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107. Smoking cessation science and smoking-related disorders

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Smoking cessation – What determines adherence to pharmacological treatment
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Introduction: Cigarette smoking is the 1st modifiable risk factor for premature morbidity and mortality. Treating smokers is the best cost-effectiveness health care intervention.
Objective: Assess adherence to pharmacological treatment and factors influencing it. Correlate variables determining adherence and results at the end of treatment and 12 months follow up.
Methods: Characterization of a patients sample whom was prescribed Vareni-cline or Nicotine Replacement Therapy (NRT). Analyse and correlate treatment adherence with factores affecting adherence (motivation, dependency, household smoking habits, side-effects,etc).
Results: 166 smokers were included, 71%male, 28%female, mean age 49 years. Mean tabagic burden: 45pack-years. Mean motivation 8.1–Richmond test (RT); mean dependence 5,1–Fagerström test (FT). Varenicline was proposed to 48%and NRT to51%. 55%of patients followed the treatment correctly and the others dis-continued therapy. Reasons given for non-compliance: unrecognized therapeutic effect, excessive self-confidence, price, side effects. The patients that completed treatment, 52%did not smoke at the end of treatment and 55%were nonsmokers at the end of 12 months follow up. There was a positive correlation (Spearman

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Correlation,p<0,05) of adherence with: RT, educational level and NRT therapy. Negative correlation with: household smoking habits; FT.

Conclusion: Treatment adherence is a key factor for smoking abstinence. In our group, adherence was higher in patients treated with NRT, better-educated and more motivated. False expectations, side effects and price can influence adherence to therapy. The smoking habits of the household and the degree of dependency negatively affect adherence and abstinence.

P1071

Tobacco cessation quit line in Iran. Evidence based during one year. TobaccoCessation Quit Line in Iran. Evidence based during August 2009-2010

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Introduction: Quit line is one of the most important advantages in tobacco control this which has solved quitting problems including inconveniency of clinics or not affording smoker to pay counselor visiting and other problems. Quitline has provided free facilities for public from government.

Materials and methods: Quit line has provided during 8hours per day facilities. This questionnaire is based on scales which are in IUATLD and WHO. Quit line Counselor physician asked these questionnaire. This questionnaire is including demographic information, smoking status and tobacco dependency based on Fagereshtrum test. (Aug 2009-Aug 2010)

Results: 1100 cases called quit-line and 283 cases were registered. 235 cases (83.3%) were men. 54.2% of participants were from Tehran. 79.56% of participants were married. Most of the participants (46.1%) were between 30-40 years old and. 75/2% of participants had diploma or higher degree. The mean of daily consumed cigarettes for men and women was respectively 18.57 ± 10.3 and 14.3 ± 7.3.

The way of awareness about quit-line was 78.4% through mass-media.

21.59% of men and 2.6% of women consumed cigarette and hookah. 15% of men and 2.3% of women consumed cigarette and alcohol. 42.9% of men and 3.5% of women had the experience of substance abuse. 12.7% of participants, who consumed their first cigarette of day until half an hour after waking-up, could successfully quit.

Conclusion: The way of awareness about quit-line was an effective factor in successful quit. The most way of information about quit line services is mass media. Drug use is Leading tobacco smoking.

P1072

Therapeutic education sessions better than motivation session in dependant smokers none ready to quit

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Tobacco dependence is mainly a chronic relapsing disease acquired by a behavior during adolescent period. motivation is always welcome, BUT smoking cessation had to be initiated in all smokers nevertheless they are or not motivated to quit.

After having tested in situation of elective surgery, we assess at workplace replacement of motivational session by therapeutic educational sessions to increase the standard of 20% accrual after awareness session based on a two years experience.

Methods: In a company of 600 employees, the management wishes to provide assistance to smokers before a total ban. In agreement with the management, will focus on learning to smoking cessation and not on motivation to quit

After a collective awareness, individual therapeutic information is offered to all smokers without taking into account the motivation to quit.

Results: Of 600 employees 180 are smokers (30%). 130 are coming to awareness sessions (72%). The 130 have requested a measurement of CO in the session (100%). 120 attended the educational therapy session (92%) At the end of educational therapy session it was proposed to follow up smokers to stop in 6 face-to-face sessions. 110 smokers were enrolled (92%), 98 immediately, 12 later.

The smoking cessation sessions were conducted by 4 tobacco specialists with usual success rate.

Conclusions: Proposing therapeutic education instead of motivational interview in smoker who don't initially request to stop to smoke increase dramatically the number of patient making an attempt to quit (from 20% to 85%). Smoking cessation had to be the decision of health professional and not only the choice of the patient.

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Factors affecting to quit smoking in an outpatient smoking cessation clinic

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Aim: Majority of the smokers intend to stop smoking. But success rate is low and is affected by many factors. Our aim is to determine the rate of the smoking cessation and the factors affecting the success of our smoking cessation outpatient clinic.

Material and methods: We evaluated 201 people admitted to our smoking cessa-

tion clinic between February 2009- February 2011. Patients reevaluated at the end of 2 years by phone call.

Results: Patients mean age was: $44,18\pm13$; 69,1% male,30,9 were female with mean $28,95\pm20,82$ pack-years of smoking status. Majority (92,2%) had complaints related to smoking: dyspnea (58,8), sputum (75,5%), halithosis (63,7) 89,7% of the had already unsuccessful attempt to quit. Fagerström test showed that 45,6% > 6. At the end of 2 years we could reach 128 patients.There were no difference between the responders and unreached patients according to age, sex, presence of co-morbid diseases, smoking status and tobacco addiction status. The rate of the patients who stopped smoking was 21,8% after 2 years.

Patients with higher Fagerström test values (6 > pts) had higher rate of stop smoking (p=0,037); dyslipidemia was the commonest co-morbiditiy among quitters (42,3% p=0,014), patients with >1 follow-up visits had higher rate of quit smoking (p=0,005). Vareniclin was superior (39,3%) to NRT (7,1%) (p < 0,05).

Conclusions: The rate of smoking cessation is mainly affected by the patients tobacco addiction levels, patients concern of potential cardiovascular co-morbidities, and patients determination especially to the requested follow-up visits. Vareniclin is found to be superior to the NRT. Failure of health care professionals (0%) deserved further concern.

P1074

Effect of an electronic cigarette on smoking cessation and reduction: A prospective pilot study

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Background: Cigarette smoking is a tough addiction to break. Therefore, improved approaches to smoking cessation are necessary. The electronic cigarette may help smokers to remain abstinent during their quit attempt or to reduce cigarette consumption. To date there is no formal demonstration supporting the efficacy of these devices in smoking cessation and/or smoking reduction studies.

Aim and objectives: We designed a prospective proof of concept study to monitor possible modifications in the smoking habits of 40 regular smokers experimenting the most popular marketed e-Cigarette in Italy (Categoria) focusing on smoking reduction and smoking abstinence.

Methods: Study participants were invited to attend a total of 5 study visits: at baseline, week 4, week 8, week 12 and week 24. Product use, number of cigarettes smoked, and exhaled carbon monoxide levels were measured at each visit. Smoking reduction and abstinence rates were calculated.

Results: A mean of 2.0 cartridges/day was used at week-24. Sustained 50% reduction in the number of cig/day at week-24 was shown in 13/40 (32.5%) participants; their median of 25 cigs/day decreased to 6 cigs/day (p<0.001). Sustained 80% reduction was shown in 5/40 (12.5%) participants; their median 30 cigs/day decreased to 3 cigs/day (p=0.043). Sustained smoking abstinence at week-24 was observed in 9/40 (22.5%) participants. Mouth (20,6%) and throat (32,4%) irritation, and dry cough (32,4%) were common, but diminished substantially by week-24. Participants' perception and acceptance of the product was good.

Conclusion: The use of e-Cigarette substantially decreased cigarette consumption without causing significant side effects in smokers not intending to quit.

P1075

Acupuncture versus combined acupuncture and nicotine substituting therapy for the treatment of nicotinism

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Aim: To compare the effectiveness of two different approaches for smoking cessation: acupuncture and combination of acupuncture and nicotine substituting therapy.

Methods: We use two main approaches - acupuncture and combination of acupuncture and nicotine substituting therapy with Tabex (Cytisine, original Bulgarian product). The patients, 50 active smokers (mean age 45 years), highly motivated in smoking cessation, were divided into two groups of 25 people each. The participants in both groups had mean 25 years of smoking history and mean use of 20 cigarettes daily. Acupuncture was performed with standart and micro needles on acupunctural ear and nose points. Tabex was administrated for 20 days, according to the following regimen: 1 tablet is sucked out in the morning, 1 tablet orally at noon and one in the evening after meals. The rest 3 tablets are taken on demand, maximaly 6 tablets daily. Treatment effect-smoking cessation-was checked on the 10th day, 20th day, 3rd and 6th month after onset.

The results showed that the combined method (acupuncture+Tabex) has more significant long-lasting effect (depletion or significant reduction of abstinence, and smoking cessation in 65% of the mild and heavily nicotine dependant patients) at the end of the 6th month than the acupuncture separately (32%).

In conclusion we recommend the combination of acupuncture and nicotine substituting therapy with Tabex for the treatment of mild and heavily nicotine dependent smokers.

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The impact of education to healthcare professionals (HCPs) on smoking cessation in changing patient referral patterns
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Background: NICE (UK) recommends that every smoker should be advised to quit and referred to a smoking cessation service (SCS) for support. In a previous survey [1], 74% of patients had a missed opportunity for referral to SCS. The current survey evaluates the impact of a HCP education programme on referral patterns.
Method: HCPs including doctors, nurses and pharmacists completed an anonymous, voluntary questionnaire in January 2011.
Results: 58/65 HCPs completed the survey. 45% were aware of local smoking cessation guidelines. 50% had received information on smoking cessation in the last 12 months. 24% did not wish to receive training. 95% evaluated smoking cessation to be important, but only 79% considered that a hospitalization was a useful opportunity to stop smoking. Education by SCS did not alter the reasons given for not referring patients for smoking cessation [Fig 1] of HCPs, although awareness of, and referral to, SCS was higher in the group of HCPs who received education (64% vs 54%). 12% of respondents indicated that referring to SCS was not part of their role.

The Reasons given for NOT referring a patient to smoking cessation
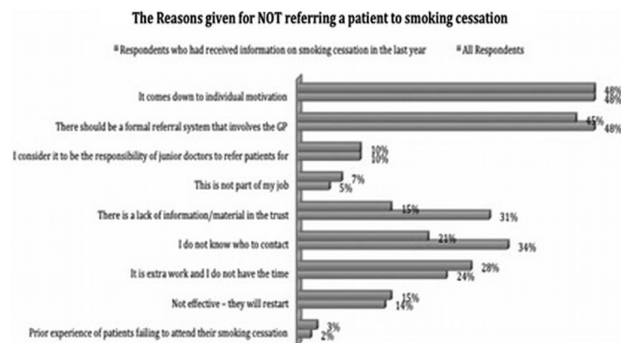
Conclusion: Education of HCPs did not alter overall attitudes towards smoking cessation in this group, but did result in increased awareness and positively influenced referral rate to the SCS.
References:
[1] ERJ 2010 Vol 35 Supp 54 p.1498.

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Lung age in smokers – To tell or not to tell?
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For smokers, lung age is a useful tool to make spirometry data easier to understand and to increase or maintain the motivation to quit smoking. However, only a quarter of smokers develop COPD. This suggests that many smokers are nonsensitive to tobacco smoking so far as the age-related decline in FEV_1 is concerned. Many such smokers might have a lung age younger than their chronological age. We wondered whether, if the lung age is younger than the calendar age, knowing the younger lung age might encourage them to continue smoking.
Purpose: To compare smokers and nonsmokers whose lung ages were younger than their chronological ages when both have normal lung function with no respiratory symptoms.
Subject and methods: We performed spirometry for 353 volunteers who attended our "Lung Age Project" at the University Campus Festival.
Results: Among the subjects, 331 (M/F=158/173) of them had normal spirometry data (80%≤%VC and 70%≤FEV1/FVC). In males, 27% of 48 smokers and the same percentage of 110 nonsmokers had a lung age younger than the chronological age. In contrast, in females, 71% of 24 smokers and 46% of 149 nonsmokers had a younger lung age. However, after age and height were matched between both groups, there was no significant difference of the ratio of those who had younger lung age between smokers and nonsmokers, 32% vs. 35% in males and 71% vs. 58% in females, respectively. After telling smokers their younger lung age, some of them happily said "I can continue to smoke for a while", or "It is too early to quit smoking".
Conclusion: Many nonsymptomatic smokers have younger lung age than their chronological age, like nonsmokers. Therefore, we should be cautious about telling lung age to those smokers who want to quit smoking.

P1078

The influence of anxiety on smoking behaviour in patients with chronic hepatitis
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Background: Patients with chronic hepatitis often have affective disturbances that in the context of this diagnosis may strongly influence their atitude toward smoking. This study aims to assess the level of the anxiety as well as its influence on smoking behaviour in a group of patients with chronic hepatitis.
Methods: The study included 68 smokers with chronic hepatitis admitted to the Clinic of Infectious Diseases, Timisoara who answered the State Trait Anxiety Inventory-X2 (S.T.A.I.-X2) anonymous test. The final scores allowed classification of patients by level of anxiety: minimal (score below 40), moderate (score 40-60) and severe (score over 60). Other variables were: sex, marital status, residence, number of cigarettes/day, family conflicts, alcohol intake etc.
Results: Most of the patients were male (63.2%, p=0.004). Of the study group, 64.7% had severe anxiety and 35.3% moderate anxiety (p=0.001). The number of cigarettes smoked/day ranged between 10-20 in 73.5% of cases whereas 26.5% of patients reported less than 10 cigarettes smoked/day (p<0.0001); the former group included 44 patients with severe anxiety and 6 cases with moderate anxiety. Patients who increased the number of cigarettes smoked/day after finding out the diagnosis predominated within the study group (67.6%) while only 32.4% of cases smoked less (p=0.0001). Most of the patients reported a positive history of familial conflicts (70.6%, p<0.0001) and alcohol intake (66.2%, p=0.0003).
Conclusions: Considering that severe anxiety in patients with chronic hepatitis leads to an increased number of cigarettes smoked/day, it becomes mandatory to establish a cognitive-behavioral therapy with anti-smoking counseling in these cases.

P1079

Influence of smoking intensity and smoking quitting on lung function parameters in COPD patients
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Aim: To evaluate dependence of changes in lung function parameters (LFP) from intensity of smoking in patients with moderate and severe COPD.
Materials, methods: 74 patients (63 male, 11 female) with COPD III-IV stages, receiving therapy according to GOLD. The mean smoking status - 36,5 pack years (p/y). The patients were divided into 2 groups: 1. Current smokers (43 pts., 37 male), mean age - 60±13.5 years; smoking status - 39,9 p/y; average 19 cigarettes per day. 2. Ex-smokers (31 pts., 26 male), mean age- 62.19±14,5 years, smoking status - 31±27 p/y. Each group was divided to 2 subgroups: low smoking intensity (0 - 20 cigarettes per day) and high smoking intensity (20 and more cigarettes per day). LFP (FEV1 in liters, FEV1/FVC% of pred., "Lung Age" - LA) were analyzed in groups during one year. LA was estimated according to Morris JF and Temple W (Prev Med 1985;14:655-662).
Results: LFP significantly improved in a year in ex-smokers vs. current smokers (p<0,01). FEV1 and LA significantly improved (p≤0,05) in ex-smokers vs. current smokers in subgroups with low smoking intensity. FEV1 significantly improved in ex-smokers vs. current smokers in subgroups with high intensity of smoking.
Conclusion: Smoking sessation has positive influence on lung function parameters in patients with severe and moderate COPD irrespectively of smoking intensity. FEV1 in litres is the most sensitive indicator reacting on smoking intensity.

P1080

Evaluation of the antismoking therapy within two specialized medical practice – Arges county
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Objective: Evaluation of the abstinence rate for 1956 people who were administered pharmacological treatment combined with psychological support within the

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programme "Stop-Smoking" in 2 medical practice within Arges County, August 2008-March2010.

Methods: The initiation, clinical check and final evaluation were based on standard forms within this programme. One carried out nicotine addiction, clinical status and existing comorbidities, CO exahaled. Three types of treatment were offers for free with psychological support. The final evaluation was carried out 6 months later.

Results: Treatment based on nicotine patches was administered to patients with low and medium nicotine addiction and to those who had contraindications for others therapies. For a number of 140 patients treated in this way, the abstinence rate was of 34.29%. Treatment on bupropion was administered to a number of 1360 patients with different nicotine addiction degrees, from low to severe. Abstinence rate for the group with Bupropion was 35.96%. Treatment based on varenicline was administered predominantly to patients with severe nicotine addiction, to old people or important comorbidities. for a number of 456 patients treated with varenicline, the abstinence rate was 46.27%.

Conclusions: The results confirm the pharmacological therapy combined with psychological support as an important method to obtain superior results compared with the lack of assistance in the attemp to give up smoking or antismoking counselling only. The abstinence rate was of 37.91% for all types of pharmacological treatment combined with psycological support.

P1081
Behaviour of long-term weight following smoking cessation

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Weight gain often accompanies smoking cessation and is considered to be an important cause of unsuccessful quit attempts. We analyzed data from smoking cessation programm to identify risk factors of weight gain.

703 employees from University Hospital Basel, Switzerland, and two local health industry companies (Novartis Pharma AG, F.Hoffmann- La Roche AG) absolved a structured smoking cessation programm. This consisted of 10 visits with counselling and motivational support. Various modalities of both nicotine replacement therapy and/or bupropion were offered. The impact of factors on weight gain in longterm nicotine abstinence was analyzed by a linear mixed effect model.

Smoking cessation at 24 months was associated with a weight gain of 2.76 kilogram (95% CI 1.85; 3.66; p= 0.0001). Weight gain occurred independently from age (0.03 95% CI -0.02; 0.08; p= 0.13) and gender (0.13 95% CI -1;1.28; p=0.14). Higher baseline weight was correlated with a greater weight increase within 2 years (1.01 95% CI 0.97; 1.04; p= 0.001). Weight gain was further affected by the interaction of time and medication (d.f.: 30; F-value: 1.98; p=0.001) (Table).

Weight gain a after smoking cessation attempt: Linear mixed effect model

	Num d.f.	Den d.f.	F-value	p-value
AGE	1	424	1.47	0.23
Gender	1	424	0.05	0.83
Center	2	424	0.52	0.60
Weight (baseline)	1	424	2803	<0.001
Abstinence (24 months)	1	424	35.7	<0.001
Treatment	5	424	1.80	0.11
Interaction (visit/medication)	30	424	1.98	0.001

Weight change after a quit attempt was not only affected by the outcome of smoking cessation, but also by baseline weight and the interaction of time and medication. Knowledge about individual risk factors for weight gain could help to resolve barriers to cessate smoking.

P1082
Tobacco smoke is a major source of indoor air pollution in Hungary's hospitality venues

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Objective: To compare the levels of indoor air pollution found in a sample of public locations in Hungary where smoking was and was not observed.

Methods: The TSI SidePak AM510 Personal Aerosol Monitor was used to measure the concentration of particulate matter less than 2.5 microns in diameter (PM2.5) observed in the ambient air of 6 pubs, 5 restaurants, 11 cafes and 21 other locations in Budapest and Zalakaros between January and August 2008.

Results: In the 27 places where smoking was observed the average PM2.5 level was 97.44 µg/m^3 [range: 3-487 µg/m^3]; compared to 5.5 µg/m^3 [range: 0-28 µg/m^3] in the 16 places where smoking was not observed.

Conclusions: The levels of indoor fine particle air pollution measured in public

locations in Hungary where smoking was observed were times higher than the levels in locations where smoking was not observed and in nearly all instances exceeded the levels that the World Health Organization and US Environmental Protection Agency have concluded are harmful to human health.

P1083
The tenth year preliminary results of smoking cessation policlinics of Karadeniz Technical University medicine faculty

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Aim: Our outpatient smoking cessation clinic was opened in April 2000. Aim of this study was to create a database for our national long-term smoking cessation rates and to share our experience.

Method: We included 696 patients who had applied our smoking cessation clinic between April 2000- December 2010 years. After smoking habits and sociodemographic features of the people were asked, all the people attended to a suitable smoking cessation program. The results were analyzed by Chi-square test, Kaplan Meier survival analysis and Cox-regression analysis.

Results: It was observed that 696 people containing 408 (58.6%) men and 282 (40.5%) women visited the polyclinic during this period. According to duration without smoking, women did not smoke 24.36±5.83 months and men did not smoke 21.63±4.66 months. Success rates were not different between men and women (Log Rank p=0.729) at the end of tenth years. The success rates at the end of the first, the fifth and tenth years in patients who attended smoking cessation programme were 58%, 40.6% and 31.7% respectively. We found that male gender, lack of regular income, low education level and the amount of cigarettes smoked per day were independent risk factors for restart smoking by Cox-regression analysis.

Discussion: In coclusion, our smoking cessation rates have decreased over the years. Especially, male gender, low educational level, lack of regular income and high amounts of daily cigarette were reduced success rates. We think that more close follow- up of these patients might positively affect on the success rates.

P1084
Smoking behavior of hospital staff

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Aim: Evaluation of preventive actions at hospital and to measure the implication level of the hospital staff in tobacco prevention.

Methods: From 658 hospital staff, 629 (95,6%) were in working place in the time of study, 573 (91,1%) have fulfilled the questionnaire in correctly manner. The questionnaire was articulated in the group questions, the aim of which was to explore the behavior of hospital staff and the level of their perception related to the "tobacco" problem.

Results: 22,5% of the hospital staff smoke. 6,2% smoke in presence of their patients, where the physicians make up the higher percentage (10,2%), in comparison of other healthcare workers (sanitary 5,6% and nurses 3,2%). 82,5% think that trying to convince people to stop smoking is part of their role; 90,2% consider that it has an exemplary role to play in front of patients. 93,4% have the right knowledge according to the damage of tobacco active use. Regarding to "World Day Without Tobacco" 66,1% thinks that this day is useful to rise the susceptibility on the problems related with tobacco using, 25% thinks that this day can help in making mindful the smoking people to leave it, 8,9% it is useless.

Conclusion: This underlines the need and the necessity to realize anti-tobacco campaigns among health care population. Moreover since the exemplary role they have to play, is very well accepted, preventive actions could rely on a good level of participation.

P1085
Smoking habit – Still a problem in workplace

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Despite the media effort to aware the population on dangerous effect of smoking on health and the laws prohibiting the smoking in workplaces still exist a lack in understanding and applying them.

Aim: To estimate the prevalence of smoking habit, smoker profile in workplace.

Method: Epidemiological study of prevalence;

Study population -471 workers known with exposure to gas, fumes and mineral dust, aged between 25-65 years. The data were collected on basis of occupational and smoking history, self reported occupational exposure and nicotine dependence test.

Results: Medium age was about 40,6±7 years; 89,1% males. History of exposure: in 54,1% more than 20 years; high exposure in 48%.

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Protective measures – none in 56,3% (40% in high exposure). Active smokers 58,8% (53,8% more than 20 package year), passive smokers 16,7%; ex smokers 13,4%; nonsmokers 27,8,3% (passive smokers 54,2%); medium age started to smoke 18,01. Median pack per year 20±8,1; only 11,9% of smokers tried to abandon smoking; median numbers of years since exsmokers abandoned smoking 3,9±1,6 years. 69% smoking at workplace and only 34% knew that is prohibited; 72,2% from workers knew that smoking is harmful but only 26,6% knew to exemplify; 16% recognized the risk of smoking. Nicotinic dependence: extremely dependence: 16,2%; high dependence 44%; moderate dependence 25,2%, 11% no dependence.

Respiratory symptoms recognized in 67,9%; working disability in last year 29,6% for smokers, 28,5% exsmokers and 12,9% nonsmokers.

Conclusions: Is a lack of information about the higher risk of smoking at workplace; smoking habit is still a tremendous problem, with high dependence directly related with low education and high exposure and low willing to quit.

P1086

Smoking influence on lung function characteristics of potash miners

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There are known negative effects of smoking on the lung function. The impact of smoking on the lung function of the potash mines with different industrial work record of service has not been so far well investigated.

Objective: To evaluate the influence of smoking on the lung function characteristics of the miners potash mines with different industrial work record of service.

Methods: We examined 111 miners of potash mine in Soligorsk (all male, average age 36.1 yrs with different industrial work record by spirometry: I gr. with the record of service less than 10 yrs, II gr. has the record of service from 10 to 20 yrs, and III gr. - more than 20 yrs. 74% of examined miners were smokers. Period of smoking was in average 1.3 year more than industrial work record of service.

Results: The miner's lung function characteristics were in total very high and according to the normal significance. In I gr. of miners the lung function characteristics were equal to characteristics of smokers and nonsmokers. There were no significant differences in characteristics between the smokers and nonsmokers in II gr. of miners, but there was a tendency to decreasing VC and MEV_{75} in smokers. MEV_{75} was decreased in smokers of III gr. compare to nonsmokers ($81.2±10.1$ and $102.8±9.4$; p <0.05).

Conclusion: Our investigation shows that smoking exerts more intensive negative influence on the lung function of the potash mine workers than industrial aerosols. Antismoking programs could be one of the main points of prophylactic strategy in Soligorsk Central Hospital. The presumably positive effect of potash mine microclimate neutralizes the negative impact not only of industrial aerosols but also of smoking on the lung function.

P1087

Prevalence of symptoms of chronic bronchitis in Murmansk, Russia

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Background: Incidence, morbidity and mortality of COPD in the Murmansk region of northwest Russia are high, but statistical figures do not probably reflect the whole problem. As much as 60% of the male population in Russia is smokers. We describe findings of a project which addresses prevention of COPD in Murmansk.

Aims and objectives: 1. What is the proportion of prolonged respiratory symptoms among adult subjects who visit a GP for primary care?

2. What is the distribution of nicotine-dependence among smokers?

3. How motivated they are to quit smoking?

Methods: A survey of 200 Murmansk region adult citizens was performed. Inclusion criteria: adult patient visiting a primary care GP for any medical reason. Venues were one policlinic located in Murmansk city and one hospital policlinic located in a mining area 200 km outside Murmansk.

Results: 200 outpatients were enrolled. Altogether 60.5% had symptoms of chronic bronchitis and 55 (33.0%) had prolonged dyspnoea and wheezing as well. Respiratory symptoms were more common in those subjects, who lived in the mining area. More than half (51.5%) of the subjects had been smokers at some stage of their adult life. A total of 63 (31.5%) were current smokers. The proportion of heavily dependent smokers (FTND 6-7) was 23.8%. Adults living in the mining area were more heavily nicotine dependent. 42.9% of the current smokers had a high motivation to quit smoking.

Conclusions: Significant numbers of primary care patients in Murmansk, Russia experience prolonged respiratory symptoms. Smoking is common in this northern city and there is an urgent need to identify efficient ways for smoking cessation. This study reveals that several smokers have high motivation to quit smoking.

P1088

Smoking habit: Prevalence, attitudes and behaviour among medical students in Casablanca in 2010

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The aim of this study was to know the prevalence of smoking in medical students, and by the way to sensitize against the habit and to know their attitudes and behaviour in their future exercise. We carried out a cross-sectional survey from February to March 2010 among 736 medical students enrolled in the university of Medicine and Pharmacy of Casablanca during the academic year 2009-2010. Ninety seven percent of students answered the questionnaire: 61.5% were female 61.5%), mean age 21 years. The prevalence of permanent or occasional smoking was 8% with little variation according to the study year. Smoking was significantly higher among male (16% versus 2.7% in female). The mean daily consumption of cigarettes was 8. The duration of smoking was 6 months or more for 82% and 70% of smokers were slightly or not addicted to nicotine according to the FAGERSTRÖM's scale. More than half of the students (58%) had already tried to quit and 52% plan to do so within 5 years. The main triggering reason for quitting was the occurrence of symptoms (66%). Most students knew that smoking is harmful to health (92%). Among tobacco risks the respiratory ones were the best known. Only 39% of the students contemplate to systematically warn their smoking patients against tobacco's risks. Majority of them (71%) were not aware about the existence of an antitobacco law. But they called for a ban on selling tobacco to children as well as training health workers to help smoking patients to quit. In comparison with some years ago, there is a significant decrease in smoking habit in medical students, may be thanks to a steady and continuing educational effort since the induction of a teaching program in 1983.

P1089

Documentation & accuracy of smoking status – An educational need?

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Introduction: A comprehensive admission assessment includes an accurate smoking history (SH). There are ∼3 million people in the UK with Chronic Obstructive Pulmonary Disease (COPD), of which ∼2/3rd remain undiagnosed [1]. Without an accurate SH prompting spirometry & appropriate referral (smoking cessation advice (SCA) services) this statistic will not improve & delays early preventative treatment. NICE (UK) encourages all healthcare professionals (HCP) to refer to SCA services [2]. Our study conducted at a large UK university hospital evaluates the pattern & accuracy of documentation, with a view to targeted HCP education.

Method: Cross-sectional case note audit during admission to a respiratory ward in January 2011 (current and ex-smokers). We compared the documentation of pack year (PY) SH at hospital admission to SH taken by a respiratory physician. The initial documentation of PYs was deemed accurate if within ±5 PYs of that determined by the physician.

Results: N=81 (43% male). Mean age 72 (SD 14) yrs. Smoking status (SS) was documented on admission in 89% (45% smokers, 55% ex-smokers). Accuracy of calculation of PYs -40%. Documentation was by junior (79%), middle grade doctors (21%).

Conclusion: Recognising undiagnosed COPD earlier is vital, & an accurate SH helps to enable this. Although nearly 90% of patients had some documentation of their SS, less than half were accurate when calculating PYs. A regular targeted education programme surrounding the issues of SH documentation & its importance in COPD diagnosis is being arranged for all HCPs.

References:

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