

FEASIBILITY OF DISEASE CENTERED SMOKING CESSATION AMONG DIABETES PATIENTS

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Introduction

International diabetes organizations recommend that people with diabetes should not smoke because of increased risk of diabetes complications. India has the second largest diabetic population (63 million) and number of tobacco users (275 million). Kerala State has the highest diabetes prevalence (21%) in rural India. However limited data are available from India on cessation of smoking among diabetes patients. The objectives of the study were to document the effectiveness of a strong doctor's diabetes specific cessation message, and the added value of cessation counseling delivered by a non-doctor health professional on quitting smoking.

Methods

All patients who attended the two diabetic clinics in South India were screened for smoking over a period of two years. 224 Male Diabetic patients aged 18 years and older (mean age 53 years), who smoked in the last month were selected for the present study. The patients were randomized into two equal groups by computer generated random sequence. Both groups were given diabetes specific smoking cessation advice by a doctor and quit tips booklets. The second group received an additional counseling session by a trained non-doctor health professional. Point prevalence abstinence for more than seven days (Quit Rates) was compared between the two groups at six months following the intervention. Intention to treat analysis was used to find the difference in Quit Rates between the two groups

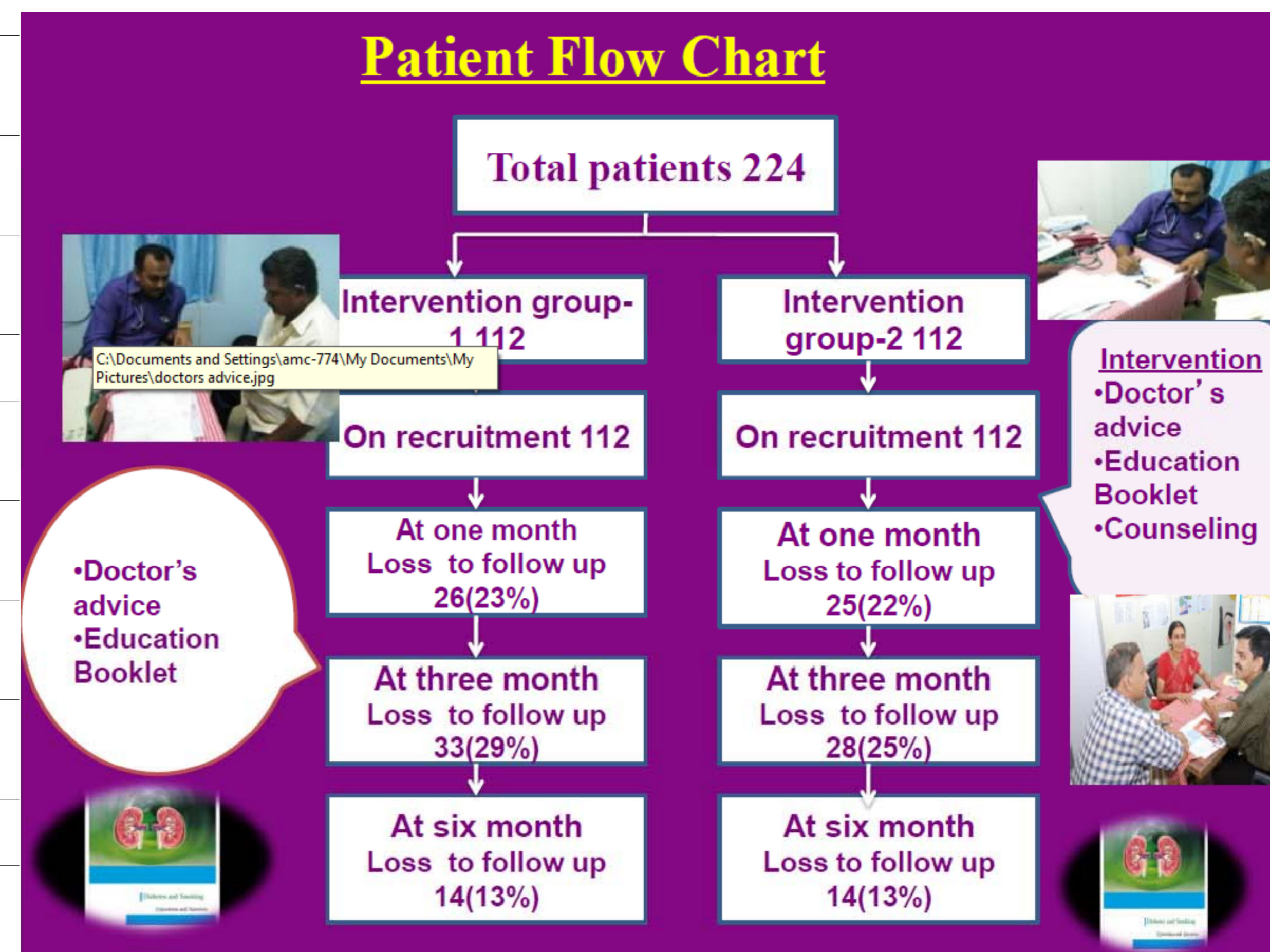


Table 1 Smoking status at six months follow up using intention to treat analysis

Outcome	Group-1 N=98	Group-2 N=98	Unadjusted OR (95% CI)	Adjusted OR* (95%CI)	P value
	n(%)	n(%)			
Quit rate ¹	14 (14.3)	58 (59.2)	8.7 (4.3-17.4)	10.8 (5.1-22.8)	<0.001
Harm reduction ²	25 (29.8)	20 (50.0)	2.3 (1.1-5.1)	2.4 (1.1-5.3)	0.035

¹seven day smoking abstinence ²reduction of the number of cigarettes / bidis smoked per day > 50% of baseline use

Table 2 Quit rate at six months by baseline level of smoking

Baseline level of smoking (no of sticks per day)	Quit rate		P value
	Intervention group-1	Intervention group-2	
Low (1-5)	15.6	64.1	<0.001
Medium(6-10)	13.3	33.3	0.105
High(≥10)	10.0	51.1	<0.001
Total	14/112(12.5)	58/112(51.8)	<0.001

¹Smoked 1-5 sticks (cigarettes / bidis) per day, ² smoked 6-10 sticks per day ³smoked more than 10 sticks per day.

Conclusions

- All doctors should ask and advise diabetes patients to quit smoking using a diabetes specific quit message and visual display of common complications related to continued smoking.
- Counseling sessions using disease specific diabetes messages and culturally sensitive use of five As and 5Rs cessation protocol is an efficacious and cost effective way of reducing smoking among diabetes patients
- The system of brief intervention by doctors supported by a counseling session by a non-doctor health professional can be incorporated in the national health system in order to prevent a substantial proportion of diabetic complications due to smoking

IN PROGRESS..... Follow up of patients at year 1+
Salivary cotinine test for quit confirmation

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