

STEP One: ASK about Tobacco Use

➔ Suggested Dialogue

- ✓ Do you ever smoke or use any type of tobacco?
 - I take time to talk with all of my patients about tobacco use—because it's important.
- ✓ Condition X often is caused or worsened by exposure to tobacco smoke. Do you, or does someone in your household smoke?
- ✓ Medication X often is used for conditions linked with or caused by smoking. Do you, or does someone in your household smoke?

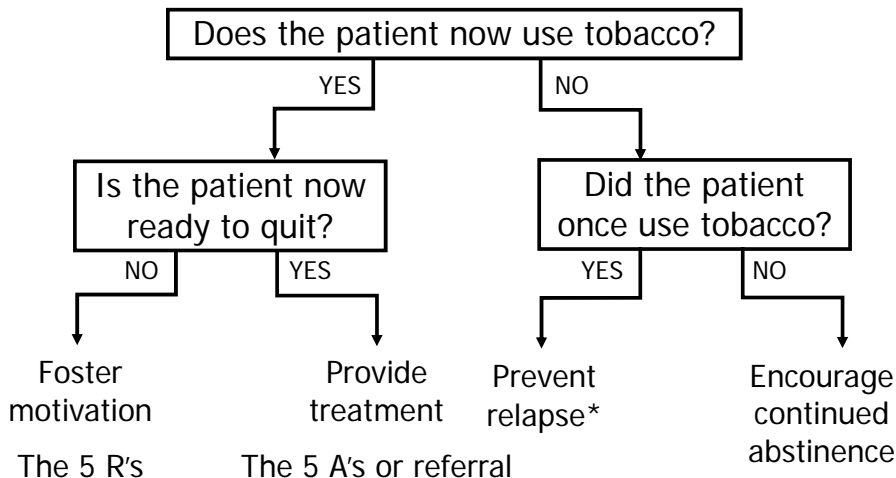
STEP Two: ADVISE to Quit

➔ Suggested Dialogue

- Quitting is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready I would be more than happy to work with you to design a treatment plan.
- What are your thoughts about quitting? Might you consider quitting sometime in the next month?

Prior to imparting advice, consider asking the patient for permission to do so – e.g., “May I tell you why this concerns me?” [then elaborate on patient-specific concerns]

STEP Three: ASSESS Readiness to Quit



* Relapse prevention interventions are not necessary if patient has not used tobacco for many years and is not at risk for re-initiation.

Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

STEP Four: ASSIST with Quitting



✓ Assess Tobacco Use History

- Current use: type(s) of tobacco used, amount
- Past use:
 - Duration of tobacco use and recent changes in use
- Past quit attempts:
 - Number of attempts, date of most recent attempt, duration
 - Methods used previously—What did or didn't work? Why or why not?
 - Prior medication administration, dose, compliance, duration of treatment
 - Reasons for relapse

✓ Discuss Key Issues (for the upcoming or current quit attempt)

- Reasons/motivation for wanting to quit (or avoid relapse)
- Confidence in ability to quit (or avoid relapse)
- Triggers for tobacco use
- Routines and situations associated with tobacco use
- Stress- and mood-related tobacco use
- Concerns about weight gain
- Concerns about withdrawal symptoms
- Monitoring of psychiatric symptoms during quit attempt

✓ Facilitate Quitting Process

- Discuss methods for quitting: pros and cons of the different methods
- Set a quit date: ideally, less than 2 weeks away
- Discuss coping strategies (cognitive, behavioral)
- Discuss withdrawal symptoms
- Discuss concept of “slip” versus relapse
- Provide medication counseling: compliance, proper use, with demonstration
- Offer to assist throughout the quit attempt

✓ Evaluate the Quit Attempt (at follow-up)

- Status of attempt
- “Slips” and relapse
- Medication compliance and plans for discontinuation
- Any changes in psychiatric symptoms or psychiatric medications

STEP Five: ARRANGE Follow-up Counseling

- ✓ Monitor patients' progress throughout the quit attempt. Follow-up contact should occur during the first week after quitting. A second follow-up contact is recommended in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Keep patient progress notes.
- ✓ Address temptations and triggers; discuss strategies to prevent relapse.
- ✓ Congratulate patients for continued success.