



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Tobacco Control](#)

Released: September 2015

Updated recommendations:

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)

Assess:

- Tobacco use status and document in the medical record and/or problem list
- Use of electronic cigarettes (e-cigs)
- Second-hand smoke exposure

Provide positive reinforcement to former smokers and non-smokers

Intervention to promote cessation of tobacco use

Patients are more likely to quit when providers clearly state their desire for the patient to quit, the risks of smoking, and their confidence in the patient's ability to quit.

Advise:

- To quit
- To avoid second-hand smoke
- There is no evidence that e-cigs are a healthier alternative to smoking or that e-cigs can facilitate smoking cessation.

Agree:

- To an action plan based on patient's willingness to attempt to quit or cut back

Assist:

- Refer to a smoking cessation program, or patient's health plan program. Consider alternative programs such as acupuncture or hypnosis.

SPECIAL CIRCUMSTANCES

Smokers with Psychiatric Comorbidity: Nicotine withdrawal may cause or exacerbate depression. Stopping smoking may affect the pharmacokinetics of caffeine and certain psychiatric drugs. Clinicians should monitor closely the actions or side effects of psychiatric medications in smokers/tobacco users who are attempting to quit. Caffeine levels may rise after smoking cessation.

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.