PHYSICIAN TOOL KIT

MOTIVATING PATIENTS TO STOP SMOKING

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Physicians and their staff play a unique and important role in motivating patients to achieve the behavior changes necessary to managing chronic obstructive pulmonary disease (COPD)—most importantly, quitting smoking. Given that more than 70% of tobacco users visit a physician each year, it is essential that these clinicians be prepared to intervene. Patients who receive clinician assistance are 1.7 to 2.2 times more likely to quit smoking successfully for 5 or more months than are patients who try to quit on their own. But simply telling patients about the risks associated with smoking is not enough to achieve smoking cessation.

Many physicians are familiar with the the United States Public Health Service 5-step (“5A”) guidelines for counseling patients to quit smoking: (1) asking every patient about tobacco use; (2) advising all smokers to quit; (3) assessing smokers’ willingness to make a quit attempt; (4) assisting smokers with treatment and referrals (including pharmacologic therapy); and (5) arranging follow-up contacts. However, while these evidence recommendations have been shown to be effective in promoting smoking cessation, physicians are often uncertain how to continue counseling patients who report that they are unwilling to make a quit attempt.

Motivational interviewing (MI) is a simple, patient-centered counseling strategy that may be particularly appropriate for enhancing motivation among these patients. This approach has demonstrated efficacy in helping motivate patients to change harmful behaviors, including alcohol, tobacco, and substance abuse. The underlying premise of MI is that motivation to change must come from within the patient. The dual aims of MI are to help build a patient’s intrinsic motivation to make a positive health change by quitting and to resolve a patient’s ambivalence about giving up a powerfully reinforcing addiction. This approach may be particularly helpful with patients with COPD who continue to smoke despite progressive respiratory impairment. A 2007 randomized trial of patients with COPD found that an MI-based smoking cessation intervention was over 5 times more effective than traditional cessation advice.

Creating the Conditions for Change: MI Strategies

The goal of MI is to encourage patients to hear themselves say why they want to change. Motivation to change comes from within a person and cannot be imposed. The maxim, “we begin to believe what we hear ourselves say,” holds true. The individual is the best source of solutions to behavior change challenges. The physician’s role is to guide, not direct . . . to prompt, reflect back, and when necessary, clarify the nature of the problem that the patient perceives.

The basic principles of MI for smoking cessation are to:

- **Express empathy:** Use open-ended questions: “How important do you think it is for you to quit smoking?” “What might happen if you quit?” Actively listen to what the patient says, then provide concise statements summarizing what the patient has conveyed.

- **Avoid argument:** When you confront patients about smoking, they will likely become defensive and present arguments for not changing. Your goal is to encourage the patient to hear themselves say why they want to change.

- **Develop discrepancy:** Highlight the discrepancy between the patient’s present behavior and expressed priorities, values, and goals (eg, “It sounds like you are very devoted to your family. How do you think your smoking is affecting your children?”).
Reinforce and support “change talk” and “commitment” language: “So, you realize how smoking is affecting your breathing and making it hard to get around”: “It’s great that you are going to quit when you get through this busy time at work.” Build and deepen commitment to change: “There are effective treatments that will ease the pain of quitting, including counseling and many medication options.” “We would like to help you avoid a stroke like the one your father had.”

- **Roll with resistance:** Back off and use reflection when the patient expresses resistance: “Sounds like you are feeling pressured about your smoking.” Ask permission to provide information: ”Would you like to hear about some strategies that can help you address that concern when you quit?” Using a little humor in your approach can go a long way to help patients feel less burdened and more cooperative.

- **Support self-efficacy:** Encourage the patient to say out loud that he can and will stop smoking. The person should identify what needs to change and express confidence in his ability to make the change, even under difficult circumstances. You can model these statements for the patient, then ask him to repeat your words. Offer options for achievable small steps toward change: Call the quitline (1-800-QUIT-NOW) for advice and information.

**Finding the Time . . .**

Although your time is limited, work with the time you do have—very brief is better than nothing. Keep the dialog open—change is a continuing process. Patients expect and value physicians who help them with difficult behavior change. Although it may not be readily apparent that your counseling is helping, there are many reasons to keep trying. Increasing the 2.5% cessation rate to 10% would save 1.2 million additional lives. No other health intervention could make such a difference!

**REFERENCES**
