

Sustained benefit for parental tobacco control program

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(HealthDay)—Practices that are part of a parental tobacco control intervention have higher rates of delivering tobacco control assistance to parents over a one-year follow-up period, according to a study published online Oct. 20 in *Pediatrics*.

Jonathan P. Winickoff, M.D., M.P.H., from the Massachusetts General Hospital for Children in Boston, and colleagues conducted a cluster randomized trial of 20 pediatric practices in 16 states. Practices were randomized to the intervention, which provided training so that they could give evidence-based assistance for parents who smoke. Provision of meaningful tobacco control assistance was assessed at a 12-month follow-up telephone survey with parents.



The researchers found that during the 12-month implementation period, the <u>intervention group</u> had significantly higher practice rates of providing meaningful tobacco control assistance (55 versus 19 percent); discussing various strategies to quit smoking (25 versus 10 percent); discussing cessation medication (41 versus 11 percent); and recommending use of quitline (37 versus 9 percent) compared with the control group (all P intervention versus control practices, the adjusted odds ratio for cotinine-confirmed quitting was 1.07 (95 percent confidence interval, 0.64 to 1.78) after adjustment for demographic and behavioral factors.

"Maximizing parental quit rates will require more complete systemslevel integration and adjunctive cessation strategies," the authors write.

One author disclosed financial ties to Pfizer and UpToDate.

More information: Abstract

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