



2018 Clinical Practice Guideline

Tobacco Cessation Guidelines

Tobacco smoking is the leading cause of many chronic illnesses, physical disability, and premature and preventable death.^{1,2,3} Although on the decline, about 15.5% of Americans 18 years and older smoke tobacco, per 2016 data.¹ This means there are about 37.8 million adult American smokers who can be targeted for intervention.¹

The focus of recommendations for adolescents is to prevent starting the habit. Most tobacco users began tobacco use in childhood or adolescence. About 20% of high school students and 7% of middle school students use tobacco products, per 2016 data. Parental use of tobacco increases the probability that children and adolescents will become tobacco users.^{4,5}

The 5 A approach is an established, five-component method for effective tobacco cessation counseling.^{2,6} It is appropriate for both adolescents and adults.

- Ask
 - Ask your patients about tobacco use at every visit.
 - Document tobacco use with vital signs for easy visibility.
 - Classify use status as: *current* or *former* or *never*.
- Assess
 - Stages of change
 - Ask to determine readiness for tobacco cessation.
 - Document stage of change based on response.
 - Document readiness to make a change.
 - Begin the “5 A” approach when a patient commits to a tobacco cessation program.
 - Use the “5 R” approach (*see page 2*) when a patient is not ready to commit to a tobacco cessation program.
 - Nicotine dependence
 - Ask questions to determine nicotine dependence:
 - How soon after waking do you have a cigarette?
 - How many cigarettes do you smoke a day?
 - Have you tried quitting before? If yes, ask patient to describe cravings or withdrawal symptoms they experienced.
- If a patient has recently committed to stop smoking, consider withdrawal if the patient reports any four of the following:
 - Agitation, frustration, or irritability.
 - Increased appetite or inability to achieve satiation.
 - Feelings of depression.
 - Insomnia or restlessness.
 - Easily distracted or difficulty focusing thoughts.
- Advise
 - Advise all patients who smoke to quit smoking regardless of how receptive they are to the advice or information.
 - Preserve rapport by asking permission to offer smoking cessation advice.
 - Make advice brief, repetitive, and consistent.

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- Offer advice at every visit for optimal effect, but no less than annually.
- All members of the health care team can offer advice.
- Assist
- Evaluate how receptive a patient is to smoking cessation, and then customize assistance.
 - When a patient is unwilling to commit:
 - Educate on hazards of smoking tobacco and second hand smoke.
 - Offer educational materials.
 - Discuss potential benefits from tobacco cessation.
 - Divert to the “5 R” approach.
 - When a patient is unsure about commitment:
 - Explore doubts and barriers.
 - Provide educational materials.
 - Offer available supportive services.
 - When a patient is ready and willing to begin a tobacco cessation program:
 - Develop a mutual plan.
 - Provide educational materials to support the plan.
 - Offer available supportive services
 - Educate the patient about potential for relapse and how to avoid it.
 - In adult, non-pregnant patients, offer smoking cessation medication when assessment is consistent with nicotine dependence.

- Arrange
- Schedule follow-up
 - Encourage frequent follow-up visits for patients who commit to tobacco cessation.
 - Offer praise and encouragement.
 - Review relapse issues.
 - Learn from relapse
 - Maintain focus on goals.
 - Identify triggers of relapse.
 - Explore avoidance behaviors.
 - Implement avoidance behaviors.
 - Encourage medication adherence when applicable.
 - Encourage available supportive services.
 - Offer continued support and encouragement for years after tobacco cessation is achieved.

When a patient is unable or unwilling to commit to tobacco cessation, consider using the “5 R approach that makes use of motivational interviewing techniques.”²

- Relevance
 - Ask the patient to consider why tobacco cessation would be important in their life.
- Risk
 - Encourage the patient to consider the risks associated with tobacco use.

- Rewards

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- Encourage the patient to consider what is to be gained by tobacco cessation.
- Roadblocks
 - Encourage the patient to explore prevailing personal reasons that prevent making a decision to quit.
- Repetition
 - Make advice brief, repetitive, and consistent.
 - Offer advice at every visit for optimal effect.
 - All members of the health care team can carry out this approach.

Consider a combination of tobacco cessation medication and the 5 A approach when the 5 A approach alone has not worked or when the patient assessment concludes nicotine addiction. Medications approved for adults and non-pregnant women at this time include:^{2,4}

- Varenicline
- Bupropion SR
- Nicotine replacement therapy (NRT)

Tobacco Cessation Guideline Sources

1. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
2. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>
3. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm?s_cid=mm6444a2_w
4. *Final Update Summary: Tobacco Use in Children and Adolescents: Primary Care Interventions*. U.S. Preventive Services Task Force. September 2016.
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-children-and-adolescents-primary-care-interventions?ds=1&s=tobacco>
5. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
6. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>