

Study shows pediatricians can help parents to quit smoking

August 12 2019



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An NIH-funded study published in *JAMA Pediatrics* has shown pediatricians can help parents quit smoking. The research, led by investigators at Massachusetts General Hospital for Children (MGHfC),



was conducted across five states—North Carolina, Tennessee, Virginia, Ohio and Indiana—and delivered a simple, customizable intervention: Upon check-in at their child's appointment, parents took an electronic questionnaire that asked whether any smokers in the household desired to quit and offered them prescriptions for two FDA-approved cessation products—nicotine patches and gum, as well as enrollment in the state's free quitline and the national SmokefreeTXT program. All smokers in the practice, whether or not they elected to try quitting, also received motivational messages from their child's pediatricians.

The intervention was a version of the Clinical Effort Against Secondhand Smoke Exposure (CEASE) program, developed by Jonathan P. Winickoff, MD, MPH, the study's principal investigator and MGHfC physician. Compared to control practices in the two-year study, intervention practices showed a 2 percent decline in <u>smoking</u> rate per year in the entire population of parents visiting them—not just among those who agreed to try quitting.

"Two percent per year doesn't seem like much," said Winickoff, who is also a professor of pediatrics at Harvard Medical School (HMS), "but at the population level, quadrupling the rate of decline in smoking is a phenomenal result. If this program were implemented across the U.S. it would have a profound positive impact on the health of the country."

The effects of tobacco use on health are one of the most well-studied associations in medicine. In adults, smoking can lead to many diseases, from cancer to vision loss. In children, secondhand smoke increases the likelihood of a host of diseases including sudden infant death syndrome (SIDS). And finally, when a woman smokes during pregnancy it puts infants at much greater risk of premature birth and <u>low birth weight</u>, which can cause health and learning problems that may follow them throughout their lives.



"The people who are most likely to have another pregnancy are the ones who already have a baby and are coming into the pediatrician's office," said the study's lead author, Emara Nabi-Burza, MS, of the division of General Academic Pediatrics at MGHfC and the Tobacco Research and Treatment Center at MGH. "If we want to prevent smoking during pregnancy, one of the best strategies is to get parents of young children to quit."

The use of tablets rather than paper to administer the questionnaire allowed researchers to deliver motivational videos that were specific to each state and culturally appropriate to the practice's population, as well as to monitor in real time what was happening throughout the day and boost new promotions from each state's free tobacco quitline as soon as they were launched.

The program is now being actively disseminated through the tobacco control programs in the state health departments of Indiana and North Carolina, two of the states where the study was conducted. "We knew the pediatric visit was a teachable moment to help parents quit smoking," said Winickoff, who also directs pediatric research at the MGH Tobacco Research and Treatment Center. "We just didn't know how to operationalize it. This study shows the effectiveness of very simple methods that can be easily employed in any state."

More information: *JAMA Pediatrics* (2019). DOI: 10.1001/jamapediatrics.2019.2639

Provided by Massachusetts General Hospital

Citation: Study shows pediatricians can help parents to quit smoking (2019, August 12) retrieved 16 June 2024 from <u>https://medicalxpress.com/news/2019-08-pediatricians-parents.html</u>



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