Centar of Family Medicine, Faculty of Medicine,
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# OPPORTUNITIES FOR IMPLEMENTING SMOKING CESSATION INTERVENTIONS IN PRIMARY CARE: A BREATHE WELL STUDY

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# BACKGROUND

- Lack of support for those wanting to quit smoking in N. Macedonia - no formal smoking cessation programmes and pharmacotherapy limited due to high costs.
- The Centre for Family Medicine at Ss. Cyril and Methodius University in Skopje recognized this public health challenge and set up the first randomized controlled trial in primary care on smoking cessation in N. Macedonia
- This study is a qualitative, process evaluation exploring the acceptability of the trial interventions.

# OVERVIEW

- Aims: To explore the acceptability to general practitioners (GPs) and patients of delivering and receiving lung age (LA) or exhaled CO feedback combined with very brief advice (VBA), or VBA alone, as part of a process evaluation of a randomised controlled trial (RCT).
- Study Design: Qualitative process evaluation of a RCT
- Methods: One to one interviews
- Population: Smokers aged 35 or over attending Primary Care and General Practitioners delivering the interventions
- Data analysis: Framework analysis
- Research sites: Primary Care practices across N. Macedonia
- Sample size: 26 GPs and 31 patients.

# PRELIMINARY RESULTS

- 5 main themes evolved from the data:
  1) Population's health literacy,
  2) Relationship-based care,
  3) The social context of smoking: smoke with family & friends,
  4) Country's mind-set: smoking is culturally acceptable,
  5) System-view/approach of primary healthcare.

# PRELIMINARY RESULTS

- The patients who expressed a willingness to or had attempted to quit smoking after the interventions, associated quitting with strong motivation and resilient character.
- An important theme identified from interviewing patients was **"Relationship-based care":** the importance of trust, strong relationships and communication between patients and GPs. For some patients this was the only reason to participate in the study, discuss cessation, receive intervention and attempt or succeed to quit.
- In contrast, GPs were influenced by a **"system-view/approach to primary healthcare"** which was not traditionally based on a culture of prevention, and in future they anticipated offering cessation advice and interventions, in their own time to those motivated to quit, or with pre-existing health problems. They preferred LA over CO.

# MAP OF THEMES

„Smoking is harmful, the first cigarette smoke goes right into the ears, the brain and everywhere in the body“ (Patient 30)

„Communication is easy but depends on age and educational level of the patients“ (GP19).

„I used their language to explain and communicate…seemed lost in thought, so I believe it works“ (GP9).

„I felt contradictory when I had to communicate normal results“ (GP22).

„I don’t feel anything from the cigarette, no discomforts, nor I feel sick, nauseated, nothing, everything is normal. When I go for a checkup my laboratory results are the best. Is it genetic, my DNA, I don’t know but I smoke a lot, 80 cigarettes“, (Patient 3)

„Whenever I feel sick I don’t smoke. It is simple and easy“, (Patient 7);

## (1) Population’s health literacy

- Awareness of harmful effects of smoking
- Perception of smoking as a addiction
- Communicating interventions and results
- Understanding and performing the interventions
- Lack of knowledge of cessation and coping mechanisms
- Attitudes toward cessations: health concerns motivator

„Smoking is unnecessary, affects health, smokers start to get addicted to smoking, cigarettes are kind of a drug, that is why quitting is hard“, (Patient 9)„

„It took patience to explain and perform LA“ (GP5).
„I blowed to a aparature to see my lung capacity.“ (Patient 7 in CO arm)“
„I don’t remember the test, nor the results, I don’t have time, I have too many obligations“ (Patient 2)
„Don’t know what we examined, but I know it was bad“ (Patient 13)

„I am afraid of the first week, those 7 days, would I be nervous? I am not an aggressive person, would I be? That’s scares me the most“, (Patient 3).

# MAP OF THEMES

„My GP helped me, I trust my GP a little bit more. Every advice she gives me is welcomed,
I trust her “ (Patient 18)“

„I have impeccable trust in my GP, whatever she tells me that will benefit my health I will do it, no matter how hard“ (Patient 11)

**(2) Relationship-based care**

- Patients decision to quit
- Support systems: quitters and GPs
- Personal experience of GPs in practice

*„When they can, I can do it too“„When a close person tells you, you know it is with good intention in heart“., (Patient 12)“*

*„I believe the GP can do more to motivate and support me, but I don’t know what that is“ (Patient 9)*

*„smoking goes hand in hand with alcoholism, people from Balkan countries smoke because of coffee, alcohol or company and when a young age to appear as cool, this is the Balkan mentality“ (Patient 11)*

**(3) The social context of smoking**

- Coffee and friends and family as triggers

*„I have not smoked for a year and I know personally it is better, much better now“ (GP6)*
*„My husband and father have quitted, thank God, now is my mission to transfer this on my patients, to make them quit“ (GP22)*

*„in our country people would not be affected if asked about smoking or fell as they are some category separated by the society. I have contacts with foreigners, when someone says that is a smoker, they look at the person in a different way, I know people who hate smokers“(Patient 17).*

*„Smoking in EU is an old model, but in our country smokers are treated as a cool person, a boss“, (Patient 1).*

**(4) Country’s mind-set: smoking is culturally acceptable**

- Acceptable habit
- Health culture & behaviors

# MAP OF THEMES

*„We have too many patients, 100-200 consultations a day, if we have 20 minutes I would work with smokers on prevention, or if I have one more nurse“ (GP 21)*
*„Interventions take time, if we could lower the chronic disease management and prescription, I would work on prevention“ (GP 4)*

*„Patients consider GP as a passing station for prescriptions, not as a visit with consultations, the interventions were too much“ (GP12)*

*„This plays a major role and I find it useful coming to my GP, and I can talk instead of smoking..“ (Patient 14)*

*„It is good for a GP to be able to offer this service to the patients, it is very important to explain why smoking is bad for our health,“ (Patient 11)*

**(5) System-view/approach of primary healthcare**

- Health system – oriented towards clinical care not prevention
  - *„Smoking cessation should be a paid preventive service to GPs“ (GP7)*
  - *„I would like to use the aparature we got to control patients with COPD and Asthma“ (GP13)*
  - *„Patients who were motivated asked about group therapy but I couldn't offer that“ (GP 19)*
- PHC practice =quantity of care not quality
- Patient's motivation/ quit intention influences GP practice
  - *„In future practice I would do the interventions with smokers if I have time, especially if the patient is motivated, if not I will give just VBA only“ (GP 21)*
  - *„It is acceptable but performing will depend on patients health problems or symptoms (GP8)*
  - *„Depends on patients wish and time“ (GP20)*
- Availability of smoking cessation interventions (NRT)
  - *„The GP has to give them something, pharmacotherapy to motivate smokers to quit. If people get something without paying will be more stimulated in difference to advice or interventions“ (GP8)*
- Patient's expectations from GP
- GP's knowledge, attitudes and practice
  - *„I wasn't very convinced that smoking is that harmful and was very liberal, everyone can do what the want, is not my place to tell the patients. Now that I am involved in projects I started to talk about harmful effects of smoking (GP 11)“*

# CONCLUSIONS

- GPs are keen to support motivated patients to quit but need help to understand the motivations of those less inclined to quit, and have strategies to support them too.
- The primary care system needs to be improved to value prevention more.
- This study is a milestone in N. Macedonia, as a start of preventive-standard care and shifting patients' expectations of primary care services.

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*Declaration of Interest*

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**The study is registered at *http://www.isrctn.com* (ISRCTN54228638).**