Pulmonary Disease, Chronic Obstructive (COPD): Smoking Cessation

What We Know

› Chronic obstructive pulmonary disease (COPD) is a debilitating and potentially life-threatening disease state that is defined by the Global Initiative for Chronic Obstructive Lung Disease as being “characterized by persistent airflow limitation that is usually progressive and associated with enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases.”(12) Clients with COPD experience troublesome symptoms such as coughing, breathlessness, chronic sputum production, anxiety/panic, depression, and sleep disturbances(6,12,18,23).

› COPD often is associated with several co-occurring conditions including malnutrition, obesity, cardiovascular disease, skeletal muscle dysfunction, sleep apnea, depression, and anxiety.(8,22)

› By 2020 COPD is projected to rank as the third leading cause of mortality worldwide.(12,28)

- Worldwide prevalence of COPD is 11.8% for men and 8.5% for women.(8)
- The prevalence rate is likely higher because COPD usually is not diagnosed until it is in the later stages.
- In Europe COPD accounts for nearly half of the €102 billion spent annually on lung disease.(17,23,27)
- Over 12 million adults in the United States have COPD, which is the fourth leading cause of death in the United States.(10,23)
- COPD is the fifth leading cause of mortality in Australia and costs approximately A $8.8 billion in health-related expenses annually.(22)
- In the United Kingdom, approximately 835,000 people have a current diagnosis of COPD.(13)

* Smoking tobacco is the single leading risk factor for COPD.(7,8,14,18,21,22,23)
- Smoking irritates the lungs of persons with COPD, increasing inflammation in the respiratory system.(8)
- Clients who quit smoking slow the progression of the disease.(2)
- Smoking tobacco increases chronic bronchitis in persons with COPD.(8,21)
- Persons with chronic bronchitis have worse lung function, more frequent and severe exacerbation, greater anxiety and depression, and lower quality-of-life scores than persons who never had chronic bronchitis.(21)
- Smoking cessation is significantly linked with resolution of chronic bronchitis.(21)

› Smoking cessation is the single most important intervention for COPD and the cornerstone of management of chronic COPD.(7,10,12,16,17,18,22,23,24,25,29)

* “Smoking cessation” is the term used for the process of quitting smoking.
- The most common forms of quitting smoking are stopping completely and abruptly, gradual reduction of nicotine use, nicotine replacement therapy (NRT),
nicotine patches, and pharmacological interventions (e.g., bronchodilators, inhaled corticosteroids, antidepressants)\(^{(9,23-27)}\)

- It is difficult to compare the different pharmacological interventions because the same medications and protocols are not universally utilized\(^{(20)}\)

Researchers conducted a meta-analysis on smoking cessation with COPD clients and determined an average quit rate of 13.19%; the most commonly used individual technique was to boost the motivation and self-efficacy of the client. Interventions within a clinical setting and with group elements had the most success\(^{(4)}\)

- Out of 17 interventions, four behavior change techniques had the most success. These were\(^{(4)}\)
  - facilitating action planning and developing a treatment plan
  - prompting self-recording and self-monitoring of smoking behavior
  - advising on methods of weight control
  - advising on/facilitating use of social support

- Two techniques had a negative effect on smokers with COPD who were trying to quit: assessing nicotine dependence and boosting motivation/self-efficacy. Clients sometimes felt that assessments of nicotine dependence stressed the addiction aspect and reduced the clients' self-efficacy. Attempts to boost motivation and self-efficacy were not as successful as techniques aimed at changing motivation into actual action\(^{(4)}\)

Researchers conducting a systematic review found that in smoking cessation programs combining psychosocial interventions with pharmacotherapy, on average 35.5% of the members of the experimental groups successfully quit smoking and maintained cessation for 12 months, compared to 10% of those in the control groups\(^{(20)}\)

A greater likelihood of success with smoking cessation was shown when interventions had an increased intensity via increased length of time per session and an increased number of sessions of counseling as well as multiple sessions of interventions a week\(^{(12)}\)

Individual counseling, hypnosis, group therapy, and participation in support groups such as Smokers Anonymous that emphasize behavior change may be helpful for clients\(^{(3,10)}\)

- Cognitive behavioral therapy (CBT) is an effective therapy to help smokers quit. CBT examines the cognitions and thoughts that underlie the behavior the client is attempting to change\(^{(29)}\)
  - Researchers have found that CBT combined with other quitting strategies (e.g., pharmacotherapy) helps clients maintain abstinence from smoking
  - CBT is also effective for persons who exhibit depression or anxiety and/or who abuse substances (e.g., alcohol, marijuana, heroin, prescription medications). Behavior modification programs can help clients stop smoking by breaking the stimulus–response cycle that triggers the urge to smoke

To improve cessation rates, social workers need to have a clear understanding of the influences on clients’ ability to quit in order to improve motivation. Researchers in Sweden found the following common reasons given for not quitting:\(^{(11)}\)

- Clients reported that it is very difficult to break a lifetime or long-term habit
- Clients felt as though they had no control over quitting
- Clients wanted help and support but felt patronized

Social workers need to be aware that quitting smoking can increase respiratory symptoms initially: As the lungs recover, changes in the cells that line the bronchi can trigger symptoms. Although this may result in increased hospitalizations, smoking cessation ultimately results in positive long-term effects\(^{(1)}\)

Smoking cessation can be very difficult. Often it requires many attempts on the part of the client and considerable support from family, friends, and healthcare professionals\(^{(12,17,23)}\)

- Because the family likely plays an important role in clients’ health and health behaviors, utilizing a family systems approach is helpful\(^{(2)}\)

The smoker, nonsmoker, attempter, or planner (SNAP) model can help social workers determine which state of change a smoker believes he or she is in and proceed accordingly. For this model:\(^{(26)}\)

- Smoker – currently smoking without any plans to quit
- Nonsmoker – not currently smoking
- Attempter – in the process of trying to quit
- Planner – smoking, but planning to quit
United States Public Health Clinical Practice guidelines recommend that mental health clinicians use an evidence-based smoking cessation protocol known as the five As. Social workers should ask these questions in a person-centered manner to explore the clients’ feelings and beliefs.(26)

• **Ask** clients at every office visit if they smoke
• **Advise** all smokers to quit using language that is clear, strong, and personalized, including strong warnings about the health effects of smoking and exposure to secondhand smoke, especially for children
• **Assess** clients’ willingness to quit and provide motivation to do so
• **Assist** clients in their attempts to quit by determining a quit date, helping them identify triggers, providing encouragement, and providing counseling and pharmacotherapy as appropriate
• **Arrange** follow-up with clients

### What We Can Do

• Learn about COPD and smoking cessation so you can accurately assess your clients’ health and mental health education needs; share this information with your colleagues
• Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of your clients(5,15,19)
• Social workers should practice with awareness of and adherence to the NASW Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to providing culturally competent care to clients with COPD and practice accordingly(19)
• Assess the smoking history of clients with COPD (e.g., number of years clients have smoked, how much they smoke, smoking cessation attempts)(6)
• Utilize the SNAP model to assess clients’ state of change(2)
• Assist clients in identifying triggers (e.g., stress, drinking alcohol) for their smoking behavior and look for ways to minimize, avoid, and/or respond to those triggers
• Educate clients on what to expect during and after smoking cessation
• Emphasize the importance of keeping medical appointments to allow continued monitoring of clients’ condition and support clients’ efforts to quit smoking
• Evaluate clients’ motivation to quit smoking(26)
  • If a client is not motivated, explore the reasons for the lack of motivation
  • Introduce the concept of the lethality of tobacco, using data from health literature
  • Identify toxins found in cigarettes (e.g., arsenic, tar, benzene)
  • Emphasize the role of eating healthfully and exercising if weight gain is a concern related to smoking cessation
• Provide emotional support to clients by
  • recognizing and acknowledging that quitting smoking is difficult and may require multiple attempts
  • taking sufficient time to assess clients’ needs by listening actively and answering questions
• Provide written education material on COPD, including from
  • COPD-Support, [http://www.copd-support.com/](http://www.copd-support.com/)
• Provide written education material about smoking cessation and websites for information and support, including:
  • Smoke Free, [https://smokefree.gov/](https://smokefree.gov/)
  • About.com smoking cessation, [https://www.verywell.com/quit-smoking-4014658](https://www.verywell.com/quit-smoking-4014658)
  • Centers for Disease Control and Prevention, Smoking and Tobacco Use, [https://www.cdc.gov/tobacco/](https://www.cdc.gov/tobacco/)
• For clients who smoke but do not plan to quit, provide them with contact information for smoking cessation programs should they choose to quit
References


