SMOKING DEPENDENCY: AUDIT CARRIED OUT AMONG THE UNDER 25 GROUP
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OBJECTIVES: As part of an environment program (outcomes program) on smoking cessation, it seemed interesting to study young smokers under the age of twenty five. METHOD: A special questionnaire was distributed to them via the «Etudiant» supplement of a French regional weekly newspaper (Tarn Libre), which they were asked to return by post. RESULTS: The first results concerned the first 50 questionnaires returned. Average age: 17.5 years; average weight: 56 kilos; average height: 1.67m. In our sample, 92% were students, 86% declared themselves to be exposed to other people’s smoke and only 37% said they took part in a sporting activity. Age at which tobacco dependency began was 13 years; 98% smoked cigarettes—versus 2% a cigar or pipe); the average daily consumption was 10 cigarettes; of these, 63% wished to stop smoking, but only 38% had already made an attempt at smoking cessation. Only 30%, however, said that they had been asked spontaneously by their doctor about their desire to stop smoking (minimum advice) In the Fagerström test, 48% had low or no dependency; 48% had moderate dependency and only 2% had heavy dependency. CONCLUSIONS: This pilot study confirmed that tobacco dependency is occurring at an increasingly early age; that tobacco dependency in young people is low or moderate, and that there is little management of tobacco dependency in young people by doctors.

RELATIONSHIP BETWEEN PATIENT BELIEFS ABOUT MEDICATION AND SELF-REPORTED MEDICATION ADHERENCE SIX MONTHS AFTER DISCHARGE FOR ACUTE CORONARY SYNDROMES
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OBJECTIVES: To describe patients’ beliefs about medication six months after discharge for acute coronary syndrome (ACS) and to determine the relationship between self-reported medication adherence and patients’ medication beliefs. METHODS: All patients discharged with the diagnosis of ACS during a 6-month period from a university affiliated hospital were administered a telephone survey six months after discharge. The survey included the Belief About Medication Questionnaire (BMQ), the Morisky Adherence Scale (MAS), and items about patient demographics, social support, number of medications, and health status. The BMQ has 18 items that generate four scales: Specific-Necessity (SN), Specific-Concerns (SC), General-Harm (GH), and General-Overuse (GO). The MAS is a 4-item scale providing a single score. Both questionnaires use five response options per item. Lower BMQ-scale scores indicate stronger beliefs. Lower MAS scores indicate better adherence. Correlation between independent variables and MAS were conducted using Pearson’s rho; Student’s t-test was used for bivariate analyses. A p < 0.05 was considered significant. RESULTS: To date, 25 patients have been interviewed (goal of 75). The mean age was 63.4 (+12.6) years with 67% male, 92% Caucasian, 56% with some or more college education, 76% lived with 1 other person, and 40% indicated excellent or very good health. The mean BMQ scale scores were: SN = 2.4 (+0.8), SC = 3.2 (+0.7), GO = 3.3 (+0.7), and GH = 3.8 (+0.4). The mean MAS was 1.3(+0.4), with 59.1% indicating nonadherence (score > 1). The BMQ-SN was significantly correlated with the MAS (r = 0.47, p = 0.03). The BMQ-GH (r = -0.3, p = 0.18) and social support (r = 0.4, p = 0.058) trended toward significant association. Bivariate analyses showed no significant association between independent variables and the MAS, but trends were noted with the same independent variables. CONCLUSION: Patients with stronger belief of the necessity of medication and strong social support report higher adherence with cardiac medication. They did not think medications were overused or harmful. Determining beliefs about medication may be helpful in developing interventions aimed at improving adherence.
Endocrinology guidelines for diagnosing insulin resistance syndrome. METHODS: A confirmatory factor analysis was performed using EQS Multivariate Software Version 5.7b with maximum likelihood estimation. Hypertension, obesity, insulin resistance, cholesterol, and hyperlipidemia were the latent factors studied. RESULTS: Cholesterol was not significantly associated (p < 0.05) with either obesity (r = 0.015) or insulin resistance (r = -0.042), giving further support to the possibility of multiple risk factors for predicting coronary heart disease in addition to elevated LDL cholesterol. Significant correlations (p < 0.05) were noted between obesity and hyperlipidemia (r = 0.583), obesity and insulin resistance (r = 0.899), and insulin resistance and hyperlipidemia (r = 0.928). CONCLUSION: These associations are discussed in the context that the average patient did not meet Adult Treatment Panel III defined criteria for metabolic syndrome. We suggest that more stringent guidelines such as those suggested by the American College of Endocrinology may be necessary to identify and diagnose the pathophysiologic risk factors involved in the metabolic syndrome. One suggestion may be to include an oral glucose tolerance test to help in evaluation of insulin resistance. More stringent cut-offs for abnormal values of triglycerides and HDL cholesterol may also be required. We also suggest that research of the metabolic syndrome may be better accomplished by focusing on individual physiologic components rather than focusing on one single etiology to quantify, which is an approach that has been taken in previous research.

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**SMOKING CESSATION: RELEVANCE IN THE UNDER 25 GROUP**

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OBJECTIVES: As part of an outcomes program on smoking cessation, we thought it relevant to evaluate in smokers under 25 years of age the obstacles to cessation, the level of dependency, the knowledge of tobacco dependency and the propensity to pay for cessation treatment. METHOD: For this pilot phase, an anonymous questionnaire was distributed in the Etudiant supplement of a French regional weekly newspaper (Tarn Libre). RESULTS: Obstacle to cessation: lack of willpower (51%), enjoyment of smoking (32%), force of habit (46%) The level of dependency on tobacco was evaluated using the Fagerström test: 48% had low dependency, 48% moderate dependency and 2% high dependency. In general, our sample population had a good general knowledge and understanding of tobacco use (number of premature deaths per year, percentage of smokers in France, cost of tobacco for health insurance). Average daily tobacco expenses were €2.3 (roughly corresponding to an average consumption of 10 cigarettes/day), and the subjects declared themselves ready to pay around €83 to stop smoking (€157 in older adults). This figure is relatively low and is explained without doubt by an underestimation of the potential risks of tobacco dependency. CONCLUSION: Young people are a population whose dependency level is mainly low or moderate, a fact that enables (with appropriate but generalized mobilization (doctor, educator, pharmacist, family)) a smoking cessation attempt to succeed.