### Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women

#### Clinical Summary of U.S. Preventive Services Task Force Recommendation

<table>
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<tr>
<th>Population</th>
<th>Adults 18 years or older</th>
<th>Pregnant Women of any age</th>
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<td>Grade: A</td>
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#### Counseling

The "5-A" framework provides a useful counseling strategy:
1. **Ask** about tobacco use
2. **Advise** to quit through clear personalized messages
3. **Assess** willingness to quit
4. **Assist** to quit
5. **Arrange** follow-up and support

Intensity of counseling matters: brief one-time counseling works; however, longer sessions or multiple sessions are more effective. Telephone counseling "quit lines" also improve cessation rates.

#### Pharmacotherapy

Combination therapy with counseling and medications is more effective than either component alone. FDA-approved pharmacotherapy includes nicotine replacement therapy, sustained release bupropion, and varenicline.

The USPSTF found inadequate evidence to evaluate the safety or efficacy of pharmacotherapy during pregnancy.

#### Implementation

Successful implementation strategies for primary care practice include:
- Instituting a tobacco user identification system
- Promoting clinician intervention through education, resources, and feedback
- Dedicating staff to provide treatment, and assessing the delivery of treatment in staff performance evaluations

#### Relevant USPSTF Recommendations

Recommendations on other behavioral counseling topics are available at [http://www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov).

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents please go to [http://www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov).

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