

## Smoking cessation results mixed among Ohio's Appalachian women

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In the Appalachian region of the country — where smoking rates are high, tobacco is often a cash crop and income and education levels are low — a smoking cessation effort led by non-medical professionals was successful in the short term, but quit rates trailed off in the long term.

"After a year, the initial promising quit rates were not sustained," said Mary Ellen

Wewers, Ph.D., M.P.H., professor of public health at The Ohio State University College of Public Health. "This shows us that we need to think of smoking as a <u>chronic condition</u> similar to <u>diabetes</u> and <u>high blood pressure</u>, and management needs to be long term and intense."

Wewers and colleagues studied the effects of a <u>smoking cessation</u> intervention among more than 300 women in Ohio's Appalachian region. Results of this study are published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research, as part of a special focus on <u>tobacco</u> in the December issue.

The Appalachian region is not as heavily studied as minority populations in urban areas, but Wewers said they often suffer from the same health-damaging socio-economic factors.

In the current study, only half of the participants had a high school degree. About half worked as unskilled laborers, and almost half (45 percent) had household incomes less than \$20,000 annually. All of the women participants smoked. Wewers and colleagues randomly assigned



half of the participants to a control group and half to an intervention group.

The control group received a personalized letter from their physician who advised them to quit smoking and requested they schedule a clinic appointment to discuss cessation methods.

The intervention group was treated more aggressively; smokers were visited by a female lay health adviser from the Appalachian region who was an ex-smoker. Deemed by the participants as credible, the advisor counseled them about the difficulties of quitting smoking and offered behavioral and pharmacological interventions. Although the lay leaders consulted regularly with a nurse, that nurse did not interact directly with the study participants.

At three months, 17.7 percent of the intervention group had stopped smoking compared with 1.9 percent of the control group. This pattern continued at six months, with 14.3 percent of the intervention group still reporting not smoking compared with 4.5 percent of the control group. By 12 months, the gap had narrowed to 12.2 percent in the intervention group compared to 7.1 percent in controls. All quit rates were biochemically confirmed by saliva samples.

In this study, Wewers said the intervention group saw their counselor weekly for four weeks and then every other week for four more weeks. After that, there was no additional contact with the lay health advisor, which she suggested may be the reason for the high rate of relapse.

"Nicotine dependence is difficult to overcome, so more intensity and longer treatment may be required for this group," said Wewers.

Source: American Association for Cancer Research (<u>news</u>: <u>web</u>)



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