



Service Priorities and Programmes Electronic Presentations

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Can We Help Our In-patient Smokers Quit Smoking?

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Introduction

Smoking is a risk factor of many diseases leading to hospitalisation. Nonetheless, hospital admission creates a “teachable moment” that provides a golden opportunity for people to quit smoking. The patients may be more motivated to make a behavioural change due to the salient nature and severity of their illnesses. As a result, an in-patient smoking counselling and cessation programme was started since October 2014 at Tseung Kwan O hospital.

Objectives

1. To provide smoking cessation service for in-patient smokers. 2. To review the outcomes of the in-patient smoking cessation service.

Methodology

In-patient smokers of general medical wards could be referred by doctors or nurses to our smoking cessation counsellors. Counsellors would visit the patients to conduct a smoking cessation counselling during the admission. In addition, they would actively search for suitable smokers according to some inclusion criteria in the wards for counselling. An outpatient session would be arranged if patients agreed for further follow up and/or pharmacotherapy e.g. nicotine replacement therapy. The clinical data of patients recruited from 1st October 2014 to 30th September 2015 were retrieved and analysed.

Result

285 patients were recruited during the period with 279 (97.9%) male, mean age of 58.9 years and average quantity of smoking 29.2 pack-years. The 7-days point abstinence rate at 4th week, 12th week and 24th week were 46.6% (132/283), 38.3% (101/264) and 33.6% (72/214). They were all significantly higher ($p < 0.001$) when compared with our out-patient programme (27.3% at 4th week, 23.8% at 12th week and 19.6% at 24th week according to same period data). Longer duration of hospitalization showed a statistically significant relationship with successful quitting (9.33 days in quitted group vs 6.23 days in non-quitted group, $p = 0.018$). This in-patient programme has shown a much higher quit rate compared with the outpatient one despite only few received drug treatment (drug usage rate 2.8%

in-patient programme vs 25.9% out-patient programme). This was consistent with some literatures stating hospitalised patients might be more willing to quit. Longer duration of hospitalization might imply more severe illnesses and hence higher motivation to quit and successful rate. In-patient smoking cessation service is as important as out-patient service.