

Dynamic Guidelines for Tobacco Control in Canada Version 1.0

**CAN-ADAPTT: Canadian Action Network for the Advancement,
Dissemination and Adoption of Practice-informed Tobacco Treatment**
A practice-based research network

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Section I: Clinical Approaches
Section II: Population-level Better Practices
Section III: Prevention & Population-level Interventions

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Introduction:

The Dynamic Guidelines for Tobacco Control in Canada are a review of existing clinical practice guidelines and smoking cessation literature. The aim of this publication is to translate research findings into a dynamic set of evidence-based guidelines on smoking cessation that are relevant to the unique needs of practitioners and smokers in Canada. We invite you to help us to identify gaps in current better practice guidelines for smoking cessation. The guidelines are termed “dynamic” in order to reflect a continuously evolving evidence base, practice environment, client needs and treatment opportunities.

You can search the full text of this document by selecting “Find” from the “Edit” menu and typing a keyword.

Strength of Evidence/Grade of Recommendations

Strength of Evidence Classifications (US Guidelines)

- A:** Multiple well-designed randomized clinical trials, directly relevant to the recommendation, yielded a consistent pattern of findings.
- B:** Some evidence from randomized clinical trials supported the recommendation, but the scientific support was not optimal. For instance, few randomized trials existed, the trials that did exist were somewhat inconsistent, or the trials were not directly relevant to the recommendation.
- C:** Reserved for important clinical situations in which the Panel achieved consensus on the recommendation in the absence of relevant randomized controlled trials.

Key to Grade of Recommendations (NZ Guidelines)

- A:** The recommendation is supported by GOOD (strong) evidence.
- B:** The recommendation is supported by FAIR (reasonable) evidence, but there may be minimal inconsistency or uncertainty.
- C:** The recommendation is supported by EXPERT opinion (published) only.
- √:** GOOD PRACTICE POINT (in the opinion of the guideline development group)

Key to Strength of Recommendations (FR Guidelines)

- A:** High-level, strong scientific evidence (comparative, high-powered, randomized studies; meta-analysis of comparative, randomized studies; decision analysis based on well-conducted studies)
- B:** Intermediate-level scientific evidence (comparative, but low powered, randomized studies; comparative, no-randomized but conscientious studies; cohort studies)
- C:** Low-level, evidence of limited credibility (case-control studies; comparative studies involving major bias; retrospective studies; series of cases; descriptive, epidemiological studies (transverse, longitudinal))

Professional Consensus: In absence of scientific evidence in the literature, the recommendations were based on a professional consensus among the experts of the multidisciplinary working group.

Strength of Evidence/Grade of Recommendations

Strength of Evidence Classification (UK Guidelines)

- A:** Many well designed randomized controlled trials directly relevant to the recommendation, yielding a consistent pattern of findings.
- B:** Some evidence from randomized controlled trials, but not optimal. More interpretation of the evidence was needed. For example, there were not many randomized controlled trials, their results were not consistent, they were not directly relevant to the recommendation. They may not have been directly relevant because, for example, the study population was different.
- C:** No randomized controlled trials but the issue is important enough to merit a recommendation which is based on published evidence and expert opinion of the authors and reviewers.

OMA Recommendations

Recommendations are based on the most recent expert opinions, medical experience and scientific evidence.

Best Practices for Comprehensive Tobacco Control Programs–2007 (Centers for Disease Control and Prevention)

Best practices were determined by evidence-based analyses of scientific literature and outcomes of comprehensive state tobacco control programs and interventions.

The guide to community preventive services: what works to promote health? /Task Force on Community Preventive Services

Relationship Between Strength of Evidence of Effectiveness and Recommendations

<u>Strength of Evidence of Effectiveness</u>	<u>Recommendation</u>
Strong	The intervention is recommended on the basis of strong evidence of effectiveness
Sufficient	The intervention is recommended on the basis of sufficient evidence of effectiveness
Insufficient information	Available studies do not provide sufficient evidence to determine the effectiveness of the intervention
Sufficient or strong evidence of ineffectiveness or harm	Use of the intervention is discouraged based on sufficient or strong evidence
Insufficient empirical information, supplemented by expert opinion	The intervention is recommended on the basis of expert opinion