

2015

Clearing the Air: What You Need to Know about Tobacco

Brenton Nash

University of Vermont College of Medicine

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Nash, Brenton, "Clearing the Air: What You Need to Know about Tobacco" (2015). *Family Medicine Clerkship Student Projects*. 64.
<https://scholarworks.uvm.edu/fmclerk/64>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

Clearing the Air: What You Need to Know about Tobacco

Grace Cottage Hospital and Family Practice

Brenton Nash MS3

December 2014

Dr. Timothy Shafer

Problem Identification and Description

Tobacco use is the number one preventable cause of morbidity and mortality worldwide. This project was developed in accordance with the WHO's MPOWER Report (2008). It aims to fulfill two of the WHO's "six polices to reverse the tobacco epidemic":

- "Offer help to quit tobacco smoke."
- "Warn about the dangers of tobacco."

The latter point is the primary goal, as multiple studies have shown that smokers are either unaware of tobacco-related health issues or have an "unrealistic optimism" regarding their own risks.

Public Health Costs

- 83,600 people in Vermont smoke (16.6%)
- 1,000 adult Vermonters die each year because of smoking's ill effects.
- The annual cost of smoking on Vermont's health care system reaches an astonishing 348 million dollars.
- It is estimated that the tobacco industry attacks Vermonters with 18.4 million dollars worth of marketing annually.

Community Perspective

***BUa YK JH \ YXRN*, Clinical Care Coordinator, Community Health Team**

Name Withheld also coordinates Grace Cottage's bimonthly, four-session smoking cessation class that is free to the public. She is always looking for the patient education literature with the latest and most relevant information. She found the patient education intervention very useful in this regard. She states that she will undoubtedly utilize the educational newsletter in the community health center and her smoking cessation courses. She hails it as easy to read -- consolidating a lot of information into a systemic and sensible format. She also appreciates the mention of other community resources.

Community Perspective

HG, 53 Female – patient

HG was counseled for smoking cessation with an evidence-based three-pronged approach advocated for in the patient education material – behavioral counseling, NRT (basal and bolus), and varenicline/bupropion. She appreciated the holistic approach -- “covered all bases.” She thought it was novel to prescribe NRT in a basal and bolus dosing system – she anticipated adequate control of cravings.

Intervention and Methodology

An informational newsletter was written for the target audience -- adult, Vermont smokers. It included information regarding tobacco-related health outcomes, lung cancer screening, calculation of pack-years (cumulative risk), and information on smoking cessation. The newsletter, also, contained information regarding Grace Cottage's bimonthly, free smoking cessation class. The newsletter was distributed by nursing staff during the check-in process, if a patient admitted to current tobacco use.

Results

Fifty newsletters were distributed to various “check-in” rooms around the family practice office. After 60 hours, the newsletters were counted to ascertain how many had been disseminated to smokers. Three newsletters were circulated. The numbers of smokers that presented during this time period is impossible to know given HIPAA-related policies.

Evaluation of Effectiveness

The ideal evaluation of effectiveness would be examination of Grace Cottage Family Practice's patient smoking cessation rates – both historically and after a six to twelve month period of the intervention. For instance, the patients who had a doctor's appointment during the time period in which the newsletter was supplied would be compared to the historic rates. The research hypothesis would be that the educational intervention would produce a statistically significant increase in cessation rates.

Limitations

- The intervention excludes illiterate patients or those with visual impairment by its very nature.
- The intervention also only exists in an English-language version.
- Sampling Error: nurses may either forget to ask some patients about smoking habits or forget to refer them to the newsletter during the check in process.
- Confounding: at the same time as this intervention, a free smoking cessation class was offered at Grace Cottage. Any increase in cessation rates would be difficult to attribute to one intervention over the other.

Recommendations

As aforementioned, I was fortunate enough to counsel a patient about smoking cessation during my rotation. We implemented a three pronged treatment plan – behavioral counseling, NRT (basal and PRN doses), and varenicline. Unfortunately, the entering of all these orders was cumbersome and the patient felt slightly overwhelmed with the medication schedules. I would propose the creation of smoking cessation order sets that includes this three pronged approach. Also, the creation of patient educational material regarding the therapeutic approach – dosages, medication schedules, etc.

Quit Smoking Help. (n.d.). Retrieved January 11, 2015.

The Toll of Tobacco in Vermont - Campaign for Tobacco Free Kids. (n.d.). Retrieved January 11, 2015, from http://www.tobaccofreekids.org/facts_issues/toll_us/vermont

Fast Facts. (2014, April 24). Retrieved January 11, 2015, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#toll

WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, World Health Organization, 2008.

Wood DM, Mould MG, Ong SBY, Baker EH. “Pack-year” smoking histories: what about patients who use loose tobacco? *Tobacco Control* 2005;14:141–2.

D.M. Gopal, A.P. Kalogeropoulos, V.V. Georgiopoulou, et al.

Cigarette smoking exposure and heart failure risk in older adults: The Health, Aging, and Body Composition Study
Am Heart J, 164 (2012), pp. 236–242

Jackson, E., & Rubenfire, M. (2014, November 5). Cardiovascular risk of smoking and benefits of smoking cessation. Retrieved January 11, 2015.

Mcafee, T., Babb, S., McNabb, S., & Fiore, M. (2014). Helping Smokers Quit — Opportunities Created by the Affordable Care Act. *New England Journal of Medicine*, 141119140020009-141119140020009. Retrieved January 11, 2015, from <http://www.nejm.org/doi/full/10.1056/NEJMp1411437>

Moyer VA. Screening for lung cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 2014;160:330-338

Rennard, S., Rigotti, N., & Daughton, D. (2014, December 10). Pharmacotherapy for smoking cessation in adults. Retrieved January 11, 2015.

http://www.uptodate.com/contents/behavioral-approaches-to-smoking-cessation?source=search_result&search=smoking+cessation&selectedTitle=6%7E150

Rigotti, N., Rennard, S., & Daughton, D. (2015, January 6). Overview of smoking cessation management in adults. Retrieved January 11, 2015.

Rigotti, N., Rennard, S., & Daughton, D. (2014, July 29). Benefits and risks of smoking cessation. Retrieved January 11, 2015, from http://www.uptodate.com/contents/benefits-and-risks-of-smoking-cessation?source=search_result&search=smoking&selectedTitle=5~150

Rigotti, N., Rennard, S., & Daughton, D. (2014, December 19). Patterns of tobacco use. Retrieved January 11, 2015.

Rigotti, N., Rennard, S., & Daughton, D. (2015, January 6). Overview of smoking cessation management in adults. Retrieved January 11, 2015.