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Tobacco Treatment Outcomes from a Specialist Smoking Cessation Clinic Based within Cardiology Services

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Background

- Smoking is a modifiable risk factor for cardiac diseases and also worsens the natural history of these conditions.
- As a result of the addictive nature of tobacco, populations with cardiac conditions often continue to smoke at high rates (up to 62%), even after experiencing life-threatening cardiac events.
- Continued smoking by patients with prior or existing cardiac conditions is associated with increased risk for subsequent cardiac events.
- Treating tobacco dependence in these patient populations can significantly reduce the excess mortality currently observed.
- However, few studies in Canada have examined smoking cessation outcomes among cardiac patients in outpatient clinic settings.
- The purpose of our study is to examine pilot treatment outcomes of an outpatient Smoking Cessation Clinic (SCC) provided within Cardiology Services.

Methods

- This study is based on a retrospective review of the charts of 145 participants of the SCC (between Sept 2010 and May 2012).
- 117 participants engaged in the program (i.e., attended at least one follow-up visit beyond the initial visit, see figure 1).
- Data on demographics, smoking and cessation attempt history, medical history (including screening for psychiatric disorders, substance abuse, follow-up visit beyond the initial visit, etc. were obtained.
- The main outcomes of interest were: 1) self-reported 7-day point-prevalence of smoking abstinence verified by expired CO level, and 2) smoking reduction (defined by a 50% or more reduction in average number of cigarettes smoked per day compared to baseline).

Results

- Participants were primarily male (66.4%) and on average were 58.5 years (SD = 10.5) of age. A greater proportion of individuals referred from Respirology had both related disease among populations with medical co-morbidity (p = .024).
- There was a significant linear trend towards smoking cessation with greater length of time in the programme (OR= 1.0, 95% CI = 1.0-1.1).
- 35.0% (41/117) of participants achieved smoking cessation, whereas 42.1% (50/117) of the Cardiology group initiated smoking at a later age than those in the Respirology and “Other” referral source groups (p = .024).
- The modest outcomes from this pilot study support the need for smoking cessation treatment provision in hospital Cardiology settings.
- Providing longitudinal, individualized, evidence-based approaches to tobacco treatment within Cardiology Services is feasible.
- The modest outcomes from this pilot study support the need for smoking cessation treatment provision in hospital Cardiology settings.
- Such interventions reduce the disproportionate burden of tobacco use and related disease among populations with medical co-morbidity.

Conclusions

- Providing longitudinal, individualized, evidence-based approaches to tobacco treatment within Cardiology Services is feasible.
- The modest outcomes from this pilot study support the need for smoking cessation treatment provision in hospital Cardiology settings.
- Such interventions reduce the disproportionate burden of tobacco use and related disease among populations with medical co-morbidity.

Brief Program Description

Treatment: The SCC takes a ‘longitudinal’ tobacco treatment approach (a process which has no set end-point) in recognition of tobacco dependence as a chronic, relapsing medical condition whereby smoking cessation is considered “a process and not an event.” The clinic runs 3 full days a week and is staffed by a team of specialists in tobacco dependence treatment comprising of two nurses and a physician. Participants are provided with pharmacotherapy and brief individual counselling at each clinic visit. In addition, all participants are given information for referral to a province-wide telephone “quit line”.

Treatment completion: Treatment is ongoing until there is mutual agreement between the participant and the provider that treatment is completed, whether the participant had achieved cessation or not.