

Study: More can be done more to help smokers quit

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(PhysOrg.com) -- Many healthcare providers are quick to advise patients to quit smoking, but few follow up with programs, plans or prescriptions to help them break the habit, new research from UC Davis has found.

In the most comprehensive national study of its kind, Elisa K. Tong of the Division of General Medicine at UC Davis, reported that health professionals in the United States do not fully follow national guidelines for working with patients who use tobacco products.

Survey participants cited numerous barriers to compliance with the guidelines, including their own tobacco use, perceptions of patient attitudes about quitting, a lack of training in smoking-cessation interventions and a sense that it was not part of their professional responsibilities.

The study appeared online this month in <u>Nicotine</u> & *Tobacco Research*, and will be published in the July issue of the journal.

"This paper presents two important findings," said Steven A. Schroeder of the Division of General Internal Medicine and Smoking Cessation Leadership Center at the UC San Francisco, who contributed to the study. "First, although clinicians could play an important role in helping smokers quit, far too often they do not do so. Second, clinicians themselves have very low smoking rates. Even nurses, who were previously assumed to be heavy smokers, are substantially below the national average. If the entire country smoked at the rate of health



professionals, the United States would be one of the healthiest nations in the world."

Tong and colleagues surveyed seven groups of health professionals whom smokers are most likely to encounter: primary-care physicians, emergency-medicine physicians, psychiatrists, registered nurses, dentists, dental hygienists and pharmacists. They set out to determine the respondents' smoking status and also to examine whether they perform the "5 A's" with patients: asking, advising, assessing, assisting and arranging follow-up about tobacco use.

They found that 13 percent of registered nurses smoke, fewer than the national prevalence of 20 percent, but far more than other categories of health professionals.

They also found that up to 99 percent of health professionals report that they ask patients and almost as many advise them about smoking risks. But far fewer help them get the help they need to quit. For example, among registered nurses, 87 percent reported asking if a patient smokes, and 65 percent said they advise smokers to quit. But only 25 percent of respondents reported assisting smokers to set a quit date.

The low rate of assistance for patients was similar across the board, except among primary-care physicians, who reported assisting patients to set a quit date nearly 60 percent of the time.

Tong said primary-care physicians have been the main focus for smoking-cessation efforts, but are insufficient to help most smokers quit. She cited evidence that non-physician health professionals can be effective and that being asked about smoking by more than one type of health professional can increase the odds of a patient quitting.

"We know that provider advice is one of the simplest and most



important things to help a smoker to try to quit and stay quit," said Tong. "Providers are not doing enough. It should be a priority for all health professionals, not just primary-care physicians."

Tong noted, for example, that smoking prevalence among mental health patients is high and that emergency room physicians are often on the front line of health care, but neither group sufficiently follows the guidelines. Referring to telephone "quitlines" such as the national 1-800-QUIT NOW is one way all health professionals can improve in assisting smokers to quit.

"Those are missed opportunities if they don't address tobacco use," she said.

Provided by UC Davis

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