Tobacco smoking is the leading cause of many chronic illnesses, physical disability, and premature and preventable death.\(^1,2,3\) Although on the decline, about 17% of Americans 18 years and older smoke tobacco, per 2014 data.\(^1\) This means there are about 40 million adult American smokers who can be targeted for intervention.\(^1\)

The focus of recommendations for adolescents is to prevent starting the habit. Most tobacco users began tobacco use in childhood or adolescence. About 25% of high school students and 7% of middle school students use tobacco products, per 2015 data. Parental use of tobacco increases the probability that children and adolescents will become tobacco users.\(^4,5\)

The 5 A approach is an established, five-component method for effective tobacco cessation counseling.\(^2,6\) 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.
- 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."^2

- **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**
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:

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

### Tobacco Cessation Guideline Sources

3. [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)

6. [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html)
7. [http://pediatrics.aappublications.org/content/121/4/e738](http://pediatrics.aappublications.org/content/121/4/e738)