

Eastern State Hospital

Tobacco Treatment Services and Evidence-Based Practice

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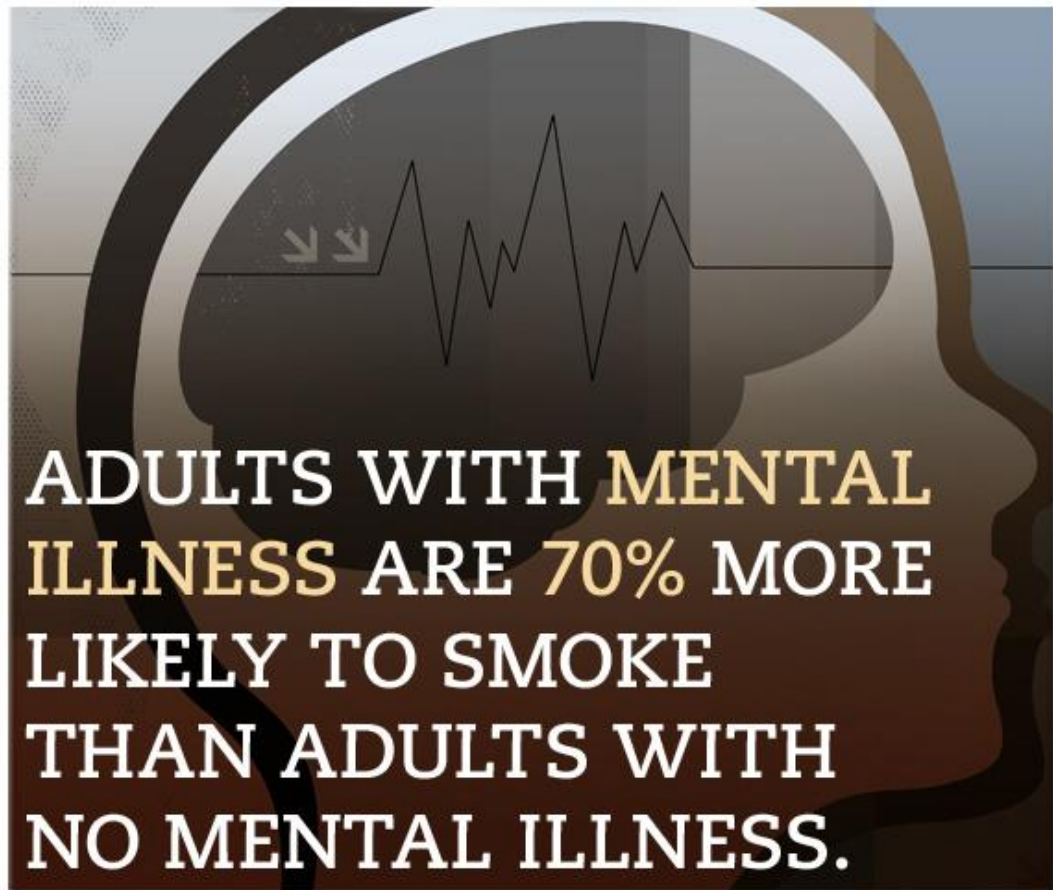


Overview

1. Significance of Tobacco Use and Mental Illness
2. Evidence-Based Guidelines for addressing tobacco use
3. Describe the Tobacco Treatment Services at ESH
 - Goals and objectives
 - 1-year outcomes (Jan 2016- Dec, 2016)



Background and Significance



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Adverse effects of smoking among persons with mental illness

Smokers with Mental illness :

- Die 10-25 years earlier
- Have more depression and anxiety
- Have more substance use problems
- Have more cardiovascular and cardiopulmonary problems
- Are more likely to commit suicide
- Have sexual problems

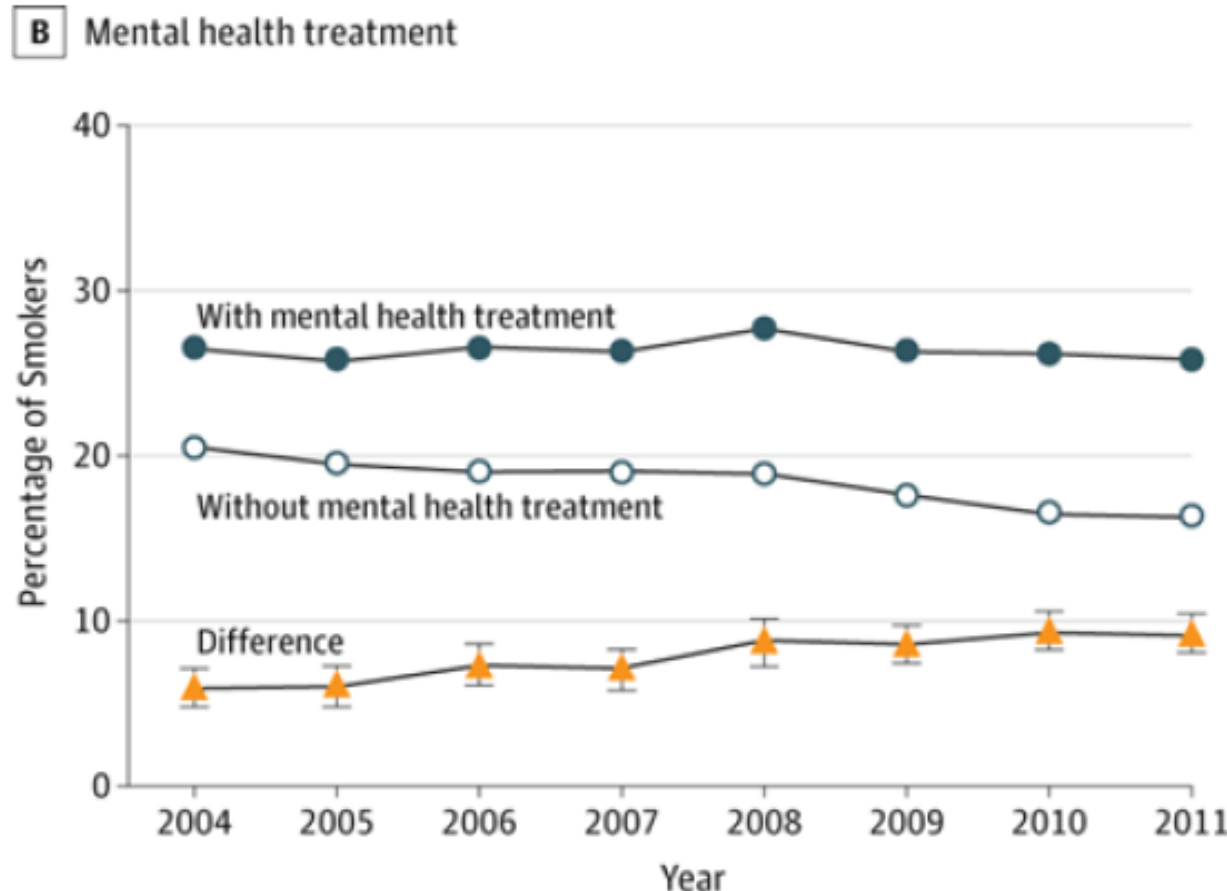
Nonsmokers with Mental illness :

- Have better health
- Live longer
- Need less medication
- Have less depression
- Save more money

Smoking keeps consumers from achieving recovery:

- Reduces financial stability
- Decreases opportunities for jobs
- Decreases ability to secure housing

Trends in smoking prevalence by mental health treatment status over time (2004 to 2011)



“This suggests that tobacco control policies and cessation interventions targeting the general population have not worked as effectively for persons with mental illness.”

(SOURCE: 2004-2011 Medical Expenditure Panel Survey [MEPS])

Clinical Practice Guidelines: Assessments and Intervention Planning

“All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.... Treating tobacco dependence in individuals with psychiatric disorder is made more complex by the potential for multiple psychiatric disorders and multiple psychiatric medications.”

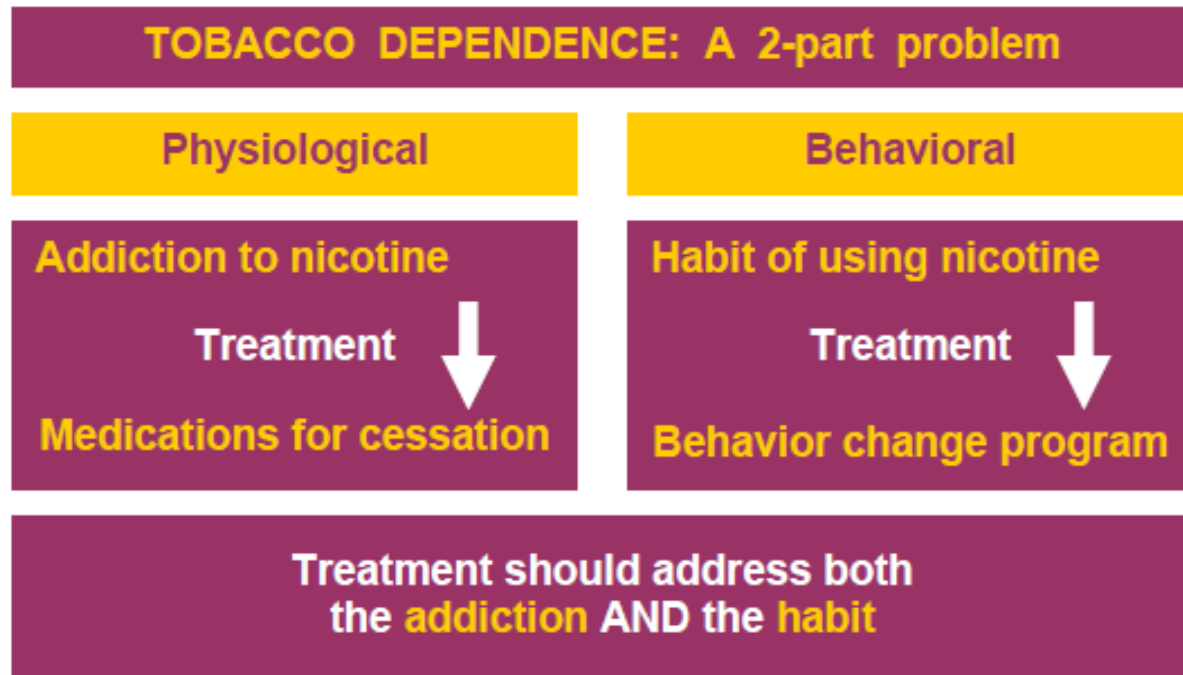
(Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline)



CDC Recommendations for behavioral health settings

- ✓ ☐ Stopping practices that encourage tobacco use (such as not providing cigarettes to patients and not allowing staff to smoke with patients)
- ✓ ☐ Making entire campus 100% smoke-free
- ✓ ☐ Including quitting treatment as part of mental health treatment and wellness

Basic Assumption in Tobacco Dependence Treatment



Adapted from: *Tobacco Free for Recovery: Assisting Mental Health Consumers with Tobacco Cessations: Training*. Rx for Change, San Francisco, CA.

Encourage Use of Pharmacotherapy



- Every smoker should be encouraged to use smoking cessation medications (with the exception of special circumstances like pregnancy)
- Clinicians should explain how medications:
 - increase smoking cessation success
 - Reduce withdrawal symptoms
- Because individuals with MI are more nicotine dependent, consider individualizing medications by:
 - Higher dosages
 - Longer durations
 - combinations



Tobacco use treatment vs. Nicotine Withdrawal Management

Tobacco use treatment

Goal: To address tobacco use disorder

Approach: Behavioral therapy + Pharmacotherapy

(Using 5 A's model)

Assessments:

- Tobacco use history
- Motivation to quit & Stage of Change
- Prior use of tobacco dependence pharmacotherapy

Nicotine Withdrawal Management

Goal: To minimize discomfort while in the hospital

Approach: Pharmacotherapy & craving minimization

Assessment:

- Tobacco use frequency & amount
- Minnesota Nicotine Withdrawal Scale

Nicotine Replacement for Tobacco users

TOBACCO PRODUCT	NICOTINE REPLACEMENT
CIGARETTES	
2 packs day or greater	42mg
1 pack day	21mg
Half pack day	14mg
Less than 5 cigs/day	2mg gum or lozenge PRN)
SNUFF	
3 can/week	42 mg
2/3 cans/week or 1 can day	21mg
Less than 2 cans/week	14mg
CIGARS	
1-2/day	21mg

ESH Tobacco Treatment Services



Tobacco Treatment Services Flow Chart

Patient identified as a tobacco user at admission



Admitting Physician/APP orders appropriate NRT



Tobacco Treatment Clinic provides follow-up assessment on unit

1. Assesses nicotine withdrawal, motivation to quit, and stage of change
2. Make recommendations to care team for tobacco treatment plan
 - a) Adjustment of tobacco cessation medication
 - b) Attend tobacco dependence education or cessation group (based on stage of change)



Tobacco Treatment Clinic provides individual or group classes

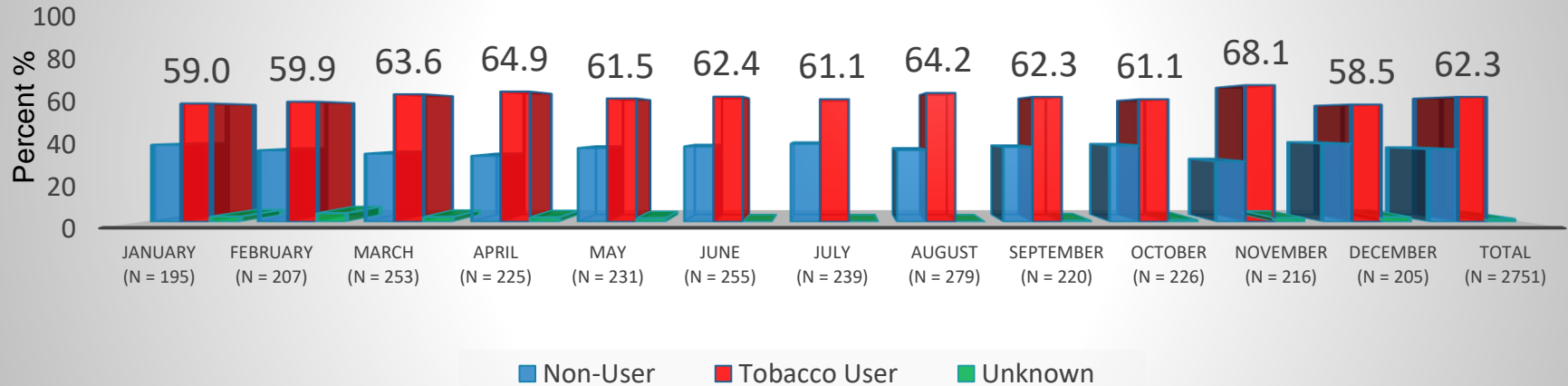
1. 1-hour tobacco education (For Pre-contemplation and Contemplation stages)
2. 1-hour tobacco cessation groups (For Preparation, Action, and Maintenance)
3. Provide referrals to tobacco treatment programs (e.g., KY quitline, Freedom from Smoking)



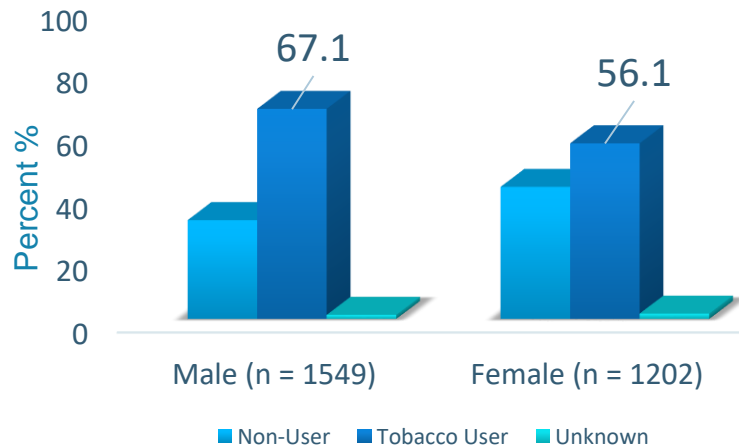
Attending Physician/APP orders appropriate NRT at discharge

Screening of Tobacco Use Among Patients

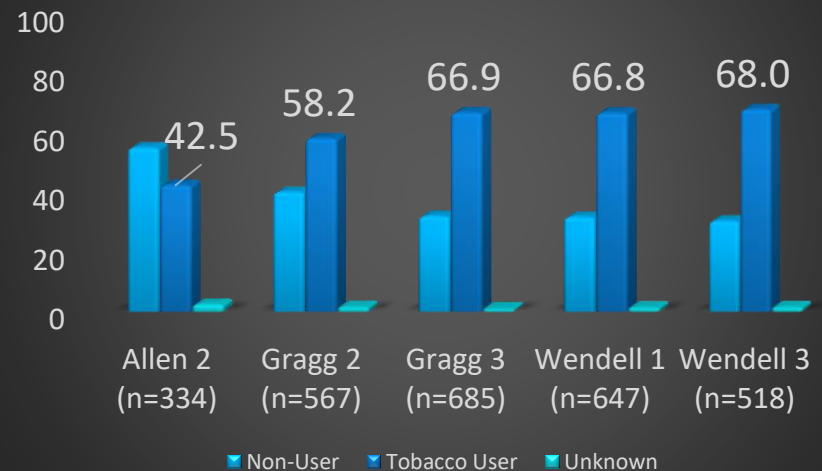
Tobacco Use Status at Admission (January to Dec, 2016)



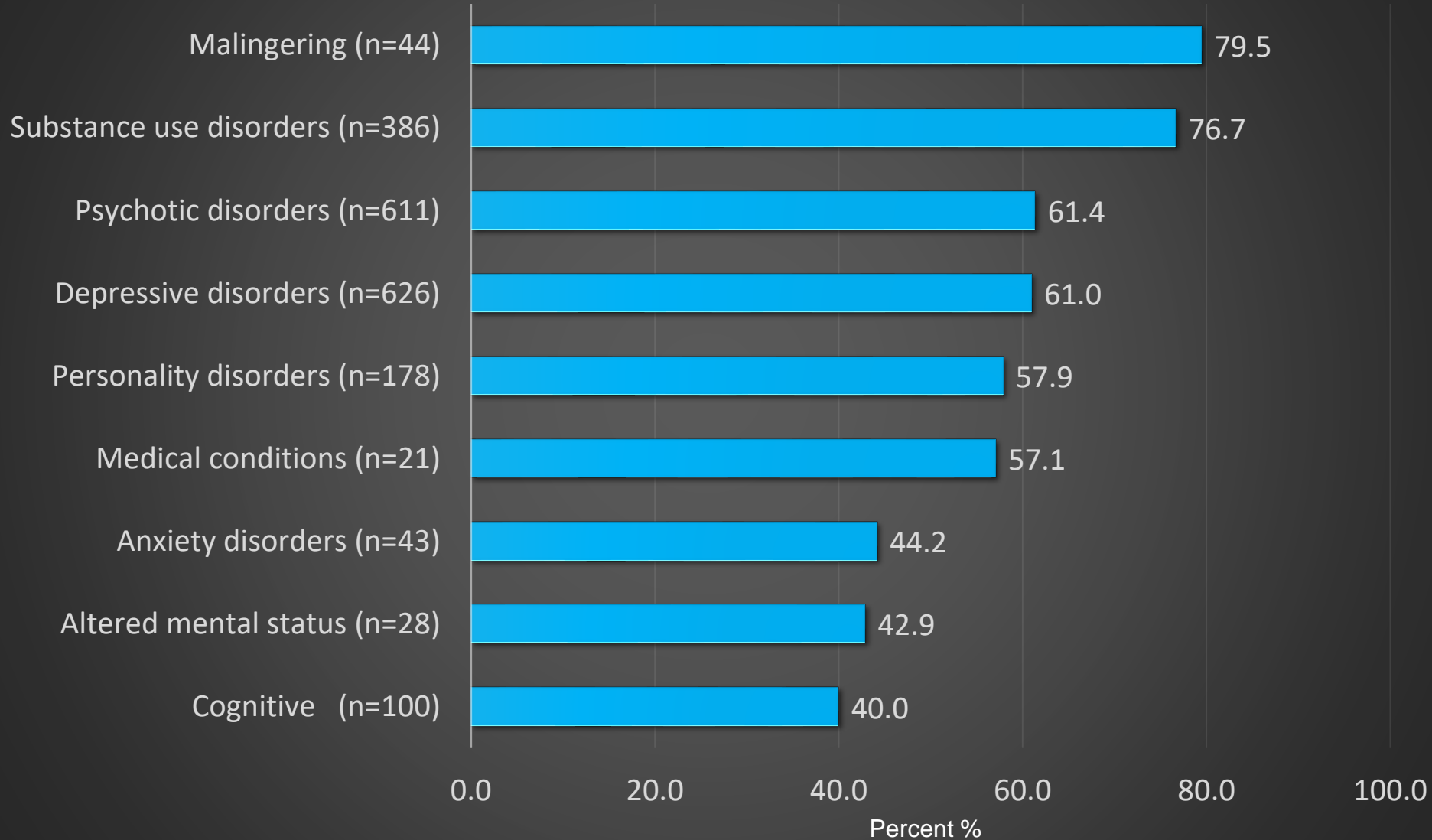
Smoking Status by Gender (N = 2751)



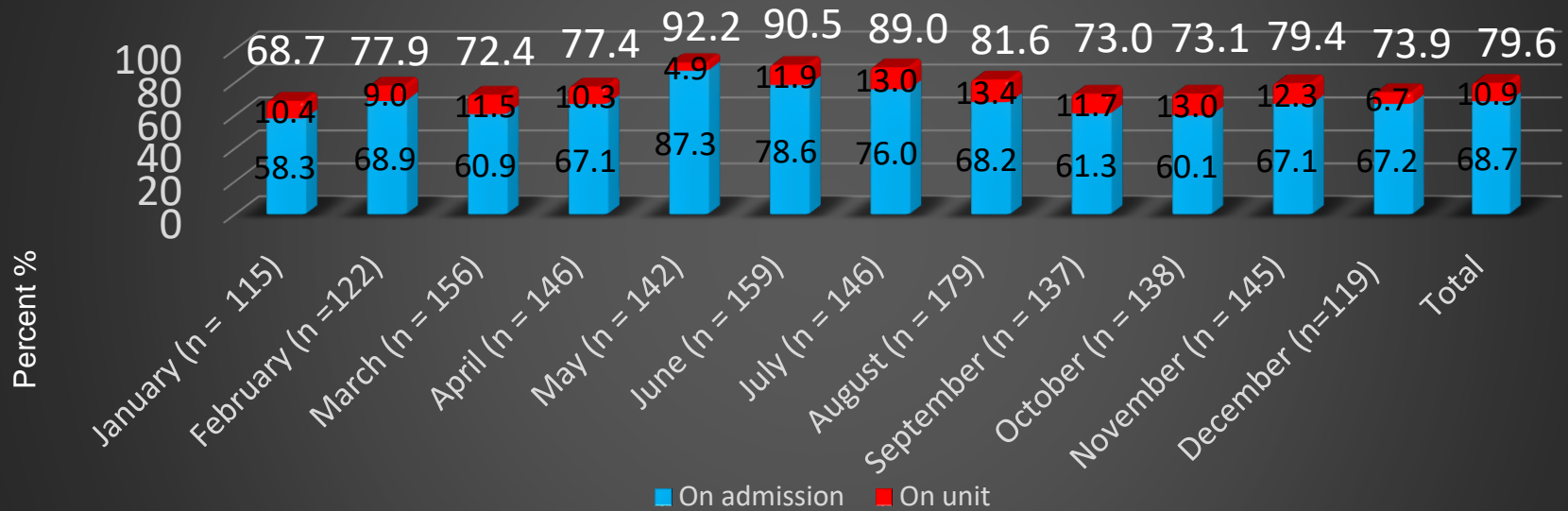
Smoking Status by Unit (N = 2751)



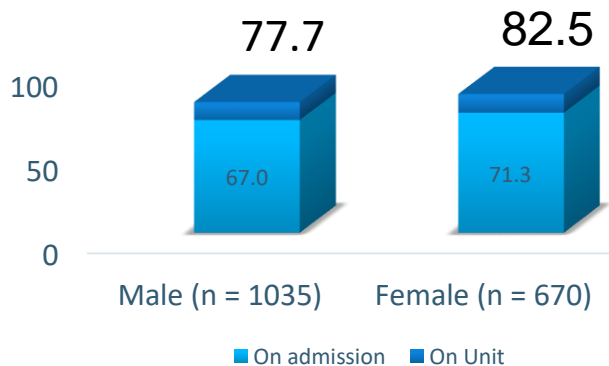
Smoking Status by Discharge Diagnosis (n = 2037)



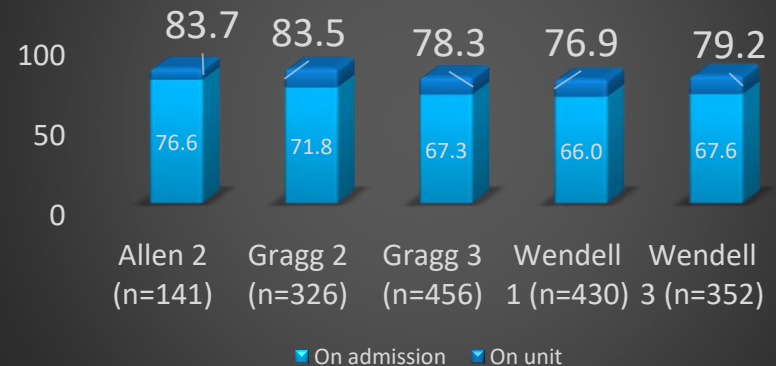
Nicotine Patch offered at Admission (n = 1705)



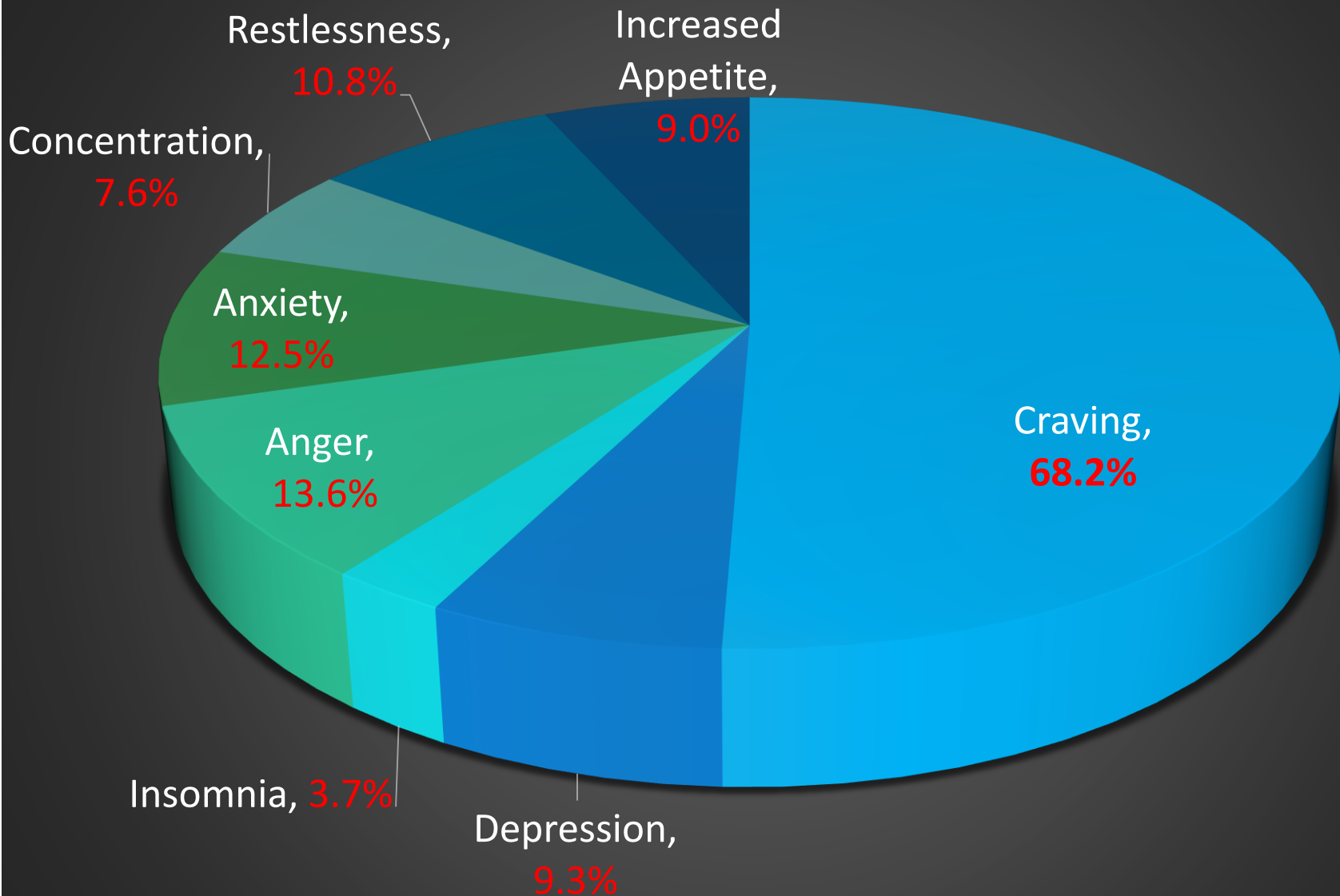
Nicotine Patch offered by Gender (n = 1705)



Nicotine Patch offered by Unit (n = 1705)

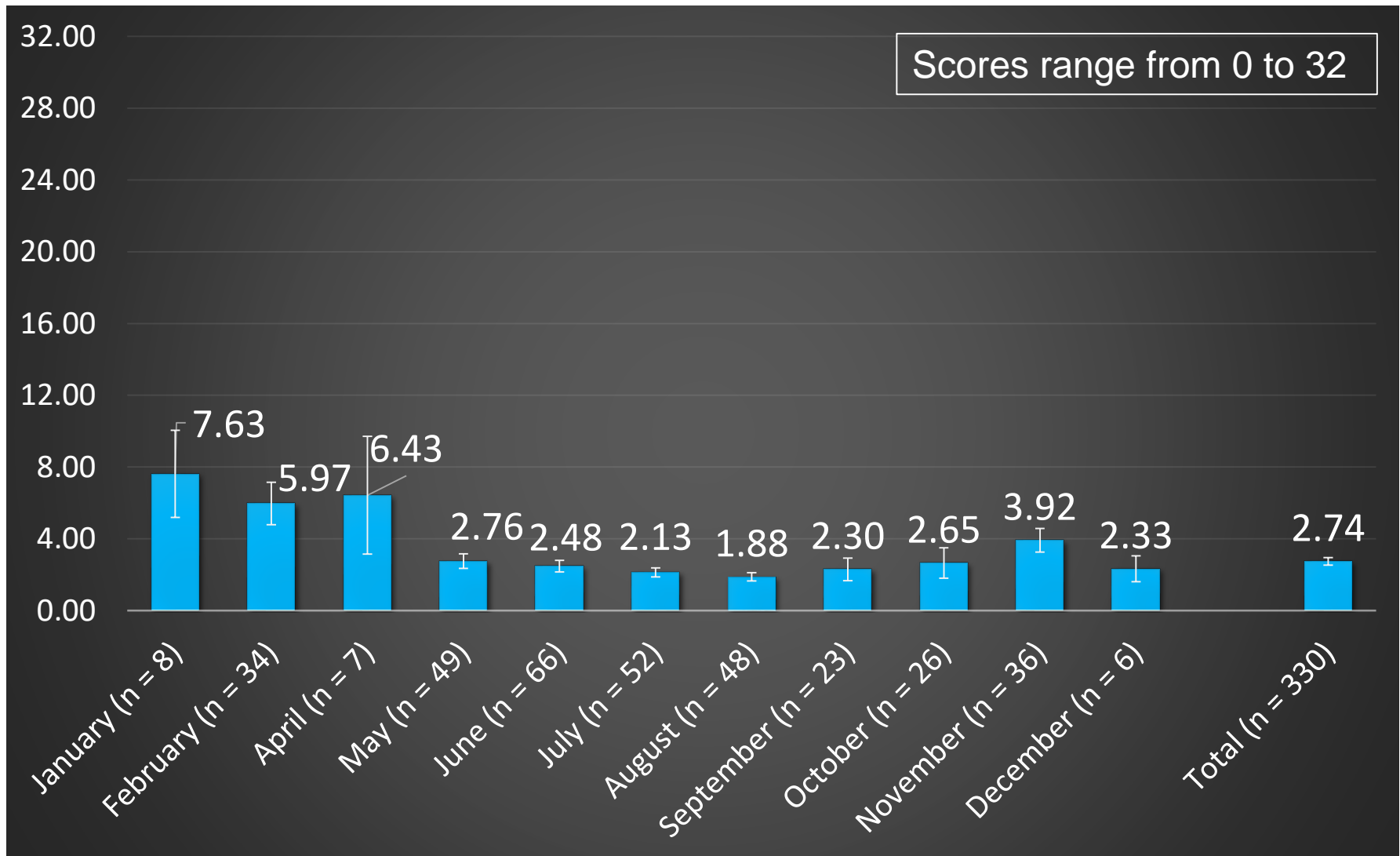


Frequency of Nicotine Withdrawal Symptoms* (n = 356)



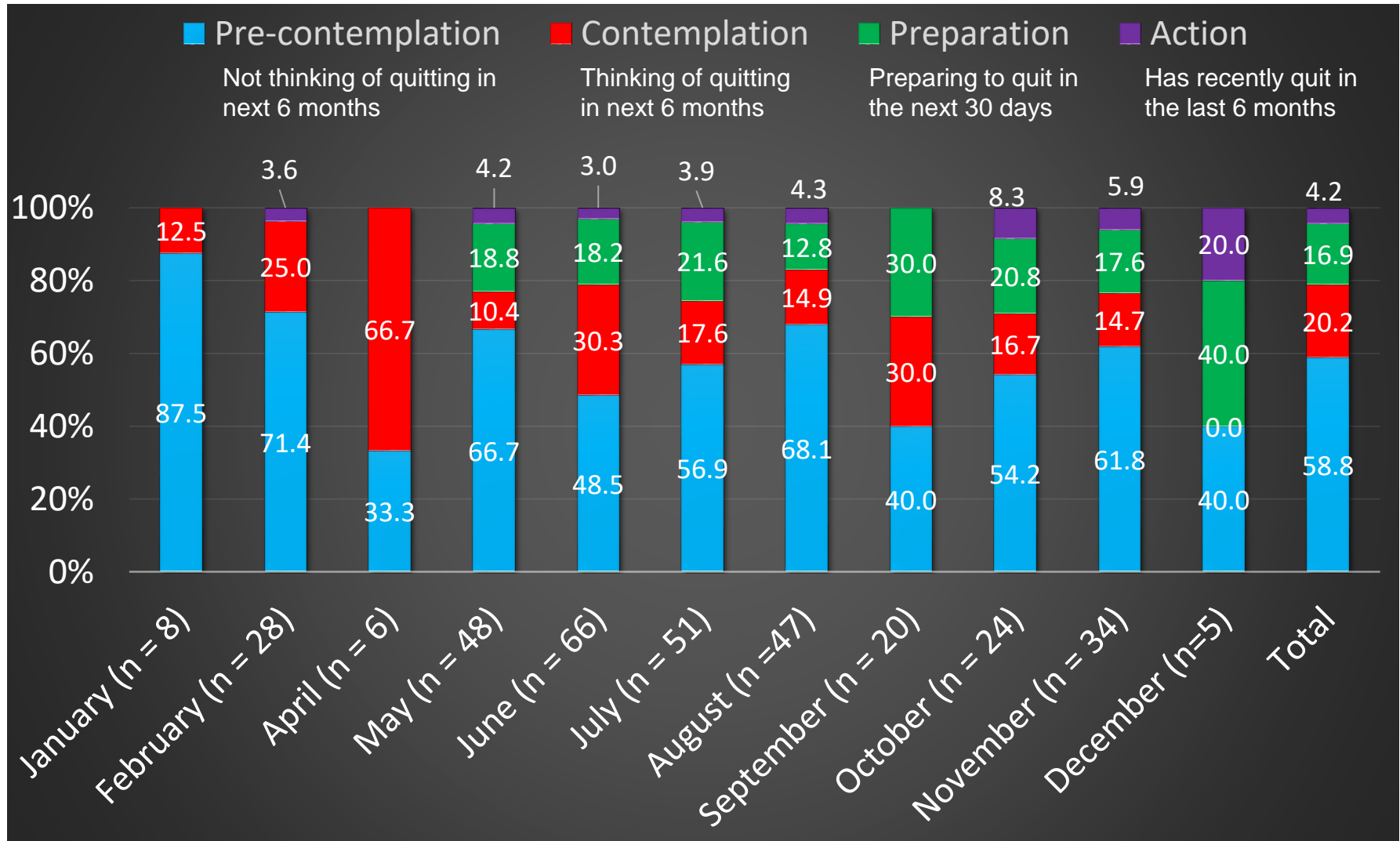
*Based on the Minnesota Nicotine Withdrawal Scale, an 8-Item questionnaire that assesses severity of nicotine withdrawal. Hughes JR, Hatsukami D. Signs and symptoms of tobacco withdrawal. Archives of General Psychiatry. 1986;43:289–294

Changes in Total Nicotine Withdrawal Scores* by Month (n = 355)



*Based on the Minnesota Nicotine Withdrawal Scale, an 8-Item questionnaire that assesses severity of nicotine withdrawal. Hughes JR, Hatsukami D. Signs and symptoms of tobacco withdrawal. Archives of General Psychiatry. 1986;43:289–294

Changes in Stage of Change* by month (n = 337)



*Prochaska, James O., and Wayne F. Velicer. "The transtheoretical model of health behavior change." *American journal of health promotion* 12.1 (1997): 38-48.

QUESTIONS?
