

Smokers with lung disease need more than 'brief' intervention

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Smokers with lung disease require more than brief smoking cessation interventions to successfully quit, researchers in the Oregon Health & Science University Smoking Cessation Center report.

Their recommendations were published Tuesday, April 1, in the online edition of *Pulmonary and Critical Care Update*, a publication of the American College of Physicians.

Although effective treatments for smoking cessation exist, and research has shown that patients who receive smoking cessation treatment are twice as likely to quit -- limited insurance coverage, poor adherence to practice guidelines, lack of clinician training in smoking cessation, time constraints and inadequate clinic systems to easily identify and treat smokers have limited the availability and quality of smoking cessation treatment.

“Most clinicians who treat their patients for smoking cessation provide only brief interventions, often just three short steps: asking about tobacco at every visit, advising all smokers to quit and referring them to other resources, such as quit lines for assistance and follow-up,” said David Gonzales, Ph.D., lead author and co-director of the OHSU Smoking Cessation Center in the OHSU School of Medicine. “When we reviewed the data, we found that brief intervention is often insufficient for the more dependent, high-risk patients with pulmonary disease.”

Patients with respiratory disease have more difficulty quitting, are more

nicotine-dependent and need more intensive treatment, Gonzales and colleagues explained. They may require higher doses of medications, longer periods of treatment and more frequent follow-up than smokers in general. And, although most try to quit on their own without assistance from their health care provider, 95 percent fail, and patients with respiratory disease have even poorer success.

To help clinicians improve tobacco cessation treatment for these patients, the OHSU research team reviewed current evidence-based treatment guidelines for smoking cessation medication and behavioral support and OHSU's own programs for treating patients in the hospitals and clinics. They advise that when consistent, evidence-based smoking cessation treatment is tailored to the needs of patients and integrated into ongoing respiratory care, smokers can significantly improve their odds of quitting. And the key to accomplishing this, they advise, is to distribute the responsibility for enhanced treatment among several clinic staff members.

Beginning with new patient intake and continuing with review of vital signs, review of systems, treatment planning and check-out, the researchers recommend nurses, medical assistants, clinicians and clinic support staff all have roles in helping the patient stop smoking. Including tobacco cessation treatment in each part of the clinic visit reduces demands on any one member of the clinic staff, they explained. This approach makes it easier for busy clinics to provide effective treatment.

“Providing patients with pulmonary disease with ongoing smoking cessation treatment as part of their regular respiratory care will greatly improve their odds of quitting,” said Gonzales.

Source: Oregon Health & Science University

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