

APPENDIX

The 5A's model:-

The 5As (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that a primary care provider can do to help a tobacco user within 3–5 minutes in a primary care setting. This model can guide you through the right process to talk to patients who are ready to quit about tobacco use and deliver advice. Please find below action and strategies for implementing each of the 5As (Table 2).

Table 2. The 5A's brief tobacco interventions for patients ready to quit

5A's	Action	Strategies for implementation
<p>Ask - Systematically identify all tobacco users at every visit.</p>	<ul style="list-style-type: none"> • Ask ALL of your patients at every encounter if they use tobacco and document it. • Make it part of your routine. 	<ul style="list-style-type: none"> • Tobacco use should be asked about in a friendly way – it is not an accusation. • Keep it simple, some sample questions may include: <ul style="list-style-type: none"> – “Do you smoke cigarettes?” – “Do you use any tobacco products?” • Tobacco use status should be included in all medical notes. Countries should consider expanding the vital signs to include tobacco use or using tobacco use status stickers on all patient charts or indicating tobacco use status via electronic medical records.
<p>Advise - Persuade all tobacco users that they need to quit</p>	<ul style="list-style-type: none"> • Urge every tobacco user to quit in a clear, strong and personalized manner. 	<p>Advice should be:</p> <ul style="list-style-type: none"> • Clear – “It is important that you quit smoking (or using chewing tobacco) now, and I can help you.” “Cutting down while you are ill is not enough.” “Occasional or light smoking is still dangerous.” • Strong – “As your doctor, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. We are here to help you.” • Personalized – Tie tobacco use to: <ul style="list-style-type: none"> – <i>Demographics</i>: For example, women may be more likely to be interested in the effects of smoking on fertility than men. – <i>Health concerns</i>: Asthma sufferers may need to hear about the effect of smoking on respiratory function, while those with gum disease may be interested in the effects of smoking on oral health. “Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health.” – <i>Social factors</i>: People with young children may be motivated by information on the effects of second-hand smoke, while a person struggling with money may want to consider the financial costs of smoking. “Quitting smoking may reduce the number of ear infections your child has.” <p>In some cases, how to tailor advice for a particular patient may not always be obvious. A useful strategy may be to ask the patient:</p> <ul style="list-style-type: none"> – “<i>What</i> do you not like about being a smoker?” <p>The patient's answer to this question can be built upon by you with more detailed information on the issue raised.</p> <ul style="list-style-type: none"> – Example: Doctor: “What do you not like about being a smoker?” Patient: “Well, I don't like how much I spend on tobacco.” Doctor: “Yes, it does build up. Let's work out how much you spend each month. Then we can think about what you could buy instead!”

5A's	Action	Strategies for implementation								
<p>Assess - Determine readiness to make a quit attempt</p>	<ul style="list-style-type: none"> Ask two questions in relation to "importance" and "self-efficacy": <ol style="list-style-type: none"> "Would you like to be a non-tobacco user?" "Do you think you have a chance of quitting successfully?" 	<ul style="list-style-type: none"> Any answer in the shaded area indicates that the tobacco user is NOT ready to quit. In these cases you should deliver the 5 R's intervention (see Session V). <table border="1" data-bbox="786 360 1331 443"> <tr> <td>Question 1</td> <td>Yes</td> <td>Unsure</td> <td>No</td> </tr> <tr> <td>Question 2</td> <td>Yes</td> <td>Unsure</td> <td>No</td> </tr> </table> <ul style="list-style-type: none"> If the patient is ready to go ahead with a quit attempt you can move on to Assist and Arrange steps. 	Question 1	Yes	Unsure	No	Question 2	Yes	Unsure	No
Question 1	Yes	Unsure	No							
Question 2	Yes	Unsure	No							
<p>Assist - Help the patient with a quit plan</p>	<ul style="list-style-type: none"> Help the patient develop a quit plan Provide practical counseling Provide intra-treatment social support Provide supplementary materials, including information on quit lines and other referral resources Recommend the use of approved medication if needed 	<ul style="list-style-type: none"> Use the STAR method to facilitate and help your patient to develop a quit plan: <ul style="list-style-type: none"> Set a quit date ideally within two weeks. Tell family, friends, and coworkers about quitting, and ask for support. Anticipate challenges to the upcoming quit attempt. Remove tobacco products from the patient's environment and make the home smoke free. Practical counseling should focus on three elements: <ul style="list-style-type: none"> Help the patient identify the danger situations (events, internal states, or activities that increase the risk of smoking or relapse). Help the patient identify and practice cognitive and behavioral coping skills to address the danger situations. Provide basic information about smoking and quitting Intra-treatment social support includes: <ul style="list-style-type: none"> Encourage the patient in the quit attempt Communicate caring and concern Encourage the patient to talk about the quitting process Make sure you have a list of existing local tobacco cessation services (quit lines, tobacco cessation clinics and others) on hand for providing information whenever the patient inquires about them. The support given to the patient needs to be described positively but realistically. 								
<p>Arrange - Schedule follow-up contacts or a referral to specialist support</p>	<ul style="list-style-type: none"> Arrange a follow-up contact with your patient either in person or by telephone. Refer the patient to specialist support if needed 	<ul style="list-style-type: none"> When: The first follow up contact should be arranged during the first week. A second follow up contact is recommended within one month after the quit date. How: Use practical methods such as telephone, personal visit and mail/email to do the follow up. Following up with patients is recommended to be done through teamwork if possible. What: <ul style="list-style-type: none"> For all patients: <ul style="list-style-type: none"> Identify problems already encountered and anticipate challenges. Remind patients of available extra-treatment social support. Assess medication use and problems. Schedule next follow up contact. For patients who are abstinent: <ul style="list-style-type: none"> Congratulate them on their success. For patients who have used tobacco again: <ul style="list-style-type: none"> Remind them to view relapse as a learning experience. Review circumstances and elicit recommitment. Link to more intensive treatment if available. 								

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