



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)	<p>Assess: Tobacco use status and document in the medical record and/or problem list [A] Use of electronic cigarettes (e-cigs) Second-hand smoke exposure Provide positive reinforcement to former smokers and non-smokers</p>	At least annually; ideally at each visit
All patients identified as current smokers/tobacco users	Intervention to promote cessation of tobacco use	<p>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.</p> <p>Advise: To quit [A] 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</p> <p>Agree: To an action plan based on patient's willingness to attempt to quit or cut back [C]</p> <p>Assist: Establish a quit date Provide self-help materials (e.g. MDHHS Quit Line 1-800-784-8669) Offer nicotine replacement therapy¹ (adults only) and/or non-nicotine medications [A] Refer to a smoking cessation program, or patient's health plan program. Consider alternative programs such as acupuncture or hypnotism. The combination of medication plus a smoking cessation program is more effective than either alone [A]</p> <p>Arrange: Follow-up contact [D]</p>	<p>At each periodic health exam, more frequently at the discretion of the physician</p> <p>Patient may be more receptive to quit during respiratory illness</p>

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 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.
- ♦ **Smokers taking other medications:** Nicotine withdrawal alters pharmacokinetics of other medications, e.g. beta blockers, warfarin, theophylline.

¹E-cigarettes not approved as nicotine replacement therapy.

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 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.