BACKGROUND

Smoking prevalence and quit rates

• Cigarette smoking constitutes a major public health problem and in efforts on our nation's population and respective health care system are staggering, with 42 million (18.1%) Americans are current smokers,
  approximately 21% and 16% of adult men and women smoke.

• 80% of adult smokers reported wanting to quit while 43% attempted to quit once in the past year. In general, most tobacco users have made serious attempts to stop smoking. Moreover, smokers with higher number of previous quit attempts have a greater likelihood to try to quit again.

• Pharmacist-provided smoking cessation programs

• Smokers who receive pharmacist medication are less likely to relapse after a quit attempt, but effectiveness of these first-line therapies varies across studies and populations. Successful quit rates using nicotine replacement therapies (NRT) ranged from 10% for gum or patch alone, 15-19% for nicotine gum alone, and 5-11% for nicotine patch.

• Previous studies suggest that pharmacists are effective in helping smokers quit.

• Pharmacist interventions have varied across studies to include non-pharmacological behavioral counseling, pharmacological counseling (i.e., medication counseling only), or a combination of non-pharmacological behavioral and pharmacological medication counseling.

OBJECTIVE

• To examine the quit rates among participants who received pharmacist-provided smoking cessation pharmacotherapy and telephone quit counseling.

METHODS

• Retrospective database review of participants enrolled in the University of Arizona Medication Management Center (UAMMC) smoking cessation program.

• Inclusion criteria:

  • Enrolled in the program prior to December 1, 2012

  • Participants receive information about the smoking cessation program with their medical benefits package

  • Participants voluntarily commit the UAMMC for smoking cessation support

  • Pharmacist enroll participants to received one pharmacotherapy treatment option

  • Participants were able to switch or add pharmacotherapy treatments at any time

  • Pharmacist provided contact, treatment-specific follow-up phone calls

• All participants were referred to the Arizona Smokers’ Helpline (ASHAH) for additional support and behavioral counseling.

• Smoking cessation based on patients’ self-reported smoking habits at 30-days post-quitsmoke and 7- and 13- month follow-up.

• Data analysis was conducted using SPSS, version 12.1.

• Chi-square analysis was used to assess differences in proportion of participants who quit based on pharmacotherapy selection.

• Alpha level of 0.05 was selected a priori.

• Exempt from IRB, since this was a blinded retrospective chart review

RESULTS

Table 1. Baseline Smoking habits of participants at enrollment

<table>
<thead>
<tr>
<th>Smoking habit</th>
<th>N (%)</th>
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<td>Current smokers</td>
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Table 2. Outcome results after first treatment selection. (n=241)

<table>
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<tr>
<th>Outcome variable</th>
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<tr>
<td>Last in follow-up</td>
<td>80 (33)</td>
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<tr>
<td>Completed programs</td>
<td>18 (7)</td>
</tr>
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<td>Switched treatment</td>
<td>16 (6)</td>
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<td>Not ready to quit</td>
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DISCUSSION

• Based on the intent-to-treat analysis, 35 participants completed the program and were smoke-free for 30 days.

• Successful quit rates were higher than previously demonstrated with other pharmacist-provided smoking cessation services, which ranged from 12.26%.

• The program provides many benefits including:

  • Direct communication with a pharmacist and pharmacotherapy counseling support

  • Ability to change or add pharmacotherapy treatment options

  • Active involvement for the participants to select their treatment option

  • Ability of participants to un-enroll and re-enroll in the program.

• The limitations of this study included:

  • Selection of participants voluntarily contacted the UAMMC for smoking cessation support

  • High number of participants were lost to follow-up.

• Quit rate was self-reported by the participants

CONCLUSIONS

• Smoking cessation program offered by the UAMMC had a higher quit rate compared to other telephone based smoking cessation programs.

• This study provided additional evidence on the impact that pharmacists can have in helping patients quit smoking.

REFERENCES


3. Complete cessation rates among patients receiving pharmacist-provided pharmacotherapy and telephonic smoking cessation counseling

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University of Arizona College of Pharmacy, Department of Pharmacy Practice & Science; University of Arizona Medication Management Center; SinfoniaRX

COLLEGE OF PHARMACY

ARIZONA MEDICATION MANAGEMENT CENTER

UNIVERSITY OF ARIZONA

Smoking quit rates among patients receiving pharmacist-provided pharmacotherapy and telephonic smoking cessation counseling

Jill Augustine, Rose, Robert C. PharmD; Terri Warholak, PhD, RPh

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APhA Annual Meeting; San Diego, CA, USA; March 27-30, 2015

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