



How to Use the Five A's in the Pediatric Setting

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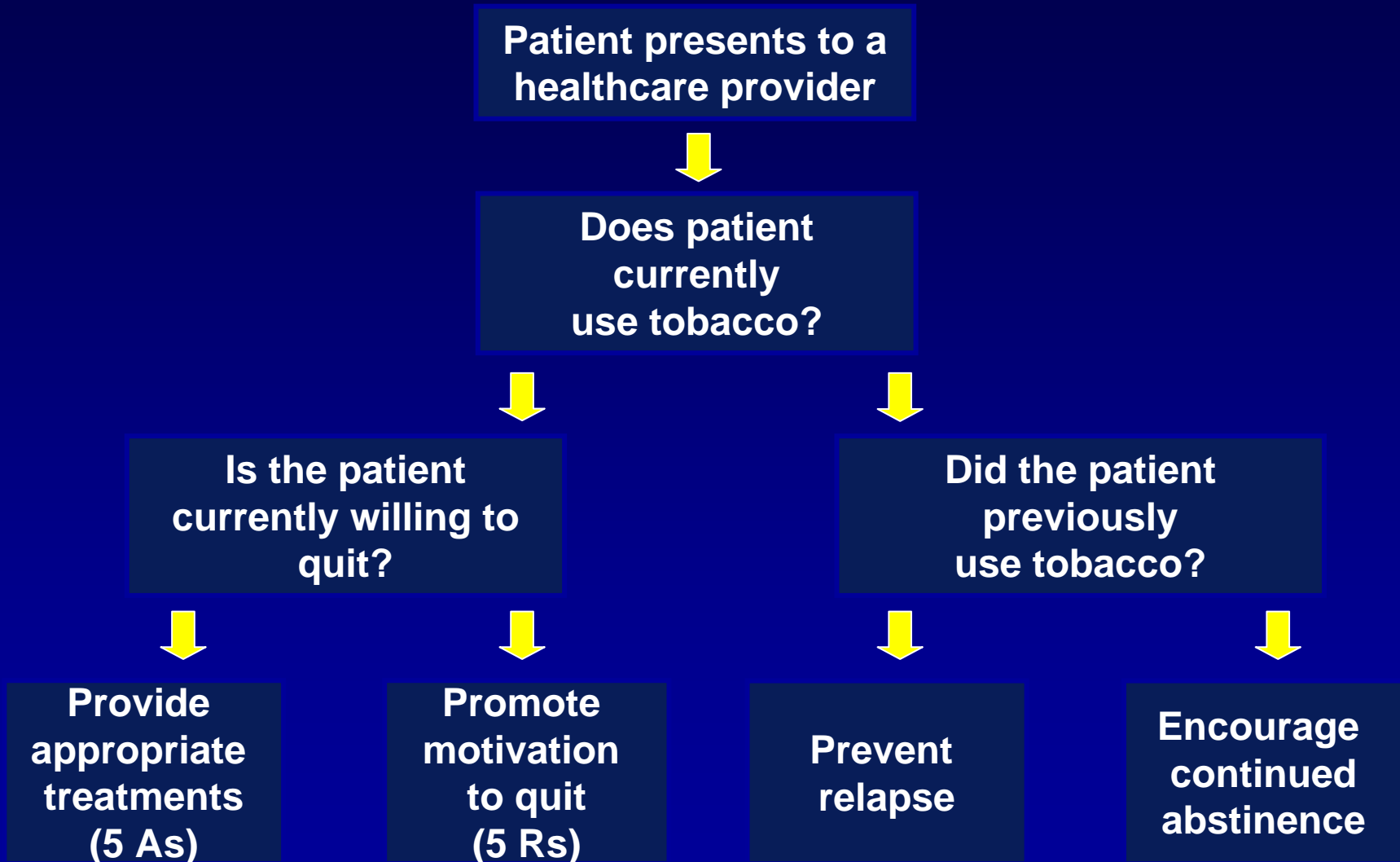
Reasons for the Five A's

- 70% of Smokers see a physician each year
- >70% of smokers want to quit
- Physician advice is an important motivator
- >1/3 of smokers never have been asked by their physician about their smoking status
- <15% of smokers were offered assistance
- Only 3% had follow up to address tobacco use

Brief Clinical Interventions Goals

- Identify tobacco users
- Offer treatment to all tobacco users
- Brief intervention at each clinic visit
- Time limits on primary care physicians in US (12-16 minutes)
- Smokers reluctant to seek intensive cessation programs

Assessment of Tobacco Use



The 5 A's

For Patients Willing to Quit

- **ASK** about tobacco use
- **ADVISE** to quit
- **ASSESS** willingness to make a quit attempt
- **ASSIST** in quit attempt
- **ARRANGE** for follow-up

The Five “A”s of a Three-Minute Intervention (continued)

1) Ask about tobacco use

- Every patient on every visit
 - Past/present tobacco use
- Smoking as a vital sign

Vital Signs Stamp

VITAL SIGNS

Blood Pressure: _____

Pulse: _____ **Weight:** _____

Temperature: _____

Respiratory Rate: _____

Tobacco Use: **Current** **Former** **Never**

(circle one)

The Five “A”s of a Three-Minute Intervention (continued)

2) *Advise patient to quit*

- Stress importance of quitting
- Clear advice
 - Example: “I think it is important for you to quit smoking now and I can help you.”
- Personalize advice
 - Example: “This is the third time you have had bronchitis this year. Your smoking is affecting your health.”
- Deliver strong, firm message
 - Example: “Quitting smoking is the best way to reduce your health risk.”

The Five “A”s of a Three-Minute Intervention (continued)

- 3) *Assess willingness to make quit attempt now, e.g., within next 30 days*
- “On a scale of 1 to 10, how motivated are you?”
 - If patient is willing to quit
 - Provide assistance
 - Offer intensive treatment or refer patient
 - If patient is unwilling to quit
 - Provide motivational intervention
 - Relevance, risks, rewards, roadblocks and repetition
 - Special populations (adolescents, pregnant smokers)

The 5 R's

To Motivate Patients Unwilling to Quit at This Time

- **RELEVANCE:** tailor advice and discussion to each patient
- **RISKS:** outline risks of continued smoking
- **REWARDS:** outline the benefits of quitting
- **ROADBLOCKS:** identify barriers to quitting
- **REPETITION:** reinforce the motivational message at every visit

The Five “A”s of a Three-Minute Intervention (continued)

4) Assist by helping patient formulate quit plan

- Set quit date within 2 weeks
- Tell family and friends for support
- Anticipate challenges
 - Withdrawal during first few weeks
- Remove all tobacco products and alcohol from environment

Assist: Practical Counseling

- Total abstinence
- Past quit experience
- Anticipate triggers or challenges
- Alcohol
- Other smokers in the household

Assist: Provide intra-treatment social support

- Encourage the patient in the quit attempt
- Communicate caring and concern
- Encourage patient to talk about the quitting process
 - Reasons
 - Concerns
 - Success
 - Difficulties

Assist: Extra treatment social supports

- Train patient in support solicitation skills
 - Social support from family, friends, coworkers
 - Aid patient in establishing a smoke free home
- Prompt support seeking
 - Help identify supportive others
 - Inform patient of community resource
- Arrange outside support

Assist: Recommend use of approved pharmacotherapy

- 5 first-line pharmacotherapies that reliably increase long-term smoking abstinence rates were identified
 - Nicotine gum
 - Nicotine patch
 - Nicotine inhaler
 - Nicotine nasal spray
 - Nicotine lozenge
 - Sustained-release bupropion

Assist: Provide supplementary material

- Sources
 - agencies
- Type
 - Culturally, racially, educationally, age appropriate
- Location

The Five “A”s of a Three-Minute Intervention (continued)

5) *Arrange follow-up contact (in person/by phone)*

- Timing
 - Preferably during first week
 - Second follow-up contact within first month
- Actions during follow-up contact
 - Congratulate success
 - Assess pharmacotherapy use; consider more intensive treatment
 - If tobacco use has occurred, review circumstances and elicit recommitment to total abstinence
 - Remind patient a lapse can be a learning experience



Smoking Cessation by Health
Care Providers is Doable by
Using the Five A's