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409. Tobacco cessation

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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, comorbilities, smoking history, nicotine dependence (Fagerström 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/m^2. Mean age at smoking initation 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.
2. Six-month continuous abstinence quit rate was significantly higher in women.
3. Varenicline was the more effective treatment for smoking cessation in our experience.

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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 1 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% OSAHS and 0.3% HOT; Cardiac: Ischemic Cardiopaty, 4.8% and Arrhytmia, 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 non 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.

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Smoking cessation success rate in smokers referred to Iranian clinics

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Background: Quitting smoking at any age can be effective in reducing smoking-related health conditions. At present, smoking cessation is considered the cornerstone of tobacco control policies. This study aimed to evaluate the success rate of smokers presented to smoking cessation clinics during 2005-2010 and to determine the effective factors in this respect.
Methods: In this historical cohort study, all participants attended the smoking cessation clinics, affiliated to the Iranian Anti-Tobacco Association, between 2005 and 2010 were studied. Success rate was assessed two weeks after the quitting onset.
Results: Totally, 772 participants including 510 men and 262 women were studied. 50.9% of participants reported a history of quitting and a significant correlation was observed between history of quitting and success rate (p=0.04). The success rate also had a significant relationship with higher educational level and presence of restrictions on smoking. In addition, the success rate was inversely correlated with increased nicotine dependence. However, no significant relationship was found between sense of pleasure, increased concentration or personality boost and success rate of smoking cessation. By the end of the second week following abstinence, 544 participants (71%) had successfully quitted smoking.
Conclusion: History of quit attempts and higher educational level had significant correlations with success rate of smoking cessation. Presence of restrictions on smoking is also effective in this regard. However, this study showed that increased rate of nicotine dependence reduced the success rate of smoking cessation.

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Russian advisory telephone line of help for smoking cessation

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Effective assistance in stop smoking must include behavioral and medical therapy, a behavioral stereotype plays an important role in maintenance of nicotine dependence.
Aim: To describe the prevalence and intensity of different symptoms in relation to tobacco abstinence, personal's abilities and demand of telephone psychological and medical counseling.
Methods: 3840 smokers (18-78 years) who rang the Russian advisory telephone line of help for smoking cessation (ATL) were interviewed about smoking (nicotine dependence, smoking behavior, motivation to quit smoking, earlier cessation experience), respiratory symptoms, personal's traits and social status.
Results: There were men (69,4%) and women (30,9%) among the respondents (63,9% - people 18-34 years). 31,4% had high education.43% were married. The most of respondents had high motivation to quit smoking (71%). In 85% of cases smokers had experience in smoking cessation (including 8% were treated with nicotine dependence) and in 48% of cases had high intensity of withdrawal symptoms (4 and more scores) of withdrawal symptoms (more two symptoms). Frequency of respiratory symptoms among smokers was 39%, chronic disiases - 41%. 63% respondents are needed in consultation only; 31,4% received the consultative psychological and medical support during 1 month; 5,6% were sent to the hospital doctor to quit smoking. After 1-3 sessions ATL 28,4% of smokers stopped tobacco consumption.
Conclusion: Consultative telephone line helps change behavioral patterns and contributes to effective smoking cessation.

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Values of saccharin transit time test in smokers following a smoking cessation programme in Brazil

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Introduction: Exposure to cigarette smoke causes changes that undermine the effectiveness of mucociliary clearance and may be influenced by different exposure conditions. The aim of this study was to present nasal mucociliary clearance (MC) by means of the saccharin transit time (STT) test and to evaluate the effects of different exposure intensities on MC in smokers following a smoking cessation programme in Brazil.
Methods: 42 current smokers with normal lung function were divided into mild [under 20 pack/years (P/Y); n=15] and heavy (from 21 P/Y; n=27) smokers and evaluated concerning exhaled carbon monoxide (eCO) by CO analyser and MC by STT. A matched control group of 25 healthy non-smokers was assessed using

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the same test. Tests were conducted between 8 and 9 AM with air temperature and relative humidity controlled. Statistical analyses were performed using Mann Whitney test.

Results: Smokers showed higher eCO and STT (6,5[5–9]ppm and 12,2[8–18]min) compared to control group (2[1–3]ppm and 7,9[6–13]min) (p<0,0001 and p=0,0187), respectively. Also, STT in heavy smokers was higher than in mild smokers (p=0,0467). Stanley et al. (1986) evaluated smokers' STT and also found a higher STT when compared with nonsmokers, however, despite were younger smokers with lower P/Y these values have been higher than those found in both groups in Brazil.

Conclusion: Cigarette smoke impairs mucociliary clearance and, in Brazilian smokers, the damage intensity was directly related to the charge exposure. Even at worse exposure conditions, this sample showed better STT.

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 age in three: < 39, 40-59 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 46.31±21.8 (95% CI 38.01 - 54.61).The nicotine dependence evalated by the Fagerstrom test is not significant statistically different in the three groups (5. 82±2, 32 SD for the group >60, 6.29±5.25 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 = 13.034±5.48 SD, 40-60 age CO= 13.980±5.72 SD and for the group < 39 we rest in the same coordinates: CO = 15.138±7.16 SD. Abstinence rates in the older group > 60 was 34,48% in report with group 40-59 (48%) and group <39 (44.8%).
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 nicotine use inventory.
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 nicotineless 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 nicotineless non-pharmacologic tool (e.g. 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 outpatients 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 nicotineless 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
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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, and 1.134 (75.7%) finished it. 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 (60.7%, 30.7% respectively) were significantly more successful than men (43.7%, 21.9% respectively) (p<0.01). Men with higher education and male students (54.7%, 7.8% respectively) were significantly more successful

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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.

P4040
Cardiovascular events related to the use of varenicline
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Lately, the FDA warned that varenicline may increase the risk of myocardial infarction or other cardiovascular events,being higher in patients with prior history.
Objective: To determine an increase in the number of cardiovascular events in a group of patients treated with varenicline vs bupropion.
Material and methods: Prospective study with the patients attending our smoking cessation practice in the last 6 months.We analyzed different variables and Cardiovascular events.

Table 1. General features

n=313	Varenicline (n=175)	Bupropion (n=138)
Age CI*	50,2 (10,6)	46,7 (11,5)
Gender, M/F %*	61,1/38,9	47,8/52,2
HBP %	26,9	18,8
Dyslipidemia %	21,7	15,2
Diabetes %*	10,3	4,3
Ischemic heart dis %*	8	1,4
AMI %	1,7	5,1
Periph Art Dis %	4	3,6
CVA %	4	2,2
COPD %	11,4	10,1
Asthma %	6,3	7,2
SAHS %	16	12,3
Anx-Depress Synd %	1,7/10,9	2,2/7,2
Suicide ideas/Attempts %	0	0
BMI CI	27,7 (5,8)	26,6 (5,5)
Smoke Hist CI*	41,9 (23,4)	32,7 (21,4)
Cooximetry CI	34 (15,4)	31,5 (18,4)
Fagestrom CI*	2,4 (0,6)	2,2 (0,7)
Richmond CI	2,9 (0,3)	2,9 (0,2)

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

Table 2. Frequency cardiovascular events (CV)

CV	Varenicline (n=175)	Bupropion (n=138)
HBP Crisis	4/100	3,6/100
Angor/I Claudic		
CVA	0,6/100	0,7/100

This evelution 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 varenicline;138 bupropion).The treatment with varenicline was more frequent in men who were older, with a main smoking history, diabetes, ischemic heart disease and higher scores in the Richmond 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.

P4041
The role of gender within the "stop smoking" program
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Introduction: Understanding individual differences in smoking behavior and addiction 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 tobacco and the amount for a maximum period of 12 weeks. First line treatments include Nicotinic substitutes, the bupropion and varenicline.
Results: We evaluate 216 (70.58%) male, the average age was 43.72 years SD 13.5 95% CI 41 92-45. 53, smoking 30.90 PA comparative with 91 of women age 40.53 average SD 11.8 95% CI-38.06 43.01 who smoke 15.66 PA medium, SD 11.9 95%

CI = 14 87 - 19.64. Men also started smoking earlier and had high dependence on nicotine than women. There is not a clear difference in the Fagerstrom test: TF = 5.85 for women TF = 5.62 for man.
The costs were almost equally distributed between the two categories.
There are no significant differences in looking at marital status: 76.92% comparative married women with 77.77% men. In both categories, the therapeutic attitude is dominated by the Champix 65.93% men to 51.38% women. At the end of the treatment, were abstinent 40.65% women and 47.68% men.
Conclusion: Sex does not appear to be a predictive factor of cessation in treated individuals persons. Analyses of individual differences should focus on the identification of the processes that control the smoking behavior.

P4042
Correlation between the age of smoking initiation and maintaining continuous abstinence for 5 years after quitting
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Background: Several factors are involved in increasing or decreasing the success rate of quitting smoking and continuous abstinence. This study aimed at evaluating the correlation between age of smoking initiation and continuous abstinence after quitting smoking.
Materials: This study was conducted on 398 smokers who presented themselves to the smoking cessation clinic in 2005. Participants were then followed continuously for 5 years and their success or failure in continuous abstinence was recorded in 2010.
Results: Three hundred and five participants (76.6%) including 172 males and 133 females were able to successfully quit smoking at the end of the course. Evaluation and follow up on these subjects at the end of 2010 revealed that 111 cases (27.8%) including 64 men and 47 women were still maintaining their continuous abstinence after 5 years. The mean age of initiation of smoking among participants was 21.01±5.28 yrs. This rate was 21.94±5.33 in cases 5 years after their smoking cessation and 20.71±5.35 yrs in 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.

P4043
Factors associated with relapse in smoking cessation
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Background: Smoking cessation is cost effective, but the maintenance of abstinence 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, friends/cohabitants smoking habits, Fagerstrom Scale, Test of Richmond, adherence to therapy, lapses (occasional use) and relapse were analyzed. Data analysis used SPSS,significance 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), having 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 1.01-4.12), presence of comorbidities (OR 1.43,CI 0.36-1.59), smoking habits onset before 18 y-old (OR 1.20,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 0.18-2.78), withdrawal syndrome (OR 1.52,CI 0.71-3.26) and the occurrence of lapses (OR 9.26,CI 3.45-26.9). Multivariate analysis confirmed association between 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.

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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 succession 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 $\pm$ SD 49.9$\pm$11.8 yr) undergoing a smoking cessation program were enrolled. The protocol included motivational counselling, drug therapy (Nicotine Therapy Replacement), Fagerstrom Test, exhaled CO measurement and spirometry. We assessed cigarette smoking cessation at 12 months. The smoking-abstinent 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 found at 24 months between relapsing subjects and persistent quitters in the following baseline parameters: age, Fagerstrom test score, pack-year, CO, and FEV1. However, 24 month-relapsing subjects showed a statistically lower education level compared to persistent quitters.

Education level in relapsing subjects and persistent quitters

	Relapsing subjects	Persistent quitters
Primary school	5	0
Middle school	5	4
Secondary school	3	25
Graduate education	0	5

p<0.0001 by χ^2.

Conclusion: About a fourth of the quitters at 12 months restart smoking at 24 months. The level of education seems to be an important factor in late, but not early, relapse to smoking. Both subjective and environmental effects may play a role.

P4046
Modifications in the smoking habits of 200 regular smokers experimenting the electronic-cigarette focusing on smoking reduction and smoking abstinence

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Background: Cigarette smoking is a tough addiction to break. Therefore, im-

proved approaches to smoking cessation are necessary. The electronic-cigarette, a battery-powered electronic nicotine delivery device resembling a cigarette, may help smokers to remain abstinent during their quit attempt or to reduce cigarette consumption. (1).
Aim and objectives: We designed a prospective study to monitor possible modifications in the smoking habits of 200 regular smokers, not intending to quit, experimenting the most popular marketed e-Cigarette in Italy ('Categoria') focusing on smoking reduction and smoking abstinence.
Methods: Study participants were invited to attend a total of six study visits: at baseline, week-4, week-8, week-12, week-24 and week-52. Product use, number of cigarettes smoked, and exhaled carbon monoxide levels were measured at each visit. Smoking reduction and abstinence rates were calculated. Adverse events and product preferences were also reviewed.
Results: Sustained 50% reduction in the number of cig/day at week-52 was shown in 16% of participants. Sustained smoking abstinence at week-52 was observed in 9,75% of participants. 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.

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Physicians' smoking habit, training and attitude toward cancer patient smoking cessation: The Istituto Nazionale dei Tumori experience

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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 clinicians 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 traing 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 mgrs, 2 months; bupropion (B): 150 mgrs/day, 2 months), real dose and duration of the treatment, tobacco cessation rates and causes of early abandonment of medication.
Results: n=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.
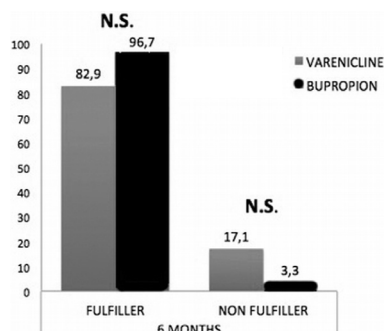

Figure 1. Patients who fulfilled the dose recommended versus patients who didn't. N.S.: not statistically significant.

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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

Abandonment causes	Varenicline (44%)	Bupropion (35%)
Economic reasons (%)	36	29
Psycological dependence (%)	35	46
False self-control on abstinence symptoms (%)	23	13
Side effects (%)	3	4
Oversight (%)	1	0
Others (%)	1	8

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?
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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.

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