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Original Research

Heavy dependent nicotine smokers – Newfound lifestyle appreciation after quitting successfully. Experiences from inpatient smoking cessation therapy

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ABSTRACT

Objectives: This is an evaluation of an ongoing inpatient smoking cessation program available in Austria and aims to show to what extent even heavy nicotine dependent smokers can benefit from a three-week inpatient therapy.

Study design: A particular focus lies on analyzing the benefits and changes in lifestyle and sense of well-being.

Methods: 270 initially heavy nicotine dependent smokers are observed for a one year period consisting of recruitment, therapy and two post-therapy follow-up visits; post program smokers are compared to post program ex-smokers.

Results: 12 month post-therapy, 42.6% of participants are identified by carbon monoxide-verifications as ex-smokers, 34% as smokers and the remaining did not attend follow-up visits. Significant changes in lifestyle satisfaction are reported by ex-smokers compared to still smokers.

Conclusions: Convincing heavy dependent nicotine smokers that significant changes in lifestyle satisfaction can be expected as part of a successful cessation process should lead to enough motivation for these individuals to seek such inpatient smoking cessation program.

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Introduction

Smoking leads in 70–80% of cases to nicotine dependence¹ and is a risky behavior jeopardizing one's health. It is

estimated that annually in Austria 11,000 people die prematurely due to smoking related illnesses.²

The degree of nicotine dependence and level of addiction,³ experience of withdrawal symptoms as well as personal

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characteristics differs from individual to individual. Many smokers want to quit, but the irritability, anxiety and depression they feel when not having smoked for a while pose a major barrier.⁴ For some, this psychological distress experienced as part of the quitting process might be a challenge.⁵ Often the more determining factor in the continuation of smoking is the strong dependence to nicotine itself.⁶ In spite of experiencing tobacco associated diseases or their own committed, genuine effort to quit, some nicotine consumers are unable to stop smoking on their own.⁷ In addition smokers with heavy nicotine dependence show additional unhealthy behaviors: they tend to consume unhealthy food and alcohol more frequently, are less physically active and experience more challenges when trying to quit.^{1,8}

As a result and to accommodate particularly heavy dependent nicotine smokers, an inpatient smoking cessation program was started over 10 years ago in Austria.⁹ Although such therapies are not available on a nationwide basis, they are seen as an important option in becoming smoke free particularly for this group of smokers.¹⁰

Methods

Inpatient smoking cessation therapy

The inpatient smoking cessation therapy starts with a specific selection process in which participants are identified based on their personal situation, health and level of nicotine dependence.

Essential inclusion factors for the three week inpatient smoking cessation program are a FTND (Fagerström Test for Nicotine Dependence)-Score ≥ 5 , a CO-value ≥ 20 ppm and the earnest desire to quit smoking completely. Exclusion criteria are an ongoing treatment for a psychiatric disorder or an existing dependence on alcohol or other drug.

In addition, parts of the FEG questionnaire by Dlugosch and Krieger¹¹ are utilized to capture participants' satisfaction with their own lifestyle as well as lifestyle choices, attitude and behavior concerning health and diseases.¹² In particular, questions concerning satisfaction and consequences for health with respect to nutrition, physical activity, alcohol consumption, smoking, medication, sleep and well-being are included. Additionally, the questions to 'Dealing with health and disease' and 'Physical complaints' are utilized.

Week one focuses on behavior based elements; smoking is still permitted. Nicotine replacement therapy is available upon request.

The smoke free period starts with week two. At this point patients have to undergo carbon monoxide (CO) testing to confirm nicotine abstinence. Teaching and exposing participants to existing alternatives to smoking and analyzing triggers most likely to occur in daily life are a focus of this week.

Strengthening the positive image of oneself as a non-smoker is the goal of week three.

Two institutions in Austria offer such a program, the *Grazer Gesundheitseinrichtung 'Josefhof'* belonging to the insurance company for Austrian Railways and Mining Industry and the *Kurheim Linzerheim* in Bad Schallerbach, an institution of the Sick Fund of Upper Austria. As this program evaluation is

based on patients having completed the program at *Kuranstalt Linzerheim*, the additional therapeutic and in-patient services offered at this location are listed in [Table 1](#).¹³

Then, after completing the three week program, patients have to attend two follow-up (f/u) meetings at six months intervals; voluntary monthly (*jour fixe*) meetings are also available. The same standardized questionnaire as in the recruitment step is used at both f/u's which allows capturing possible changes. Thus, analysis of these questionnaires is the basis for assessing program successes.

The program is only available to a special group of tobacco consumers, to those who require focused, specialized attention due to their pronounced nicotine dependence and resulting poor health. Although inpatient smoking cessation programs are rather rare they tend to treat heavy nicotine dependent smokers more frequently.¹⁴ In fact, such programs cater to the specific needs of this group of smokers. Moreover the effect of treatment on smoking cessation depends on nicotine dependency levels meaning that heavy smokers are most successful with comprehensive interventions than minimal ones.^{15,16}

Sample

Between October 2003 and December 2011, 270 participants completed the inpatient smoking cessation program at *Kurheim Linzerheim*. Description of the sample is shown in [Table 2](#). In most aspects gender differences were not found because this was not the main interest of the study there is only a short descriptive comparison between men and women in [Table 2](#).

Based on recruitment process and aim of program, participants attending the inpatient smoking cessation program differ significantly from the average Austria population (AP) in terms of nicotine dependence, resulting smoking behavior and smoking related illnesses.

Inpatient program participants smoke on average 31.9 cigarettes per day (AP = 18.3 cigarettes per day).¹⁷ 23.7% started to smoke at very young age - prior to the age of 15 years (AP = 10%). Moreover, in terms of heavy nicotine dependence inpatient smoking cessation program participants reach high CO-values (average of 24.9 ppm) and FTND values (average 7.25). In contrast, an Austrian representative study reports a FTND value of 3.59 in smokers.³

63% of participants have been diagnosed with diseases to the respiratory system, 47.4% to the cardiovascular system, 28.9% show metabolic diseases, and 28.9% show other illnesses (multimorbidity occurring).

Table 1 – In-patient services.

Additional care available	Hours
Medical care	Based on need
Psycho-social care	21 h
Psycho-social one-on-one counseling	>1 h
Cardiovascular training (such as Nordic walking, ergometer training, gymnastics)	21 h
Breathing exercises	7.5 h
Relaxation training & stress management	10 h
Nutritional advise & cooking classes	3 h
Physical therapy & massages	1 h
Biofeedback	Based on need

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