

Pulmonary Department, Medical University of Lublin

WOJCIECH REMISZEWSKI, TOMASZ ŁUPINA,  
BARBARA MACKIEWICZ, IZABELA GOŁĘBIOWSKA,  
JANUSZ MILANOWSKI

*Evaluation of the effectiveness of short-term tobacco smoking  
treatment of patients of the Pulmonary Department,  
Medical University of Lublin*

It is well established that nicotine meets the criteria of a highly addictive drug like other psychoactive drugs (e.g., cocaine, heroin or alcohol). The fact that smoking has a biologically addictive component does not obviate educational, social, and policy strategies to prevent its onset and promote cessation (1). Initial abstinence rates tend to be high, but decline significantly over time. Relapse appears to be an important part of the cessation process. Smokers who have been successful in achieving long term abstinence report having previously stopped and relapsed a number of times. Therefore, relapse should not be considered a failure but an important stage of the process (1, 3, 7).

From August to December 2001 in the Pulmonary Department of the Medical University of Lublin antinicotine program was performed in order to achieve smoking cessation of hospitalized patients, their families and other people coming to the ambulatory during the "open door" days. The usefulness of smoker's registration in a specialist ambulatory and effectiveness of specialist advice was analyzed.

#### MATERIAL AND METHODS

The patient recruitment to the program ran in two ways. From the beginning of August 2001 patients admitted to the hospital and members of their families were included to the program after obtaining their agreement. The second phase started in September 2001 as a medial campaign in a local press, radio and TV. The aim of it was to popularize the knowledge of harmfulness of tobacco smoking and to popularize open door days for smokers who wanted to quit their addiction and obtain an aid from the specialists of the Pulmonary Department. They could visit specialists without any send form or payment on certain days of the week.

The following were used in all patients anamnesis, physical examination, pulmonary function tests (PFTs), Fagerstrom test in order to determine the stage of addiction, Schneider test to determine motivation to smoking cessation, concentration of carbon monoxide (CO) in expiration air by smoke check and advice (minimum intervention). All the patients who were interested in continuing treatment were asked for send form from their family doctors. Hospitalized patients and their families were appointed control visits in a month time in order to evaluate effectiveness of the antinicotine activities taken.

## RESULTS

Three hundred ninety persons were examined and given advice. Among them there were 142 (36.4%) female and 248 (63.3%) male of the average age 54.4 years. One hundred thirty-four patients (34.4%) were included in the study during hospitalization, 256 (65.5%) during open door action and from patients' families. Pharmacological addiction was defined in 188 (48.2%) subjects (Fagerstrom test score – 7 points or more). Schneider motivation test for smoking cessation was positive in 365 (93.%) subjects. In hospitalized subjects included to the program we diagnosed 62 cases of COPD (46.3%), 33 (24.6%) cases of pneumonia, 13 of lung cancer (9.7%) and 26 (19.4%) of heart diseases.

On the basis of anamnesis obtained from the subjects included to the program during open door action and patients' families we noticed symptoms of COPD in 70 subjects (52,2%). Bronchial obstruction was found in 61 subjects (45.5%) during PFTs. Fifty-eight (14.9%) persons had Zyban prescribed, 23 (5.9%) nicotine replacement medications. For control visit 183 persons (46.9%) came: 143 (78.1%) from open door days and patients' families and 40 (21.9%) previously hospitalized patients. One hundred and one subjects resisted smoking within the month after first visit. It is 25.9% of all taking part in the study and 55.2% of those coming for the control visit. Among the previously hospitalized, 32 (80%) subjects resisted smoking and among the others 99 (69.2%). In all of them CO concentration in the expired air was normal. This made patients' declaration more objective (4).

## DISCUSSION

According to population screening pulmonary function tests done in previous years in order to detect COPD early, the interest in taking part in PFTs this year was smaller. It is probably connected with the fact that more pulmonary centers have done similar tests this year and most of those interested in smoking cessation took advice in previous years. Frequency of clinical manifestations of COPD and abnormal results of PFTs was smaller compared to former years. It may indicate rising consciousness of tobacco smoking harmfulness among the Lublin region population and an earlier contact with the doctor to avoid tobacco-related diseases. Motivation to smoking cessation was in a great majority positive among subjects visiting the Pulmonary Clinic. Pharmacological addiction appeared in about half a part of the group investigated.

Most patients decided to quit smoking without any pharmacological support, mostly because of economical reasons. A certain part of them needed some time for reflection and mental preparation. Those were mostly the patients included in the program during hospitalization, and their families. Direct contact with the doctor plays an essential role in increasing motivation for smoking cessation (2, 4, 8). Especially, when the doctor shows the patient the relation between smoking and disease appearance and a possibility of relatively fast improvement of self-being. Hospitalization creates a better opportunity for it, especially when a hospital is a tobacco smoke free zone (6).

The percentage of patients who resisted smoking during month indicates relative effectiveness of short-term tobacco smoking treatment and the usefulness of antinicotine advice given by specialists (9). The role of a family doctors seems to be the same (5, 10). They can and they should take part in the process of building the smoker's motivation to quit, psychologically supporting them and more than up to now cooperating with the specialist on this field.

## CONCLUSIONS

1. Consciousness of tobacco smoking harmfulness and activities taken to quit smoking seem to rise among the Lublin region population.
2. Accessibility of spirometric tests in the screening diagnosis of COPD, one of the main tobacco-related diseases, rises as well.
3. A specialist plays the main role in motivating patient to smoking cessation. He shows the patient benefits of such an activity during diagnostic and therapeutic process, keeps essential control and supports psychologically.
4. A family doctor has to play a similar role.
5. There is considerable relative effectiveness of short-term antinicotine treatment.
6. Hospitalization favors resisting nonsmoking, especially when a hospital is a tobacco smoke free zone.

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## SUMMARY

From August to December 2001 antinicotine program was performed in the Pulmonary Department of the Medical University of Lublin in order to achieve smoking cessation of hospitalized patients, their families and other people coming to the ambulatory during the “open door” days. The usefulness of the smoker’s registration in a specialist ambulatory and effectiveness of specialist advice was analyzed. Three hundred ninety persons were examined and given advice. One hundred thirty-four patients (34.4%) were included in the study during hospitalization, 256 (65.5%) during open door action and from patients’ families. Fifty-eight (14.9%) persons had Zyban prescribed, 23 (5.9%) nicotine replacement medications. 183

persons came for control visit (46.9%). One hundred and one subjects resisted nonsmoking within the month after first visit. In all of them CO concentration in the expired air was normal. This made patients' declaration more objective. Consciousness of tobacco smoking harmfulness and activities taken to quit smoking seem to rise among the Lublin region population. Accessibility of spirometric tests in the screening diagnosis of COPD, one of the main tobacco-related diseases, rises as well. A specialist plays the main role in motivating the patient to smoking cessation. He shows the patient benefits of such an activity during diagnostic and therapeutic process, keeps essential control and supports psychologically. The family doctor has to play a similar role. There is considerable relative effectiveness of short-term antinicotinic treatment. Hospitalization favors resisting smoking, especially when the hospital is a tobacco smoke free zone.

#### Ocena skuteczności krótkotrwałej interwencji antynikotynowej u pacjentów leczonych w Klinice Chorób Płuc i Gruźlicy AM w Lublinie

Od sierpnia do grudnia 2001 roku w Klinice Chorób Płuc i Gruźlicy AM w Lublinie wdrożono program antynikotynowy, którego celem było oddziaływanie na hospitalizowanych chorych i ich rodziny, zmierzające do zaniechania przez nich palenia tytoniu oraz pomocy w rzuceniu palenia osobom świadomie zgłaszającym się do Kliniki w ramach akcji „Otwarte Drzwi”. Analizie poddano celowość zgłaszania się palaczy po porady do specjalistów oraz ocenę skuteczności tych porad. W ramach akcji zbadano i udzielono porad 390 osobom. Sto trzydzieści cztery osoby (34,4%) włączono do badania w trakcie hospitalizacji, a 256 (65,6%) w ramach akcji „Otwarte Drzwi” i rodzin hospitalizowanych. Pięćdziesięciu ośmiu osobom (14,9%) wystawiono recepty na preparat Zyban, zaś 23 (5,9%) na preparaty NTZ. Na wizytę kontrolną do końca listopada zgłosiło się 125 osób (32,1%). Dziewięćdziesiąt pięć osób w ciągu miesiąca powstrzymało się od palenia tytoniu. U wszystkich stężenie CO w powietrzu wydychanym było prawidłowe, co obiektywizuje deklaracje badanych. Świadomość szkodliwości palenia tytoniu oraz podejmowanie działań zmierzających do zerwania z nałogiem u palaczy wydają się wzrastać. Wzrasta również systematycznie dostępność badań spirometrycznych w diagnostyce przesiewowej POChP, będącej główną chorobą odtyniową w pneumologii. Podstawową rolę w motywowaniu chorych do zerwania z nałogiem odgrywa lekarz, w tym specjalista, który w procesie diagnostyczno-lecznym na bieżąco ukazuje choremu dobrodziejstwa płynące z takiego zachowania, sprawuje nad chorym nadzór merytoryczny i wspiera go psychicznie. Lekarz POZ ma tu do odegrania również bardzo ważną rolę, szczególnie w procesie budowania i podtrzymywania motywacji chorego do zerwania z nałogiem, a także w zakresie współpracy z lekarzem specjalistą. Istnieje duża względna skuteczność krótkotrwałego oddziaływania antynikotynowego na pacjentów. Hospitalizacja sprzyja powstrzymaniu się chorego od palenia tytoniu, szczególnie wtedy, gdy szpital jest strefą całkowicie wolną od dymu tytoniowego, do czego należy bezwzględnie zmierzać.