ABS87: Smoking among nursing and medical students: A review of the national literature

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Introduction: Tobacco is the second major cause of death and the fourth most common risk factor for disease in the world. It is currently responsible for about 5 million deaths each year. Smoking is a heavy burden especially for developing countries with high smoking prevalence. In Turkey, the prevalence of smokers is 43.6% in the entire population and over 50% among physicians and nurses who are supposed to be good role models for the rest of the people by adopting a smoke-free life. Many of these health professionals are estimated to start smoking in nursing or medical studentship years. **Aims and objectives:** The aim was to provide data about smoking behaviour among nursing and medical students. **Methods:** Results of 30 studies conducted between 1988 and 2004 among nursing and medical students and published in national journals were reviewed to determine smoking prevalence among nursing and medical students. **Results:** Smoking prevalence among nursing students was reported between 32.0% and 44.2% and it showed an increasing trend in the last 20 years. The prevalence of smokers among medical students was between 26.8% and 47.9% (35.7% to 40.4% in males, 13.2% to 21.8% in females). Smoking prevalence rates among the first and last year nursing students were found 23.7% and 47.9% respectively. Among the first year medical students smoking prevalence was reported between 5.2% and 18.9%. The same prevalence was 42.9% to 53.5% among the last year medical students. **Conclusion:** Smoking is prevalent among nursing and medical students. Many of these students start smoking throughout the school years. Every effort should be tried to decrease smoking rates among these students considering their future role in the community as a vital part of antismoking activities. Regarding the difficulties and low success rates in smoking cessation activities, it sounds more logical to make effective interventions to prevent young students from starting to smoke.

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None.

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ABS88: Diagnosis of COPD combined with brief smoking cessation advice increases smoking cessation rate in comparison with those with normal lung function

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Background: Smoking cessation is the most important therapeutic intervention in patients with chronic obstructive pulmonary diseases (COPD) and the health benefits are immediate and substantial. Major efforts have been done to develop methods with high smoking cessation rates. **Objectives:** To study if a combination of spirometry and brief smoking cessation advice to smokers with COPD, annually during 3 years, increased their smoking cessation rate in comparison with groups of smokers with normal lung function. **Method:** Prospective, randomised study in primary care. Smoking cessation rates were compared between smokers with COPD followed-up yearly during 3 years and smokers with normal lung function followed-up yearly during 3 years or followed-up only once after 3 years.

Results: The point-prevalence abstinence rate and prolonged abstinence rate at 6 and 12 months increased yearly and was in smokers with COPD at year 3, 29%, 28% and 25%, respectively. The abstinence rates were significantly higher in smokers with COPD than in smokers with normal lung function. Smoking cessation rates among smokers with normal lung function did not increase with increasing number of follow-ups. **Conclusions:** Smokers, diagnosed with COPD stopped smoking significantly more often than those with normal lung function. A structured nurse based COPD-surgery, with regular spirometry controls of smokers with COPD increase the chances for successful smoking cessation in daily practice.

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ABS89: Overlap syndrome associated with an obesity-hypoventilation syndrome

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Aims: In a patient with chronic pulmonary disease (COPD), obesity has many detrimental effects on the respiratory function and may lead to chronic hypoventilation in some patients, an association known as the obesity-hypoventilation syndrome (OHS). In many cases, patients with OHS also have sleep apnoeas. The association of Obstructive sleep apnoea syndrome (OSAS) and COPD, also known as Overlap syndrome. **Design:** History: A 65-year-old-man presented a chronic pulmonary disease (COPD) and at the moment, they had mild-to-moderate degrees of restrictive ventilatory pattern due to obesity, and clinical data suggesting that obstructive sleep apnoea syndrome (OSAS). **Methods:** Gasometric values, Quetelet index, Clinical data, pulmonary function test results, and pulmonary haemodynamics and polysomnographic characteristics were obtained. **Results:** Clinical data: diurnal sleep, dyspnoea and morning headache Gasometric values (diurnal): pO263 mmHg, Hypoxia and Hypercapnia. Desaturation Quetelet Index: 35'15. Critic Obesity Pulmonary function test results: Obstructive pattern and restrictive ventilatory pattern Polysomnographic characteristics: Obstructive sleep apnea. **Discussion:** In patients with OHS plus OSAS, the average proportion of obstructive apnoeas was 75% and central hypopnoeas 25%, which corresponded to prolonged periods of hypoventilation. Some patients with severe OSAS might have daytime hypercapnia, especially in the case of excessive daytime sleepiness. The mechanisms that link obesity and hypoventilation are unknown, but are thought to imply a depressed central control of the ventilatory drive. The OHS patients were significantly older than patients with pure OSAS.

Conclusions:

- 1- Patients with OSAS and chronic respiratory insufficiency had in most cases an associated OHS or COPD
- 2- Patients with OHS, like patients with the association of OSAS plus COPD, exhibited many features of poor prognosis, such as severe hypoxemia, hypercapnia, and pulmonary hypertension
- 3- Patients with OHS were older than patients with pure OSAS. They had mild-to-moderate degrees of restrictive ventilatory pattern due to obesity; and severe gas exchange impairment and pulmonary hypertension were quite frequent
- 4- The association of OHS with OSAS was the rule

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