

# Designing interventions for smoking reduction or cessation in Spain



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## Order of the presentation

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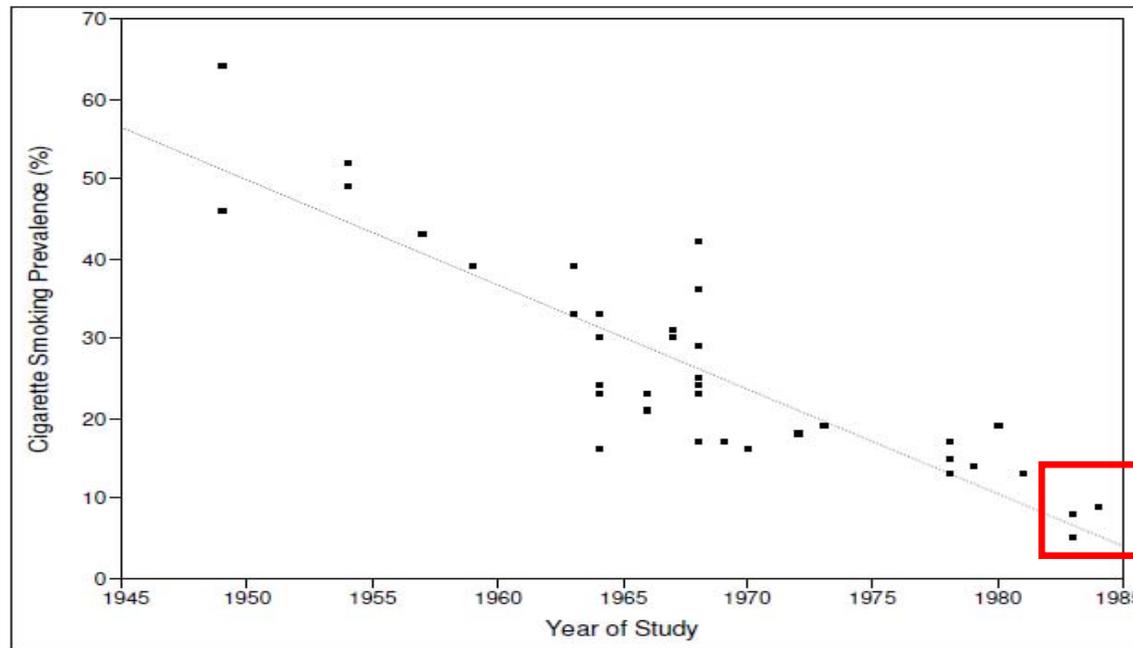
# Introduction I

- 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 (Coulter 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%.

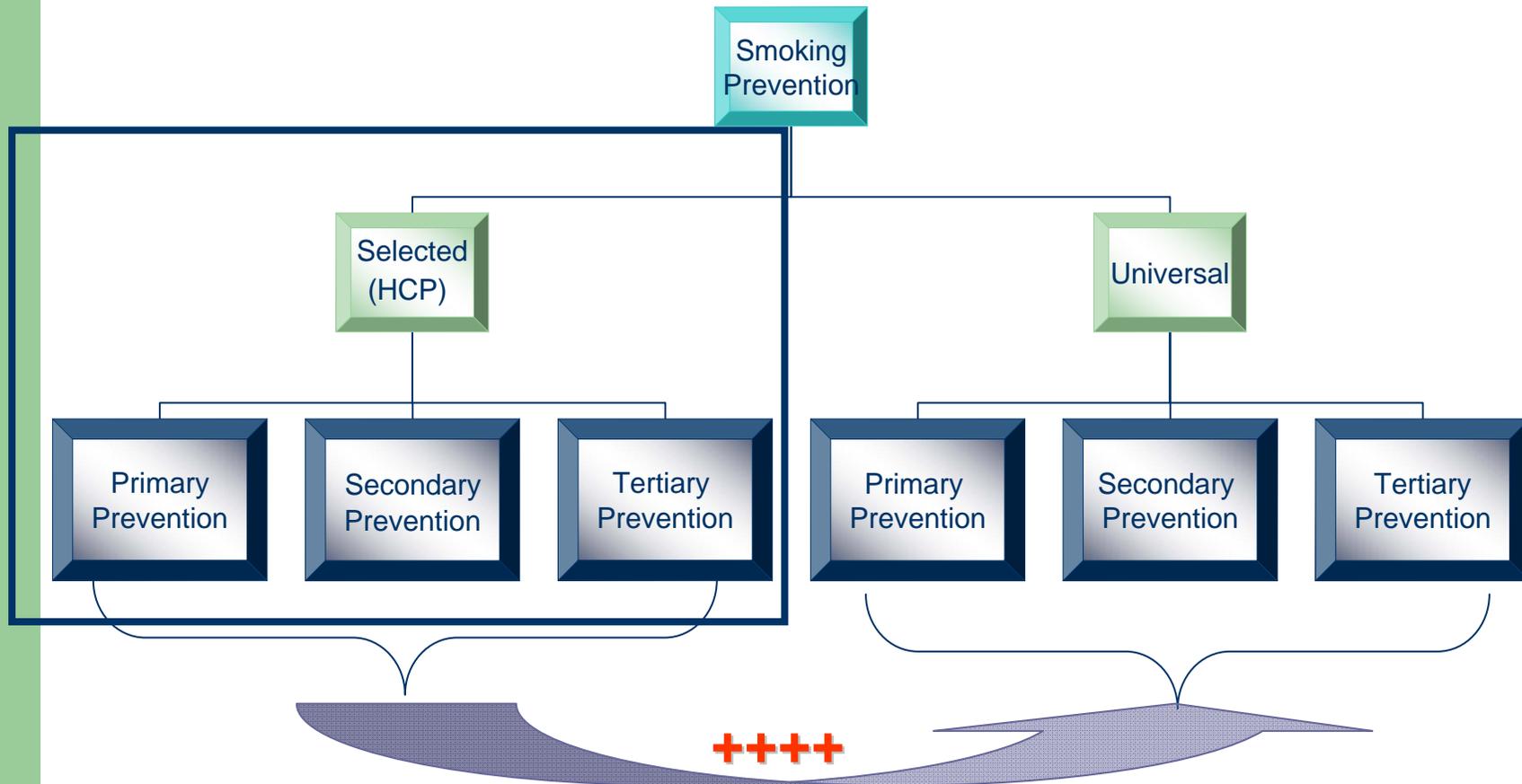
(Gil-López E, 1998; Generalitat Catalunya, 2002; Fundació Galatea, 2007)



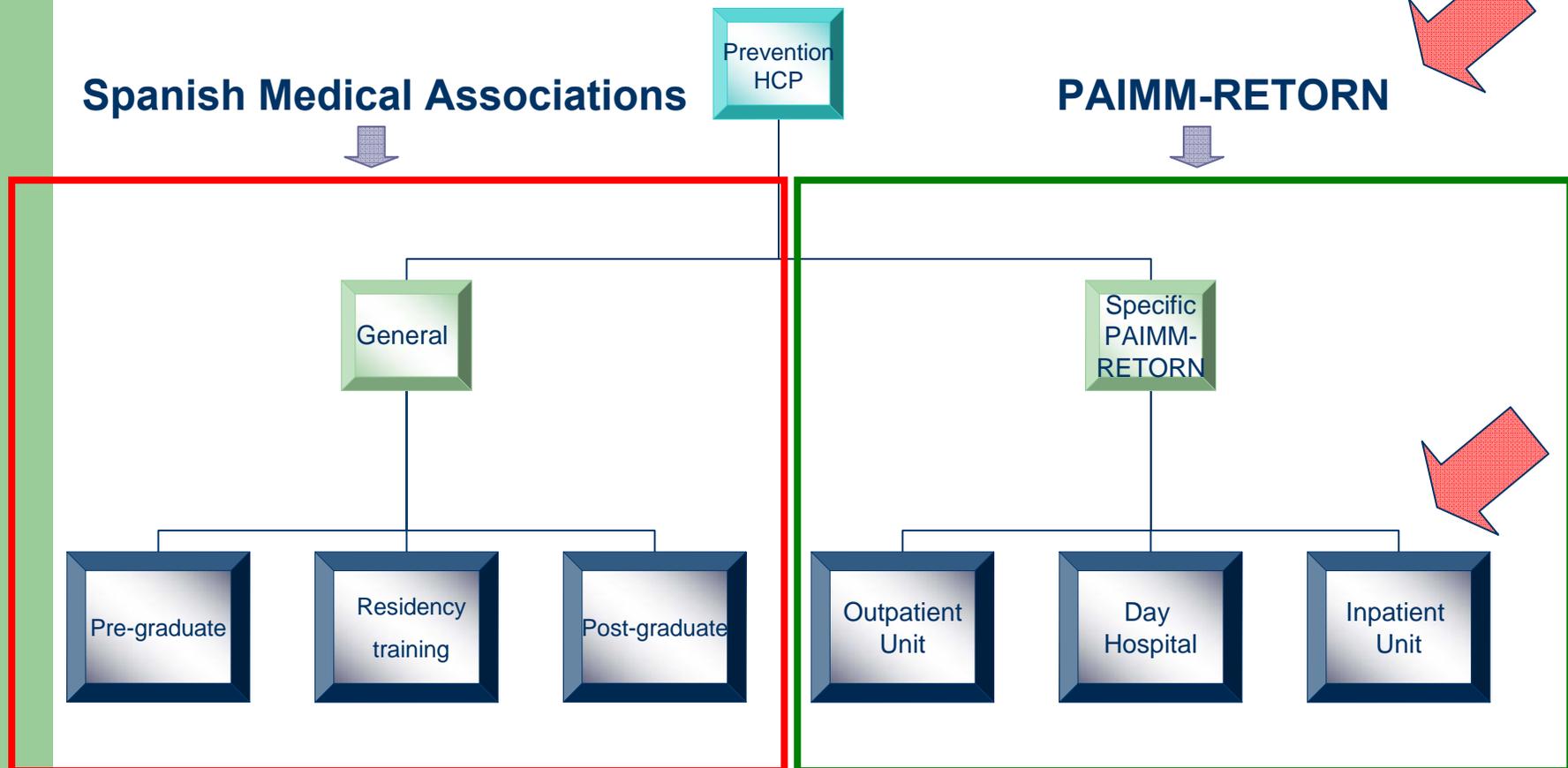
# Prevalence data III

- **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

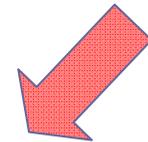


# Prevention strategies II



# Prevention strategies III.

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



Standard	Stage Tailored
<ul style="list-style-type: none"><li>- Brief intervention (10-30 min/session) &lt; 1 year.</li><li>- Focus: prevent tobacco relapses.</li><li>-Pharmacotherapy: Single treatments more used.</li><li>-Psychotherapy= counseling.</li></ul>	<ul style="list-style-type: none"><li>- Longer interventions (&gt;30 min/session) and &gt; 1 year.</li><li>- Focus: Motivational stages.</li><li>- Takes into account comorbid conditions</li><li>-Pharmacotherapy: Combined treatments more used.</li><li>-Psychotherapy = CBT and Motivational approach.</li></ul>

# 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





Thank you