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How Effective Is the Enhanced Smoking Counselling And Cessation Programme In Primary Care Clinics?

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Introduction

Smoking is one of the most prevalent behavioural risk factors for diseases and premature deaths. Varenicline is one the most effective medications currently available. Further to the success of previous pilot programme, an Enhanced Smoking Counselling and Cessation Programme (ESCCP) with formal incorporation of Varenicline were commenced in General Outpatient Clinics of KEC since October 2011.

Objectives

To evaluate the outcomes of the ESCCP.

Methodology

According to the programme protocol, free Varenicline was prescribed as a second line agent to those who failed Nicotine Replacement Therapy (NRT) by trained family physicians. Counseling and close follow-up were provided by trained nurses or pharmacists as counselors. Patients who failed smoking cessation with or intolerated to Varenicline would be offered Bupropion as a self finance item. The clinical data of patients recruited from 1st October 2011 to 31st September 2012 were retrieved and analysed.

Result

The 7-days point abstinence rates for the programme at 4th, 12th, 26th week were 31% (738/2400), 28% (662/2371) and 26% (508/1960) while for those who had received Varenicline were 52% (34/65), 47% (25/53) and 37% (15/41) respectively. None of the patient accepted Bupropion as self paid drug. Abstinence rates were significantly higher in those who received Varenicline and were comparable to internationally quoted figures. However, the number of patients receiving Varenicline was much less than expected despite its higher efficacy (75/1075 NRT case prescriptions, 7%). One factor contributed might be patient's choice and many expressed reluctance on oral medication use for smoking cessation as a lifestyle problem and worried about potential side effects. Around 10% NRT cases had history

of psychiatric illness and would not be given Varenicline even if they failed NRT as they were considered not suitable for this drug. The evaluation has confirmed the efficacy of Varenicline and indicates future study is necessary to delineate the reasons of low Varenicline utilization rate. This could help better understand the cost efficacy of putting the drug as one of the first line choices along with NRT according to patients' profile including preference, experience and contraindication, as supported by international guidelines for future programme development. With this, we may further improve our patient's smoking cessation rate.