



UPHP Treatment Guideline for Medical Management of Tobacco Cessation Control



The following guideline recommends specific interventions for cessation services for current smokers and tobacco users.				
Eligible Population	Key Components	Recommendations and Level of Evidence		Frequency
All patients 12 years of age and older (regardless of prior use status)	Identification of tobacco use status (never, former, current) and type (all forms, including smokeless tobacco, pipe, snuff, and cigars)	<ul style="list-style-type: none"> ◆ ASK Record tobacco use status in the medical record and/or problem list 		At each outpatient visit and inpatient admission
All patients identified as current smokers/tobacco users	Intervention to promote cessation of tobacco use	Willing to Quit	Unwilling to Quit	At each periodic health exam, more frequently at the discretion of the physician
		<ul style="list-style-type: none"> ◆ ADVISE: To quit ◆ ASSESS: Patient willingness to attempt to quit ◆ ASSIST: Establish a quit date. Provide self-help materials. Offer referral for smoking cessation program. Offer pharmacologic therapy options. <ol style="list-style-type: none"> a. Nicotine replacement therapy (NRT) b. Bupropion c. Chantix (PA required) ◆ ARRANGE: Follow-up contact, either in person or by telephone. Consider referral to behavioral health. <ol style="list-style-type: none"> a. First week after quit date b. First month after quit date 	<ul style="list-style-type: none"> ◆ RELEVANCE: Ask patient why quitting might personally be relevant. ◆ RISKS: Ask the patient to identify potential negative consequences of tobacco use. ◆ REWARDS: Ask the patient to identify potential benefits of stopping tobacco use. ◆ ROADBLOCKS: Ask the patient to identify barriers or impediments to quitting. ◆ REPETITION: Reinforce that they can quit. 	
Special Circumstances Pregnant Smokers: Due to the serious risks to the mother and fetus, pregnant smokers should be offered interventions such as a referral to a smoking cessation program. Hospitalized Smokers: Clinicians should provide appropriate pharmacotherapy and counseling during hospitalization to reduce nicotine withdrawal symptoms and assist smokers in quitting. Smokers with Psychiatric Comorbidity: Nicotine withdrawal symptoms may exacerbate depression among patients with a prior history of affective disorder. Stopping smoking may affect the pharmacokinetics of certain psychiatric agents. Clinicians should monitor closely the actions or side effects of psychiatric medications in smokers/tobacco users who are attempting to quit.				

Source: 2003 U.S. Department of Health and Human Services guideline, *Treating Tobacco Use and Dependence* (www.surgeongeneral.gov/tobacco/).