

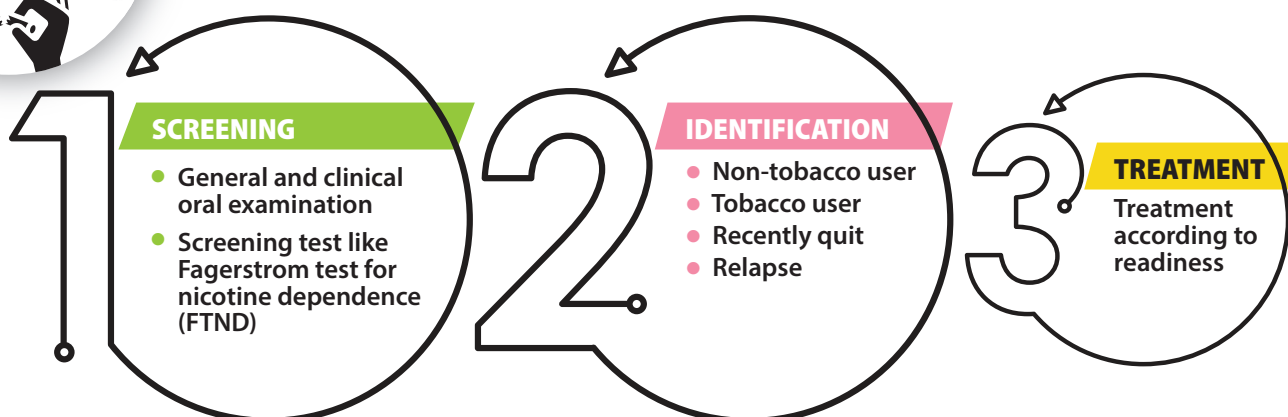
Quick Reference Guide for Dentists on Tobacco Cessation



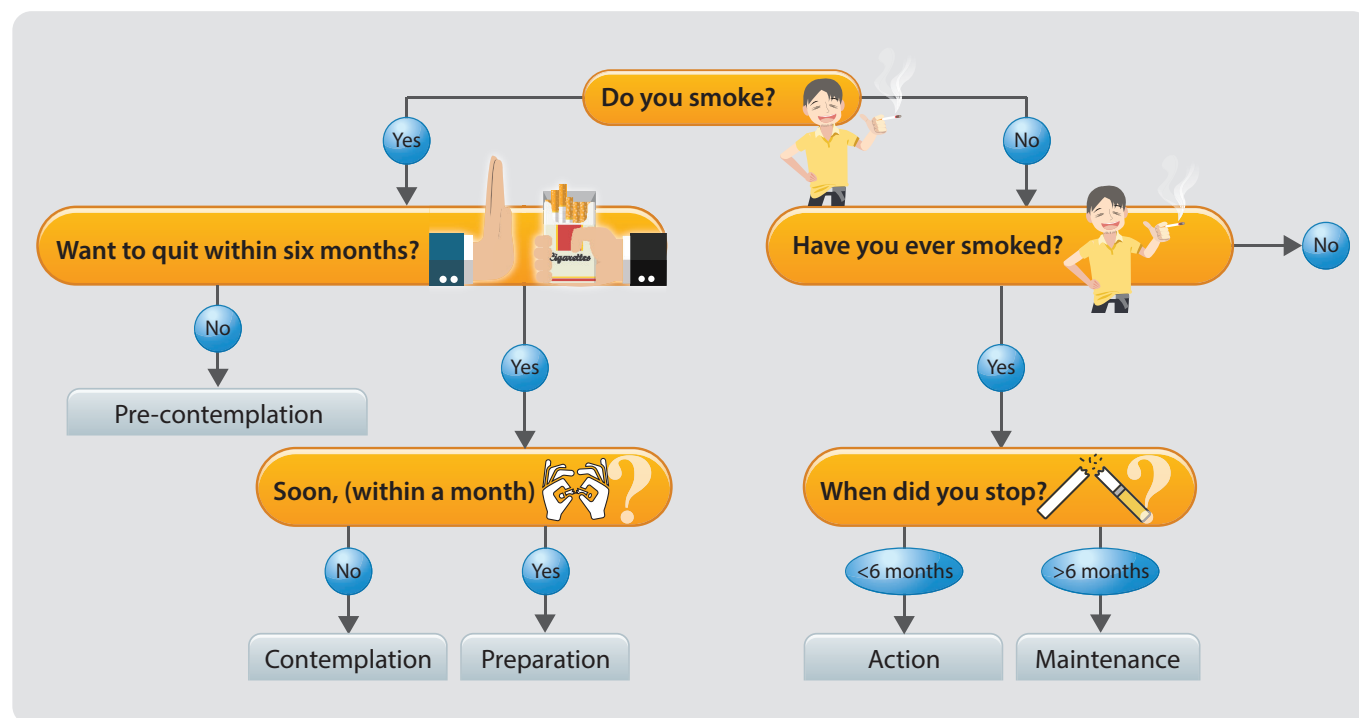
Today, there is extensive evidence on the harmful effects of tobacco on human health.¹ Tobacco dependence is certainly one challenging aspect of people's life to discuss, especially when they approach you, a dentist, for other issues. Before initiating any conversation, you should be aware that the person may have already been "lectured" from health care advisors, family and friends on tobacco quitting.² This guide is therefore for your quick reference as to how you can approach smokers and part-take in their tobacco cessation journey.



STRATEGY FOR TOBACCO CESSATION COUNSELLING³



HOW TO QUICKLY ASSESS YOUR PATIENT'S STAGE OF READINESS¹



STAGES AND THEIR THERAPEUTIC ACTIONS¹

Stage	Purpose	Action
Pre-contemplation	To help the patient begin to think seriously about quitting in the next 6 months	<ul style="list-style-type: none"> Ask how the patient feels about smoking. Discuss the pros and cons of smoking. Assure the patient that you will not force them to quit. Offer tobacco cessation information.
Contemplation	To help the patient make a decision to stop smoking in the near future and to help the patient feel more confident	<ul style="list-style-type: none"> Ask about the benefits of tobacco cessation. Discuss reasons to quit tobacco use. Suggest that the patient abstain from tobacco use for a day. Suggest a future visit for cessation.
Preparation	To help the patient prepare for change and begin to use quitting skills	<ul style="list-style-type: none"> Ask about concerns, preparations, and lessons learnt from previously trying to quit attempts. Identify barriers to quitting and help them to resolve the same. Provide tobacco cessation material.
Action	To help the patients stay off tobacco products and recover from slips and relapse	<ul style="list-style-type: none"> Ask how the patient is faring. Advice about the relapse and weight gain issues. Focus on successes; encourage self-rewards; increase support.



Knowing the intensity of nicotine addiction is also as important as identifying the patients who smoke.

FAGERSTROM'S TEST* is an easy way of assessing the nicotine dependency by getting answers from simple questions from patients who are smokers.²

Questions	Answers	Points
1. How soon after you wake up do you smoke?	Within 5 minutes	3
	6–30 minutes	2
	31–60 minutes	1
	After 60 minutes	0
2. Do you find it difficult to refrain from smoking in places where smoking is not allowed such as in movie theatres, public spaces and religious places?	Yes	1
	No	0
3. Which cigarette would you hate to give up the most?	The first in the morning	1
	All (except morning cigarette)	0
4. How many cigarettes do you smoke per day?	10 or less	0
	11–20	1
	21–30	2
	31 or more	3
5. Do you prefer smoking more in the morning than the rest of the day?	Yes	1
	No	0
6. Do you smoke even when you are ill and in bed for most of the day?	Yes	1
	No	0

*http://ndri.curtin.edu.au/btftp/documents/Fagerstrom_test.pdf

Directions: Add points from each answer to get to your score. Maximum score: 10

Scoring: 0–2 Very low addiction; 3–4 Low addiction; 5 Medium addiction; 6–7 High addiction; 8–11 Very high addiction.

1

2

3

4

5

ASK
 Ask all your patients at every visit whether they consume tobacco. Document their tobacco use. Make this a part of your routine examination.

ADVISE
 Urge every tobacco user to quit in a clear, strong, and personalised manner.

ASSESS
 Ask two questions in relation to importance and self-efficacy:
 1. Would you like to be a non-smoker?
 2. Do you think you have a chance of quitting successfully?

ASSIST
 Help the patient develop a plan to quit.
 Provide intra-treatment social support.
 Provide supplementary materials, such as information on quitting and other sources of information.
 Recommend the use of approved medications where needed.

ARRANGE
 Arrange for a follow-up either in person or by telephone.
 Refer the patient to a specialist if required.

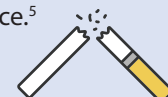
Now that you have assessed those ready to quit, here is the

5A's MODEL THAT SUMMARISES

all the activities that you, as a dentist, must do briefly (in 3–5 minutes) to help a tobacco user.



This model can be used to talk to patients ready to quit and to deliver needed advice.⁵



PRACTICAL TIPS FOR COUNSELLING

- Use both closed and open-ended questions, depending on the information you seek to elicit.
- Give patients time to answer your questions; do not rush them.
- Encourage patients to speak openly and honestly.
- Take care not to be seen as nagging or judgemental.
- Sum up any information given to you to check that you have understood what has been said.⁶



Questioning Techniques and Styles 01

Advice must be:
CLEAR: e.g. "It is important to quit smoking or using tobacco and I can help you."

STRONG: e.g. "You can quit tobacco use to protect your health and we are here to help you"
PERSONALISED: Highlight the dangerous effects of tobacco on current oral health issues and combine this with social or/and economical cost.⁵

02 Advice Tips



Assisting Tips 03

Teach-the-STAR method

- Set a quit date within two weeks.
- Tell family, friends, and co-workers about quitting.
- Anticipate challenges to quitting.
- Remove tobacco products from the work and home environments.

Also help the patient

- Identify danger situations that can increase tobacco relapse
- Identify and practice behavioural skills for coping
- With basic information on smoking and quitting⁵

04 Other Tips



Offer intra-treatment social support

- Encourage the patient to quit tobacco use.
- Communicate that you care and are concerned.
- Encourage patient to talk about the quitting process.
- Make sure to have a list of existing tobacco cessation services, such as quit lines, counsellors, and clinics to help the patient as required.
- Describe any and all support in a positive and realistic manner.
- Congratulate patients on their successes.
- Remind them that relapse is a learning experience.⁵

IN THE ASSESMENT STAGE, FOR PATIENTS WHO ARE NOT READY TO QUIT JUST YET, USING THE 5R'S MODEL CAN BE MOST BENEFICIAL

This is for patients who want to be non-tobacco users, but do not think they can quit successfully. Here are a few useful strategies.⁵

RELEVANCE

Encourage the patient to state how quitting can affect them personally.

Encourage the patient to identify the negative effects of using tobacco. This could include:

- Shortness of breath, exacerbation of asthma, or harm to pregnancy
- Heart attack and strokes in the longterm
- Increased risk for lung cancer or heart problems, asthma, and other respiratory illness

RISKS

REWARDS

Ask the patient to identify the potential benefits of quitting tobacco use. This could include:

- Improved health
- Improved sense of taste and smell
- Monetary savings
- Feeling better about oneself
- Having healthier children
- Feeling physically better

Ask the patient to identify barriers to quitting tobacco use. These could be:

- Withdrawal symptoms, such as cravings
- Depression
- Fear of failure
- Fear of lack of support
- Weight gain
- Being around other tobacco users

ROADBLOCKS

REPETITION

Continue to repeat your assessment on the readiness of the patient to quit. If the patient is still not ready, repeat these interventions at a later date and at every visit.

You are now equipped with the most essential quick reference tips to counsel your patients on tobacco cessation effectively.



LET US WORK TOWARDS BUILDING A TOBACCO FREE INDIA