



Enhancing Interpersonal Communication for Effective Tobacco Cessation

Overview

Smoking is one of the most important public health challenges, despite the fact that India has lesser population with average tobacco use than the average of medium-HDI (human development index) countries, it still remains a general health burden.¹



In this regard, dentists and their teams have an important role to play in both tobacco cessation and prevention. Asking patients regularly about their tobacco use and their motivation to quit is a simple yet effective strategy to sensitise patients about the importance of tobacco cessation.

Brief advice from healthcare practitioners has been shown to increase a tobacco user's chances of quitting.²



Smoking Cessation Evidence¹

Intervention element	Increase in percentage of smokers abstaining for six months or longer
• Very brief advice to stop (3 minutes) by clinician versus no advice	2%
• Brief advice to stop (up to 10 minutes) versus no advice	3%
• Adding NRT to brief advice versus brief advice alone	5–8%
• Intensive support versus no intervention	7%
• Intensive behavioural support plus nicotine replacement therapy versus no intervention	13–19%



SO, WHY IS GOOD PATIENT COMMUNICATION IMPORTANT?

Most patients look forward to a pleasant interaction with their dentist. If their experience is positive, they are more likely to accept advice or an intervention recommended by their dentist. Therefore, good communication will:³

1

Increase Patient satisfaction

2

Reduce the number of complaints

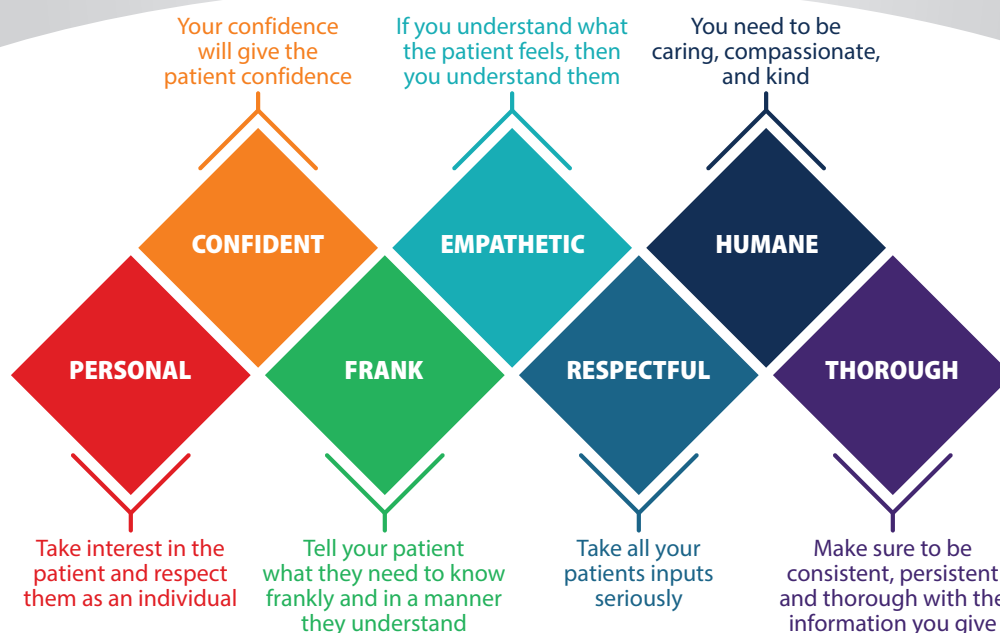
3

Improve the efficacy of an intervention

TIPS FOR GOOD PATIENT COMMUNICATION



A dentist should have the following qualities, for effective communication³



TARGETING POPULATIONS FOR EFFECTIVE COMMUNICATION



Example of a patient who is not interested in quitting (Pre-contemplation stage)⁴

- D:** Hi, I see that you smoke a pack of cigarettes a day. How do you feel about your smoking?
- P:** I get a lot of pleasure and relaxation from smoking.
- D:** Have you considered quitting?
- P:** No, I love to smoke. But I don't understand how it concerns a dentist?
- D:** Well you did tell me that you wanted to improve the appearance of your teeth. So, I want you to understand that smoking may be one the main reasons why you have gum disease and tooth discolouration.
- P:** Oh, I didn't know smoking caused that.
- D:** Here is a pamphlet on how smoking affects your oral health. May be this will change your mind about quitting.

D: Doctor, P: Patient



Example of a patient who is interested in quitting (Contemplation stage)⁴

- D:** Hey, thanks for filling the smoking assessment form. I see here that you want to quit smoking.
- P:** Yes, I would like to quit.
- D:** Why do you want to quit?
- P:** I have a young daughter and I read the effects of second hand smoke on others. I don't want her to be affected.
- D:** A very good reason. But, have you tried to quit in the past?
- P:** I have, but it lasted for only about a month. I went back to it after a stressful project at work.
- D:** So you are afraid that you can't succeed if you try to quit?
- P:** Yes, doctor, but I don't know the best way to go about it.
- D:** Here are some pamphlets that inform of coping strategies when trying to quit. Do read them and come back, so I can help you.

D: Doctor, P: Patient

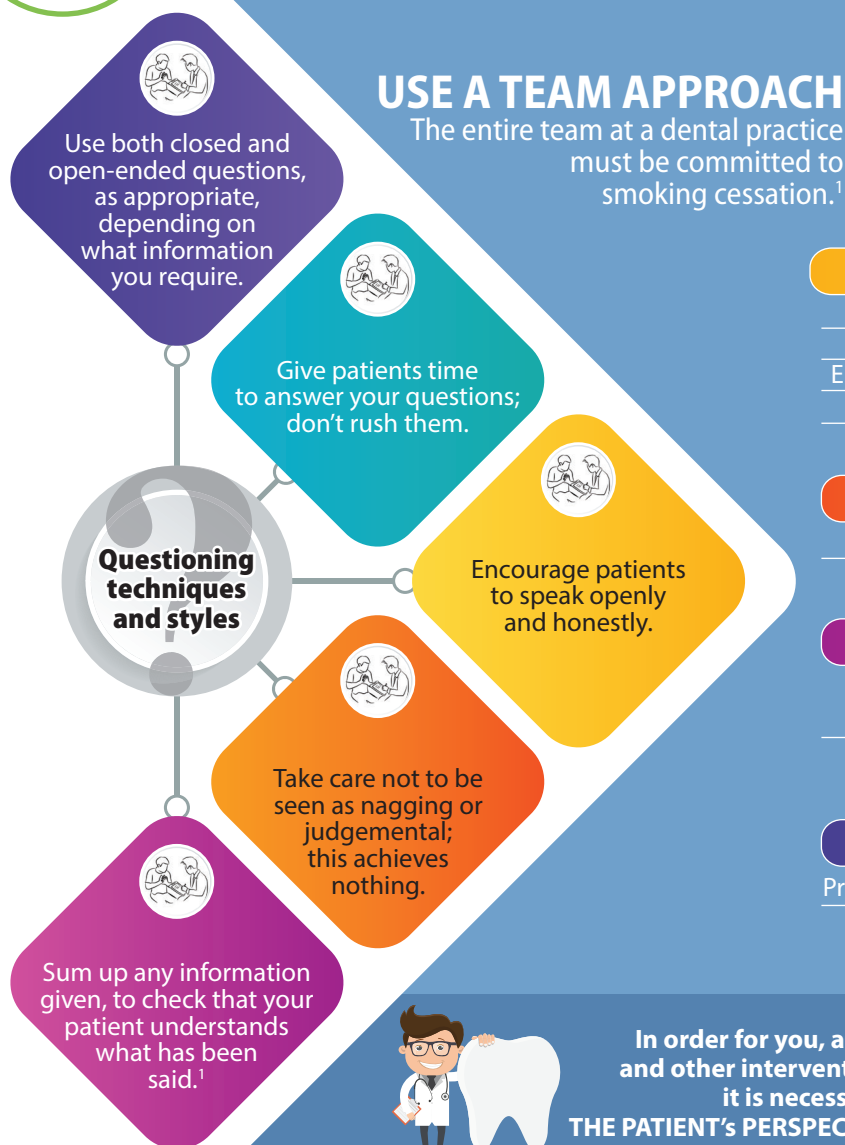


Example of a patient who is preparing to quit (Preparation stage)⁴

- D:** I see from your form that you smoke a pack and a half day. How long have you done this for?
- P:** For the last nine months, but before that I smoked over 2 packs a day!
- D:** Oh, so you have cut down? That is very good. Why have you not cut down further?
- P:** I did try, but I didn't last more than a week.
- D:** Most who try quitting don't plan enough before they quit.
- P:** How do I plan for it?
- D:** You will need to look for your triggers of cigarette use, make changes to your daily routines and rituals gradually and most importantly you need to have a goal. You will also need to get back to some exercise. I would also advice nicotine replacement therapy.

D: Doctor, P: Patient

There are also other points to note when it comes to achieving effective tobacco cessation.



Dentist

- Lead the team.
- Identify training needs.
- Ensure that smoking history is taken regularly.
- Assess motivation to quit.
- Monitor and review progress.

Dental nurse

- Provide suitable advice.
- Reinforce advice from the doctor.

Receptionist

- Display information on tobacco cessation and services.
- Reiterate information given by other team members.

Oral health promoters

- Provide support material to motivated patients.
- Link patients with local smoking cessation initiatives.



The EXPERIENCE of being a SMOKER

Risks
conflicted about health risks and withdrawal symptoms if they quit

Enjoyment
despite risks, they do enjoy the habit

Isolation
with the social stigma attached to smoking

Inconvenience
cost as well as where and when to smoke

Shame
in the form of negative self-image

Besides all of the above, it is imperative for you as a dental practitioner to target your patients based on age and pregnancy status, to communicate even more effectively for the desired change in smoking status.



Older Adults and Tobacco Use

While tobacco consumption is a major health risk for all people, **older adults have been identified to have higher tobacco use** and a higher incidence of tobacco-related illness. Smoking cessation in older adults can be challenging: having smoked for many years, **they are strongly addicted to the habit**. They also often fail to see the point of stopping, as well as have several misconceptions about smoking and health.⁵

Here is some **personalised information you can give such individuals**, to better acquaint them with the ill effects of tobacco use.⁶

Asymptomatic older adults

Inform them about the ill effects of smoking, such as heart disease, lung cancer, emphysema, shorter lifespan, cost, quality of life, wrinkles, bad breath, social unacceptance, life insurance issues.

Symptomatic older adults

Inform them about respiratory infections, dyspnoea, osteoporosis, ulcers, gum disease, and sore throat. Also specify that tobacco use can delay wound healing and impair treatment outcomes.²

Long term smokers

Inform them about the risk of cancer, having abnormal test results in routine checks, heart disease. Inform them that they are less likely to live to enjoy retirement or spending time with their grandchildren.⁷

Adolescents, Younger Adults, and Tobacco Use

Young people often take to **tobacco consumption for social and psychological reasons**, and soon become addicted. They are often unaware of or underestimate the addictive nature of tobacco consumption.⁷

You could **motivate them** in the following ways:⁸

Provide information about stages of changes and quitting.

Listen carefully for a trusting relationship.

Develop self-esteem and assertiveness.

Scare tactics are unlikely to work; instead tell them how harmful tobacco can be.

Reinforce messages such as

- | | | |
|-----------|----------------------|-----------------------------|
| 01 | Smoking is not cool | Increases wrinkles |
| 02 | Gives you bad breath | Is addictive |
| 03 | Stains your fingers | Decreases physical activity |
| 04 | It is expensive | Weight loss does not occur |

Pregnant Women and Tobacco Use



Tobacco has serious effects that are unique to women; yet women are not sufficiently aware of this issue.⁷ Women must, therefore, be:

- Made aware of the effects of tobacco on the foetus
- Educated about overall health
- Educated on the effects of second-hand smoking

Good communication between the dentist and patient is, therefore, to be targeted and personalised.

IT IS A MUST FOR THE MUCH-NEEDED CHANGE FOR A TOBACCO-FREE INDIA!



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