

## **SAND abstract No. 141 from the BEACH program 2008–09**

### **SAND abstract number 141: Smoking cessation attempts and methods used by general practice patients**

**Organisations supporting this study:** Pfizer Australia Pty Ltd

**Issues:** Smoking status of adults attending general practice; comorbidities of current/previous smokers; quit method/s tried in the previous 2 years by current/previous smokers.

**Sample:** 2,660 patients aged 18+ from 101 GPs; collection period: 24/02/2009 – 30/03/2009.

**Method:** Detailed in the paper entitled 'SAND Method 2008–09' available at: [www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm).

#### **Summary of results**

The age–sex distribution of adult respondents was similar to the distribution with all 2008–09 adult BEACH encounters, with the majority (59.8%) of patients being female.

Of the 2,660 adult respondents, 384 patients (14.4%, 95% CI: 12.4–16.5) were current smokers, 684 (25.7%, 95% CI: 23.3–28.1) were previous smokers and 1,592 (59.9%, 95% CI: 56.8–62.9) had never smoked. Males were significantly more likely than females to be current smokers (17.7% compared with 12.4%) or previous smokers (37.2% compared with 18.2%). Previous smokers were significantly older (average age 63.0 years, 95% CI: 61.0–64.9) than those who had never smoked (56.6 years, 95% CI: 54.7–58.6) or current smokers (46.7 years, 95% CI: 44.7–48.7).

Of the 1,068 adult current or previous smokers, comorbidity data were available for 974. Of these current/previous smokers, the most common comorbidities from the list provided were high blood pressure (35.6%) followed by high cholesterol (25.6%), depression (20.4%), heart disease (18.5%) and anxiety (17.3%). Diabetes was also relatively common (11.3%). Current smokers were significantly more likely to have mental health problems (depression, anxiety or other mental health conditions) than previous smokers (42.7% compared with 25.2%).

Of the 1,068 adult current/previous smokers, quit methods tried during the previous 2 years were reported for 1,003 and 31.6% (95% CI: 26.9–36.3) of these had attempted to quit: 19.6% had tried to quit using cold turkey, 9.2% had tried nicotine replacement, 18 (1.8%) had tried bupropion, 55 (5.5%) had tried varenicline and 11 (1.1%) tried other methods; multiple quit method response was allowed.

Excluding the 488 previous smokers who quit more than 2 years ago (that is, previous smokers with no quit attempts in the previous 2 years), a two-year quit attempt profile was calculated for 515 current/previous smokers who were current smokers 2 years before. Of these, 198 (38.5%, 95% CI: 32.9–44.0) had made no attempt to quit during the previous 2 years, 141 (27.4%, 95% CI: 20.8–33.9) had successfully quit, and 176 (34.2%, 95% CI: 28.7–39.6) had unsuccessfully attempted to quit. The pattern was similar for males and females.

Of the 317 current/previous smokers who attempted to quit in the previous 2 years, 247 responded to the question on whether they had ever used prescribed medications. About 3 in 10 (29.6%) indicated using prescribed medications in a quit attempt.

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# PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **USE OF PRESCRIBED MEDICATIONS IN SMOKING CESSATION**.  
 You may tear out this page as a guide to completing the following section of forms.

## INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

### Smoking status

Please ask the patient if aged 18 years and over:

Which category best describes their **smoking status**.

If the patient has **never smoked** please **end questions here** for this patient.

### Smoking cessation methods

Please ask the patient, in the last 2 years, which **smoking cessation methods** they have tried.

Tick as many as apply.

If the patient has tried a method that is not listed please specify the method in the space provided.

If the patient has made **no attempt to quit** smoking please tick the box labelled '**none**' and **end questions here** for this patient.

### Other conditions

Please use the tick boxes to indicate whether the patient has **any of the listed conditions**.

Tick as many as apply.

### Smoking cessation medication

Please advise the **most recent or current prescribed medication** this patient has taken for **smoking cessation**. Please tick only one option.

If this patient has **never used a prescribed medication for smoking cessation** please tick the box labelled '**No med ever tried**' and **end questions here** for this patient.

For the **most recent or current prescribed medication** please specify:

- Current script:** Please indicate whether the patient is **currently taking the medication**.
- Duration of use of medication:** Please indicate whether the patient took the prescribed medication **continually** for: **4 weeks or less**, or **more than 4 weeks**.
- Cause of success:** Please ask former smokers whether they believe the medication was the **primary aid to their success at quitting smoking**.

Please answer these questions in regard to the time prior to taking the medication:

- Patient motivation:** In your clinical opinion, what was the **patient's motivation level to quit smoking**.
- Years of smoking:** please ask the patient the total number of years the patient had been smoking.
- Cigarettes smoked:** please ask the patient the number of cigarettes they smoked **daily**.
- Quit attempts:** please ask the patient the number of attempts they had made to quit smoking.

### Smoking support

Please use the tick boxes to indicate the **smoking cessation support** given to the patient before or at the time of commencing the prescribed medication.

<p><b>For patients aged 18+ years:</b>  <b>Please described your smoking status:</b></p> <p><input type="checkbox"/> Current smoker  <input type="checkbox"/> Previous smoker  <input type="checkbox"/> Never smoked → <b>End questions</b></p>	<p><b>Does the patient have any of the following diagnosed conditions:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> High blood pressure</td> <td><input type="checkbox"/> Anxiety</td> </tr> <tr> <td><input type="checkbox"/> High cholesterol</td> <td><input type="checkbox"/> Depression</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Other mental health cond'n</td> </tr> <tr> <td><input type="checkbox"/> Heart disease</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other respiratory disease</td> <td></td> </tr> </table>	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Anxiety	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other mental health cond'n	<input type="checkbox"/> Heart disease	<input type="checkbox"/> None of the above	<input type="checkbox"/> Asthma		<input type="checkbox"/> Other respiratory disease		<p><b>In last 2 years, quitting method(s) tried were:</b></p> <p><input type="checkbox"/> Cold turkey  <input type="checkbox"/> Nicotine replacement  <input type="checkbox"/> Bupropion  <input type="checkbox"/> Varenicline  <input type="checkbox"/> Other: (please specify) _____  <input type="checkbox"/> None → <b>End Qs</b></p>	<p><b>Most recent or current prescribed med for smoking cessation is:</b></p> <table border="0"> <tr> <td></td> <td><b>Current script?</b></td> <td><b>Duration of use (wks):</b></td> <td><b>Was med cause of success?</b></td> </tr> <tr> <td></td> <td>Yes No</td> <td>≤4 &gt;4</td> <td>Yes No</td> </tr> <tr> <td><input type="checkbox"/> Bupropion (e.g. Zyban)</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Varenicline (Champix)</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> No med ever tried → <b>End Qs</b></td> <td></td> <td></td> <td></td> </tr> </table>		<b>Current script?</b>	<b>Duration of use (wks):</b>	<b>Was med cause of success?</b>		Yes No	≤4 >4	Yes No	<input type="checkbox"/> Bupropion (e.g. Zyban)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Varenicline (Champix)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No med ever tried → <b>End Qs</b>				<p><b>Prior to starting the medication:</b></p> <p><b>Patient motivation to quit was:</b></p> <p><input type="checkbox"/> High  <input type="checkbox"/> Moderate  <input type="checkbox"/> Low</p> <p><b>Years of smoking:</b> _____ / years</p>	<p><b>Support used before/at time of starting med:</b></p> <p><input type="checkbox"/> Quitline  <input type="checkbox"/> 'My time to quit'  <input type="checkbox"/> 'Committed quitters'  <input type="checkbox"/> GP counselling  <input type="checkbox"/> Other: (please specify) _____  <input type="checkbox"/> None</p>
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