

30 Seconds to Save a Life

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One of the greatest joys for us, as family physicians, is to help patients make behavior changes that will allow them to live happier, healthier and longer lives. Perhaps the most rewarding (and plentiful) of these opportunities is to assist someone in successfully quitting tobacco use. Nearly one-fifth (18%) of adults in Washington State currently smoke cigarettes and more than 70% say they plan to quit in the next year.¹ Of those who want to quit, more than half make a serious quit attempt within the current year. Unfortunately, fewer than 5% of those who try to quit on their own, without counseling, nicotine replacement therapy (NRT) or other medication, will be quit at the end of that year.²

What can we do to help? Thirty seconds of advice from their family doctor will double smokers' chances of quitting, and counseling combined with use of pharmacotherapy (NRT or the FDA-approved first-line prescription medications bupropion [Zyban] or varenicline [Chantix]) can increase their success rate five-fold, up to 25%.^{3,4,5,6} This brief intervention can be easily integrated into both preventive and acute care visits, using a team approach that starts with nursing staff asking about tobacco use and recording smoking status as a vital sign, and follows up with the physician including nicotine dependence on the patient's problem list for addressing in all clinical encounters.

While almost all of us know that stopping tobacco use is one of the most important things patients can do to protect and improve their health, few physicians provide routine assistance for this difficult task. In addition to increasing demands on our time, other perceived barriers prevent us from helping patients quit smoking. These include not feeling competent to deliver an appropriate brief intervention, believing that patients don't want or aren't able to quit, and fearing that we may alienate patients by bringing up a stigmatized personal issue.⁷ The truth is, patients who are asked and counseled about their tobacco use are more satisfied

with their care than those who are not. Further, referral to a convenient, evidence-based treatment program can support patients in self-management within the planned care family practice model.

It is not realistic for most of us to incorporate the complete '5 As' treatment protocol (Ask, Advise, Assess, Assist, Arrange) into a routine visit, as outlined in the US Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence (the Guideline). However, with office systems in place to streamline the process, in 30 seconds we *are* capable of asking, advising and referring patients who want to quit to our state's Tobacco Quit Line, which is among the best in the nation. Many physicians are not aware that the Washington Quit Line (WAQL) provides *free* Guideline-based tobacco treatment for *all* WA State residents. This valuable resource enhances our ability to provide comprehensive services to the families we care for.

A single phone call by patients to an easy-to-remember toll-free number (800.QUIT.NOW) will get them to a live WAQL intake specialist, who will be able to determine their eligibility for one of a range of support services offered by Free & Clear, the WAQL's provider of cessation treatment. Everybody over 18 years of age in the state of WA is eligible for at least a single 20-30 minute counseling session with a highly-trained Quit Coach, plus mailed materials tailored to the caller's individual characteristics and needs. All WA residents who are uninsured, have Medicaid coverage, are pregnant, were referred by the VA hospital, or are covered by the Washington Basic Health Plan or Indian Health Service, are eligible for up to five proactive counseling calls and free nicotine patches or gum (NRT mailed to their home). Those who are insured by certain health plans (e.g., Group Health, Uniform Medical Plan, PacifiCare) or employed by some of our state's largest employers (e.g., Boeing, Microsoft, Washington Mutual) are covered for the same proactive counseling calls, NRT and often bupropion or varenicline as well. The WAQL also keeps an updated list of local resources available to callers, based on zip code.

800.QUIT.NOW

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When we see patients who smoke, since we are unlikely to have the time or ability to personally treat them with an intensive ‘5 As’ intervention, we owe it to them – and to our profession – to take the 30 seconds to advise them to quit and refer them to the WAQL. If we do nothing, and they remain smokers, half of them will die prematurely from a smoking-related illness, with an average loss of 10-14 years from their life expectancy.⁸ If we help them quit, they will begin to accrue health benefits immediately and reduce their risks of all tobacco-related diseases and death, regardless of their age or how long they smoked. Even a 65-year-old patient who quits smoking stands to gain an extra four years of life compared to someone of a similar age who continues to smoke.⁹ Once patients stop smoking, while they may experience a transient increase in coughing as they clear excess mucous and tobacco-related residues from their lungs, other respiratory symptoms, pulmonary function and exercise tolerance will improve measurably within weeks. Within the first year, cardiovascular disease risk falls to half that of a continuing smoker. Lung and other tobacco-related cancer rates, while never returning to those of a lifetime non-smoker, will drop by 50% in 10 years.¹⁰

It is important for physicians and patients to acknowledge that addiction to tobacco is very powerful and it often takes multiple attempts for a patient to succeed in quitting and remaining abstinent for the long term. There are many things we can do to help our patients beyond asking, advising and referring. The most important is to provide encouragement and a sense that no matter how many times they have tried before, no matter how much and how long they have smoked, as their physician we believe that if they keep trying, they can, and will, succeed. ■

If you are interested in learning more about resources that can support you in helping tobacco-using patients quit, visit the following websites:

- Washington State Quit Line
www.quitline.com
- Washington State Dept of Health Tobacco Prevention & Control Program
www.doh.wa.gov/tobacco
- Clinical Practice Guideline (free clinician toolkits and other materials for helping patients quit) www.surgeongeneral.gov/tobacco/default.htm
- Free & Clear, Inc. www.freeclear.com
- Centers for Disease Control, Office on Smoking and Health
www.cdc.gov/tobacco/index.htm
- Smoking Cessation Leadership Center
www.smokingcessationleadership.ucsf.edu/
- American Academy of Family Physicians (free online CME courses for treatment of tobacco use) www.aafp.org
- University of Wisconsin Center for Tobacco Research and Intervention (CTRI) (provider materials/toolkits and free online CME courses for treatment of tobacco use) www.ctri.wisc.edu

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