Supporting smoking cessation in primary care: results of the quit in general practice study

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Abstract
Abstract of an oral presentations that was presented at the Thoracic Society of Australia & New Zealand and the Australian & New Zealand Society of Respiratory Science 2014 Annual Scientific Meetings, 4-9 April 2014, Adelaide Convention Centre, Adelaide, Australia.

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SUPPORTING SMOKING CESSATION IN PRIMARY CARE: RESULTS OF THE QUIT IN GENERAL PRACTICE STUDY

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Aim: Primary care interventions to support smoking cessation can be effective but new models are needed to increase uptake and effectiveness. The aim of this study was to determine if personalized smoking cessation support provided primarily by the practice nurse (PN) is more effective than Quitline referral or normal GP care.

Method: The study was a three arm cluster randomized controlled trial conducted in general practices in Sydney and Melbourne. Participants were adult smokers presenting to see their general practitioner (GP). Quit support primarily provided by the PN was compared to Quitline referral and usual GP care. PNs in the study undertook six h of education and were then supported by mentoring phone calls. Outcome measures were sustained abstinence and point prevalence abstinence at 3 month and 12 month follow-up collected by telephone interviewers blind to group allocation.

Results: Follow-up at 12 months was 82%. Assuming all those lost to follow-up relapsed, the sustained and point prevalence abstinence rates respectively at three months by group were: PN intervention 13.1% and 16.3%; Quitline referral 10.8% and 14.2%; Usual GP care 11.4% and 15.0%. At 12 months the rates were: PN intervention 5.4% and 17.1%; Quitline referral 4.4% and 18.8%; Usual GP care 2.9% and 16.4%. Only 43% of participants in the PN intervention group attended to see the nurse. Multilevel regression analysis showed no effect of intervention group overall but participants who received partial or complete PN support were more likely to report sustained abstinence (partial support OR 2.27; complete support OR 5.34).

Conclusion: The results show no difference by intervention group on intention to treat analysis. Those patients who received more intensive nurse intervention were more likely to quit. This suggests that PN led cessation support can be effective if patients are engaged and attend for follow-up.