409. Tobacco cessation

P4030
Smoking cessation clinic: One year experience
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Introduction: Tobacco is the most important preventable cause of premature death worldwide. Only about 4-7% of people are able to quit smoking on any given attempt without medicines or other help. Smoking cessation clinics and others healthcare providers have been shown to improve smoking cessation rates.

Aim: To analyse the characteristics of the smokers in a Smoking Cessation Clinic in Madrid.

Material and methods: From November 2010 to October 2011, 200 consecutive smokers were included in this study. Demographic data, comorbidities, smoking history, nicotine dependence (Fagerstrom test scores), motivation to quit (Richmond test scores), treatment and success in quitting smoking were recorded. The statistical software SPSS was used for analysis of the results.

Results: Our population had a mean age of 51.7 years, with 56% of them being women. Body mass index was 25.35 kg/m². Mean age at smoking initiation was 17.33 years, and men were slightly younger (16.11 vs 17.73, p=0.002). Men also consumed more tobacco (pack-years index was 47.25 in men vs 34.47, p=0.001) and had higher nicotine dependence than women (p=0.019). Six-month continuous abstinence quit rate was 46.43% in women and 30.68% in men (p=0.024). Varenicline was the more effective treatment (success rate 46.91%). 70% of the smokers had tried to quit before, and just 10 patients success at their first attempt (all of them were women). 72 smokers (36%) left the program after the first visit.

Conclusions: 1. Men significantly started to smoke earlier, consumed more tobacco and had higher nicotine dependence than women.

P4031
Results in a tobacco consulting room in Albacete University Hospital in 2009
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Introduction: Results in a Tobacco Consulting Room in 2009.

Material and methods: Retrospective descriptive analysis of the results obtained from patients who were attended in a Tobacco Consulting Room from January to 31 December 2009 and subsequent follow-up to complete a year.

Results: 291 of 428 patients (51.2%) male, mean age 46 years and mean cigarettes/day 27.5. Moderate-severe nicotine dependence (Fagerström 6.8) and high motivation (Richmond 8.11). Respiratory comorbidity: 12.1% COPD, 7.6% asthma, 11% OSAS and 0.3% H0F. Cardiac: Ischemic Cardiopathy, 4.8% and Arrhythmia, 2.1%. CVRF: 30.9% dyslipidemia, 19.9% HT and 9.3% DM. 42.6% global psychiatric comorbidity, 37.5% depression and/or anxiety and 13.4% alcoholism. 22% without treatment, 44.6% NRT, 13.1% bupropion and 20.3% varenicline. Those who were treated pharmacologically, although none statistical significance, greater number of days of abstinence among who used varenicline than NRT or bupropion (59.3 vs. 46.7). 7.2% never got more than 24 hours abstinence. Overall of the 291 patients, treatment success (one year without smoking) in 31 (10.7%). Percentage rises to 24.8% if we don’t consider those who didn’t attend the second consultation.

Conclusions: 1. 70.8% didn’t start treatment (32% and 57%, first and second appointment respectively). 2. Moderate-severe nicotine dependence and high motivation. 3. Severe comorbidity, especially psychiatric, respiratory and CVRF. 4. Greater number of days of abstinence among who used varenicline than NRT or bupropion (59.3 vs. 46.7). 5. 7.2% never got more than 24 hours abstinence. 6. Overall treatment success 10.7%, amounting to 24.8% excluding those who don’t attend the second consultation.
P4035 Smoking cessation: A problem for older adults? 
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Introduction: The prevalence of tobacco smoking is high in both men and women and touch all ages. Cigarette smoking poses substantial health risks at any age, but is particularly alarming for older smokers with all various illness.

Objective: To compare the efficacy of smoking cessation pharmacotherapy among older and younger smokers and to evaluate whether the age represent an obstacle to quit smoking.

Method: We evaluate 216 male persons interested to stop smoking in an national romanian program from 01.07.2008 to 31.12.2009. The volunteers were grouped about ≥ 60 and < 40-50 and > 60 Terms assessed were: number of cigarettes, Fagerstrom test, type of treatment, the level of CO expire. The therapies used include nicotine replacement, bupropion and varenicline for a maximum 12 weeks.

Results: For the group > 60 it was a highest number of packs of cigarettes per year 46.3±12.8 (95% CI 38.01 - 54.61).The nicotine dependence evaluated by the Fagerstrom test is not significant statistically different in the three groups (5.8±2.5 32 SD for the group >40, 6.29±2.55 for the group 40-60 and 6.17±2.01 for the last one). The results of CO expired levels sound alarming for all clusters > 60 - CO = 13.03±4.5±48 SD, 40-60 age CO= 13.980±1.572 SD and for the group < 39 we rest in the same coordinates: CO = 15.138±6.16 SD. Abstinence rates in the older group > 60 was 34.48% in report with group 40-50 (48%) and group < 39 (44%).

Conclusion: The treatment for smoking cessation guide to almost similar abstinence rates in older and younger smokers. The physicians have annually a lot of opportunities to sustain their older patients to improve their health status and quality of life by quitting smoking.

P4036 Effectiveness of varenicline as an aid to smoking cessation in primary care: An observational study
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Introduction: The effectiveness and safety of varenicline have been well established in randomized controlled trials. In the primary care setting, in which varenicline is commonly prescribed, only limited information is available on its use in patients with smoking-related comorbidities.

Objective: To assess the efficacy and safety of varenicline in a large sample of patients seeking smoking cessation treatment through their general practitioners.

Methods: This was a 12-week, prospective, observational, non-comparative phase IV trial conducted in Germany. The primary endpoint was the 7-day point prevalence of abstinence rate at Week 11–12, evaluated by verbal report using the Fagerstrom test. The analysis was performed using Mann Whitney test.

Results: Overall 1391 subjects were enrolled: 1177 received study medication and were evaluated for efficacy and safety. A total of 66.7% participants had at least one concurrent comorbidity, chronic obstructive pulmonary disease (35.5%), hypertension (29.6%), depression (10.4%), diabetes mellitus (8.2%), and asthma (7.9%) being the most commonly reported. In the 7-day period between Weeks 11 and 12, 837 of 1177 subjects (71.1%; 95% confidence interval: 68.5, 73.7) were abstinent. A total of 205 all-causality adverse events were reported in 130 subjects (11.0%), of which 189 (in 122 participants [10.4%]) were considered treatment-related, and 2.2% were classified as serious or severe. There were no fatal adverse events.

Conclusion: These real-world data indicate that even in a setting outside of the clinical trial environment, and in patients with smoking-related comorbidities, varenicline is an effective smoking cessation aid with an acceptable safety profile.

P4037 Efficacy of nicotineline non-pharmacologic alternative tool for smoking cessation program using varenicline
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Background: Tobacco addiction is associated with not only nicotine dependence but also mental dependence based on the habitual smoking situation (e.g. drink alcohol, after meal). The efficacy of substitute nicotine non-pharmacologic tool are nicotineless electronic cigarettes in these situations for smoking cessation was unclear.

Method: This prospective observational study aimed to investigate the efficacy of non-pharmacologic alternative tool in patients who were treated with a 12-week outpatient smoking cessation program using varenicline. We screened 180 patients who were treated with the program from March 2010 to February 2012. Tobacco addiction in this study was defined as a condition with both at least five points of the Tobacco Dependence Screener (TDS; Kawakami, et al., 1999) and at least 10 pack year. At the first medical examination, we instructed all the patients to use the nicotineline alternative tool when they urge to smoke. We assessed the success rate of smoking cessation at 12 weeks.

Result: Of 136 patients were eligible (35 were lost, 9 dropped). The success rate was 77.8%. Eighty patients (58.9%) used alternative tool as we instructed. The success rate of the patients who used alternative tool was significantly higher than that of the patients who didn’t use the tool (p<0.001). In multivariable logistic regression analysis, the independent predictors of smoking cessation failure were untreatable side effect (p<0.05) and disuse of alternative tool (p<0.01).

Conclusion: In outpatients smoking cessation program using varenicline, non-pharmacologic alternative tool was useful for patients who urge to smoke in the habitual smoking situations.

P4038 Evaluation of the correlation between pictorial health warning labels and decision to quit smoking
Ali Abdolahinia, Research Unit, Iranian Anti Tobacco Association, Tehran, Islamic Republic of Iran

Background: Applying health warning labels on tobacco products, as an efficient measure for reducing tobacco consumption rate, put an end on tobacco industry abuse through attractive and beautiful packaging. Iran is among the leading countries in legalizing the application of warning labels on tobacco products and has executed it since February, 2009. At present in Iran, 50% of the front and back of tobacco packages should be covered by warning labels. The present study aimed at evaluating the relationship between health warning labels and smoking cessation intention in smokers.

Methods: This descriptive cross-sectional study was carried out in summer of 2011, two years after applying the first series of health warning labels on tobacco products in Iran. 2,020 smokers from all districts of Tehran were interviewed. Data were collected. Obtained data were analyzed by SPSS v.17.

Results: Among our understudy subjects, 1,273 (65.7%) consumed labeled cigarettes (66% of men and 41% of women). Regarding influence of warning labels on tobacco consumption by the smokers, 18.2% stated a decrease in their consumption rate, and 15.7% reported their intention for quitting. Also, 35.7% of these smokers believed that putting disgusting graphic labels on cigarette packaging would increase their motivation for quitting.

Discussion: Evidence reveals that graphic warning labels could produce a great motivation for quitting and avoid smoking initiation in non-smokers. we found that more than 58% of female smokers used non-labeled cigarettes that was twice the rate in men. It may be indicative of less motivation in women and greater impact of pictorial warning labels on them.

P4039 Smoking cessation process
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Introduction: Serbia has ratified the Law on protection from exposure to tobacco smoke. The Law regulates all working and public places to be a smoke-free.

Objective: Consideration of the effects of smoking cessation by gender, education and the employment status in 2010 when the Law is ratified.

Methods: The analysis of data was performed by means of t-test for independent samples and analysis of variance (ANOVA).

Results: A total of 2,030 smokers were interested for the smoking cessation program in the Serbian counselings. Of these, 1,489 smokers attended the program from March 2010 to February 2012. The Law motivated 187 (16.5%) smokers to participate in the cessation program. There were 34.6% men (M) and 65.4% women (W). The majority of subjects (59.9%) had the secondary school education 59.9%. There were 64.7% employed smokers in total. Regarding the gender, women (40.4%) were more successful than men (32.7%). Women with the secondary school and those not employed (60.0%, 30.7% respectively) were significantly more successful than men (43.7%, 21.9% respectively) (p<0.01). Men with both of the conditions (54.7%, 7.8% respectively) were significantly more successful.
than higher education and female students (36.0%, 1.3% respectively) (p <0.001).
In regards to the number of relapses, there were no significant differences, although non-
employed men had a relapse more often (31.5%) than non-employed women (24.1%)

Conclusion: The biggest number of employed subjects who attended the smoking
cessation program can be associated with the ratification of the Law that regulates the
working places without the tobacco smoke. On that way the Law initiated the
initiative among the employed persons for the smoking cessation.

Material and methods: Prospective study with the patients attending our smok-
cessation practice in the last 6 months. We analyzed different variables and Cardiovacular events.

<table>
<thead>
<tr>
<th>Variable</th>
<th>No of patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (%)</td>
<td>50.2 (10.6)</td>
</tr>
<tr>
<td>Gender M/F (%)</td>
<td>1.1/0.9</td>
</tr>
<tr>
<td>HBP (%)</td>
<td>26.9</td>
</tr>
<tr>
<td>Dyslipidemia (%)</td>
<td>13.4</td>
</tr>
<tr>
<td>Diabetes (%)</td>
<td>10.3</td>
</tr>
<tr>
<td>Ischemic heart dis (%)</td>
<td>8.1</td>
</tr>
<tr>
<td>BMI (%)</td>
<td>14.7</td>
</tr>
<tr>
<td>Pept. ant dis (%)</td>
<td>4.0</td>
</tr>
<tr>
<td>CVA (%)</td>
<td>2.2</td>
</tr>
<tr>
<td>COP (%)</td>
<td>11.4</td>
</tr>
<tr>
<td>Aclhema (%)</td>
<td>6.3</td>
</tr>
<tr>
<td>SAHS (%)</td>
<td>16.0</td>
</tr>
<tr>
<td>Aex-Dyergus Synd (%)</td>
<td>1.7/0.9</td>
</tr>
<tr>
<td>Suicide ideas/Atempts %</td>
<td>0/0</td>
</tr>
<tr>
<td>BBI (%)</td>
<td>27.7 (5.8)</td>
</tr>
<tr>
<td>Stroke crisis (%)</td>
<td>41.9 (23.4)</td>
</tr>
<tr>
<td>Coaritisility (%)</td>
<td>34.7 (5.5)</td>
</tr>
<tr>
<td>Fagrostrm CL*</td>
<td>2.4 (0.6)</td>
</tr>
<tr>
<td>Richmond CL*</td>
<td>2.9 (0.9)</td>
</tr>
</tbody>
</table>

*p<0.05; CI: confidence interval 95%.

Table 2. Frequency cardiovascular events (CV)

<table>
<thead>
<tr>
<th>CV</th>
<th>Varicenline (n=175)</th>
<th>Bupropion (n=138)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBP crisis (%)</td>
<td>4/100</td>
<td>3/6/100</td>
</tr>
<tr>
<td>Anginaclassic (%)</td>
<td>0.6/100</td>
<td>0.7/100</td>
</tr>
</tbody>
</table>

This evaluation was carried out 3 and 6 months after the treatment initiation which
lasted up to 2 months. We carried out a descriptive analysis.

Results: From a total of 313 patients (175 varicenline;138 bupropion). The treat-
ment with varicenline was more frequent in men who were older, with a man
smoke history, diabetes, ischemic heart disease and higher scores in the Rich-
mond test. We observed no significant differences regarding the cardiovascular
events in both groups.

Conclusions: Both drugs have shown the same safety profile for cardiovascular
events. We observed a higher frequency regarding the blood pressure increase.

The role of gender within the "stop smoking" program

Introduction: Understanding individual differences in smoking behavior and ad-
diction to nicotine can increase knowledge in the development of therapy, influence
the outcomes of treatment and is a challenge for developers.

Objective: The purpose of our study was to evaluate the role of sex in the effectiveness
of smoking cessation to the National Romanian Program.

Methods and material: It is a study of a sample of 306 smokers from 01/07/2008
to 31/12/2009 interested to stop smoking. They were assessed on the age, sex,
domicile, the level of CO expire, test Fagerstrom, the family situation, the type of
smoking CI* 41,9 (23,4) 32,7 (21,4) 95% CI 41 92-45. 53, smoking 30.90 PA comparative with 91 of women age 40.53

Results: We evaluate 216 (70.58%) male, the average age was 43.72 years SD 13.5
continuous abstinence after 5 years. The mean age of initiation of smoking among
participants was 21.01±5.28 yrs. This was rate 21.94±6.53 in 3 cases 5 years after
their smoking cessation and 20.71±4.35 yrs unsuccessful quitters. Analysis showed
a significant correlation between age of smoking initiation and daily
cigarette consumption rate (P<0.001). By one year increase in age of smoking
onset chance of daily cigarette consumption rate less than 30 cigarettes decreased
by 6% (OR=0.94).

Conclusion: It seems that age of smoking initiation can to a great extent predict
the success or failure of smoker in quitting and holding on to their abstinence
in the future. The sooner the person starts smoking, the lower the chance of successful
quitting and abstinence.

Background: Smoking cessation is cost effective, but the maintenance of abstin-
ence is a challenge.

Objective: To determine factors associated with relapse in the first 12 months after
cessation.

Method: Comparative study of 69 patients who relapsed with 80 patients who did not
in that period. Demographic, socioeconomic, comorbidities, smoking history,
friend/cohabitants smoking habits, Fagerstrom Scale, Test of Richmond, adher-
ance to therapy, lapses (occasional use) and relapse were analyzed. Data analysis used
SPSS,significant level p < 0.05.

Results: There were no age or gender differences between groups. 38.3% reported
the emotional factor as the reason for relapse. We found associations between the
occurrence of relapse and male gender (OR 1.14 CI 0.42-1.79), primary school
qualifications (OR 1.2 CI 0.48-1.84), being married (OR 2.13 CI 0.60-7.67), hav-
ing children above 18 y-old (OR 2.59 CI 0.92-7.34), indoor smoking (OR 1.14 CI 0.59-2.19), smoking at work (OR 1.17 CI 0.53-2.56) smoker friends (OR 2.06 CI
0.41-1.2), presence of comorbidities (OR 1.43 CI 0.36-1.59), smoking habits onset before 18 y-old (OR 1.2 CI 0.43-1.69), no previous attempts (OR 1.98 CI
1.03-3.81), high dependency (OR 1.2 CI 0.52-2.28), no therapy adherence (OR
2.7 CI 1.03-7.59), withdrawal syndrome (OR 1.52 CI 7.1-3.26) and the occurrence
of lapses (OR 9.26 CI 3.45-26.9). Multivariate analysis confirmed association be-
tween relapse and age of habits onset, occupational activity, contact with smokers,
no previous attempts, high dependency, no adherence to therapy and the occurrence
of lapses.
Conclusion: The family socioeconomic status, smoking habits, dependence degree, treatment adherence and the occurrence of lapses were predictors of relapse.

P4044
Couples of significant others (COSO) in a joint effort to quit smoking are more successful in achieving and maintaining abstinence
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Motivational support is crucial in the success of the smoking cessation. Significant others are a proven source of that support. As far as we know social support has been used to achieve smoking cessation higher rates, but only as support and not as a concurrent attempt of a couple to quit smoking. We investigated whether the inclusion of couples of significant others in a joint effort to quit smoking in smoking cessation groups formed by a population based sample of participants would increase their success rate compared to the participants that receive the same treatment alone. This was a randomized population-based intervention study at the smoking cessation clinic of Evangelismos hospital. We monitored for people that are related in the initial screening stage. Couples included life partners, family members or very close friends. Smokers were in all motivational stages. All participants underwent the same intervention with motivational and behavioural components in the smoking cessation groups and received medical consultation and pharmacotherapy (Varenicline). We compared so far the smoking cessation rates of 25 “couples” and 50 randomized smokers that followed our smoking cessation programme. We found that participants that joint the COSO quit smoking in a higher rate (58%) than of smokers (38%). Within the dyad the person more motivated to quit smoking was usually the first to quit. Among couples that quit smoking, men were more successful (63%) than women (49%). We conclude that higher smoking cessation rates were obtained in COSO joining our smoking cessation program.

P4045
Education level and relapse to smoking
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Background: Cigarette smoking is the most common risk factor for COPD and lung cancer. Smoking cessation programs are very important for primary prevention of lung disease, but limited data are available on their effectiveness in the long term. Aim: to investigate the factors responsible for smoking relapse over 24 months after smoking cessation.

Methods: From January 2009 to December 2009, 148 smokers (72 men and 76 women, mean age ± SD 49.9±11.8 yr) undergoing a smoking cessation program were enrolled. The protocol included motivational counselling, drug therapy (Nicotine Therapy Replacement), Fagust Test, exhaled CO measurement and spirometry. We assessed cigarette smoking cessation at 12 months. The smoking-abstinence at 12 months were again examined by a telephone interview at 24 months.

Results: After 12 months, 47 subjects (32.7% of the original sample) were abstinent, but no difference was found between abstinent and quitters in any variable. At 24 months, 13 of the 47 subjects (27.7%) had relapsed. No differences were observed at 24 months between relapsing subjects and persistent quitters in the following baseline parameters: age, Fagust test score, pack-year, CO, and FEV1. However, 24 month-relapsing subjects showed a statistically lower education level compared to persistent quitters.

Aim: to analyze the dose and time decided by the patient regarding what is recommended and its influence on the tobacco cessation rate.

Methods: We included patients who attended our practice during the last 6 months. We analyzed several variables: recommended dose (varenicline (V): 0.5/1 mgrs, bupropion (B): 150 mgs/day, 2 months), real dose and duration of the treatment, tobacco cessation rates and causes of early abandonment of medication.

Results: of 312 patients: V (56%) and B (44%). By comparing both groups, we couldn’t find differences regarding cessation rate after 3 (V: 64.4%-B: 67.2%) or 6 months (V: 64.2%-B: 67.2%). We realized the patients followed the recommended dose (V: 82.3%-B: 94.2%, p<0.001). Cessation rates are shown in figure 1.

Figure 1. Patients who fulfilled the dose recommended versus patients who didn’t. N.S.: not statistically significant.

P4047
Physicians’ smoking habit, training and attitude toward cancer patient smoking cessation: The Istituto Nazionale dei Tumori experience
Micaela Lina1,², Paolo Pozzi³, Cinzia Brunelli1, Marco Alessandro Pierotti3, Roberto Botti2, 1Psychology Unit, 3Tobacco Control Unit, 3Scientific Direction, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy

Backgrounds and aim: Guidelines recommend all physicians to ask patients (Pts) about their smoking status and to offer cessation advice (SC). Aim of the study was to examine the smoking habit of medical doctors (MDs) at the Milan Istituto Nazionale dei Tumori (INT), to relate this to their level of training and to their attitudes in suggesting patients to quit smoking.

Materials and methods: All MDs of the INT (n=285) were mailed a web-based survey.

Results: Fourteen percent of MDs were current smokers; only 23% of all physicians received a training proposal in SC: 6% attended a SC course, even if 43% declared their willingness to do it. 86% of them asked Pts about smoking status, but only 50% advised Pts to quit and 32% assessed their motivation to do it. Guidelines were disregarded because of lack of time, fear to increase patients’ stress or lack of skills in SC. Smoking habits didn’t influence training attendance,willingness to be trained in SC or Pts referral to Tobacco Control Unit.

Conclusion: Smoking prevalence among INT MDs was still too high for healthcare practitioners and a low proportion of them was ever involved in a SC training session; however, smoking status doesn’t appear to influence MDs’ choice of training rather than the eventual referral of cancer smoker Pts to the dedicated Unit. Surveys like this should encourage cancer centers to make SC as part of their core mission and to implement SC training in their institutional policies.

P4048
Differences between the recommended and real dose in a smoking cessation practice
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Aims: To analyze the dose and time decided by the patient regarding what is recommended and its influence on the tobacco cessation rate.

Methods: We included patients who attended our practice during the last 6 months. We analyzed several variables: recommended dose (varenicline (V): 0.5/1 mgms, 2 months; bupropion (B): 150 mgs/day, 2 months), real dose and duration of the treatment, tobacco cessation rates and causes of early abandonment of medication.

Results: of 312 patients: V (56%) and B (44%). By comparing both groups, we couldn’t find differences regarding cessation rate after 3 (V: 64.4%-B: 67.2%) or 6 months (V: 64.2%-B: 67.2%). We realized the patients followed the recommended dose (V: 82.3%-B: 94.2%, p<0.001). Cessation rates are shown in figure 1.

Figure 1. Patients who fulfilled the dose recommended versus patients who didn’t. N.S.: not statistically significant.
Regarding the duration of treatment: V: 6.6±1.6/B: 7.9±0.7, p<0.001. Cessation rates after 6 months: V: 96% vs 51.2%; B: 95.7% vs 6.8%; p<0.001. Causes of medication abandonment are shown in table 1.

Table 1: Causes of abandonment of medication

<table>
<thead>
<tr>
<th>Abandonment causes</th>
<th>Varenicline (44%)</th>
<th>Bupropion (35%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic reasons (%)</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Psychological dependence (%)</td>
<td>35</td>
<td>46</td>
</tr>
<tr>
<td>False self-control on abstinence symptoms (%)</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Side effects (%)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Oversight (%)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Others (%)</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

p=0.134.

Conclusions: Using 2 month treatments and half the recommended dose of B, cessation rates are good >64%. Below 5 week treatments are clearly insufficient with B as well as V. Causes of early abandonment of medication were mainly due to economic and psychological reasons.

P4049
Can we really relieve the withdrawal syndrome with pharmacotherapy in smoking cessation?
Zeynep Pinar Önen, Elif Sen, Banu Eris Gülbay, Pınar Akin Kabalak, Öznu Akkoca Yıldız, Turan Acıcan, Sevgi Saryal, Gülseren Karabıyıkoglu. 
Chest Disease, Ankara University School of Medicine, Ankara, Turkey

Primary goal of the smoking cessation treatment protocols are to relieve the withdrawal symptoms. However the exact effectiveness at the high tobacco dependence patients considering the smoking cessation treatment is still an unknown problem.

Aim: To evaluate the prevalence of withdrawal symptoms during smoking cessation treatment and compare the effectiveness between the different treatment modalities in high tobacco dependence patients.

Methods: From a total number of 435 active smokers (mean age of 44±11) with high tobacco dependence rates were prospectively evaluated between 2004 and 2010. Each patient answers the same questionnaire including smoking status and medical background. Nicotine dependence and CO levels were evaluated. Smoking cessation program was administered individually according to the guidelines and all of the patients were followed at least 1 year.

Results: The continuous abstinence following therapy at the end of first year was 50.5%. Withdrawal syndrome during smoking cessation treatment developed at 89% of behavioral treatment without pharmacotherapy, 80% of nicotine replacement, 88% of bupropion and 94% of varenicline treatments. Irritability is the main symptom in all treatment protocols (more than 50% in each group) and somnolence is the distinctive symptom for the bupropion treatment (p=0.001). Hunger was not the predominant withdrawal symptom in the varenicline treatment.

Conclusion: According to our results, even one year smoking cessation success is high in our cohort the main goal of the smoking cessation protocols is not achieved. Pharmacotherapy is not superior to pure behavioral treatment to relieve the withdrawal syndromes.