

**Pain and the "Butt"  
Development of a  
Nicotine Cessation Program  
Within  
Pain Rehabilitation**

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**Objectives**

- Participants will
  - Identify two reasons nicotine cessation is important in the chronic pain patient
  - Identify major concepts taught in PRC
  - Be able to identify core concepts of Motivational Interviewing utilized in nicotine cessation

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### Nicotine's Effect:

Smoker's report increased:

- pain severity
- depression
- anxiety
- pain – related impairments in physical functioning

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### Nicotine's Effect cont:

- Smoker's with chronic pain are more likely to
  - be hospitalized for pain – related disorders,
  - have exacerbations of pain symptoms and
  - be chronically more physically and mentally impaired in their functioning

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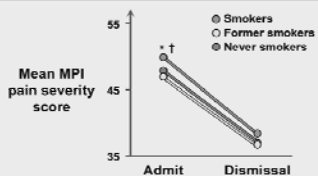
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### Effect on Smokers Pain Severity with Rehabilitative Treatment



Chronic pain patients who smoke report increased pain severity  
\*F(1,1021)=606.0, P<0.001  
†F(1,1021)=5.1, P=0.006  
\*Main effect of treatment, repeated measures ANOVA  
†Main effect of smoking status, repeated measures ANOVA

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### PRC continued

- Concepts:
  - Acute vs chronic pain
  - Decreased pain behaviors
  - Minimizing /eliminating use of narcotics and OTC analgesic, tobacco products and recreational drugs
  - Coping with emotional aspects of chronic pain
- Multidisciplinary team

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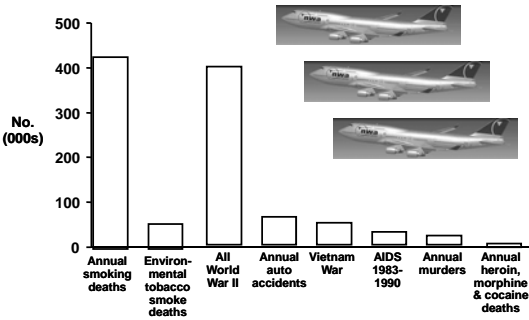
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### The Cigarette Death Epidemic in Perspective




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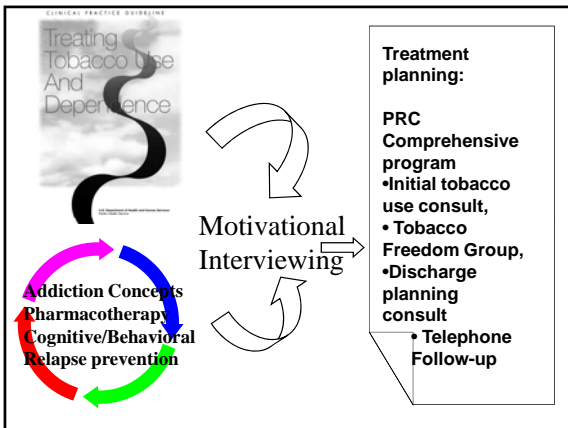
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**Program Development of  
Specific Interventions**

- Coordination Tobacco Trained Specialist with Certification through Mayo College of Medicine (800-344-5984, [ndep@mayo.edu](mailto:ndep@mayo.edu))
- Mayo Nicotine Dependency Center
- Observation of Nicotine Dependency Center Residential Program

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**Development of Interventions  
continued 2**

- Content and process of Group developed including:
  - Monitoring of carbon monoxide levels
  - Use of Decisional scaling questions pertaining to motivation assessed with written worksheet
  - Formulation of group activities/discussions

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**Development of Interventions  
continued 3**

- Identify group/individual components of program
- Identify amount of time needed
- Develop template for process and documentation of initial consult

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Efficacy increases with time and intensity

Total amount of contact time	Odds ratio (95% CI)	Estimated abstinence rates (95% CI)
No minutes	1.0	11.0
1-3 minutes	1.4 (1.1, 1.8)	14.4 (11.3, 17.5)
4-30 minutes	1.9 (1.5, 2.3)	18.8 (15.6, 22.0)
31-90 minutes	3.0 (2.3, 3.8)	26.5 (21.5, 31.4)
<b>91-300 minutes</b>	<b>3.2 (2.3, 4.8)</b>	<b>28.4 (21.3, 35.5)</b>
> 300 minutes	2.8 (2.0, 3.9)	25.5 (19.2, 31.7)

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Motivation Interviewing

- Unique, guiding approach
  
- Core concepts
  - Empathy
  - Highlighting discrepancies
  - Roll with resistance using reflective listening techniques
  - Supporting self efficacy

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Development of Interventions continued 4

- Facilitate a more "process" type discussion among patients
  
- Development of a worksheet summarizing patient participation and research data
  
- Formulate 6 group activities/discussions

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### Development of Interventions continued 5

- Template for consult note
- Development/education of guidelines for case managers regarding program
- Pilot sessions done/adjusted as needed
- Staff inservice developed to educate staff

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### Future Considerations

- Research on "Cognitive Behavioral Smoking Cessation Interventions for Adults with Chronic Pain" funded by National Institute on Drug Abuse, principle investigator Dr. Michael Hooten
- TTS training for a second person (Completed)
- Ongoing staff education on research

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### Future Considerations continued 1

- Continued refining of program based on research and feedback of participants/staff
- Develop interventions for other programs, i.e. PREP, Aftercare and Adolescent PRC Program
- Share information with colleagues

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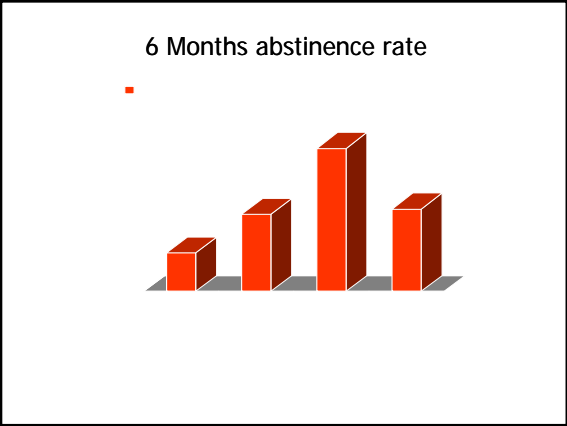
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**REFERENCES**

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- Weingarten, T.N., Podduturu, R.R., Hooten, W.M., Thompson, J.M., Luedtke, C.A., Oh, T.H. (2009). "Impact of Tobacco Use in Patients Presenting to a Multidisciplinary Outpatient Treatment Program for Fibromyalgia." *Clinical Journal of Pain*, 25(1), p. 39-43.

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- Fishbain, D. A., Lewis, J.E., Cutler, R., Cole, B., Rosomoff, R.S., & Rosomoff, H.L. (2007). "Does Smoking Status Affect Multidisciplinary Pain Facility Treatment Outcome?" *Pain Medicine* 8(4), p. 301-311.
- Mayo Nicotine Dependence Center

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