Using clinical practice guidelines for tobacco cessation in dental settings

Ontario Dental Assistants Association Affiliate Meeting

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Overview

- Tobacco use in Ontario
- Health Effects of Tobacco
- Introducing CAN-ADAPTT
- Dental office intervention: Using the 5A’s
Objectives

1. Learn about the development of the first Canadian clinical practice guideline (CPG) for tobacco cessation

2. Expand knowledge for integrating tobacco cessation in dental settings

3. Review tobacco cessation resources
Tobacco Use in Ontario

Leading cause of premature death in Ontario – kills 44 people a day or 13,500 people each year

= 300 school buses full of people/year
Rates of Smoking Across Ontario

Figure 5: Current Smoking (Past 30 Days), by Tobacco Control Area Network, Ages 12+, Ontario, 2007/08, %

Note: Vertical lines represent 95% confidence intervals.
Source: CCHS 2007/08.
All forms of tobacco (cigarettes, cigars, pipes, smokeless) have been established as risk factors for oral/pharyngeal cancer.

Oral cancers: tongue, mouth, gums, tonsils, pharynx.

In 2009, 3400 Canadian developed oral cancer, 9th most common for males; 14th in females.

Canadian Cancer Society 2009
Centre for Disease Control, 1989
Other Oral Health Effects of Tobacco Use

- Periodontal disease
  - Smokers 4x more likely; heavy smokers (>31 cigarettes/day) 6x more likely than non-smokers*
- Discoloured teeth
- Persistent bad breath
- Increase in tartar build-up
- Jaw bone loss
- Shifting teeth

- Sinusitis
- Hairy tongue
- Smoker’s lip
- Delayed wound healing
- Altered sense of taste and smell
- Mouth sores
- Root caries
- Tooth loss

Tomar SL., Asma S.; J Periodontol. 2000; 71
Overall Health Effects of Tobacco Use

Causes cancer, including:
- Lung
- Esophagus
- Breast
- Kidney, liver & pancreas
- Uterine, Cervix
- Breast
- Stomach
- Bone marrow
- Colon and colorectum

More than Cancer…
- Cardiovascular & respiratory diseases
- Reproductive effects
- Healing complications of surgery
- Hip fractures, low bone density
- Cataracts
Smokeless Tobacco

- Also known as: spit tobacco, snuff, snus, chew, dip
- Overall prevalence rates are low (>1%, recent; 8% for ever use)*
- Marketed as an alternative to cigarettes when smoking isn’t possible – but not safe

*Canadian Tobacco Use Monitoring Survey, 2006
Dental Assistants: Why get involved?

- Ideally suited to deliver brief tobacco use cessation interventions through education, motivation & follow up visits
- “Captive audience” in your chair
- Scope of practice: patient and community education on oral health (includes smoking cessation)
- Part of a larger interdisciplinary health professional team including dentists, nurses, pharmacists, etc.
Tobacco Cessation and the Dental Office team

How many of you currently:
- Ask about tobacco use with your patients?
- Know that tobacco status is consistently asked by other members of the dental team?
- Work in settings where tobacco status is documented?
- Work in a setting that provides tobacco cessation resources for clients wanting to quit?
**Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment**

- Guideline development and dissemination project
- Multidisciplinary network

Funding provided by Drugs and Tobacco Initiatives Program, Health Canada

Dr. Peter Selby, Director, CAN-ADAPTT
National Network
- Practitioners
- Researchers
- Policy-makers

Practice-informed Research Agenda
- Seed grants
- Discussion board
- AGM

Knowledge Translation
- Seed grants
- Discussion board

Dissemination & Engagement
- Stakeholders
- Professional Advisory Groups
Practice-informed Approach

Input obtained from CAN-ADAPTT network to:
- Develop research agenda
- Revise and identify gaps in guideline

Member input is collected via:
- Discussion board
- CAN-ADAPTT Wiki
- Guideline revision workshops
- Teleconference/Webcast
- Member surveys
CAN-ADAPTT Guideline

Multidisciplinary, broad in scope

• Counselling (including 5 A’s)
• Specific populations
  – Includes: Pregnant and Breastfeeding populations; Youth; Hospital-based populations; Mental health and addictions; Aboriginal populations (upcoming)
• Medication (upcoming)
• Population-level approaches (upcoming, Oct. 1st)

Access the guideline at:
www.can-adaptt.net
Perceived Barriers

- Lack of time
- Lack of reimbursement
- Fear of alienating patients
- Lack of knowledge/experience

Brothwell DJ., Gelsky SC.; J Can Dent Assoc. 2008; 74
Lack of Time

<table>
<thead>
<tr>
<th>Total Contact Time</th>
<th>Estimated Abstinence Rate</th>
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<tbody>
<tr>
<td>None</td>
<td>11.0%</td>
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<tr>
<td>1-3 minutes</td>
<td>14.4%</td>
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<tr>
<td>4-30 minutes</td>
<td>18.8%</td>
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<tr>
<td>31-90 minutes</td>
<td>26.5%</td>
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<tr>
<td>90-300 minutes</td>
<td>28.4%</td>
</tr>
<tr>
<td>&gt;300 minutes</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

Slide from TEACH (Fiore et al., 2008)
Lack of Reimbursement

Codes for Tobacco Use Cessation Services
Canadian Dental Association’s (CDA) Uniform System of Coding & List of services
Tobacco use cessation services - (98100)
- 1 unit of time (98101), 2 units (98102), each additional unit of time (98109)
Fear of alienating patients

- Majority of tobacco users want to quit
- Approach
  - TEACH video vignettes: “Good Doc”/”Bad Doc”
“Bad Doc”

Video by TEACH Project
Available online: http://www.youtube.com/user/teachproject
Lack of knowledge/experience

- Learning opportunities
- Resources
- Motivational Interviewing
- CAN-ADAPTT
- TEACH Project
Levels of Interventions

- Self help books
- Brief Intervention < 3 min
- Intensive Intervention Multi-session
- Inpatient

Slide from TEACH (Fiore et al., 2009; Pbert et al., 2008; USDHHS, 2008)
Brief Dental Office Intervention

- 5 A’s
  - Ask
  - Advise
  - Assess
  - Assist
  - Arrange
Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.*

- “Have you used any form of tobacco in the past six months?”
- Watch for oral signs

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Health care providers should clearly advise patients/clients to accept treatment (quit).*

- Advise in a **clear, strong** and **personalized** statement
- *i.e.:* “Mr. Packaday, I’ve noticed some recession on your gums – abstaining from tobacco products could improve your oral health.”
- “As your dental assistant, I need you to know that changing your tobacco consumption, whether that be abstaining or reducing towards cessation, could really protect you from oral cancer, now and in the future.”

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.*
Assess

Health care providers should assess the readiness of patients/clients to engage in treatment to achieve abstinence (quitting).*

- “Are you interested in quitting? In the next 6 months?”
  - No
    - Precontemplation stage
  - Yes, but not in the next 6 months
    - Contemplation stage, offer to help when ready
  - Yes
    - Preparation & Action

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Every tobacco user who expresses a readiness to engage in treatment (to quit) should be offered assistance.*  

- Resources in your community (i.e.: Smokers Helpline, booklets, comprehensive smoking cessation programming)

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Assist cont’d

- Medication
  - Over the counter: Patch, gum, lozenge, inhaler
  - Under the counter: Zyban, Champix
- Counselling
- Telephone quitline
- Self-help materials
- Refer to other HCPs who can provide more specialized support
Health care providers:

a) should conduct regular follow-up to assess response, provide support and modify treatment as necessary.

b) are encouraged to refer patients/clients to relevant resources as part of the provision of treatment, where appropriate.*

- For example, Smokers Helpline fax referral, local smoking cessation services, etc.

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Resources and Links

- CAN-ADAPTT – www.can-adaptt.net
- TEACH Project – www.teachproject.net
- Smokers Helpline – www.smokershelpline.ca
  Helpline: 1 877 513-5333; fax referral – Quit Connection
- You Can Make It Happen – www.youcanmakeithappen.ca
- My Last Dip – www.mylastdip.com (web based smokeless tobacco cessation project)
- Canadian Cancer Society – www.cancer.ca (resources for clients)
You Can Make It Happen

In less than 3 minutes, you can make a difference in your patients’ health.

Follow the 5 A’s
- Ask, Advise, Assess, Assist, Arrange

For more information on helping your clients to quit smoking, visit:
www.youcanmakeithappen.ca
Contact Information

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For more information on CAN-ADAPTT or to join the network visit: www.can-adaptt.net
Comments/Questions?