

REVIEW PAPER

IS THERE A NEED FOR A HOSPITAL BASED SMOKING CESSATION PROGRAMME IN MALAYSIA?

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Abstract

Smoking cessation programmes have been available for almost 2 decades in Malaysia. However the programmes have mainly focussed on outpatient primary care settings. More attention is needed to address and treat smokers presenting to hospitals with acute and chronic medical illness as hospitals provide good settings to implement smoking cessation intervention. For instance, a tobacco related medical illness may boost a smoker's motivation to stop, especially when the smoker perceives smoking as the cause of his illness and understands the gains achieved by smoking cessation. Besides bringing a smoker in contact with health personnel who may offer assistance to a smoker to help him stop smoking, a hospital stay also provide an opportunity for the health carer to initiate and practice the government policy of no smoking in the hospitals. This article addresses the importance of having a hospital-based smoking cessation programme for the Malaysian hospitals.

Keywords: smoking cessation, smoker, hospital, quit, tobacco

Introduction

Smoking is a major public health concern in Malaysia. The prevalence of cigarette smoking in Malaysia is still one of the highest in South East Asia despite the on-going public health campaigns to encourage smoking cessation [1]. Smoking thus presents the single most important preventive measure to reduce morbidity and premature mortality in Malaysia. Thus designing and implementing successful smoking cessation interventions is of urgent public health importance.

Smokers who stop smoking have been shown to have reduced risk of morbidity and mortality from cardiovascular

disease even after the onset of clinical illness. Even those who stop after an attack of myocardial infarction were observed to have a lower reinfarction rate and survived longer than those who continued to smoke [2].

Smoking cessation programmes have been available for more than 2 decades in Malaysia. However, these efforts have mainly focused on outpatient settings, usually at primary care practices. Much less attention has been paid to in-patient settings that deliver more acute medical care e.g. hospitals, despite the opportunities that they present for changing behaviour. It is well documented that illness, especially a tobacco related illness such as

myocardial infarction, lung cancer and stroke, increases a smoker's motivation to stop smoking [3, 4]. This is probably because illnesses increased a smoker's illness also brings a smoker in contact with the hospital setting and providing an opportunity to encourage smoking cessation [5]. Promoting smoking cessation during a hospital stay also provides a special incentive for implementing the no smoking policy in conjunction with the government's policy which prohibits smoking in hospitals. Being hospitalised also meant that a smoker is prevented from smoking and have access to multiple health personnel who could provide smoking cessation assistance [3, 4, 6].

The importance of hospital based smoking cessation has been demonstrated over the past two decades. Studies have shown that a hospital stay can effectively initiate smoking cessation even in the absence of intervention. This was especially noted in patients with cardiovascular and pulmonary disease and in patients having surgery [3-5, 7-9].

Why is a hospital-based smoking cessation programme needed in Malaysia?

For a start, Malaysian hospitals are smoke-free zones. These smoke-free zones provide a conducive environment for a smoker to start a cessation attempt away from the cues of smoking. In addition, procedures such as cardiac angioplasty or bronchoscopy provide a good opportunity to uncover a smokers' denial of the contributory risk smoking has on cardiovascular and respiratory diseases.

Hospital-based smoking cessation programmes have also been reported to

perceived vulnerability to the health hazards of tobacco use. In addition, a medical problem or

have many advantages. Among them are:

1. An admission to hospital provides an opportunity for smokers to obtain help and stop smoking. At this time, smokers are more open to advice at a time of perceived vulnerability.
2. Smoker's may also find it easier to stop smoking in an environment where smoking is restricted and prohibited.
3. Hospitalisation provides a teachable moment for smokers housed in a temporary smoke-free environment.
4. Hospital personnel, e.g. nurses constitute the largest number of health care worker in a hospital and have a vital role in promoting smoking cessation [3, 4].

Which hospital-based smoking cessation programme works?

Among the programmes reported in the literature; (1) by type of illness, those programmes designed to target patients recovering from myocardial infarction have produced the best results. These programs showed patients who were post-myocardial infarction had double the smoking cessation rate compared to other smokers. The cessation rates reported were as high as 60-70% at one year [10, 11]. Even research who had focused on a broader target population such as all in-patient hospitalized smokers regardless of diagnosis produced good results, (2) By type of intervention, interventions with highest

frequency of contact and longer duration of follow up showed the highest cessation rates [3, 4], (3) when compared, the addition of counselling as part of post-discharge program were also treatments such as nicotine replacement therapy and bupropion increases cessation rates [3, 4].

Elements of effective hospital-based smoking cessation programmes

Among the reported characteristics of an effective hospital-based smoking cessation programmes are:

- 1) systematic identification of smokers at (or shortly after) admission;
- 2) a bedside counselling session by a nurse or specially trained counsellor and supplemented by written or audiovisual material;
- 3) continuous physician advice to stop smoking and follow-up contact, usually by telephone, for at least three months after discharge [3-5].

Implications for Malaysian hospitals

The Malaysian Clinical Practice Guidelines on Treating Tobacco Dependence 2003 had clearly endorsed the concept of hospital based smoking intervention. Thus a hospital based smoking cessation programme should be especially attractive to hospital administrators because comparatively they are more cost effective than smoking programs for outpatients [12]. For example, hospital based smoking cessation programs have been shown to achieve higher cessation rates than outpatient programs and reducing the cost per patient cessation. Furthermore it is also reported that the cost incurred in

reported to increase smoking cessation rates after hospital discharge when compared with usual care [3-5] and (4) the inclusion of pharmacological

treating a smoker was justified by reductions in the cost of medical care for patients with chronic medical disease than for ambulatory patients.

Challenges to implementing a hospital based smoking cessation programme

The reported challenges faced by dedicated smoking cessation physicians were how to implement the model intervention programs into existing hospital delivery systems. Among the issues that needed to be addressed were: (1) adapting the hospital information and registration system to routinely identify patients' smoking status at admission, (2) training, maintaining and retaining experienced staff to provide the smoking counselling, both in the hospital and after discharge and (3) the coordination of inpatient and post-discharge service. It is suggested that this problem may be reduced by integrating a hospital based smoking intervention as part of the general disease management for all patients [3-5, 13].

Conclusion

There is a need to develop a hospital based smoking cessation programme to tailor to our Malaysian setting. This review suggests that the combination of hospital-based smoking cessation interventions with follow up support after discharge increase the success of smoking cessation. With an estimated 5 million smokers in Malaysia, a hospital based smoking cessation program has the potential to reach many smokers and yield substantial clinical and public health benefits.

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