How to Have a Conversation About Tobacco Use

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IN NEVADA

Why Talk About Tobacco Use?

First the Good News
Smoking Prevalence among Older Adults Has Decreased

In the US, people aged 65 years and older have the lowest prevalence of current smoking (8.3%) among all adults. This is largely due to the premature death of older smokers from tobacco-related disease and cessation among those already experiencing the health effects of tobacco.

Smoking rates for men aged 65 and older are at 9.3% and for women aged 65 and older are at 7.6% and these rates have met the Healthy People 2010 smoking prevalence objective of less than 12%. In comparison, the prevalence among 18-24 year olds is 22.2%, among 25-44 year olds is 22.8%, and among 45-64 year olds is 21.0%.

The prevalence of smoking among adults aged 65 and older in 2007 was 8.3% or 3.1 million and that was a significant decrease from 10.2% or 3.8 million in 2006.

(CDC. Cigarette Smoking Among Adults—United States, 2007. MMWR. 2008; 57[45]: 1221-1226).

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Why Talk About Tobacco Use?

But the Risks are Higher: Health Risks and Older Smokers

Approximately 80% of people aged 65 and older have at least one chronic disease condition requiring medical attention.

(CDC and Merck Company Foundation: "The State of Aging and Health in America 2007." Lynda Anderson, PhD, director, Health Aging Program, CDC)

Many of these chronic disease conditions are caused or exacerbated by smoking, including lung cancer, cardiovascular disease, chronic obstructive pulmonary disease, hypertension, and diabetic complications.

Smoking reduces bone density among postmenopausal women, and increases risk for hip fractures in men and women.

Smokers have two to three times the risk of developing cataracts as nonsmokers.
(US Dept. Health and Human Services. The Health Consequences of Smoking: A report of the Surgeon General. Atlanta, GA: US Dept Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004).

Results from a meta-analysis of prospective studies in 2007 found that current smoking is a risk factor for cognitive decline and dementia among older adults when compared with never smoking. (Anstey KJ, von Sanden C, Salim A, O'Kearney R. Smoking as a Risk Facotr for Dementia and Cognitive Decline: A Meta Analysis of Prospective Studies. American Journal of Epidemiology, 2007; 166[4]: 367-378).

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Why Talk About Tobacco Use?

The Importance and Challenges of Cessation Later in Life

The benefits of quitting smoking at any stage in life cannot be overstated, and even those smokers who are advanced in age should receive cessation counseling. (Spalding MC, Sebesta SC. Geriatric Screening and Preventive Care. American Family Physician, 2008; 78[2]: 206-215.)

Quitting smoking, even after decades of exposure, can have a substantial effect on longevity.

Smoking cessation at 65 years of age leads to an increase in life expectancy of 1.4 to 2.0 years for men and 2.7 to 3.7 years for women. (Taylor DH, Hasselblad V, Henley SJ, Thus MJ, Sloan FA. Benefits of smoking cessation for longevity. American Journal of Public Health, 2002; 92[6]: 990-996. Burns DM. Cigarette Smoking among the Elderly: Disease Consequences and the Benefits of Cessation. American Journal of Health Promotion, 2000; 14[6]: 357-361).

While older smokers are less likely to attempt quitting than younger smokers, those who do try are more likely than younger smokers to seek assistance and to be successful in their efforts. (Burns DM. Cigarette Smoking among the Elderly: Disease Consequences and the Benefits of Cessation. American Journal of Health Promotion, 2000; 14[6]: 357-361).

Research has shown that the self-reported physical and mental health of Medicare beneficiaries who have recently quit smoking is similar to those who are current smokers. (Hays RD, Smith AW, Reeve BB, Spritzer KL, Marcus SE, Clauser SB. Cigarette Smoking and health-Related Quality of Life in Medicare Beneficiaries. Health Care Financing Review, 2008; 29[4]: 57-67).

These phenomena could be due to the "ill quitter" effect: that older smokers may decide to stop smoking once they have been diagnosed with a smoking-related illness. (Lam TH, He Y, Shi QL et al. Smoking, quitting, and mortality in a Chinese cohort of retired men. Annals of Epidemiology, 2002; 12:316-320)

People with clinically significant degrees of cognitive impairment, which become more prevalent with increasing age, find it harder to learn new behaviors and carry out actions, which may undermine patients' attempts to take part in the treatments and behaviors necessary for successful smoking cessation. (Allen, SC. What determines the ability to stop smoking in old age? Age and Aging 2008; 37:490-491).

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Tobacco and Chronic Obstructive Pulmonary Disease (COPD)

COPD is a lung disease characterized by difficulty breathing, wheezing, and having a chronic cough. It mainly involves chronic bronchitis and emphysema and becomes worse over time. The National Heart, Lung and Blood Institute estimates that12 million Americans have been diagnosed with COPD and another 12 million are undiagnosed or developing COPD.
(Statistics from National Center for Health Statistics, National Health Interview Survey: Research for the 1995-2004 redesign. Hyattsville MD: USDHHS, CDC, NCHS, Vital and health Stat 2(126), 1999).

COPD is the third leading cause of death in the United States.
(CDC National Center for Health Statistics, Deaths: Prelimnary Data for 2008. http://www.cdc.gov/nchs/data/nvsr/nvsr59_02.p0df. Accessed 5/24/11).

COPD kills more women than men each year. In 2006, COPD killed more American women than breast cancer and diabetes combined.
(CDC, Breast Cancer Statistics: Top 10 Causes of Death for Women in the United States, 2005. http:/www.cdc.gov/cancer/breast/statistics. Accessed 11/18/09).

Smoking is the single most significant risk factor contributing to the development of COPD—About 80-90% of all cases..

People with COPD have an abnormal inflammatory lung response to the noxious particles and gases in cigarette smoke. This leads to a more rapid decline of lung function than occurs with normal aging.

Smoking cessation is the single most effective intervention to reduce the risk of developing COPD and to slow the progress of the disease.

After quitting smoking, the progression of COPD in people who have it reverts to that of a nonsmoker.

Quitting smoking can reduce other symptoms of the disease, such as chronic cough and cough that produces mucus.

(American Thoracic Society, http://www.ats.org).

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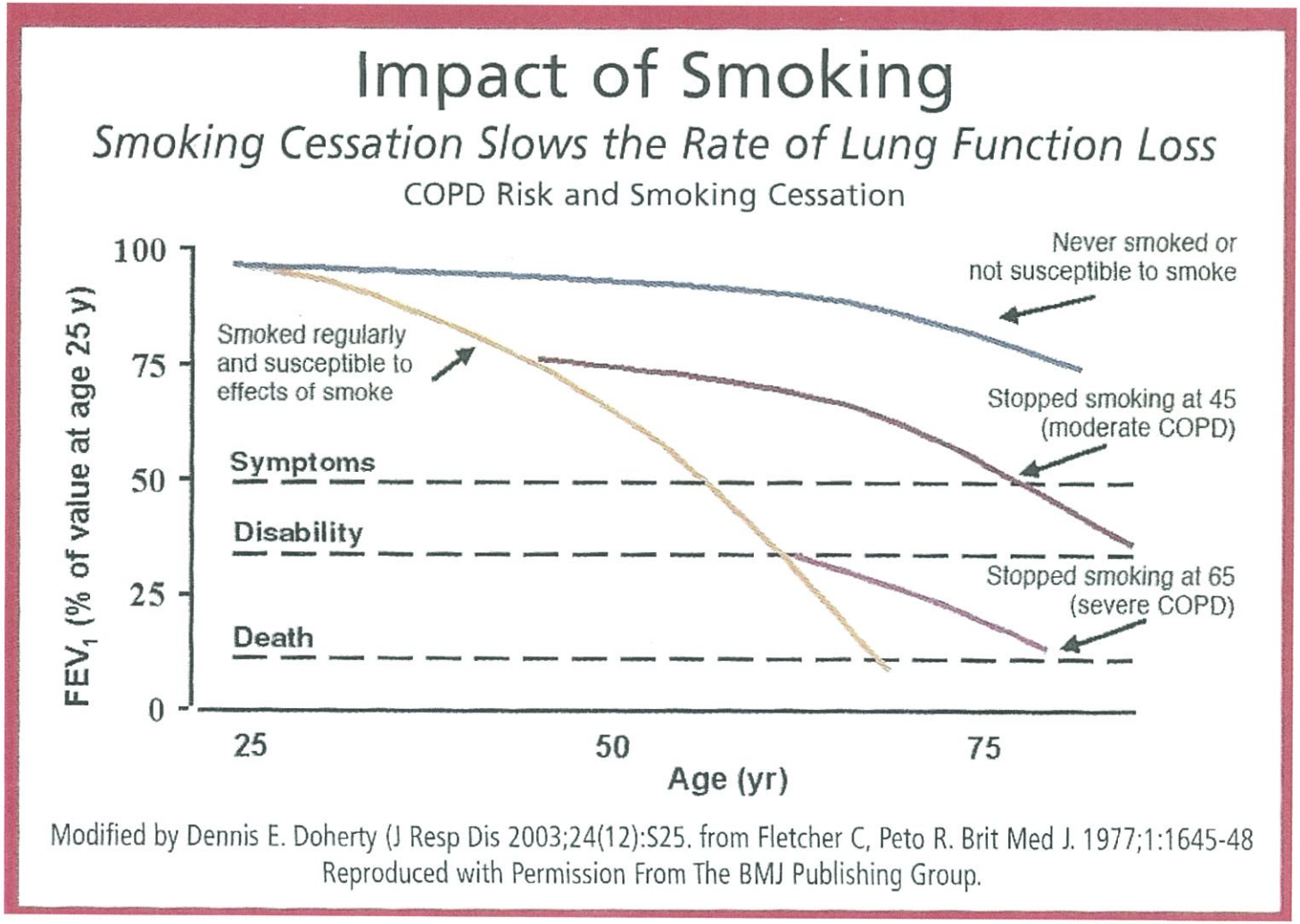
Tobacco and Chronic Obstructive Pulmonary Disease (COPD)



Modified by Dennis E. Doherty (J Resp Dis 2003;24(12):S25. from Fletcher C, Peto R. Brit Med J. 1977;1:1645-48
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Why Talk About Tobacco Use?

Two Effective Strategies for Cessation in Late-Life Smokers

The United States Public Health Service 2008 Update to the Clinical Practice Guideline for Treating Tobacco Use and Dependence cites the following tobacco dependence interventions as effective in older smokers (adults 50 and older):

the "5A's" (Ask, Advise, Assess, Assist, and Arrange follow-up)

counseling interventions, physician advice, buddy support programs, age-tailored self-help materials, telephone counseling, and the nicotine patch. (
US Depart. Of Health and Human Services, Public Health Service. Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update, May 2008).

In a study on the effectiveness of different cessation strategies among the Medicare (65+) population, **a telephone Quitline** in conjunction with low-cost Pharmacotherapy was the most effective means of reducing smoking in the elderly. (
Joyce GF, et al. The Effectiveness of Covering Smoking Cessation Services for Medicare Beneficiaries. Health Services Research, 2008; e-pub ahead of print).

Prochaska's Stages of Change

Research states that in any given population of people who use tobacco, 40% are not ready to quit, 40% are thinking about quitting, and 20% are ready to quit.

Pre-Contemplation—Not ready to quit.

Contemplation—Thinking about quitting.

Preparation—Ready to quit in the near future.

Action—Ready to quit.

Maintenance—Behavior change established.

Relapse—Research shows that there is up to a 70% relapse rate among quitters in the first three months.

Prochaska JO, Redding CA, Evers KE, "The transtheoretical model oand stages of change." In Glanz K, Rimer BK, Lewis FM (eds), "Health Behavior and health Education. San Francisco: Jossey-Bass Publishers, 3rd ed., 2002, pp. 99-120)

Prochaska JO, DiClemente CC, "Stages and processes of self-change of smoking: Toward an integrative model of change," Journal of Consulting and Clinical Psychology 31 (1983: 390-395.

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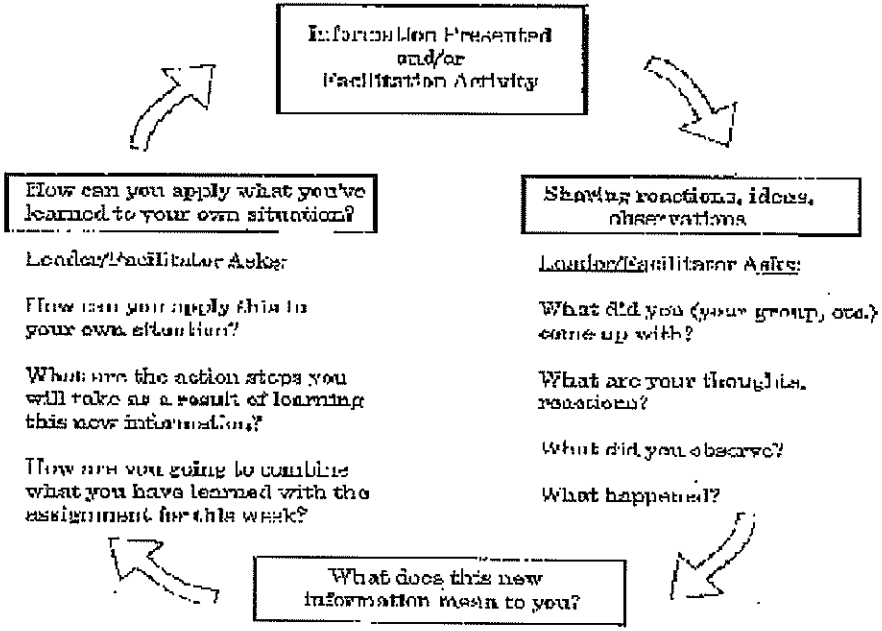
THE EXPERIENTIAL LEARNING CYCLE

PARTICIPANT'S NOTES



Leader/Facilitator Asks:

What did you (your group, etc.) come up with?

What are your thoughts, reactions?

What did you observe?

What happened?

Leader/Facilitator Asks:

How does this relate to other experiences you've had?

How does this relate to other topics, assignments, etc, we've covered?

What did you learn, discover, or relearn from this?

Imagine a situation "back home" where you may experience this or you may use this in some. Describe.

Slide 4 and 5

Leader/Facilitator Asks:

How can you apply this to your own situation?

What are the action steps you will take as a result of learning this new information?

How are you going to combine what you have learned with the assignment for this week?

Motivational Interviewing (MI)

- The educator's communication style is everything
- MI is about dancing with the patient, not wrestling
- Resistance to change is a byproduct of the educator's communication style
- Tame the "righting reflex" – it's not your job to fix the problem, only to help the patient find their own solutions
- Roll with resistance
- Let the patient choose what topic they want to talk about (trigger reduction, medications, lifestyle changes)
- Don't talk "goals", talk "action steps"
- The most important: **Your belief that the patient can change is the biggest factor in their ability to change**

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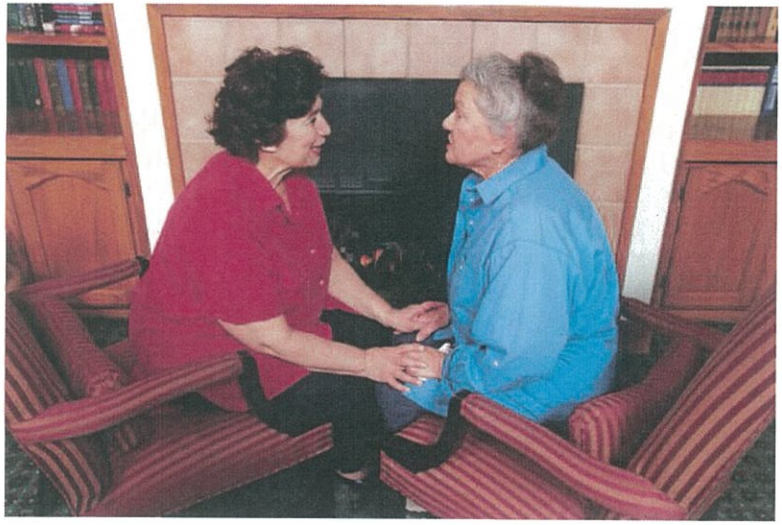
How to Have A Conversation About Tobacco Use

ASK every patient every time

Do you use tobacco?



- Make it simple
- Ask because you care
- Don't judge

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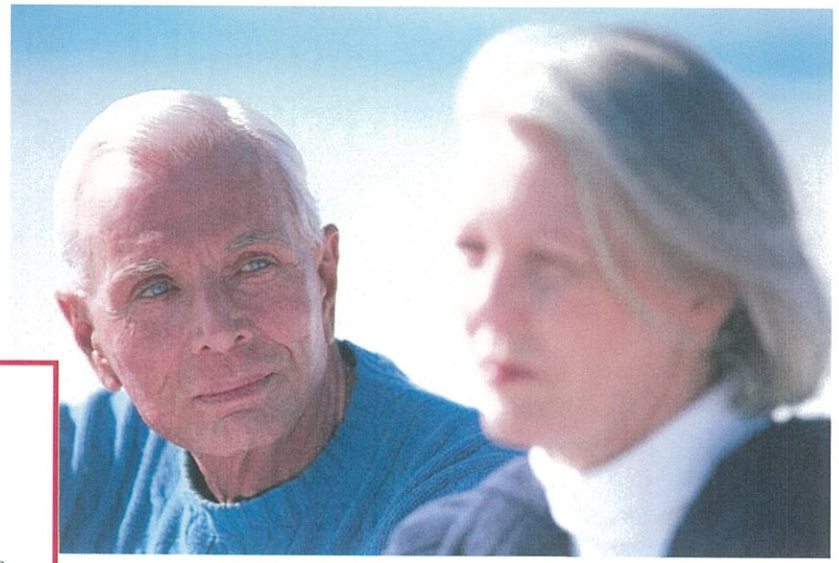
How to Have A Conversation About Tobacco Use

ADVISE all tobacco users to quit now

Quitting tobacco use now is the most important thing you can do to protect your health and the health of your family.

Be clear, direct and personal



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How to Have a Conversation About Tobacco Use

ASSESS if a person is willing to quit.

If I told you I could help, would you like to try to quit?

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Why Talk About Tobacco Use?

The Good News is Seniors Who Smoke Want to Quit and Can Quit

In a 2003 University of Wisconsin tobacco quitline senior outreach study, more than 43% of the senior participants successfully quit, based on a survey conducted nine months after enrollment.

The study noted, "The 43% abstinence rate among the seniors, among the highest ever reported, contradicts the belief that older smokers are less interested or able to quit."

And the study noted that "Among those who were unable to quit successfully, more than 80% still wanted to stop and 44% were planning to quit within 30 days. "

Leading smoking cessation researcher, Dr. Michael Fiore, noted, "This evaluation clearly demonstrates that, contrary to popular notions, senior smokers are eager and ready to quit when given access to effective cessation services." He said, "It's never too late to quit smoking and reap the benefits of better health." (http://www.tcsg.org/tobacco/cessation.htm)

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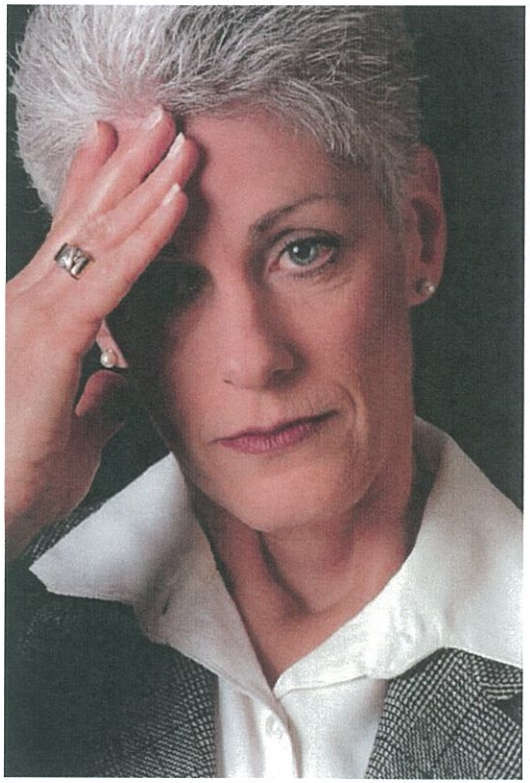
How to Have a Conversation About Tobacco Use

I'm <u>not</u> ready to quit



<u>ASSIST</u> the tobacco user
to think about quitting in the future.

I know you aren't ready to quit today, but if you <u>did</u> decide to quit, what would be your reasons?

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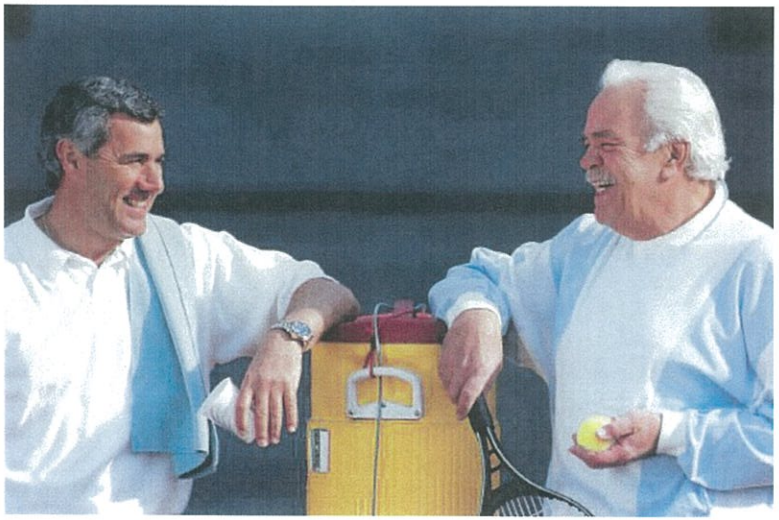
Stay Positive

- Tobacco users who aren't ready to quit today may be ready the next time.
- Don't nag. No guilt trips. Scare tactics don't work.
- Offer materials that stimulate thinking about quitting tobacco.
- Recent studies show that brief advice from a clinician about smoking cessation yielded a 66% increase in successful quit rates. (http://www.cdc.gov/tobacco/data_statistics/sgr/2010/clinician_sheet/index.htm).
- Some people are afraid they can't quit. Reassure them:

Over half of all smokers have now quit. You can too!



ARRANGE

I care. Because it is so important for your health, I will continue to ask you about your tobacco use every time I see you—just to check in.

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Why Talk About Tobacco Use?

Special Note for Caregivers of Lung Cancer Patients

Research has demonstrated that lung cancer patients are confronted with negative sentiments from friends, family, and doctors, and feel unjustly blamed for their disease.

(Kim S. Shanahan J. Stigmatizing smokers: Public sentiment toward cigarette smoking and its relationship to smoking behaviors. Journal of Health Communication, 2003; 8[4]: 343-367).

Feelings of blame, fault, anger, and pride in caregivers can affect their empathic helping behavior towards patients with lung cancer. Research has found that caregivers who blame or fault patients for having smoked or continuing to smoke and are angry with patients are at risk for providing suboptimal help to and communication with patients coping with lung cancer in the home setting.

Caregivers should keep in mind the addictive nature of cigarette use and avoid making attributions of fault or blame as this might lead to dysfunctional helping behavior.

(Lobchuk MM, McClement SE, McPherson C, Cheang M. Does Blaming the Patient With Lung Cancer Affect the Helping Behavior of Primary Caregivers? Oncology Nursing Forum, 2008; 46[4]: 681-689).

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Conversation Starters

Be **Relevant** to the person you're speaking with.

If you decided to quit, what would be your **Reason**?

How would you **Reward** yourself for quitting?

What are you **Risking** by using tobacco?

What are your **Roadblocks** to quitting?

I care. So I may **Repeat** my advice to quit every time I see you.

Remember 6

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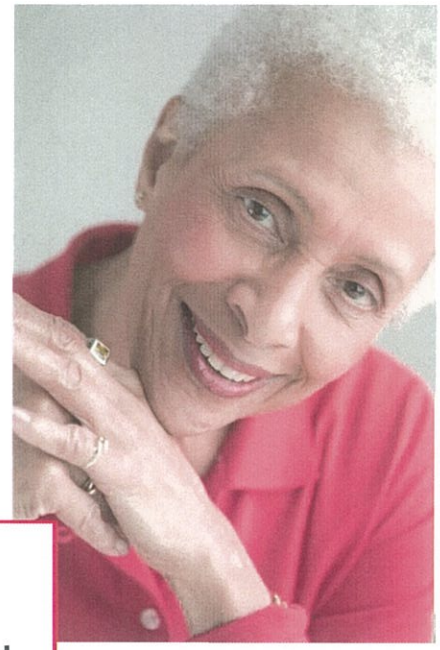
How to Have A Conversation About Tobacco Use

I want to quit

ASSIST the tobacco user to make a simple plan to quit within the next 30 days.

- Make it real. Fill out the **Quit Plan**.
- Keep it simple. No lectures.
- Suggest nicotine replacement therapy.



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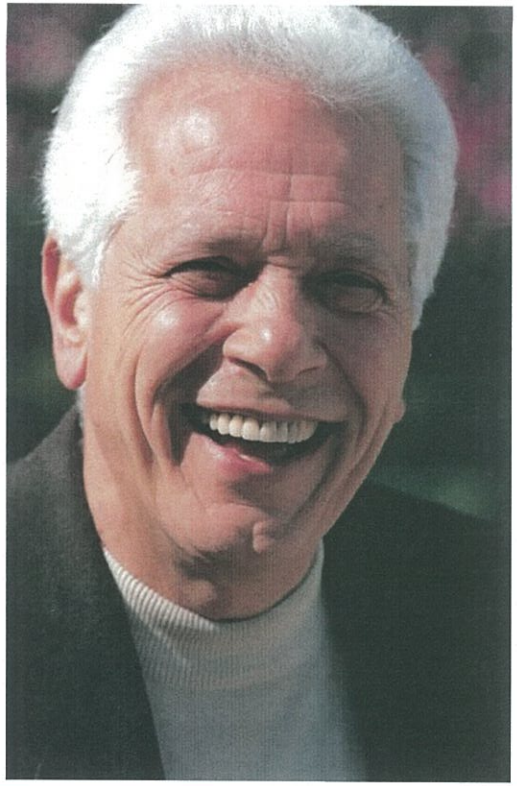
My Quit Plan



Try the Six D's:
Delay
Deep breathing
Do something else
Drink water
Deliberate Thinking
Just **D**on't' Smoke!

When's your birthday, anniversary, upcoming holiday?

How can people help?

Make a long list!

Reward yourself for quitting!

The urge to smoke passes in 3-5 minutes whether you smoke or not—So don't smoke.

Learn the 3 As of Shared Responsibility:
Avoid
Alter
Alternatives

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My Quit Plan

My Quit Date is

_____; _____/_____/_____

My support people are

_____

_____

_____

My reasons for quitting

_____

_____

_____

My benefits of quitting

_____

_____

_____

Problem Solving Skills

What helped me in past quit attempts? What didn't? Get rid of excuses. Anticipate challenges. Look for ways to avoid, alter or find alternatives to smoking triggers. Is nicotine replacement therapy right for me?

Where can I go for help?

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702-431-6348

Nevada Tobacco Users Helpline 1-800-QUIT-NOW 1-800-784-8669

What are my benefits of quitting?

As soon as you quit smoking...

20 Minutes After Quitting

Your heart rate drops to a normal level greatly decreasing your risk of stroke and heart attack.

12 Hours After Quitting

The carbon monoxide level in your blood drops to normal.

2 Weeks to 3 Months After Quitting

Your risk of having a heart attack begins to drop and your lung function begins to improve.

1 to 9 Months After Quitting

Your coughing and shortness of breath decrease.

1 Year After Quitting

Your added risk of coronary heart disease is half that of a smoker's.

5 to 15 Years After Quitting

Your risk of stroke is reduced to that of a non-smoker's, your risk of getting cancer of the mouth, throat, or esophagus is half that of a smoker's. Your risk of dying from lung cancer is about half that of a smoker's. Your risk of getting bladder cancer is half that of a smoker's. Your risk of getting cervical cancer or cancer of the larynx, kidney, or pancreas decreases. Your risk of coronary heart disease is the same as that of a non-smoker.

(US Dept. of Health and Human Services. The health consequences of smoking: A report of the Surgeon General. Atlanta, GA: US Dept. of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004)

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How to Have A Conversation About Tobacco Use

ARRANGE for follow-up

Call or visit within a week of the person's quit date.
Congratulate quitters, encourage those who slip:

Be **TRUE** to yourself
- **T**Use your slip as a Teachable moment
- **R**eflect on your slip
- **U**se it or loose it
- **E**ncourage yourself!

"A slip does not a smoker make."

Haven't quit? Relapsed? Stay positive. Support those who relapse to try again. The typical smoker makes **up to 11** quit attempts before they are successful (USDHHS, 2001). He or she just needs to keep practicing.

"Every quit attempt is a practice in success."

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For more help, refer to:

AMERICAN LUNG ASSOCIATION®

Freedom FROM SMOKING®

702-431-6348

Nevada Tobacco Users Helpline

1-800-QUIT-NOW

1-800-784-8669

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Why Talk About Tobacco Use?

Medicare and Smoking

Smoking & tobacco use cessation (counseling to stop smoking or using tobacco products)

How often is it covered?

Medicare Part B (Medical Insurance) covers up to 8 face-to-face visits during a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.

Who's eligible?

All people with Medicare who use tobacco are covered.

Your costs in Original Medicare

You pay 20% of the Medicare-approved amount, and the Part B deductible applies if you use tobacco and you're diagnosed with an illness caused or complicated by tobacco use, or you take a medicine that's affected by tobacco. In a hospital outpatient setting, you also pay the hospital a copayment.

If you haven't been diagnosed with an illness caused or complicated by tobacco use, you pay nothing for the counseling sessions if the doctor or other health care provider accepts assignment.

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Why Talk About Tobacco Use?

Nevada Medicaid Coverage

The Nevada Medicaid program covers all Nicotine Replacement Therapies and Chantix and Zyban:
NRT Gum
NRT Patch
NRT Nasal Spray
NRT Lozenge
NRT Inhaler
Varenicline
(Chantix)
Bupropion (Zyban)

Coverage varies for Group and Individual Counseling

Members are limited to 2 quit attempts per year, and each quit attempt may involve treatment for up to 90 days. Prior authorization and co-payments are also required. Counseling is only provided with a mental health disorder diagnosis.

For more information, please visit the Nevada Medicaid website at http://www.dhcfp.state.nv.us/

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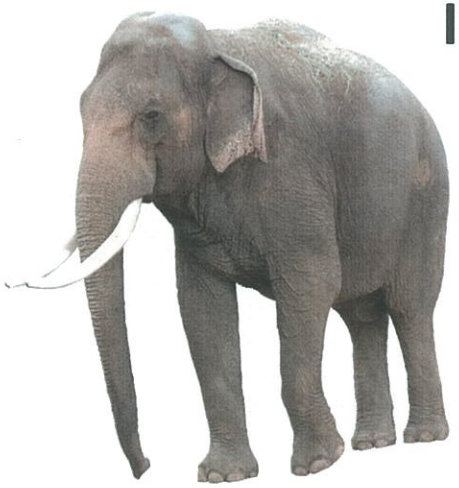
Why Talk About Tobacco Use?

If you don't document the conversation, it didn't happen…and you won't get reimbursed

- PACT Reimbursement for Smoking Cessation Therapy Guidelines

http://www2.aap.org/richmondcenter/pdfs/PACTReimbursementforSmokingCessation.pdf

Why Aren't We Asking?



Is there a smoking elephant in the room?

How many of your staff smokes?

Why not ask them about quitting?

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About the American Lung Association in Nevada

Now in its second century, the American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease. With your generous support, the American Lung Association is "Fighting for Air" through research, education and advocacy. For more information about the American Lung Association or to support the work it does, call 702-431-6333 or visit us at www.lungnevada.org.

2012 FIGHT FOR AIR WALK

Sources

This slide presentation is adapted from

"Older Adults and Smoking," Legacy for Health Foundation
Http://www.legacyforhealth.org/PDFPublications/OLDER_ADULT_0810_temp.pdf

"Medical and Allied Health Professionals Basic Tobacco Intervention Skills Guidebook" The University of Arizona Healthcare Partnership

The American Lung Association's Freedom From Smoking Program

"What is COPD?" The COPD Foundation

Fiore MC, Jaén CR, Baker TB, Bailey WC, BenowitzNL, Curry SJ, et al (2008)., Treating tobacco use and dependence: 2008 update. Rockville, MD: Us Department of Health and Human Services, US Public Health Service.