Designing interventions for smoking reduction or cessation in Spain

Eugeni Bruguera, M.D.
María Dolores Braquehais, M.D., Ph.D.

Order of the presentation

- Introduction.
- Learning objectives.
- Prevalence data.
- Prevention strategies.
- Discussion.

Introduction I

- Tobacco smoking is one of the most significant causes of morbidity and mortality in modern societies (Peto R, BMJ 1994; Doll R and Peto R, BMJ 1994; American Cancer Society, 2001).
- Prevalence of cigarette smoking is higher in patients suffering from mental disorders than in those without psychiatric conditions (Coultard et al., London Stationery Office 2000; Lasser et al., JAMA 2000; Morisano et al., Can J Psychiatry 2009).
- Many health professionals continue to smoke despite the health risks involved (Chapman S, BMJ 1995; World Health Organization, 1999; Smith DR, BMC 2007, 2008).
- In the past 30 years, several trends were evident (Smith DR, BMC 2007, 2008).

1. Most developed countries have shown a steady decline in physicians' smoking rates during recent years.
2. Physicians in some developed countries and newly-developing regions still appear to be smoking at high rates.
3. The lowest smoking prevalence rates were consistently documented in the **United States**, **Australia**, and **United Kingdom.**
4. A clear and consistent decline in tobacco use among US physicians between 1949 and 1984 (Smith DR, BMC 2008).

Introduction II

- **Physicians are generally viewed as exemplars by the community, and as such, their office and hospital should be a model of non-smoking behaviour** (Nett LM, Chest 1990; World Health Organization, 2005).
- **Smoking among health care professionals (HCP) also influence their advice to quit smoking** (Fortmann SP, Preventive Medicine 1985; Doescher MP and Saver, J Fam Pract 2000; Eckert T and Junker C, Swiss Med Wkly, 2001; Pipe A et al, Pat Educ Couns, 2009).
- **Participation in smoking-cessation studies by physicians and nurses who smoke has a positive effect, regardless of study medication, in smoking cessation advice and counselling given to their patients** (2001 P.M.J. Puska, Int J Clin Pract 2005).
- **Smoking-cessation among HCP will reduce their morbidity and mortality rates** (Doll R et al, BMJ 1954, 1976, 1980, 1994, 2004).

Introduction III

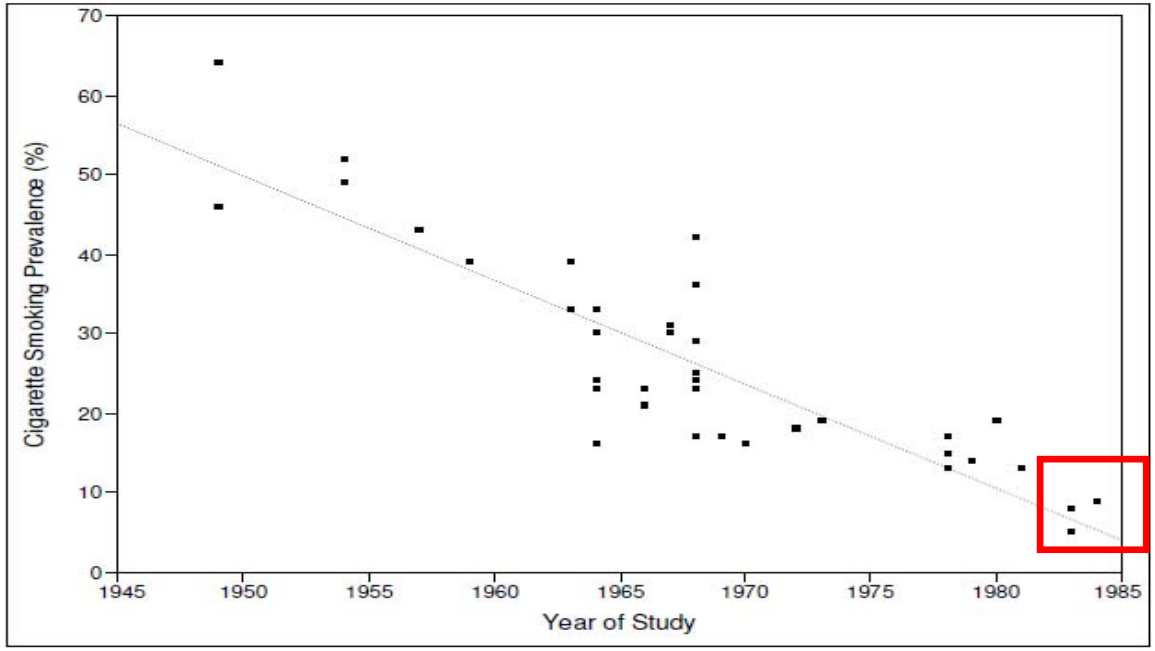


Figure 1
Decreasing Trend of Cigarette Smoking Prevalence among Physicians in the United States between 1949 and 1984.

(Smith DR, BMC 2008)

Introduction IV

Authors	Place	Target population	Type of intervention (TI)	Results
Puska et al., 2005 *(Glaxo- Smith-Kline)*	26 centers across 12 European countries	687 health professionals (physicians and nurses)	1) Bupropion SR. 2) Questions regarding advice to smoking patients.	↑ 14.1-22.4% better attitude ($p<0.001$)
Pipe et al., 2009 (Harris Int, and Pfizer)	16 developed countries	4473 physicians	1) Survey data during telephone interview (14 countries). 2) Face-to-face interview (2 countries).	Smoking physicians are less likely to initiate cessation interventions ($p<0.001$)

Learning objectives

- **To describe the prevalence of smoking among:**

1. Health Care Professionals (HCP) in Spain.
2. HCP admitted to the Inpatient Unit of the Barcelona Integrated Care Programme for Physicians and Nurses (PAIMM-RETORN).

- **To design preventive strategies to reduce or cease smoking among:**

1. Health Care Professionals (HCP) in Spain.
2. HCP admitted to the Inpatient Unit of the Barcelona Integrated Care Programme for Physicians and Nurses (PAIMM-RETORN).

Prevalence data I

Smoking among HCP (Spain):

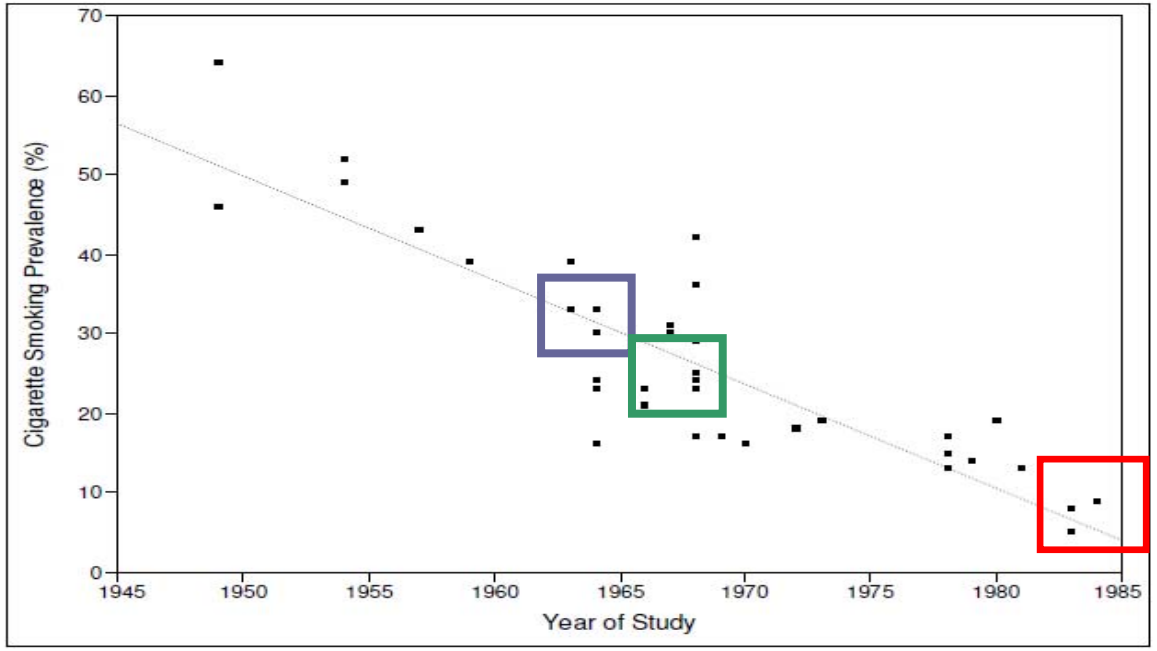
- 1282 health professionals (655 medical doctors and 627 nurses).
- ✓ Physicians: 34.7% (men: 34.5 %; women: 35.2%).
- ✓ Nurses: 43.2% (men: 34 %, women: 45.2%).
- ✓ 35.5% of health professionals said that they plan to stop smoking in the next two years.

Smoking among HCP (Catalonia):

- ***Catalonia Government:***
- ✓ 2002: physicians: 24.5%.
- ✓ 2002: nurses: 35.1%.
- ***F. Galatea (2007):*** 762 physicians working in Catalonia.
- ✓ Physicians: men: 20.4%; women: 18.4%.

(Gil-López E, 1998; Generalitat Catalunya, 2002; Fundació Galatea, 2007)

Prevalence data II



Nurses (*Spain*)

Physicians (*Spain*)

Physicians (*US*)

Figure 1
Decreasing Trend of Cigarette Smoking Prevalence among Physicians in the United States between 1949 and 1984.

(Smith DR, BMC 2008)

Prevalence data III

- **Poster presentation. 2nd EAPH Annual Conference.**
- **Authors:** Comin M, Montejo JE, Braquehais MD, Llavayol E, Heredia M, Rios M, Pujol T, Marcos V, Bruguera E.
- **Material and method:**

✓ Data from 121 patients (97 physicians and 24 nurses) from Spanish Medical and Nurses Associations.

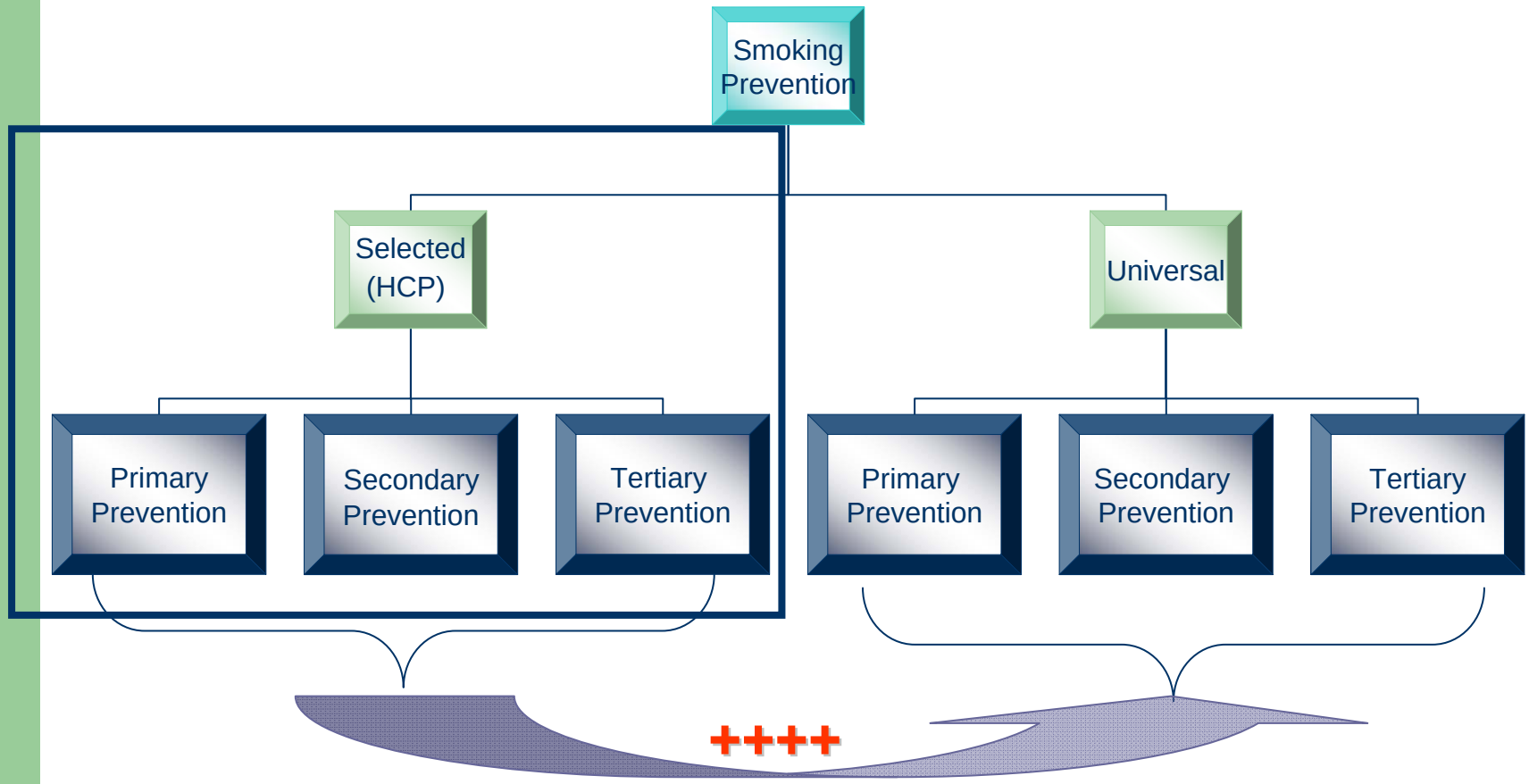
✓ Admitted from March 2008 to June 2010 to the PAIMM-RETORN Inpatient Psychiatric Unit

✓ Evaluated using the Spanish version 3.4 of the PRISM 6.0 (Psychiatric Research Interview for Substance and Mental Disorders) and asked about the presence of current nicotine dependence.

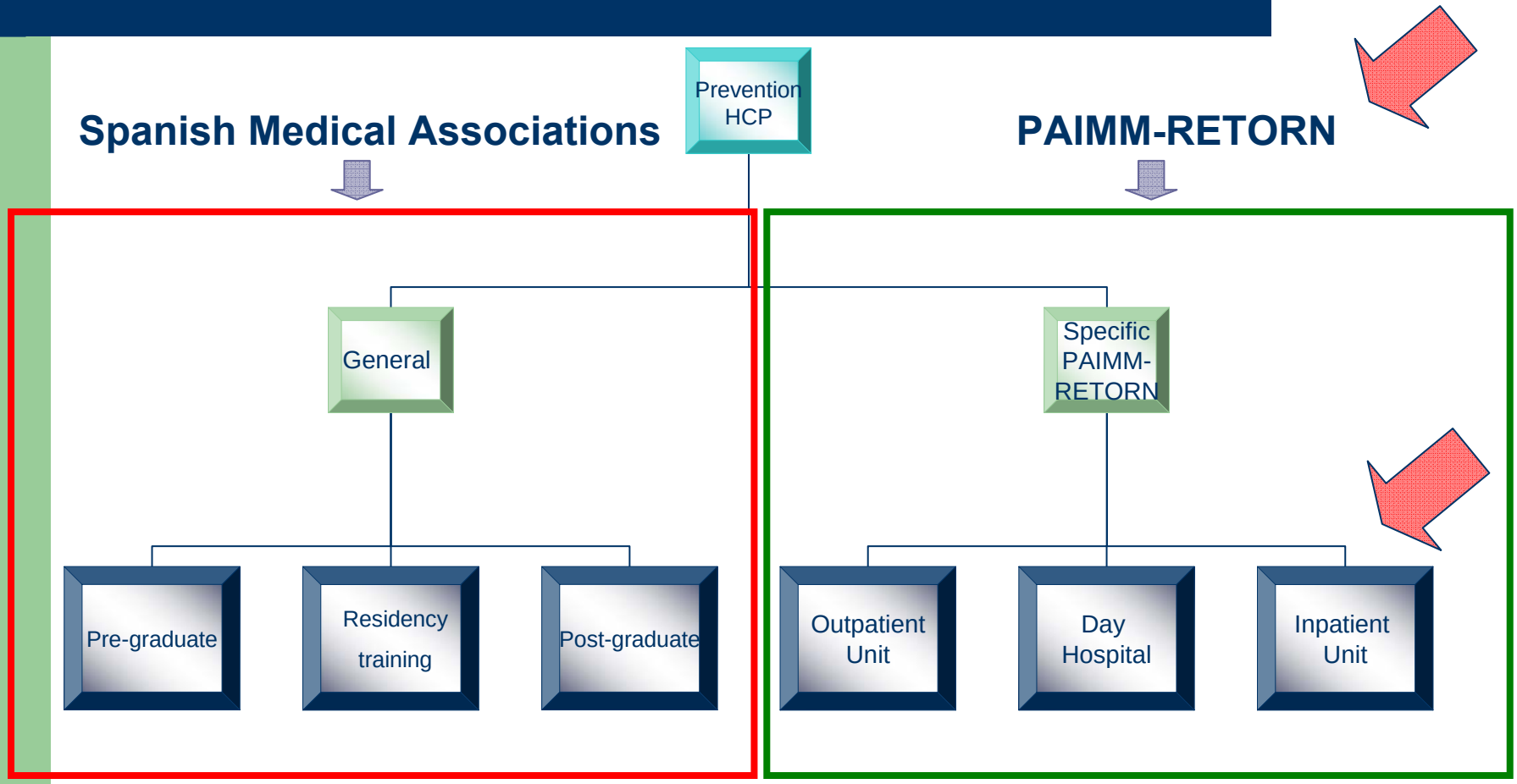
- **Results for substance use disorders (SUD):**

1. **Physicians**: 78.4% nicotine, 78.4% alcohol, 44.3% sedative, 19.6% cocaine, 13.4% amphetamine, 10.3% opiate, 9.3% cannabis, 5.2% heroin, 3.1% hallucinogen. The 92.6% depended on more than one substance (including nicotine).
2. **Nurses:** 79.2% nicotine, 75% alcohol, 33.3% sedatives, 12.5% cocaine, 8.3% opiate, 4.2%. cannabis. The 83.4% depended on more than one substance (including nicotine).
3. No statistically significant differences between physicians and nurses were observed with regard to the distribution of their main SUD condition.

Prevention strategies I



Prevention strategies II



Prevention strategies III.

Standard vs. Stage-Tailored interventions for smoking cessation or reduction.

Standard	Stage Tailored
- Brief intervention (10-30 min/session) < 1 year. - Focus: prevent tobacco relapses. -Pharmacotherapy: Single treatments more used. -Psychotherapy= counseling.	- Longer interventions (>30 min/session) and > 1 year. - Focus: Motivational stages. - Takes into account comorbid conditions -Pharmacotherapy: Combined treatments more used. -Psychotherapy = CBT and Motivational approach.

Prevention strategies IV.

- PAIMM-RETORN clinical programs.
- Taking advantage of new changes in Spanish legislation: since January 2011 smoking will be forbidden in acute psychiatric hospitals
- Target population:

1. Smoking patients admitted to the PAIMM-RETORN Inpatient Unit since January 2011 will be treated.

✓ All inpatients meet DSM-IV-TR criteria for at least one psychiatric diagnosis other than nicotine dependence.

✓ Combining pharmacotherapy+ psychotherapy (individual/ group).

✓ Step-tailored intervention.

2. Supplementary secondary prevention program for non-smoking patients.

Discussion

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Thank you