MANAGEMENT OF SMOKING CESSATION BY PRIMARY CARE PHYSICIANS

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ABSTRACT

Introduction: Primary care physicians are the primary support for patients in smoking cessation. Objective: To determine how primary care physicians (PCP) are involved in smoking cessation management. Methods: A qualitative study was conducted using semi-structured group and individual techniques. Recruitment of 30 to 40 PCPs was planned to participate in five focus group discussions. Results: Four discussions were conducted with a total of 31 PCPs in attendance. All participating PCPs were interested in the management of tobacco-smoking patients. Conclusions: The most reported strategies were providing general support and smoking cessation counseling.

Keywords: primary care, smoking, strategies, medicine.

RESUMEN

Introducción: Los médicos de atención primaria son el apoyo principal para los pacientes en dejar de fumar. Objetivo: Determinar cómo los médicos de atención primaria se involucran en la gestión de abandono del tabaquismo. Método: Se realizó un estudio cualitativo mediante técnicas semiestructuradas grupales e individuales. Se planificó el reclutamiento de 30 a 40 MAP para participar en cinco discusiones de grupos focales. Resultados: Se llevaron a cabo cuatro discusiones con la asistencia de un total de 31 MAP. Todos los MAP que participaron estaban interesados en el tema del manejo de los pacientes fumadores de tabaco. Conclusiones: Las estrategias más informadas fueron brindar apoyo general y asesoramiento sobre el abandono del hábito de fumar.

Palabras claves: atención primaria, tabaquismo, estrategias, medicina.

Keywords: primary care, smoking, strategies, medicine.

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INTRODUCTION

Smoking is a major public health problem worldwide. Primary Care Physicians (PCPs) are the primary support for patients in smoking cessation, as they are their first health care contact. However, they may experience difficulties providing adequate support to their smoking patients. This has been reported worldwide for several reasons, including lack of time, limited smoking cessation training, and lack of motivation for patients to quit smoking(1). As the prevalence of smoking appears to be declining recently, about half of smokers who attempted to quit did not seek the advice of a health professional; the most commonly used aids were e-cigarettes (26.9%), nicotine replacement therapy (18.3%), and support from health professionals (10.4%)(2).

This study aimed to understand better the factors that influence the engagement of PCPs in the smoking management of their patients. In particular, identifying PCPs' attitudes, behaviors, and stated beliefs about smoking cessation guided the project. The results will be valuable in defining new, targeted, refined, and effective training programs for smoking cessation in primary care.

METHOD

A qualitative study was conducted using semi-structured group and individual techniques with PCPs. The recruitment of 30 to 40 PCPs was planned to participate in five focus group discussions (FGD) in Ambato. No specific selection criteria were applied to recruit the PCPs. In addition, to ensure diversity in terms of approaches used for smoking cessation, four PCPs with a solid orientation to smoking cessation management were planned to be recruited for individual interviews (II). This study was approved by the Universidad Regional Autónoma de Los Andes (UNIANDES).

A dual approach using Focus Group (FG) and Individual Interviews (II) discussions was chosen to enhance data collection. As the FG discussion approach is based on a dynamic construct among participants, this was an appropriate method for understanding the current systematic professional practices of PCPs. In addition, IIs were used to explore the perspectives of PCPs using different practices. The FGs and II discussions were conducted in November and December 2019 following a semi-structured interview guide. It was created to detail each topic that needed to be covered during the discussions/interviews. The semi-directive interview technique involved open-ended questions to gather spontaneously reported information, avoiding leading questions. Broad topic areas included:

- Management of tobacco smoking patients,
- Barriers encountered by PCPs,
- PCP role in prevention and personal representations,
- Ease of adaptation of PCPs to new tools.

The interview guide topics and tests were developed based on the results of previously published studies [3].

Each FG discussion lasted approximately two hours, and each II was about one hour. The FG and II discussions were digitally audio-recorded with the participant's permission and then transcribed word by word. The discussions/interviews were conducted by a moderator trained in qualitative interviewing.

The database and statistical processing of the data were performed and analyzed in the SPSS 26 statistical program (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used for the results collection, presentation and interpretation. The significance level was set at 0.05 to consider a result significant.

RESULTS

Four FG discussions were held, with 31 PCPs in attendance. Despite the efforts, recruiting a PCP specializing in acupuncture was impossible. One PCP considered for participation in a FG discussion was individually interviewed as he was not available at the time the FG was held in his area. The characteristics of the PCPs who participated in the FG and II discussions are presented in Table 1.

Table 1. Focus group discussions and individual interviews: characteristics of PCPs.

Features		Focus Groups (n= 31)	Individual Interviews (n=4)	Total
Gender (n)	Male or Female	18/13	1/3	19/16
Years of age (n)	Mean (range)	54 (30-70)	54 (34-62)	54 (30-70)
Location (n)	Urban/semi-rural	20 / 11	3 / 1	23 / 12
Medical practice(n)	Group	17	3	20
	Solitaire	11	1	12
	Retired	2	/	2

	Replacement	1	/	1
Medical condition(s)	Liberal	27	3	30
	Active retiree	2	/	2
	Internal	1	/	1
	Employee	1	1	2
Activity (consultations/year (n)	< 2500	7	3	10
	2500-4500	12	/	12
	4500-7000	9	1	10
	> 7000	2	/	2
Academic function (n	Yes/No	13/18	1/3	14/21
Another specialty (n)	Hypnotherapy	2	1	3
	Osteopathy	1	/	1
	Homeopathy	/	1	1
	Tobacco addiction	/	1	1
Smoking (n)	I never smoked	19	2	21
	Ex-smoker	9	1	10
	Smoker	3	1	4
Specialist diploma in tobacco/addictions (n)	Yes/No	2/29	1/3	3/32

Source: statistical analysis of focus groups and individual interviews.

All PCPs participating in the FG and II discussions were interested in managing tobacco-smoking patients. The PCPs reported that tobacco use and addiction were seldom the main reason for a consultation. Their attitudes regarding smoking management varied according to the target population (pediatric vs. adult vs. elderly) and their specialty. They spontaneously mentioned their tobacco smoking status and discussed the advantages and disadvantages of being a smoker, ex-smoker, or nonsmoking PCP (e.g., understanding addiction, being a good role model, etc.). Some topics were controversial among participants, such as e-cigarettes or pharmacological treatments for smoking management. A complete consensus was not reached during the FG discussions.

The PCPs acknowledged their role in preventing patients from initiating smoking (mainly targeting adolescents) and in supporting patients in their cessation process. The act of reiterating advice (37 appointments), asking questions about the smoking status or contemplating to quit smoking was part of the role of the PCPs. Reiteration was a very important concept to give patients the opportunity to elaborate and signal that the PCP was interested in their health.

Primary prevention (17 citations) was very important, especially for adolescents, so they would never initiate smoking. It was almost always absent for the older adult population or the elderly.

Supporting patients (15 appointments) was part of the role of PCPs, providing follow-up when patients were interested in quitting smoking and providing appropriate support (psychological, pharmacological, and behavioral) as needed. In addition, providing relevant information (14 appointments), and medical facts, discussing health risks and describing treatment opportunities were part of the role of PCPs in treating smoking patients.

All primary care physicians agreed that they felt legitimate (9 citations) in talking about smoking cessation, as they were frontline health care professionals and frequently saw patients. In addition, some PCPs thought they were responsible for generating patient motivation (4 quotes) to quit tobacco smoking, whereas most PCPs were not very committed to doing so, mainly because they did not want to be perceived as confrontational.

The PCPs systematically explored the smoking status of each new patient (19 appointments) to document the medical records. If a patient was identified as a tobacco smoker, they regularly followed up on the issue by asking whether he or she was still smoking or had tried to quit.

If the patient had a major health event that occurred recently (20 appointments), such as a stroke or heart attack, PCPs generally used this event as a solid reason to consider smoking cessation. Patients who had a chronic condition (10 appointments) (e.g., cancer, chronic obstructive pulmonary disease) were also a preferred target for primary care physicians regarding smoking cessation and generally raised the issue.

When talking to adolescents, PCPs would generally try to talk to them in the absence of parents to make it easier for them to open up (7 quotes). PCPs would use a more informal way of talking and sometimes be more direct in giving advice. Almost all PCPs were likelier to give general advice or ask a general question rather than be overly intrusive or pushy (28 quotes). Their primary strategy was to put themselves in a situation where the patient knew the PCP was available to them rather than a proactive player insisting on taking steps to quit smoking.

Being sympathetic, nonjudgmental, and not blaming patients for smoking tobacco (22 citations) was reported as one of the most important strategies. In addition, encouraging ambivalent patients and being positive were found to be very helpful in developing a therapeutic alliance.

Being opportunistic (13 appointments) was considered a good strategy for PCPs. If patients had the opportunity to talk about tobacco cessation, they would be ready to participate and discuss their needs. In addition, nicotine replacement therapy (10 appointments) was regularly proposed after a first or second appointment with the primary care physician to aid smoking cessation.

Adapting to patients' personalities (8 quotes), understanding their needs and determining which arguments would be the most useful were one of the strategies employed by PCPs. Some PCPs sometimes confronted patients with solid and impactful arguments (7 citations). This strategy was mainly employed when the PCP felt that he or she had tried everything or was tired of continuing to provide unconditional support.

DISCUSSION

This qualitative study identified a comprehensive list of determinants encountered by primary care physicians in their routine practice when treating tobacco-smoking patients. To perform their roles, PCPs use general strategies and prevention interventions when interacting with patients and specific strategies informed by their identification efforts when interacting with patients. PCPs encounter different barriers in carrying out their strategies, either on the patient's side or on their own. External resources are available to PCPs and positively influence their intervention strategies, as well as the responsiveness of target patients[4,5].

Not all studies reported that primary care physicians considered proposing smoking cessation advice or intervention completely legitimate. For example, a Dutch qualitative study reported that not perceiving smoking as a disease, PCPs proactively advised smoking cessation only if patients developed a smoking-related disease[6,7]. In either case, behavioral support would be provided by other professionals. However, the impact of a smoking-related medical condition on repeat smoking status surveys, smoking cessation advice, and a smoking cessation intervention has been consistently reported in other studies conducted in PCP settings[8,9].

The finding that PCPs believe motivation to quit smoking must come primarily from the patient is consistent with other reports; in one study, primary care physicians further believed that quitting smoking is the patients' responsibility[8,10].

The inclination not to be too intrusive, to avoid jeopardizing the therapeutic alliance, found in the study contrasts with the results of a Dutch qualitative study, where primary care physicians were not afraid to jeopardize the doctor-patient relationship by talking about smoking, even though they did not want to patronize their patients[3,11,12]. The study does not quantify the proportion of PCPs who would support each of the themes and views reported during our qualitative work. Nor does it allow for a quantitative comparison in importance or frequency. This limitation is inherent to qualitative research, does not invalidate the findings based on in-depth discussions, and is confirmed by clear saturation. Beyond the clear picture they give of the current situation in Ecuador, our findings and methods could support the development of surveys or psychometric tools that would allow individual characterization of the PCP profile concerning the management of smoking patients.

All PCPs felt legitimate in their preventive role, even if they considered it time-consuming and difficult. To fulfill this mission, they felt that they must often repeat the same information over and over again, provide education on smoking behavior and cessation, and offer regular follow-up support to receptive patients. Most PCPs consistently identified smoking status when meeting new patients and creating medical records [13,21]. In addition, PCPs reported that they often follow up on smoking status with patients identified as smokers, mainly when another medical condition arises. However, some patients with severe medical conditions or comorbidities were reported to resist change despite their medical status[14,22].

The PCPs reported encountering many barriers in their role as smoking cessation counselors. As in other countries, a lack of time for adequate smoking cessation intervention was paramount. Some primary care physicians discussed that smoking cessation was rarely the main reason for a consultation; therefore, there was little time to raise the smoking issue systematically if the main reason for consultation was not related to smoking. On the other hand, some PCPs acknowledged that there were various tools available for smoking cessation, which was not necessarily time-consuming (e.g., minimal intervention, Quitline advice, referring to a mobile app)[15,16]. Another major barrier to quitting tobacco smoking was concern about post-cessation weight gain. These concerns were reported as difficult to challenge, with encouraging physical activity as a useful strategy. However, such a strategy was not always reported to be effective, as it required tapping into patients' additional motivation to maintain regular training[17,18]. For some PCPs, the results obtained in managing smoking patients did not always live up to their investment in time and effort. This could lead to frustration, disenchantment and, ultimately, to PCPs adopting a confrontational style to provoke a reaction from patients[19,20].

CONCLUSIONS

This qualitative study identified a comprehensive list of determinants encountered by primary care physicians in their routine practice when treating tobacco-smoking patients. The qualitative data extracted from the FGs and IIs helped to understand the dynamics of the attitude, beliefs, and behavior of PCPs regarding their role, general and specific strategies, representation and identification of smokers, barriers, and resources in managing smoking patients. The overall strategies most reported by primary care physicians were to provide general support and advice on smoking cessation without being too intrusive and to have a sympathetic and nonjudgmental attitude toward their patients. These key findings will help better design training programs for PCPs.

REFERENCES

1. Meijer E, Kampman M, Geisler MS, Chavannes NH. "It's on everyone's plate": a qualitative study into physicians' perceptions of responsibility for smoking cessation. Subst Abuse Treat Prev Policy [Internet]. 12 de diciembre de 2018 [citado 8 de julio de 2022]; 13:48. Disponible en: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6290505/
2. Robinson J, McEwen A, Heah R, Papadakis S. A 'Cut-Down-To-Stop' intervention for smokers who find it hard to quit: a qualitative evaluation. BMC Public Health [Internet]. 15 de abril de 2019 [citado 18 de junio de 2022];

19:403. Disponible en: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6466646/

3. van Rossem C, Spigt MG, Kleijsen JRC, Hendricx M, van Schayck CP, Kotz D. Smoking cessation in primary care: Exploration of barriers and solutions in current daily practice from the perspective of smokers and healthcare professionals. Eur J Gen Pract [Internet]. junio de 2015 [citado 8 de junio de 2022];21(2):111-7. Disponible en: https://pubmed.ncbi.nlm.nih.gov/25649048/
4. Steliga MA. Smoking Cessation in Clinical Practice: How to Get Patients to Stop. Semin Thorac Cardiovasc Surg [Internet]. 2018 [citado 21 de junio de 2022];30(1):87-91. Disponible en: https://pubmed.ncbi.nlm.nih.gov/29524601/
5. Cornuz J. Smoking cessation interventions in clinical practice. Eur J Vasc Endovasc Surg [Internet]. octubre de 2007 [citado 15 de junio de 2022];34(4):397-404. Disponible en: https://pubmed.ncbi.nlm.nih.gov/17681834/
6. Salloum RG, LeLaurin JH, Lee JH, Lafata JE, Williams M, Wang Y, et al. Primary Care Physician Perspectives on Recommending E-cigarettes to Smokers: a Best-Worst Discrete Choice Experiment. J Gen Intern Med [Internet]. noviembre de 2021 [citado 17 de junio de 2022];36(11):3353-60. Disponible en: https://pubmed.ncbi.nlm.nih.gov/33523343/
7. Nobile CGA, Bianco A, Biafore AD, Manuti B, Pileggi C, Pavia M. Are primary care physicians prepared to assist patients for smoking cessation? Results of a national Italian cross-sectional web survey. Prev Med [Internet]. septiembre de 2014 [citado 18 de junio de 2022]; 66:107-12. Disponible en: https://pubmed.ncbi.nlm.nih.gov/24945695/
8. Manolios E, Sibeoni J, Teixeira M, Révah-Levy A, Verneuil L, Jovic L. When primary care providers and smokers meet: a systematic review and metasynthesis. NPJ Prim Care Respir Med [Internet]. 1 de junio de 2021 [citado 17 de junio de 2022];31(1):31. Disponible en: https://pubmed.ncbi.nlm.nih.gov/34075057/
9. Sipos V, Pálinkás A, Kovács N, Csenteri KO, Vincze F, Szőllősi JG, et al. Smoking cessation support for regular smokers in Hungarian primary care: a nationwide representative cross-sectional study. BMJ Open [Internet]. 3 de febrero de 2018 [citado 17 de junio de 2022];8(2): e018932. Disponible en: https://pubmed.ncbi.nlm.nih.gov/29431134/
10. Pagano A, Tajima B, Guydish J. Barriers and Facilitators to Tobacco Cessation in a Nationwide Sample of Addiction Treatment Programs. J Subst Abuse Treat [Internet]. agosto de 2016 [citado 12 de junio de 2022]; 67:22-9. Disponible en: https://pubmed.ncbi.nlm.nih.gov/27296658/
11. Brooks DR, Burtner JL, Borrelli B, Heeren TC, Evans T, Davine JA, et al. Twelve-Month Outcomes of a Group-Randomized Community Health Advocate-Led Smoking Cessation Intervention in Public Housing. Nicotine Tob Res [Internet]. 15 de noviembre de 2018 [citado 15 de junio de 2022];20(12):1434-41. Disponible en: https://pubmed.ncbi.nlm.nih.gov/29145626/
12. Josseran L, King G, Guilbert P, Davis J, Brücker G. Smoking by French general practitioners: behaviour, attitudes and practice. Eur J Public Health [Internet]. febrero de 2005 [citado 21 de junio de 2022];15(1):33-8. Disponible en: https://pubmed.ncbi.nlm.nih.gov/15788801/
13. Meredith LS, Yano EM, Hickey SC, Sherman SE. Primary care provider attitudes are associated with smoking cessation counseling and referral. Med Care [Internet]. septiembre de 2005;43(9):929-34. Disponible en: https://pubmed.ncbi.nlm.nih.gov/16116358/
14. Ong MK, Zhou Q, Sung HY. Primary care providers advising smokers to quit comparing effectiveness between those with and without alcohol, drug, or mental disorders. Nicotine Tob Res [Internet]. diciembre de 2011 [citado 17 de junio de

2022];13(12):1193-201. Disponible en: https://pubmed.ncbi.nlm.nih.gov/21859810/

15. Lindson N, Klemperer E, Hong B, Ordóñez-Mena JM, Aveyard P. Smoking reduction interventions for smoking cessation. Cochrane Database Syst Rev [Internet]. 30 de septiembre de 2019 [citado 17 de junio de 2022];9:CD013183. Disponible en: https://pubmed.ncbi.nlm.nih.gov/31565800/
16. Sheals K, Tombor I, McNeill A, Shahab L. A mixed-method systematic review and meta-analysis of mental health professionals' attitudes toward smoking and smoking cessation among people with mental illnesses. Addiction [Internet]. septiembre de 2016 [citado 12 de junio de 2022];111(9):1536-53. Disponible en: https://pubmed.ncbi.nlm.nih.gov/27003925/
17. Aubin HJ, Berlin I, Smadja E, West R. Factors associated with higher body mass index, weight concern, and weight gain in a multinational cohort study of smokers intending to quit. Int J Environ Res Public Health [Internet]. marzo de 2009 [citado 22 de junio de 2022];6(3):943-57. Disponible en: https://pubmed.ncbi.nlm.nih.gov/19440425/
18. Ben Taleb Z, Ward KD, Asfar T, Jaber R, Bahelah R, Maziak W. Smoking Cessation and Changes in Body Mass Index: Findings from the First Randomized Cessation Trial in a Low-Income Country Setting. Nicotine Tob Res [Internet]. 1 de marzo de 2017 [citado 24 de junio de 2022];19(3):351-6. Disponible en: https://pubmed.ncbi.nlm.nih.gov/27613912/
19. Harutyunyan A, Abrahamyan A, Hayrumyan V, Petrosyan V. Perceived barriers of tobacco dependence treatment: a mixed-methods study among primary healthcare physicians in Armenia. Prim Health Care Res Dev [Internet]. enero de 2019;20: e17. Disponible en: https://pubmed.ncbi.nlm.nih.gov/30421696/
20. Hollands GJ, Naughton F, Farley A, Lindson N, Aveyard P. Interventions to increase adherence to medications for tobacco dependence. Cochrane Database Syst Rev [Internet]. 16 de agosto de 2019 [citado 11 de junio de 2022];8:CD009164. Disponible en: https://pubmed.ncbi.nlm.nih.gov/31425618/
21. Guerrero MSC, Fiallos BGV, Merlo OJT. Tendencias del emprendimiento joven: caso Emprende Joven Ecuador 2021. Universidad y Sociedad [Internet]. 2022 [cited 2022 Oct 6];14(S2):215–21. Available from: https://rus.ucf.edu.cu/index.php/rus/article/view/2762
22. Hurtado LHC, Armijo FGN, Palma DXL. Competitividad en colocación de micro-créditos de cooperativas de ahorro y crédito en Santo Domingo. Universidad y Sociedad [Internet]. 2022 [cited 2022 Oct 6];14(S2):222–9. Available from: https://rus.ucf.edu.cu/index.php/rus/article/view/2764