

BEHAVIORAL HEALTH TOBACCO TREATMENT CASE STUDY

Presenter's Information

Name: Jim Brawner

Title/Role: Community Educator, Certified Tobacco Treatment Specialist

Credentials: M.Ed., CTTS, NCTTP (National Certificate of Tobacco Treatment Professionals)

Agency: CoxHealth Systems, Springfield/Branson, MO

Patient Demographic Information

Age: 54

Gender: Male

Race/Ethnicity: Caucasian

Type of Service Provided

Cardio-Pulmonary Rehabilitation Lab plus tobacco cessation classes

Psychological/Medical Information

Diagnoses: Had a history of 5 MI's over a period of 3 year.

Current Medications: Simvastatin 20mg

Tobacco Use History

Current Type of tobacco product/s used (list all products and amount used): Cigars, Dip

Cigars: Five per day when we first engaged.

Dip/Chew: One can per day

Diagnostic Codes Used: F17.210 nicotine dependence, uncomplicated

Tobacco Cessation Medications Used: first quit attempt: combination therapy with a 21 mg patch, 4 mg nicotine lozenge for short acting nicotine replacement. After the third session, we increased the patch by adding another 21mg (total 42mg). He tapered to one 21mg patch after session eight and titrated to 14mg after last session. Two weeks after the last session he reduced to 7mg patch and 2mg lozenge. After a total of four months, he used 2mg lozenges as needed and was able to give that up at six months.

CO Levels recorded per session for 11 continuous weekly sessions:

1. 33/5.9
2. 26/4.8
3. 47/8.2
4. 26/4.8
5. 18/3.5
6. 11/2.39
7. 2/0.95
8. 3/1.1
9. 3/1.1
10. 3/1.1
11. 2/0.95

Tobacco Treatment Medications

Quit Attempt	
Nicotine Patch 21 mg dose: began with one 21mg and increased to two 21 mg nicotine patches after session three	
Nicotine Gum:	
Nicotine Lozenge: 4mg mini mints	
Nicotine Nasal Spray:	
Nicotine Inhaler:	
Varenicline:	
Bupropion:	
Combination: "single and double patching". Plus lozenge	

Patient Barriers to Treatment:

Nicotine Replacement Medications not covered under his insurance plan. Marital stress and family stress. Triggers: highest risk areas – after eating, driving, stress, waking to tobacco in the first 5 minutes, coffee, boredom.

Providers Barriers to Treatment:

His provider had never prescribed 'double-patch' therapy. I submitted evidenced based studies on 'double patching' and its effectiveness. The provider was grateful for the updates and has been helpful in reaching other providers for this therapy.

Treatment overview:

The client agreed to attend a Marriage 911 group with his spouse and achieved relationship skills to deal with conflict. He eventually took ownership of his journey and was able to encourage others who struggled. After 18 months of being tobacco free, he has been able to recommend and affect others to follow in seeking help with their addiction to tobacco.

He stayed active in the quit process for 11 continuous weeks. After these sessions, phone assessment continued weekly up to the 4th month. A monthly call had been practice up to one year.

Grant funds supplied to by the Skaggs Legacy Foundation for nicotine replacement therapies (OTC) and CO monitor for measuring CO levels of clients.

Treatment outcome as of last session:

Smoke free and chew free for 18 months.