HPB-MOH CLINICAL PRACTICE GUIDELINES 1/2013

Treating Tobacco Use and Dependence

Academy of Medicine, Singapore

College of Family Physicians, Singapore

MINISTRY OF HEALTH
SINGAPORE

Ministry of Health, Singapore

Singapore Armed Forces Medical Corps

Pharmaceutical Society of Singapore

Singapore Dental Association

Singapore Medical Association

Singapore Nursing Association

Singapore
Psychological
Society
(Established 1979)

Singapore Psychological Society

Executive Summary and Key Guideline Recommendations

Executive Summary

Treating tobacco use and dependence is an important public health goal that will improve the quality of care and the health of all Singaporeans. The primary goal of the clinical practice guidelines is to reduce the prevalence of tobacco use and dependence through cessation treatments.

There is strong evidence to show that tobacco use causes many chronic diseases such as ischaemic heart disease, stroke, multiple cancers, respiratory diseases and complications during pregnancy, that affect the population and the health delivery system.

This updated Clinical Practice Guidelines on Treating Tobacco Use and Dependence is developed to act as a resource and guide for all health professionals to identify and screen tobacco users, to deliver evidence-based tobacco use cessation treatments for patients and specific population groups who use tobacco. Specific populations include hospitalised and pre-operative patients, adolescents, pregnant women, and patients with psychiatric disorders, cardiovascular diseases or alcohol abuse disorder. The guidelines are developed based on comprehensive literature reviews on recent evidence on tobacco use and dependence treatments.

A suggested framework for treating tobacco use and dependence has also been developed to provide a simple step-by-step approach that all health professionals can use. The important message to every health professional is to make treating tobacco use and dependence a priority during the patient's visit. It is important that you ask your patient two key questions:

a) ***"Do you smoke?"*** b) ***"Do you want to quit?"*** – followed by the use of the recommendations as listed in the various sections of the guidelines.

Key Guideline Recommendations

Details of recommendations can be found in the main text at the pages indicated.

Non-pharmacological interventions

A Different forms of person-to-person behavioural support including individual, group and telephone support may be used as interventions to treat tobacco use and dependence. ***(pg 20)***

Grade A, Level 1⁺

A If resources are available, telephone support provided separately or as part of tobacco use and cessation intervention, should be offered to smokers undergoing a quit attempt. ***(pg 20)***

Grade A, Level 1⁺

A Where feasible, health professionals should provide multiple behavioural support sessions to treat tobacco use and dependence; with each session lasting more than 10 minutes. ***(pg 21)***

Grade A, Level 1⁺

B Behavioural interventions such as motivational interviewing or cognitive behavioural therapy may be used to help tobacco users quit. ***(pg 23)***

Grade B, Level 2⁺⁺

B Technologies such as individual-tailored web-based interventions, or motivational interviewing mobile phone text messages may be considered for tobacco users attempting to quit. ***(pg 24)***

Grade B, Level 2⁺

A Acupuncture or hypnotherapy is not recommended routinely for reducing tobacco use and dependence. ***(pg 25)***

Grade A, Level 1++

A Whenever possible, both behavioural support and medication should be provided to tobacco users who have the intention to quit tobacco use. ***(pg 26)***

Grade A, Level 1++

Pharmacotherapy interventions

A All tobacco users who are trying to quit should be offered both behavioural support and medication unless there are contraindications or insufficient evidence of effectiveness in specific populations (i.e. pregnant women and adolescents). ***(pg 27)***

Grade A, Level 1+

B High-dose nicotine replacement may be considered for tobacco users with persistent cravings and withdrawal symptoms. ***(pg 28)***

Grade B, Level 2++

A Eight to twelve weeks of Nicotine Replacement Therapy (NRT) is recommended for most tobacco users undergoing a tobacco use quit attempt. ***(pg 29)***

Grade A, Level 1+

A Both bupropion SR and varenicline may be used in conjunction with behavioural support for patients attempting to quit. ***(pg 30)***

Grade A, Level 1++

A Nicotine patches may be combined with another form of NRT or bupropion SR to increase tobacco use abstinence. ***(pg 31)***

Grade A, Level 1+

C E-cigarettes should not be used or prescribed as smoking cessation aids. ***(pg 32)***

Grade C, Level 3

Specific Populations: Hospitalised and pre-operative patients

A Where resources are available, behavioural support should be offered by a trained advisor for tobacco use and dependence to all hospitalised patients who are tobacco users. ***(pg 34)***

Grade A, Level 1^{++}

B NRT should be considered for hospitalised patients who are tobacco users and attempting to quit. ***(pg 34)***

Grade B, Level 1^{+}

A If resources are available, intensive behavioural support interventions for tobacco use and dependence, including the use of NRTs, should be offered to patients over a period of 4 to 8 weeks prior to surgery. ***(pg 35)***

Grade A, Level 1^{+}

Specific Populations: Adolescents

A All health professionals should provide brief but tailored advice on quitting tobacco use to adolescents who use tobacco. ***(pg 36)***

Grade A, Level 1^{+}

A Pharmacotherapy, including the use of NRT, should not be used routinely in adolescent tobacco users attempting to quit. ***(pg 36)***

Grade A, Level 1^{++}

Specific Populations: Pregnant women

B Pregnant women who use tobacco should be offered person-to-person behavioural support intervention as the first-line approach to treat tobacco use and dependence. ***(pg 38)***

Grade B, Level 1^{+}

A Pharmacotherapy interventions should not be routinely used for pregnant women attempting to quit. ***(pg 38)***

Grade A, Level 1^{+}

Specific Populations: Patients with psychiatric disorders

GPP NRTs should be used as the first-line treatment for persons with psychiatric disorders. ***(pg 39)***

GPP

GPP Psychiatric patients who are undergoing a quit attempt need to be monitored for adverse effects because of significant interactions between nicotine, pharmacotherapy for smoking cessation and common psychiatric drugs. ***(pg 39)***

GPP

Specific Populations: Patients with cardiovascular disease

A In patients with a recent acute coronary syndrome, NRT may be started just before hospital discharge to assist tobacco users attempting to quit. ***(pg 41)***

Grade A, Level 1$^+$

A Varenicline or bupropion SR may also be used, in combination with behavioural interventions, for cardiovascular disease patients who use tobacco. ***(pg 41)***

Grade A, Level 1$^+$

Specific Populations: Patients with co-morbid alcohol abuse

B All alcohol dependent patients who are also tobacco users, including those undergoing alcohol addiction treatment programmes, should be offered treatment for tobacco use and dependence. ***(pg 42)***

Grade B, Level 2$^+$

Levels of evidence and grades of recommendation

Levels of evidence

Level	Type of Evidence
1^{++}	High quality meta-analyses, systematic reviews of randomised controlled trials (RCTs), or RCTs with a very low risk of bias.
1^{+}	Well-conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias.
1^{-}	Meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias.
2^{++}	High quality systematic reviews of case control or cohort studies. High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal.
2^{+}	Well-conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal.
2^{-}	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal.
3	Non-analytic studies, e.g. case reports, case series
4	Expert opinion

Grades of recommendation

Grade	Recommendation
A	At least one meta-analysis, systematic review of RCTs, or RCT rated as 1^{++} and directly applicable to the target population; or A body of evidence consisting principally of studies rated as 1^{+}, directly applicable to the target population, and demonstrating overall consistency of results.
B	A body of evidence including studies rated as 2^{++}, directly applicable to the target population, and demonstrating overall consistency of results; or Extrapolated evidence from studies rated as 1^{++} or 1^{+}
C	A body of evidence including studies rated as 2^{+}, directly applicable to the target population and demonstrating overall consistency of results; or Extrapolated evidence from studies rated as 2^{++}
D	Evidence level 3 or 4; or Extrapolated evidence from studies rated as 2^{+}
GPP (Good Practice Points)	Recommended best practice based on the clinical experience of the guideline development group.

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