Tobacco smoking is the leading cause of many chronic illnesses, physical disability, and premature and preventable death.\textsuperscript{1,2,3} Although on the decline, about 15.5\% of Americans 18 years and older smoke tobacco, per 2016 data.\textsuperscript{1} This means there are about 37.8 million adult American smokers who can be targeted for intervention.\textsuperscript{1}

The focus of recommendations for adolescents is to prevent starting the habit. Most tobacco users began tobacco use in childhood or adolescence. About 20\% of high school students and 7\% of middle school students use tobacco products, per 2016 data. Parental use of tobacco increases the probability that children and adolescents will become tobacco users.\textsuperscript{4,5}

The 5 A approach is an established, five-component method for effective tobacco cessation counseling.\textsuperscript{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.

- **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.”

- **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**
Clinical Practice Guideline

- 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:2, 4

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

<table>
<thead>
<tr>
<th>Tobacco Cessation Guideline Sources</th>
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<tbody>
<tr>
<td>1. <a href="https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm">https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm</a></td>
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<td>3. <a href="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</a></td>
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<td>6. <a href="http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html">http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html</a></td>
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