

Patient With Schizophrenia Avatar Script

Tobacco use disorder remains a persistent problem among people living with behavioral health challenges which include mental illnesses and other substance use disorders and addictions. The high tobacco use prevalence in these populations is associated with a disproportionate burden of tobacco-related diseases and death among them.

However, tobacco use disorder is treatable. With advances in the science of tobacco control over the last 50 years, evidence-based tobacco treatment should combine the use of the Food and Drug Administration-approved tobacco treatment medications with behavioral counseling. This combined strategy can be synthesized into a 5 to 10-minute brief intervention process commonly known as the 5 A's.

The 5As include:

- ASKing about tobacco use
- ADVISing to stop use
- ASSESSing readiness to stop use
- ASSISTing to stop use
- ARRANGing for follow-up and support

For more information on evidence-based tobacco treatment approaches for individuals with schizophrenia spectrum and other mental illnesses, please see the link available below.

<https://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2>

Case 1:

People living with schizophrenia spectrum disorders have a disproportionately higher tobacco use prevalence as compared to the general population and even those with other mental illnesses. Some recent research suggests that early exposure to nicotine may increase the risk of eventually being diagnosed with a schizophrenia spectrum disorder, which may be explained by underlying genetic, bio-behavioral, and psychosocial reasons.

For example, studies have found shared genetic pathways that likely increase vulnerability to initiation and maintenance of tobacco use among people with schizophrenia.

In addition, nicotine seems to provide some benefits to cognition, for example, it can improve neural gating and prepulse inhibition), particularly among those living with schizophrenia.

Moreover, tobacco use has been traditionally encouraged in mental health and addiction treatment settings as a means of modifying behaviors.

Combined, these reasons may explain the higher use of tobacco products observed among people with schizophrenia spectrum disorders. A few important resources for understanding tobacco use among those with schizophrenia spectrum disorders can be found on the resource page as follows:

Hu, Y., Fang, Z., Yang, Y., Rohlsen-Neal, D., Cheng, F., & Wang, J. (2018). Analyzing the genes related to nicotine addiction or schizophrenia via a pathway and network-based approach. *Scientific reports*, 8(1), 2894

Hunter, A., Murray, R., Asher, L., & Leonardi-Bee, J. (2018). The effects of tobacco smoking, and prenatal tobacco smoke exposure, on the risk of schizophrenia: a systematic review and meta-analysis. *Nicotine & Tobacco Research*.

Scott, J. G., Matuschka, L., Niemelä, S., Miettunen, J., Emmerson, B., & Mustonen, A. (2018). Evidence of a causal relationship between smoking tobacco and schizophrenia spectrum disorders. *Frontiers in psychiatry*, 9, 607.

Smucny, J., & Tregellas, J. R. (2017). Targeting neuronal dysfunction in schizophrenia with nicotine: Evidence from neurophysiology to neuroimaging. *Journal of Psychopharmacology*, 31(7), 801-811.

Prochaska, J. J., Das, S., & Young-Wolff, K. C. (2017). Smoking, mental illness, and public health. *Annual Review of Public Health*, 38, 165-185.

Lawn, S., & Pols, R. (2005). Smoking bans in psychiatric inpatient settings? A review of the research. *Australian and New Zealand Journal of Psychiatry*, 39(10), 866-885.

Current issues: 45-year-old African American male, currently hospitalized in an inpatient psychiatric unit. He was admitted because he relapsed when he stopped taking his antipsychotic medications because of non-tolerable side effects. Restarted on new medications and is nearing discharge.

Psychiatric history: Prior medications are overall effective when he adheres to treatment, but parkinsonian side effects were affecting his ability to socialize. Negative symptoms for several years. Sees psychiatric practitioner at the local community mental health center. Attends a therapeutic rehabilitation center about 3 times per week.

Social: Lived in a subsidized housing group home until this last hospitalization. He has had a hard time buying food, spending much of his disability allowance on cigarettes. He will be returning to the group home upon discharge.

Medical history:

- Chronic bronchitis, controlled with bronchodilator medications. Hypertension is poorly controlled with medications.
- The patient's Fagerstrom Test for Cigarette Dependence scores shortly after admission was an 8, placing him in the high dependence category.
- He consumed approximately 2 packs (40 cigarettes) per day and smoked cigarettes within 5 minutes upon awakening.
- He has only ever stopped smoking once when he was hospitalized 4 years ago and he experienced severe withdrawal in the first few days after admission. Has tried to stop smoking by cold turkey 10 years ago, but was only successful for 1 day.
- He believes that stopping smoking would help his health, particularly his breathing, but finds it very hard to do so. His attending psychiatrist expressed support over his not resuming cigarette consumption after discharge.

Narrator: As a review, the steps in the 5 A's are:

- ASK about tobacco use
- ADVISE to stop use
- ASSESS readiness to stop use
- ASSIST to stop use
- ARRANGE for follow-up and support

Scenario

Staff RN: Thanks for agreeing to meet with me today. Is it okay if I ask you a few questions related to your tobacco use and your answers to the questionnaire?

Patient: Sure.

Staff RN: What types of tobacco products do you currently use?

Patient: Well... I smoke Marlboro lights, they're my favorite...

Staff RN: How many cigarettes do you smoke on a typical day?

Patient: I'd say maybe two packs sometimes a little more if I'm stressed.

Staff RN: So, you typically smoke about 40 Marlboro light cigarettes a day and sometimes a bit more if you are stressed?

Patient: Yeah.

Staff RN: Do you use any other tobacco products like chew tobacco or pipes or cigars...or electronic cigarettes or vapors?

Patient: I tried vapes before, but I didn't like them.

Staff RN: Just to clarify, do you currently use vapes and Marlboro's?

Patient: No...just the Marlboro's.

Staff RN: Thank you for clarifying. Well...what do you like most about smoking cigarettes?

Patient: (After 3 seconds)...I don't know...I guess it helps me when I'm stressed...something to fill my time when I'm bored...(after 2 seconds)...sometimes it helps the voices be a bit more quiet and...and... I can focus better...

Staff RN: Is there anything else that you like about smoking?

Patient: (After 2 minutes)...well I like the feel of the smoke when I inhale and...and...and it gives me something to do with my hands, you know...

Staff RN: So, it sounds like smoking helps with your stress and gives you something to do when you're bored...

Patient: Yeah

Staff RN: It also seems like it may help a bit with hearing voices and with your ability to focus and concentrate...

Patient: Yeah...

Staff RN: Well, what are some of the things that aren't so good about your smoking?

Patient: Well, I have bronchitis and I'm sure smoking's made it worse...at least that's what my doctor says. Sometimes I have a hard time breathing after smoking.

Staff RN: So, smoking is affecting your health, particularly your breathing? Anything else that's not so good about it?

Patient: It's expensive, a pack costs like six dollars, so I spend like more than three hundred dollars every month on cigarettes...that's almost as much as my rent.

Staff RN: That is quite a bit of money. What would you do with all that money if you could save it up?

Patient: I'd go to Disney World...I'd take my nephew to see Mickey Mouse. He loves Disney and I'd like to take him there.

Staff RN: My kids love Disney too and I can imagine your nephew would be so excited to go!

Patient: Yeah...I'd really like to take him!

Staff RN: So, it sounds like on the one hand, you like smoking because it helps with stress, gives you something to do with your hands when you're bored, and helps you focus and not hear the voices so much. On the other hand, your smoking is affecting your health, making your bronchitis worse, and it costs so much that it's hard to save up for things you'd like to do, like taking your nephew to Disney World.

Patient: Yeah

Staff RN: Is it ok if I share some information about how smoking affects your health?

Patient: Sure

Staff RN: Based on the questionnaire you filled out shortly after you were admitted, your cigarette dependence score was an eight, which means that you may have a high addiction to

cigarettes. I'm worried about your breathing problems and some of your mental health symptoms that can be affected by smoking. The smoke in cigarettes contains a lot of harmful substances that are known to cause bronchitis and other breathing problems as well as increase your risk for lung cancer. Also, for people who are living with a mental illness, although the nicotine from cigarettes can help to improve your focus and concentration, the tar from the cigarettes can decrease the effectiveness of your medications and even increase side effects. So, the best advice I can give you as your healthcare provider is that you stop smoking.

[ADVISE]

I believe that stopping smoking will help to improve your health. What do you think about that?

Patient: Yeah...I probably should stop smoking. I've tried before but it's just soo hard.

Staff RN: When you last tried to stop smoking, what made it so difficult?

Patient: I felt awful...I was angry and nervous and felt restless...my roommates were getting more on my nerves...

Staff RN: What made you try to stop smoking at that time?

Patient: Well that's like ten years ago...when my nephew was born...I wanted to hold him and my sister said that I couldn't smell smoke around him...so I tried to stop smoking...but it was too hard.

Staff RN: It sounds like you really love your nephew.

Patient: Yeah...

Staff RN: Now I can understand why you want to take him to Disney World.

Patient: Yeah...

Staff RN: Well, on a scale of zero being not at all important and ten being very important, how important is it for you to stop smoking at this time? Where would you place yourself on the scale?

[ASSESS]

Patient: Eight.

Staff RN: So, it seems that stopping smoking is important to you. Why did you choose an eight and not a six or seven?

Patient: I am worried about my breathing, and I don't want to get lung cancer. I also want to save more money for Disney World.

Staff RN: How about confidence? On the zero to ten scale, how confident are you that you can stop smoking? Zero would be not at all confident, and ten would be extremely confident.

Patient: I think maybe a 4.

Staff RN: Why a four and not a two or three?

Patient: I've been smoking for a long time...I've tried to quit before but it was hard...however, I haven't smoked since I was admitted to the hospital and I'm kind of ok now....

Staff RN: So, it sounds like although you've been smoking for a long time and it's been hard to quit in the past, you've been able not to smoke for the past month since being in the hospital.

What do you think would help move your confidence up from a four to a five or a six?

Patient: I don't know...maybe if I took some pills or something after I get out...maybe if I used a patch?

Staff RN: Have you ever tried any nicotine replacement products like the patch or the gum?

Patient: They gave me a patch when I got admitted...they told me it would help with withdrawals...

Staff RN: How did that work for you?

Patient: I guess it was ok... I can't remember much after I was admitted...I had it for about a week or so...I can't remember... I guess I'm ok...

Staff RN: Well apart from maybe using some form of medication like the patch, is there anything else that you think could help your confidence in stopping smoking?

Patient: I can't think of anything else.....

Staff RN: Is there anyone who you think could support you while you try to stop smoking?

Patient: Oh yeah...my sister can help. She really wants me to quit... especially when I'm around my nephew...She'd be happy if I told her I'd quit.

Staff RN: What type of help would you like your sister to give you while stopping smoking?

Patient: Uh... I don't know...uh...maybe I could call her sometime when it gets hard...when I get stressed? We talk on the phone almost every day...

Staff RN: It sounds like you're pretty close to your sister. It is good to hear that you have such a supportive family member.

Patient: Yeah...she's my little sister, but she takes good care of me...she's the best...

Staff RN: So, it seems like you'd be open to the idea of using a medication to stop smoking, and also you have your sister who could be supportive in the process?

Patient: Yeah....

Staff RN: Then, how ready are you to make a change right now in your smoking? Zero would be not at all ready and 10 would be extremely ready.

Patient: Well, I haven't smoked for the past month since I've been admitted. Maybe I can try to quit for good?

Staff RN: Well how ready would you be to permanently quit on a scale of zero to ten?

Patient: I'd say an eight.

Staff RN: So, why an eight and not a nine or ten?

Patient: Well... I haven't smoked since I got here and I feel better now.....but when I leave, I'll go back to my home where everyone smokes....so I'm ready to not smoke, but I'm worried I'll get tempted to start smoking again.

Staff RN: Ok, so it sounds like you are willing to permanently quit but you're concerned about going back home and being in an environment where others smoke.

Patient: Yeah...

Staff RN: Can we discuss a possible plan to help you maintain your abstinence...that is...to stay quit after discharge?

[ASSIST]

Patient: Yes...that would be great!

Staff RN: Well first, I want to congratulate you on your decision to permanently quit. I believe doing so would help you achieve your goals of staying healthy and possibly saving money for Disney World. You have also identified some options to help you maintain your abstinence such as possibly using medications and having support from your sister. Does this sound about right?

Patient: Yeah...

Staff RN: Good. When many people try to maintain their abstinence they often run the risk of relapsing to smoking again. However, I want to let you know that there is a difference between lapsing and relapsing. Can you guess the difference?

Patient: Not really...

Staff RN: Well, tobacco addiction is a chronic brain disorder that is characterized by frequent lapses and relapses. A lapse is when, say you are in a social situation, someone offers you a cigarette and you slip and have one. Although this is not intended, it is important to remember, at that time, that you haven't failed. It is simply a slip-up and so you need to get back to work on

maintaining your abstinence. On the other hand, a relapse is when after you slip, you go back to smoking 2 packs like you used to. At such a time, you simply need to get help to quit again. Is this clear?

Patient: D'you mean that a lapse is when I slip but don't fall, and relapse is like when I fall?

Staff RN: That's certainly one way of putting it. But remember, when you fall, you simply need to get some help to up again.

Patient: (After 2 seconds)...ok, I think I get what you're saying.

Staff RN: Good. So, in order to help you quit for good, we need to plan for ways to prevent you from slipping, and if you happen to slip, we can plan for what can help you not to fall. If you have a good plan in place, you have a better chance of not slipping or falling. Does this sound good?

Patient: I guess so...

Staff RN: What do you think would make it most hard for you to maintain your abstinence once you return home?

Patient: Like I said, my roommates all smoke...I think just seeing them smoking and smelling the smoke will be hard...especially if they offer me some...like if I'm stressed or something, it would be hard to say no.

Staff RN: It is hard to be abstinent especially when there are people who smoke living with you. But what do you think you could do to avoid being exposed to their smoking?

Patient: I guess I can avoid going out to the patio...everyone smokes on the patio since no one is allowed to smoke inside.

Staff RN: That's good. Is there anything else you could do?

Patient: I don't know....maybe not hang around the home so much?

Staff RN: Well, what would you do instead of hanging around the home? Do you have any hobbies or work?

Patient: Well, I'm out of work now, since I got to the hospital, but I could look for a job...I usually do landscaping...

Staff RN: I believe working would be really good, what about after work? What do you usually do?

Patient: I don't know...I watch TV...play video games...things like that...visit my nephew sometimes...

Staff RN: Sometimes, the biggest challenge when people try to maintain their abstinence is a craving for a smoke. However, there are some ways to manage such cravings, would you be interested in knowing how?

Patient: Yeah...

Staff RN: Well, cravings usually last anywhere from five to 10 minutes. It is kind of like a wave on the ocean which starts out at a low point, builds in intensity, and then goes away. Many things can trigger cravings like seeing others smoking, smelling smoke, or even doing activities that you normally do with smoking...like playing video games, drinking coffee in the morning, or even driving to work. One way to deal with cravings is to learn to do a distracting behavior when you feel a craving coming on. Some people run, walk around the block, brush their teeth, draw, or drink water. Some people even simply chew on gum. What do you think you can do when you have a craving coming on?

Patient: (after 3 seconds)...I think I'd like to try chewing on gum...it'll give my mouth something to do...

Staff RN: That sounds like a good plan. So, whenever you are in a situation where you may slip, you could chew on gum. One option would be to try the nicotine gum or nicotine lozenge. Have you heard of these?

Patient: (After 2 seconds)...Yeah...I've heard about them...I've only tried the patch when I was admitted though.

Staff RN: What have you heard about the gum or lozenge?

Patient: (After 1 second)...uh.. a friend of mine tried the gum... but he said it didn't do anything for him...so, I don't know if it'll work...

Staff RN: Sometimes, the gum doesn't work well for people because they may not have used it correctly. For the nicotine gum, you need to chew it slowly until you begin to feel a tingling sensation in your mouth. Stop chewing it at that point and park the piece of gum between your cheek and gums. After a minute when the tingling is almost gone, chew it again. Repeat this process until the tingle is gone, which usually lasts about 30 minutes. If you experience strong or frequent cravings, you can chew a second piece of gum in the same hour. Would you be interested in trying the nicotine gum?

Patient: Yes, I would.

Staff RN: Here is some information on the gum and the lozenge, just in case you would like to try that instead.

Patient: Thank you

Staff RN: You are welcome. I would suggest that you try using the 2mg gum first of all. It should be covered by your insurance plan and I will speak with the doctors to make sure you have a prescription for the nicotine gum or lozenge which you can pick up at any pharmacy. You can also buy it over the counter at most big grocery stores if you need some extra.

Patient: That's a big help. Thank you!

Staff RN: Well what if you don't have the gum available when you have a craving? What would you do then?

Patient: I guess I could take a walk...did you say cravings last 5 minutes or so?

Staff RN: Yes, cravings typically last five to ten minutes.

Patient: Then I can take a ten-minute walk.

Staff RN: That's a good plan. Taking a ten-minute walk could help ride the wave of cravings.

Patient: Is there anything else I could do to help not to smoke again?

Staff RN: Well, you may consider getting rid of any cigarette packets that you already have so as to decrease your desire to smoke them.

Patient: Ok...I can do that. I only have a few cigarettes at home, so I'll get rid of them.

Staff RN: Great! Also, it may be a good idea to tell your roommates and your sister that you have quit smoking and would like to remain abstinent. What do you think about that?

Patient: That should be alright...my sister will be happy.

Staff RN: So, it seems that in staying abstinent, you'll get rid of any cigarettes you have left, you will let your roommates and sister know that you want to quit permanently, you'll chew the nicotine gum or take walks when you encounter situations where you may crave cigarettes and you will avoid being on the patio where your roommates usually smoke. Does this sound like a plan?

Patient: Yeah...I think I can do that.

Staff RN: That's great to hear! Is there anything else about ways to maintain your abstinence that you would like to ask?

Patient: No...thank you for talking with me about it...I feel that I have a plan in place...I hope that it works...

Staff RN: You are welcome and I also wanted to let you know that there are some programs in the community that can provide additional support for you in maintaining your abstinence. Would you be interested in hearing about them?

[ARRANGE]

Patient: Sure...d'you think there is a program in Merryville?

Staff RN: Well have you ever heard about the State Tobacco Quit Line?

Patient: No... I don't think I have...

Staff RN: Well the State Department of Public Health has a Quitline for people who are interested in stopping smoking. It has trained professionals who can talk to you about any challenges you may be facing when trying to maintain your abstinence. In addition to calling your sister for support if you are having any problems, you could also speak to someone on the Quitline. In addition, if you ever relapse, they can also provide you with support and more information about smoking cessation programs in your community. Would you be interested in such a program?

Patient: Sure, it couldn't hurt, could it?

Staff RN: Well I'd be happy to connect you with our social worker who can provide you with more information about the State Quitline. You can ask her any questions you have to make sure that this is the right program for you. May I let the social worker know of your interest?

Patient: Yes please...thank you!

Staff RN: You are most welcome!