



# BELGIAN NURSING DAY 2024 7 DÉCEMBRE



## Les différentes approches de la tabacologie

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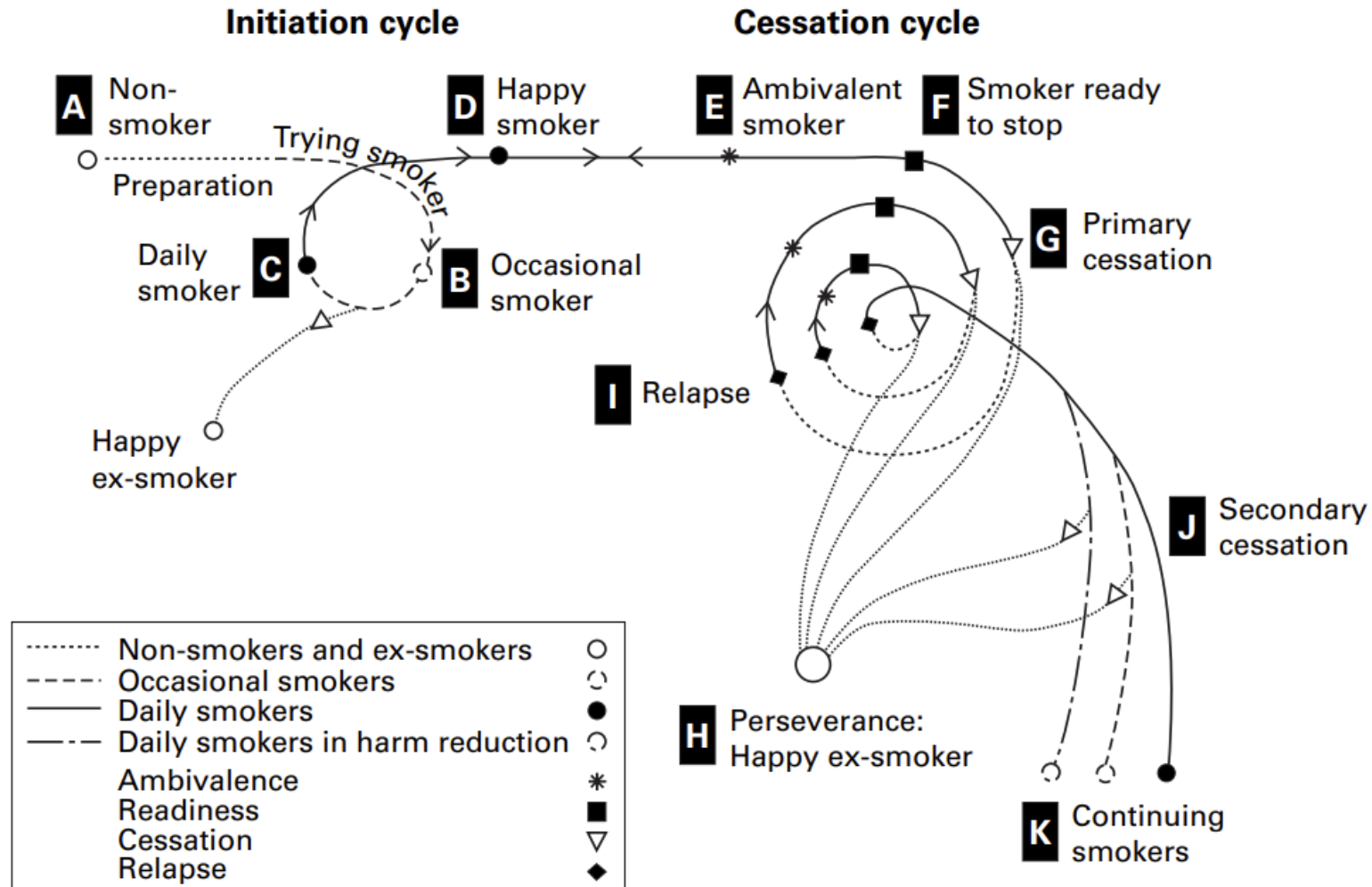
## OUTLINE

- Why does your patient need your help?
  - Prochaska cycle
  - Dependencies
    - Social
    - Psychological
    - Behavioural
    - Physical
- How can you help your patient to quit?
  - Counselling
  - Nicotine replacement therapies
  - Bupropion
  - Varenicline
  - Cytisine
  - Alternative methods



# Why does your patient need your help?

- Le taux d'abandon pour des patients non assistés n'est que de 2 à 3%
- Le cycle de Prochaska



# Dependencies



ADDICTION (selon Goodman 1990)

Se caractérise par:

- l'impossibilité de contrôler un comportement (Perte de contrôle)
- La poursuite du comportement en dépit de la connaissance de ses conséquences négatives

Ce comportement vise à produire du plaisir ou à écarter une sensation de malaise interne

# Dependencies



Dépendance  
sociale



Dépendance  
psychologique



Dépendance  
comportementale



Dépendance  
physique

← Arrêter de fumer, c'est faire face à 4 types de dépendances →

# Dependencies

## TEST DE HORN

Entourez le chiffre correspondant :

5 = toujours      4 = Souvent      3 = Moyennement      2 = Parfois      1 = Jamais

a - Les cigarettes m'aident à rester éveillé(e), concentré(e), efficace	5	4	3	2	1
b - C'est agréable de tenir une cigarette entre les doigts	5	4	3	2	1
c - Fumer est pour moi une détente	5	4	3	2	1
d - J'allume une cigarette quand je suis soucieux(se), contrarié(e)	5	4	3	2	1
e - Quand je n'ai plus de cigarettes, je cours en acheter	5	4	3	2	1
f - Je ne remarque même plus quand je fume, c'est tout à fait automatique	5	4	3	2	1
g - Je fume pour me donner du courage, pour me mettre en forme	5	4	3	2	1
h - Le simple fait d'allumer une cigarette procure aussi du plaisir	5	4	3	2	1
i - Il y a une quantité de plaisirs dans l'acte de fumer	5	4	3	2	1
j - Je fume quand je suis mal à l'aise ou quand je suis énervé(e)	5	4	3	2	1
k - Je ne suis pas dans le coup quand je ne fume pas	5	4	3	2	1
l - J'allume une cigarette alors qu'une autre brûle dans le cendrier	5	4	3	2	1
m - Je fume pour retrouver mon entrain	5	4	3	2	1
n - J'ai du plaisir à regarder les volutes de la fumée	5	4	3	2	1
o - Je fume quand je me sens bien détendu(e)	5	4	3	2	1
p - Je fume pour oublier quand j'ai le cafard	5	4	3	2	1
q - Quand je n'ai pas pu fumer pendant un moment, le désir devient irrésistible	5	4	3	2	1
r - Je constate parfois avec étonnement que j'ai une cigarette dans la bouche	5	4	3	2	1

STIMULATION :

$$a + g + m =$$

PLAISIR DU GESTE :

$$b + h + n =$$

RELAXATION :

$$c + i + o =$$

ANXIÉTÉ - SOUTIEN :

$$d + j + p =$$

BESOIN ABSOLU :

$$e + k + q =$$

HABITUDE ACQUISE :

$$f + l + r =$$

# Dependencies

## TEST DE HORN

STIMULATION

**Effet excitant** de la nicotine.

PLAISIR DU GESTE

**Rituel et interaction** avec la cigarette

RELAXATION

**Détente, évasion, bien-être**

ANXIETE SOUTIEN

**Effet calmant, rassurant**

BESOIN ABSOLU

Besoin dont ne peut se passer le fumeur.

HABITUDE ACQUISE

**Réflexe/automatisme**, indispensable dans certaines situations quotidiennes

# Dépendance Sociale



Dans la toute grande majorité des cas, les personnes ont commencé à fumer « pour faire comme tout le monde »

Être entouré de fumeurs complique  
l'arrêt tabagique

Voir quelqu'un fumer peut donner envie  
de fumer.



# Dépendance Psychologique

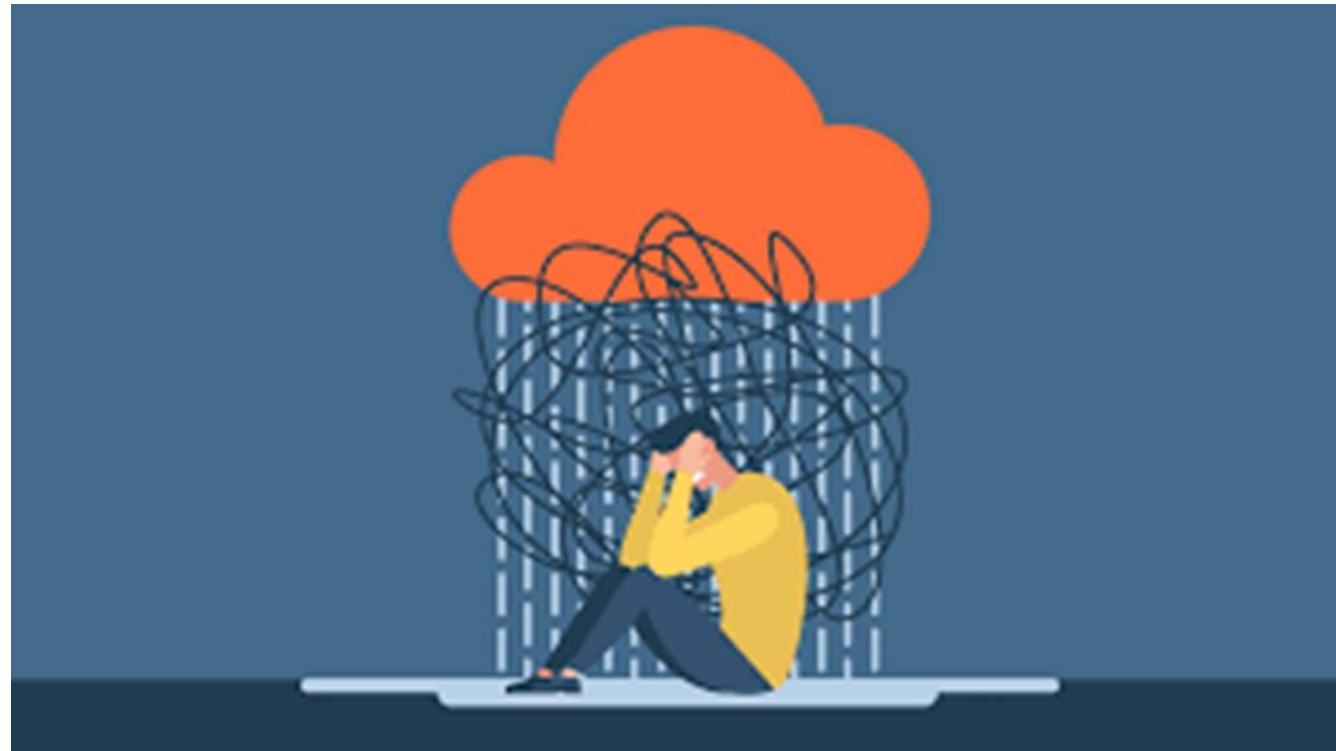


Le tabac est parfois une canne sur laquelle le fumeur s'appuie



# Dependencies

## **Evaluer** l'anxiété et la dépression



# Dependencies

- **L'échelle HAD** (Hospital Anxiety and Depression scale) **est un instrument qui permet de dépister les troubles anxieux et dépressifs.**
- Elle comporte 14 items cotés de 0 à 3.
- Sept questions se rapportent à l'anxiété (total A) et sept autres à la dimension dépressive (total D), permettant ainsi l'obtention de deux scores.
- Note maximale de chaque score = 21

D'après Zigmund AS, Snaith RT. The hospital anxiety depression scale. Acta Psycho Scand 1983 ; 67 :361-70

# Dépendance comportementale



= Tous les comportements du fumeur dans la vie de tous les jours et parfois depuis bien longtemps

Ex: Les associations:

Café/tabac

Fin de repas/tabac

Fin ou début d'activité/tabac

# Dependencies

## **Evaluer** la dépendance comportementale

Habitudes  
tabagiques

- Depuis quand ?
- Comment ?
- Avec qui ?
- Où ?
- Quand ?

# Dependencies

## Aborder la dépendance comportementale



Utilisation des

Thérapies comportementales et cognitives

Un comportement qui se maintient est un comportement renforcé.  
S'il n'est plus renforcé, il s'arrête.

3 principes

Le changement ne peut s'établir qu'avec une forte motivation, celle du fumeur lui-même, mais aussi celle de son entourage.

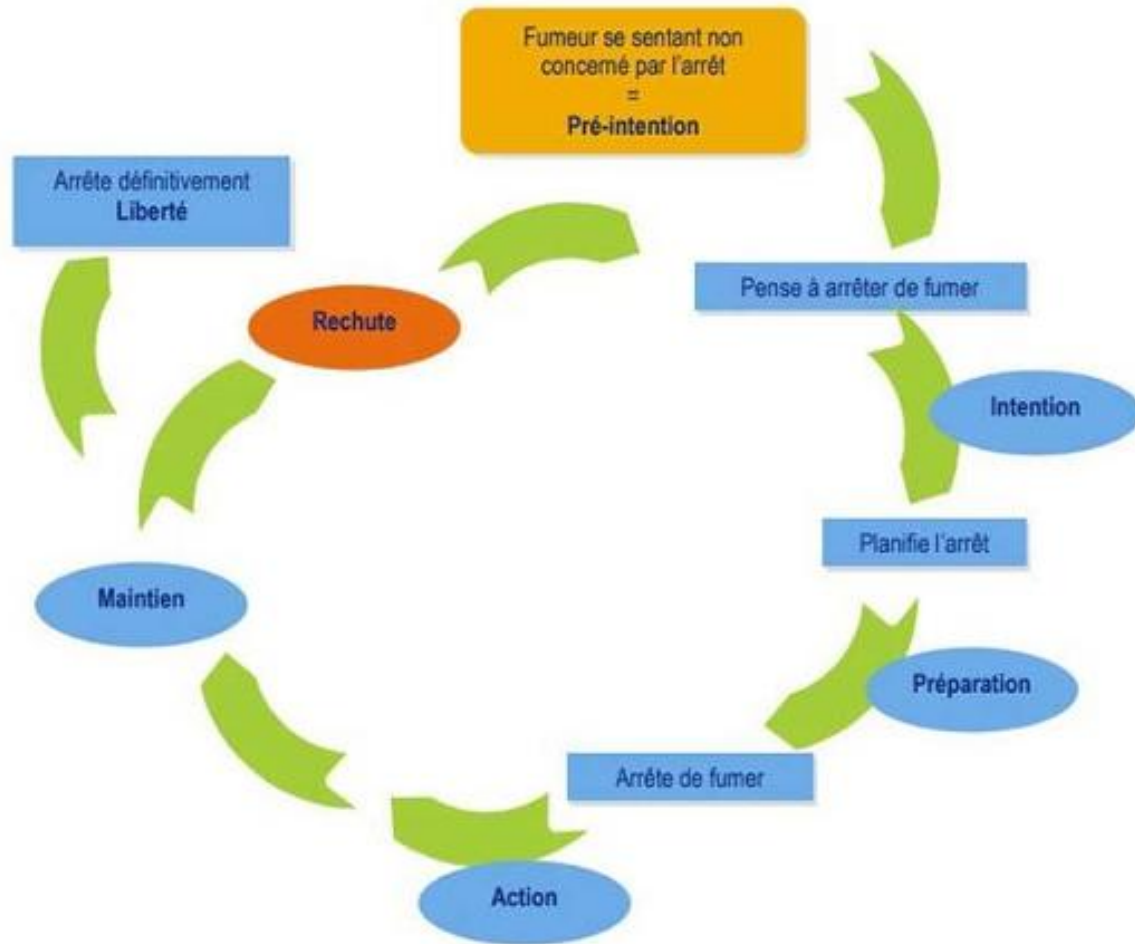
Un apprentissage souvent répété ne se désapprend pas.

# Dependencies



## Renforcer la motivation

Essentielle pour la réussite de l'arrêt



Dependencies

## Renforcer la motivation

= Essentielle pour la réussite de l'arrêt



L'entretien motivationnel

**Les techniques "OU V E R"** sont utilisées pour ouvrir la communication.

OU questions OUvertes

V Valorisation

E reflet et Ecoute active (Accueil, compréhension, empathie, respect, reformulation)

R Résumé



# Dependencies

L'entretien motivationnel



**5R**

RELEVANCE

RISKS

REWARDS

ROADBLOCKS

REPETITION

# Dependencies

## Renforcer la motivation



Il faut renforcer la confiance qu'a le fumeur dans sa capacité de réussite

- Traiter l'ambivalence
- Renforcer le sentiment de liberté de choix
- Rassurer sur la capacité de réussite
- Lever tous les obstacles
- Réaliser un top 4 des raisons d'arrêter

Comment ?



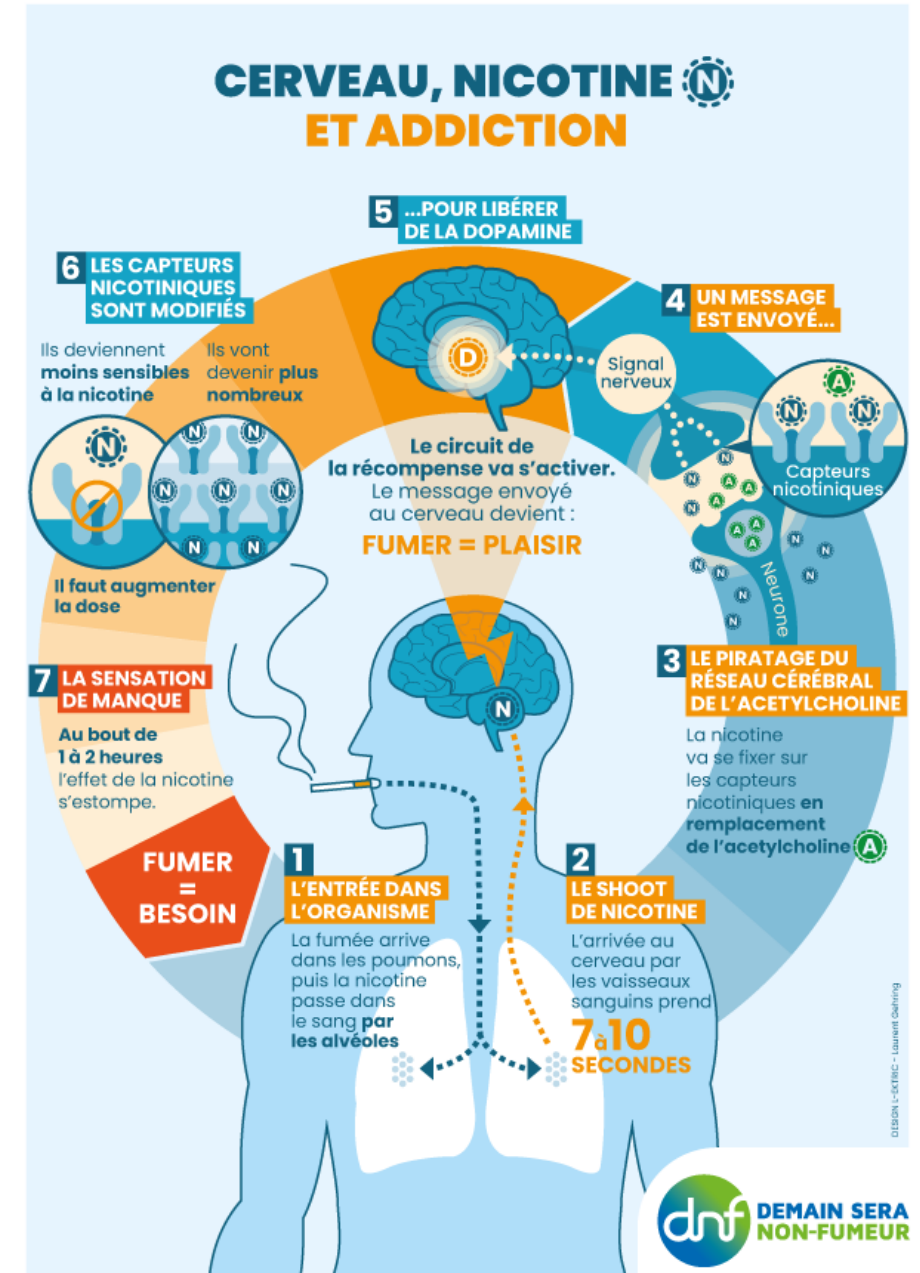
# Dependencies

## Travailler sur le comportement avant l'arrêt tabagique

Comment ?

- Prendre conscience de chaque cigarette fumée
- Fumer seul
- Fumer dehors
- Fumer sans rien faire d'autre en même temps

# Dépendance physique



# Dependencies

## Evaluer la dépendance physique

1

Test de  
Fagerström  
(en 6  
questions)

**Le matin, combien de temps après être réveillé(e) fumez-vous votre première cigarette ?**

Dans les 5 minutes	3
6 - 30 minutes	2
31 - 60 minutes	1
Plus de 60 minutes	0

**Trouvez vous difficile de vous abstenir de fumer dans les endroits où cela est interdit ?**

Oui	1
Non	0

**A quelle cigarette renoncerez vous le plus difficilement ?**

A la première de la journée	1
A une autre	0

**Combien de cigarette fumez-vous par jour en moyenne ?**

10 ou moins	0
11 à 20	1
21 à 30	2
Plus de 30	3

**Fumez-vous à intervalles plus rapprochés durant les premières heures de la matinée que durant le reste de la journée ?**

Oui	1
Non	0

**Fumez vous lorsque vous êtes malade au point de devoir rester au lit presque toute la journée ?**

Oui	1
Non	0

**Degré de dépendance à la nicotine :**

- ❖ 0 - 2 : pas de dépendance
- ❖ 3 - 4 : dépendance faible
- ❖ 5 - 6 : dépendance moyenne
- ❖ 7 - 10 : dépendance forte

# Dependencies

## 3

Test de  
cotinine  
urinaire



## Evaluer la dépendance physique

- La cotinine est le principal métabolite de la nicotine.
- Ce test permet d'évaluer spécifiquement la dépendance à la nicotine.
- Il peut aider à calculer les doses pour la substitution nicotinique.
- Il a un coût non négligeable

# Dependencies

# 2

Test de  
CO  
expiré



## Evaluer la dépendance physique

- Le CO est facilement mesuré dans l'air expiré par un analyseur de CO.
- Il reflète la consommation tabagique des heures précédentes.
- Il peut être utilisé pour motiver les fumeurs à arrêter ou pour renforcer l'abstinence.
- L'analyseur de CO est également très utile pour le suivi.

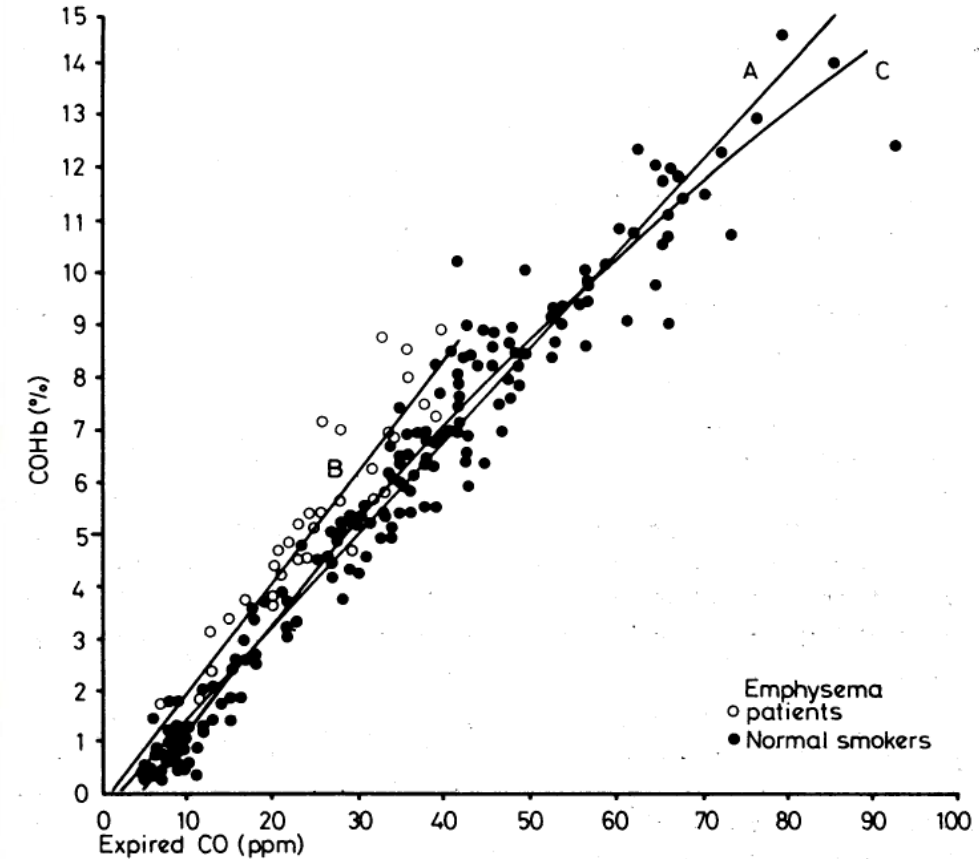
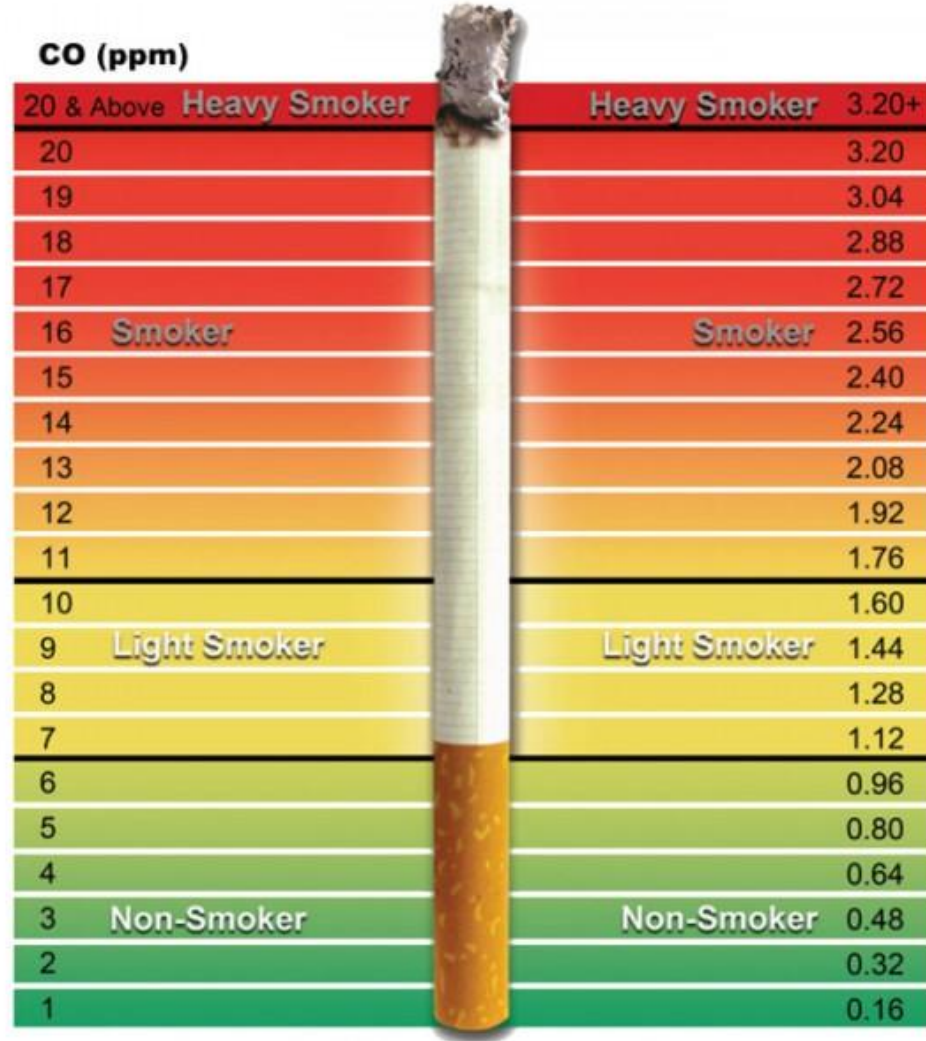


# Dependencies

## Evaluer la dépendance physique

2

Test de  
CO  
expiré





# Quiz



Do you ask your patient if they smoke at their first appointment?

1 Yes

2 No

# Quiz



# Quiz

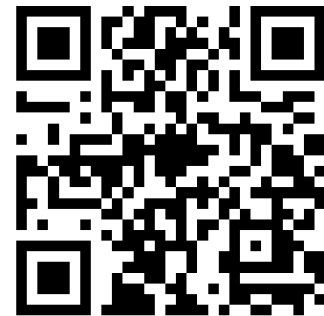


Do you ask your chronic patients if they smoke every time they attend an appointment?

① Yes

② No

# Quiz



# Quiz

How do you help your patient to stop smoking?

- ① Nicotine replacement therapy (NRT)
- ② Counselling
- ③ Previously varenicline
- ④ Cytisine
- ⑤ Bupropion
- ⑥ E-cigarette
- ⑦ Other methods



# Quiz



# How can you help your patient to quit?

1. **Counselling**
2. Nicotine replacement therapies
3. Bupropion
4. Varenicline
5. Cytisine
6. Alternative methods

# 1. Counselling

- Minimal behavioural intervention
- Individual counselling
- Intensive individual counselling
- Group counselling
- Telephone counselling



# Quiz



Is advising your patient to stop smoking effective at improving their cessation rates?



**1** Yes



**2** No

# Quiz



# 1. Counselling

- Minimal behavioural intervention
    - Usual care, brief advice or self-help materials
    - Physician advice
- ➔ Simple advice has a small but positive effect on cessation rates (+1–3%) -> 3–6% % at 6 months

# Minimal counselling in general practice



# The effect of 30 seconds of minimal advice

## Study of GPs in the Netherlands

- Most GPs reported applying minimal advice at the end of the consultation
- Minimal advice was seen as a patient-centric approach rather than lecturing patients
- A quick and easy way to encourage cessation
- Barriers:
  - Too little time
  - The current consultation is regarding a totally different topic
  - GPs forgets to apply the advice because it is not yet part of their routine

# 1. Counselling

- Individual counselling
  - At least 10 minutes
  - Face to face

➔ Individual counselling increases the chance of quitting from 40% to 80% => 10–12% cessation at 6 months compared to minimal support

# 1. Counselling

- Intensive counselling
  - Multiple sessions
  - Longer sessions

➔ Intensive counselling probably helps to increase cessation

# 1. Counselling

- Group counselling

➔ Better than self-help or brief interventions (moderate evidence). No evidence that it is more effective than individual sessions



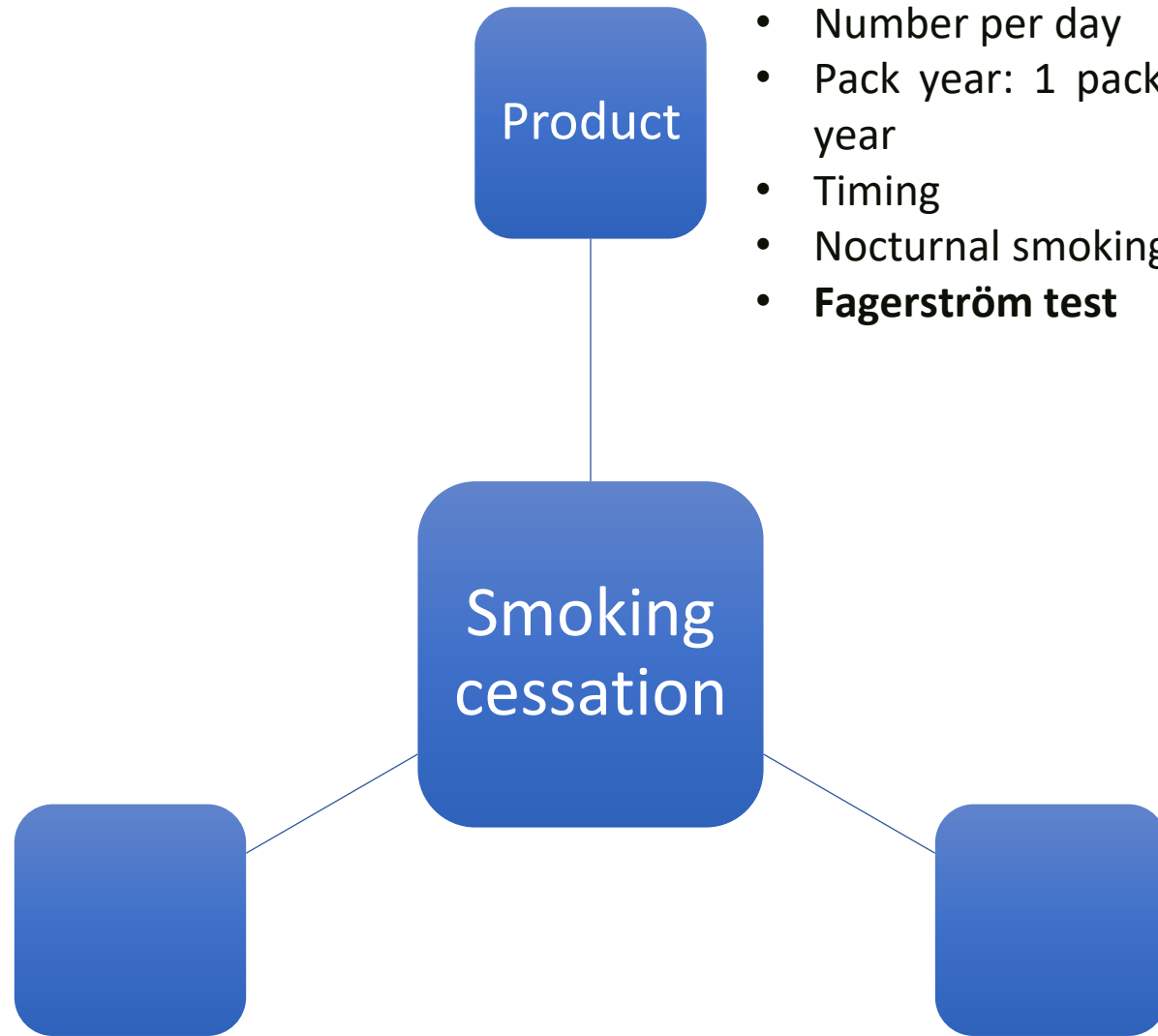
# 1. Counselling

- Telephone counselling
  - Helpline (i.e. Tabacstop info on packs)
  - Follow up with expert counsellors
    - In Belgium: [www.tabacologue.be](http://www.tabacologue.be) and <https://rookstop.vrgt.be/geregistreerde-tabakologen>

➔ Increases the chance of smoking cessation from 7% to 14% (moderate evidence)



# 1. Counselling



- Number per day
- Pack year: 1 pack/year = 1 pack per day for 1 year
- Timing
- Nocturnal smoking
- **Fagerström test**

# Fagerström Test For Nicotine Dependence (FTND)

- 1. How soon after you wake up do you smoke your first cigarette (in minutes)?**
  - 5 (3), 6–30 (2), 31–60 (1), >60 (0)
- 2. Do you find it difficult not to smoke in places where you shouldn't?**
  - Yes (1) / No (0)
- 3. Which cigarette would you most hate to give up?**
  - The first one in the morning (1) / Any other (0)
- 4. How many cigarettes per day do you smoke?**
  - 10 or less (0), 11–20 (1), 21–30 (2), 31 or more (3)
- 5. Do you smoke more frequently during the first hours after waking than during the rest of the day?**
  - Yes (1) / No (0)
- 6. Do you smoke when you are so ill that you are in bed most of the day?**
  - Yes (1) / No (0)

# Fagerström Test For Nicotine Dependence (FTND)

0 to 2	Very low level of dependence on nicotine
3 to 4	Low level of dependence on nicotine
5	Medium level of dependence on nicotine
6 to 7	High level of dependence on nicotine
8 to 10	Very-high level of dependence on nicotine

# Heaviness of smoking index (HSI)

- 1. How soon after you wake up do you smoke your first cigarette (in minutes)?**
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# Heaviness of smoking index (HSI)

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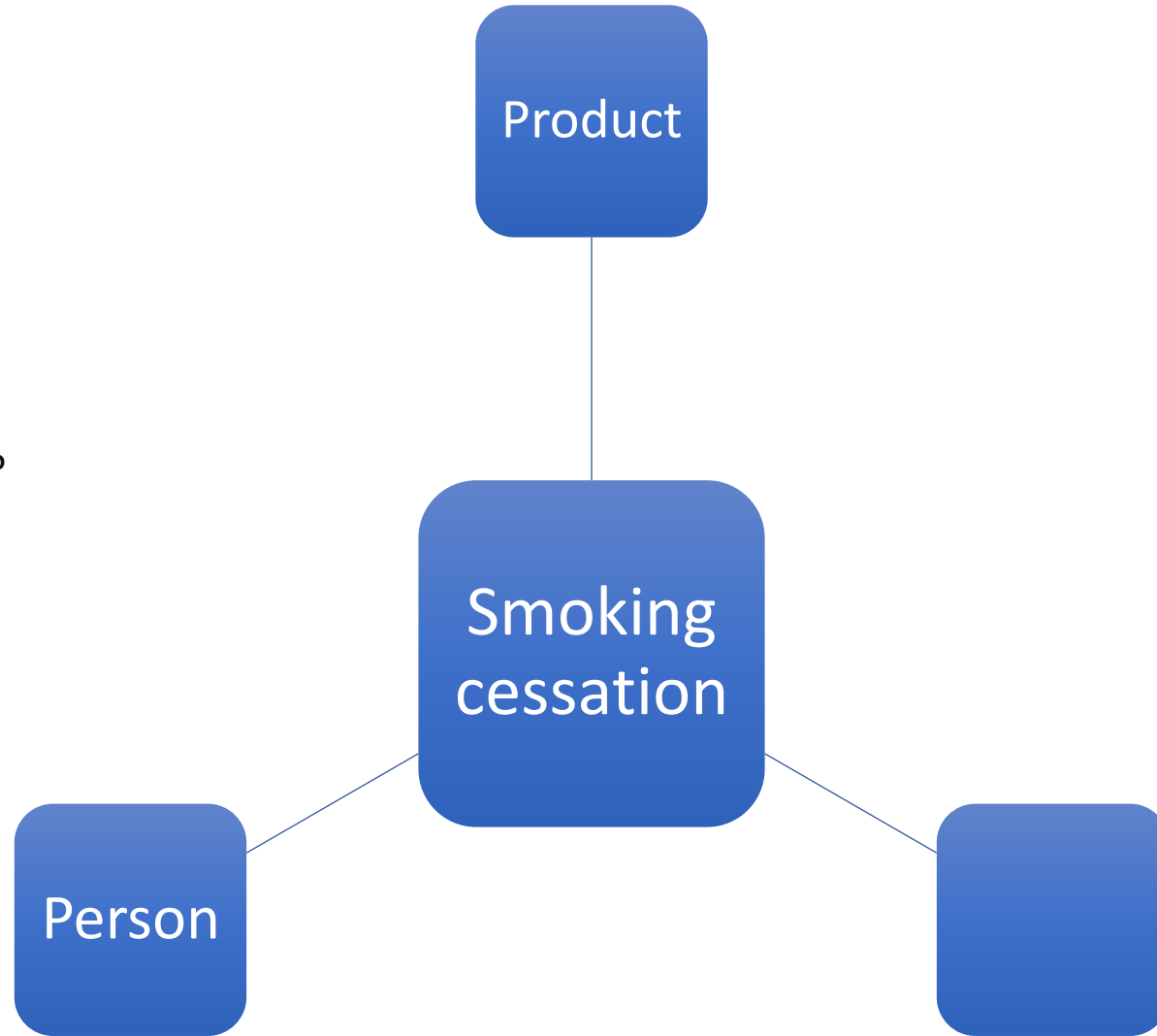
**2. How many cigarettes per day do you smoke?**

- 10 or less (0), 11–20 (1), 21–30 (2), 31 or more (3)

**→ SCORING:**

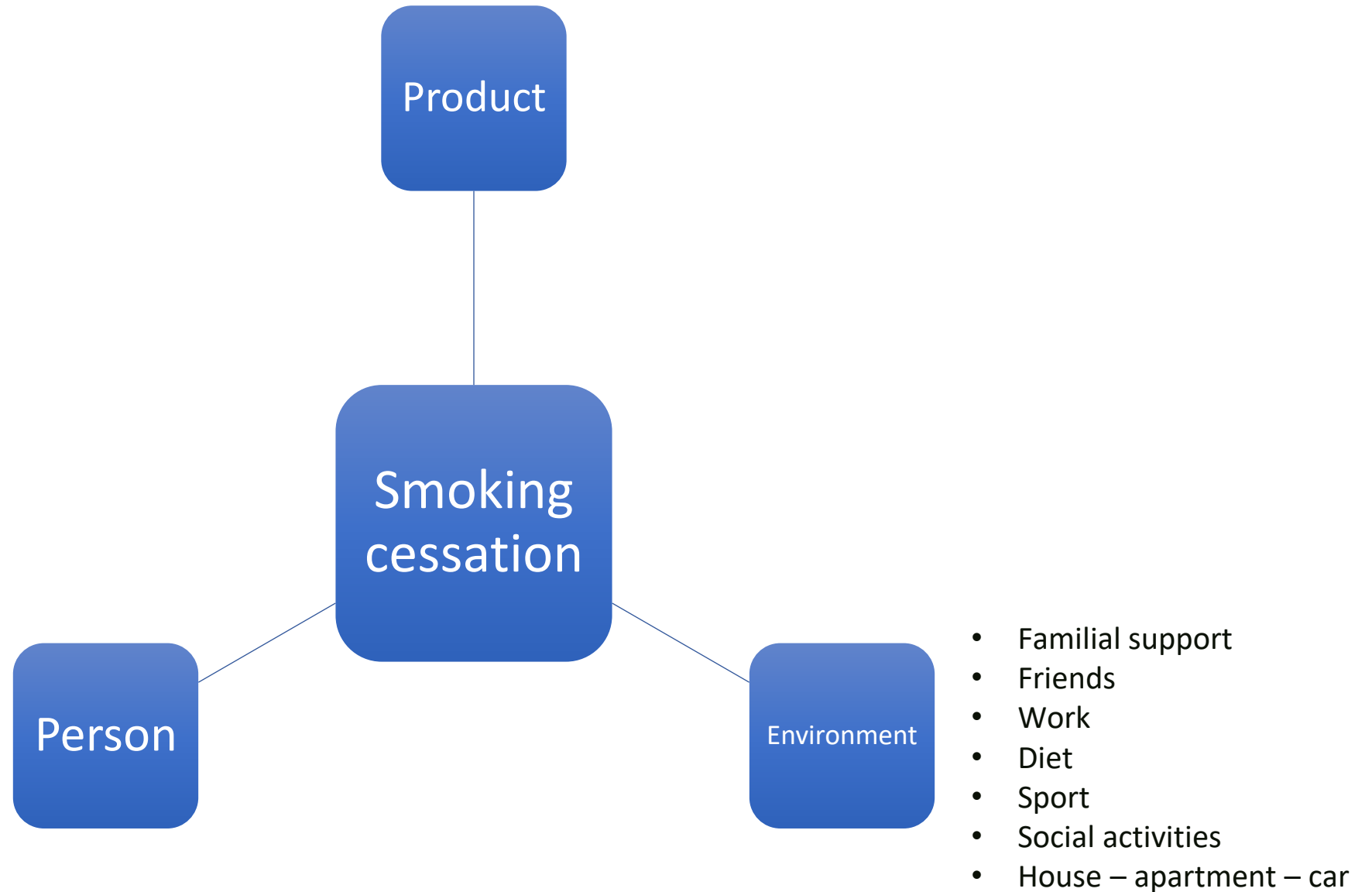
- 0–2: low addiction
- 3–4: moderate addiction
- 5–6: high addiction

# 1. Counselling



- Beginning of smoking
- Previous stoppages: When? How? Why?
- Fears to stop/continue
- Smoking habits
- Past medical history
- Medications
- Symptoms
- Physical examination
- **Hospital anxiety/depression test**
- **Motivation tests**

# 1. Counselling





# 1. Counselling

- 5A
  - Ask
  - Advise
  - Assess
  - Assist
  - Arrange
- 5R
  - Relevance
  - Risk
  - Roadblocks
  - Rewards
  - Repetition

# 1. Counselling – Avoid the pitfalls !

- Only giving information and advice
- Trying to scare the patient
- Trying to convince the patient
- Being judgmental



- ➔ Let the patient speak
- ➔ Ask questions about their knowledge, history, social aspects, etc.
- ➔ You and the patient are a team

# How can you help your patient to quit?

1. Counselling
- 2. Nicotine replacement therapies**
3. Bupropion
4. Varenicline
5. Cytisine
6. Alternative methods

# Quiz

Which NRT is the most efficient?

- 1 Patches
- 2 Gums
- 3 Sprays
- 4 Lozenges
- 5 Patches + rapid form
- 6 Inhaler



# Quiz



## 2. Nicotine replacement therapy (NRT)

- Gum, transdermal patch, nasal/buccal spray, inhalator and sublingual tablets/lozenges



## 2. Nicotine replacement therapy (NRT)

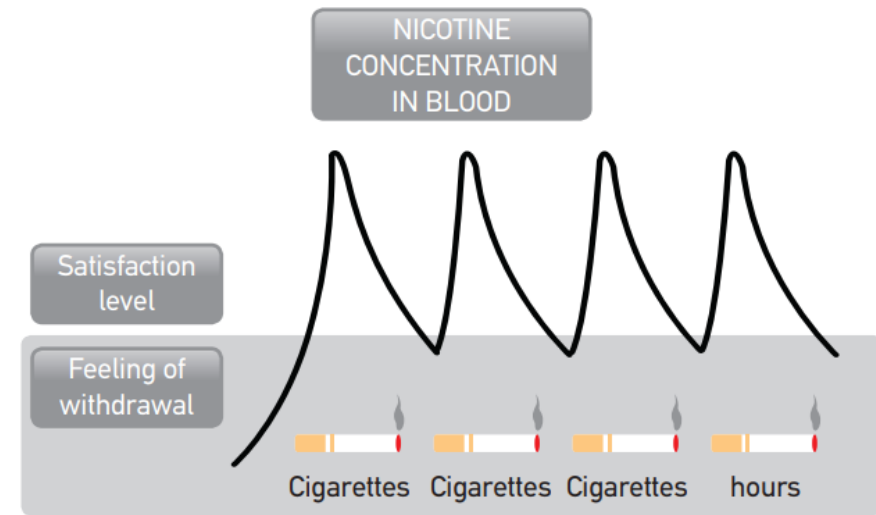
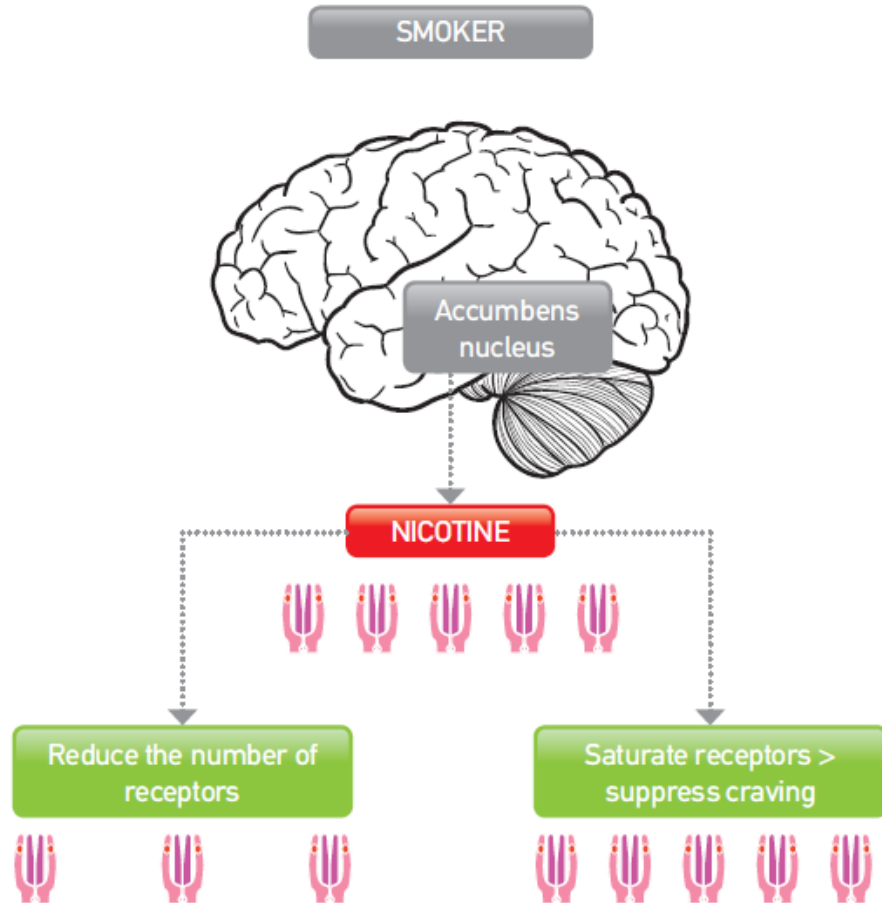
- 133 studies
- 64,640 patients
- RR 1,55
- Side effects:
  - Skin irritation from patches
  - Irritation to the inside of the mouth from gum and tablets
- Contraindications: None

## 2. Nicotine replacement therapy (NRT)

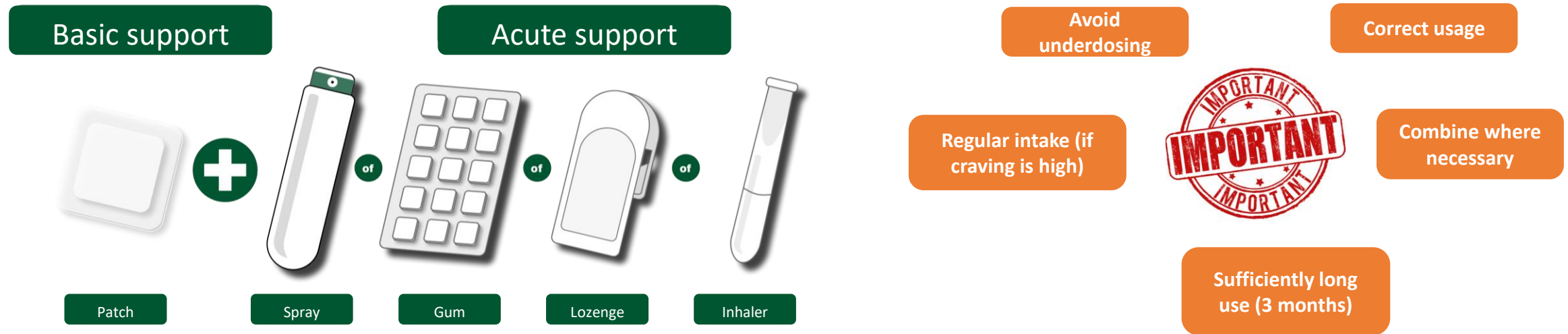
- High-quality evidence that NRTs increase the chance of successfully stopping smoking. NRTs increase the rate of quitting by 50–60%.
- Patch + fast-acting NRT yields a higher efficacy than single forms (+15–36%)
- Use of higher dose patches or gums (if single form)



## 2. Nicotine replacement therapy (NRT) mode of action



## 2. Combination therapy with nicotine replacement therapy



# How can you help your patient to quit?

1. Counselling
2. Nicotine replacement therapies
- 3. Bupropion**
4. Varenicline
5. Cytisine
6. Alternative methods

### 3. Bupropion

- Catecholamines recapture inhibitor
- 50 studies; 18,577 participants
- Dose: 150mg 1x/d -> 150mg 2x/d during 12 wks
  
- Many drug interactions, adverse effects (psychiatric)
- Contraindications: pregnancy, epilepsy, liver failure, use of MAOIs
- Side-effects: gastrointestinal problems, sleep disorders
  
- ➔ High-certainty evidence that bupropion increased long-term smoking cessation rates (RR 1.6), with results similar to those of a single form of NRT

# How can you help your patient to quit?

1. Counselling
2. Nicotine replacement therapies
3. Bupropion
4. **Varenicline**
5. Cytisine
6. Alternative methods

## 4. Varenicline

- Nicotine receptor partial agonist
  - 41 studies; 17,395 participants
  - Easy to use, starter pack for 2 wks then 1 mg 2x/d for 10 wks
  
  - Contraindications: pregnancy
  - Side effects: gastrointestinal problems, sleep disorders.
- ➔ High evidence that varenicline helps more people to quit than a placebo, Bupropion, single NRT form, and likely cytisine

# How can you help your patient to quit?

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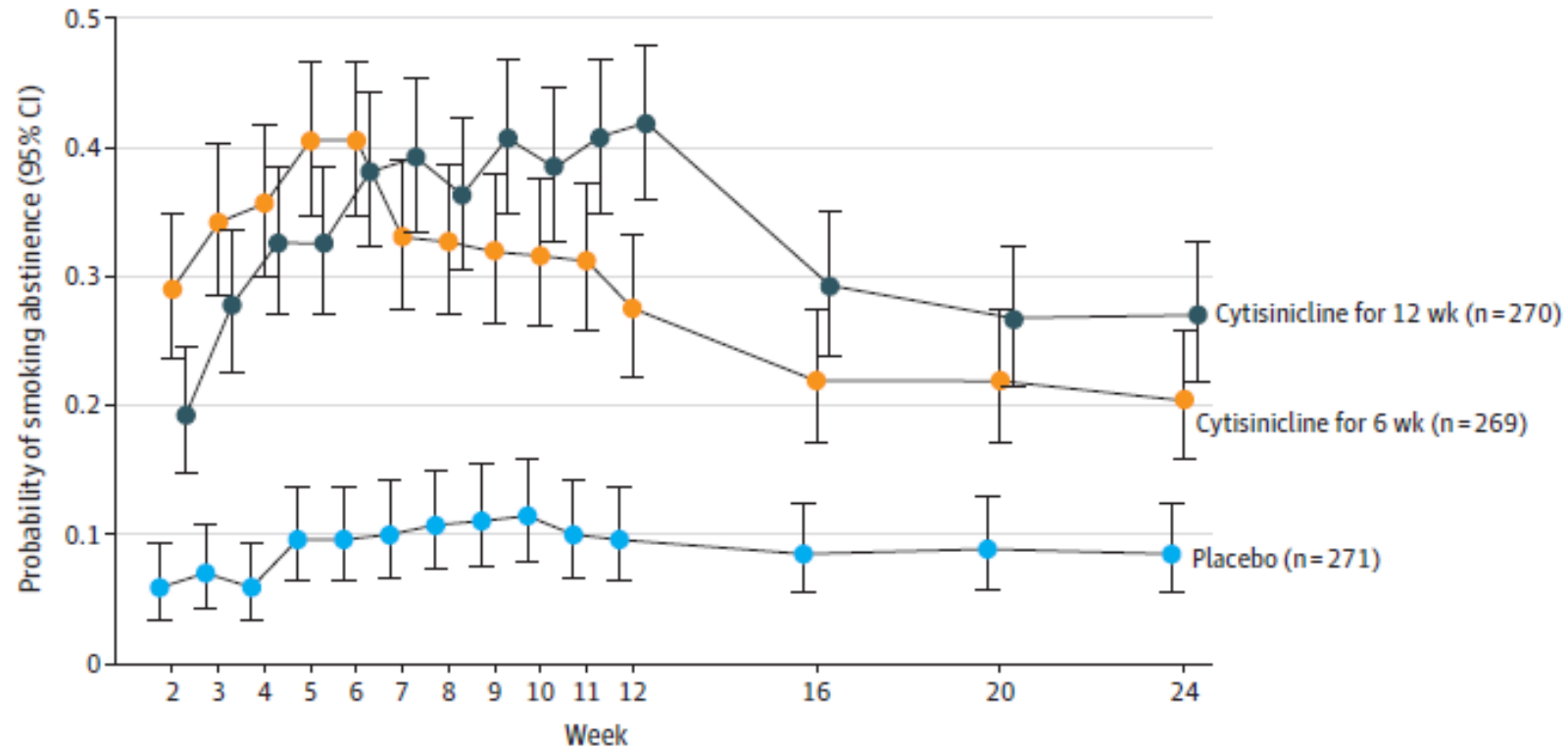
## 5. Cytisine

- Nicotine receptor partial agonist
- 4 studies; 4623 participants
- Dose: 1.5 mg 6x/d -> 1x/d for 25d
  
- Contraindications: pregnancy, recent cerebral or cardiac disease
- Side effects: gastrointestinal problems, sleep disorders
  
- ➔ Moderate evidence that cytisine helps more people to quit smoking than a placebo (RR 1.3)



# 5. Cytisine

- 6 versus 12 wks of cytisine (3mg 3x/d) versus placebo



# Cytisine versus varenicline

Table 2 Continuous abstinence and 7-day point prevalence abstinence by treatment group (intention-to-treat analysis).

	Cytisine N = 337 (n/N, %)	Varenicline N = 342 (n/N, %)	Relative risk (95% CI)	Risk difference (95% CI)	P-value
Continuous abstinence					
Self-reported 1-month quit rate <sup>b</sup>	200 <sup>a</sup> /337 (59.3)	216 <sup>a</sup> /342 (63.1)	0.94 (0.83–1.06)	–3.81 (–11.14 to 3.52)	0.46
Self-reported 3-month quit rate <sup>b</sup>	124 <sup>a</sup> /337 (36.7)	102 <sup>a</sup> /342 (29.7)	1.23 (0.99–1.53)	6.93 (–0.13 to 14.00)	0.18
Self-reported 6-month quit rate <sup>b</sup>	77 <sup>a</sup> /337 (22.9)	60 <sup>a</sup> /342 (17.5)	1.31 (0.97–1.77)	5.41 (–0.62 to 11.44)	0.16
CO-verified 6-month quit rate <sup>b</sup>	41 <sup>a</sup> /337 (12.1)	27 <sup>a</sup> /342 (7.9)	1.55 (0.97–2.46)	4.29 (–0.22 to 8.79)	0.17
Self-reported 12-month quit rate <sup>b</sup>	60 <sup>a</sup> /264 (22.6)	49 <sup>a</sup> /257 (19.0)	1.19 (0.85–1.66)	3.59 (–3.37 to 10.56)	0.36
CO-verified 12-month quit rate <sup>b</sup>	<u>43<sup>a</sup>/264 (16.3)</u>	<u>32<sup>a</sup>/257 (12.4)</u>	1.32 (0.86–2.02)	3.97 (–2.03 to 9.98)	0.31

Table 2. Verified Abstinence and Self-reported Abstinence at Different Time Points<sup>a</sup>

Outcome <sup>b</sup>	No. (%)		Risk difference, % (1-sided 97.5% CI)	P value
	Cytisine	Varenicline		
No. of participants	725	727		
Primary outcome				
Verified 6-mo continuous abstinence at 7-mo follow-up	<u>85 (11.7)</u>	<u>97 (13.3)</u>	–1.62 (–5.02 to ∞)	.03 <sup>c</sup>

# Combination interventions

- Intensive counselling + pharmacotherapy
  - Better !
  - Combined intervention might typically increase cessation success by 70–100% compared to usual care
  - Up to 35% at one year in one study

# How can you help your patient to quit?

1. Counselling
2. Nicotine replacement therapies
3. Bupropion
4. Varenicline
5. Cytisine
6. **Alternative methods**

## 6. Alternative interventions

- Aversion treatments
- Acupuncture
- Laser therapy
- Electrostimulation
- Hypnotherapy

# Electronic cigarette



- 88 studies; 27,235 patients  
 → High evidence that e-cigarette improves smoking cessation rates compared to NRT (+4%), however ...

**Table 2. Abstinence Rates at Different Time Points and Smoking Reduction at 52 Weeks.\***

Outcome	E-Cigarettes (N=438)	Nicotine Replacement (N=446)	Primary Analysis: Relative Risk (95% CI)†	Sensitivity Analysis: Adjusted Relative Risk (95% CI)
Primary outcome: abstinence at 52 wk — no. (%)	79 (18.0)	44 (9.9)	1.83 (1.30–2.58)	1.75 (1.24–2.46)‡
Secondary outcomes				
Abstinence between wk 26 and wk 52 — no. (%)	93 (21.2)	53 (11.9)	1.79 (1.32–2.44)	1.82 (1.34–2.47)§
Abstinence at 4 wk after target quit date — no. (%)	<u>192 (43.8)</u>	<u>134 (30.0)</u>	1.45 (1.22–1.74)	1.43 (1.20–1.71)¶
Abstinence at 26 wk after target quit date — no. (%)	155 (35.4)	112 (25.1)	1.40 (1.14–1.72)	1.36 (1.15–1.67)‡
Carbon monoxide-validated reduction in smoking of ≥50% in participants without abstinence between wk 26 and wk 52 — no./total no. (%)	44/345 (12.8)	29/393 (7.4)	1.75 (1.12–2.72)	1.73 (1.11–2.69)

# Electronic cigarette

## Electronic cigarettes: a task force report from the European Respiratory Society

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ECIG aerosol contains potentially toxic chemicals. As compared to conventional cigarettes, these are fewer and generally in lower concentrations. Second-hand exposures to ECIG chemicals may represent a potential risk, especially to vulnerable populations. There is not enough scientific evidence to support ECIGs as an aid to smoking cessation due to a lack of controlled trials, including those that compare ECIGs with licenced stop-smoking treatments. So far, there are conflicting data that use of ECIGs results

# Electronic cigarette

- Suggestion:
  - Not a first-line therapy
  - Only with glycerol, propyleneglycol and nicotine
  - Rigorous follow up to use it for only 12 wks like other NRTs, progressively decreasing nicotine dose



# 'Heat not burn' products

- IQOS, glo, iFUSE



# 'Heat not burn' products

- Electronic devices that heat processed tobacco
- Aerosol supposedly with fewer toxicants

	HnB	Cigarette
Heat	350° (IQOS) 250° (Glo) 35° (iFUSE)	800–900°
Nicotine levels	18–139%	100%
CO levels	2%	100%
Acetaldehyde, Acroleine, Amoniaque, Formaldéhyde, NNK, Bezene	5–82%	100%
Tar	33–79%	100%

# 'Heat not burn' products



European Respiratory Society

THE SOCIETY ▾ CONGRESS AND EVENTS ▾ PUBLICATIONS ▾ PROFESSIONAL DEVELOPMENT ▾ RESEARCH ▾ ADVOCACY AND PATIENT RESOURCES ▾

## What does ERS recommend?

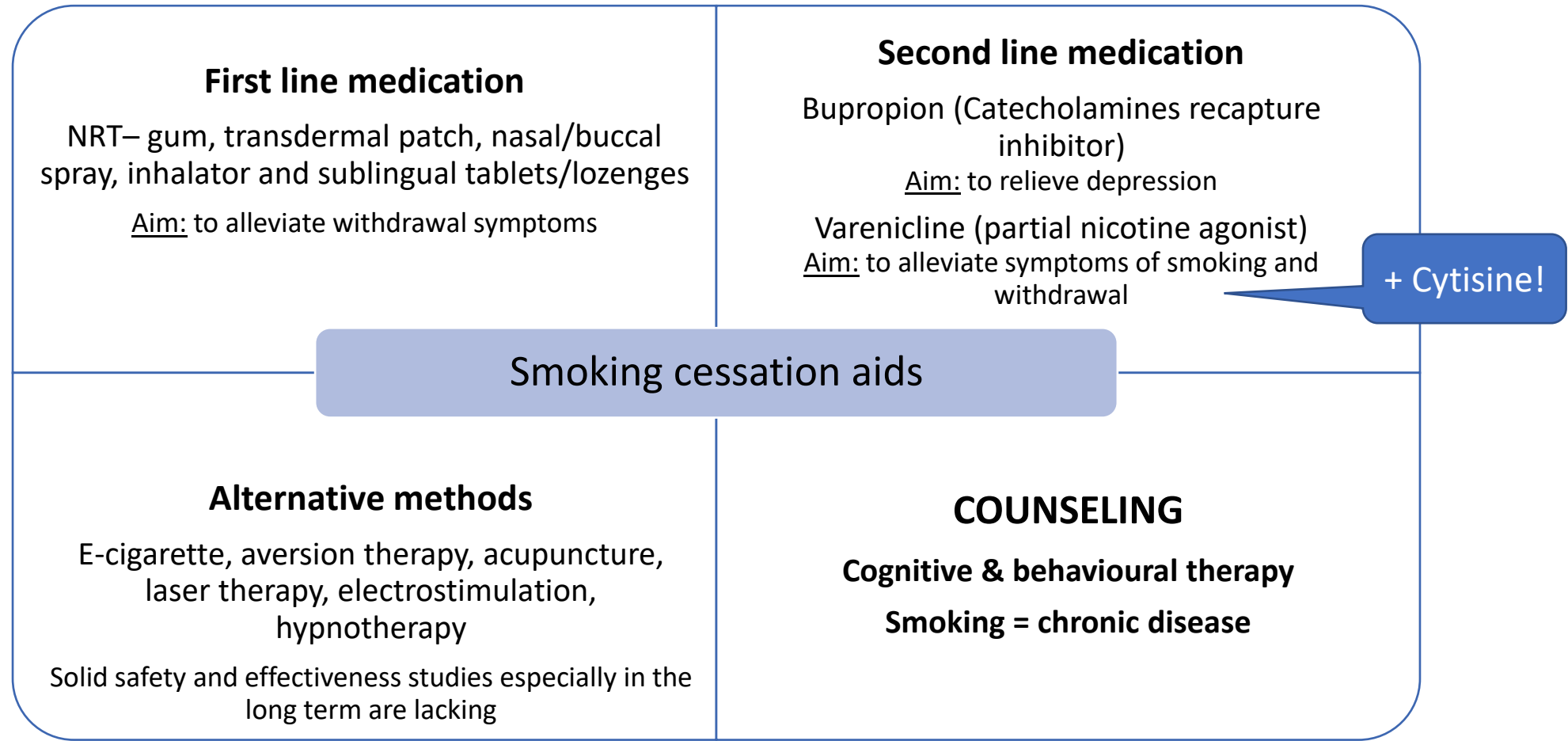
Even though heated tobacco products may perhaps be less harmful for smokers they nevertheless remain both harmful and highly addictive, and there may be a risk that smokers will switch to heated tobacco products instead of quitting. ERS cannot recommend any product that is damaging to the lungs and human health.

### **Heated tobacco products:**

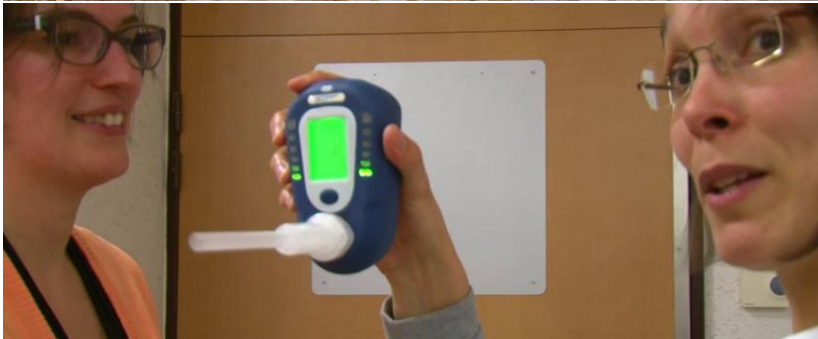
1. Are harmful and addictive
2. Undermine smokers' wish to quit
3. Undermine ex-smokers' wish to stay smoke-free
4. Are a temptation for non-smokers and minors
5. Impose a risk of re-normalisation of smoking
6. Impose a risk of dual use with conventional cigarettes

# What are the first-line treatment methods for smoking cessation?

## Take home messages



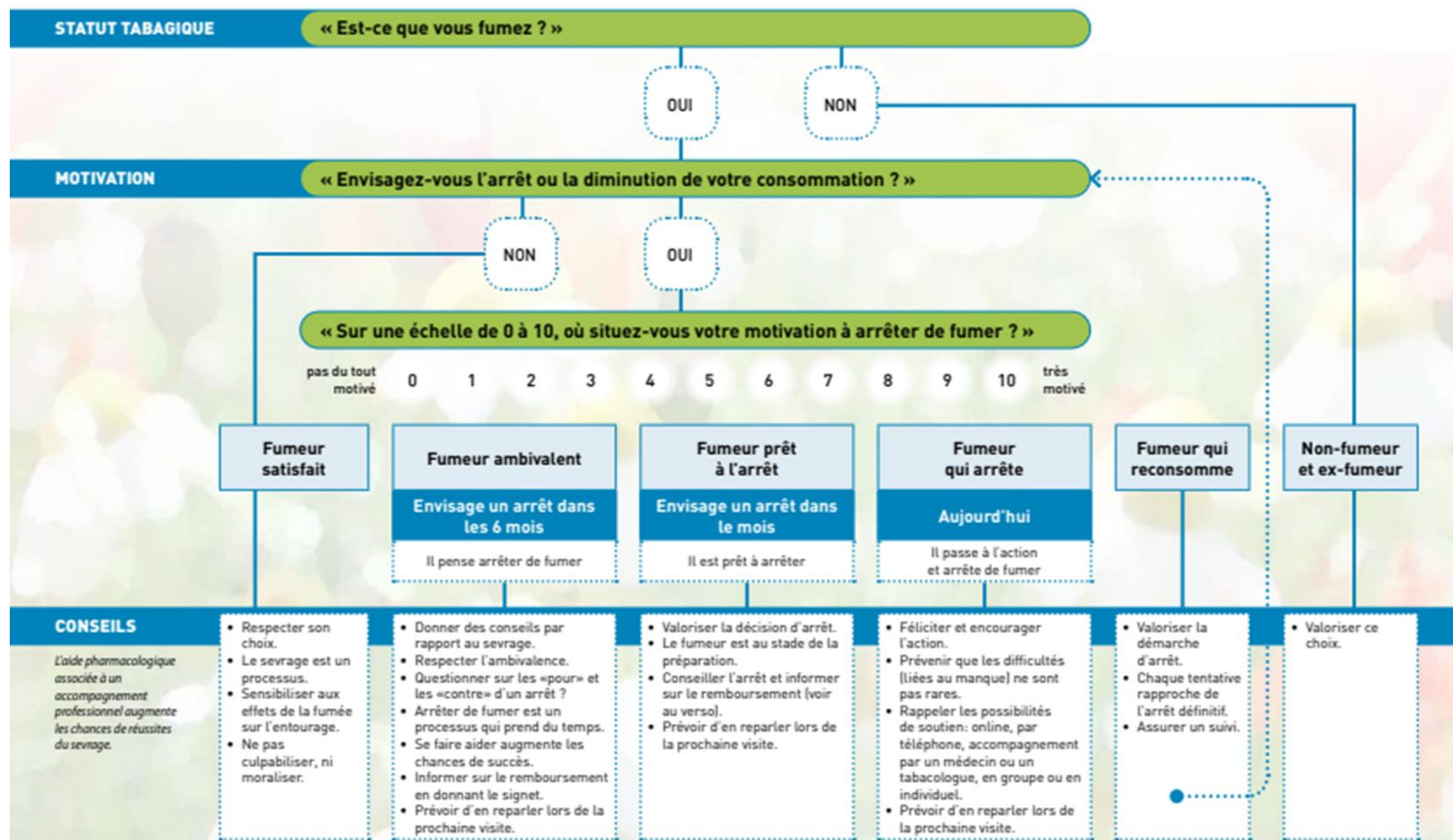
# Conclusion



**Tabacstop**



## L'ABORD DU FUMEUR



# 1. Counselling – Nicotine biomarkers

- Expired carbon monoxide (eCO)
- Specific of combustion

