

ABI058: Providing a rationale for the development of tailored smoking cessation interventions: the relationship between respiratory symptoms, depression and nicotine dependence *Prim Care Respir* 2002 **11(2)** 75

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Background As described in a recent editorial, much smoking cessation research and clinical practice has focused on identifying the intervention that would turn all smokers into permanent non-smokers. However, health professionals should realize that we are still far from finding that ultimate intervention. On the contrary, it is even questionable if such a strategy even exists. Instead, in order to increase the number of successful quitters and provide a rationale for the development of tailored smoking cessation strategies, it is important to assess the relationship between factors, which are known to affect the success of smoking cessation interventions. Although researchers generally agree that a linkage between depression, nicotine dependence and respiratory complaints on the one hand and (in-)ability to abstain from smoking on the other exists, no study has assessed the interrelationship between these factors in smokers who are motivated to stop smoking.

Aim To describe the relationship between reported respiratory symptoms and depression, and assess whether this relationship is modified by nicotine dependence.

Methods A postal survey of 272 cigarette smokers, aged 30-75, who were motivated to quit smoking was conducted.

Results We found a strong relationship between respiratory complaints and depression. This relationship is stronger with increasing frequency of complaints and with increasing limitation in activities of daily living. Stratification for nicotine dependence yielded only relevant differences when looking at the frequency of complaints, although the statistical test for effect modification did not reach significance.

Conclusion With this study an important prerequisite for tailoring smoking cessation is met: we assessed the relationship between three factors, which already have been identified as important predictors for success in smoking cessation. In the presentation I will elaborate on how the results of this study can be used to provide health professionals with feasible and (more) effective guidelines on how to tailor smoking cessation strategies.

ABI059: Development of the Inhaled Corticosteroids related Health Status Instrument (ICHSI). *Prim Care Respir* 2002 **11(2)** 75

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Background Recent epidemiological surveys show that approximately 20 % of the general population suffer from airway disease. Inhaled Corticosteroids (ICS) are often prescribed for these diseases. It is commonly thought that side effects of ICS are very limited and appear rarely. Effectiveness studies show 3-9% self reported side effects. These side effects have never been measured by a specifically developed instrument. To our knowledge, such an instrument has never been developed.

In a qualitative pilot study by M. van der Meyden (student RUG) and T. van der Molen, 24 patients reported 56 possible side effects of ICS. More than 50 % of all patients reported at least one side effect. On the basis of this qualitative study we intend to develop an ICS specific questionnaire which measures these side effects quantitatively.

Aim : The primary objective of this study is to create an ICS Specific questionnaire that can measure the effects of ICS quantitatively. Primarily it will be a discriminative instrument for the use in clinical trials. The questionnaire will be suitable for self-administration.

Method s Initially a qualitative study, using interviews and focus groups, was undertaken in order to obtain possible side-effects items. This study by M. van der Meyden and T van der Molen resulted in a list of 57 possible side effects of ICS. A collection of all these ICS-specific items has been used in an item reduction questionnaire, containing all 56 questions. This item-reduction questionnaire has been presented to 200 patients treated with ICS and to 84 persons using a non-ICS inhaler. Patients have been recruited from pharmacies in the surroundings of Groningen. Patients have been asked to complete the item-reduction questionnaire that also contains a number of questions about their age, disease and medication use.

The completed questionnaires will be analysed and on the basis of this analysis the final questionnaire will be formatted.

Result : At the moment we have 200 responders. Results are looking promising, but definite results will follow.

ABI060: Respiratory Datasets: Use of READ Codes in the UK - a GPIAG project

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There is a need for agreed respiratory data entry codes for use in primary care; there are marked differences between codes used within and between different general practice computer systems. UK systems are based on READ Codes while the Dutch use ICPC codes in which only a small amount of information is systematically coded. The major advantage of the Dutch approach is its speed, as the time spent coding is limited to the essentials, while the UK READ codes are fairly comprehensive however these are not used systematically by many GPs and as a result, researchers and clinicians have difficulty comparing data drawn from primary care.

With the establishment of the IPCRG, the primary care respiratory group of the ERS and the EUROPAD initiative, important steps toward international research collaboration have been taken. In the light of such initiatives internationally standardised data collection in General Practices may provide an extremely valuable source for disease management information. One possible solution involves the use of data entry templates utilizing agreed codes for different clinical situations.

The GPIAG has initiated development of a comprehensive set of respiratory READ Codes to be categorized under the following headings: i) Minimum data set for codes which we would expect all doctors to enter when seeing patients with respiratory diseases and which would vary according to given situations; ii) an Extended data set for coding a wider range of respiratory consultation data, which would not necessarily be entered in every situation; iii) Maximum data set which would include all the available suggested codes for use and iv) those codes which should not be used for data entry. The Amsterdam conference will provide an opportunity for discussion of this important subject.

Key words: DATA, Respiratory, Computer, Primary care