Over the Road Truck Driver Who Smokes

Darren is a 47-year old white, divorced over-the-road truck driver. He presents to your office for a Department of Transportation driver's physical examination. He has no concerns, and only wants his paperwork done.

His physical examination is unremarkable, other than a BMI of 38. He smokes two packs a day. Laboratory data reveals a fasting blood sugar of 106. A lipid panel shows total cholesterol of 238, LDL 163, HDL 34, and TG 220. When advised to stop smoking, he states he's not interested, as "everyone does it and it's my only vice, Doc!"

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>T: 98.0 F</th>
<th>BP: 120/70</th>
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<tbody>
<tr>
<td></td>
<td>HR: 80</td>
<td>RR: 14</td>
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<tr>
<td></td>
<td>Pulse: 64</td>
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<thead>
<tr>
<th>Physical Exam</th>
<th>HEENT: Normal</th>
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<tbody>
<tr>
<td></td>
<td>Height: 67 in.</td>
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<td></td>
<td>Weight: 185 lbs.</td>
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<tr>
<th>Chest</th>
<th>Lungs are clear and equal bilaterally to auscultation and percussion.</th>
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<tbody>
<tr>
<td>Cardiac</td>
<td>A regular rate and rhythm is noted with no murmurs</td>
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<tr>
<td>Abdomen</td>
<td>His abdomen is soft with no masses</td>
</tr>
<tr>
<td>Extremities</td>
<td>No edema, No masses and No clubbing</td>
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</tbody>
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Learning Objectives

Those completing this activity will receive information that should allow them to...

- Identify patient barriers to smoking cessation
- Assess every tobacco user's willingness to make a quit attempt
- Develop an appropriate strategy and a quit plan
Question 1
At this point, techniques useful in motivating the patient to quit include all of the following EXCEPT:
A. Express empathy to patient.
B. Use reflective discussion when patient expresses resistance.
C. Tell patient he will die if he doesn't quit smoking.
D. Help patient identify past successes.
E. Highlight differences between smoking and desired health goals.

Additional Information
Darren returns two months after his physical, and appropriate motivational interviewing. He's had an episode of bronchitis and his kids have been after him to quit. He says, "I'd like to give it a try, Doc, but smoking keeps me awake on the road, and besides, I'm gone all the time."

Question 2
Strategies helpful at this point include:
A. Telling patient to quit cold turkey.
B. Telling the patient to work on his weight and blood sugars before he attempts to quit tobacco.
C. Refusing to prescribe pharmacologic therapy as patient will have a hard time making follow up appointments due to his job.
D. Giving the patient a quit line number and encouraging contact.
E. Giving the patient nortriptyline to quit smoking.

Question 3
Which medicine is NOT an appropriate first-line medication to prescribe at this visit?
A. Bupropion SR.
B. Varenicline.
C. Nicotine inhaler.
D. Nicotine patch.
E. Clonidine.

Additional Information
The patient returns frustrated in two months. He has not been able to quit smoking. He is down to one pack daily using nicotine gum, but if he tries to go lower, he experiences severe anxiety, and cravings for a cigarette. He's afraid he's going to have an accident when driving his truck. When questioned about his use of gum, he states he's using about eight pieces a day. He has not contacted the quit line.

Question 4
Which of the following strategies is NOT indicated at this time?
A. Reinforce use of tobacco quit line.
B. Set a new quit date and arrange follow up.
C. Decide with patient it's too hard to quit and to delay cessation.
D. Prescribe combination pharmaceutical therapy.
E. Show empathy for the challenge of behavior change.
CME/CECredit Request Form
Complete online at www.RegisterWithUNT.com

<table>
<thead>
<tr>
<th>ACTIVITY TITLE:</th>
<th>Over the Road Truck Driver Who Smokes Case Presentation</th>
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<tr>
<td>DATES VALID:</td>
<td>January 1, 2009 – January 1, 2010</td>
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<tr>
<td>CREDITS AVAILABLE:</td>
<td>1 Category 1 PRA AMA Credits™, 1 Hour Category 2B, AOA</td>
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**INSTRUCTIONS:** Please complete this form and return it to the address or fax number below.

**PLEASE PRINT CLEARLY**

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<th>FULL NAME</th>
<th>DEGREE(s)</th>
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<tr>
<td>Last 4 Digits of SSN (for tracking)</td>
<td>or AOA Number (if applicable)</td>
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<td>E-MAIL</td>
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**QUESTION RESPONSES**

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<tr>
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<th>B</th>
<th>C</th>
<th>D</th>
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**PROGRAM EVALUATION**

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<tr>
<th>LEARNING OBJECTIVES</th>
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<th>V</th>
<th>E</th>
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<tbody>
<tr>
<td>1 Identify patient barriers to smoking cessation.</td>
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<td>5</td>
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<td>2 Assess every tobacco users willingness to make a quit attempt.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3 Develop an appropriate therapeutic strategy and quit plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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**CONTENT**

| 5 | To what extent this activity is fair and balanced. | 1 | 2 | 3 | 4 | 5 |
| 6 | Likelihood that you will implement change in your practice based on information from this activity. | 1 | 2 | 3 | 4 | 5 |
| 7 | Your OVERALL rating of this activity. | 1 | 2 | 3 | 4 | 5 |

**PRACTICE**

| 8 | I am better equipped to educate my patients regarding COPD. | 1 | 2 | 3 | 4 | 5 |
| 9 | I am better equipped to help my patients set realistic expectations during treatment. | 1 | 2 | 3 | 4 | 5 |
| 10 | I am better equipped to recognize and diagnose COPD. | 1 | 2 | 3 | 4 | 5 |
| 11 | I am better equipped to educate my patients on pharmacologic and non-pharmacologic therapies for COPD. | 1 | 2 | 3 | 4 | 5 |
| 12 | What is your greatest challenge when treating COPD? | 1 | 2 | 3 | 4 | 5 |

**SIGNATURE**

Case 05-2009-ETXCOPDEND
Discussion

Question 1

There is evidence that motivational interviewing is effective in increasing future quit attempts (references 170-174 in 2008 guideline). Motivational interviewing is a specialized, patient centered counseling intervention with specific techniques. The four principles that underlie motivational interviewing are: 1) express empathy, 2) develop discrepancy, 3) roll with resistance, and 4) support self-efficacy.

Expressing empathy includes using open-ended questions to explore the patient's concerns and benefits of quitting, normalizing feelings and concerns and supporting the patient's right to choose or reject change. Developing discrepancy is a technique to reflect the discrepancy between the patient's present behavior and expressed priorities, values, and goals. Rolling with resistance requires the clinician to back off and use reflective statements when the patient expresses resistance. Supporting self-efficacy helps the patient to identify and build on past successes as well as suggest small, achievable steps to change.

Yelling, belittling, and listing dire consequences will not help the patient be successful in quitting smoking.

Question 2

A simple mnemonic to remember how to approach smokers is the 5 A's:
- Ask all patients about their smoking status
- Advise all patients to stop smoking
- Assess their willingness to make a quit attempt
- Assist the patient in quitting by providing counseling and medication
- Arrange follow-up

At this stage in the interaction, focus should be on the last two A's: assisting the quit attempt, and arranging follow-up.

A quit plan uses another mnemonic device, SATR:
- Set a quit date
- Tell family, friends, and co-workers about quitting and request support
- Anticipate challenges to arise in the upcoming quit attempt
- Remove tobacco products from your environment

All motivated patients without contraindications should be offered medications proven to be effective in smoking cessation. All patients should be offered brief, supportive counseling and social support as part of treatment. Strong evidence exists that quit line contact significantly improves quitting success, and all patients should given these numbers.

The first two weeks of quitting is the most difficult time and evidence exists that follow up during this time by line contact or office contact can significantly increase successful quitting.

Question 3

All smokers trying to quit should be offered medication, unless contraindicated. There are four specific populations where there is insufficient evidence of effectiveness of medications: pregnant women, smokeless tobacco users, light (<10 cigarettes per day) smokers, and adolescents. There are seven FDA-approved medications for treating tobacco use: Bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline. The clinician should consider the first-line medications shown to be more effective than the nicotine patch alone: 2mg/day varenicline or the combination of long-term nicotine patch use plus ad libitum nicotine replacement therapy.

There are NO algorithms to guide optimal selection among the first line medications, so choice of medication will be based on contraindications, past history of success, failure, and side effects, insurance coverage for medications, and patient and clinician desire and comfort level.
Summary

Using motivational interviewing, a clinician will be able to identify a patient’s barriers and willingness to begin a smoking cessation regimen. This information will allow them to assist the patient in developing a strategy and a quit plan that will work for them. Part of this plan might include medication, cognitive and behavioral changes, assistance from a quit line program, or follow up appointments. Regardless of the methods, they should be customized to the patient in order to help them be successful in their smoking cessation.

References


Question 4

Answer: C

Often, clinicians and patients do not use high enough doses to be effective in assisting them with smoking cessation and controlling nicotine withdrawal symptoms. Nicotine gum should be used at the 4 mg gum dose if the patient is smoking more than 25 cigarettes daily and one piece should be used every one to two hours for the first six weeks, up to 24 pieces per day. Evidence suggests that combination NRT therapy may be particularly effective in suppressing tobacco withdrawal symptoms for those highly dependent smokers or those with a history of severe withdrawal. Among first-line medications, evidence exists that combining the nicotine patch long-term with either nicotine gum or nicotine nasal spray, the nicotine patch with the nicotine inhaler, or the nicotine patch with bupropion SR, increases long-term abstinence rates relative to placebo treatments. Combining varenicline with NRT agents has been associated with higher rates of side effects such as nausea and headaches.

Patient Resource

1-800-QUIT-NOW

A solid body of scientific evidence demonstrates that quit lines are an effective tool to help tobacco users quit.
ACCREDITATION & CREDIT

PHYSICIAN ACCREDITATION
The University of North Texas Health Science Center at Fort Worth is accredited by the American Osteopathic Association to award continuing medical education to physicians.

The University of North Texas Health Science Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

CREDIT DESIGNATION
The University of North Texas Health Science Center has requested that the AOA Council on Continuing Medical Education approve this program for 1.0 hour of AOA Category 2B CME credits. Approval is currently pending.

The University of North Texas Health Science Center at Fort Worth designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™.

Physicians should only claim credit commensurate with the extent of their participation in the activity.

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The University of North Texas Health Science Center at Fort Worth is accredited by ACCME to provide continuing medical education for physicians, and will provide physician assistants and nurse practitioners who successfully complete the activity with a Statement of Participation indicating that the activity was designated for 1 AMA PRA Category 1 Credit(s)™.

COMMERCIAL SUPPORT
This activity is commercially supported by Boehringer Ingelheim and Pfizer. Great care has been exercised to ensure the content is fair and balanced.

BACKGROUND
Chronic obstructive pulmonary disease (COPD) is responsible for one death every four minutes in the US. While 12 million Americans have been diagnosed with the disease, it is estimated that at least that many have COPD but are undiagnosed.

Several COPD risk factors converge in East Texas, resulting in some of the highest rates of unnecessary hospitalizations in the state. Since primary care physicians, PAs and NPs in the region are the most likely to diagnose and manage COPD, they should be made aware of the most current information available on how to improve patient outcomes and overcome clinical barriers to diagnostic testing and treatment.

WHY SMOKING CESSATION
This case dealing with smoking cessation was chosen because 60% of clinicians polled by the University of North Texas Health Science Center listed it as their primary barrier in treating COPD patients.

HOW TO RECEIVE CREDIT
After reading the case presentation, you may use the response form attached or go online to www.RegisterWithUNT.com to complete the information electronically. To use the provided form, record your responses to the question on the response form, complete the credit request and evaluation. Return the response form, evaluation and credit request to:

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