>Roll with resistance.</p>	<ul style="list-style-type: none"> • Back off and use reflection when the patient expresses resistance: <ul style="list-style-type: none"> – “Sounds like you are feeling pressured about your smoking.” • Express empathy: <ul style="list-style-type: none"> – “You are worried about how you would manage withdrawal symptoms.” • Ask permission to provide information: <ul style="list-style-type: none"> – “Would you like to hear about some strategies that can help you address that concern when you quit?”
<p>Support self-efficacy.</p>	<ul style="list-style-type: none"> • Help the patient to identify and build on past successes: <ul style="list-style-type: none"> – “So you were fairly successful the last time you tried to quit.” • Offer options for achievable small steps toward change: <ul style="list-style-type: none"> – Call the quitline (1-800-QUIT-NOW) for advice and information. – Read about quitting benefits and strategies. – Change smoking patterns (eg, no smoking in the home). – Ask the patient to share his or her ideas about quitting strategies.

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Strategy B2. The 5 Rs – Enhancing motivation to quit tobacco

Relevance	Encourage the patient to indicate why quitting is personally relevant, being as specific as possible. Motivational information has the greatest impact if it is relevant to a patient’s disease status or risk, family or social situation (eg, having children in the home), health concerns, age, gender, and other important patient characteristics (eg, prior quitting experience, personal barriers to cessation).
Risks	<p>The clinician should ask the patient to identify potential negative consequences of tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient. The clinician should emphasize that smoking low-tar/low-nicotine cigarettes or use of other forms of tobacco (eg, smokeless tobacco, cigars, and pipes) will not eliminate these risks. Examples of risks are:</p> <ul style="list-style-type: none"> • Acute risks: Shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, infertility • Long-term risks: Heart attacks and strokes, lung and other cancers (eg, larynx, oral cavity, pharynx, esophagus, pancreas, stomach, kidney, bladder, cervix, and acute myelocytic leukemia), chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability, and need for extended care • Environmental risks: Increased risk of lung cancer and heart disease in spouses; increased risk for low birth-weight, sudden infant death syndrome (SIDS), asthma, middle ear disease, and respiratory infections in children of smokers

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Strategy B2. The 5 Rs – Enhancing motivation to quit tobacco (cont)

<p>Rewards</p>	<p>The clinician should ask the patient to identify potential benefits of stopping tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient. Examples of benefits are:</p> <ul style="list-style-type: none"> • Improved health • Food will taste better • Improved sense of smell • Saving money • Feeling better about oneself • Home, car, clothing, breath will smell better • Setting a good example for children and decreasing the likelihood that they will smoke • Having healthier babies and children • Feeling better physically • Performing better in physical activities • Improved appearance, including reduced wrinkling/aging of skin and whiter teeth
<p>Roadblocks</p>	<p>The clinician should ask the patient to identify barriers or impediments to quitting and provide treatment (problem-solving counseling, medication) that could address barriers.</p> <p>Typical barriers might include:</p> <ul style="list-style-type: none"> • Withdrawal symptoms • Fear of failure • Weight gain • Lack of support • Depression • Enjoyment of tobacco • Being around other tobacco users • Limited knowledge of effective treatment options
<p>Repetition</p>	<p>The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.</p>

Adapted from Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

