



# Michigan Quality Improvement Consortium Guideline

## *Tobacco Control*

The following guideline recommends specific interventions for cessation services for current smokers and tobacco users.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
All patients 12 years of age and older (regardless of prior use status)	Identification of tobacco use and exposure status (never, former, current) and type (all forms, including smokeless tobacco, pipe, snuff, cigars, hookah [water pipe] and second-hand smoke)	<ul style="list-style-type: none"> <li>♦ <b>Ask</b> and document tobacco use status in the medical record and/or problem list. <b>[A]</b></li> </ul>	At each outpatient visit and inpatient admission
All patients identified as current smokers/tobacco users	Intervention to promote cessation of tobacco use	<ul style="list-style-type: none"> <li>♦ <b>Advise</b> to quit <b>[A]</b>/avoid second-hand smoke.</li> <li>♦ <b>Assess</b> patient willingness to attempt to quit. <b>[C]</b> <ul style="list-style-type: none"> <li>♦ The Prochaska and DiClemente's Stages of Change Model: Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse</li> </ul> </li> <li>♦ <b>Assist</b>: Try to move patients along one stage. If ready to quit:           <ul style="list-style-type: none"> <li>♦ Establish a quit date.</li> <li>♦ Provide self-help materials (e.g. free Quit Kits; see (<a href="http://www.michigan.gov/tobacco">www.michigan.gov/tobacco</a>)).</li> <li>♦ Offer nicotine replacement therapy (adults only) and/or non-nicotine medications e.g., sustained release bupropion <b>[A]</b> (adolescents and adults).</li> <li>♦ Recommend a smoking cessation program (e.g. MI Quit Line 1-800-480-7848 or your preferred program).</li> <li>♦ The combination of medication plus a smoking cessation program is more effective than either alone. <b>[A]</b></li> </ul> </li> <li>♦ <b>Arrange</b> follow-up contact, either in person or by telephone <b>[D]</b>:           <ul style="list-style-type: none"> <li>♦ First week after quit date.</li> <li>♦ First month after quit date.</li> </ul> </li> </ul>	At each periodic health exam, more frequently at the discretion of the physician  Patient may be more receptive to quit during respiratory illness

### SPECIAL CIRCUMSTANCES

- ♦ **Pregnant Smokers:** Due to the serious risks to the mother and fetus, pregnant smokers should be offered interventions such as 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.

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including the Clinical Practice Guideline for the Management of Tobacco Use, Veterans Health Administration/Department of Defense, 2004 ([oqp.med.va.gov](http://oqp.med.va.gov)); and Treating Tobacco Use and Dependence: 2008 Update - Clinical Practice Guideline, Fiore MC, Jaen CR, Baker TB, et al. Individual patient considerations and advances in medical science may supersede or modify these recommendations.