# THREE MINUTES THAT CAN MAKE A REAL DIFFERENCE TO SMOKERS

Identifying and helping the motivated quitter

Evidence shows that just three minutes can make a difference in helping smokers to stop. In such a short consultation you can identify patients who are <u>motivated to stop</u> smoking and provide them with the tools and support that have been shown to increase the chances of success.

The motivated quitter can be rapidly identified by addressing the following three questions:

Does the patient want to stop smoking?

How important is it for the patient to stop smoking?

Would the patient be prepared to stop smoking in the next two weeks?

Once a patient's motivation to stop smoking has been assessed, their management can be tailored more effectively:

# A brief protocol for identifying and helping motivated quitters

#### Establish smoking status and record in the notes

#### Identify the motivated quitter

Does the patient want to stop smoking?

How important is it for the patient to stop smoking?

Would the patient be prepared to stop smoking in the next two weeks?

#### Focus on the motivated quitter

(The motivated quitter should answer positively to all three questions)

#### Not motivated to stop now

# Ask about smoking status on an ongoing basis

- Reiterate benefits of stopping smoking
- Offer information
- Offer help when smoker is motivated to stop

### Motivated to stop now

Understand motivation to quit and personalize advice

Offer support and pharmacological therapy

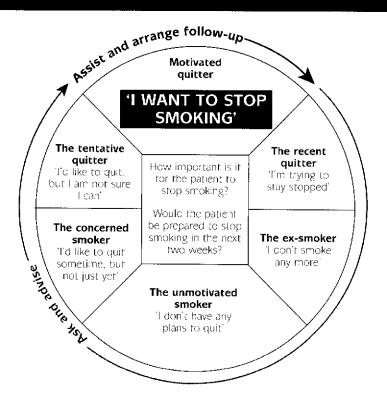
- 1. Set a date to stop
- Discuss reasons for failed previous quit attempts
- 1. Arrange follow-up
- 2. Make specialist smoking cessation service clinic available when needed

The protocol is consistent with the '4A's' recommended by the recent national 'Smoking Cessation Guidelines for Health Professionals'.

- Ask about smoking on an ongoing basis.
- Advise smokers of the value of stopping smoking and the health risks of continuing smoking.
- Assist motivated quitter to stop smoking
  - provide advice and support
  - offer appropriate pharmacological therapy.
- Arrange a follow-up visit, or refer to an NHS smoking cessation clinic, if required.<sup>1</sup>

# A quick guide to assessing motivation to stop smoking

#### DOES THE PATIENT WANT TO STOP SMOKING?



# Five key points on helping people to stop smoking

#### Focus on the motivated quitter.

Intervention is much more likely to be successful in patients who want to stop.<sup>2</sup> Those who are not yet ready should be encouraged to think about smoking and their health, and reassured that help will be available when they want to stop.

#### Help patients draw up their own action plan.

Patients vary in the reasons they want to stop smoking, and in the barriers they encounter on the way to a successful quit attempt. In three minutes, in only a brief consultation, you can help get patients started on their own personalized smoking cessation programme.

#### Offer pharmacological therapy when appropriate.

Using pharmacological therapy can at least double the likelihood of a successful quit attempt compared with willpower alone.

#### Don't be discouraged by previous failed attempts.

Many smokers make several attempts before giving up successfully, and previous failures should not deter patients from trying again or healthcare professionals from supporting them. It may be helpful to identify the factors that have contributed to previous failures.

#### Offer follow-up.

The 'Smoking Cessation Guidelines for Health Professionals' suggest that a follow-up visit be offered in about a week, and further visits after that if possible. Some patients may benefit from referral to a smoking cessation clinic.

#### References

- Raw M, McNeil A, West R. Smoking cessation guidelines for health professionals: A guide to effective smoking cessation interventions for the health care system. *Thorax* 1998; 53 (Suppl 5, Pt 1): S1–S19.
- 2. Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: Toward an integrative model of change. *J Consult Clin Psychol* 1983; **51**: 390–95.

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