

Transcript Details

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Tobacco Dependence Treatment: Helping Patients Overcome Addiction

Announcer:

You're listening to *Deep Breaths: Updates from CHEST* on ReachMD. This series is produced in partnership with the American College of CHEST Physicians and supported in part by an independent medical educational grant from Pfizer.

Here's your host, Matthew P. Bars, CEO of IntelliQuit and the Director of the Fire Department of the City of NY, Tobacco Treatment Program, and World Trade Center Medical Monitoring & Treatment Program.

Dr. Bars:

The addiction to tobacco can leave patients feeling frustrated and powerless. But supporting them by setting treatment goals and providing guidance and resources, can help our patients successfully combat their addiction. On today's program, we'll be discussing the CHEST Tobacco Treatment Toolkit, a resource that provides practical approaches to helping our patients overcome the addiction to tobacco products.

This is ReachMD. I'm Matt Bars and joining me, today, are two colleagues with extensive experience in helping the tobacco-addicted patient. With us today is Dr. Laura Crotty-Alexander, Associate Professor of Pulmonary Critical Care Medicine at the University of California at San Diego. Dr. Alexander, welcome to the program.

Dr. Crotty-Alexander:

Thanks for having me.

Dr. Bars:

Also joining us is Dr. Michael Fiore, Professor of Medicine at the University of Wisconsin and Director of the University of Wisconsin Center for Tobacco Research and Intervention. Dr. Fiore, thank you for joining us.

Dr. Fiore:

Thanks, Matt.

Dr. Bars:

To start off, Dr. Fiore, could you give us a general overview of tobacco dependence?

Dr. Fiore:

Sure, Matt. When I think about all of the substances that my patients can be dependent upon, there are a few that have the grasp that tobacco does on individuals. And it's because of that that we really need to treat tobacco dependence for what it is, a powerful, chronic disease of dependence that if patients don't overcome will result in about 50 percent of them dying prematurely of a disease caused by their tobacco use. Tobacco kills almost half a million Americans every year and for that reason, it has to be front-and-center in our clinical care.

Dr. Bars:

I couldn't agree more, Mike. And it always astonishes me that consistently the data reports and CDC confirm that about 5 percent of tobacco-dependent patients receive both an FDA-approved medication and counseling for their tobacco addiction. Can you comment a little bit about that?

Dr. Fiore:

Sure. A lot of clinicians don't realize that we have an incredibly powerful evidence-based to help our patients quit tobacco use. We know that counseling strategies boost success rates by themselves. We also know that there are seven FDA-approved medications that also boost success rates by themselves. But we finally know that when we combine both of them, counseling and medicines, we get the highest quit rates that is sustained. So, the approach, as outlined in the CHEST Tobacco Treatment Toolkit is to provide to every patient willing to make a quit attempt both counseling and medications because that's the prescription for the greatest success.

Dr. Bars:

So true, Mike, thank you very much for that.

And turning to you, Dr. Crotty-Alexander, can you tell us a little bit more about the CHEST Tobacco Treatment Toolkit?

Dr. Crotty-Alexander:

Absolutely and this builds on what you and Mike were just talking about that historically, medical centers and doctors and pretty much all healthcare providers, we haven't been fully engaged in treating tobacco users and this toolkit is designed to help change that. We know that tobacco causes all of these health effects, and as Mike mentioned, leads to death in 50% of users. And so this toolkit, by very straightforward and clear instructions helps everyone understand how to help a tobacco-dependent brain learn to function without nicotine and to help smokers through the very difficult and frustrating process of quitting tobacco. So, we're really excited about this toolkit and we hope that many clinicians can use it to guide smokers in this journey.

Dr. Bars:

I loved what you just said. You know, we're, we're so busy in our clinical practices and I think a lot of our colleagues feel that tobacco dependence is just too big a burden to take on. But just as we're comfortable giving medications for asthma and giving some quick guidance on how to avoid triggers to our asthma exacerbations in our patients, we can do the same with tobacco use. And the good news about tobacco use is that we can supplement these brief clinical interventions with some of the resources that are available in the community, whether it be tobacco quitlines, the online resources available through the National Cancer Institute's SmokeFree.gov, we could help patients avoid what may be their biggest risk factor to their health, today.

Dr. Crotty-Alexander:

Absolutely. And it's so nice to be able to provide people with very clear lists of all of these resources through the toolkit.

Dr. Bars:

For those of you just turning in, you're listening to ReachMD. I'm Matt Bars and today I'm speaking with Drs. Laura Crotty-Alexander and Dr. Michael Fiore about the CHEST Tobacco Treatment Toolkit.

Dr. Fiore, can you tell us about the strategies that you find particularly helpful. And, as a side note, have you noticed that there is a change in the tobacco users when we look at some of the new products that have reached the marketplace in the last few years?

Dr. Fiore:

Sure, Matt. Well, first I'd just wanna mention the evolution of who's smoking in America, today. You know, back in the 50s and 60s, and 70s, tobacco was an equal opportunity killer. Everybody was smoking. Today, what we find is that smoking is particularly concentrated among those with lower incomes, among the least educated, those with substance abuse and mental health diagnoses. So, particularly be on the lookout for tobacco use in those individuals. But that's not to say that it's still doesn't occur across the whole spectrum of patients and that's why we should have built-in systems in our clinics, often guided by electron health records to universally ask about and document tobacco use status and then to provide brief interventions. As we mentioned earlier, these brief interventions should include counseling and medicine, but it doesn't all have to be done by us, as the treating physician. We could involve our full healthcare delivery team, just as we do with managing other chronic diseases and we could take advantage of community resources, as mentioned, the quitline available at 1-800-QUIT-NOW and online resources available at www.SmokeFree.gov. The CHEST Tobacco Treatment Toolkit is a great guide to help us utilize all of these resources and do the best we can for our patients who still use tobacco.

Dr. Bars:

Those are great resources, Mike.

And Dr. Crotty-Alexander, in addition to the strategies that Mike just mentioned, what treatment strategies have you found particularly effective in your practice?

Dr. Crotty-Alexander:

Yes. I have a high rate of users of tobacco in our practice and as mentioned, one of the key points is just identifying all of those tobacco users and advising them to quit, offering help, whether they're ready to quit or not, and that actually does lead to more quit attempts and more successful cessation of tobacco, just bringing it up every single clinic visit. And the patients are expecting to be asked about it and

they do feel better and feel like they're getting higher quality of care if you bring it up and give them counseling. Besides that, the best success stories that I've had are the patients who receive pharmacologic therapy, including nicotine replacement, especially when it's paired, the long-acting patch with a short-acting gum or lozenge or inhaler, and pairing that with an oral medication such as varenicline and bupropion. So, using that dual pharmacologic therapy, plus behavioral support, and Mike mentioned multiple options, there, so the quitlines, the apps on smartphones, the web-based programs, so many different options, there. And then a final facet is arranging short-term follow-up for these patients who are trying to quit. So, I'll bring patients back in a week, in two weeks, and I'll continue doing that for months because by providing them that, sort of, support, knowing that somebody's going to check in with them, it helps them stay motivated to stay on track.

Dr. Bars:

Absolutely. All good points to remember.

And, Dr. Fiore, lastly, let me just open up the floor to you. What takeaways would you like our listeners to keep in mind as they address tobacco dependence with their patients?

Dr. Fiore:

Well, I'd make a couple of points. The first is that this is something we can do in just a minute or two. We can open the door. We can raise the topic. We can let our patients know that we're going to be their partners as they attempt to overcome the biggest risk to their health.

The second point is to think about reach. The fact that we want to give every tobacco user some component of treatment that's evidence-based and we could do that, as Laura said, whether they're willing to set a quit date now or just need some motivation to think about a quit date in the future.

And finally, this can be a team approach. We could use our whole healthcare delivery team, we could take advantage of EHR tools that are available to prompt us, and we could take advantage of the CHEST Tobacco Treatment Toolkit, a great resource to outline brief interventions that are evidence-based and markedly boost success rates.

Dr. Crotty-Alexander:

One thing I'd like to add to Mike's quick takeaway points is that this toolkit is designed for all users of tobacco, including all of the e-cigarette users and vapers out there because they too are using a tobacco product and have nicotine dependence.

Dr. Bars:

And dovetailing on some of the points that have been made, I like to tell all of my patients that you don't have to be ready to stop smoking when I first see you. We can start you on a medication, see how you do. Sometimes that, in and of itself, will prompt somebody to say, "Hey, I'm able to cut down", and that'll prompt the next step.

Dr. Fiore:

Matt, I just want to emphasize that last point you made. The 2008 Public Health Service Guideline found that when you put people who are not yet ready to quit, set a quit date on nicotine medicine, it boosts their long-term quit rates by 200%. So, even if they're not ready to quit right now, using medications, giving some brief counseling, and just letting the patient know that we're there for them when they're ready to finish the job will help them to know they can do it.

Dr. Bars:

Those are certainly some valuable insights and suggestions. And with that, I want to thank my guests, Dr. Laura Crotty-Alexander and Dr. Michael Fiore for helping us better understand tobacco addiction and the CHEST Tobacco Treatment Toolkit

Dr. Crotty-Alexander:

Thanks for having us.

Dr. Fiore:

Thanks, very much.

Announcer:

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