

Counseling and Medication Treatment Recommendations for Smoking Cessation Based on Willingness to Make a Quit Attempt*

For the Smoker Willing to Make a Quit Attempt Now		For the Smoker Unwilling to Make a Quit Attempt at this Time	
Offer Support	<p>Provide: Empathic and supportive environment while encouraging the patient in the quit attempt: “My staff and I are here to help you quit.” “I’m recommending treatments that can help you succeed.”</p>		<p>Express Empathy: Respond so that the patient feels heard and understood, and that you care about his or her views and wishes.</p> <ul style="list-style-type: none"> ▪ Open-ended questions: “What might happen if you quit?” ▪ Reflective listening to communicate understanding: “I hear that you are worried about weight gain and about not being successful in quitting.” ▪ Normalize the patient’s feelings and concerns: “Most smokers, like you, have tried several times before they quit successfully.” ▪ Support the patient’s autonomy: “I hear that you are not ready to quit. Just let me know when you would like to try and I will help.”
Provide Brief Cessation Counseling (STARS)	<p>Have Patient:</p> <p>Set a Quit Date: ideally within 2 – 3 weeks</p> <p>Tell Others and Ask for Support:</p> <ul style="list-style-type: none"> ▪ E.g., not to smoke around patient <p>Anticipate and Plan for Challenges and Temptations:</p> <ul style="list-style-type: none"> ▪ Discuss how the patient can overcome future challenges - when they will occur, what they will be, and how to avoid/cope ▪ Challenges: stress, alcohol, other smokers, weight gain ▪ Coping plan: avoid alcohol and other smokers, stress healthy eating and an active lifestyle <p>Remove all Tobacco Products: patient should remove tobacco from home, car, and work environments</p> <p>Stress Abstinence: Urge total abstinence starting on the quit date, and stress sticking with treatment even if there is a slip or lapse</p>	Use Motivational Interviewing Techniques	<p>Develop Discrepancy: Accept the patient’s ambivalence about quitting, but support the patient’s strongly held values and goals that are inconsistent with smoking.</p> <ul style="list-style-type: none"> ▪ Highlight how current behavior is discrepant with important values and goals: “So, you are strongly committed to your kids, and you worry that your smoking isn’t the best thing for them.” ▪ Support the patient’s “change talk”: “Yes, I think you are right that it helps to plan ahead for a quit attempt.” ▪ Strengthen the patient’s values that conflict with smoking: “I am impressed with your strong desire not to feel like an addict—to be free from smoking.” <p>Roll with Resistance: Be open to your patient’s ambivalence, resistance, and reasons not to make a quit attempt.</p> <ul style="list-style-type: none"> ▪ Back-off when a patient expresses resistance: “You are tired of people trying to get you to quit—I can understand that.” ▪ Let your patient know that you hear and respect misgivings: “Because medication did not help you before, you think a different medication won’t help you now.” ▪ Ask permission to help: “May I tell you what I think will help you quit?” <p>Support Self-Efficacy: Support the patient’s belief that she or he can quit.</p> <ul style="list-style-type: none"> ▪ Build on past success: “You were able to stop smoking for a couple of weeks the last time you tried—that means that you really have the skills to fight urges and resist temptation.” ▪ Give patient choices and control over how to proceed: “Which of these treatments sounds good to you?”

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Medication Counseling	<p>Recommend Medication:</p> <ul style="list-style-type: none"> ▪ Seven (7) FDA-approved medications for cessation: <ul style="list-style-type: none"> - nicotine gum, patch, lozenge, inhaler and nasal spray - bupropion - varenicline ▪ Discuss patient concerns <p>Discuss Options:</p> <ul style="list-style-type: none"> ▪ Recommend medication based on effectiveness, patient preferences, cost, contraindications ▪ Encourage use of varenicline or combination NRT as particularly effective ▪ Consider optional pre-quit nicotine patch use (2-3 weeks) <p>Encourage Medication Adherence</p> <p>Address Myths about Addictiveness and Harm</p>	Encourage Smoking Reduction + NRT	<p>Inform Patient:</p> <ul style="list-style-type: none"> ▪ “There is a treatment that may help you reduce your smoking.” <p>Deliver a Smoking Reduction + Nicotine Replacement Therapy (NRT) Treatment for Those Willing to Try It:</p> <ul style="list-style-type: none"> ▪ Consider NRT use for up to 6 months pre-quit (patch, gum, or inhaler) ▪ Help formulate a smoking reduction plan <ul style="list-style-type: none"> - Reduce daily smoking as much as possible. - Cut out smoking entirely in key contexts and activities (e.g., in car, watching TV).
Provide supplemental materials and information	<p>Available Resources: offer supplemental materials and information:</p> <ul style="list-style-type: none"> ▪ 1-800-QUIT-NOW – telephone support and counseling ▪ www.smokefree.gov – online quitting support ▪ www.women.smokefree.gov – online quitting support for women ▪ Forever Free relapse prevention booklets (http://www.smokefree.gov/resources.aspx; select Forever Free) 		

*Adapted, in part, from the 2008 PHS Clinical Practice Guideline, *Treating Tobacco Use and Dependence*. www.ahrq.gov/path/tobacco.htm
 Excerpted from: N Eng J Med 2011; 365: 1222-31. www.ctri.wisc.edu/nejm.html