2.3 Exploring treatment choices for different smoker types

We identified a number of characteristics of smokers who present to healthcare practitioners, that we have clustered here into smoker types that you may recognise. These are not real cases and are not presented in any specific order. The purpose is to illustrate how the post-VBA process can be tailored.

Smoker type 1: Male 33 years old, attending for back pain

Bogdan is a 33-year-old man. He is a manager at a small company selling car parts. He is attending your clinic with back pain after lifting heavy boxes at work. You identify his pain as muscular, advise on appropriate physical activity, weight management and OTC NSAID analgesics. You have not seen Bogdan for several years. You decide to implement VBA on smoking

ASK: "Do you smoke?" **Yes, but I know I shouldn't**

ADVISE: "Did you know that the best way to quit is with medication and support? We have a local, friendly stop smoking service I can refer you to, many of my patients have found it useful" **Thanks but I think I'll try by myself first, maybe with chewing gum**

ACT: Ask Bogdan what he thinks the stop smoking service entails and provide additional positive information. Prescribe nicotine gum and offer a revisit. Record in Bogdan's notes that VBA was performed and his intent to attempt a quit

Key resources:

- https://www.nice.org.uk/guidance/ng92/
- http://elearning.ncsct.co.uk/vba-stage_1
- http://bit.ly/39F8OEx

Expert commentary:

Bogdan's visit illustrates the value of implementing **VBA** regarding smoking for patients regardless of their reason for attending. At this time Bogdan has opted to try and quit without additional stop smoking services or support. He also now knows that there are interventions and support services available to him if he doesn't succeed and that support can add to the success of treatment. Your **VBA** has prompted a potential quit attempt and opened an ongoing dialogue with Bogdan for you to implement a **VBA** at his next clinic visit. After hearing his response, exploration of reasons for not using a service or motivational interviewing could have been implemented here to encourage Bogdan to more carefully consider his decision given that pharmacotherapy combined with behavioural support would provide him with the best chance of a successful quit.

A proportion of quit attempts instigated by **brief advice** will succeed without further healthcare support.[19,20] Your. **ADVISE** will always be to suggest the best supported quit available. Even if nothing else is done by the health sector or the health sector has not commissioned the 'best practice' in your area, your **VBA** will still be worthwhile. In the absence of local specialist stop smoking services, your **ADVISE** may be to recommend a follow-up visit and pharmacotherapy as the next most effective intervention. In a large study across the whole of England, it was found that smokers were almost twice as likely to try to stop if they had been offered help by their GP than if they had only been advised to stop. The importance of recommending both support and treatment in the **VBA** is highlighted by a study which showed that compared with no advice to smokers, the odds of quitting are 68% higher if stop smoking medication is offered and 217% higher with offer of support.[21] As an alternative, the next most effective option may be support along with 'triple therapy' consisting of varenicline and NRT with both a long-acting (e.g nicotine patch) and a short-acting product (e.g nicotine gum).

PCRS Pragmatic Guides for Clinicians

Diagnosis and Management of Tobacco Dependency

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In partnership with:

NCSCT National Centre for Smoking Cessation and Training

British Lung Foundation

ash action on smoking and health

For more information & advice download the PCRS tobacco dependency pragmatic guide please go to http://bit.ly/39F8OEx

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