Barriers to treatment and relapse in Lebanon

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Nicotine plasma concentration time profiles following smoking and NRT
Chronic Nature

As DM HTN DL and Treated as Such

RELAPSING CONDITION

Failure Multiple Attempts
Environmental / Social stimuli

• A particular time of day
• A particular place

  e.g. smoking after a meal or in a favorite chair.................
Nicotine Withdrawal Syndrome

Withdrawal symptoms peak in the first few days and subside within 1–3 weeks.
A Sense of Helplessness

- Physicians often feel that counseling “falls on deaf ears”
- Smokers do not want to readily quit
- Financially prohibitive
- Patients would be offended if their smoking habits were discussed too often

Still we face ambivalence

• Not exactly ready, or willing, or able

• *Hesitant*

• Patients want change but don’t want change

• “I desperately **want to want** to quit smoking”

“*come back when you are ready*”
Nicotine Withdrawal Syndrome

- Decreased heart rate
- Irritability, frustration, or anger
- Anxiety
- Restlessness or impatience
- Difficulty concentrating
- Insomnia/sleep disturbance
- Increased appetite or weight gain
- Dysphoric or depressed mood

Lightheadedness
Headache
Nausea
Craving for cigarettes
Constipation
A Brief Intervention
The 5 A’s

Ask — about smoking status
Advise — to quit
Assess — willingness to quit
Assist — by offering treatment
Arrange — follow-up

The AAR (ask-advice-refer) abbreviated method for tobacco dependence treatment

<table>
<thead>
<tr>
<th>Tobacco Cessation Counseling</th>
<th>Comment</th>
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<tr>
<td><strong>Ask:</strong> Ask if the patient smokes or uses smokeless tobacco products</td>
<td>• Many smokers want to quit and appreciate the encouragement of health professionals</td>
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| **Advise:** Advise the patient to quit  
  The benefits of quitting include  
  • Decreased risk of a heart attack, stroke, coronary heart disease; lung, oral, and pharyngeal cancer  
  • Improved sense of taste and smell  
  • Improved circulation and lung function  
  • Improved health of family members | • Smokers are more likely to quit if advised to do so by health professionals  
  • The perioperative examination provides the perfect opportunity to discuss smoking cessation with the patient  
  • Tobacco use is a risk factor for coronary heart disease, heart attack, and lung cancer; second-hand smoke is unhealthy for family members |
| **Refer:** Tell the patient that help is a free telephone call away; provide patient with quitline numbers | • Evidence suggests quitline use can more than triple success in quitting  
  • Quitlines provide an easy, fast, and effective way to help smokers quit  
  • By simply identifying smokers, advising them to quit, and sending them to a free telephone service, clinicians can save thousands of lives |
CXR under-reading conveys permission to smoke

- Under-reading smokers CXRs increases the probability of continued Tobacco use

**Highlight**
- Lung field hyperinflation
- Increased interstitial markings
- Vertebral wedging
- Subtle findings
- Abnormal CXR might prompt CT thorax
Predictors of success in smoking cessation

- Late age of initiation of cigarette smoking
- Longer duration of previous quit attempts
- Lack of depression
- Low-to-moderate nicotine dependence
- Absence of alcohol problems
- Sustained level of motivation
- Being married
- Not having any other smokers in the household
How to Define Success in the Treatment of Tobacco Use Dependence
Defining Success

1. Clinicians must adjust their definition of success when treating the tobacco-dependent patient.

2. Clinicians are accustomed to near 100% success with some other conditions:
   - e.g., vaccinating a patient against rubella
   - e.g., treating a bacterial infection with antibiotics

3. For the dependent tobacco user – must learn to consider a 10% to 20% quit rate as success

Huber GL, Mahajan VK. *Dis Manage Health Outcomes* 2008; 16(5):335-43.
Levels of Success

Level XII – Quit and no use for 5 years
Level XI – Quit and no use for 1 year
Level X – Quit and no use for 1 month
Level IX – Quit and no use for 1 week
Level VIII – Quit, but relapse to occasional use
Level VII – Quit for 24+ hrs, but relapse/recycle
Level VI – Quit but relapse within hours/recycle
Level V – Not quit, but cut back
Level IV – Set a quit date
Level III – Think about a quit date
Level II – List motivations for quitting
Level I – Express interest in quitting
Barriers
Barriers to promoting smoking cessation

- Too busy
- Lack of expertise
- No perceived financial incentive
- Most smokers can’t / won’t quit
- Stigmatizing smokers
- Respect for privacy
- Negative message might scare away patient
- I smoke myself
Barriers to promoting smoking cessation

- Depression- Stress, & Mood
- Nicotine dependence
- Fear of failure
- Weight gain
- Lack of support
- Enjoyment of tobacco
- Alcohol
- Single
- Having any other smokers in the household
- Lower level of education
- Lower socioeconomic class
- Comorbid psychiatric disorders
- Limited knowledge of effective treatment options
Social norms and the culture of smoking in Lebanon
STRESSES AND HASSLES

**Stressors**
- Death of a family member
- Jail sentence
- Partner is not faithful
- Bankruptcy
- Fired from job
- Miscarriage or stillbirth
- Divorce
- Unwanted pregnancy
- **Serious illness**
- Demotion
- Lawsuit
- Poor grades
- Fights with boss
- Move to a new place
- Menopause
- Retirement
- Child leaves home
- Birth of child
- Marriage
- Pregnancy

**Hassles**
- Minor money problems
- Car trouble
- **Rude people**
- Fights with partner
- Traffic jams
- Bad weather
- Home repairs
- Arranging childcare
- Housework
- **Loud children**
Factors Predicting more Intensive Tobacco Dependence Treatment Requirement

• Higher Level of Physical Nicotine Dependence
  - FTND (Fagerström Test for Nicotine Dependence)
  - Score ≥ 5 out of 10 points

• Higher Quantitative Nicotine Withdrawal Symptom Score
  - NWS score ≥ 20 out of 48 points

• Higher Serum Cotinine Level
  - Serum Cotinine Level ≥ 250 ng cotinine /ml

• Heavy Cigarette Smoker
  - Smokes ≥ 25 cigarettes / day (cpd)

• Upon Awakening Short Time to First Cigarette of the Day
  - Time ≤ 5 minutes
Managing Barriers to Quitting
Quitting smoking is possible

- All smokers should be offered at least a brief intervention
  - Ask every patient about their smoking status

- The most effective method of helping smokers to quit combine pharmacotherapy with advice and behavioural support

10 Key Recommendations

1. Recognize tobacco dependence as a **chronic disease**
   - Repeated intervention and multiple quit attempts may be necessary
2. **Document** smoking status and tobacco use on a regular basis
3. **Support** every patient willing to quit with counselling and medications
4. Understand **that even brief** tobacco dependence treatment can be effective
5. Use individual, group and telephone **counselling**

US = United States; PHS = Public Health Service
6. **Prescribe** recommended medications

7. **Combine** counselling and effective medications, which is more effective than either alone

8. Encourage the use of telephone **quitlines**, which are effective and broad reaching

9. Use **motivational** treatments for those not willing to quit

10. For policymakers and medical insurers, understand that tobacco dependence treatment is **highly cost effective** and patients should be reimbursed for these treatments

SR = sustained release
Multiple Quit Attempts May Be Necessary

- Most smokers will attempt to quit 6 to 9 times in their lifetimes
- Some smokers succeed after making several attempts
  - Past failure does not prevent future success
  - Length of prior abstinence is related to quitting success
Practical Counseling / Skills Training

- Quitting is a process, not an event.
- Anticipate difficult situations.
- Avoid alcohol whenever possible.
- Inform friends and family.
- Enlist support.
- Remove ashtrays and smoking accessories.
- CALL WITH QUESTIONS.
Four Magic Words

• Empathy
• Validation

• Joining
• Hope
How do I counsel patients to quit?

- Encourage
- Support
- Offer resources
Special Populations

Psychiatric Comorbidity
- Depression; whether quitting smoking will lead to recurrence of a depressive episode
- Schizophrenia; very high rates of relapse
- Addictive Disorders; several barriers

Pregnancy
- NRTs seem to be safe and increase birth weight

Adolescents
- Tobacco addiction can be regarded as a *childhood disorder* extending into adulthood
- Adolescence may be a period of greater vulnerability to nicotine addiction
- Behavioral treatments, including cognitive behavioral therapy, motivation enhancement, social influence, as well as school and classroom modalities, have shown promise
Temptation

Lapse
Addressing Smoking Lapses, Relapses, and Weight Gain
Multiple periods of remission and relapse

• Relapse prevention
  Relapse prevention intervention

• Managing smokers who relapse
  Majority ?
Relapse

- High nicotine dependence
- Ritualistic behavior of smoking
- Psychiatric comorbidity and substance use
- High stress level
- Exposure to other smokers
- Premature discontinuation of use of medicine
- Genetic

Most relapses are known to occur very early in the attempt to quit

Strength of urges to smoke decline exponentially over time following smoking cessation
Urges are still reported by a third of smokers after 12 months

What leads ex-smokers to have their first cigarette?

- Unpleasant Mood
- Drinking Alcohol
- Happy Mood
- Eating
- Offered Cigarette

- Deal with the Problem
- Do Other Activities
- Talk to Someone
- Accept Temporary Stress
Addressing Problems Encountered by Former Smokers

- Lack of support for cessation
- Negative mood or depression
- Strong or prolonged withdrawal symptoms
- Weight gain
- Smoking lapses
Assisting the patient who has recently quit

The former tobacco user should

- **Receive** congratulations on any success and strong encouragement to remain abstinent

- **Relapse** is most likely to occur soon after quitting but the risk for relapse can continue for months or even years

- All very recent quitters should be **given assistance** and it is important to ask those who have quit for some time if they are facing any challenges such as temptations to smoke, close calls, or serious thoughts about starting again

- Former tobacco users who report such challenges should be given assistance regardless of the length of time since they have used tobacco
Intervening With the Patient Who Has Recently Quit

Use open-ended questions relevant to the topics below to discover if a patient wants to discuss his or her recent quitting:

- The **benefits**, including health benefits, the patient may derive from cessation

- Any **success** the patient has had in quitting (duration of abstinence, reduction in withdrawal, etc.)

- The **problems encountered** or anticipated threats to maintaining abstinence (e.g., depression, weight gain, alcohol, other tobacco users in the household, significant stressors)

- A **medication check-in**, including effectiveness and side effects if the patient is still taking medication
Minimal relapse prevention consists of:

- **Congratulating** success
- **Encouraging** continued abstinence
- **Discussing** with the patient the benefits of quitting, the problems encountered during quitting and the anticipated challenges to staying quit (e.g., alcohol, weight gain, stress, and other tobacco users in the household)
Relapse prevention

Individualize Relapse Prevention

- A more intensive relapse prevention intervention, individualized to address the particular challenges and concerns of the individual patient, can also be utilized by clinicians
Strategies to Help the Patient Who Has Experienced a Brief Lapse Back to Smoking

• Suggest continued use of medications, which can reduce the likelihood that a lapse will lead to a full relapse
• Encourage another quit attempt or a recommitment to total abstinence
• Reassure that quitting may take multiple attempts, and use the lapse as a learning experience
• Provide or refer for intensive counseling

Combined use of the most effective cessation medication available together with relatively intense cessation counseling

Nicotine vaccination?
RELAPSE

- Assess reasons for relapse (discuss all possible trigger/cueing factors; check compliance with medications)
- Emphasize the importance of continued efforts

Willing to try again?

YES

- Trigger avoidance management, coping skills (if can’t avoid)
- Consider step up dosing, new medication, combined medications
- Increase intensity and frequency of cessation counselling
- Earlier and more frequent (possibly face-to-face) follow up
- Review familial/social support
- Consider different counselling strategy (e.g. phone contact, internet, email, group counselling)
- Consider referral to a specialized center (smokers with mental illness or other substance abuse)

CESSION

NO

- Offer to help in future
- Consider smoking reduction
- Consider Tobacco Harm Reduction (THR) options (e.g. electronic-cigarette)

RELAPSE

Consider Tobacco Harm Reduction (THR) options (e.g. electronic-cigarette)
Relapse

Clinicians should:

- **Reinforce** the patient's decision to quit
- **Review** the benefits of quitting
- **Assist** the patient in resolving any residual problems arising from quitting

Many lapsed/relapsed smokers continue to try to quit
Most Smokers Are Willing to Try Again

- To assess willingness to quit again after a recently failed quit attempt, a random sample of smokers were evaluated a minimum of 3 months of receiving smoking cessation therapy (n=391).

- Of the smokers who relapsed following a quit attempt:
  - 98% were willing to try again
  - 50% immediately
  - 28% within 1 month

Smoking Relapse in the Postpartum Period

- Women are motivated and more likely to stop smoking during pregnancy.
- High proportion of women who quit smoking while pregnant relapse during the postpartum period.

  Younger
  Non-White
  Less educated
  Have high parity
  Have a partner who smokes
  Be heavier smokers pre-pregnancy
  Suffer feelings of stress or depression

- Breast feeding has been suggested be a protective factor.

Early postpartum period (within the first 6 weeks)

Living in deprived urban areas, multiparous, living with other smokers in the household, and not breast feeding.

Reduce postpartum smoking relapse

• Brief interventions during maternity hospitalization to intensive face-to-face counseling

INEFFECTIVE

• Relapse-prevention booklets, currently titled Forever Free (*Libres para Siempre*)
“Forever Free”

- Booklet 1: An Overview
- Booklet 2: Smoking Urges
- Booklet 3: Smoking and Weight
- Booklet 4: What if You Have a Cigarette?
- Booklet 5: Your Health
- Booklet 6: Smoking, Stress, and Mood
- Booklet 7: Lifestyle Balance
- Booklet 8: Life Without Cigarettes

**Cigarette Urges**

1. **Nicotine withdrawal urges**
2. **Habit urges**
3. **Memories of smoking**

**Deal with smoking urges**

1. **Think ahead**
2. **Prepare for the urge**
3. **Cope with the urge**
Practical Information for coping with urges to smoke

• Evolution of urges ..... Get less with time

• Triggers of urges ...... anxiety, alcohol .. etc

• Behavioral strategies for dealing with urges ...
  exercise , keep busy .... etc

• Pharmacological strategies for dealing with urges ...
  rapid NRT , take rx , glucose....etc
What should you do if you find yourself smoking a cigarette?

• Put it out. Get rid of any cigarettes

• Think of that cigarette as a slip instead of a relapse

• Make that cigarette your last

• Even though you may feel bad, do not “beat yourself up”

• Instead learn from it

• You will need to get prepared for it in the future
• Use your coping skills to deal with urges to smoke
Weight Gain After Stopping Smoking

• The majority of smokers who quit smoking gain weight
• Most will gain fewer than 10 pounds
• Women tend to gain slightly more weight than men do
• Adolescents, even as young as junior high school age, who are concerned about their weight initiate smoking
Clinician Statements

- Weight gain is usually 10 lbs or less
- Some medications including bupropion SR and nicotine replacement medicines may delay weight gain
- A minor health risk compared with the risks of continued smoking
- Focus on strategies to get you healthy

Smoking is a VERY DANGEROUS way to lose weight!
THANK YOU