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

Nicholas Arnold Zwar
University of New South Wales, nzwar@uow.edu.au

Robyn Richmond
University of New South Wales

Elizabeth J. Halcomb
University of Wollongong, ehalcomb@uow.edu.au

John Furler
University of Melbourne

Julie Smith
Australian National University

See next page for additional authors

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Abstract
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Authors
Nicholas Arnold Zwar, Robyn Richmond, Elizabeth J. Halcomb, John Furler, Julie Smith, Oshana Hermiz, Irene Blackberry, Upali Jayasinghe, and Ron Borland

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

ZWAR N1, RICHMOND R1, HALCOMB E2, FURLER J3, SMITH J4, HERMIZ O5, BLACKBERRY I3, JAYASINGHE U6, BORLAND R6

1School of Public Health and Community Medicine, University of New South Wales, 2School of Nursing, Midwifery & Indigenous Health, University of Wollongong, 3General Practice and Primary Health Care Academic Centre, University of Melbourne, 4Australian Centre for Economic Research on Health, Australian National University, 5Centre for Primary Health Care and Equity, University of New South Wales, 6Cancer Council Victoria

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.