

Older Adults, Behavioral Health and Smoking: It's Never Too Late to Quit



National Behavioral Health Network
For Tobacco & Cancer Control

Tuesday, July 23, 2019,
2:00pm-3:00pm ET



WELCOME!



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Housekeeping

- Webinar is being recorded. All participants placed in “listen-only” mode.
 - Recording will be posted on BHtheChange.org
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox.
- PDFs of today's presentation slides and our presenter bios available for download in the handouts pane.



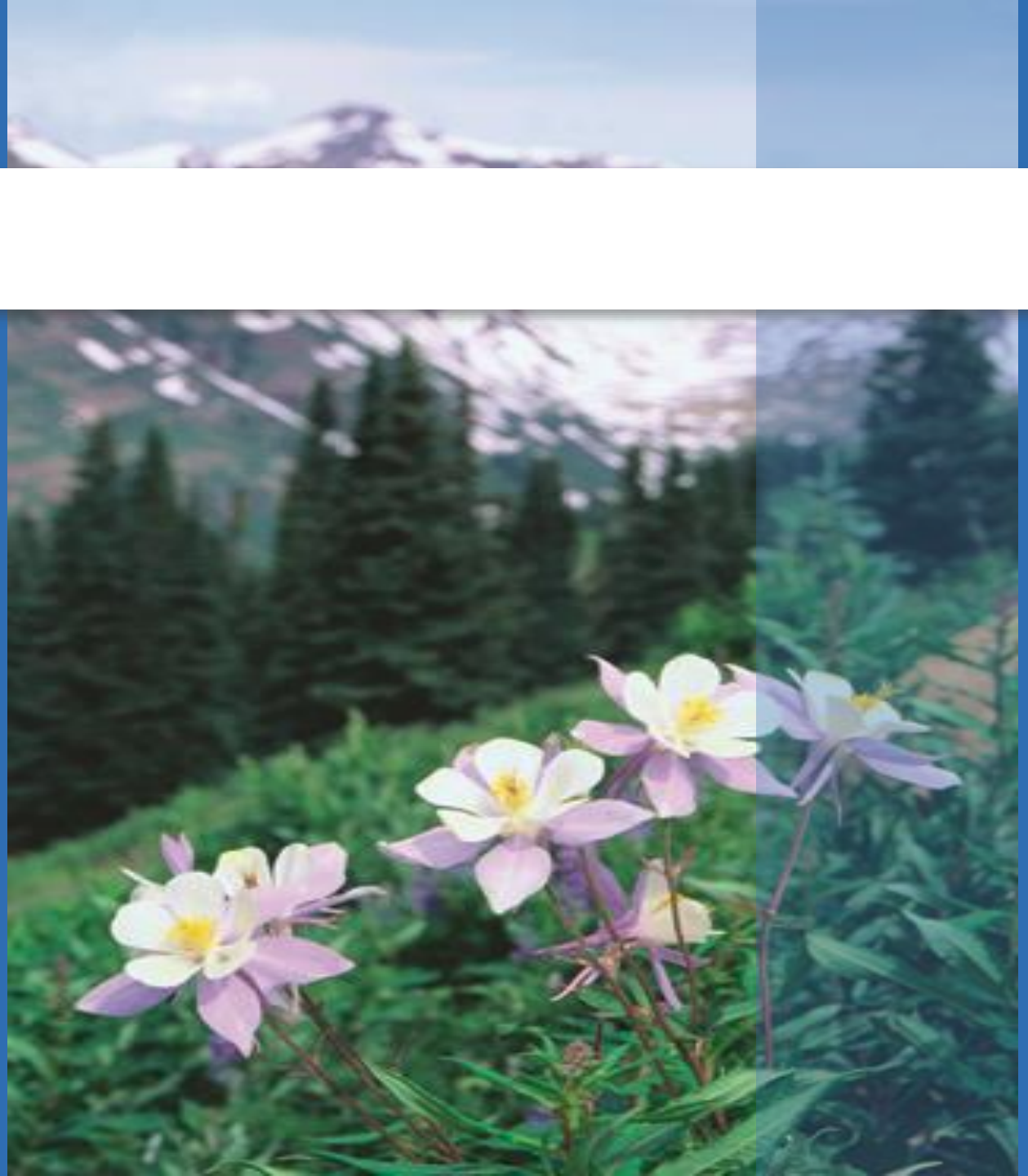
Behavioral Health &
Wellness Program

Older Adults, Behavioral Health and Smoking: It's Never Too Late to Quit

Chad Morris, PhD
July 23, 2019

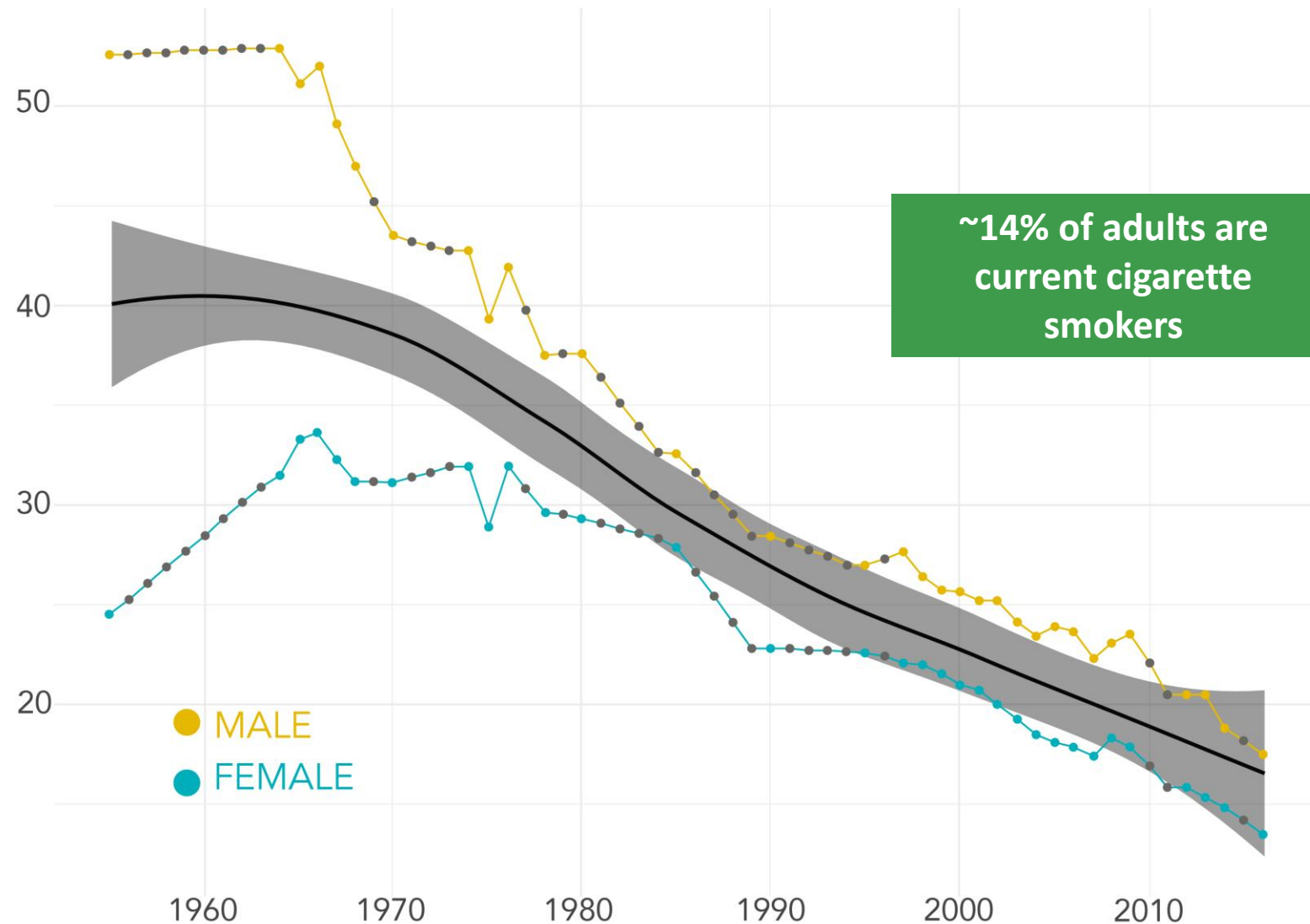


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Trends in U.S. Adult Smoking



Demographic Characteristics

There are several demographic characteristics that may influence patterns of tobacco use among the U.S. population:

Age	Income/Education
Gender	Occupation
Race/Ethnicity	Sexual Orientation
Geography	Behavioral Health



Prevalence Among Older Adults

- In the US, people aged ≥ 65 years have the lowest prevalence of current smoking (8.2%) among all adults.
- This is largely due to the premature death of
 - Tobacco-related disease
 - Cessation among those already experiencing the health effects of tobacco.



Common Myths

- “Smoking hasn’t killed me yet.”
- “Been there, done that.”
- “It’s too late; the damage has been done.”
- “Smoking relaxes me.”
- “I’m about to go in the hospital for surgery, so I can’t deal with quitting now.”
- “It’s one of the last joys in life.”
- “The older you are, the harder it is to quit.”



The Stress and Smoking Connection

- The majority recognize smoking is physically unhealthy
 - But mistakenly believe it has positive psychological functions
 - In particular- stress relief
 - Smoking is used as an indirect coping strategy
 - And perceived stress reduction is often relief of withdrawal symptoms



Tobacco Use and Older Adults

Older adults are more likely to:

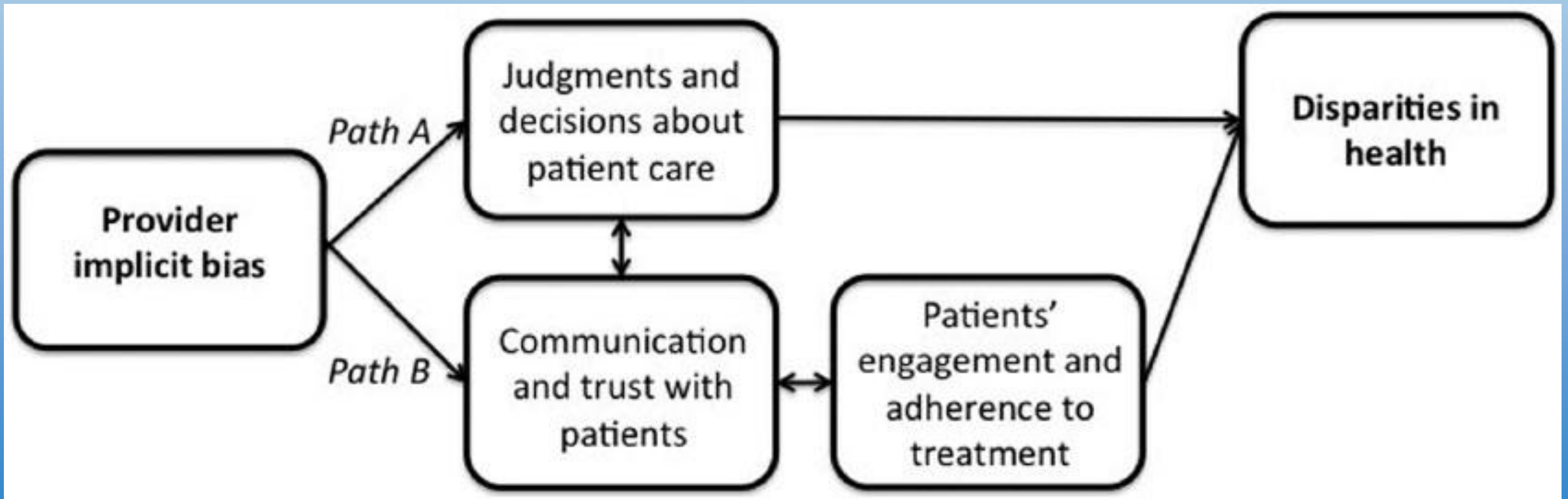
- Be motivated by negative health consequences
- Not receive tobacco cessation resources due to provider beliefs about their desire to quit



Older adults have been found to quit smoking at rates comparable to those of younger smokers.



Implicit Bias and Health Disparities



Reference: Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: A narrative review. *Group Processes & Intergroup Relations*, 19(4), 528-542.



It Is Never Too Late to Quit

- Smoking cessation at age 65 leads to an increase in life expectancy of 1.4 to 2.0 years for men and 2.7 to 3.7 years for women



Behavior Change Interventions

- Screening, Assessment, Intervention, & Referral
- Cognitive-Behavioral Therapy
- Physician Advice
- Individual counseling
 - > 4 sessions
 - > 10 minutes
- Psycho-educational groups
- Peer support
- Age-tailored self-help materials
- Referral to quitlines



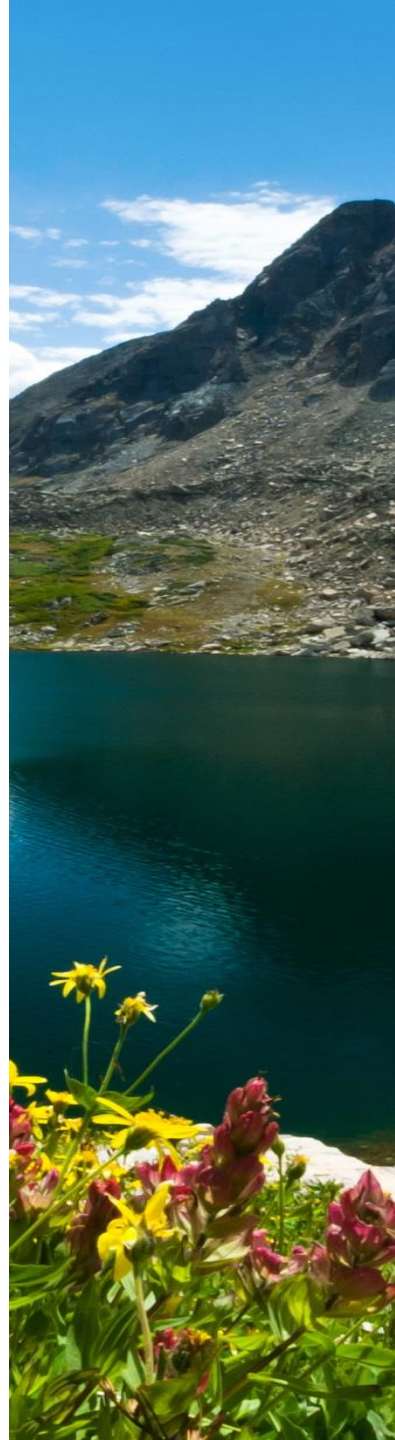
ADDRESSING Model

Cultural Influences	Typical Minority Groups in the U.S.
Age and generational influences	Children, elders
Developmental disabilities	People with developmental disabilities
Disabilities acquired later in life	People with disabilities acquired later in life
Religion and spiritual orientation	People of Muslim, Jewish, Buddhist, Hindu and other minority religions and faiths
Ethnic and racial identity	People of Asian, South Asian, Pacific Island, Latino, African, African American, Arab, Middle Eastern heritage
Socioeconomic status	People of lower status because of occupation, education, income or rural habitat
Sexual orientation	Gay, lesbian, bisexual people
Indigenous heritage	American Indians, Alaska Natives, First Nations, Inuit, Metis, Native Hawaiians
National origin	Immigrants, refugees, international students
Gender	Women, transgender people



Medicare Benefit

- Medicare Part B covers tobacco use treatment multiple times each year
 - 8 visits per year (4 sessions per attempt)
 - At intermediate (3 to 10 min) or intensive (>10 min) levels
- Medicare Part D covers cessation medications



Focus on Resiliency



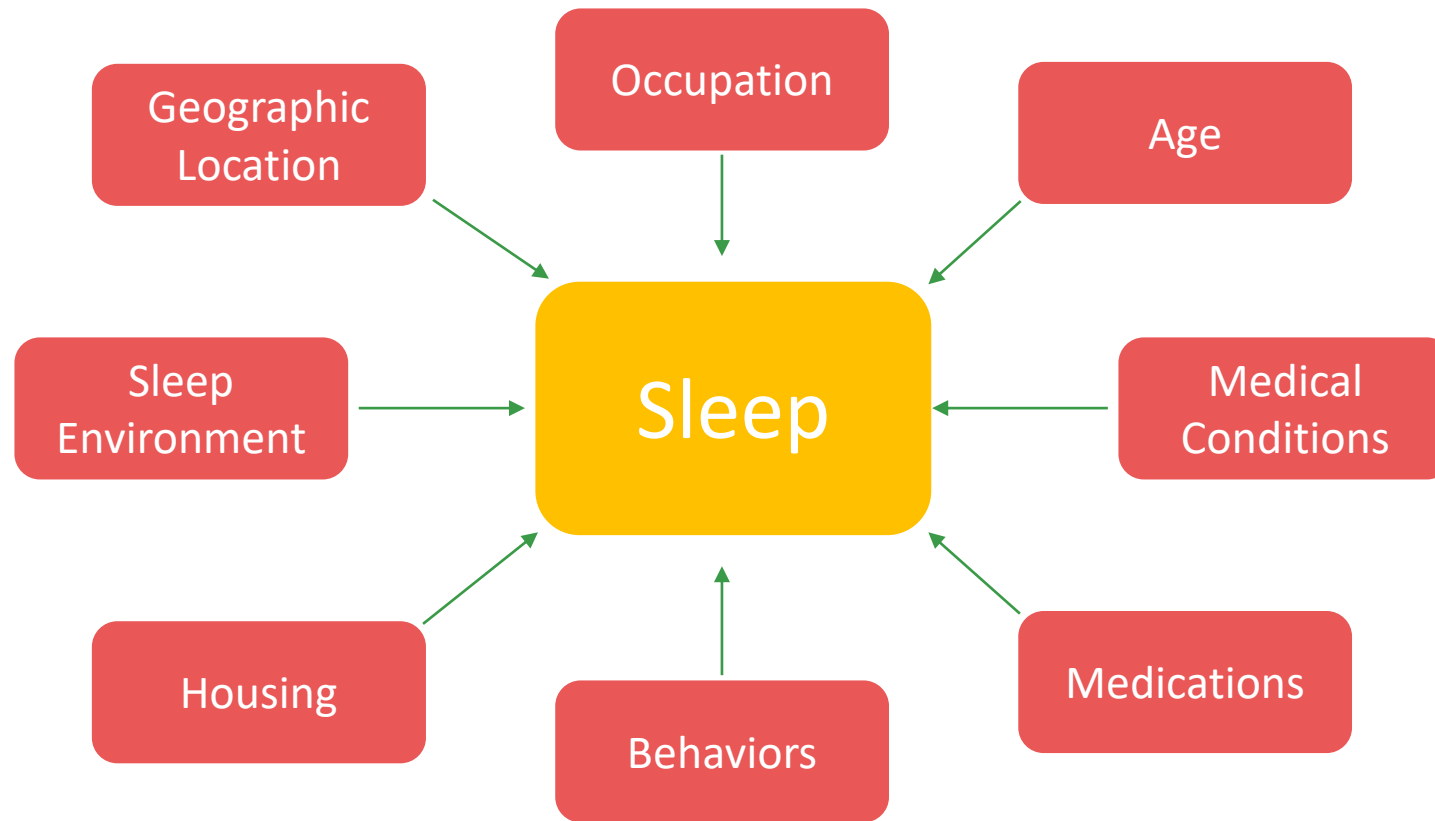
- Older adults have specific strengths that can help them quit.
- They have learned life experience overcoming difficulties.
- May have more dedication toward attaining goals.



A Whole Health Approach



Sleep, Tobacco Use, and Chronic Illness



The Person-Centered Health Neighborhood



Resources

- U.S. Department of Health and Human Services
 - <https://60plus.smokefree.gov/>
- National Institute on Aging
 - <https://www.nia.nih.gov/health/quitting-smoking-older-adults>

- Quitlines





Behavioral Health & Wellness Program

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BHWP_UCD

Older Adults and Smoking Cessation: Clinical Aspects

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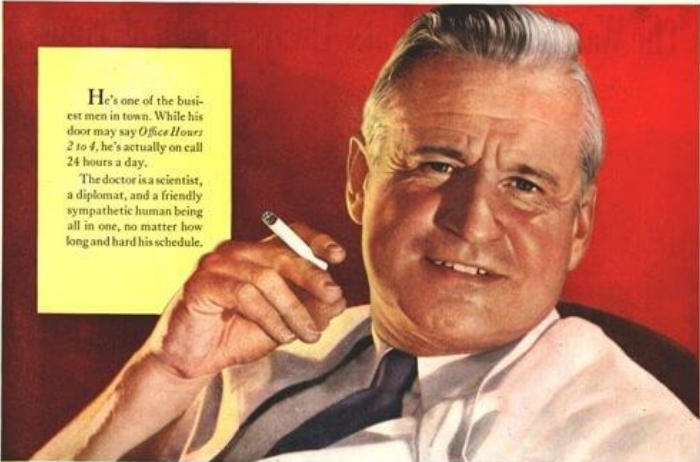
Foundations

- “...the major reasons for changing therapy when working with an older client are not due to developmental differences but to context effects, cohort effects, and specific challenges common in later life”.
- “In general, then, available evidence supports the effectiveness of psychological interventions with older adults, for those interventions that have been studied”.

~Robert Knight, Ph.D.



Cohort Differences



He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.

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CAMELS Costlier Tobaccos



You've come a long way, baby.

Virginia Slims.



Clinical Tip

- Honor the Person's History With Smoking.
- If We Take a Disrespectful or Youth-Centric Stance, We May Defeat Our Own Goal.
- Be Aware that Society's Views Have Changed Within the Person's Lifetime.
- The Person May Feel "Double-Crossed" by the Medical Field.

"I got through Korea with my M-1 rifle and a pack of Lucky Strikes."



“Why now, at my age?”

- Beginning as Soon as One Day After Cessation, at Any Age:
 - » Lower Blood Pressure, Lower Risk of MI and Stroke.
 - » Senses of Taste and Smell Begin to Improve.
 - » Oxygenation Improves/Activity Becomes Easier.
- Over the Next Several Weeks/Months:
 - » Overall Lung Function Improves.
 - » Circulation Improves.
 - » Reduced Risk of Lung Infection.
- By One Year, the Risk of Coronary Heart Disease Drops Significantly.
- These Benefits are Amplified for Those Who Already Have Significant Medical Problems.
- There is Still Time to Get Sicker, for Those Who Keep Smoking.
- In Sum: Live Longer and Better, Starting Tomorrow, No Matter One's Age.

What Happens When You Quit Smoking?



smokefree60+

By quitting smoking, you can reduce your risk of diabetes, lower your cholesterol, improve your muscle strength, and add years to your life.

10 years after quitting, your risk of all smoking-related cancers decreases by up to 50 percent.



Clinical Tip

- In Older Age, We Tend to Become Less Focused on Long Term Outcomes and More Focused on Immediate Term Outcomes.
- So, Emphasize the Benefits for Current Quality of Life.
- Have the Person Think Through Ways Day-to-Day Life Could Be Better, Based on Individual Interests and Values, by Quitting.
 - > Be Concrete and Specific
 - Ex: More Money Available to Do Other Things Now (Especially On a Fixed Income).
 - > Make a List.
 - > Share It with Important Others or Even Have Them Help Create It.
- Some Benefits May Be Less Obvious But Just As Important.
 - > Ex: Cough Less -> Reduced Jarring and Muscular Exertion -> Reduced Back Pain
- Older Adulthood Can Bring an Increased Emphasis on Relationships, So Have Important Others Share How Their Relationship with the Person May Benefit
 - > Ex: “Dad, We Can Spend More Time Together Because You are Breathing Better and Have More Energy.”
 - > Ex: Setting a Good Example for Grandchildren, “I Love You Enough To Take Care of Myself and Be With You as Long as I Can Be.”



“It’s never worked in all these years. I guess I’m just not meant to quit.”

- Older Adults Are More Likely than Younger Adults to Have Multiple Unsuccessful Attempts to Quit.
- Beware the Insidious Belief that “Old Dogs Can’t Learn New Tricks”: I’m Too Old to Change Anything.



Clinical Tip

- Relapses Are an Opportunity for Learning.
- We Have Much Better Resources Now.
- The Person Has Many Years of Coping With Challenges By This Point In Life. This Experience Can Help Inform Cessation Treatment.
 - > *This is Especially Important for Those Whose Alternate Coping Options are Limited by Physical, Environmental, or Financial Factors.
- Older Smokers Can Generally Be More Successful at Quitting Than Younger Smokers.
- If We Don't Really Believe the Person Can Quit, Then That Can be Detected by the Person ("Stereotype Threat").
 - > * It is Important to Reflect On Our Own Beliefs and Stereotypes of Aging, Including Our Own Aging.



The Role of Normal Age Related of Cognitive Decline in Treatment Work

- **Intelligence:** Knowledge or Experience Accumulated Over Time Generally Remains Stable with Age.
- **Memory:** Recall of Past Events Remains Generally Preserved. Recent Memory or the Formation of New Memories is More Vulnerable.
- **Attention:** Simple Attention Tends to be Preserved in Older Age. Difficulties Can Occur with Divided Attention (“Multi-Tasking”).
- **Language:** Verbal Abilities, Including Vocabulary are Preserved. Changes can Occur with Word Retrieval or the Process of Getting the Words Out.
- **Reasoning and Problem Solving:** Established Ways of Approaching Problems are Maintained Generally. Novel Problems or New Solutions May Take Extra Time to Work Through.
- **Speed of Processing:** The Speed At Which Cognitive Processes are Performed is Slower. Activities Can be Performed, Just May Take Longer.



Clinical Tip

- Use The Same Materials, Programs, and Strategies as Used for Younger People.
- There are Many Options but None Strictly for Older People.

But . . .

- Use a Slower Pace.
- Cover One Topic at A Time.
- Use Regular Breaks.
- Stop After Each Topic to Check Understanding.
- Use Concrete, Clear language.
- Use Written or Recorded Materials to Augment.
- Accommodate for Hearing, Visual, or Other Physical Limits.
 - Ex: A Person with COPD May Not Be Able to Use Relaxation Breathing as an Alternate Stress Management Strategy (vs. Smoking).



Resources

- “SmokeFree60+” (mobile app); National Cancer Institute
www.60plus.smokefree.gov
- Significant Others in the Person’s Life
- National Institute on Aging: Quitting Smoking for Older Adults
- Quit Lines:
 - > 877-448-7848 (National Cancer Institute)
 - > 800-784-8669 (Smokefree.gov)
 - > 855-784-8838 (VA Quit Line)



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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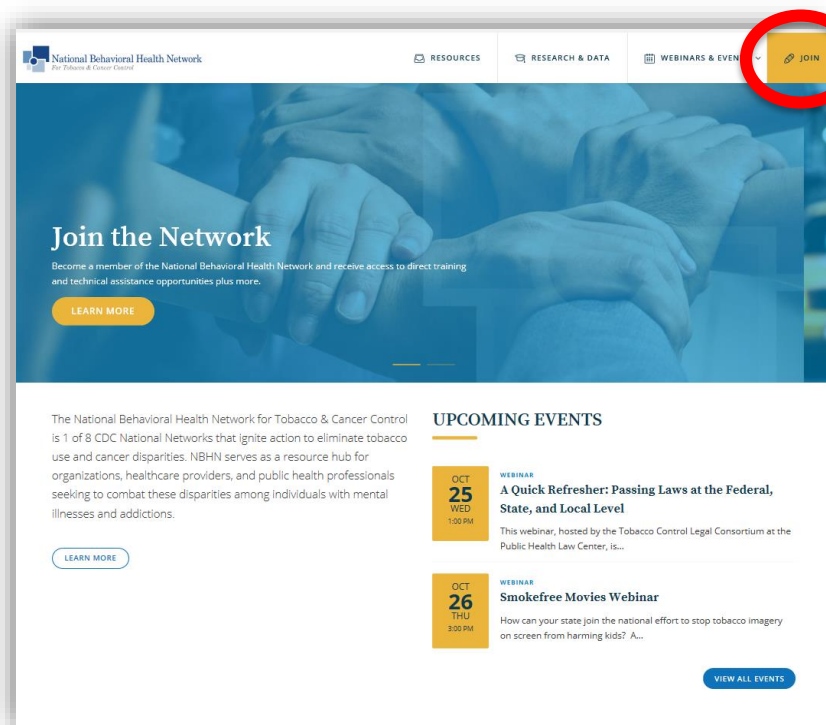


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QUESTIONS?



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