Sundhedsstyrelsen
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SMOKING CESSATION IN GENERAL PRACTICE
– a Health Technology Assessment
Summary

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– a Health Technology Assessment
Summary

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Summary

Smoking is the single most important factor of social inequality in health, morbidity and premature mortality in Denmark.

There is a great potential for a more intensive smoking cessation intervention in general practise but it can be difficult for the general practitioner (GP) to find time during a busy work day and it may not be cost-effective. A possibility to relieve the doctors and help more smokers to quit could be to increase the possibilities of referral to other, evidence-based smoking cessation activities.

The aim of this study was to find the most cost-effective intervention on smoking cessation in general practises.

All general practitioners in a selected area in a suburb of Copenhagen were pre-randomised to one of three groups; A, B or C. GPs allocated to *group A* should briefly talk about smoking with all smokers and refer all motivated smokers to a smoking cessation group for a period of eight weeks. GPs allocated to *group B* should briefly talk about smoking with all smokers and refer all motivated smokers to an internet-based smoking cessation programme (interactive, individual advice, newly developed by our Research Centre for prevention and health) for a period of eight weeks. GPs allocated to *group C* (control group) should continue to give smoking cessation advice and assistance to quit 'as usual' (not necessarily to all smokers).

Only 40 % of the GPs accepted to participate in the study and those who accepted to participate were a selected group, already more active in smoking cessation counselling. Furthermore, the registered smoking prevalence among patients was only 17 %, which was almost 10 % lower than the national smoking prevalence. This could represent a selection in patients.

More than 1,500 smokers were included. About half of them expressed a wish to join a smoking cessation group or try the internet based smoking cessation program but only 7 % attended the smoking cessation groups and only 16 % of those who had the opportunity tried the internet based smoking cessation program.

We measured both self-reported and validated abstinence and corrected for baseline differences in sex, age, socioeconomic status, motivation to quit and tobacco consumption in the three groups.

Even though the quit rates were a little higher in the group referring to smoking cessation groups (6.7 % in group A, 5.9 % in group B and 5.7 % in group C) we found no significant difference between the intervention groups and the control group, neither in self-reported nor validated point abstinence.

The participating GPs were generally positive towards the study and reported that the smokers had accepted the possibility of referral to other smoking cessation activities well. The participating doctors used only a few minutes pr. smoking cessation counselling, they were very positive towards smoking cessation counselling in general and most of them stated that the GPs should take action on own initiative to counsel the smokers.

About half of the smoking patients were content with the smoking cessation counselling. A little more than every third smoker stated that the GPs should discuss smoking with them, on their own initiative. Every third of the ex-smokers stated that the smoking cessation counselling by the GP had had an influence on their smoking status.

Conclusion

We found no significant effect of GPs referral to free smoking cessation groups or an internet based smoking cessation program compared with usual smoking cessation activities in general practise. Even though both the patients and the GPs were very positive towards the study and referral to other smoking cessation activities only very few smokers actually made use of them. Based on this, it is our conclusion that routinely referral is not cost-effective and we can not recommend to change usual practise. However, we can not exclude that the participating doctors and their patients were so selected that it could have influenced the results of the study.

We suppose that the very brief intervention that is going on in general practise, a few minutes of smoking cessation counselling, is not sufficient to increase the smoking cessation rates in general practise. Intensifying the smoking cessation counselling, and arranging a date for e.g. a smoking cessation group before the smoking patient leaves the practise, would maybe increase the quit rates.

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