

Tobacco treatment practices of pharmacists in Montana

Larry A. Dent, Kari Jo Harris, and Curtis W. Noonan

Abstract

Objectives: To assess the tobacco treatment practices of Montana pharmacists, evaluate pharmacist interest in addressing tobacco use, and identify perceived barriers to delivery of tobacco cessation services.

Design: Descriptive, nonexperimental, cross-sectional study.

Setting: Montana in February 2007.

Participants: 192 pharmacists attending an annual continuing professional education program.

Intervention: Attendees at 11 meeting sites throughout the state completed the survey.

Main outcome measures: Pharmacists' use of the U.S. *Clinical Practice Guideline* 5 A's (ask, advise, assess, assist, and arrange) in regard to tobacco cessation services.

Results: Of program attendees, 76% (192 of 253) completed the 35-item survey. More than one-half (58%) of respondents were men, and 90% were white. Respondents were licensed for a median of 22.5 years and dispensed a median of 1,000 prescriptions per week. The percent of pharmacists who treated one or more patients using the 5 A's in the preceding 30 days were as follows: asked about tobacco use, 39%; advised to quit smoking, 54%; assessed for readiness to quit smoking, 36%; assisted with quitting (i.e., cessation counseling), 46%; assisted with advice to use nonprescription cessation medication, 62%; assisted with advice to use prescription cessation medication, 54%; arranged for a follow-up appointment for additional counseling, 6%; and referred to a tobacco quit line, 23%. Most respondents (58%) reported that providing cessation services within routine practice was moderately or highly feasible. The most frequently cited barriers to providing cessation services included lack of time (52%), reimbursement (26%), and training (19%).

Conclusion: Few Montana pharmacists are routinely asking patients about tobacco use in a typical month. However, the majority of pharmacists reported that it would be feasible to provide more tobacco cessation activities within routine pharmacy practice. Addressing barriers related to workload, reimbursement, and training would likely increase the number of pharmacists who provide tobacco cessation services.

Keywords: Tobacco cessation, Montana, pharmacy services, counseling (patient), public health, rural setting, perceptions.

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Larry A. Dent, PharmD, BCPS, is Associate Professor, Skaggs School of Pharmacy, University of Montana, Missoula. **Kari Jo Harris, PhD, MPH**, Associate Professor, School of Public and Community Health Sciences, University of Montana, Missoula. **Curtis W. Noonan, PhD**, Associate Professor, Skaggs School of Pharmacy, University of Montana, Missoula.

Correspondence: Larry A. Dent, PharmD, BCPS, Skaggs School of Pharmacy, University of Montana, 32 Campus Dr., #1522, Missoula, MT 59812. Fax: 406-243-4353. E-mail: larry.dent@umontana.edu

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Smoking is the single greatest cause of preventable death and disease in our society and accounts for 435,000 deaths each year in the United States.¹ Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, and many other diseases.² Moreover, involuntary exposure to tobacco smoke is a proven health hazard.² Despite the known adverse consequences, tobacco use remains shockingly prevalent. Approximately 20.6% of adult Americans smoke, representing 46 million current adult smokers.³ The economic burden on society is enormous, with an estimated \$96 billion per year in direct medical expenses and \$97 billion in lost productivity.⁴

In 2007, the median prevalence of adults smokers in the 50 states and Washington, DC, was 19.8%. Among states, smoking prevalence was highest in Kentucky (28.3%), West Virginia (27.0%), and Oklahoma (25.8%) and lowest in Utah (11.7%), California (14.3%), and Connecticut (15.5%). During this same period, the prevalence of smoking in Montana, where this survey study was conducted, was 19.5%. Healthy People 2010 calls for reducing adult cigarette smoking prevalence to 12%.

At a Glance

Synopsis: Montana pharmacists attending a continuing education program were surveyed regarding their use of the U.S. *Clinical Practice Guideline* 5 A's (ask, advise, assess, assist, and arrange) in regard to tobacco cessation services. In Montana, only 21% of pharmacists asked four or more patients about tobacco use in the preceding 30 days. Lack of time (52%), reimbursement (26%), and training (19%) were the most frequently cited barriers to providing tobacco cessation services. Most respondents (58%) reported that providing cessation services within routine practice was moderately or highly feasible.

Analysis: *Provision of tobacco cessation services is a professional responsibility for pharmacists and an important public health service. Action plans addressing barriers should be developed to engage and integrate pharmacists as key providers of tobacco cessation services. One strategy for busy pharmacists is to ask, advise, and refer, which is a minimal intervention for identifying tobacco users and referring them to other cessation resources, such as toll-free tobacco quit lines. However, evidence suggests that direct interventions have a greater impact on tobacco quit rates. A model tobacco cessation program based on guidelines could be developed and pilot tested in selected pharmacies and disseminated after testing. Clinical research projects could be undertaken to offset the lack of knowledge regarding patient acceptability, third-party payer administrator perceptions, and employer perceptions regarding pharmacist-delivered programs for smoking cessation.*

Utah was the first state to meet the Healthy People 2010 target in 2003.⁵ Current trends in Montana suggest that the annual rate of cessation among smokers may have slowed and that overall adult prevalence may be leveling out at around 20%. The Institute of Medicine calls for substantial and sustained efforts to further reduce the prevalence of tobacco use and related morbidity and mortality.⁵

Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. The 2008 update to the U.S. *Clinical Practice Guideline on Treating Tobacco Use and Dependence* recommends that all clinicians, including pharmacists, consistently identify tobacco users, document tobacco use status, and treat every tobacco user seen in a health care setting. The five major components for intervention in the health care setting are referred to as the "5 A's," which include *ask* all patients about tobacco use, *advise* tobacco users to quit, *assess* willingness to quit, *assist* quit attempts by offering counseling and medication, and *arrange* for follow-up.⁴

Healthy People 2010 identified smoking cessation as an important activity for pharmacist involvement.⁶ As one of the most accessible health professionals, pharmacists are in an ideal position to interact with individuals obtaining medications for smoking-related illnesses, such as cardiovascular disease, pulmonary disease, diabetes, and cancer. Studies indicate that approximately 70% of smokers in the United States want to quit smoking and that 44% attempt to quit each year.⁴ Unfortunately, these efforts are without the benefit of counseling or medication, resulting in a mere 4% to 7% success rate.^{7,8} The *Clinical Practice Guideline* recommends that all patients who are attempting to quit smoking should be encouraged to use pharmacotherapy unless contraindicated. Despite the proven benefits of pharmacotherapy, only 17% of all smokers attempting to quit use cessation medications for tobacco dependence each year.⁹ Pharmacists are well suited for tobacco cessation services because of their expertise in selecting and providing counseling for tobacco cessation medications.

Objectives

Our study focused on pharmacists in Montana, where 65% of the population resides in rural areas¹⁰ and pharmacists are often key sources of health care. We sought to (1) assess the tobacco treatment practices of Montana pharmacists, (2) evaluate pharmacist interest in addressing tobacco use, and (3) identify perceived barriers interfering with delivery of tobacco cessation. This is the first study to evaluate the tobacco treatment practices of pharmacists in a frontier state, which are sparsely populated rural areas isolated from population centers and services, such as primary health care.

Methods

In this cross-sectional study conducted in February 2007, pharmacists who attended an annual continuing professional education program on recent drug developments sponsored by the University of Montana were surveyed. The continuing education program was delivered live on campus and broadcasted

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