107. Smoking cessation science and smoking-related disorders

P1070
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 Varenicline or Nicotine Replacement Therapy (NRT). Analyse and correlate treatment adherence with factors 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: 45 pack-years. Mean motivation 8.1 – Richmond test (RT); mean dependence 5.1 – Fagerström test (FT). Varenicline was proposed to 48% and NRT to 51%. 55% of patients followed the treatment correctly and the others discontinued 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
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. 

Tobacco Cessation 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 which this has solved quitting problems including inaccessibility of clinics or not affording smoker to pay counselor visiting and other problems. Quitline has proved very effective for public from government.

Materials and methods: Quit line has provided during 30hrs 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 Fagerstrum 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 dependent 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 had to be initiated in all smokers nevertheless they are or not motivated to quit.

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 have to be tested in situation of elective surgery, we assess at workplace replacement had to be initiated in all smokers nevertheless they are or not motivated 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 theory session (92%). At the end of educational theory 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.

P1073 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-

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 abstinence during their quit attempt or to reduce their 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 study to test the feasibility and any possible modifications in the smoking habits of 40 regular smokers experimenting the most popular marketed e-Cigarette in Italy (Category) 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 33/40 (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%) are 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 acupunture and nicotine substituting therapy for the treatment of nicotineism

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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 standard and micro needles on acupuntural 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, with a maximum of 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 dependent patients) at the end of the 6th month than the acupuncture separately (32%).

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

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P1076
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.

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:

P1077
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 as far as the age-related decline in FEV1 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 (86%<90% of predicted and 70%-FEV1/FVC). In males, 25% 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 a 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 attitude 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=0.001). 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 showed less (p=0.001). 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 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, mean age 61 ±13.5 years, smoking status - 39,9 p/y, were divided into 3 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 S. M. 1 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 high intensity of smoking.

Conclusion: Smoking cessation has positive influence on lung function parameters in patients with severe and moderate COPD irrespective 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
Thematic Poster Session

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 programs 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 program. This consisted of 10 visits with counseling and motivational support. Various modalities of both nicotine replacement therapy and/or bupropion were offered. The impact of factors on weight gain in long-term nicotine abstinence was analyzied by a linear mixed effect model. Smoking cessation at 24 months was associated with a weight gain of 2.76 kg/gram (95% CI 1.85; 3.66; p= 0.0001). Weight gain occurred independently from 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

**Interaction (visit/medication) 30 424 1.98 0.001**

**Weight (baseline) 1 424 2803**

**Gender 1 424 0.05 0.83**

**Centre 1 424 0.52 0.60**

**Interaction (visit/medication) 30 424 1.98 0.001**

Weight gain after smoking cessation attempt: Linear mixed effect model

**Num d.f.** | **Den d.f.** | **F-value** | **p-value**
---|---|---|---
AGRE 1 | 424 | 1.47 | 0.23
Gender 1 | 424 | 0.05 | 0.83
Centre 1 | 424 | 0.52 | 0.60
Weight (baseline) 1 | 424 | 2803 | <0.001
Absence (24 months) 1 | 424 | 55.7 | <0.001
Treatment 1 | 424 | 1.80 | 0.11

**Conclusion:** 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 attempt to give up smoking or anti-smoking counselling only. The absence rate was of 37.91% for all types of pharmacological treatment combined with psychological support.

P1082

Tobacco smoke is a major source of indoor air pollution in Hungary’s hospital 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 AMS10 Personal Aerosol Monitor was used to measure the concentration of particulate matter less than 2.5 microns in diameter (PM2.5) aerosolized in the ambient air of 6 public restaurants, 11 cafes and 21 other locations in Budapest and Zahalakos between January and August 2008.

Results: In the 27 places where smoking was observed the average PM2.5 level was 97.44 ìg/m3 [range: 3-487 ìg/m3], compared to 5.5 ìg/m3 [range: 0-28 ìg/m3] 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 policies 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 first, the fifth and tenth years in patients who attended smoking cessation programs 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 conclusion, 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 this 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.

Method: 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 groups 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 smoked 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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Aim: 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.

Methods: 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 smoking: in 54,1% more than 20 years; high exposure in 48%.
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% (passive smokers 54.2%); medium age started to smoke 18 yrs. 13.6% of smokers tried to abandon smoking; median numbers of years since exsmokers abandoned smoking 3.9;1.6 yrs. 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 44.9%; moderate dependence 25.2%; no dependence 4.6%

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 work-place; 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 41 yrs with different industrial work record by spirometry: 1 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 miners lung function characteristics were in total very high and according to the normal significance. In gr 1 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 MEV75 in smokers. MEV75 was decreased in smokers of III gr. compare to nonsmokers (81.2±10.1 and 102±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 polyclinic located in Murmansk city and one hospital polyclinic located in a mining area 200 km outside Murmansk.

Results: 200 patients were enrolled. Altogether 60.5% had symptoms of chronic bronchitis and 55 (33.0%) had prolonged dyspnea and wheezing as well. Respiratory symptoms were more common in those subjects, who lived in the mining area (42.8%) 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 FAGERSTROM’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 ~2.9m 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 smoking patients to have a smoking status (SS) recorded [2]. Our study conducted at a large UK university hospital evaluates the pattern & accuracy of documentation, with a view to targeted HCP education.

Methods: Cross-sectional study conducted in 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 documentation of PYs –40%. Documentation was by junior (79%), middle grade doctors (21%).

Conclusion: Recognising undiagnosed COPD earlier is vital, & an accurate SH is essential. We compared admissions 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.

References:

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