

HSR

EFFECTIVENESS OF SMOKING CESSATION PROGRAM AT HEALTH CLINIC IN DUNGUN (2015)

GROUP MEMBERS :

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INTRODUCTION

- Tobacco dependency causes life long psychological addiction other than physical dependence^{1,3}.
- Around 10,000 deaths yearly in Malaysia is due to smoking¹.
- Smokers in Malaysia are highest among males and adolescents¹.
- Tobacco smoke already being proven containing about 4000 different chemicals such as tar, nicotine and carbon monoxide¹⁻⁴.
- Around 200 of the chemicals known to be toxic and most of them also can cause cancer¹⁻⁴.

1. Clinical Practice Guidelines Treatment of Tobacco Use and Dependence 2003, Disease Control Division Ministry of Health Malaysia, Academy of Medicine of Malaysia, September 2003.

2. World Health Organization (WHO) media centre

3. Medical-dictionary.thefreedictionary.com/smoking

4. www.cancer.org

RATIONALE/ SIGNIFICANT OF STUDY :

- **With current trend of smoking habit among the population, smoking cessation program should be enhanced in helping smoker to quit smoking. Indirectly, it also help people to reduce risk of smoking – related health problems.**
- **All Health Clinic in Dungun advocate quit smoking clinic, but is it successful?**
- **This study to look at the successful rate of respondents in quit smoking clinic.**

OBJECTIVES :

- General objectives :

- i) To estimate the proportion of successful client from smoking cessation program at health clinic in Dungun.

- Specific objectives :

- i) To describe the sociodemographic characteristic among client that enrolled in smoking cessation program at health clinic in Dungun.

- ii) To compare the effectiveness of treatment used in smoking cessation program at health clinic in Dungun.

- iii) To study the association of contributing factor with successful rate of quit smoking.

RESEARCH HYPOTHESIS

- **Smoking cessation program is effective to client who are age more than 40 years old, married, duration of smoking less than 10 years and low to moderate nicotine dependency.**

METHODOLOGY

1) Study design : Cross sectional study

- i. Study location : All health clinic in Dungun**
- ii. Study duration : Jan 2015 – Disember 2015**
- iii. Sample method : Convenience sampling and interview with 81 samples**
- iv. Inclusion criteria : All clients that has been registered in Klinik Berhenti Merokok at all health clinics in Dungun**

2) sample selection

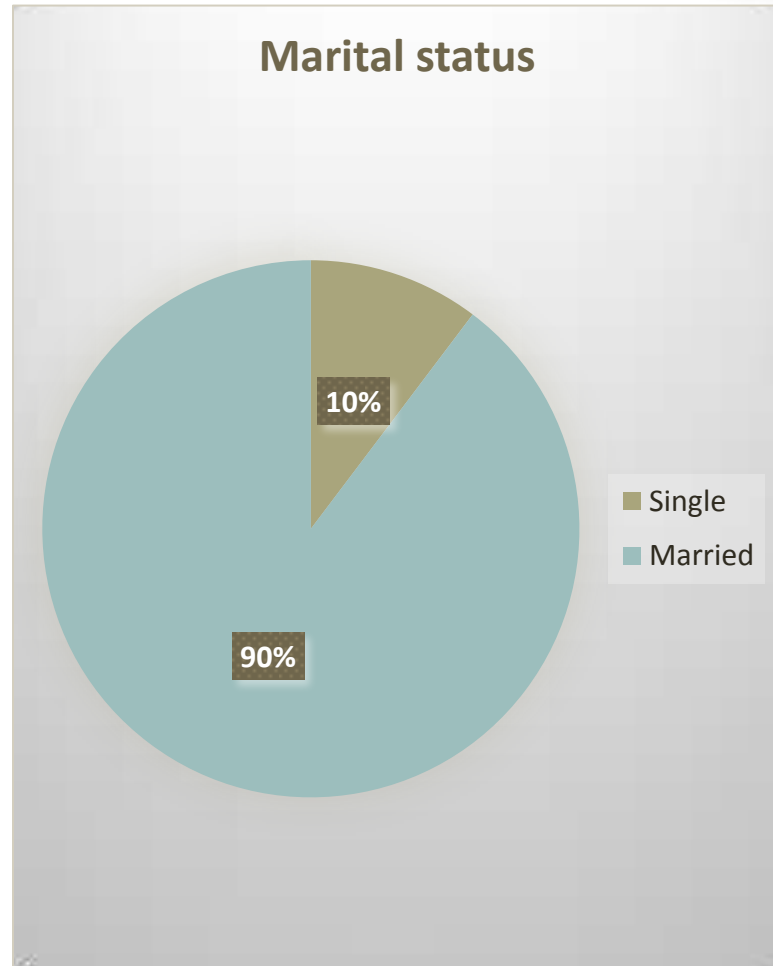


3) Data collection

- i.** Data were collected from Klinik Berhenti Merokok records and interview.
- ii.** Data were analyse using SPSS version 20.
- iii.** Statistical analysis included socio demographic (data, name, age, gender, race, accupation and locality , marital status, duration of smoking, Fragerstorm test and treatment).
- iv.** These tabulated data will displayed as tables, pie chart, histogram or bar chart.

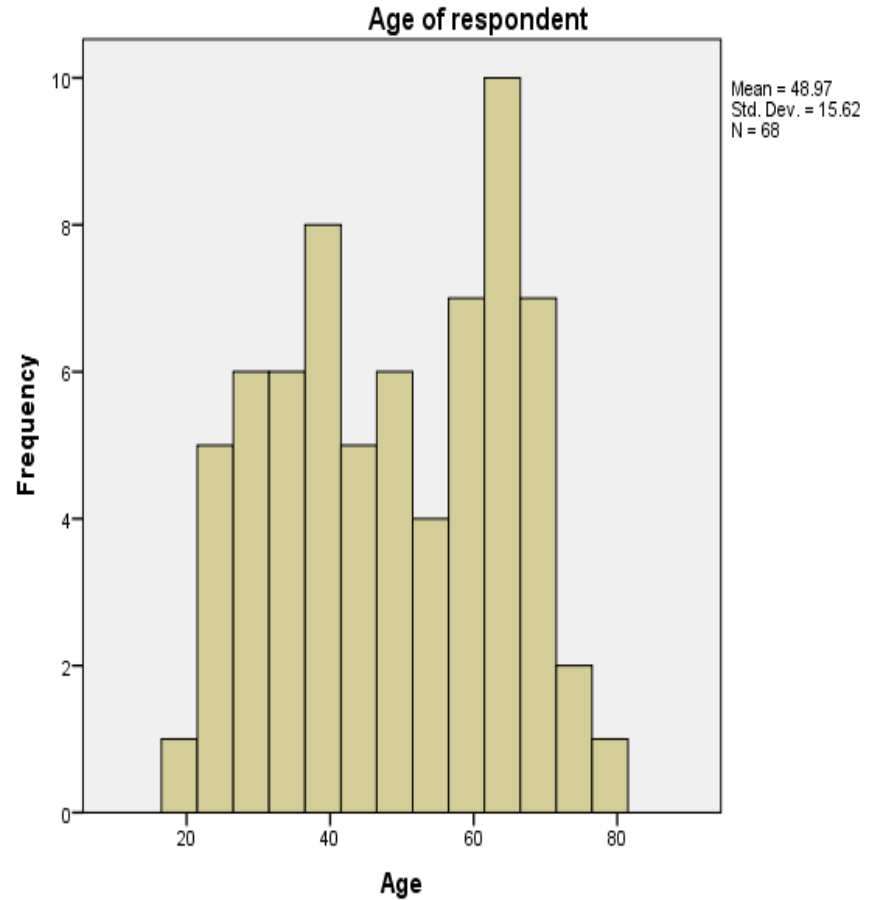
RESULT

- Total of respondents were 68.
- All were Malay.
- Majority of respondents were male (n=67, 98.5%) and only 1 female.
- 61 of the respondents were married.



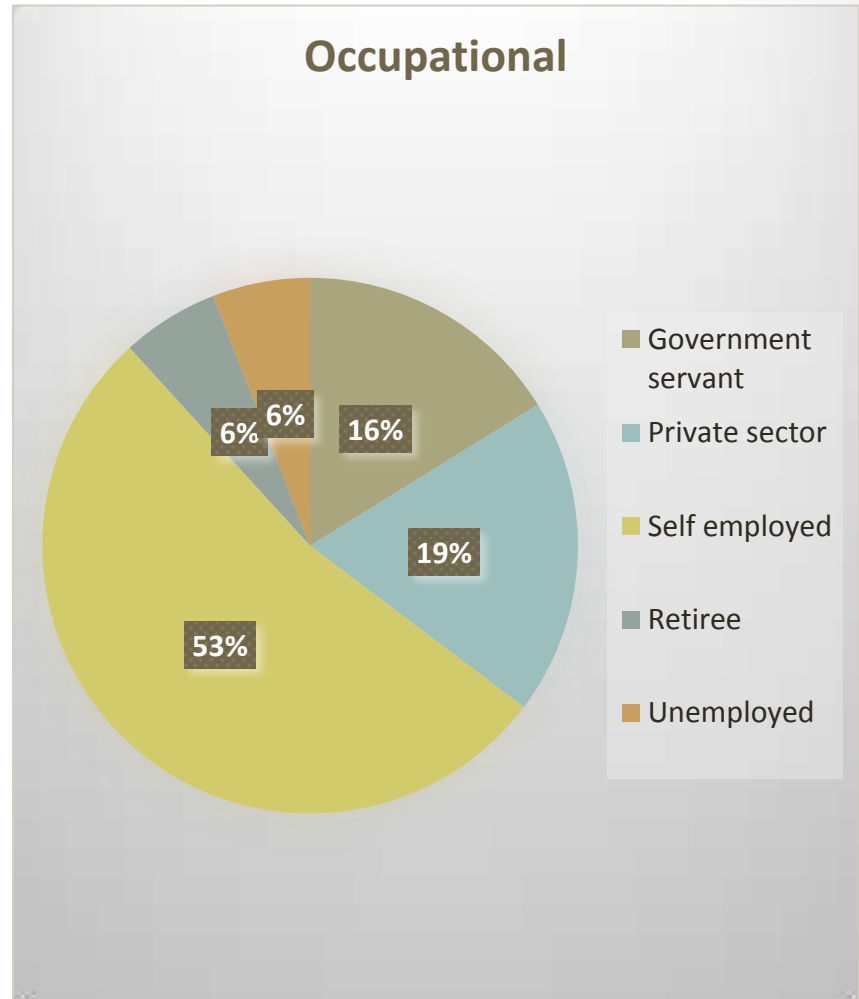
RESULT

- Mean age of the respondents was 48.97 ± 15.62 years old (min 19, max 80 years old).



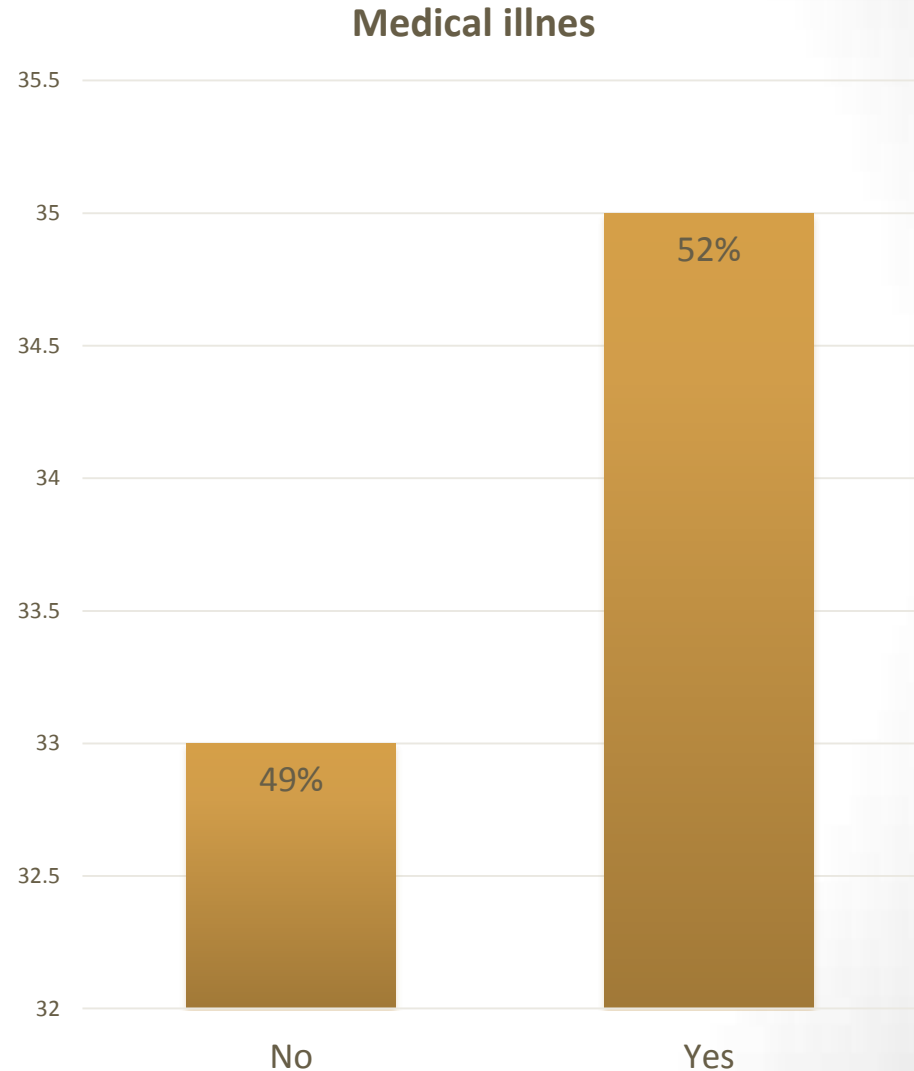
RESULT

- Half of the respondents were self employed (n=36), otherwise others were government servant (n=11), private sector (n=13), retiree (n=4,) and unemployed (n=4).



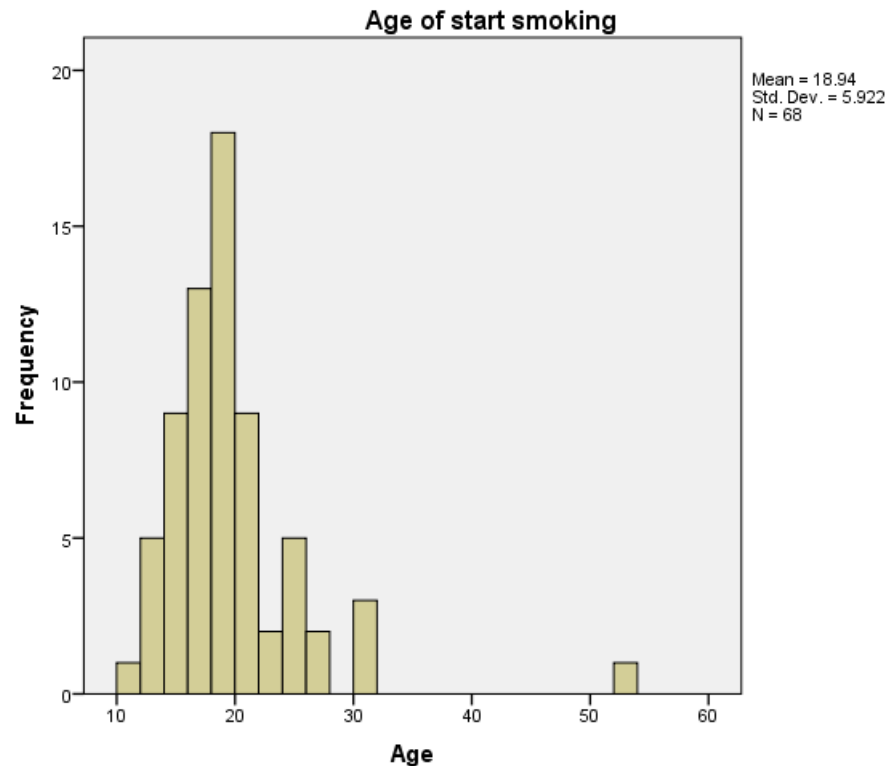
RESULT

- Majority of the respondents had family history of smoking (n=67, 98.5%).
- 35 (52%) of respondents had medical illness.



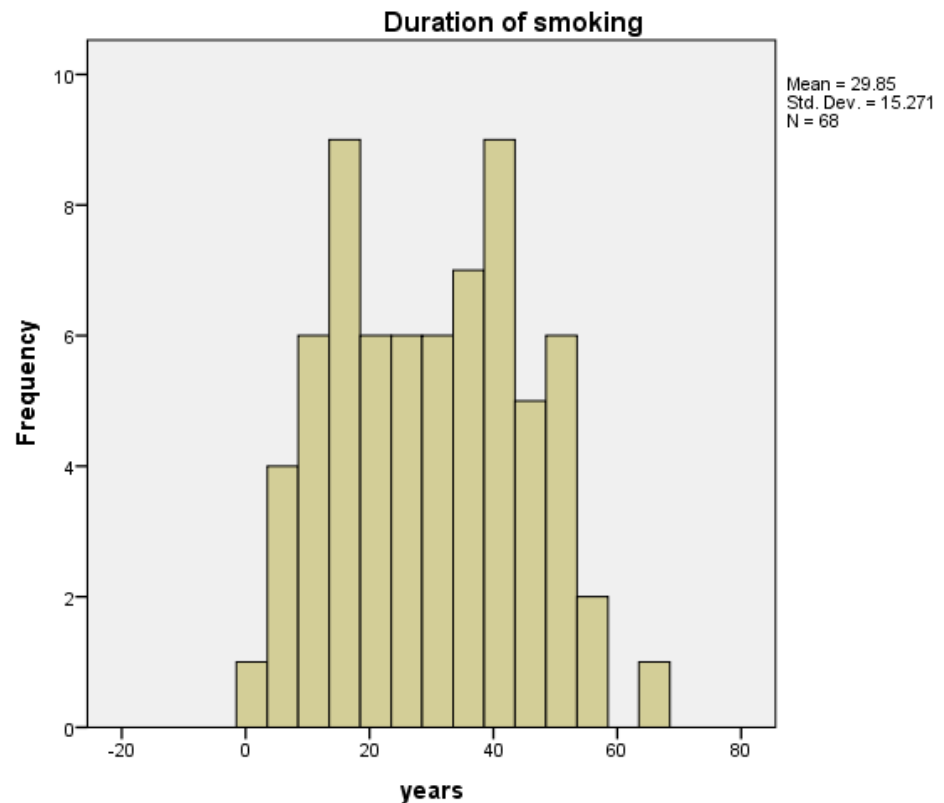
RESULT

- Mean age of the respondents to start smoking was 18.94 ± 5.922 years old (min 11, max 52 years old).



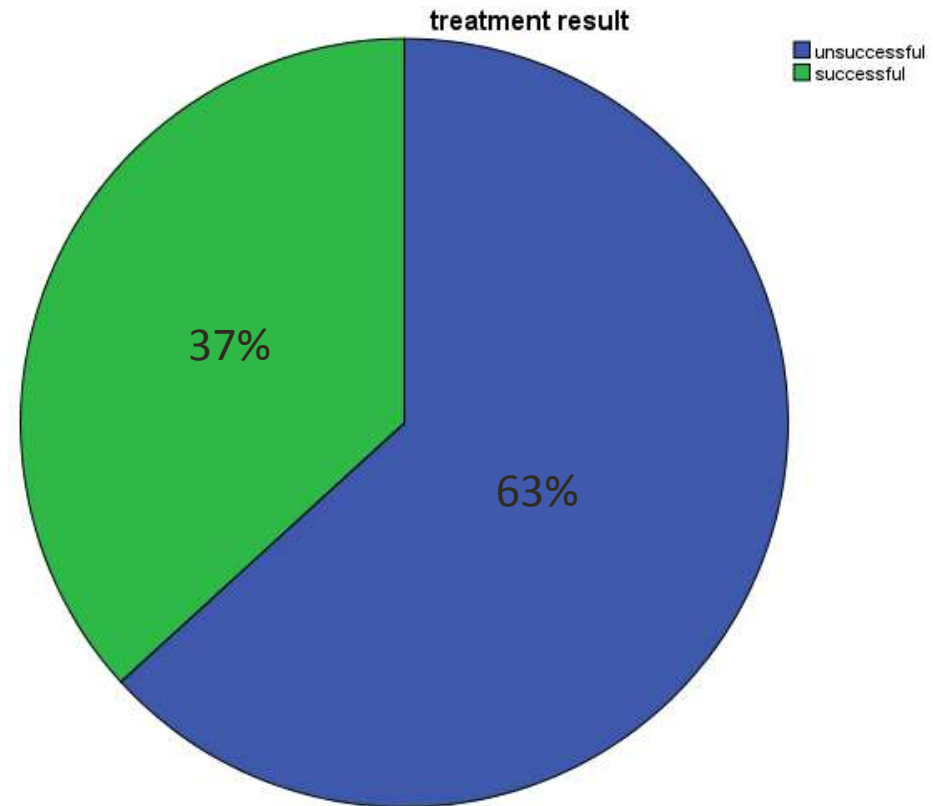
RESULT

- Mean duration of smoking was 29.85 ± 15.27 years (min 1, max 58 years).



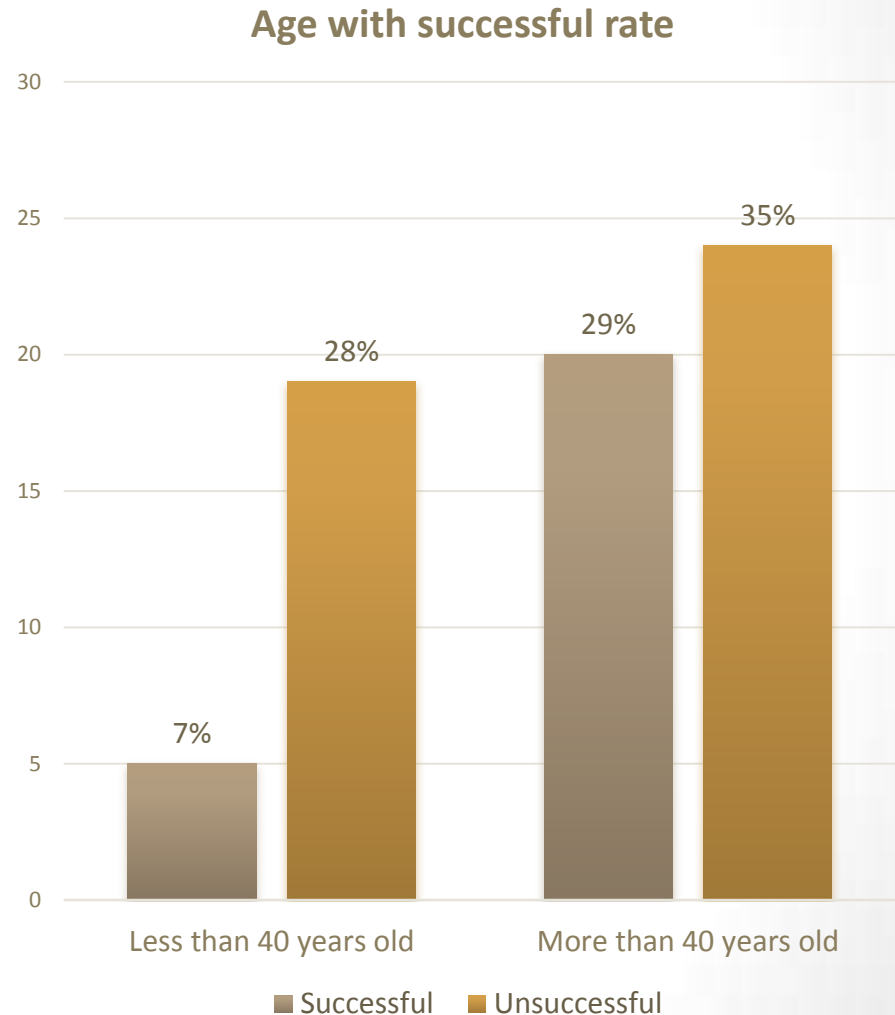
RESULT

- 25 of respondents were successfully quit smoking after 6 months (37%).
- 43 of them were failed (63%).



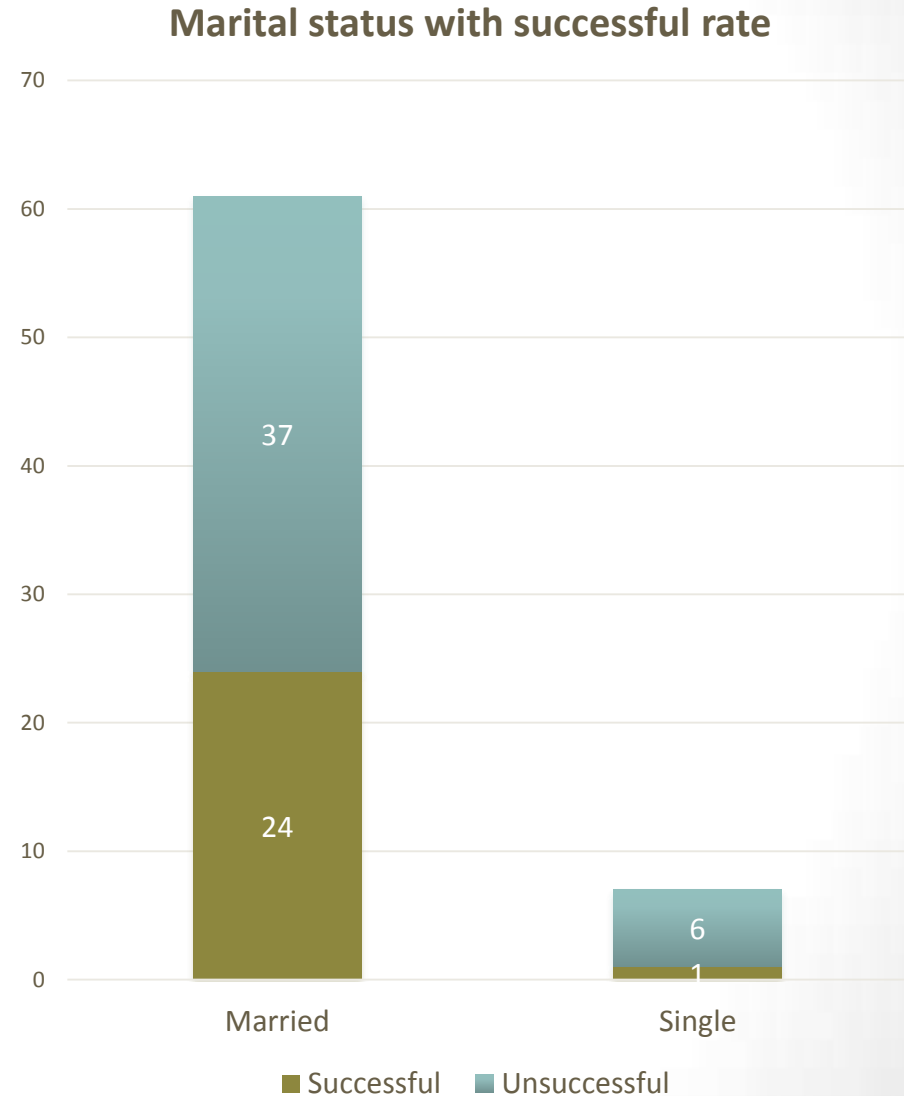
RESULT

- 20 successful respondents were age more than 40 years old.
- There is association between age and successful rate of quit smoking (χ^2 value= 4.049, $p < 0.05$).



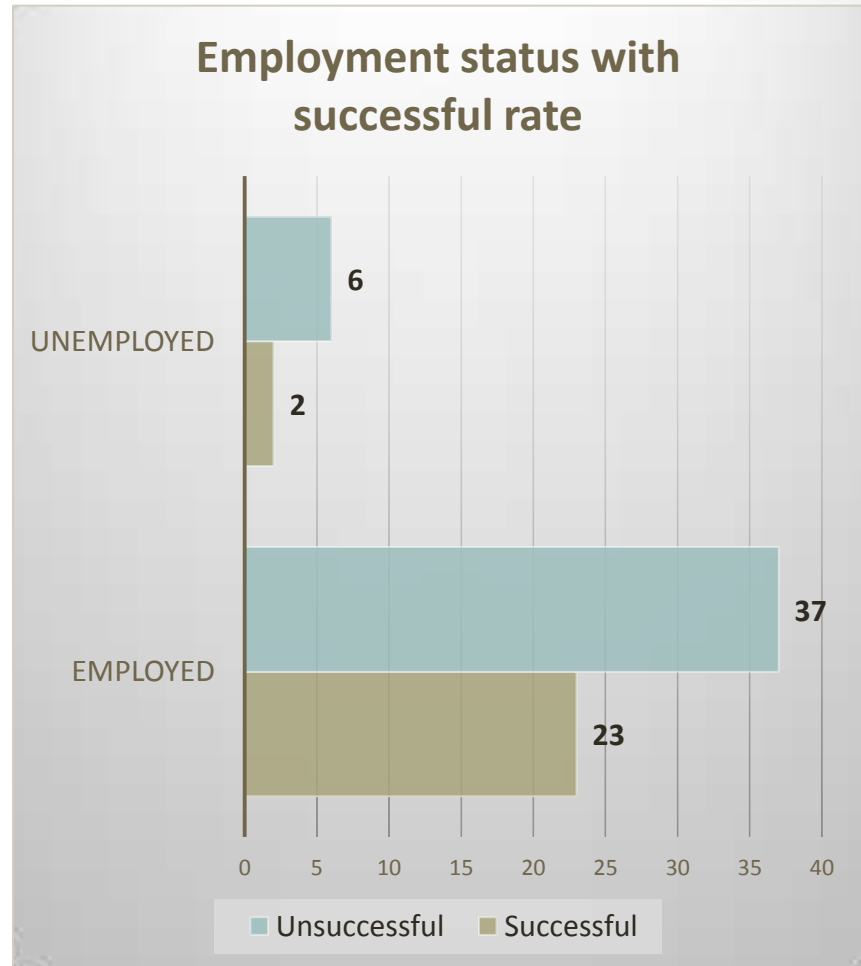
RESULT

- 24 of them were married (98.5%).
- There is no association between marital status and quit smoking (χ^2 value= 1.696, $p > 0.05$)



RESULT

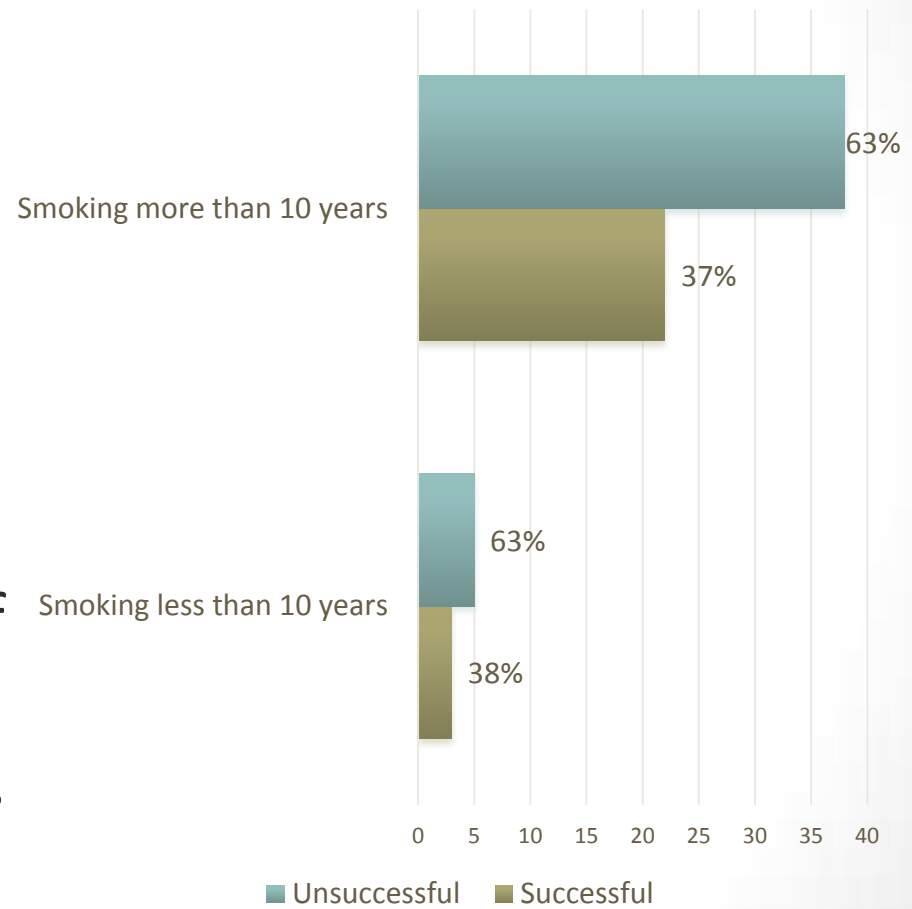
- Most of successful respondents were employed (n=23,92%)
- There is no association between employment status with quit smoking (χ^2 value= 0.540, $p > 0.05$)



RESULT

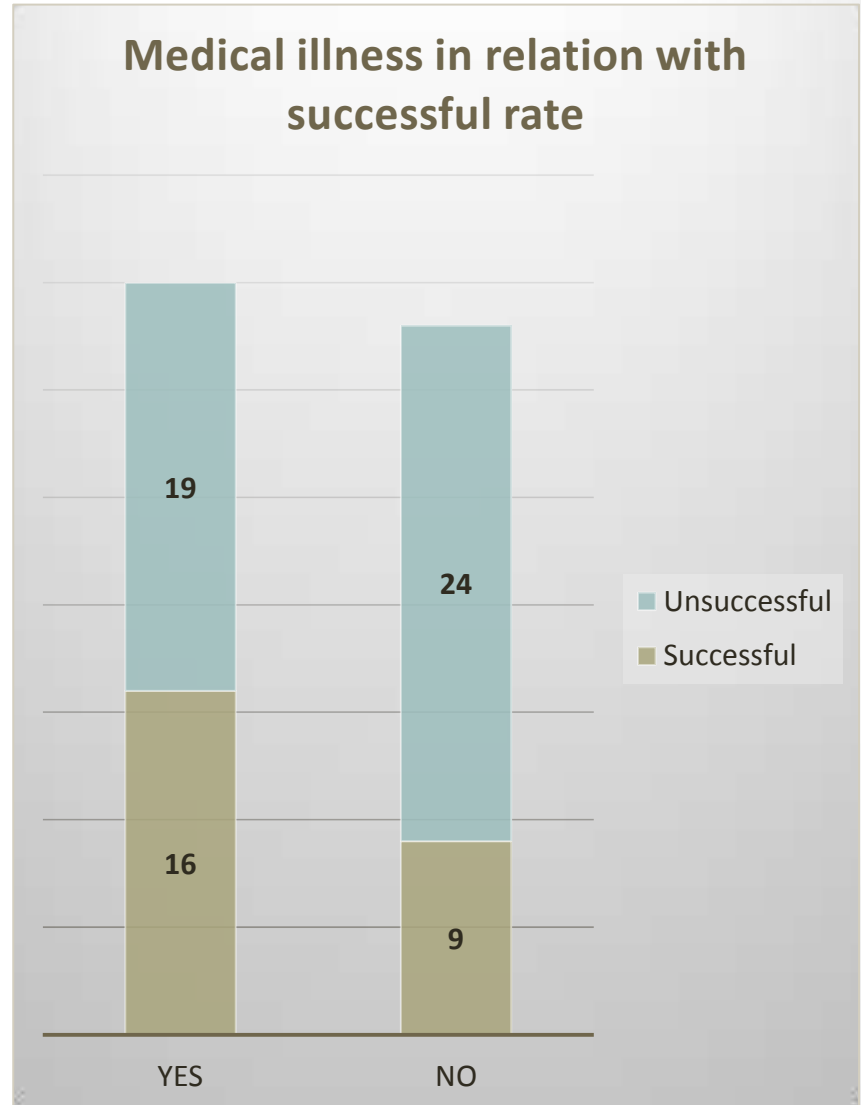
- 22 of respondents had been smoking more than 10 years.
- There is no association between duration of smoking and successful rate of quit smoking (χ^2 value=0.002, $p>0.05$).

Duration of smoking with successful rate



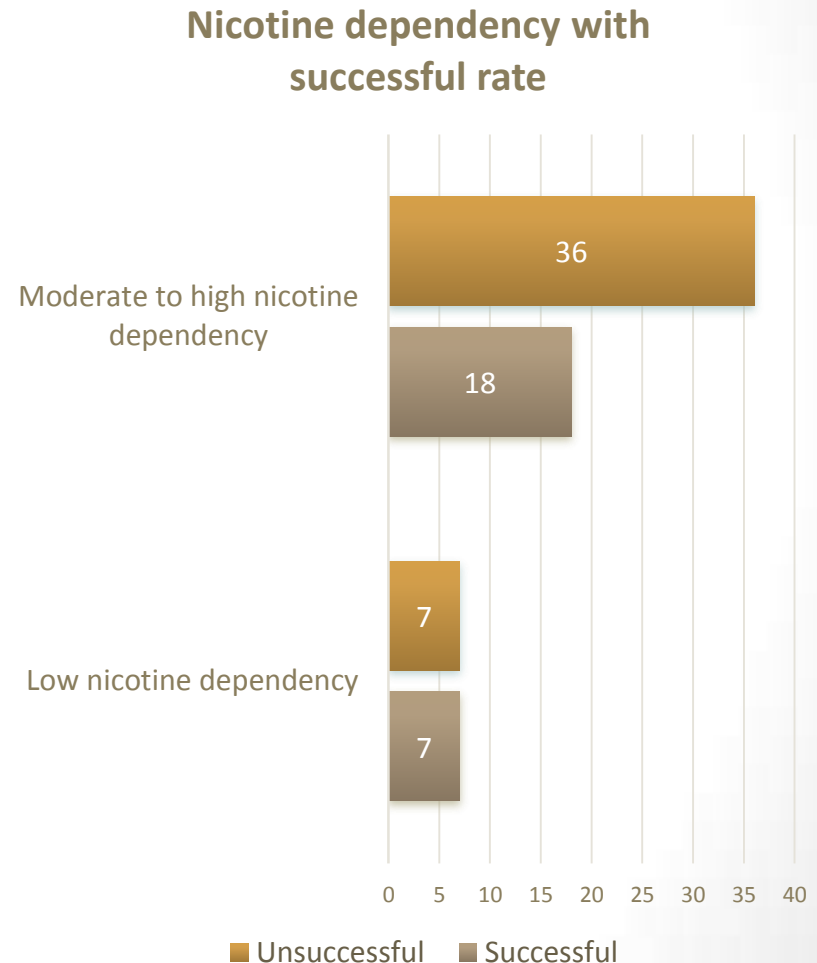
RESULT

- More than half of the successful respondents (64%) had medical illness.
- There is no association of respondents who have medical illness with successful rate of quit smoking (χ^2 value = 2.485, $p > 0.05$).



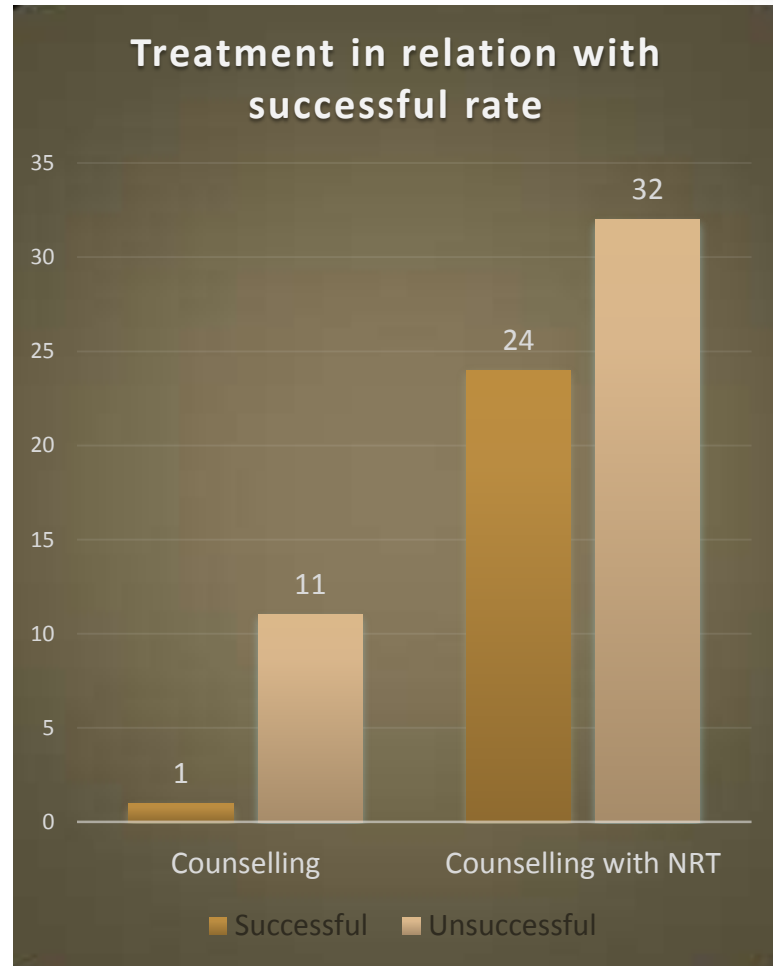
RESULT

- 18 respondents (72%) had moderate to high dependency to smoking.
- There is no association between nicotine dependency with successful rate of quit smoking (χ^2 value= 1.328, $p>0.05$).



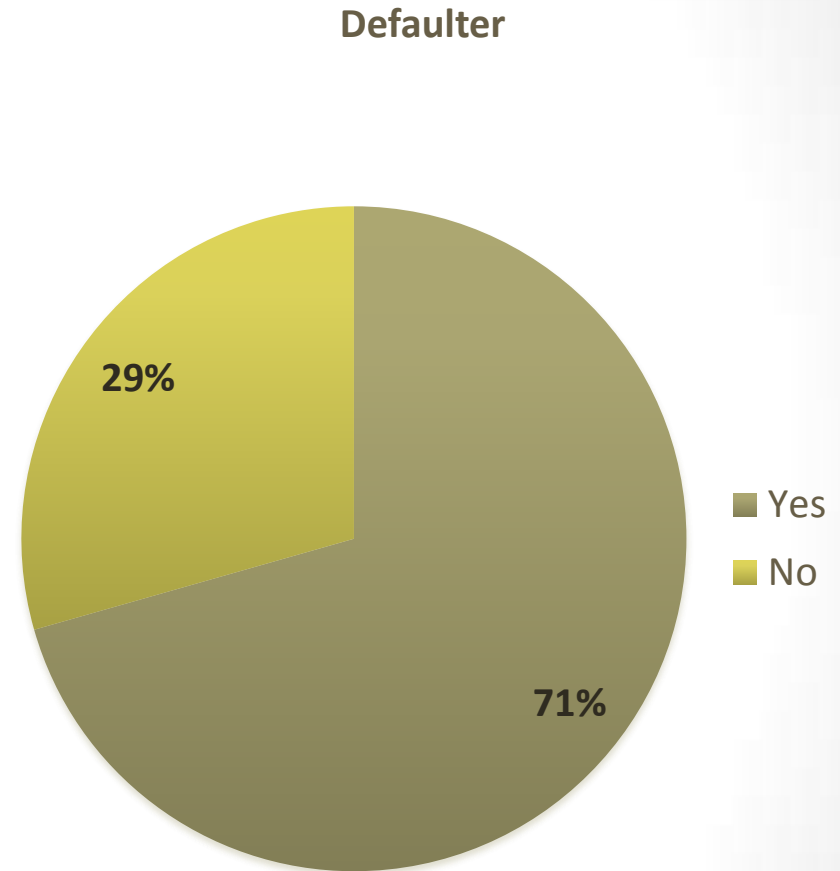
RESULT

- Majority respondents who received counseling with nicotine replacement therapy were more successful compared to respondents who received counseling only (98.5%).
- There is association between treatment choice with successful rate (χ^2 value= 5.066, $p < 0.05$).



RESULT

More than half of respondents were defaulter (n=48).



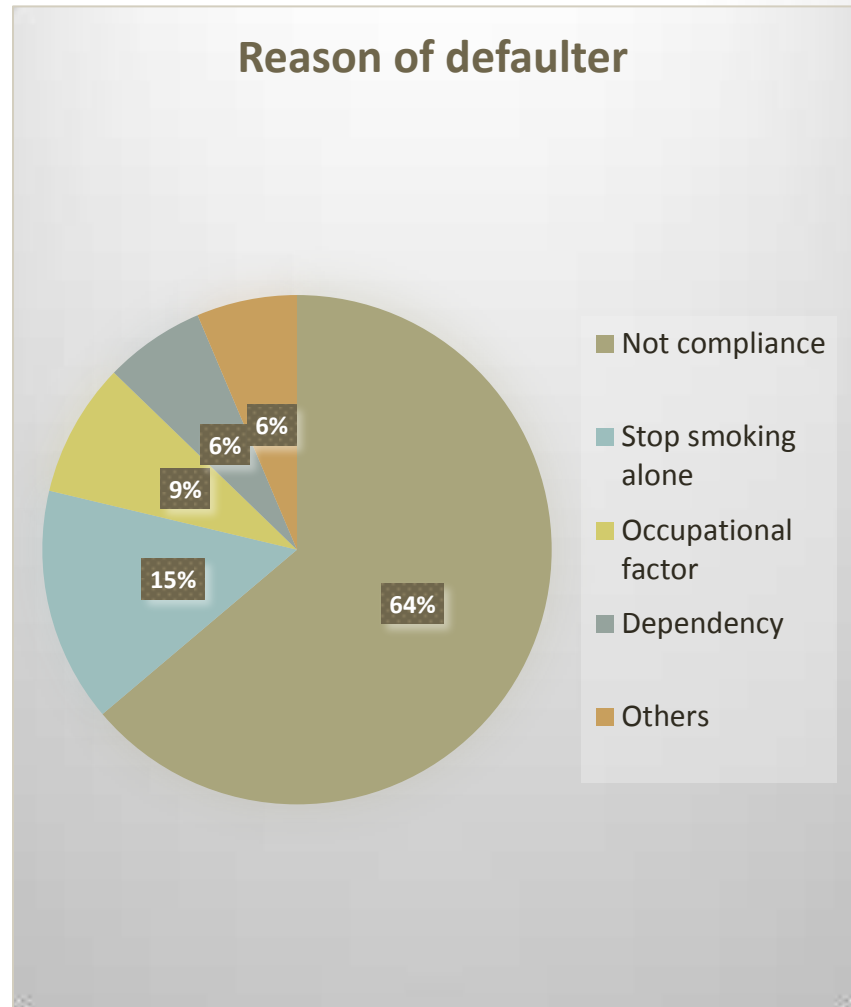
RESULT

- 100% respondents who comply to treatment were successfully quit smoking.
- There is significant result between defaulter rate with successful rate of quit smoking (χ^2 value=48.77, $p < 0.05$)

Defaulter with successful rate			
		Treatment result	
		Successful	Unsuccessful
Defaulter	Yes	5 (10%)	43 (90%)
	No	20 (100%)	0 (0%)

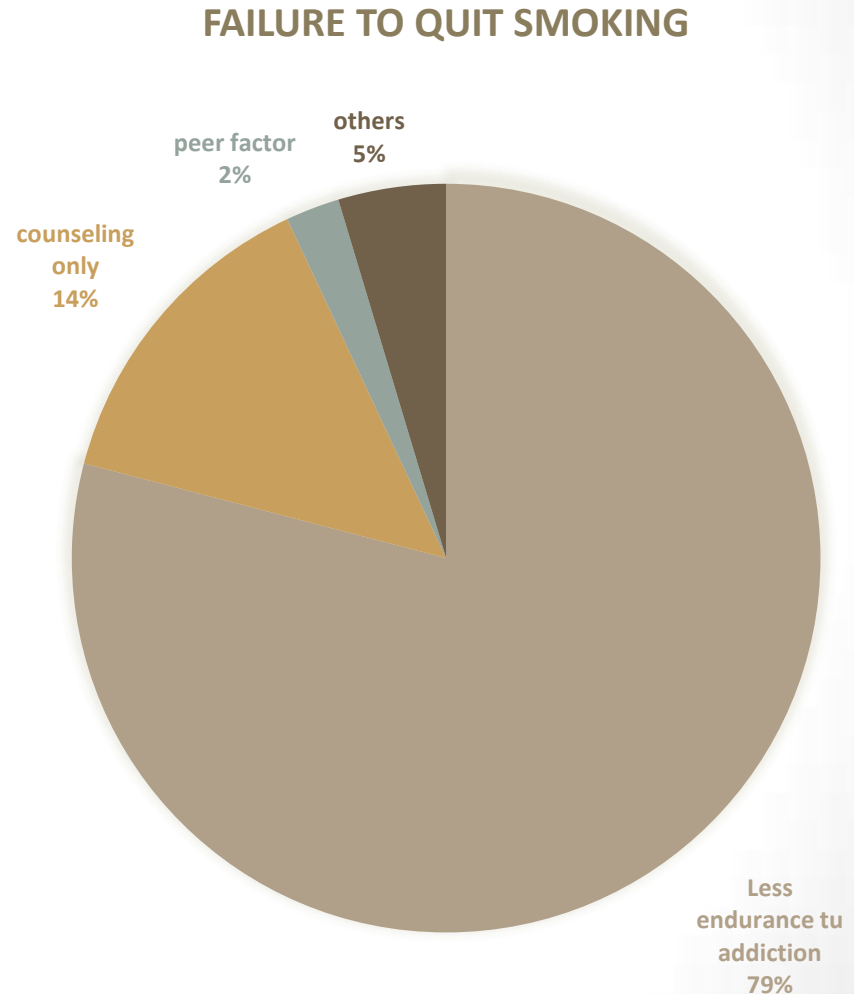
RESULT

- Major contributing factor for defaulter was respondents not compliance to treatment (n=30).
- Other factors included desire to stop smoking by themself (n=7), occupational factor (n=4), dependency (n=3) and others (n=3).



RESULT

- Failure to quit smoking was due to less endurance to addiction (n=34); Other factors were respondents on counseling only (n=6), peer factors (n=1) and others (n=2).



RESULT

- On further analysis, the significant associated factors in quit smoking were respondents more than 40 years old (χ^2 value=4.049, $p < 0.05$),
- Respondents who were given counseling with nicotine replacement therapy (χ^2 value=5.066, $p < 0.05$)
- Respondents who were compliance (χ^2 value=48.77, $p < 0.05$).

DISCUSSION

- Majority of the successful respondents were at the age of more than 40 years old, married and employed. This is because they already had a stable life so that they can manage to quit smoking easier than other respondents.
- Duration of smoking and nicotine dependency assessed through Fagerstrom test does not influence the successful rate of quit smoking because many of them manage to quit smoking eventhough they already had smoke more than 10 years and had moderate to high score in Fagerstrom test.
- The successful rate depended on the treatment used in quit smoking clinic and compliancy to the treatment. it has been proven that counselling combine with nicotine replacement therapy were effective in smoking cessation programme.

DISCUSSION

- However, failure rate is still higher due to high defaulter rate and only depended on the counselling. Most of respondents cannot endure the nicotine addiction eventhough they already got effective treatment.
- Due to non compliance, the management in smoking cessation program were difficult.
- Other causes of failure to quit smoking such as peer factor and occupational factor were not really significant as it can be overcome by the respondents.

CONCLUSION

- Smoking cessation program were effective for client who are more than 40 years old, on counselling with nicotine replacement therapy and compliance.
- One third of respondents were successfully quit smoking.
- Other two third failed due to high defaulter rate.
- Smoking cessation program need to be improved on defaulter issue to increase the successful rate.

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THANK YOU