Airway reactivity to inhaled mannitol in young water pipe smokers

Jérome Schmidlin, Silvio Albisser, Michael Tamm, Daiana Stolz. Clinic of Pulmonary Medicine and Respiratory Cell Research, University Hospital Basel, Basel, Switzerland

Background: The inflammatory cascade related to water pipe (WP) smoking and airway hyperresponsiveness (AHR) remains unknown. We aimed to determine whether WP smoking is associated with AHR in young WP consumers.

Methods: Mannitol challenge test (Aridol® Pharmaxis Ltd) was performed in acute (n=30) and chronic (n=30) WP smokers as well as cigarette smokers (CS, n=30) and life-long non-smokers (n=30). Acute exposition was defined as a single episode of WP smoking ≤24 hours, chronic as a weekly consumption of WP for ≥the last 4 weeks.

Results: Data of 74 subjects has been analyzed so far (15 acute and 9 chronic WP smokers, 19 CS, 31 non-smokers). Mean age was 22.6±2.4 years, 51.4% male, mean FEV1 3.76±0.70 (p=ns for all). CS had 5.9±3.2 PY; 35 (47.3%) had a positive allergy test. AHR to mannitol expressed by ≥15% fall in FEV1 was more common in CS (26.3%) as compared to the other groups (p=0.028). The provoking dose to induce a 15% fall in FEV1 (PD15), a measure of sensitivity, differed between the groups and was higher in CS 0.023 [0.011–0.051], followed by chronic WP smokers 0.010 [0.007-0.015], acute WP smokers 0.011 [0.006-0.015], and non-smokers 0.007 [0.005-0.017], p=0.031. While RDR differed significantly between CS smokers and non-smokers (p=0.007) and acute WP smokers (p=0.025) it did not between CS and chronic WP smokers (p=0.118).

Conclusion: Even modest amounts of cigarette smoking induce AHR to mannitol. Airway reactivity to mannitol is similarly increased in cigarette smokers and chronic water pipe smokers.
P4220 Impact of active smoking on the severity and evolution of asthma
Wiam El Khattabi, Abdelaziz Aichane, Tazeb Berchad, Hicham Afif, Zouheir Ammar,Biostatistics, Hospital “20 Aout” CHU Ibn Rochd, Casablanca, Morocco

In adults with asthma, the effects of active smoking on asthma severity have been reported.

The aim of our work is to study the influence of active smoking on asthma control.

This is a prospective study spread over four years, the profile of 25 smoking asthmatic patients (group S) and 100 non-smoking asthmatic patients (group NS).

The average age is 36 years in the 2 groups. There was a male predominance in the group S and female in the group NS (p = 0.00001). Asthma is isolated in 33% (group S) and in 16% (group NS) (p = 0.05). Stage III is present in 65% (Group S) and 42% (group NS) (p = 0.001) and is identical for stage IV (18%). Stage I is not found in group S. Asthma is associated with rhinitis in 41% (group S) and in 42% (group NS) and rhino-conjunctivitis in 32% in both groups. prick tests were positive in 70% (Group S) and 85% (group NS). The most common allergens are, in the two groups, Dermatophagoides Pteronyssinus and Dermatophagoides farinae. After appropriate treatment, asthma was controlled in 55% (group S) and in 66% (group NS) (p = 0.1). We note through this work that active smoking has an impact on asthma and its evolution.

P4221 Influence of smoking on symptoms, comorbidities and severity in a population with obstructive sleep apnea (OSA) versus control
Oana Claudia Deleanu1, Diana Pocora2, Anda Elena Malatou2, Ana Maria Nebenuou2, Ion Mireles-Mazili1, Florin Dumitru Mihaltan1.

Bronchial hyperresponsiveness (BHR) to isocapnic hyperventilation of dry Smoking appears not to influence symptoms, severity, and comorbidities in OSA patients, except a difficult CPAP correction of apneas. Also, lung function (FEV1, p=0.036, FVC, p=0.04) (justified by the effects of smoking), FEV1/FVC %pred. 89.9 (15.4) 84.5 (19.1) 0.02 86.0 (18.4) 0.066

Results:

Compared with never smokers, smokers with even a smoking index (cigarette years) showed significantly lower lung FEV1, worsening with increasing percentage of predicted (ECCS reference equations; race correction factor - 87%).

Weight (kG) 69.6 (9.1) 67.4 (11.1) 0.10 67.5 (10.8) 0.096

Height (cm) 166.7 (6.7) 165.5 (8.7) 0.22 165.0 (6.6) 0.043

FEV1 %pred. 85.2 (13.4) 79.8 (21.7) 0.02 79.0 (20.3) 0.004

FEV1/FVC % 89.9 (15.4) 84.5 (19.1) 0.02 86.0 (18.4) 0.066

Patients with a smoking index ≥ 20 smoke years showed significantly lower lung FEV1, worsening with increasing cigarette use.

P4222 Bronchial hyperresponsiveness (BHR) to isocapnic hyperventilation of dry air (IHDA) in smokers is associated to airflow obstruction, chronic cough and beta-2-agonist treatment
Peter Blomstrand1, Susanne Eckdal2, Birgitta Schmekel3.

Introduction:

The deleterious effects of tobacco smoke on lung function are well known even among asymptomatic smokers. We hypothesized that the addition of pollution and undernutrition in a developing country would cause declines in lung function at lower levels of tobacco use than usually described.

Methods: We compared the spirometry of 249 asymptomatic smokers and 143 healthy never smokers in Bangalore, India. Smoking was quantified using the smoking index (cigarette years = cigarettes/day x years smoked). To adjust for differences in demographics between groups, we compared spirometric values as percentage of predicted (ECCS reference equations; race correction factor - 87%).

Results: Compared with never smokers, smokers with even a smoking index <50 cigarette years showed significantly lower lung FEV1, worsening with increasing cigarette use.

P4223 Influence of tobacco smoking on a lipid profile
Tatiana Levina1, Julia Krasonova2, Alexander Dzirzinski1,2. 1Therapy, Institute of Advanced Medical Studies, Irkutsk, Russian Federation, 2Gerontology, Institute of Advanced Medical Studies, Irkutsk, Russian Federation

The aim: To study influence of tobacco smoking on a lipid profile.

Materials and methods: 200 patients were examined. Smoking was an index of smoking ≥5 packs/year, 100-non-smokers. The mean age of the first group was 42.7±7.5 years and second-42.4±7.5 years, p<0.05.

The next parameters of a lipid profile were studied: Total Cholesterol, low-density lipoproteins (LDL), very low-density lipoproteins (VLDLs), Triglycerides, Cholesterol to HDL Ratio.

Results: HDLs were revealed to be lower in 1 group in comparison with 2 group (1.32 (1.13-1.635) and 1.565 (1.331-1.785), accordingly, p=0,007). VLDLs were revealed to be higher among smoking in comparison with non-smokers (0.545 (0.39-0.935) and 0.435 (0.345-0.605), accordingly, p=0,011).

Lipids were revealed to be higher in 1 group in comparison with 2 group (1.23 (0.865-2.065) and 0.955 (0.765-1.34), accordingly, p<0,004). Cholesterol to HDL Ratio were revealed to be higher among smoking group in comparison with non-smoking group (2.73 (1.875-3.885) and 2.35 (1.97-3.03), accordingly, p<0.004).

Conclusions: The smoking patients had higher indicators very low-density lipoproteins, triglycerides and lower indicators of High-density lipoproteins then non-smokers.

P4224 Indian smokers: A faster downhill course?
B. V. Murali Mohan, P. A. Keshar Hihire, Ranganath Ramanjaney
Pulmonology, Narayana Health, Casablanca, Morocco

Results: In an Indian population, the effects of cigarette smoke on lung function are seen earlier than in usually described, this may reflect greater susceptibility to cigarette smoke or the additive environmental effect including air pollution and undernutrition. The cause effect relationship needs to be worked out, but it is clear that it is never too early to quit smoking.

P4225 Tobacco information’s in preoperative patients factsheets: A French survey
Marie-Dominique Dautzenberg1,2, Malika Bougdj1, Joseph Osman1, Bertrand Dautzenberg1,2. 1Consultation de Tabacologie, Hôpital Necker Enfants-Malades, Paris, France, 2DRT, Office Français de Prévention du Tabagisme, Paris, Paris, France. 3Service de Pneumologie, GH Pitié Salpêtrière, Paris, France

Four years ago a French experts conference on perioperative smoking had showed that smokers have 3 times more scars and general complications. Tobacco cessation 6-8 weeks before surgery until the end of the healing removed excess risk. We investigate how this information was delivered to patients through surgery procedure factsheet
Methods: In response to a request “information patient surgery” on Google Franche first 100 patient factsheets were recorded and analyzed. Theses leaflet come from 32 transmitters, 2 issuers information sheets over 6, 4 are between 7 and 10 factsheets, 20 of the 32 issuers only one factsheets. Factsheets concern 13 specialties. Only plastic surgery and orthopedics and have more than 10 factsheets.

Results: In 76% of cases the word “information patient surgery” is not present. Only three specialties at least say a word smoking in half of factsheets, it is in the order of highest occurrence: vascular surgery and maxillofacial surgery plastic. Only 2% of factsheets address all aspects advice tobacco. These 2 factsheets are about plastic surgery. The way to quit is the least approached parameter (18%).

Conclusions: A dramatic gap of information on tobacco in patient factsheets exists. Actions had to be proposed to correct the lack of information on tobacco before elective surgery. We propose to all editors of factsheets to had this sentence: “information patient surgery”

P4236

Respiratory symptoms associated with cannabis and tobacco use in a north Edinburgh primary care population

Jim McKenzie1, Lorraine Copeland1, John MacLeod2, Reid Peter3.

1 U.O. Malattie Respiratorie, Ambulatorio Disasuffezione Del Fumo, Palermo, Sicily, Italy; 2 Department of Pulmonary Medicine, Lapland Central Hospital, Rovaniemi, Finland; 3 Medical Department, Pulmonology Research Institute of Defence, Moscow, Russian Federation

Cannabis is usually inhaled and is most commonly taken in a joint containing both cannabis and tobacco. We are conducting a cross-sectional study of cannabis and tobacco smokers recruited from a primary care population in North Edinburgh.

Aim: To study how self-assessment of nicotine addiction by young adult smokers correlated to nicotine dependence graded by HSI

Methods: A quantitative cross-sectional questionnaire answered anonymously by Finnish male conscripts during their military service during 2008-2009 in Northern Finland with a high response rate (80%)

Results: In this group (n=721),72.5% were current smokers and 27.5% occasional smokers.

Background: Young adults are easily nicotine dependent and want to quit, but they have several relapses partly due to lack of programs to help them.

Aims: To study how self-assessment of nicotine addiction by young adult smokers correlated to nicotine dependence graded by HSI

Methods: A quantitative cross-sectional questionnaire answered anonymously by Finnish male conscripts during their military service during 2008-2009 in Northern Finland with a high response rate (80%)

Results: In this group (n=721),72.5% were current smokers and 27.5% occasional smokers.

The mean age of current smokers was 19.5y, they started to smoke at the mean age of 14.7y and smoked in average 4.8y. Third of current smokers smoked less than 3-pack-years (py), third between 3 to 6py and more than 6py. Even 9% of daily smokers felt themselves nicotine addicted typically with several quit attempts (Table 1).

Table 1. Distribution of Heaviness of Smoking Index (HSI) vs nicotine dependence in 523 current young smokers.

<table>
<thead>
<tr>
<th>Variable</th>
<th>HSI 0-1</th>
<th>HSI 2-4</th>
<th>HSI 5-6</th>
<th>All (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-assessment of nicotine addiction</td>
<td>p&lt;0.0001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– No, totally disagree</td>
<td>15 (56.5)</td>
<td>9 (39.1)</td>
<td>1 (4.3)</td>
<td>25 (100)</td>
</tr>
<tr>
<td>– Yes, quite disagree</td>
<td>62 (52.1)</td>
<td>51 (42.9)</td>
<td>6 (5.0)</td>
<td>119 (100)</td>
</tr>
<tr>
<td>– Yes, no disagree</td>
<td>41 (24.7)</td>
<td>112 (66.7)</td>
<td>10 (5.7)</td>
<td>163 (100)</td>
</tr>
<tr>
<td>– Yes, fully disagree</td>
<td>11 (15.4)</td>
<td>127 (70.9)</td>
<td>29 (16.2)</td>
<td>167 (100)</td>
</tr>
<tr>
<td>– I don’t know</td>
<td>3 (3.3)</td>
<td>5 (5.5)</td>
<td>1 (1.1)</td>
<td>9 (100)</td>
</tr>
</tbody>
</table>

Number of quit attempts

| 0 | 67 (31.3) | 124 (57.9) | 23 (10.7) | 214 (100) |
| 1 | 19 (25.3) | 46 (61.5) | 7 (9.3) | 72 (100) |
| 2 | 32 (30.5) | 65 (61.9) | 8 (7.6) | 105 (100) |
| 3 | 15 (25.0) | 36 (60.2) | 3 (5.0) | 54 (100) |
| 4 | 4 (30.8) | 7 (53.8) | 2 (15.4) | 13 (100) |
| 5 | 7 (17.9) | 25 (64.1) | 7 (17.9) | 39 (100) |

Conclusions: Young smokers experienced several quit attempts and were highly nicotine dependent. They also recognized their dependence.

P4239

The prevalence of tobacco smoking and respiratory symptoms among students of medical university

Tatiana Bilichenko, Maryana Tabekova, Inna Yakhtulova, Alexander Lipansovskiy.

Clinical Epidemiology, Federal State Institution Research Institute of Pulmonology, Federal Medical-Biological Agency, Moscow, Russian Federation

The aim of the research was to study the smoking habits and respiratory symptoms (RS) in young patients. Materials and methods: The study involved students of fourth year and fifth year at the age of 20 to 38 years old: 62 boys and 169 girls (response rate was 72.6%). To assess smoking the standard WHO questionnaire was used, and RS were studied on the basis of GAZELLE questionnaire. The analysis was conducted using Statistica 7 version.

Results: 82.6% of males and 71.0% of females among the students have tried smoking once mostly aged 10-15 years. 38.7% of boys and 33.1% of girls regularly smoked for 12 months or more and during the month before the survey 32.3% and 26.0% of students respectively. Intensity of smoking among boys was 11.8±4.1, and among the girls 7.0±4.4 cigarettes per day. Wheezing in the chest during the last 12 months was marked by 22.6% of boys and 23.5% of girls. 14.5% of boys and 25.4% of girls woke up from coughing. Coughing up phlegm on most days for 3 months each year was indicated by 11.3% of boys and 13.6% of girls.

Young smokers experienced several quit attempts and were highly nicotine dependent. They also recognized their dependence.
Thematic Poster Session

Abstract printing supported by Chiesi. Visit Chiesi at Stand D.30

TUESDAY, SEPTEMBER 27TH 2011

P4241 Affective symptoms in smokers applying for smoking cessation clinic: Are they related to specific socio-demographic and clinical characteristics?
Fiammetta Cosci1, Francesco Pistelli2, Valentina Viticci1, Ferruccio Aquilini2, Laura Carrozzi4. 1Department of Psychology, University of Florence, Florence, Italy; 2Cardio-Thoracic Department, University Hospital of Pisa, Pisa, Italy

Aim: To evaluate socio-demographic and clinical characteristics associated to high levels of affective (i.e. depressive/anxious) symptoms in smokers applying for smoking cessation clinic.

Method: Current smokers applying for smoking cessation clinic at the University Hospital of Pisa were evaluated (n = 146). Socio-demographic and clinical (e.g. carbon monoxide of expired air - CO, attempts to quit, history of diseases) data were collected during their first visit. Self-administered rating scales were used to assess the level of nicotine dependence (Fagerstrom Test for Nicotine Dependence - FTND) and the level of affective symptoms (Hospital Anxiety Depression scale - HADS). Data were analyzed comparing the subjects with high HADS total score (HADS+) with those having low HADS total score (HADS-) (cut-off = 13, median).

Results: Subjects with low education, high levels of CO, and a lifetime history of smoking related education on university level. Special attention should be given to the inclusion of anti-smoking information in study curricula. These measures can only be successful if tobacco control policies will be fully enforced on national level as well.

P4242 Hospital clinicians use of smoking AAAs
Burhan Khan1, Linda Smith 2. 1Department of Respiratory Medicine, Darent Valley Hospital, Dartford, Kent, United Kingdom; 2West Kent Stop Smoking Service, West Kent Stop Smoking Service, Maidstone, United Kingdom

Introduction: All health care professionals have a responsibility to identify, recommend, and assist smokers to stop smoking. Unfortunately, despite having infrastructures in place, use of the 3As is underutilised.

Aim: Ascertain clinicians use of 3A’s: Ask, Advise, Act during Outpatient clinic consultations.

Use of 3AAs in Hospital OP Clinics

<table>
<thead>
<tr>
<th>Total respondents</th>
<th>Total smokers</th>
<th>Total Smokers Identified</th>
<th>Total Smokers Advised</th>
<th>First Consultation: Total</th>
<th>First Consultation: Smokers</th>
<th>First Consultation: Smokers Identified</th>
<th>First Consultation: Smokers Advised</th>
<th>First Consultation: Smokers Assisted</th>
<th>Follow up visit: Total</th>
<th>Follow up visit: Smokers</th>
<th>Follow up visit: Smokers Identified</th>
<th>Follow up visit: Smokers Advised</th>
<th>Follow up visit: Smokers Assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>204</td>
<td>53</td>
<td>26</td>
<td>10</td>
<td>5</td>
<td>14</td>
<td>14</td>
<td>8</td>
<td>1</td>
<td>151</td>
<td>39</td>
<td>18</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(52/204) 26%</td>
<td>(26/53) 49%</td>
<td>(10/26) 38.5%</td>
<td>(5/26) 19%</td>
<td>(14/53) 26.5%</td>
<td>(14/53) 26.5%</td>
<td>(8/14) 57%</td>
<td>(1/14) 7.1%</td>
<td>(151/204) 74%</td>
<td>(39/53) 74%</td>
<td>(18/39) 46%</td>
<td>(9/39) 23%</td>
<td>(5/53) 95.3%</td>
</tr>
</tbody>
</table>

Number of patients Percent Conversion

Method: Patient survey completed within the department post consultation.

Results: Of 224 respondents, self-reported smoking prevalence was 26% (53/204). 49% were correctly identified as current smokers, but only 10/26 (38.5%) were advised to stop and only 6 patients were given instructions albeit none were referred to NHS Stop Smoking Services.

Conclusions: Anecdotal information and assumptions regarding suspecting poor clinician usage of smoking 3As appears to be substantiated. Despite an interaction with a healthcare profession, smokers are not identified, and thus not advised for smoking cessation. Identification of smokers needs to be systematic and avaluable at every health care evaluation when health is a major salient concern for the patient.

P4243 Role of respiratory and cardiovascular disease as a motivational factor for smoking cessation
Oana Claudia Delamea, Teodora Alexandru, Roxandra Ulmeanu, Oana Maria Udrea, Ion Mierius-Mazilu, Stefan Mihaiuta, Florin Dumitru Mihalatan, Pneumology III, University of Medicine and Pharmacy “Carol Davila”, Bucharest, Romania Pneumology III, Institute of Pneumology “Marius Nasta”, Bucharest, Romania Pneumology III, Faculty of Medicine and Pharmacy –Ourea University, Bucharest, Romania Psychology, University of Bucharest, Bucharest, Romania Statistical Laboratory, Technical University of Civil Engineering – Bucharest, Bucharest, Romania Pneumology, University of Medicine and Pharmacy “Victor Babes”, Timisopara, Romania Pneumology III, University of Medicine and Pharmacy “Carol Davila”, Bucharest, Romania

Rationale: Smokers with tobacco-related disorders are more motivated to give up smoking than healthy smokers, but comparative data about the influence of each pathology type on motivation is still insufficient.

Methods: We studied the behavior of persons with a history of smoking, healthy/sick with cardiovascular (CVD)/respiratory (RD) tobacco-related disease, using 2 questionnaires-for former smokers/active smokers regarding motivation, ill perception status for quitting, health status, degree of nicotine-addiction, quitting history, determinant factors for tobacco consumption. We use Excel (chi, T tests).

Results: 240 persons were interviewed: 83 women/157 men, mean age 47±16.2 years; 77% smokers, 23% former smokers (p=0.0038). Healthy smokers cannot refrain from first cigarette (55.6%, p=0.001). 69% of smokers with CVD want to quit smoking, but only 38% are in the action-phase, vs 65% of those with RD - 61% in the action-phase (p=0.005). 95.8% of respondents believe that smoking can cause a disease, mostly ill patients (p = 0.001), who saw smoking as the cause of their illness (p=0.005) (especially those with RD and both p=0.036). Patients with RD/both diseases are more determined to quit (p=0.003).

Conclusions: The most motivated and ready to quit smokers are the respondents with a disease, especially respiratory. Medical staff should focus attention on all patients and “personalized” programs must be developed for those with cardiovascular disorders.

P4244 Smoking cessation: Results of three year’s activity
Francesca Becciu, Maria Francesca Polo, Sanda Manca, Sonia Serreri, Piero Pirina. Department of Respiratory Diseases, University of Sassari, Sassari, Italy

Introduction: Cigarette smoking is widely considered the most common cause of cardiovascular and pulmonary diseases and smoking cessation programs are effective in the treatment of this condition.

Aims: To analyse the results of our protocol for smoking cessation after three years of activity; to check the efficacy of follow up; value the drug success rate of NRT (Nicotine Replacement Therapy), Varenclina and association between Varenclina and nicotine Inhaler.

Methods: from June 2006 to December 2010 we enrolled 445 subjects, 163 men (37%) and 282 women (63%). All patients who participated in our protocol, which includes a course of three sessions and counselling combined with drug therapy (Nicotine Therapy Replacement and/or Varenclina), were called by phone in February 2011.

Results: The mean age of our patients was 49±11 years and the mean smoking exposure 34 pack/years. The degree of nicotine dependence tested with Fagerstrom Questionnaire was very low (0-2) in 9% of patients, low (3-4) in 17%, medium (5-6) in 34% and high (7-8) in 35% of patients. 9% of patients (9/10) in 10%. The average of Exhaled Carbon Monoxide (CO) was 25±13 ppm. The absence rate was: after a month 71%, 3 months 38.4%, 6 months 37.9%, 1 year 37.8%, 2 years 36.3% and 3 years 26.5%.

The drug therapy success rate was 37.2% for NRT, 28.5% for Varenclina and 34.2% for Varenclina associated with nicotine Inhaler as needed.

Conclusions: Our results confirm the importance of follow up and regular phone calls in improving outcomes in smoking cessation. The NRT has showed the best success rate and the efficacy of Varenclina can be improved with Nicotine Inhaler association: maybe we can consider this drug combination as an emerging treatment.
P4245 Making smoking cessation easier and closer the smoker: The results of Milan study of antismoking centers in pharmacies
Elena Munzani1, Aldo Marmotti2, Anna Gardiner3, Giovanni Invernizzi1,4, Roberto Mazza1, Cinzia De Marco1, Roberto Boffi1, 1Tobacco Control Unit, Istituto Nazionale dei Tumori, Milan, Italy; 2Farmacia Filanze S.P.A., Bologna, Italy; 3Assessorato alla Salute, Comune di Milano, Milano, Italy; 4Italian College GPs, SIMG, Milano, Italy

Background: A few strong inputs from the Italian Institute of Health indicate that information and assistance to smokers are still far from being satisfactory.

Aims: To verify if offering smoking cessation at the pharmacy, a health facility where smokers have often the chance to stop, can promote the participation to cessation programs.

Methods: A 6-month pilot phase was carried out from October 2010 to March 2011. Five pharmacies in Milan were selected. Chemists were trained by the team of the Antismoking Center of the Istituto Nazionale dei Tumori (INT). Every pharmacy was equipped with informative material, CO analysers, motivational and FTND’s questionnaires and with a clinical briefcase; moreover a trained psychologist of INT collaborated with the chemist.

Results: In the first four months of activity 144 smokers (54% male, 46% females) asked for a consultation. The median values were: age 52 years, p31, CO 14ppm, FTND’s test 5. Regarding the pathologies, 25% of the smokers had cardiovascular and 11% respiratory diseases. 22% other pathologies, 43% declared they were “healthy” smokers. Overall, 45% of the smokers asked to stop smoking, 33% to reduce, 21% just wanted to get information.

Conclusions: The results show that the opportunity to have accessible and free smoking cessation service is considered useful by smokers. The great number of requests, together with the easy transferability of the project to other pharmacies, makes it a very promising initiative for the next future.

P4246 Nurses’ and patients’ communication in smoking cessation at nurse-led COPD clinics in primary health care
Eva Osterlund Efraimsson1, Anna Ehrenberg2, Bijoeem Fossum1, Kjell Larsson1, Birgitta Klang1, 1Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Stockholm, Sweden; 2School of Health and Social Studies, Dalarna University, Falun, Sweden; 3Sophiahemmet University College, Stockholm, Sweden; 4National Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden; 5Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Stockholm, Sweden

Aim: To examine smoking cessation communication between patients and registered nurses, with a few days of Motivational Interviewing (MI) based education, in consultations over time at nurse-led Chronic Obstructive Pulmonary Disease (COPD) clinics in primary health care (PHC).

Method: The first and third of three consultations were videotaped, involving 13 smokers and six nurses. In these consultations smoking cessation communication was analyzed using the Motivational Interviewing Treatment Integrity (MITI) Scale and Client Language Assessment in Motivational Interviewing (CLAMI).

Results: The nurses did, but only to a small extent, evoke patients’ reasons for change, foster collaboration and support patients’ autonomy. In the registration of specific utterances; they provided a lot of information (42%), asked closed (21%) rather than open questions (35%) and made more simple (14%) than complex (2%) reflections. Most of the registration of the patients’ utterances in the communication were either toward or away from smoking cessation coded in the category Follow/Neutral (59%), followed by utterances in the categories of Reason for change 40%, Taking steps 1% and Commitment 0%. No significant differences could be observed in the results of MITI and CLAMI between the first and third consultations.

Conclusion: Smoking cessation communication at nurse-led COPD clinics neither focused on the patients’ reasons for or against smoking nor motivated patients to express commitment to, or take steps towards, smoking cessation.

P4247 Training pharmacists in the stage-of-change model of smoking cessation: A randomised controlled trial in Sicily
Riccardo Polosa, Pasquale Caponnetto, Massimo Caruso, Dipartimento di Biomedicina Clinica e Molecolare, University of Catania, Catania, Italy

Introduction: Most pharmacists are eager to undertake an important role in health promotion but in Italy pharmacists are not trained for smoking cessation counselling.

Aim and objectives This study set in pharmacies in Sicily has evaluated the effect of training pharmacists in the stage-of-change model of smoking cessation and motivational interviewing.

Methods: A training package based on the stage of change model of smoking cessation and motivational interviewing was been carried out by University. The training was being piloted on a cross-section of pharmacy personnel. A total of 46 pharmacies have participated in the trial and attended a 3 hour training on 2008 guideline Treating Tobacco Use and Dependence. Successively pharmacists were randomly allocated by sequential allocation to the intervention or control group. The intervention group attended a 6 hour training by scheduling a initiation workshops. During the 3 month customer recruitment period, all smokers who sought advice on stepping smoking or those who bought an OTC anti-smoking product in preparation for a new attempt to stop smoking was been eligible for inclusion.

Results: A total one 587 smokers participated. At 12 week 64.4% were lost at follow-up in active group and 67.9% in reference group. At 24 week subjects who were lost at follow-up accounted for 72.5% in active group and 90% in reference group. At 12 week the quit rate were 25.7%, for intervention group and 14.4% for control group. At 24 week the quit rate were 11.2%, for intervention group and 6.3% for control group.

Conclusion: The study demonstrated the utility of the stage-of-change model and motivational interviewing in a pharmacy setting.

P4248 Predictors of smoking cessation within a lung cancer CT screening trial
Francesco Pastelli1, Ferruccio Aquilini1, Laura Tavani1, Stella Cim1, Barbara Conti2, Fabio Falaschi2, Andrea Lopes Pegna3, Eugenio Pacci4, Laura Carrozzi1, 1Cardio-Thoracic Dept, University Hospital, Pisa, Italy; 2Oncology and Radiology Dept., University Hospital, Pisa, Italy; 3Paediatrics Dept., University Hospital, Florence, Italy; 4Epidemiology Dept., ISPO, Florence, Italy

Background: Participating in a lung cancer CT screening may trigger smoking cessation but a clear impact on abstinence rates hasn’t been shown.

Aim: To evaluate smoking cessation in subjects enrolled in a lung cancer CT screening trial (Italung-CT)

Methods: 3004 current or former smokers (20+; pky; 55-69 yrs) from the general population were randomised in the active (CT scan, AA) or control (usual care, CA) arm of the Italung-CT in three Italian centres (Florence, Pisa, Pistoia). A postal/telephone questionnaire was administered at baseline (round 1) and at the last evaluation (round 4). Preliminary smoking data from 1186 AA subjects (94% of AA) and from 1261 CA (67% of CA) were evaluated. A palmonologist-assisted smoking cessation program (counselling & pharmacotherapy, SCP) was offered only in the Pisa centre. Multivariate logistic regression analysis was performed with smoking cessation as outcome variable. Independent variables were: sex; age (<50, 50-60 yrs); pky; baseline CT-detected nodules (unknown/CA subjects, none, ≥ 1); participation in SCP.

Results: Crude cessation rates at round 4 were 21% in AA and 18% in CA (p=0.08). Smoking cessation was significantly associated to male sex (OR = 1.54 [95% C.I.[1.17, 2.02]), pky (0.98 [0.98, 0.99]), (1.43 [1.00, 2.05]), participating in SCP (2.44 [1.59, 3.75]).

Conclusions: According to preliminary results, smokers participating in the active arm of Italung-CT show statistically borderline higher smoking cessation rates as compared to controls. Smokers with lung CT-detected nodules, offered of a SCP are more likely to quit smoking. Smoking cessation programs should be always offered within a lung cancer CT screening.