Can we help our in-patient smokers to quit smoking? – A review of an in-patient Smoking Counselling and Cessation Programme in a regional hospital

Wong TK, Fong MY, Lai KPL, Chan PF, Wong KW, Leung CW, Chao DVK
Department of Family Medicine and Primary Health Care, Kowloon East Cluster

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Introduction
Smoking is a risk factor of many diseases that will lead to hospitalisation. On the other hand, 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. Successful smoking cessation may reduce the risk of readmission of some patients. 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 (NRT). The clinical data of patients recruited from 14th October 2014 to 31st December 2014 were retrieved and analysed.

Result
73 patients were recruited during the period with 69 (94.5%) male and mean age of 57 years. The average amount of smoking were 30.4 pack-year compared with our out-patient program of 28.8 pack-year in 2011-2012. The 7-days point abstinence rate
at 4th week was 30.6% (19/67) which was comparable to our out-patient programme (31% at 4th week according to 2011-2012 data). The NRT utilization rate was much lower in the in-patient group (2.7% in in-patient group vs 42% in 2011-2012 outpatient data). Length of admission before the counselling session did not show a statistically significant relationship with smoking cessation (p=0.419). The preliminary data has shown a comparable efficacy with the outpatient programme despite only non-drug treatment was offered at the in-patient setting. The finding was consistent with some literatures pointing out that hospitalised patients might be more willing to quit. Enhancement to cover more patients in other specialty wards is warranted.