CAN A BRIEF ANESTHESIOLOGIST INTERVENTION MODIFY SMOKING BEHAVIOUR?

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INTRODUCTION

Smoking is associated with an increase in wound infection and pulmonary complications following surgery¹. The preoperative anesthetic assessment clinic visit provides a unique opportunity to modify smoking behaviour through counselling, in a motivated population of patients who postoperatively undergo obligatory cessation as a consequence of inpatient admission. In this pilot study we sought to determine the demographics and smoking characteristics of surgical patients who smoke and assess the effectiveness of counselling by the anaesthesiologist in reducing self-reported long-term tobacco consumption.

METHODS

Following ethical approval, patients identified as smokers were recruited to participate in a single-group prospective study. After completing a baseline questionnaire assessing socio-demographics, nicotine dependence and quitting motivation, participants were briefly advised by the anaesthesiologist about smoking cessation, provided with literature and a business card for a local smoking cessation helpline. A six-month telephone follow-up was used to obtain self-reported current smoking behaviour and quit attempts since surgery.

RESULTS

To date, data (mean $\pm$ SD) from 79 participants (57% male) have been analysed: age 50 ± 12 years; number of years since started smoking regularly 31 ± 12 and Fagerstrom nicotine dependence score 4.6 ± 2.2 . Logistic regression analysis indicated that the only significant predictor of quitting was participant age ($OR = 1.13, p < .05$). Correlational analyses indicated that participant age was positively correlated with beliefs that hospitalization was related to smoking status ($r = .31, p < .01$), and perceived importance of their physician in their decision to quit or reduce cigarette use ($r = .24, p < .05$). Thirteen subjects reported not smoking at follow-up (16.5% quit rate).

DISCUSSION

The demographic and dependence data in this sample are comparable to the community as a whole. Our data suggest that, for some patients, the preoperative visit is a particularly appropriate time for brief counselling about long term smoking cessation. The quit rate we observed, though modest, was comparable to other hospital-based cessation programmes.² These data suggest that beneficial long-term risk modification is possible in a subgroup of surgical patients through the development of organized smoking cessation programs in preadmission clinics.

REFERENCES

- 1 *Anesthesiology* 2000; 97:842
- 2 *Prev Med.* 2004; 39:1087