



## 2019 Clinical Practice Guideline

### Tobacco Cessation Guidelines

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

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.<sup>4, 5</sup>

The 5 A approach is an established, five-component method for effective tobacco cessation counseling.<sup>2, 6</sup> 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.<sup>2</sup>

- 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:<sup>2, 4</sup>

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

### Tobacco Cessation Guideline Sources

1. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults in the United States. Available at:  
[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)
2. U.S. Preventive Services Task Force. Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. Available at:  
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>
3. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults — United States, 2005–2014. Available at:  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm?s\\_cid=mm6444a2\\_w](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. Available at:  
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobac>