

### **ABI024: Smoking cessation counseling for patients with COPD in general practice (SMOCC): screening method and characteristic of included patients.** *Prim Care Respir* 2002 **11**(2) 62

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**Aim** To implement guidelines recommending smoking cessation support as main treatment for patients with COPD in general practice and to study the effects on cessation rates and stage of motivation to stop

**Method** Design: three-armed controlled trial in 75 general practices (different size, practice organisation and subject experience), randomly allocated to the experimental conditions (recommendation of bupropion + nicotine replacement therapy or NRT only) and the control condition

**Intervention** : central (4 hours) and small group training and feedback on the practice location (3 x 1 hour) for both GPs and practice nurses. Delivery of a protocol and support material. Among the latter: detection software, based on age (> 35y), prescription (ATC-codes R03 for bronchodilation and anti-inflammatory medication) and/or ICPC-code R95/96 and a patient questionnaire measuring smoking status, nicotine-dependence and motivation to stop. Intervention period: 12 months after inclusion of patients.

**Data gathering** premeasurement: questionnaires

**Measure** SES, smoking status (FTND), motivation to stop (stage of change), quality of life (CRQ), symptoms (MRC-score), depression (BDI-score).

**Cross-sectional analysis** : Chi-squares, T-tests, ANOVA

**Result** In 73 practices the software detected 11.180 potential patients with COPD. Their GPs considered 53% of these not to be fit to join the program (not having COPD and/or having serious mental or physical comorbidity and/or not in command of the Dutch language and/or receiving treatment from a specialist). Of the remaining patients 91% sent back the smoking status questionnaire; 1566 patients smoke (29.8%) and of these 18% considered stopping within 6 months, 48% later on and 34% not at all.

753 Patients consented to participate in the research. Their characteristics and division over the study groups will be presented

**Conclusion** The software programme detected large numbers of patients with COPD. More insight into the motivation of the GPs to exclude patients from the programme is wanted. Of the included smoking patients 66% intend to stop smoking and are amenable to support

**Keyword** Smoking cessation, screening, guideline implementation, general practice

### **ABI025: Implementation of smoking cessation counseling for patients with COPD in general practice (SMOCC): results of a pilot** *Prim Care Respir* 2002 **11**(2) 62

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**Aim** To test the feasibility of a smoking cessation programme implementing treatment guidelines for patients with COPD in general practice

**Method** A 12 months' pre-post intervention study in three general practices (4 GPs, 4 practice nurses). Intervention: a central training (four hours), small group counselling training and feedback on the practice location (1 hour) and support material containing

- software for detecting patients with COPD, based on age, prescription and/or ICPC-code
- a patient questionnaire to detect smoking status and motivation to stop with logistic help of a facilitator
- a counseling protocol: up to three practice visits depending on the stage of motivation to stop with telephone follow-up by the practice nurse
- patient education material.

**Data gathering** : semi-structured interviews, self-records

**Measure** numbers of patients detected and counselled, self-reported smoking cessation, evaluation of the programme by GPs and practice nurses.

**Result** The software detected 466 potential patients with COPD of whom 232 were not fit to join the programme according to their GP (criteria: not having COPD and/or having serious mental or physical comorbidity and/or not in command of the Dutch language and/or receiving treatment from a specialist). They added 4 new patients and 222 (94%) from the 236 smoking status questionnaires were returned. Despite their COPD 80 patients (36%) were still smoking; of these 9% considered stopping within 6 months, 58% later on and 33% did not want to stop. In a period of 2 months the practices invited 28 patients to visit the practice. Twenty patients had stopped smoking after 6 months. After 6 months 8 patients (28%) and after one year 5 patients (18%) reported continuous abstinence. The GPs and nurses judged the programme to be applicable during routine care and intended to continue working with the protocol.

**Conclusion** : The programme is applicable in normal care. A large-scaled controlled effectiveness study can be started.

**Keyword** : Smoking cessation, COPD, primary care, guidelines, implementation