

# Quit-Tobacco Programs Effective in Dental Clinics, Study Finds

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Quit-tobacco kits and information distributed during the study.

(PhysOrg.com) -- In the largest study of its kind, University of Arizona researcher Judith Gordon and her colleagues have proven the effectiveness of quit-tobacco interventions in public dental care settings serving low-income patients.

People who received an intervention - advice and assistance including nicotine patches or lozenges - were two to three times more likely to have quit smoking 7.5 months afterward than participants who received the usual care.

"The dental setting is different from a medical clinic in that physicians can't pull out a lung and show the patient the damage caused by smoking.

The oral health team has a unique opportunity to show the immediate effects of smoking or [tobacco use](#) to their patients," said Gordon, an associate professor in the UA's department of family and community medicine.

"A dentist or dental hygienist can use something as simple as a hand mirror to show the patient what their tobacco use is doing to them right now," she said.

The study, the first to be conducted in public [dental clinics](#), focused on people who are at increased risk for a variety of health problems because of high rates of [smoking](#) and reduced access to healthcare services.

More than 2,000 patients - all of whom were at or below 200 percent of the federal poverty threshold - were enrolled in the nationwide study from January 2006 through March 2008.

Funded by the National Institutes of Health National Cancer Institute, the study involved 14 federally funded community health center dental clinics in Mississippi, New York and Oregon that serve racially/ethnically diverse patients.

In randomly selected clinics, staff members were trained to provide interventions as recommended by the U.S. Public Health Service. The training included a 3-hour, in-service workshop on integrating and delivering a brief, tailored tobacco intervention including self-help materials, referral to a tobacco quit line, as well as training on the proper use of nicotine replacement therapy.

Patients who were treated in non-intervention clinics received the usual quit-tobacco protocol established within the clinics, which varied in approach to implementing the Public Health Service recommendations.

The intervention was done in the dental setting because dentists see their patients more frequently than physicians do.

"Over time, the dental team, especially the hygienist, develops a strong relationship with its patients. They spend more time with patients than a primary care provider can," Gordon said. "The dental team has multiple opportunities to educate, motivate and assist."

Published in the May issue of the *American Journal of [Public Health](#)*, the study assessed participants' quitting, reduction in tobacco use, number of quit attempts and change in readiness to quit.

"With empirical evidence of the success of this type of program, we have the potential to improve the health and well-being of millions of Americans," Gordon added. "These data can be used to advocate for routine treatment of tobacco dependence and adequate coverage for these types of interventions in dental settings."

Provided by University of Arizona

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