

Youth Tobacco Cessation: Inpatient Case Study:

16 year old with generalized tonic clonic seizures

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ACT (ASK-COUNSEL-TREAT) MODEL

- Pediatric tobacco use and nicotine dependence are **significant** health concerns.
- Despite declines in cigarette use, youth still use tobacco products—including **e-cigarettes**—at high rates.
- Adolescents and young adults are uniquely vulnerable to nicotine dependence, and **the majority of adults who smoke initiate use during adolescence**.
- The **ACT (Ask-Counsel-Treat) Model** was designed to provide an approach for discussing tobacco cessation that is both meaningful and brief (2-3 minutes).
- AAP developed this case study to demonstrate use of the ACT model in an inpatient setting.

ACT SUMMARY

- Pediatric health clinicians have a collective responsibility to identify youth who use tobacco and connect them with the resources they need to quit successfully.
- The ACT model is used to facilitate conversations with youth about tobacco cessation.
- The ACT model is designed to minimize time and burden on the pediatric health clinician and maximize the patient's chances of a successful quit.
- The ACT model can be used universally with all pediatric patients ages 11+.
- This resource **does not** serve as official policy of the AAP, or as a clinical guideline. Rather, this resource is designed to provide practical advice and considerations for addressing tobacco cessation in youth.
- More information on youth tobacco cessation can be found at aap.org/cessation

Inpatient Case Study: Background

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Patient information

Chief Complaint: 16-year-old white male with epilepsy, on levetiracetam admitted to inpatient pediatric floor following treatment and stabilization in ED for status epilepticus

HPI:

- Presented to ED via EMS following 10 minutes of sustained, generalized tonic-clonic seizure activity. Treated with IV diazepam and loading dose of levetiracetam, after which seizure activity abated. Postictal phase persisted for 30 minutes in ED. No inciting cause identified.
- Had had no break-through seizure until approximately a month ago, when he started having two-three minute generalized seizures, self-resolving, five to six times/week.
- After approximately 30 minute post-ictal stage, patient was alert and oriented. On confidential assessment reported mild depression and previous history of suicidal ideation

PMH: Epilepsy, diagnosed at age 12 years. On Levetiracetam, well-controlled.

PSxH: None

Family History: history of depression in mother, otherwise unremarkable

Medications: Levetiracetam

Allergies: NKDA

Initial Vitals on arrival to floor: BP 114/70 HR 64 RR 14 SpO2 98% T 98.2F

ROS (pertinent positives/negatives): Break through seizures. No fever, cough, respiratory distress, no vomiting or diarrhea, no rash, joint pain or swelling. ROS otherwise negative

Social Hx: Gender Identity: non-binary; Pronouns: they/them; reports no history of drug/alcohol/tobacco use. Lives with parents and younger brother

Inpatient Case Study:

Ask (Screen)

Counsel

Treat

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SCREEN FOR TOBACCO USE WITH EVERY YOUTH AGE 11+ AT EVERY CLINICAL ENCOUNTER.

Structure the environment to support confidentiality and encourage accurate disclosure.

Ask about all tobacco products, including e-cigarette or vaping products, hookah, and smokeless tobacco

Use specific product names examples common to your community.*
ex: JUUL, Puff Bar, Suorin, Vuse

Assess secondhand exposure risk by asking about tobacco products used by friends, family, or in the home.

* Products used may vary between communities. Visit the ACT module to view illustrations of common products.

CREATE A SPACE FOR CONFIDENTIALITY & TRUST

Clinical Environment

- Use inclusive language (ex. use patient's pronouns, non-gendered language) when having conversations
- Build trust and rapport
- Use private, 1-on-1 time to discuss sensitive topics

Caregiver/Parent

- Ask caregiver to step out of the room during confidential conversations
- Include caregiver in the non-confidential aspects of adolescent and young adult care

Policy

- Develop a unit confidentiality policy for adolescent patients. Share it with families and post in a public location
- Understand your state's laws around confidentiality and age of consent

Ask – Counsel – Treat

Case Study Sample Dialogue: Part 1 of 4

Clinician: Do any of your friends or family use tobacco or other vaping products? Some of my patients use Sourin, JUUL, or Puff Bar.

Patient: My friends vape after school. And some kids in my school go to the bathroom between classes and do it.

Clinician: And what about you, do you ever vape?

Patient: Yeah, I vape sometimes.

Clinician: I appreciate you being honest and sharing that with me.



Inpatient Case Study:

Ask (Screen)

Counsel

Treat

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Ask—**Counsel**—Treat

COUNSEL ALL PATIENTS WHO USE TOBACCO ABOUT QUITTING, REGARDLESS OF AMOUNT OR FREQUENCY OF USE.

Use motivational interviewing to determine reason for use and guide the conversation around quitting.

Choose respectful, non-judgmental words, and use a strengths-based perspective.

Assess youth's history of tobacco use, past quit attempts, and signs of dependence.

Be clear, personalized and explain the benefits of cessation.

Ask – Counsel – Treat

Case Study Dialogue Part 2 of 4

Clinician: Can you tell me why you vape?

Patient: Lots of my friends were vaping and I was curious. Kind of helps with stress, I think. Not sure now.

Clinician: As your doctor, I care about you and I want to help you stay as healthy as possible. A lot of people think vaping helps with stress, but that's probably not true. Nicotine addiction can actually be a source of stress. When your brain is used to having nicotine around, you can feel worse - sometimes stressed or anxious - when you aren't vaping.

Patient: Oh wow- I didn't know that.

Clinician: Have you ever tried quitting before?

Patient: I've stopped for a week, but I couldn't focus on school and felt very grumpy all the time.

Clinician: Interesting. Those are symptoms of withdrawal. That tells us that nicotine is starting to change your brain - that you're developing an addiction. I want to help you stay as healthy as possible. Quitting vaping is an important way to keep you healthy. Are you interested in trying again?

Patient: Yeah, I guess so.



Inpatient Case Study:

Ask

Counsel

**Treat (Behavioral and
Medication Support)**

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LINK YOUTH TO APPROPRIATE BEHAVIORAL SUPPORTS

Use an assessment tool to measure youth's level of nicotine dependence and their willingness to quit.

Give the patient options for a quit date to foster an independent decision.

Link patient to behavioral cessation support(s) and any additional support resources.

Arrange follow-up with the youth within 2 weeks of their quit date to assess progress and provide additional encouragement.

BEHAVIORAL SUPPORT & ADDITIONAL FOLLOW-UP

2 Week Follow- up

- Connect with patient's primary care provider or other care team members to inform them about the quit attempt.
- Encourage follow-up within 2 weeks.

Behavioral Cessation Support

- Provide all youth who wish to quit with behavioral cessation support in a modality that works for them:
 - Telephone Quitline
 - Text-message support
 - Web-based interventions
 - Smartphone apps
 - In-person counseling (individual or group)

Parent Knowledge & Engagement

- Encourage youth to include parents in their quit attempt if patient is willing to disclose use.
- Ensure that tobacco use is not disclosed via the patient portal or end-of-visit summary if patient is unwilling to disclose use.

Ask – Counsel – **Treat**

Case Study Dialogue: Part 3 of 4

Clinician: I'm so glad you're interested in quitting. If it's ok with you, I'd like to have you complete this quick form to help us understand how dependent your body is on nicotine.

Patient: Sure.

Patient is determined to be moderately dependent

Clinician: Based on your assessment, I think using a medication combined with some quit coaching will help you the most. The medication can help with withdrawal symptoms as your body gets used to not having nicotine around. The quit coaching can help you learn how to manage cravings and triggers. Is that something you'd be interested in

Patient: Yes.

Clinician: Let's set a quit date in the next 2 weeks. What day would you like to start?

Patient: Can I start next week?

Clinician: Next week is great. The sooner you quit, the better it is for your health! Do you have a preference on receiving text, calls or using a web- based app for cessation support?

Patient: I think text is okay.

Clinician: Great. I'm going to connect you to a text program that will help encourage you as you're quitting. You can text 'QUIT' to 47848. You will receive personalized text messages timed to your quit date.

Patient: Okay, thank you.



Any additional treatments for underlying conditions are not addressed within this case study.

NICOTINE REPLACEMENT THERAPY (NRT) AND ADOLESCENT PATIENTS

Patient Use

- AAP policy recommends physicians consider NRT for youth moderately or severely addicted to nicotine, regardless of age.
- NRT is not FDA-approved for use in youth under age 18, however, providers can prescribe NRT off-label. A prescription is required. Youth over 18 can access NRT over the counter or with prescription.

Safety

- NRT is safer than tobacco products because it delivers nicotine without the toxic chemicals and carcinogens.
- There is no evidence of serious harm from using NRT in adolescents under 18.
- NRT has low potential for misuse because the nicotine is absorbed slowly.

Treatment Options

- NRT comes in five forms, including gum, patch, lozenge, nasal spray, and oral inhaler.
- Nasal spray and oral inhaler require prescription for all ages.
- NRT works best when paired with behavioral counseling interventions.

* A full fact sheet for NRT and Adolescent Patients can be found at www.aap.org/NRT

NICOTINE REPLACEMENT THERAPY (NRT) AND ADOLESCENT PATIENTS

Treatment Considerations

- Inform patients of the benefits and drawbacks of NRT medications and instruct patients on how to use the products.
- Consider pairing a long-acting form of NRT (eg, nicotine patch) with a shorter-acting form (eg, gum or lozenge) to control break-through cravings.

Contraindications

- Review full clinical drug information in a professional prescribing reference.
- Weigh the risks and benefits of prescribing NRT on an individual basis before prescribing.

Dosage*

- Measure nicotine dependence using a screening tool and dose NRT based on the patient's level of dependence.
- Work with each patient to determine a starting dosage of NRT that is most likely to help them quit successfully.

* Dosing guideline can be found in NRT and Adolescent Patients at www.aap.org/NRT

Case Study Dialogue: Part 4 of 4 Ask – Counsel – **Treat**

Clinician: I'm going to prescribe nicotine gum to help you reduce the urge to vape and to help control those jittery withdrawal feelings you had last time.

Patient: How is nicotine gum going to help me if it has nicotine in it?

Clinician: The gum will give you a controlled amount of nicotine to stop the cravings, but won't give you the rush you get from the vape pen. Also, the gum doesn't have all the harmful chemicals that your vape pen has.

Patient: So it's just like regular gum? How much do I chew in a day?

Clinician: It's not like regular gum. You don't keep chewing it. The proper way to use this medication is called the "chew and park" method. Place a piece of gum in your mouth and bite slowly until you taste a strong peppery taste or feel a tingling sensation. This means the nicotine is being released. Then, stop chewing and "park" the gum between your cheek and gums. When you don't feel the sensation anymore, begin to chew until you notice the peppery taste, and then park again. You will repeat this for about 30 minutes, or until the peppery taste and tingling sensation are gone.

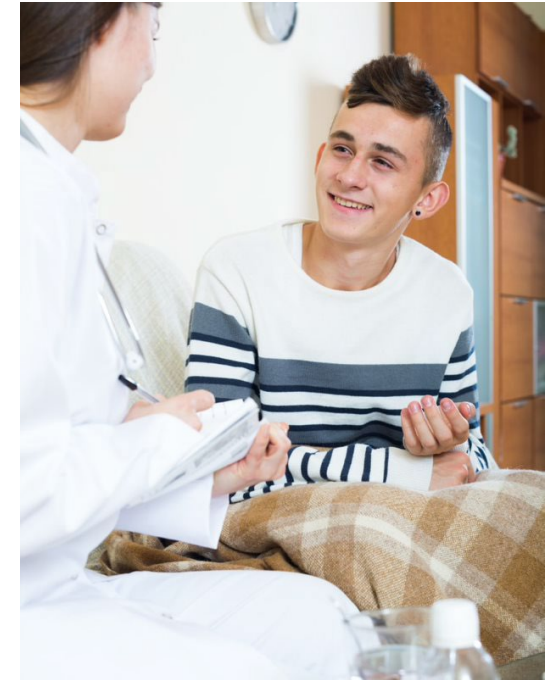
Patient: Okay, that makes sense.

Clinician: Its important you don't forget to park the gum. If you continuously chew without parking, you may feel a stomachache, hiccups, or heartburn.

Patient: Okay thank you.

Clinician: I'm proud of you for making the decision to quit. Quitting can be difficult, but I know you can do it. Let's arrange a follow-up appointment with your primary care provider in a week.

Patient: I would like that. Thanks.



Any additional treatments for underlying conditions are not addressed within this case study.

FINAL TAKEAWAYS

- The American Academy of Pediatrics (AAP) has comprehensive information to help pediatric health clinicians address tobacco use in clinical settings.
- Visit www.aap.org/tobacco for more information on youth tobacco prevention and cessation.
- Additional case studies were developed to show the variations in clinical settings, common products, screening techniques, motivational interviewing, patient response, and clinician considerations. **Please return to the home page to see additional case studies.**
- Feedback and information request can be sent to Leticia Brown MPH - AAP Program Manager Tobacco Control and Prevention (lbrown@aap.org)