References

- [1] Goodwin R, et al. Asthma and mental disorders in primary care. *General Hospital Psychiatry* 2003;25:479–83.
- [2] Global Initiative for Asthma 2004.
- [3] DSM-IV criteria.

doi:10.1016/j.pcrj.2006.04.187

ABS96: Effectiveness of smoking cessation on COPD outpatients in three different settings in Greece

D. Giannopoulos, Th. Panagiotakopoulos, St. Voulioti, E. Papadopoulou, I. Gkiozos, E. Tsaroucha, G. Kokoris, E. Jelastopulu

Health Center of Varda Helias, Patras Hospital of Chest Diseases, Athens Hospital of Chest Diseases, University of Patras, Greece. Health Center of Varda, Varda Helias, 27052, Greece

Purpose: To evaluate the effectiveness regarding a Smoking Cessation Program (SCP) in a rural Health Center by GP's (group A), in an outpatients clinic of a Respiratory Medicine by a Chest Physician (CP) (group B) and in an outpatients clinic by the collaboration from both (group C) in COPD smokers. **Methods:** A total 214 COPD smokers were enrolled in the study (mean age 54, range 47–67). 77 pts (36%) were under the care of a GP, 88 pts (41.1%) by a CP and 49 pts (29.9%) by the collaboration of both. We followed the guidelines according the Consensus Statement. All the patients, during the 1st visit, completed the Fangeström questionnaire and were evaluated with a Lung Function Test. The medical treatment was NRT and Bupropion. We evaluated the abstinence of smoking after 6 and 12 months. The Physician advice in the Health Center was given by GP's and in the Hospital by special professionals. **Results:** 53 pts (70.1%) of group A, 49 pts (59%) of group B and 31 pts (63.2%) of group C quitted smoking in 6 months. 45 pts (60%) of group A, 41 pts (49%) of group B and 25 pts (51%) of group C quitted smoking in 12 months. The results were not statistically significant. **Conclusion:** The results of the Smoking Cessation Program were satisfactory in these three different settings. Further work needs to be done to assist smoking cessation in pts with COPD. But it seems that the counseling of a GP has better compliance.

Conflict of interest and funding
Smoking Cessation.

doi:10.1016/j.pcrj.2006.04.188

ABS97: Reporting on a smoking cessation programme from rural primary care in Greece

D. Giannopoulos, St. Voulioti, C. Lionis

Health Centre of Varda, Helia, and Clinic of Social and Family Medicine, University of Crete, VARDA, 27052, Greece

Background: Although Greece is a country where a high smoking rate is reported, there are only few interventions on smoking cessation in the primary care setting. This paper reports in developments and achievements of a programme on counselling patients who smoke at a rural Health Centre. **Methods:** The study lasted from June 2002 until December 2005. Of all patients who visited the practice of two GPs, those who provided informed consent were eligible. The smoking cessation programme was based on the guidelines according to the relative Consensus Statement. All patients completed the Fangeström questionnaire at the 1st visit. The given medical treatment was NRT and Bupropion. Follow-ups were scheduled on the 6th and 12th month. All the medical records were reviewed and data on smoking cessation and interventions implemented have recorded. The presence of respiratory diseases (COPD, Asthma) and other risk factors as cardiovascular diseases, obesity,

diabetes, was documented using international consensus (GOLD, GINA). **Results:** 520 patients 395 males (76%) and 125 females (24%) (mean age 53, range 18–77) were identified. 27 patients (14.4%) were found to have receiving counselling and 413 (79.4%) pharmacotherapy. 22 patients (12.6%) were treated with NRT, 202 (48.9%) with NRT and Bupropion and 159 (38.5%) only with Bupropion. 77 patients (14.8%) were diagnosed with COPD and 69 (13.3%) with cardiovascular disease. Six months after cessation 363/520 pts (69.8%) were non-smokers, while the corresponding rate after one year was found to 281/520 (54%). **Conclusion:** The smoking cessation programme implemented at this rural Health Center in Greece seems to be effective. The study adds in the existing literature that GPs are capable in implementing systematic approaches with guidelines and contribute to the smoking cessation.

Conflict of interest and funding
Smoking cessation.

doi:10.1016/j.pcrj.2006.04.189

ABS98: Screening with spirometry reduces smoking

Stefan Johansson, Gunnar Johansson, Yvonne Gréen

Nyby Health Care Center, Heidenstamsgratan 69, Uppsala, 75427, Sweden

Introduction: Smoking cessation is important for patients with COPD and the only way to slow down the deterioration of the lung function. It has been questioned if screening with spirometry is a tool and help for patients to stop smoking. **Aim and objectives:** To evaluate the patients opinion about screening and if a performed screening of smokers had an impact on smoking cessation. **Subjects and method:** 522 patients (320 smokers, 202 ex-smokers) had previously been screened with spirometry 29% of the smokers and 23% of the ex-smokers had COPD. All patients received a questionnaire with questions about their smoking habits after the spirometry. **Results:** 363 of 522 (70%) patients answered the questionnaire (63% of the smokers and 80% of the ex-smokers). Of the smokers 50 (25%) had stopped smoking after the screening and another 42% had decreased their cigarette consumption. Anxiety from the results of the spirometry was the most important reason for reducing the consumption, whereas the result of the spirometry was of less importance. 47% of patients that were classified as COPD and 40% of patients with normal lung function reduced their smoking. **Conclusions:** Screening with spirometry in smokers leads to a reduction of smoking and many patients cease smoking. Anxiety is the main reason for change in smoking habits.

Conflict of interest and funding
None.

doi:10.1016/j.pcrj.2006.04.190

ABS99: Baseline data comparing smokers to non-smokers from a smoking intervention study in Norwegian primary care

Svein Hoegh Henriksen^a, Anders Ostrem^b, Morten Lindbæk^c

^a Langbolgen legesenter, Langbolgen 11, Oslo, 1163, Norway
^b Grandsdalen legesenter, Norway ^c Dep. of General Practice-University of Oslo, Norway

Objectives: Aim of our study was to describe the prevalence and role of self-reported lung and heart disease, lung symptoms and smoking habits on health outcomes in a practitioner based cohort of individuals between the age of 47,0 and 57,9. Finally we wanted to describe smokers readiness to quit and the role of their GP. **Methods and design:** Postal questionnaire on smoking habits, lung disease, lung symptoms and health status to all persons born between 1947 and 1957 ($n=2601$) listed with 18 GPs from 4 primary care centres in Oslo. Seventy-one percent

responded, 51% women. **Results:** Mean age was 52. Smoking habits: 31% never smokers, 34% ex-smokers and 35% current smokers. Females (38%) smoked more than males (33%). Smoking was more common in urban (41%) than rural districts (31%). We found a 3% prevalence of COPD, 15% of asthma and 25% of bronchitis. There was overlap between the diagnoses. Only 6% of current smokers were ready to quit within a month. Sixty eight percent had quit attempts in the past. Only 30% had talked to their doctor about smoking within the last year, but 27% were advised to use medication to quit, and 11% had scheduled a follow-up consultation. **Conclusions:** Obstructive Respiratory diseases are common in the population and are linked to smoking habits and gender. Few smokers in our population were ready to

quit, nevertheless 75% had made unsuccessful quit attempts. This could indicate that screening smokers for COPD might be useful in order to diagnose COPD when unknown or to clarify the diagnosis in patients with a prior diagnosis of obstructive respiratory disease. It might also be a good opportunity for patients and doctors to discuss smoking cessation and to assist those wanting to quit in their attempts.

Conflict of interest and funding

The study was funded by the Norwegian Medical Associations. Conflict of Interest: None.

doi:10.1016/j.pcrj.2006.04.191

Available online at www.sciencedirect.com

Copyright General Practice Airways Group
Reproduction prohibited