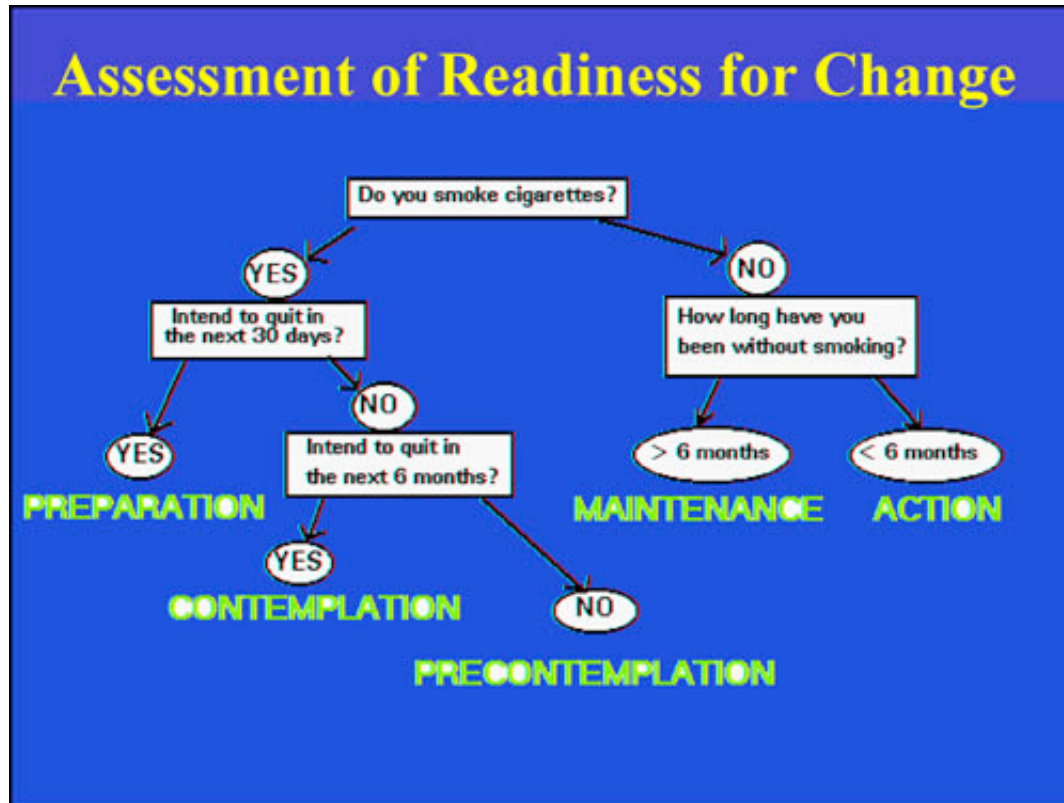
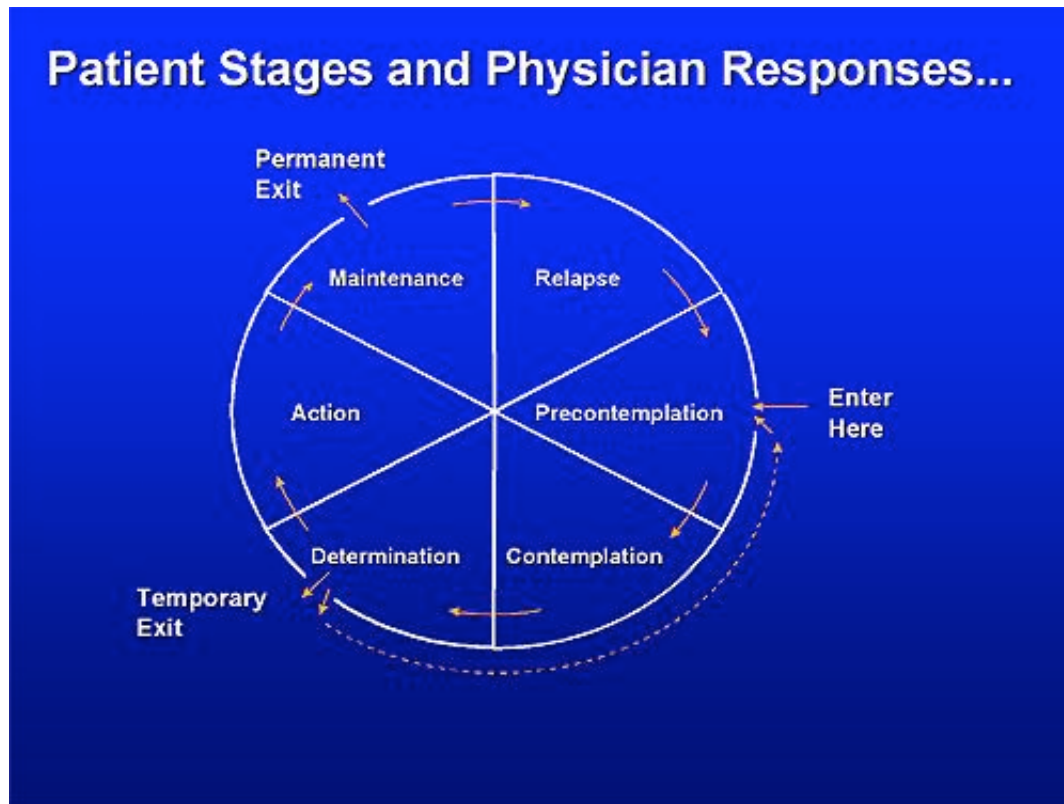


Patient Stages of Change



Now we will discuss in more detail your role in helping your patients stop smoking. This technique works with behavioral components of any disease. As you become more comfortable with the technique, you will find yourself using it more and more frequently.

Here is the easy way to stage the patient. Six months is chosen because it is considered to be the “foreseeable future.”



Studies performed in the US show that, although most smokers (about 70%) want to stop smoking at some time, only a minority (about 15%) are ready to stop smoking at any given time.

Prochaska and DiClemente developed a model of the structure of people's efforts to change their own addictive behavior [DiClemente and Prochaska's Transtheoretical Model of Change (Processes and Stages of Change), www.uti.edu/research/crpc, 1985)]. The basic constructs of their 'stages of change' theory are:

- Most people change through a cyclical process, with relapse being a normal part of the process.
- Tobacco control policies and interventions can more effectively influence people not to smoke, by segmenting the public according to stages in the tobacco control addiction cycle. Tobacco companies know this, and base their marketing decisions in a given market on the prevalence of consumers at the different stages in that market.
- Relapse prevention is an ongoing process in which patients who have quit smoking try to anticipate circumstances or cues that would likely prompt them to resume smoking. Triggers may be physical or psychological, including stress, social influences, withdrawal symptoms, weight gain, and depressed mood. Relapse prevention involves practicing avoidance of these triggers. A patient must devise coping strategies (have a plan of action to deal with triggers).

Precontemplation Stage

- WHO ME?
- No intention to quit in the next six weeks
- Reluctant to Discuss
- About 1/3 of the smoking population

Precontemplation Strategies

- "As your physician, I am very concerned about your health."
- "I'd like you to start to think about your smoking."
- "I feel strongly about this, so I will ask you about it at every visit."
- "If you want to discuss this further BEFORE your next appointment, please call."

This takes about **10 seconds** of your time. It sets the stage so that your patient knows what to expect and is more effective than the usual 10 minute lecture about the pathophysiology of lung cancer. One can have a stop smoking handout available to give to the patient as well.

Doctor-patient dialogue is essential for quitting smoking. In addition to asking and advising, physicians need to provide the effective tobacco treatments covered by a patient's health plan to comply with tobacco cessation treatment guidelines by the U.S. Public Health Service.

Ask patients about tobacco use.

Advise smokers to quit.

Assess smokers' willingness to try quitting.

Assist smokers with cessation treatment and referrals.

Arrange for follow-up contacts.

Few smokers ask for help—we need to be proactive and not wait for patients to ask.

Contemplation Stage

- "Yes, but..."
- Seriously considering quitting sometime in the next six months
- Pros & cons of smoking are equal
- Ambivalent; fearful
- About 1/3 of the smoking population

Contemplation Strategies

- “What do you see as the benefits of being a nonsmoker?”
- “I’m glad you’re thinking about this.”
- “I’d like to help you with this.”



Motivational interviewing, person-centered, and brief intervention techniques allow for the patient to “discover” their own internal motivating factors. Thus, clinicians can/should allow the patient to identify their own personal reasons for becoming a “nonsmoker.”

Clinicians should realize that during the contemplation stage, ambivalence is a normal state of being, and, as such, we can help our patients to identify the pros and cons of smoking and the pros and cons of quitting. Through this introspection, patients can begin to manage the hurdles rather than dismissing it out of hand.

Preparation Stage

- “Next Tuesday is the Day!”
- Usually are beginning to take steps
- Usually have attempted to stop smoking previously
- The cons of smoking outweigh the pros
- 10-15% of smokers

Setting a quit date can be an important part of the cessation process. Guidelines for helping patients set a quit date include:

1. The patient should choose a date that is personally meaningful – a day to look back on and remember;
2. Patient should allow plenty of time to properly prepare for the quit/start date. Setting the date too early may lead to inadequate preparation time (e.g. medication selection and adherence, behavior change, etc.). Likewise, setting the date too late may lead to anticlimactic emotions;
3. Once a patient commits to a date, assist the patient in preparing for that date.

Preparation Strategies

- Need specific skills rather than motivation
- Suggest behavioral changes:
 - Only smoke in one room of the house
 - Change routines related to smoking triggers
 - Clean house and car
 - Dry clean clothes
 - Take a different route to work
- Offer support, including medication
- Educate re: self support programs to stop smoking
- Educate re: nicotine smoking cessation therapies

As you go along in this, you will hear stories from patients which will help you with other patients (for those of you who don't have stories of your own!).

Action Stage

“I have more freedom”

Defined as the first six months of cessation

Rapid decline in the level of temptation to smoke

Biggest challenge is to identify relapse triggers

Approximately 7-12% of smokers

Development of identity as a non-smoker

Action Strategies

Meet frequently with patient to provide support

Discuss “triggers” and their avoidance

Monitor pharmacologic therapy if used

Maintenance Stage

“I am comfortable being tobacco-free.”

Period from six months after smoking cessation

Able to resist temptation to smoke

Person becomes a “former smoker”

Approximately 4% of the smoking population

Active process of self-monitoring

Maintenance Strategies

Provide frequent, positive affirmations

Discuss the need for continued vigilance and monitoring for “triggers”

Discuss the process of learning new ways to cope with high risk situations

Relapse Stage

- Relapse is common and part of the process
- Average number of attempts before quitting: 5-7
- “Slip” vs “relapse”
- High relapse rate within the first year
- Learning tool
- Periods of abstinence tend to lengthen over time

Consider your patients with diabetes: Every glucose > 200 mg/dl is a “slip” and every glucose > 300 is a “relapse”.

Consider your patients with hypertension: Every systolic BP >140 is a “slip” and every systolic BP > 180 is a “relapse”.

Why are we less judgmental with diabetes and hypertension than we are with addiction?

We don't recommend announcing to patients that we expect them to relapse; however, we want them to feel free to tell us, so that we can help them re-achieve abstinence.

Variables Associated with Relapse

- High nicotine dependence
- History of psychiatric comorbidity
- High stress level

Challenges, or barriers, to quitting smoking must be addressed. Recognition of and work on breaking down these barriers before and after one quits smoking can help control nicotine addiction.

Fear of failure - Don't get weighed down by past attempts. An unsuccessful attempt can be learning process. We all improve with practice.

Fear of gaining weight -- Weight gain is not automatic. Some people gain a bit; others actually lose. Exercise and careful snacking can help reduce weight gain.

Perceived loss of identity -- Lighting up a cigarette has become second nature. Changing is hard. Remembering the benefits of being a non-smoker will help address this barrier.

Increased nervousness – One may use cigarettes as a coping mechanism. Be prepared to control smoking triggers – learn healthy ways to cope.

Relapse Strategies

- “I'm glad you told me!”
- Reassess motivation: “How do you feel about your smoking today?”
- Modify treatment plan
- Schedule follow-up visit

Use positive encouragement. A slip can be useful in terms of knowing what worked, what did not work, and what to do differently.

Web Sites

- Treatobacco.net <http://www.treatobacco.net>
- Cancer Control PLANET <http://cancercontrolplanet.cancer.gov>
- The Health Consequences of Smoking: A Report of the Surgeon General <http://www.hhs.gov/surgeongeneral/smokingconsequences>
- NIDA InfoFacts: Cigarettes and Other Nicotine Products <http://www.drugabuse.gov/Infofax/tobacco.html>
- Treating Tobacco Use and Dependence: A Public Health Service Clinical Practice Guideline <http://www.ahrg.gov/path/tobacco.htm>
- You Can Quit Smoking! <http://www.surgeongeneral.gov/path/tobacco/smconsumr.pdf>
- Reducing Tobacco Use: A Report of the Surgeon General http://www.surgeongeneral.gov/library/tobacco_use/
- Women and Smoking: A Report of the Surgeon General <http://www.surgeongeneral.gov/librarywomenandtobacco/>
- Guide to Community Preventive Services: Tobacco Use and Control, CDC <http://www.cdc.gov/tobacco/comguide.htm>

Summary

Physicians can play a vital role in preventing, screening and intervening in the area of nicotine dependence.

Go to [next page](#)

Return to [PHR CME courses](#)

<http://www.texmed.org/Template.aspx?id=1764>