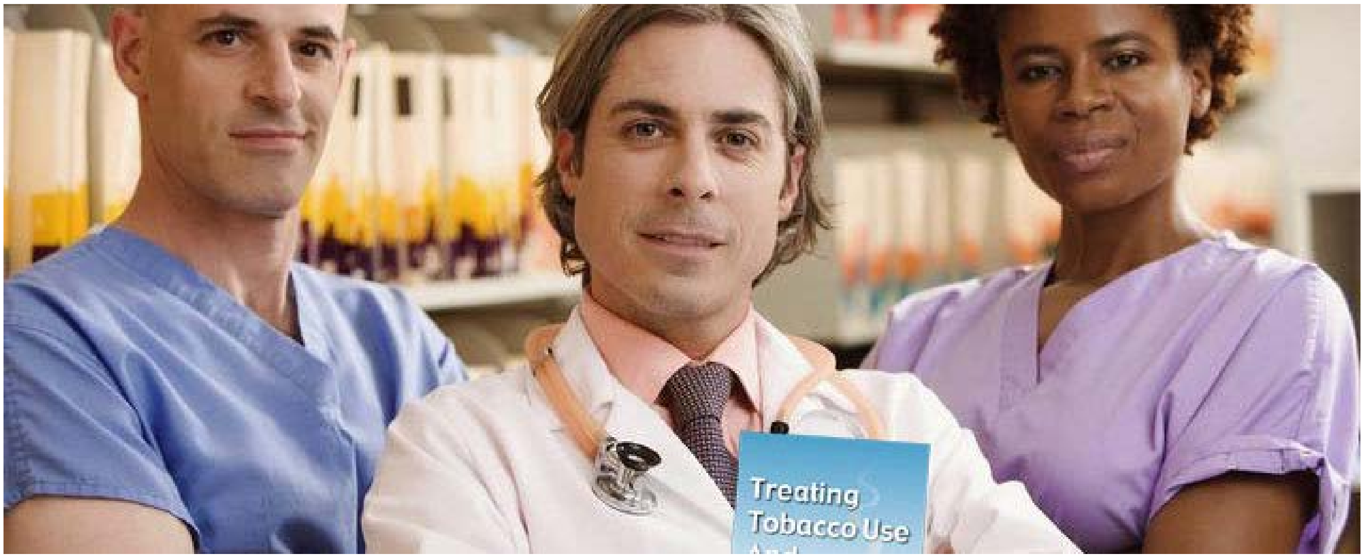
Quit Tobacco Series

#13-Clinical Practice Guideline



The U.S. Public Health Service published the 2008 update to the Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. Recommendations were based on evidence published in more than 8,700 peer-reviewed journal articles. Here's what's new or different from the previous edition published in 2000.

New Recommendations

Quit Line counseling is effective with diverse populations and has broad reach. Wisconsin Tobacco Quit Line callers on average are four times more likely to quit tobacco use than those who attempt to quit without treatment.

The combination of counseling and medication is significantly more effective than either alone. When at all practical, both should be provided. However, medication should not be used when contraindicated—and is not recommended for pregnant women, light smokers, adolescent smokers or smokeless tobacco users. Otherwise, the pairing of coaching and medication should be routinely offered to patients trying to quit.

This Guideline Update includes information on nicotine lozenges and varenicline. Seven medications are now approved by the FDA as safe and effective for tobacco-dependence treatment.

Certain medicinal combinations have been shown to be effective:

- Nicotine patch + other nicotine replacement therapy (nicotine gum, spray or inhaler).
- Nicotine patch + bupropion SR.

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New Emphasis

Tobacco dependence is a chronic condition that often requires repeated intervention to achieve long-term abstinence. Many patients relapse several times before quitting for good. Clinicians should intervene using the recommended treatments in the Guideline Update, regardless of the smoker's past success.

Recommendation for counseling is strengthened for:

- Pregnant smokers.
- Adolescents.
- Spit tobacco users.
- Light smokers. (Less than 10 cigarettes per day)
- However, the Guideline does not recommend medication for these patients.

For smokers with a history of depression, buproprion SR is significantly more effective than placebo.

Quit-tobacco counseling and medication are effective with diverse populations, including: Racial and ethnic minorities; those of limited education or finances; patients with medical or psychiatric co-morbidities; LGBT patients.

Healthcare policies and systems changes can significantly reduce barriers to treatment:

- Tobacco-dependence treatment as a covered health-insurance benefit results in significantly more provision of treatment, more quit attempts and higher quit rates.
- Clinician training, combined with a charting/documentation system, significantly increases rates of clinician intervention, and also improves patient quit rates.
- Research supports the conclusion that investments in tobacco treatment are highly cost-effective.

There are new strategies to increase interest in quitting among patients not willing to quit at the current time. Specific actions by providers can lead to increased motivation and quit attempts among these smokers.

For more on the Guideline, including full text, order information, webcasts, case studies, journal articles and more, visit http://www.ctri.wisc.edu/Researchers/researchers_CPGupdate2008.htm