

NYSMPEP Smoking Cessation Guidance: Key Message 2

Key Message 2: Counseling and pharmacologic agents should be offered to all patients that smoke, as the combination of counseling and medication is more effective for smoking cessation than either alone.

Both the *Agency for Healthcare Research and Quality (AHRQ)* and *United States Preventive Services Task Force (USPSTF)* guidelines recommend **behavioral interventions** (e.g., behavioral support, counseling, and self-help materials) **alone or combined with pharmacotherapy**. The combination of behavioral support and pharmacotherapy has been shown to increase smoking cessation rates compared to either intervention alone.^{1,2}

Clinicians should ask all patients, at each office visit, about their tobacco use. For adult patients who are motivated to quit, clinicians should offer behavioral interventions and Food and Drug Administration (FDA)-approved pharmacotherapy. The aim of behavioral interventions is to encourage smoking cessation which can be delivered in the primary care setting or by an outside community resource.¹ Individual, group, and telephone counseling sessions are effective, and their effectiveness increases with treatment intensity.

Types of Counseling Effective in Improving Smoking Abstinence:¹

- ❖ Brief, in-person behavioral counseling sessions (<10 minutes)
- ❖ Minimal (<20 minutes in 1 visit) prescriber-advice interventions
- ❖ Intensive (>20 minutes plus >1 follow-up visit) prescriber-advice interventions
- ❖ Individual counseling
- ❖ Group counseling
- ❖ Telephone counseling
- ❖ Self-help material, tailored to the individual patient

Two components that clinicians should address when counseling patients attempting to quit smoking:¹

1. Practical counseling: problem solving, skills training, and stress management (see Table 1).
2. Social support: providing support during a smoker's direct contact with clinician (see Table 2).

Element	Method	Examples
Recognize danger situations	Identify events, internal states, or activities that increase the risk of smoking or relapse	<ul style="list-style-type: none"> • Stress • Being around other tobacco users • Drinking alcohol • Experiencing urges • Smoking cues and availability of cigarettes
Develop coping skills	Identify and practice coping or problem solving skills	<ul style="list-style-type: none"> • Anticipate and avoid temptation and trigger situations • Implement cognitive strategies that will reduce negative moods • Lifestyle changes that reduce stress, improve quality of life, and reduce exposure to smoking cues • Establish cognitive and behavioral activities to cope with smoking
Provide basic information	Provide basic information about smoking and successful quitting	<ul style="list-style-type: none"> • Any smoking increases the likelihood of a full relapse • Withdrawal symptoms typically peak within 1-2 weeks after quitting but may persist for months • Addictive nature of smoking

Table 2: Common Elements of Supportive Interventions¹

Element	Examples
Encourage patient in the quit attempt	<ul style="list-style-type: none"> • Effective tobacco dependence treatments are available • One-half of all people who have ever smoked have now quit • Communicate belief in patient's ability to quit
Communicate caring and concern	<ul style="list-style-type: none"> • Ask how patient feels about quitting • Directly express concern and willingness to help as often as needed • Ask about patient's fears and ambivalence regarding quitting
Encourage patient to talk about the quitting process	<ul style="list-style-type: none"> • Reasons the patient wants to quit • Concern or worries about quitting • Success the patient has achieved • Difficulties encountered while quitting

Evidence shows there is a strong relation between the **number of counseling sessions**, when combined with medication, and the **likelihood of successful smoking cessation**.² Clinicians should provide, to the extent possible, multiple (≥ 4) counseling sessions to their patients who are trying to quit smoking.

Helpful Resources for Patients and Providers

Agency for Healthcare Research and Quality	www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html
American Cancer Society	www.cancer.org/healthy/stayawayfromtobacco
American Heart Association	www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/QuitSmoking_UCM_001085_SubHomePage.jsp
American Lung Association	www.lung.org/stop-smoking/
Centers for Disease Control and Prevention	www.cdc.gov/tobacco/
National Quitline Network	1-800-QUIT-NOW
New York State Smokers' Quitline	1-866-NY-QUITS www.nysmokefree.com
US Department of Health and Human Resources	www.betobaccofree.gov www.smokefree.gov
World Health Organization	www.who.int/tobacco/research/cessation/en/
New York State Department of Health Provider Campaign Website	http://talktoyourpatients.ny.gov/

REFERENCES: 1. Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline. Agency for Healthcare Research and Quality. 2008. http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf.
2. Tobacco Smoking Cessation in Adults and Pregnant Women: Behavior and Pharmacotherapy Interventions. U.S. Preventive Services Task Force (USPSTF). 2015. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>