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Genetic factors on quitting habits and smoking characteristics: A twin study

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Introduction: It is well known that quitting has a genetic background; however, no detailed information is available in this field. Our aim was to investigate different quitting and smoking characteristics of monozygotic (MZ) and dizygotic (DZ) twins in order to investigate the genetic contribution.

Methods: Smoking 72 twin pairs (65 Hungarian and 7 American, 44 MZ and 28 DZ; mean age 44 ± 17 years \pm standard deviation (SD)) filled in a questionnaire concerning smoking and quitting habits. The prevalence of concordant answers was calculated from the answers of 9 MZ and 3 DZ twin pairs whose both members quitted smoking. Significantly higher rate of concordant answers in MZ twins compared to DZ twins suggested a genetic influence.

Results: No significant difference was observed in the concordant answers concerning quitting attempts and duration of quitting period in MZ versus DZ twins (63% vs. 70%; 2.9 ± 4.0 versus 1.9 ± 1.5 years, $p > 0.05$). Similarly, no significant difference was found in concordant answers regarding the history of quitting, mean difference in first cigarette smoking after wake-up, self-reported tobacco dependence, and certain smoking characteristics (what part of the cigarette is smoked, depth of imbibing the smoke, frequency of taking sniffs; and the frequency of thoughts concerning quitting smoking, harmful effects of smoking on other persons or him/herself, harmful operation of tobacco factories, cost of smoking) in MZ versus DZ twin pairs ($p > 0.05$ for all characteristics).

Conclusions: In conclusion, this small twin study indicates no genetic influence on certain quitting habits, thoughts and smoking characteristics. A larger study sample is warranted.

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A pilot study of the acceptability of snus and nicotine pouch in smoking cessation

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New Zealand is aiming to become entirely smokefree by 2025. This goal is endorsed by the Ministry of Health and widely by the tobacco control community. To achieve this goal will require a number of new initiatives both in policy and smoking cessation. We have recently commenced a small pilot study to examine the acceptability of snus (an oral tobacco) and a nicotine pouch (Zonnic) amongst hospitalised smokers who have previously tried and failed to quit with NRT. 100 hospitalised smokers who wished to quit were enrolled and have been followed for at least 3 months. Smokers were given 1 week to try both products and then chose one to use for three months in a further quit attempt.

During the first weeks' trial the nicotine pouch was more satisfying (using the CES) than snus median score 4.0 (IQR 2-5), 4 (IQR 3-5) $p=0.05$ and more enjoyable 4.0 (IQR 3-5), 3.0 (IQR 1-4) $p<0.01$, respectively.

During the 2 weeks prior to quitting 50 subjects chose to use the nicotine pouch, 25 chose snus and 25 chose to use neither, except occasionally.

At 3 months, of the 16 who used snus regularly 5 were quit (31%) and a further 3 had smoked less than 2 cigarettes in the last 7 days. Of the 24 who used the nicotine pouch 4 were quit (16.6%) and a further 2 subjects had smoked less than 2 cigarettes.

Amongst smokers with no history of oral tobacco use, the nicotine pouch appears more satisfying and enjoyable and is chosen twice as often as snus, but may be less effective for cessation. Alternatively, those who choose snus may be better able to quit than those who choose zonnec. A full RCT will be required to confirm these findings.

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Quit smoking with Champix: Parallel, randomised clinical trial of efficacy for the first time in Iran

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Introduction: Smoking cessation programs were first introduced in Iran in 1997 by the National Research Institute of Tuberculosis and Lung Diseases and up to now, various nicotine replacement therapies have been prescribed. The aim of this study was to evaluate effectiveness of Varenicline for tobacco cessation in this country and compare it with other measures.

Materials and methods: This was a randomized parallel clinical study during 2009-2010.

Participants were divided into three parallel groups randomly. The first group received brief counseling on cessation. The second group received nicotine patches 15 mg/daily for 8 weeks and the third group was prescribed Varenicline one 0.5 mg pill daily for the first 3 days, followed by 0.5 mg twice a day for 4 days and subsequently 1 mg twice daily for 8 weeks.

Results: The study had 272 participants including 160 men (58.8%). Ninety one people were in the first group, 92 individuals in the second and 89 in the third group. At the end of the first month, 128 people from total (47.1%) succeeded in quitting; this included 17 individuals (18.7%) in the first group, 60 (65.2%) in the second group and 51 (57.3%) in the third group ($P=0.000$). Follow up at 6 month and a year showed 111 people of total (40.8%) and 58 individual (21.3%) remained smoke free which included 12 (13.2%) and 6 (6.6%) in the first group, 47 (51.1%) and 23 (25%) in the second group and 52 (58.4%) and 29(32.6%) in the third group respectively ($P=0.000$).

Conclusion: Drug treatment can improve success in quitting several fold. Success with Varenicline is slightly better from nicotine replacement treatment.

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Smokers' characteristics, pharmacological treatment and their association with weight gain during smoking cessation

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Tobacco addiction is responsible for many deaths. However, the adherence to the treatment is made difficult by several factors.

Aim: Investigate if the weight gain during smoking cessation is associated with smokers characteristics or smoking cessation treatment strategies.

Methods: 148 smokers (female=65.5%, age=50.2±11.6y) were evaluated at baseline and after one year during a smoking cessation program. At baseline, all

patients were analyzed by general date, anthropometric measurements, motivation stage, nicotine dependence, Hospital Anxiety and Depression Scale (HADS) and pharmacological treatment for smoking cessation. After one year of treatment, the patients were reevaluated for smoking cessation, weight changes. Weight gain above 3.0 kg was considered significant. We used T test, Chi² and multiple logistic regression.

Results: Among 148 smokers, 81.8% received at least one pharmacological treatment and 20.2% used bupropion. After one year, 34.4% of patients (60.78% female, age: 51.5±11.3y) were abstinent and they gained more weight [5 (2-10) kg, $p<0.001$] than patients who continued smoking [0 (0-4) kg]. Only 17.6% of abstinent patients, used bupropion. Among smokers, 41.9% gained weight over 3.0 kg, however we did not find associations of weight gain with HADS scores, intensity of nicotine dependence, motivational status. The multiple logistic regression showed that current smoker had lower chance of weight gain after one year [OR:0.18 (CI95%:0.08-0.40)].

Conclusion: Ours results confirms previous findings of weight gain after smoking cessation and did not identify association between weight gain and any patient characteristics or treatment strategy.

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Effectiveness of smoking cessation advice following admission to hospital

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Introduction: Hospitalization offers patients a good opportunity to quit smoking especially when they are admitted with a respiratory illness. The Department of Health (DoH) recommends that all inpatient smokers should be offered support by a smoking cessation officer(SCO)¹.

Aims: • Evaluate if smoking cessation advice is offered to patients admitted with a respiratory illness

• Identify a relationship between abstinence and types of smoking cessation aids used

Methods: Prospective follow up of 100 patients in respiratory clinic following hospital admission with a respiratory condition between December 2010 and October 2011. Baseline demographics and data on smoking habits and cessation advice were collected. Chi squared test was used to assess statistical significance.

Results: Median (range) age of patients was 62 years (22 – 97). 52 were male.

Of 100 patients 85 were offered cessation advice. 51 (60%) were seen by SCO.

At follow up (1 to 3 months post discharge) 36 patients were abstinent. Age, gender or degree of tobacco consumption pre-admission did not influence likelihood of cessation.

SCO review was associated with abstinence ($p=0.02$). The most effective methods of cessation were willpower ($P=0.001$) and use of nicotine replacement therapy (NRT, $p=0.006$).

Conclusions: The majority of patients admitted with an acute respiratory illness were offered cessation advice as recommended by DoH. SCO counselling and NRT are powerful tools and affect success rates. Surprisingly, most quitters in our study did not use additional aids and used hospitalization alone as an impetus to give up smoking.

References:

[1] Department of Health (1999) Smoking kills: a White Paper on tobacco.(The Stationery Office, London).

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Learning platform for smoking cessation project: From begining to date

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Background: Although 35% of the adults in Turkey are current smokers, the number of trained physicians and smoking cessation (SC) clinics are not enough to meet the demand.

Aim: This national project aimed to create the necessary infrastructure for providing SC therapy all-around the country and to train physicians in this topic. This project was run by Turkish Thoracic Society Tobacco Working Group and supported by a grant from Pfizer Foundation.

Methods: For this purpose, an organization network including field training

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teams was planned. The training materials were prepared and standardized. A website of the project including a wide e-learning platform was created (www.sigarabirakmadaogrenmezemini.org).

Results: Firstly, a central training program was planned. Forty volunteers from all regions of Turkey were participated to this program. Afterwards, field training programs were started to perform by these trainers. From the beginning field training sessions were performed in 11 cities with more than 300 participants. The project website was visited by 10.369 visitors and 518 participants completed e-training module since April 2011.

Conclusion: The SÖZ project enabled a training ground that will last for years; a professional website and a trainer staff to generalize the program. Through this project, the integration of SC intervention in all health service steps will be provided, the number of SC clinics in Turkey will increase, and in future smoking rate will reduce in our country.

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Tobacco cessation clinics in Europe: Data from eSCCAN project

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The eSCCAN project aims to federate smoking cessation clinics in Europe to share and improve practices.

Method: Identification of eSCCAN experts in 26 of the 27 European countries has allowed to organize meetings and internet communication to reach a consensus among the smoking cessation clinics in Europe and to specify their number.

Results: The current estimate is that there is about 2500 tobacco cessation clinics in Europe. A minority of them are centers of counselling to stop smoking without the possibility of prescription; a higher number is made of doctors' offices or paramedics. The vast majority consists of tobacco cessation clinics with several health professionals and all facilities for smoking cessation.

Examples of good and bad practices have been described on many topics such as rendez-vous delays, that must be less than 3 weeks for a first appointment.

Some definitions have met consensus as the definition of healing, and in particular the period which defines a successful cessation. While waiting to close the debate, the recommendation is to record the cessation at 3, 6 and 12 months, with a particular focus at 6 months.

A code and a self-audit in many languages are available on the website for a first evaluation of the activity of the consultations that will enable future improvement.

Conclusions: The project provides real rapprochement eSCCAN knowledge to practices for smoking cessation in Europe that support in each country in Europe less than 10% of smokers, but disseminate knowledge and contribute to the assessment for teaching and research.

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e.SCCAN self-audit assessment in 15 Portuguese hospital-based smoking cessation services

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Introduction and Aim: Smoking cessation (SC) should be systematically integrated in healthcare. In 2009, the Project leader Professor B. Dautzenberg created the European smoking cessation clinics assessment and network group (e.SCCAN), joining tobacco control experts from 27 EU countries. The aim is to create a network of smoking cessation clinics for identification, definition and dissemination of good practices.

Methods: The e.SCCAN developed a questionnaire-tool to evaluate smoking cessations services (SCS): e.SCCAN self-audit. In 2011, the self-audit was applied to 15 Portuguese hospital-based SCS (online survey, 100% collaboration, 30% of total hospitals).

Results: Most HCPs working at SCS have been trained in SC. Most SCS participate in SC education activities, but few healthcare providers (HCPs), besides physicians, are involved in SC training. Data analysis showed that there is a need to:

- Announce proactively the SCS to the general public and HCPs (healthcare, media, internet)
- Educate and Certificate HCPs as cessation experts
- Develop team-based SC programmes
- Integrate multimodal and complementary SC programmes
- Allocate sufficient resources to cessation (time to organization and evaluation- this is part of our job)
- Develop tailored programmes to specific populations
- Interact and work with the community –Health Promotion
- Integrate systematic evaluation and research- mandatory cessation indicators

Conclusions: In Portugal, there is room for improvement regarding smoking cessation healthcare services. Smoking cessation should become a priority of the National Healthcare System.