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Supporting smoking cessation in older patients

A continuing challenge for community nurses

KEY WORDS

Older people

Community nursing

Smoking cessation

Health inequalities

Communication skills

ABSTRACT

Tobacco smoking continues to pose negative health consequences for smokers and their families and is the single greatest cause of health inequalities in the UK. Older people are particularly vulnerable to the negative health impacts of smoking and therefore, supporting older smokers to quit remains an important public health goal. Community nurses are required to help patients to lead healthier lifestyles and have ideal opportunities to encourage smoking cessation in older people who are affected by smoking-related health conditions, or whose existing conditions may be exacerbated by continued smoking. This paper discusses how community nurses can support their older patients to quit smoking by fostering a patient-centred partnership through good communication and empathy. The newly developed 'Very Brief Advice on Smoking' (VBA) interventions can provide a useful tool for community nurses who experience time constraints to advise older people that psychosocial support with treatment is the most effective method of smoking cessation, whilst respecting the health decisions of patients.

INTRODUCTION

Tobacco smoking continues to be the single greatest cause of preventable illness and cause of inequalities in death rates between the richest and the poorest groups of people in the UK (Public Health England, 2015). Smoking-related illnesses pose enormous financial burdens to the NHS and the wider society, which are estimated at £2.7 billion and £13.74 billion respectively (Department of Health (DH), 2011). Helping people to quit smoking is one of the six key strands of Government action outlined in the Department of Health's (2011) *Tobacco Control Plan for* England.

Although the average smoking prevalence in the UK continues to fall, an estimated 19% of people in Great Britain continue to smoke equating to 9.6 million individuals, of which 11%

are aged 60 years and over (Action on Smoking and Health (ASH), 2016). As the proportion of the population aged 65 years and over is projected to rise to 23% by the year 2035 (Office for National Statistics, 2012) and there is a continuing rise in chronic diseases attributed to unhealthy lifestyles, the public health sphere is placing an increasing focus on the importance of responding to the health needs of older people within community settings (DH, 2013).

This paper aims to discuss the importance of smoking cessation to the health of the older person and provide guidance for community nurses who are supporting their patients to quit. It argues that community nurses play a vital role in supporting older people to make successful attempts to quit smoking, through developing effective, patient-centred partnerships.

SMOKING AND THE HEALTH OF THE OLDER PERSON

There is a wealth of evidence detailing the negative health consequences of tobacco smoking for older smokers and non-smoking family members through exposure to secondhand smoke (SHS). Tobacco smoking contains more than 7,000 chemicals, many of which are associated with negative health consequences for most of the organ systems within the body (Eriksen *et al*., 2015). In developed countries, smoking is the largest avoidable cause of cancer and is associated with cancers of the lung, mouth and throat, pancreas, kidney and bladder (Swerdlow, Peto and Doll, 2010). In the UK, lung cancer is the most common cause of cancer death and claimed the lives of 35,895 people in 2014 (Cancer Research UK, 2016). Smoking is also associated with cardiovascular disease (CVD), a term which encompasses coronary heart disease, stroke and heart failure; every year in the UK, 20,000 people die from CVD attributed to smoking (British Heart Foundation, 2016). Other negative health consequences of tobacco smoking include an increased risk of death from communicable diseases (World Health Organization, 2015), respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD), fertility problems, and asthma and premature death in children who breathe in SHS (ASH, 2015). Resultantly, tobacco smoking is a huge risk factor for premature mortality and recent evidence suggests that this is also true for people aged over 60 years (Gellert *et al.,* 2012; Müezzinler *et al.,* 2015).

Although tobacco smoking poses harms to health for all age groups, older people are likely to experience a unique set of health issues associated with their long-term tobacco use. As the risks of developing diseases and chronic illnesses caused by unhealthy lifestyle factors such as smoking increase as we age, older people are particularly vulnerable to experiencing the negative health consequences of tobacco smoking and are more likely to suffer from a condition that is caused or worsened by tobacco smoking (Kerr *et al*., 2007). For example, the effects of smoking are likely to weaken the immune system, leaving the individual more vulnerable to systemic illnesses and oral problems, such as chronic periodontitis, which has been reported to exacerbate the progression of diabetes, CVD, obesity and rheumatoid arthritis (Agnihotri and Gaur, 2014). Tobacco smoking has been associated with degeneration of grey matter cells (known as 'atrophy') within the brains of smokers, which may exacerbate the onset of dementia, a disease characterised by progressive deterioration of cognitive abilities (Zhong *et al*., 2015). Older people's overall quality of life can be diminished through

unpleasant health complaints, such as breathing problems and resulting mobility restrictions, osteoporosis, coughing, hearing and sight loss, impotence and drug contraindications (ASH Scotland, 2010), and a general worsening of the symptoms of frailty associated with ageing (Kojima, Iliffe and Walters, 2015).

In addition to the multitude of physical health problems, tobacco smoking is associated with psychological and social harms for older groups of people. A study conducted across 6 EU countries on people aged 50-90 years demonstrated that smokers reported worse levels of overall life satisfaction compared to non-smokers (Damen-Thissen, Thissen and Dekker, 2015). Due to a strong sociocultural shift in the way that smoking behaviour is perceived in many Western countries, smoking behaviour is becoming increasingly stigmatised and older men have reported feeling 'a sense of shame' when smelling of cigarettes (Paul *et* al., 2010). Older people who feel lonely and isolated are more likely to engage in health-damaging lifestyle behaviours including smoking and being less physically active (Shankar *et* al., 2011). As is the case for all ages, smoking also reinforces health inequalities *within* older age groups (ASH Scotland, 2010). For example, a US study demonstrated that older lesbian gay and bisexual people are significantly more likely to smoke than their heterosexual counterparts, possibly due to relatively poorer social support or access to health and social care resources (Fredriksen-Goldsen *et al*., 2013). Therefore, in the interests of reducing health inequalities in society as well as improving population health and wellbeing, supporting successful quit attempts among older adults remains a public health priority.

SMOKING CESSATION AND OLDER PEOPLE

Evidence suggests that individuals can gain significant positive health benefits from quitting smoking at any age. For example, that smoking cessation in older age groups is beneficial in reducing the risks of morbidity and early mortality posed by cardiovascular disease (Mons *et al.,* 2015). Mons *et al*. (2013) suggest that although older smokers are at a higher risk of reduced cognitive function than older non-smokers, this risk gradually decreases once the person quits. Contrary to popular belief, encouraging older people with mental health problems to quit is not associated with an increase in depressive symptoms and is likely to result in positive health benefits for a group of people who experience substantial health inequalities (Shahab *et al*., 2015). Although many older smokers may already be experiencing the negative health consequences of their habit, it has been shown that quitting is associated with a number of immediate health gains which may strengthen the individual's motivation to continue their quit attempt, such as improvements to breathing, aesthetic gains such as a reduction in wrinkles, faster recovery of skin conditions and operations, and financial benefits, which may be of particular importance to older smokers on lower incomes (Shahab, 2013).

Nevertheless, older smokers have traditionally shown significant resistance to population smoking cessation efforts and are more likely than younger age groups to belong to a subgroup termed 'hardcore smokers', who can be characterised as having spent less than 1 day without cigarettes in the last 5 years, have made no quit attempt in the last year and have

no desire or intention to do so (Jarvis *et al*., 2003). Although Jarvis *et al.'s* (2003) study showed that 16% of English smokers fulfil these criteria, the proportion of hardcore smokers aged 65 years and over is much higher at 30%. Although it was concluded that there is likely to be a logical increase in the proportion of hardcore smokers with age as those who are more motivated to quit will do so over time, hardcore smoking was more strongly associated with increasing age than with any other variable, including nicotine dependence and social deprivation. It is thought that for older smokers who have not yet experienced symptoms of smoking-related health problems, a 'false sense of security' may develop, resulting in low motivation to quit. Additionally, evidence shows that even if negative health consequences do manifest in older smokers, these may be attributed to increasing age, rather than smoking behaviour (Kerr *et al*., 2006). Problematically, unlike younger smokers in the UK who have grown up in an environment with increasingly widespread tobacco control measures, older people's smoking may be more culturally entrenched and one study demonstrates that unlike younger groups, older people continue to associate smoking with nostalgic images of sophistication and positive body image (Paul *et al*., 2010). Therefore, it is important that health professionals deliver interventions that are tailored towards the specific needs of older smokers.

HOW CAN COMMUNITY NURSES HELP OLDER SMOKERS TO QUIT?

Community nurses are required to be 'health educators' when tackling the issue of smoking with older smokers, which means that they must construct opportunities to communicate health information in order that their patients can improve their knowledge, enhance life skills and make informed choices about quitting (World Health Organization, 2005). Nevertheless, assuming that the desired behaviour change will automatically follow information provision is problematic, as this ignores real-life barriers to change and the complexities of health decision making (Naidoo and Wills, 2009). For example, older smokers who suffer from chronic obstructive pulmonary disease (COPD) may be aware that smoking is likely to exacerbate their condition, but they continue to smoke due to other, more salient health beliefs, such as anxiety about the cravings associated with quitting (Schofield, Kerr and Tolson, 2007). Attempting to change smoking behaviour is therefore a difficult task for community nurses, as they may be unlikely to be able to exert control over the complex factors contributing to health behaviour patterns within the priorities and constraints of their working role (Whitehead, 2001; Irvine, 2009).

This section provides an overview of the advice and support that community nurses can provide to their older patients who smoke and highlights the importance of effective communication strategies in supporting them to pursue a successful method of smoking cessation.

Effective Communication Strategies

Effective communication between nurses and their patients is a key facet of smoking cessation, as it facilitates patient decision making and involvement in their own treatment (Efraimsson *et al*., 2015). It is proposed that nurses can successfully embed the promotion of

patient wellbeing into their practice through the general adoption of empowering behaviours and communication skills, such as caring, listening and being empathic (Robinson and Hill, 1998). Within the literature, there is evidence that adoption of the following communication techniques can facilitate smoking cessation in older patients:

- USE CLEAR AND ACCESSIBLE LANGUAGE

The Nursing and Midwifery Council Code (2015) insists that communications with patients must be clear and in a language that is appropriate to the individual needs of the patients. For older people, this may mean taking sensory difficulties into account or working inclusively with family members and carers.

- IDENTIFY 'TEACHABLE MOMENTS'

It is suggested that although there are time constraints, there may still be opportunities for community nurses need to identify or initiate a 'teachable moment' where the patient is indicating a readiness to learn or a need for health information (Whyte, Watson and McIntosh, 2006). This involves being responsive to patients' verbal cues, such as questioning or requests for advice.

- USE COUNSELLING TECHNIQUES

Figure 1 provides a summary of widely adopted communication techniques which are conducive to motivating behaviour change:

Do	Don't
Summarise your understanding of the patient's thoughts and feelings	Interrupt or finish sentences
Look and sound interested	Tell the client what to do
Maintain eye contact and use positive body language, such as welcoming and friendly gestures and smiling	Disagree or contradict (raise possible alternatives)
See things from the patient's point of view (you don't necessarily have to agree with them)	Project your own beliefs or feelings on to the patient
Ask open questions to get more information	Assume your experiences are the same as the patient's
Be curious rather than intrusive	Constantly repeat the same paraphrases e.g. "it sounds like"
Give the patient time to think as well as talk	Pretend you understand if you don't. Ask for more explanation
Respond to what the patient is saying rather than trying to lead the conversation	

(Adapted from Michie *et al*., 2008, p. 14)

- WORKING IN PARTNERSHIP WITH PATIENTS

Contemporary developments in legislation and health policy have necessitated a shift from the traditionally paternalistic top down relationship between nurses and their patients to one of partnership and patient-centredness (Griffith, 2016). Furthermore, the relationship between nurses and their older patients has been found to hold high value for both parties; for example, an older patient participant in McGarry's (2008) study reported that:

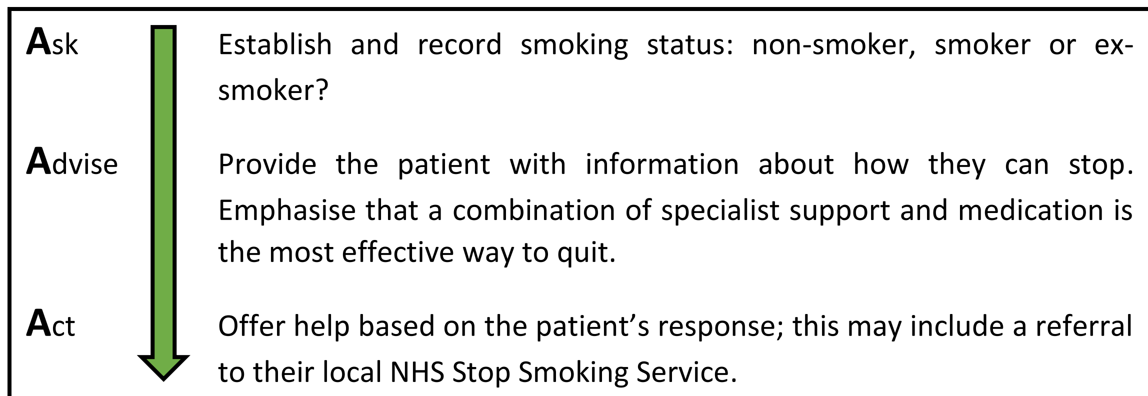
> *"…conversation is a great sort of aid to life, isn't it? You know it's very important because not hearing another person's voice and not being able to discuss things with them or ask them problems, now that's where the nurses come in, you see, they're so good, they come, they come in and they chat to you and they buck you up a bit."* (McGarry, 2008, p. 33).

Therefore, the high value of this relationship can be utilised to develop a trusting partnership where ultimately, decisions about quitting behaviour and treatment options are the older patient's decision which should be respected.

'Very Brief Advice on Smoking (VBA)' Interventions

For the last 2 decades it has been recommended that health professionals advise their patients who smoke to stop, determine willingness to quit and provide smoking cessation advice and information (DH, 1998). However, health professionals have raised a number of concerns regarding this traditional method, such as fears that it appears judgemental, may elicit a negative response from the patient and the evidence base suggests that this approach is ineffective in triggering quit attempts and assisting the achievement of long-term abstinence (Aveyard *et al*., 2011). Furthermore, it is frequently argued that many nurses do not have time to deliver time-consuming smoking cessation interventions in addition to meeting other outcomes (Taylor *et al.,* 2011). In order to avoid these limitations, a new intervention which can be conducted within less than a minute if required, has been developed by the National Centre for Smoking Cessation and Training (funded by the Department of Health) called: 'Very Brief Advice on Smoking' (VBA) interventions (McEwen, McIlvar and Locker, 2012).

Health professionals are required to apply 'the three A's' in their interaction with their patients:



Ask	Establish and record smoking status: non-smoker, smoker or ex-smoker?
Advise	Provide the patient with information about how they can stop. Emphasise that a combination of specialist support and medication is the most effective way to quit.
Act	Offer help based on the patient's response; this may include a referral to their local NHS Stop Smoking Service.

The VBA training module is available online, can be completed in less than 30 minutes and provides a certificate for CPD purposes, if required. Of further interest to community nurses may be a second free online training module which is designed to teach health professionals how to best raise the topic of secondhand smoke exposure: 'Secondhand smoke: promoting smoke free homes and cars'. These modules can be accessed here: http://www.ncsct.co.uk/publication_very-brief-advice.php

PHARMACOTHERAPIES FOR QUITTING

There are a number of pharmacotherapies available in the UK that assist smokers to quit: varenicline (Champix), bupropion (Zyban) and nicotine replacement therapies (NRTs) (National Institute for Health and Care Excellence, 2013). Varenicline and bupropion take the form of tablets which help the smoker to quit by alleviate cravings for the stimulant drug nicotine, which is the habit-forming component of tobacco. NRTs are therapies which continue to administer nicotine to the body via skin patches, gum, nasal spray, inhalators and lozenges, but do not contain the carcinogenic and toxic substances contained within tobacco smoke. However, evidence suggests that in order to be effective, these pharmacotherapies need to be used in combination with psychosocial support (Kotz, Brown and West, 2014). The most effective quitting method is prescription medication with specialist support from the NHS Stop Smoking Service, followed by prescription medication with minimal behavioural support from a health care professional, which emphasises the important role of community nurses in referring and supporting smoking cessation.

CONCLUSION

Tobacco smoking remains the greatest cause for early death and health inequalities among all age groups. Motivating older smokers, particularly hardcore smokers, to initiate quit attempts remains a complex task for community nurses which requires multiple resources and therefore poses an ongoing public health challenge. VBA interventions can help to facilitate community nurses' opportunities to initiate and support smoking cessation in older patients and these are designed to reduce recognised barriers to raising the issue, such as

lack of time or concerns that advising patients to stop smoking appears judgemental. Nevertheless, developing patient-centred care partnerships and maintaining effective communication strategies which account for the needs of older patients continue to be crucial components in the delivery of smoking cessation support from community nurses.

KEY POINTS:
1. Tobacco smoking poses physical, psychological and social harms for older patients and smoking cessation is beneficial for health even in older age;

2. Addressing smoking cessation in older patients continues to be a difficult challenge for community nurses;

3. The nurse-patient relationship is of high value to both parties and can be developed into trusting, patient-centred partnerships with older smokers;

4. Community nurses now have the opportunity to deliver Very Brief Advice on smoking (VBA) interventions with older smokers, which adopt a non-judgemental approach and can be conducted in less than a minute if required;

5. Good communication skills are crucial to effectively supporting older smokers and prompting successful quit attempts.

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