Tips and Talking Points

For patients at different stages of quitting.



Your encouragement, empathy and advice are critical throughout a patient's quit journey. **We can help you with those conversations.**

ESTABLISHING A TRUSTING RELATIONSHIP

- Avoid judgmental bias. Create empathy ... "A lot of us have been there."
- Establish that you are their PCP and you care about them and their whole health.
- Create a bond with the patient about smoking and empathize about how difficult it is to quit tobacco. If you personally had a struggle with tobacco, refer to it. If you have a family member who has struggled/is struggling, refer to it. If you remember how ubiquitous tobacco was (armed forces handed out cigarettes; tobacco reps brought free cigarettes to schools; "smoked" candy cigarettes as a kid; smoking was allowed on flights and in workplaces), remind them how things have changed now that we know smoking can damage nearly every organ of the body.
- Quitting at any age contributes to health, including relieving depression and anxiety symptoms.
- Briefly share what kind of support is available. Make this easy by referring to the 802Quits poster with examples of different pathways and free resources available.

"I'M JUST NOT READY"

- Consider small group sessions such as Quit Partners to meet and talk with peers who are trying to quit, too.
- If the spouse/partner or family member is in the house and also smokes, say, "You can do this together."
- Reference the patient's family history of illness ("I'm concerned, Bob, because your father died of lung cancer, and your mother had emphysema; these are serious conditions that can shorten your life and your quality of life; I'd like to help you take care of this"), then stress that "Bob" take 8o2Quits materials on his way out of the office.
- A family history of Alzheimer's disease may also create motivation because long-term smoking is associated with developing Alzheimer's (over 70% increased risk)¹

¹Observational studies have shown that people who smoke are at higher risk of developing all types of dementia and a much higher risk (up to 79%) for Alzheimer's disease, specifically Barnes DE, Yaffe K (2011) The projected effect of risk factor reduction on Alzheimer's disease prevalence. Lancet Neurol 10, 819-828.

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"MY SMOKED ALL THEIR LIFE, AND THEY DON'T HAVE HEALTH PROBLEMS"

- They may have just "lucked out"! There are many negative health consequences when you smoke.
- Cigarettes are more dangerous than they were 50 years ago. The industry has made them more effective at delivering nicotine and the other toxic chemicals they contain. So, unfortunately, current smokers may not be as lucky.
- We know tobacco use shortens life. Studies estimate on average that people who smoke have a life expectancy of 6.5 years less than non-smokers.²

"I'VE TRIED BEFORE, AND IT DIDN'T WORK"

- There is no one way to quit, (refer to poster if handy). There are many methods of support and medications people can use to reduce nicotine withdrawal. If what was tried before didn't work, recommend trying a different way.
- Going "cold turkey" isn't easy. Very few succeed, just 5%. Those who can get support are more likely to be successful.
- Every try counts! It can take many tries. Don't give up. Keep trying different supports or combinations of medications until the patient finds what works.
- Share a motivational message and tell your patient that you will check in to see how things are going at the next visit.

IF THE PATIENT APPEARS INTERESTED

• Enroll them on the spot with the fax referral form.

IF PATIENT IS NOT READY TO ENROLL

Tell your patient that the front desk will have information for him/her as they leave. <u>Make a point in front of patient to buzz the front desk and say, "'Bob' needs to get information on 802Quits."</u> This step is important for the provider to reinforce the use of 802Quits programs, tools and support for better cessation success.



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² https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117323/