USPSTF: Primary Care Docs Can Curb Kids' Smoking

Published: Aug 26, 2013 | Updated: Aug 26, 2013

By Cole Petrochko, Staff Writer, MedPage Today
Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco

Primary care providers can offer "simple, economical, and effective interventions" to help prevent tobacco use among children and teens, according to an updated recommendation from the U.S. Preventive Services Task Force (USPSTF).

The intensity of these interventions can be wide ranging -- from mailing an information packet to patients and their families to 15 hours of in-person group counseling -- and still be effective, according to Virginia Moyer, MD, of Baylor College of Medicine in Houston, who wrote on behalf of the USPSTF.

For the report, the USPSTF reviewed evidence on the effectiveness of primary care interventions on the rates of initiation or cessation of tobacco use in children and adolescents and on health outcomes, Moyer explained in a special article in *Pediatrics*.

The new evidence "has shown that primary care providers can provide simple, economical, and effective interventions to help prevent tobacco use among children and teens," according to a statement accompanying the report. "Although most serious and life-threatening effects from smoking show up in adults, it is important for children and adolescents to understand that young smokers can suffer from impaired lung growth, early onset of lung deterioration, and respiratory and asthma-related symptoms.""

Action Points

- Primary care providers can offer "simple, economical, and effective interventions" to help prevent tobacco use among children and teens, according to an updated recommendation from the USPSTF.
- Examples of interventions to prevent tobacco use in children and adolescents include providing an information document for children and their families, as well as a 28-minute video, and two follow-up phone calls to offer counseling, and the creation of a "tobacco-free office and giving patients a series of anti-tobacco messages on preprinted 'prescription' forms."

In 2009, 8.2% of middle school students and 23.9% of high school students reported current use of any tobacco products. Although rates of tobacco use had been on the decline from 2000 to 2011, U.S. Surgeon General Regina Benjamin, MD, declared teen smoking an "epidemic" in March 2012.

Additionally, a study published in *BMJ Open* showed that, among German teens, smoking

advertisement exposure was associated with increased risk of starting or continuing to smoke.

"One important note these guidelines raise is that nearly half a million deaths each year are caused by tobacco," said Harold Farber, MD, MSPH, of Texas Children's Hospital in Houston.

"If that many people were killed in airplane accidents or terrorist activities, we'd be up in arms over it. But somehow, because those deaths are cause by tobacco, we're complacent," he told *MedPage Today*, adding that parents, researchers, politicians, and practitioners "really need to start getting a handle on how important control of this epidemic is."

An earlier USPSTF recommendation from 2003 "concluded that the evidence was insufficient to recommend for or against routine screening for tobacco use or interventions to prevent and treat tobacco use and dependence in children or adolescents."

However, the new recommendation offer a number of validated interventions for both prevention and cessation in this population.

In preventing tobacco use, one intervention included an information document for children and their families, as well as a 28-minute video, and two follow-up phone calls to offer counseling on the mailed items.

A second intervention involved the creation of a "tobacco-free office and giving patients a series of anti-tobacco messages on preprinted 'prescription' forms."

Another more intense intervention required the youth and at least one parent to participate in seven group and family sessions over 7 weeks, with each session lasing 2 to 2.5 hours, along with take-home workbooks with activities. This intervention was aimed at preventing universal substance abuse and behavioral problems.

Messages delivered in the various interventions were similar and most focused on attitudes and knowledge about smoking, consequences of smoking, influences from a social environment, tobacco marketing awareness, skills to decline cigarettes, and parental attitudes and beliefs about smoking, as well as parent-child communication.

"Even very minimal interventions... had substantial effects on reducing smoking initiation," according to the update.

Less research was available on cessation or use reduction programs relevant to primary care. However, programs through community and school outreach were effective in trials exploring those interventions. The USPSTF also cautioned that no medications are currently approved to treat adolescent and nicotine dependence in children and adolescents.

Other interventions the task force supported included cellular phone-based cessation programs based on successes in adult populations; interventions that raise the cost of tobacco products; mass media campaigns against smoking; and community efforts to support stronger laws and enforcement against tobacco products and sales of them to minors.

Finally, the group looked at potential harms from interventions and found that one potential drawback was the initiation of smoking, with some trials reporting higher absolute prevalence of smoking in the intervention group compared with the control group at follow-up. But no trials reported a statistically significant difference between the groups.

The update also directed healthcare professionals to seek tools online, such as those available through the CDC cessation program and the U.S. Department of Health and Human Services, and to consult parents about their tobacco use to avoid "do as I say, not as I do" dilemmas.

Moyer reported no conflicts of interest.

Primary source: Pediatrics
Source reference: Moyer VA, et al "Primary care interventions to prevent tobacco use in children and adolescents: U.S. Preventive Services Task Force recommendation statement" *Pediatrics* 2013; 132: 560-565; DOI: 10.1542/peds.2013-2079.

MOST READ IN PRIMARY CARE

1 **NPs, PAs Trending Away from Primary Care**
8/16/2013 | , 19

2 **Diet Debate Not Helpful, Say Researchers**
8/20/2013 | , 6

3 **New Radiation Leak in Japan No Threat to U.S.**
8/20/2013 | , 1

4 **Exercise Boosts Heart Health in Renal Disease** CME
8/23/2013 | , 0

5 **Obesity Rate Levels Off in Most States**
8/16/2013 | , 6

TOP CME IN PRIMARY CARE

CME 94 taken **Back Pain Tx Not Syncing with Guidelines**
7/29/2013 | , 21

CME 84 taken **Losing a Tattoo, Gaining a Tumor**
8/1/2013 | , 6

CME 78 taken **Chemical Changes in Brain Identify Autism**
8/2/2013 | , 10

CME 76 taken **Heart Disease Overlooked in Women**
7/28/2013 | , 1

CME 75 taken **Internal Clock Reacts to Amount of Natural Light**
8/2/2013 | , 4