

Successful Cessation: Exploring Quit Attempts at Lehigh Valley Hospital's Tobacco Treatment Program.

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SUCCESSFUL CESSATION

Exploring Quit Attempts

at

***Lehigh Valley Hospital's
Tobacco Treatment Program***

***Suzanne Smith, RRT, MBA; Sharon Kimmel, PhD;
Rebecca Johnston, TAS; Dianna Mulhern, MS, LPC;
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Tobacco Treatment Program

- A comprehensive approach to nicotine dependence that combines behavioral modification, psychosocial support, relapse prevention and pharmacologic therapy

Nicotine Dependence

**Environmental or
Social (stress relief)**

**Physiological (need
for Nicotine)**

**Behavior
modification**

**Tobacco
Use**

**Pharmacologic
support**

Emotion (emotional need)

Psychosocial support

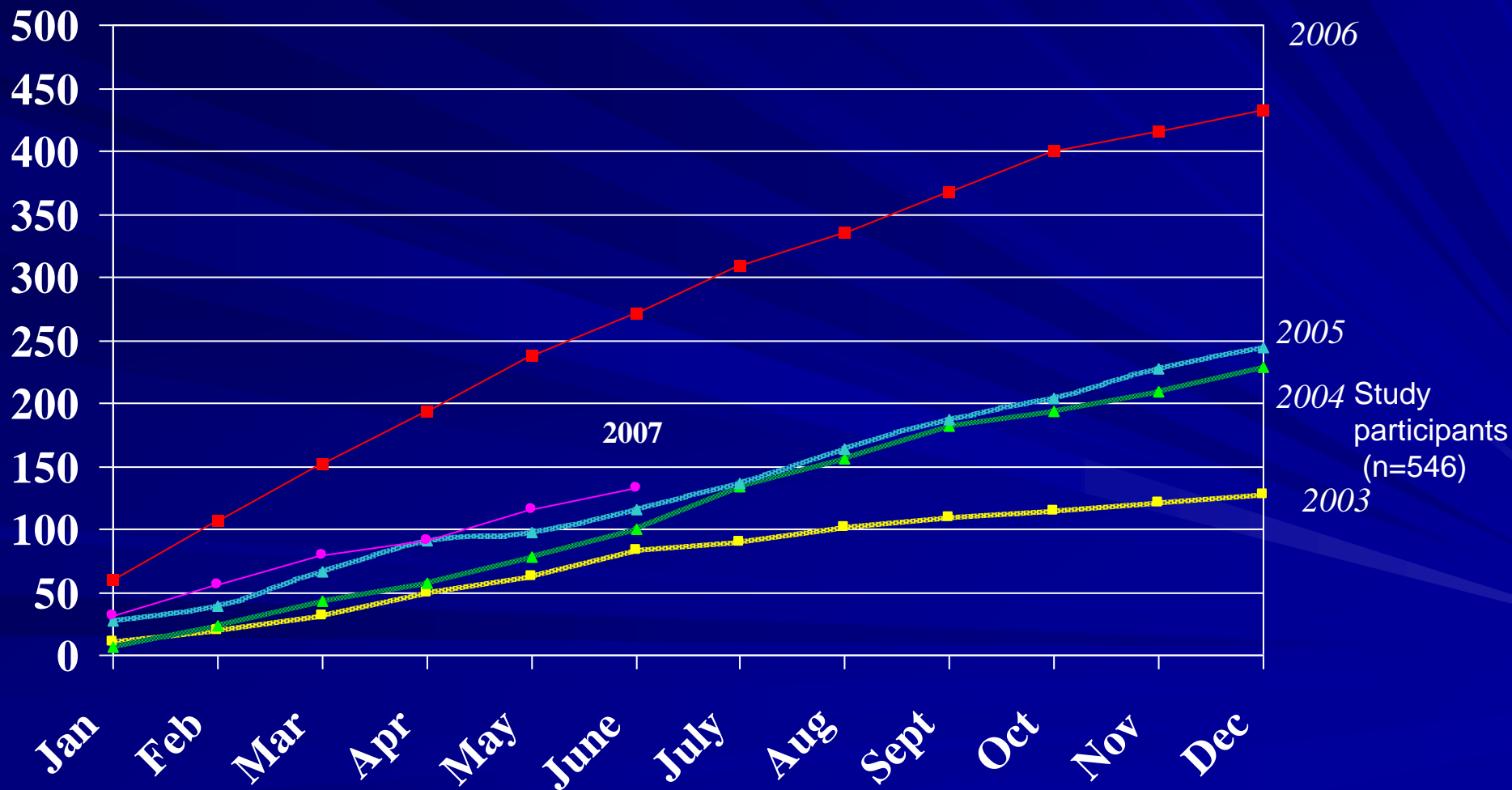
Tobacco Treatment Program

- The twelve-month counseling program provides assessment of nicotine dependence, education, cessation and relapse prevention strategies through face-to-face counseling and phone follow-up

Tobacco Treatment Program

- Proactive contact and interventions occur at
 - Assessment interview
 - Quit date
 - One week
 - One month
 - Three months
 - Six months
 - Twelve months
- Care plans are developed through an interactive process between the patient, the counselor and the referring physician.

Tobacco Treatment Program Cumulative Client Enrollment: January 1, 2003, to June 30, 2007



Demographics (N=300)

- Includes patients joining the program January, 2003, and December, 2005
- Enrolled in program at least 30 days or longer
 - Median survival = 212 days
- Received one or more counseling sessions
- 51.5% female
- 48.5% male
- Mean age
 - 50.16±1.90 years

Demographics

- History of 1 or more psychiatric diagnoses
 - 45.5% (N=113)
- Mean Fagerstrom Score
 - 5.80±1.90
 - nicotine dependence scale of 0-10 with 10 being highly addicted
- Mean length of time smoking
 - 29.43±14.48 years
- Program attrition rate
 - 61% (N=184)

Tobacco Use

	Stayed in Tobacco Treatment Program	Discontinued Tobacco Treatment Program	p
Age first used tobacco	16.63 ± 4.94	15.84 ± 5.23	0.247
Age used tobacco regularly	16.83 ± 4.84	14.93 ± 6.35	0.015
How long tobacco used (years)	32.39 ± 13.16	27.68 ± 14.98	0.014
How many cigarettes smoked per day?	15.65 ± 12.98	19.46 ± 14.40	0.021

Differences between enrollees that Discontinued Therapy (DT) or Continued Therapy (CT)

Not statistically significant

- Age
 - DT and CT mean age of 50 years, $p=0.982$
- Gender
 - 86.5% of males and 84% of females were DT, $p=0.624$
- Psychiatric Treatment History
 - Trend toward DT (50.32%) more likely to have history than CT (37.78%), $p=0.057$ [power=0.567]

Discontinued Therapy (DT) & Continued Therapy (CT)

Not statistically significant

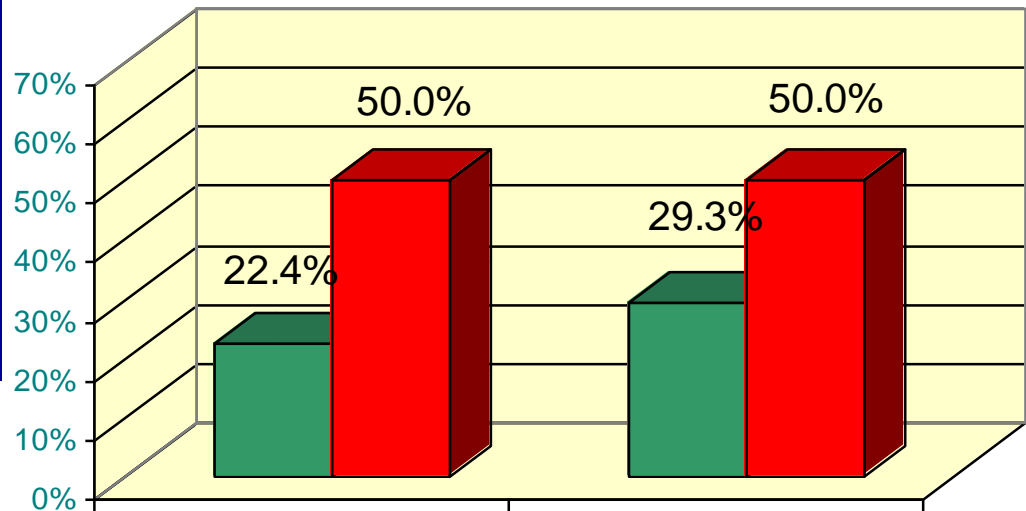
- Reported emotional smoking (stress, relax, cheer-up)
 - High probability both DT (93.17%) and CT (96.67%), $p=0.390$ [power=0.602]
- Report habit smoking (after meal, telephone, and driving)
 - High probability both DT (73.9%) and CT (72.2%), $p=0.768$ [power=0.482]

Participants who stayed in the program were:

- 3.5 times (95% CI: 2.05, 5.84) more likely to smoke heaviest in the afternoon or evening and

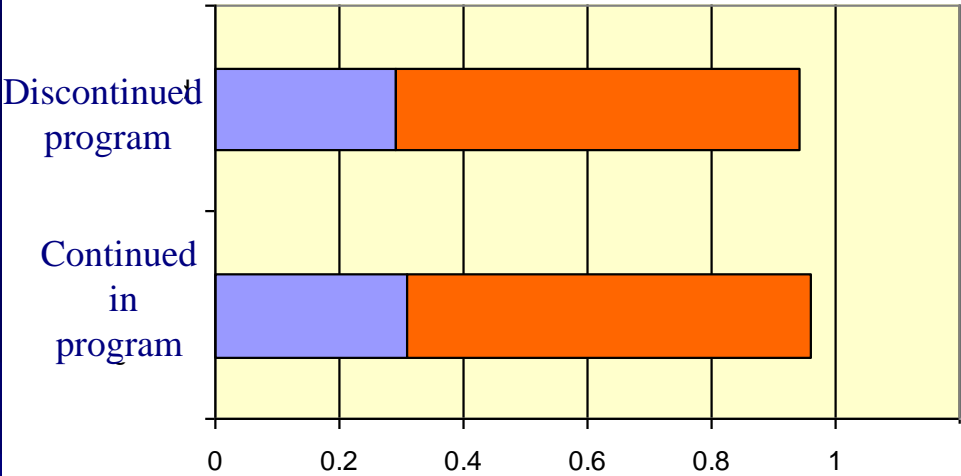
- 2.4 times (95% CI: 1.47, 3.95) more likely to indicate the afternoon or evening cigarette as most difficult to give up.

Smoking Patterns

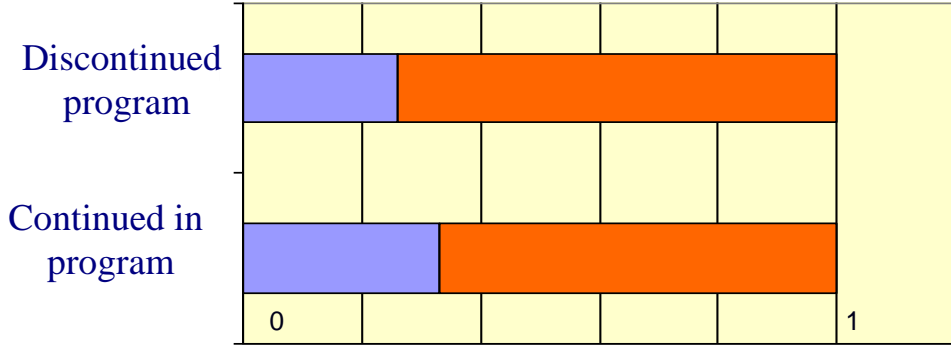


	Smoke Heaviest in AM	AM Cigarette Most Difficult to Give Up
In Tobacco Treatment Program	22.4%	29.3%
Discontinued Program	50.0% p<.001	50.0% p<.001

Patient States Important to Stop

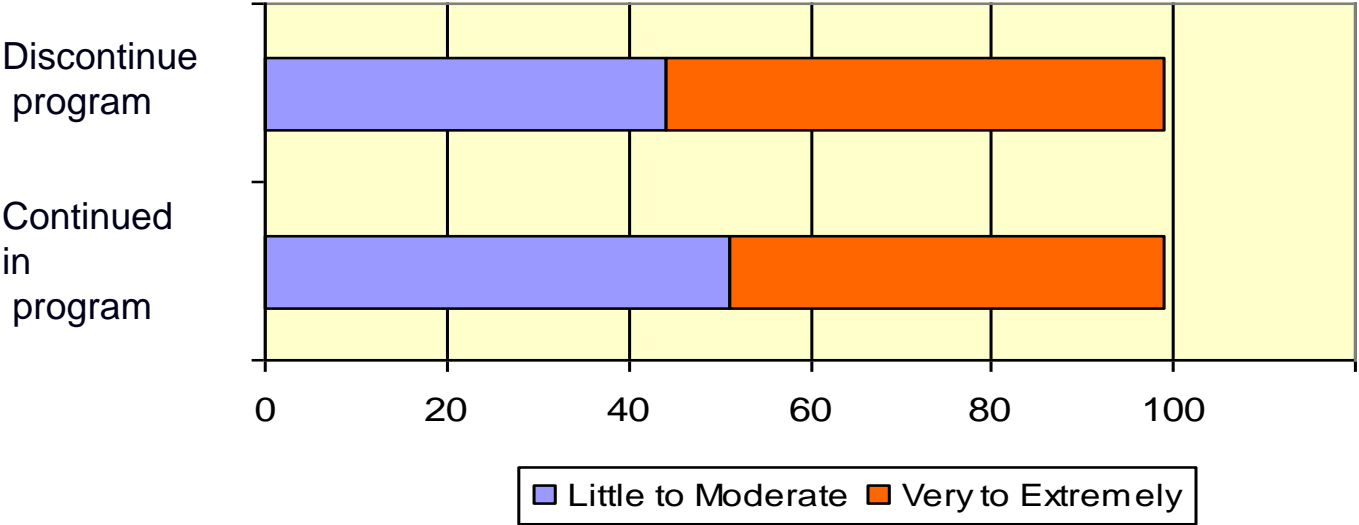


Patient States Motivated to Stop



■ little to moderate importance/motivation
■ very to extremely important/motivated

Patient States Able to Stop



Discussion

Patients discontinuing the program were...

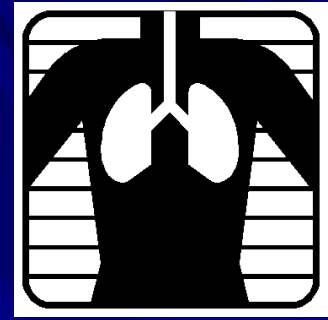
- More likely to start using tobacco regularly at an earlier age
- More likely to smoke more cigarettes per day
 - But not necessarily more than 1 pack per day
- 2.5 times more likely to report feeling support by one or more non-family members (OR 2.45, CI 1.26, 4.73, $p=0.007$)
- 3.5 times more likely to report smoking the heaviest in the (AM OR 3.46, CI 2.05, 5.84, $p<.001$)

Discussion

Patients staying in the program were...

- 3 times more likely to report feeling support by one or more family members (spouse, children, parent and/or sibling) (OR 2.9: CI 1.5, 5.58, $p=0.001$)
- 2.4 times more likely to indicate the afternoon or evening cigarette as the most difficult to give up (OR 2.45: CI 1.47, 3.95, $p=.001$)

Discussion



- A patient's sense of motivation, importance and confidence in stopping tobacco use reported upon entering a tobacco treatment program may not be predictable indicators of whether the patient will maintain or drop-out of the program.
- The Fagerstrom scoring system, especially cigarette smoking patterns, may be considered a predictor of continuation in a tobacco treatment program.

Discussion

- Predicting continuation using the Fagerstrom score is strengthened when family support and age of first regular tobacco use is also considered.
- Patients enrolled in a tobacco treatment program should be strongly advised to seek support from family members. In some cases it may be plausible to include family members in counseling sessions.

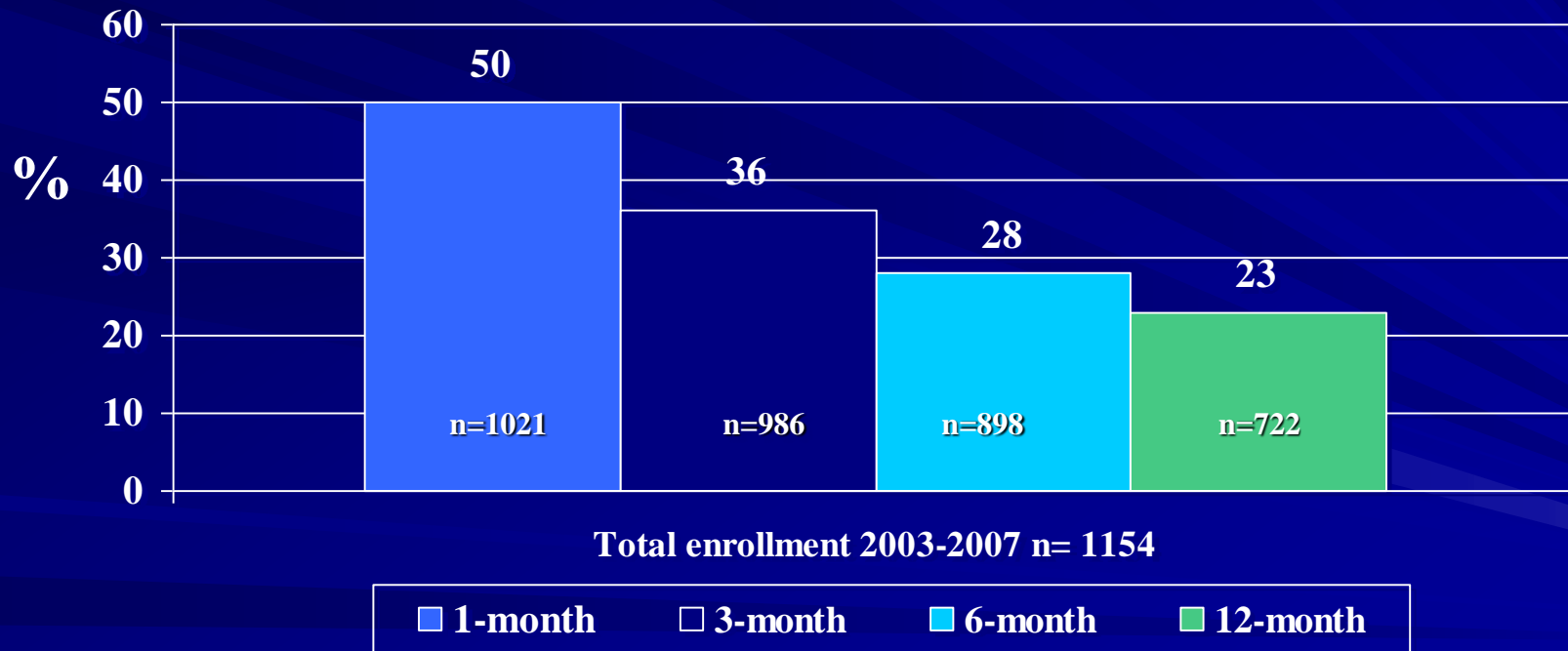
Discussion

Limitations

- Did not account for dynamics of patient-counselor relationship (further investigation will occur through patient survey).
- Predicting continuation in program correlating with children living at home needs further investigation.

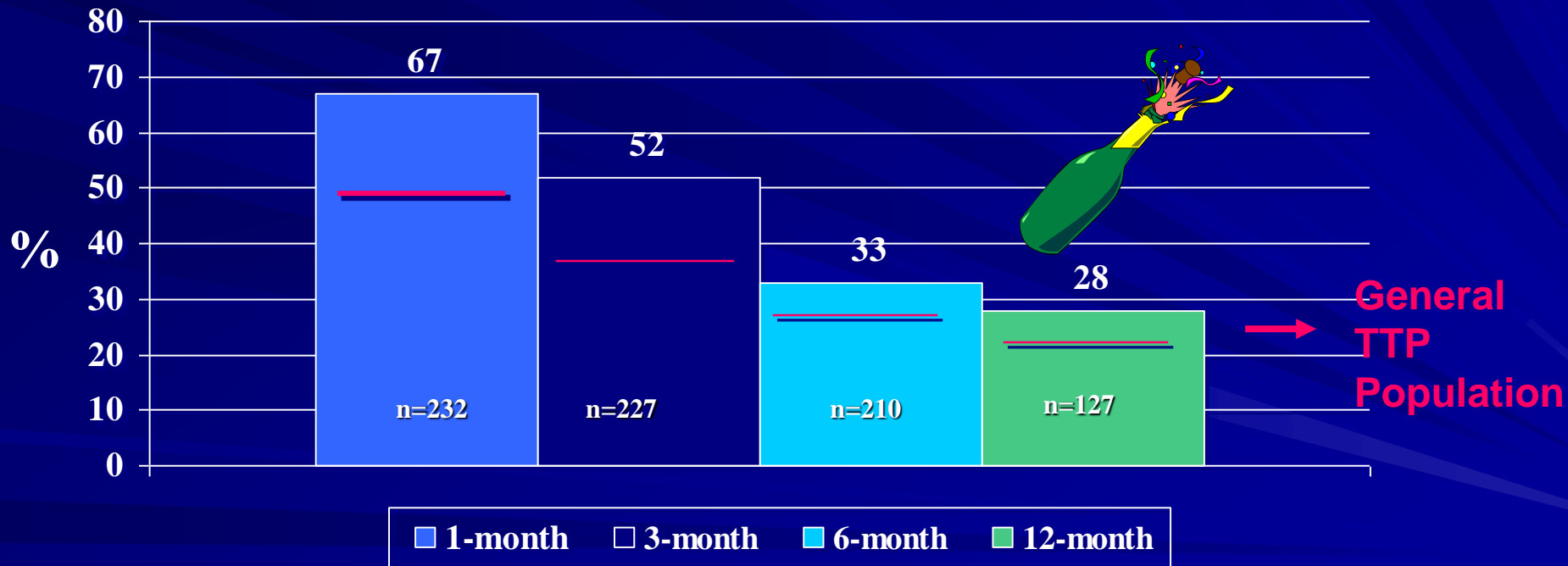
Tobacco Treatment Program Successful Quit Attempts Cumulative Rates

January 1, 2003, through June 30, 2007



Quit Attempt Rate: % Based on
Number of Clients Eligible to Quit
During a Specific Time Period

Tobacco Treatment Program Successful Quit Attempts Choice Plus Covered Enrollees January 1, 2006, through June 30, 2007



Quit Attempt Rate: % Based on
Number of Clients Eligible to Quit
During a Specific Time Period

Questions ???