

*Managing COPD:
The ACCP Tobacco Dependence Toolkit*

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(888) PENN - STOP



Disclosure

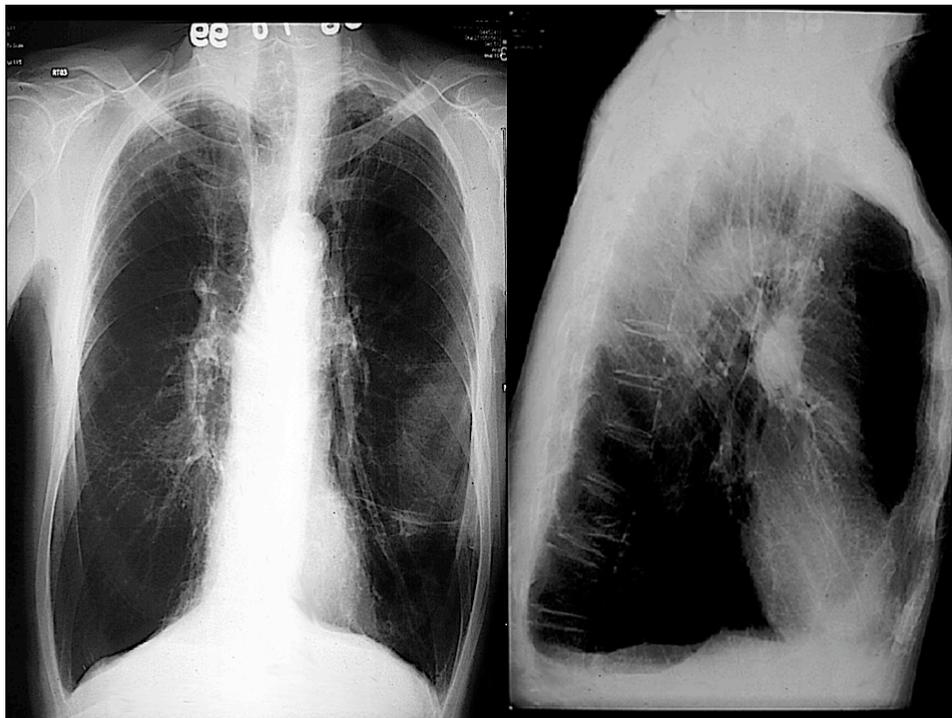
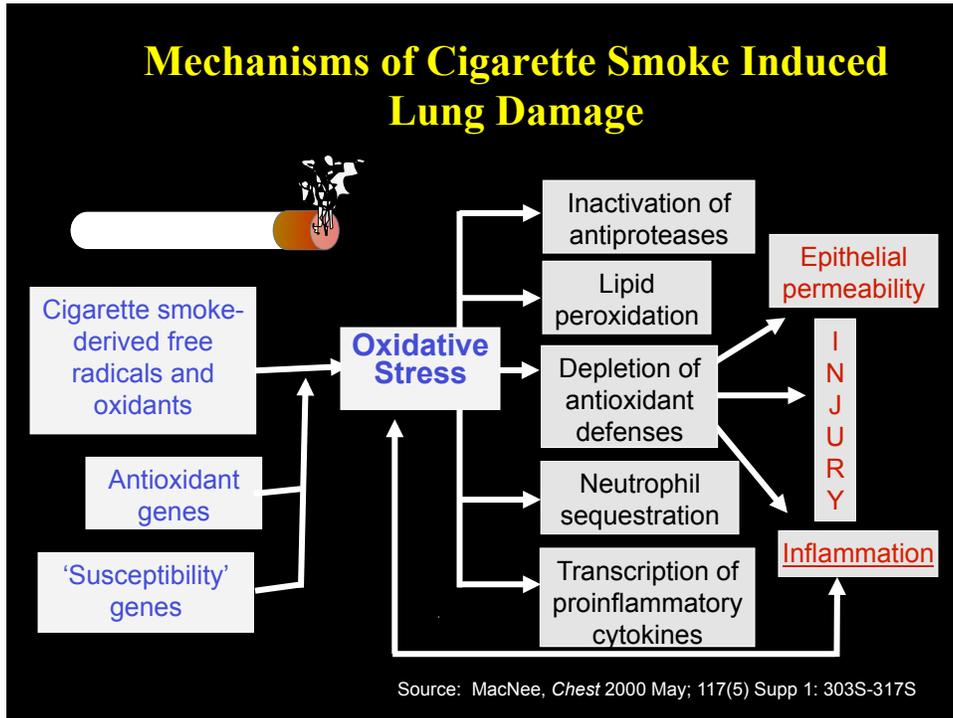
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Objectives

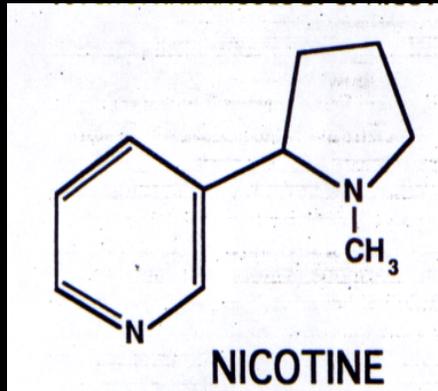
- Review biology of nicotine addiction
- Discuss the special circumstance of smoking in COPD
- Develop strategies for overcoming barriers to tobacco treatment in practice.
- Introduce the Tobacco Dependence Toolkit



Mechanisms of Cigarette Smoke Induced Lung Damage



So... Why *DO* People Smoke?



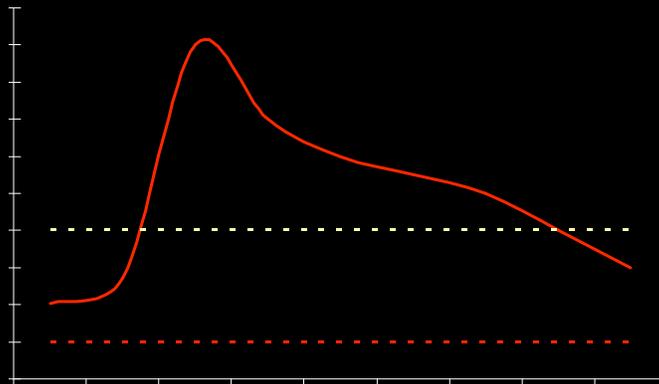
Why is nicotine addictive?

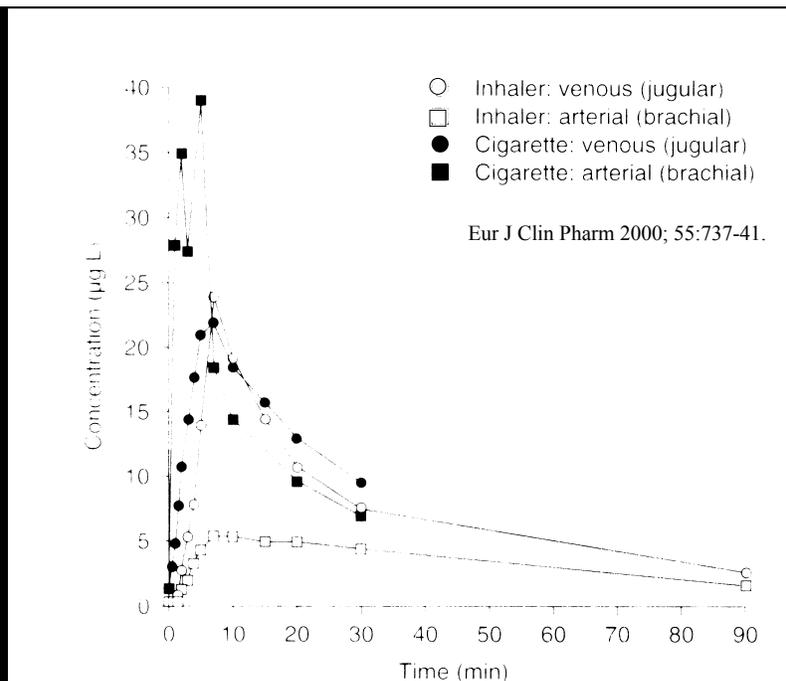
- Nicotine releases “gratification” producing chemicals in the brain.
- Long term use of nicotine produces changes in brain function and structure.
- Addictive properties related to rate of delivery to the brain.

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Delivery of Nicotine





Factors Affecting Cigarette Nicotine Yield

- Burn rate
- Tobacco per unit volume
- Porosity of cigarette paper
- Ventilation holes in filter wrap paper
- Temperature of smoke
- pH of smoke
- NH₃ content of smoke

The cigarette is... among the most awe-inspiring examples of the ingenuity of man... The cigarette should be conceived not as a product, but as a package. The product is nicotine.... Smoke is beyond question the most optimized vehicle of nicotine, and the cigarette the most optimized dispenser of smoke.

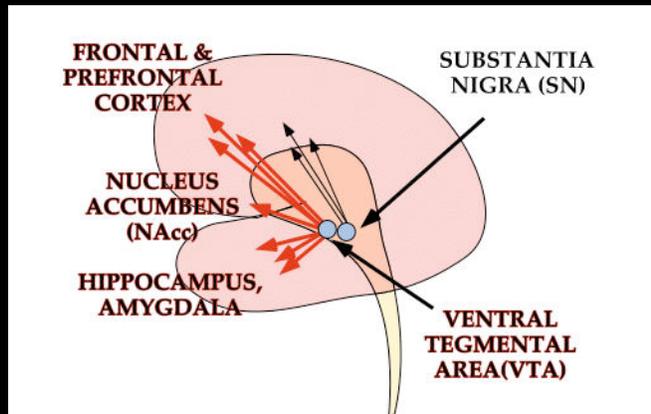
- William L. Dunn, Jr.
Phillip Morris, 1972

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Mesolimbic Dopaminergic system

Emotion
Motivation
Memory



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Long term changes

- Increased neuronal arborization
- Increased density of nicotinic receptors
- Increased sensitivity of receptor ion channels
- Changes gene expression
 - Neuronal protein synthesis increases
 - Neurotransmitter synthesis increases



Who wants to quit anyway?



“But it’s my only vice!”

Still, we face *ambivalence*.

- Not exactly ready, or willing, or able.
- *Hesitant*
- Patients want change, but don't want change.
- "I desperately want to want to quit smoking"



"Come back when you're ready"

A Sense of Helplessness



FAILURE

"You are only a Failure when you refuse to try again"

In a sample of PA physicians

- 57% (49-64%) of physicians feel that counseling "often falls on deaf ears."
- 46% (39-53%) are frustrated by smokers who do not readily want to quit.

Batra, et al. Soc Res Nic Tob. 2000

A Sense of Helplessness



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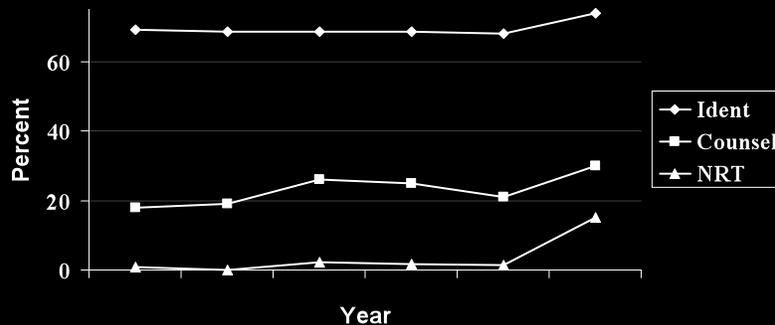
In a sample of PA physicians

- 30% (23-37%) felt cessation is financially prohibitive.
- 42% (35-49%) concerned that patients would be offended if their smoking habit were discussed too often.

Batra, et al. Soc Res Nic Tob. 2000

Physician Behavior

Rates among physicians in primary care



<http://tobaccodependence.chestnet.org>

<http://tobaccodependence.chestnet.org>

Objectives of the ACCP Tobacco Dependence Toolkit

- Help clinicians address tobacco dependence in a the manner of a chronic disease, characterized relapse and remission.
- Help physicians feel more comfortable providing brief counseling in the office environment
- Help physicians develop an aggressive prescribing philosophy for pharmacologic support
- Help develop efficiencies in practice.

- Executive Summary
- Clinical Background ▶
- Treatment Algorithms ▶
- Patient Assessment ▶
- Patient Management ▶
- Communication and Education ▶
- Additional Resources ▶
- Physician Advocacy ▶
- ACCP's Role ▶
- TREATMENT TOPICS:
- Select One ▼
- INFORMATION FOR:
- Select One ▼



A COMPREHENSIVE RESOURCE FOR HEALTHCARE PROVIDERS AND TOBACCO-DEPENDENCE PROFESSIONALS

Now you can help your patients stop smoking and be reimbursed, using the protocols and coding information contained in this comprehensive tool kit. The user-friendly interactive online setting is a complete resource for you and your patients, containing background educational materials and clinically relevant instruments to facilitate a highly successful, proven approach to tobacco-dependence treatment.

Coding Principles

[Need Reimbursement Advice?](#)



Although not well recognized, physicians can be reimbursed for treating their patient's tobacco dependence. This tool kit provides a general framework for the relevant coding and billing principles.

Statistics

Is tobacco use harmful?



Tobacco dependence is a fatal disease. As many as 90% of tobacco-dependent people identify tobacco use as harmful and want to reduce or stop using it.

Video



Management of the Tobacco Dependent Patient: Introductory Video



Reset Log Out

Tobacco Dependence Treatment ToolKit

- Executive Summary
- Clinical Background ▶
- Treatment Algorithms ▶
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- TREATMENT TOPICS:
- Select One ▼

[Home >](#)

Executive Summary

Overview

This Tool Kit provides a practical approach to treating tobacco dependence effectively. The Tool Kit approaches tobacco dependence as a severe chronic illness, such as asthma, with exacerbations and remissions, and is based on the premise that chest physicians must be as actively and professionally engaged in treating tobacco dependence as they are with asthma. Effective tools, treatment algorithms, and strategies to obtain compensation for tobacco-dependence treatment services are provided.

Consensus recommendations in this Tool Kit are based both on the evidence in the literature and the extensive experience of the Committee members in tobacco-dependence treatment. Evidence on which we base our recommendations is described in the text and cited in the references. Because this product is a Tool Kit and not a guideline statement, we did not seek to formally grade evidence. For the interested reader, [US guidelines](#), [UK guidelines](#), and [ERS guidelines](#) are available. Treatment recommendations made in this Tool Kit are consistent with the recommendations in these guideline statements. However, the Tool Kit also includes practical information that is not part of the US Guideline due to the absence of studies in those areas, and useful tools to put your knowledge into practice. The tools in this Tool Kit include [treatment algorithms](#), [patient assessment tools](#), [patient management tools](#), [communication and patient education tools](#), [resources for healthcare](#)



RELATED INFORMATION FOR THE:

- Cessation Tobacco Dependence Counselors
- Educational Programs
- Hospital Nurses
- Hospital Office Staff
- Hospital Physicians
- Private Practice Nurses
- Private Practice Office Staff
- Private Practice Physicians
- State and Government Agencies

RELATED TOPICS:

AMERICAN COLLEGE OF CHEST PHYSICIANS

Tobacco Dependence Treatment Tool Kit

- Introduction to Treatment Algorithms: How to Use Them in Clinical Practice
- Executive Summary
- Clinical Background
 - Stepwise Tobacco-Dependence Treatment Guide: Table 1
 - Stepwise Tobacco-Dependence Treatment Guide: Table 2
- Treatment Algorithms
 - Recommended Visit Schedule for Diagnosing and Treating Tobacco Dependence
- Patient Assessment
 - Assessment (Initial)
- Patient Management
 - Assessment Specifics
 - Managing Patient Reluctance (i.e., Getting to "Yes")
- Communication and Education
 - Developing a Medication Treatment Plan: Logic Model
 - Long-Term Evaluation and Management
- Additional Resources
 - Managing Relapse
- Physician Advocacy
 - Tapering Pharmacologic Interventions
- ACCP's Role
 - Management of the Child/Adolescent at Risk for Smoking
 - Management of the Smoke-Exposed Child
- TREATMENT TOPICS:
 - Algorithm Key

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and be reimbursed, contained in this interactive online setting [unclear]s, containing [unclear] instruments to facilitate a highly successful, proven approach to tobacco-dependence treatment.

AMERICAN COLLEGE OF CHEST PHYSICIANS

Tobacco-Dependence Treatment Tool Kit, 3rd Edition

Classification of Severity - Table #1

CLASSIFY TOBACCO-DEPENDENCE SEVERITY Clinical Features Before Treatment*

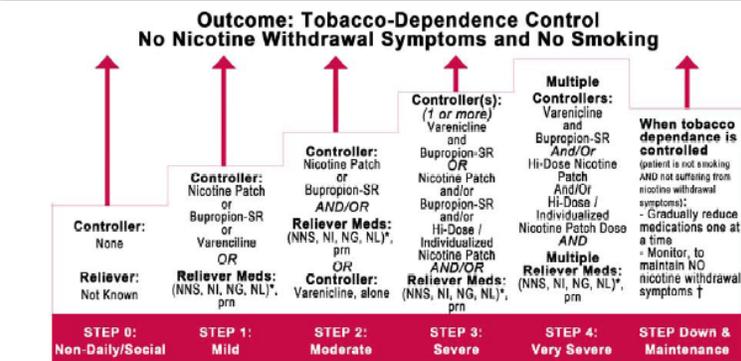
	Cigarette Use	Nicotine Withdrawal Symptoms	Quantitative	Health Status
STEP 4 Very Severe	- >40 CPD - Daily use - Time to 1st Cig < 0.5 min	- Constant - NWS > 40	- FTND 8-10 - Se Cotinine > 400 ng/mL	- ≥1 Chronic Medical Dis. AND / OR - ≥1 Psychiatric Disease
STEP 3 Severe	- 20-40 CPD - Daily use - Time to 1st Cig 0.5-30 min	- Constant - NWS 31-40	- FTND 6-7 - Se Cotinine 250 - 400 ng/mL	- ≥1 Chronic Medical Dis. OR - ≥1 Psychiatric Disease
STEP 2 Moderate	- 6-19 CPD - Daily use - Time to 1st Cig 31-60 min	- Frequent - NWS 21-30	- FTND 4-5 - Se Cotinine 151-250 ng/mL	- Healthy medically - Healthy psychiatrically
STEP 1 Mild	- 1-5 CPD - Intermittent Use - Time to 1st Cig > 60 min	- Intermittent - NWS 11-20	- FTND 2-3 - Se Cotinine 51-150 ng/mL	- Healthy medically - Healthy psychiatrically
STEP 0 Non-Daily/Social	- Non-daily cigarette use - Social setting only - Time to 1st Cig >> 60 min	- None - NWS < 10	- FTND 0-1 - Se Cotinine < 50 ng/mL	- Healthy medically - Healthy psychiatrically

*The presence of one feature of severity is sufficient to place patient in that category.

-CPD=Cigarettes Per Day -Time to 1st Cig=Time to First Cigarette after Awakening in the Morning
-NWS=Nicotine Withdrawal Symptom Score -FTND=Fagerström Test for Nicotine Dependence Score
-Se=Serum -Cotinine=First-pass, hepatic metabolite of nicotine; physiologically inactive

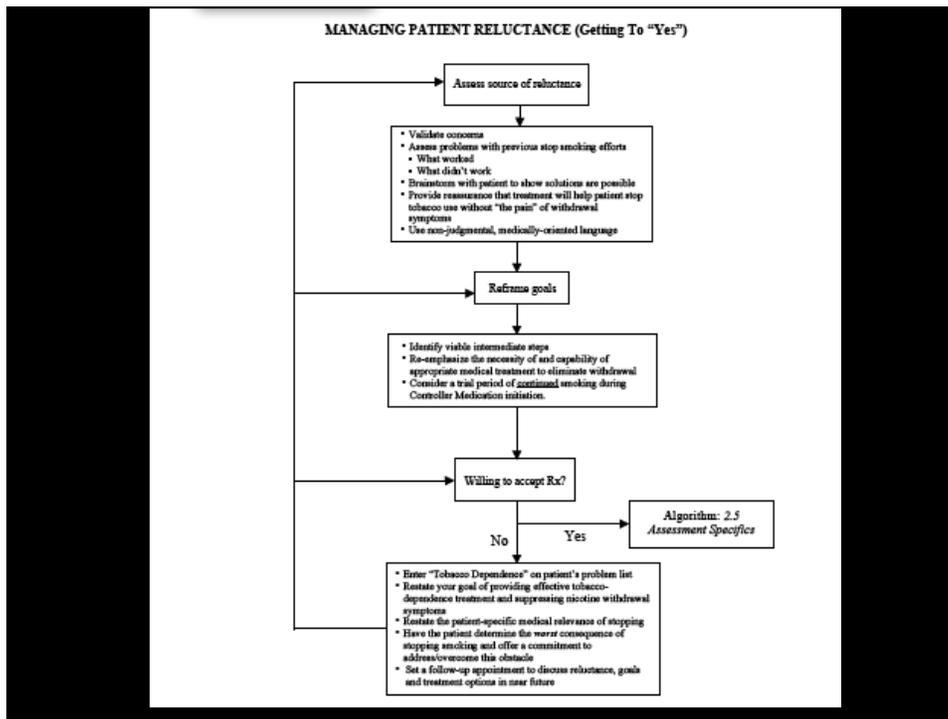
ACCP Tobacco-Dependence Treatment Tool Kit, 3rd Edition | Copyright 2008-2016 American College of Chest Physicians

Initial & Long-Term Tobacco-Dependence Management
Stepwise Approach to Tobacco-Dependence Therapy:
Adults (Based on the Asthma Model) - Table #2



* Reliever Medications (Rapid Acting Nicotine Agonists): -NNS=Nicotine Nasal Spray -NI=Nicotine [Oral] Inhaler -NG=Nicotine Gum -NL=Nicotine Lozenge
† Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.

Introduction to Treatment Algorithms: How to Use Them in Clinical Practice	
Executive Summary	Stepwise Tobacco-Dependence Treatment Guide: Table 1
Clinical Background	Stepwise Tobacco-Dependence Treatment Guide: Table 2
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Patient Assessment	Assessment (Initial)
Patient Management	Assessment Specifics
Communication and Education	Managing Patient Reluctance (i.e., Getting to "Yes")
Additional Resources	Developing a Medication Treatment Plan: Logic Model
Physician Advocacy	Long-Term Evaluation and Management
ACCP's Role	Managing Relapse
TREATMENT TOPICS:	Tapering Pharmacologic Interventions
	Management of the Child/Adolescent at Risk for Smoking
	Management of the Smoke-Exposed Child
	Algorithm Key
	Using some educational materials and clinically relevant instruments to facilitate a highly successful, proven approach to tobacco-dependence treatment.

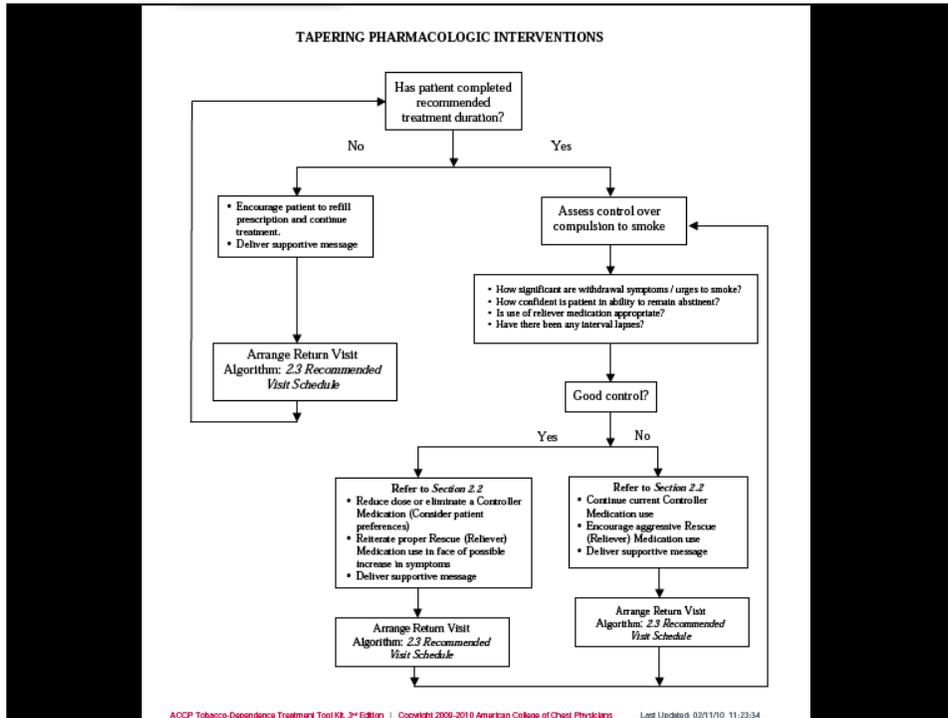


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TREATMENT TOPICS:	Managing Relapse
Select One	Tapering Pharmacologic Interventions
	Management of the Child/Adolescent at Risk for Smoking
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Tobacco Dependence Treatment Toolkit

- How To Use The ACCP Tool Kit
- Introduction and Goals
- Correct Coding Principles For Tobacco-Dependence Treatment
- The Screening & Clinical Basis for the Tool Kit Recommendations
- The Biological Basis for Tobacco Use
- Tobacco-Dependence Treatment Process and Approach
- Pharmacologic Treatment
- Quick Reference Guide to Pharmacotherapy
- Smoking and Tobacco-Dependence Treatment for Pregnant Women and Women of Childbearing Age
- The Role of the Pediatric Health-Care Provider in Tobacco-Dependence Treatment and Secondhand Smoke Exposure Reduction
- Intermittent, Nondaily, & Social Smoking
- The Stages of Behavior Change for Stopping Smoking

TREATMENT TOPICS:

Select One

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What this group has done...



2010 CHEST conference
Vancouver, BC

Total 5 sessions on tobacco treatment

4 sessions included detailed information on toolkit

Over 350 physician attendees

What this group has done...



2010 National Cancer Institute
(Katrina Armstrong, PI)
University of Pennsylvania

Prospective, Randomized, Cohort-
allocated clinical trial

Links system-wide EMR to toolkit

Over 100 physicians / 3 practice sites

Evaluate 3000 patients over 6 mos

What this group has done...



Philadelphia Dept of Public Health
COPD Initiative

Academic Detailing model of
physician education

Focuses COPD recommendations on
smoking, medications, nutrition/
exercise

400 physician sample set planned
over next year

Thank You!

Thank You!

Thank You!

*“If we always do what we’ve
always done, we’ll always get what
we’ve always gotten.”*

- Anonymous

**The Comprehensive Smoking
Treatment Program**

(888) PENN - STOP

