

Effectiveness of the Tobacco Tactics Program for Psychiatric Inpatient Veterans: An Implementation Study



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ABSTRACT

Background: The objective of this study was to evaluate the effectiveness of the inpatient, nurse-administered Tobacco Tactics program for patients admitted for psychiatric conditions in two Veterans Affairs (VA) hospitals compared to a control hospital.

Methods: This is a subgroup analysis of data from the inpatient tobacco tactics effectiveness trial, which was a longitudinal, pre- post-nonrandomized comparison design with 6-month follow-up in the three large Veterans Integrated Service Networks (VISN) 11 hospitals.

Results: Six-month self-reported quit rates for patients admitted for psychiatric conditions increased from 3.5% pre-intervention to 10.2% post-intervention compared to a decrease in self-reported quit rates in the control hospital (12% pre-intervention to 1.6% post-intervention). There was significant improvement in self-reported quit rates for the pre- versus post-intervention time periods in the Detroit and Ann Arbor intervention sites compared to the Indianapolis control site ($P = 0.01$) and cotinine results were in the same direction.

Conclusion: The implementation of the Tobacco Tactics intervention has the potential to significantly decrease smoking and smoking-related morbidity and mortality among smokers admitted to VA hospitals for psychiatric disorders.

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BACKGROUND

It is estimated that 25–40% of Veterans in the Veterans Affairs (VA) healthcare system have a psychiatric illness and have high smoking rates, smoke heavily, and have low quit rates (Department of Veterans Affairs, 2006; Institute of Medicine, 2009). While there has been reluctance to address tobacco use among those with psychiatric illness, studies have shown that Veterans with psychiatric conditions are motivated to quit smoking and should be offered cessation services (Duffy, Essenmacher, Karvonen-Gutierrez, & Ewing, 2010; Solty, Crockford, White, & Currie, 2009; Williams & Ziedonis, 2004). For example, integrating smoking cessation treatment with outpatient mental health care is efficacious in maintaining prolonged smoking abstinence in Veterans (McFall, Atkins, Kanter, & Saxon AJ, 2006; McFall et al., 2010; Saxon et al., 2005).

Although shown to be efficacious, inpatient smoking cessation interventions have been less extensively examined among psychiatric patients (Rigotti, Munafo, & Stead, 2007; Prochaska, Gill, & Hall, 2004). Inpatient programs, when compared to outpatient programs, tend to enroll more smokers and result in higher cessation rates (Duffy, Reeves, Hermann, Karvonen, & Smith, 2008; Rigotti et al., 2007). Intervening during inpatient stays capitalizes on the benefits that smokers are away from daily cues to smoke and that many have temporarily stopped smoking due to hospital smoking bans. In a recent study, integrating tobacco cessation treatment during the psychiatric inpatient stay was successful in increasing quit attempts and decreasing re-hospitalization risk among patients (Prochaska, Hall, Delucchi, & Hall, 2014).

Research has not examined the effect of a nurse-administered tobacco cessation intervention for Veteran psychiatric inpatients. Nurse-administered inpatient smoking cessation programs have also shown great success and 1-year cessation rates ranging from 27% to 39% (Rice & Stead, 2008) for general hospital patients, but have rarely been implemented or tested in psychiatric inpatient settings, especially in VA psychiatric inpatient settings. In a real world setting, the purpose of this

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study was to examine the effectiveness of the nurse-administered Tobacco Tactics intervention compared to usual care using self-reported and cotinine-verified by urine specimen 6-month cessation as the outcome measure among inpatients with psychiatric conditions.

METHODS

Design and Setting

This is a subgroup analysis of data from the inpatient Tobacco Tactics effectiveness trial, which was a longitudinal, pre- post-nonrandomized comparison design with 6-month follow-up in the three large Veterans Integrated Service Network (VISN) 11 hospitals conducted from 2006 to 2010 (see Fig. 1). The VA Ann Arbor Healthcare System and the Detroit VA Medical Center (VAMC) were the intervention sites, and the Indianapolis VAMC was the control site; demographically, the Ann Arbor and Detroit intervention sites together were similar to the Indianapolis control site. There were two sources of comparison and control in this study: 1) pre-post intervention cessation rates within sites to control for site differences; and 2) a control site to control for temporal changes across sites. The unit of analysis was patients, and differences in quit rates within and between sites, pre- and post-intervention implementation were compared. Details of the implementation of the Tobacco Tactics study, guided

by the PRECEDE-PROCEED model, are described in a previously published paper (Duffy, Karvonen-Gutierrez, Ewing, & Smith, 2010), and the intervention is described below. Institutional review board approval was granted by the appropriate VA sites (Ann Arbor, Detroit, and Indianapolis). All procedures, including the informed consent process, were conducted in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000.

Included in the larger study were Veterans who: 1) had smoked at least one cigarette within 1 month prior to hospitalization; and 2) had a projected hospital stay of at least 24 hours. Exclusion criteria were: 1) too physically or mentally ill to participate; 2) terminal; 3) involved in a concurrent trial that includes intervention on smoking; 4) non-English speaking; or 5) pregnant. Patients admitted for psychiatric and/or substance abuse reasons were initially excluded from the large study because there was not clear evidence as to the best time to implement cessation services for persons with these unstable diagnoses. However, following the launch of the Tobacco Tactics research study, staff nurses from the psychiatric units requested inclusion in the study indicating that there was a great need for cessation services on their unit due to high rates of tobacco use and few resources for patients. Due to this request, the inclusion/exclusion criteria were revised to also include patients admitted for psychiatric and/or substance abuse disorders.

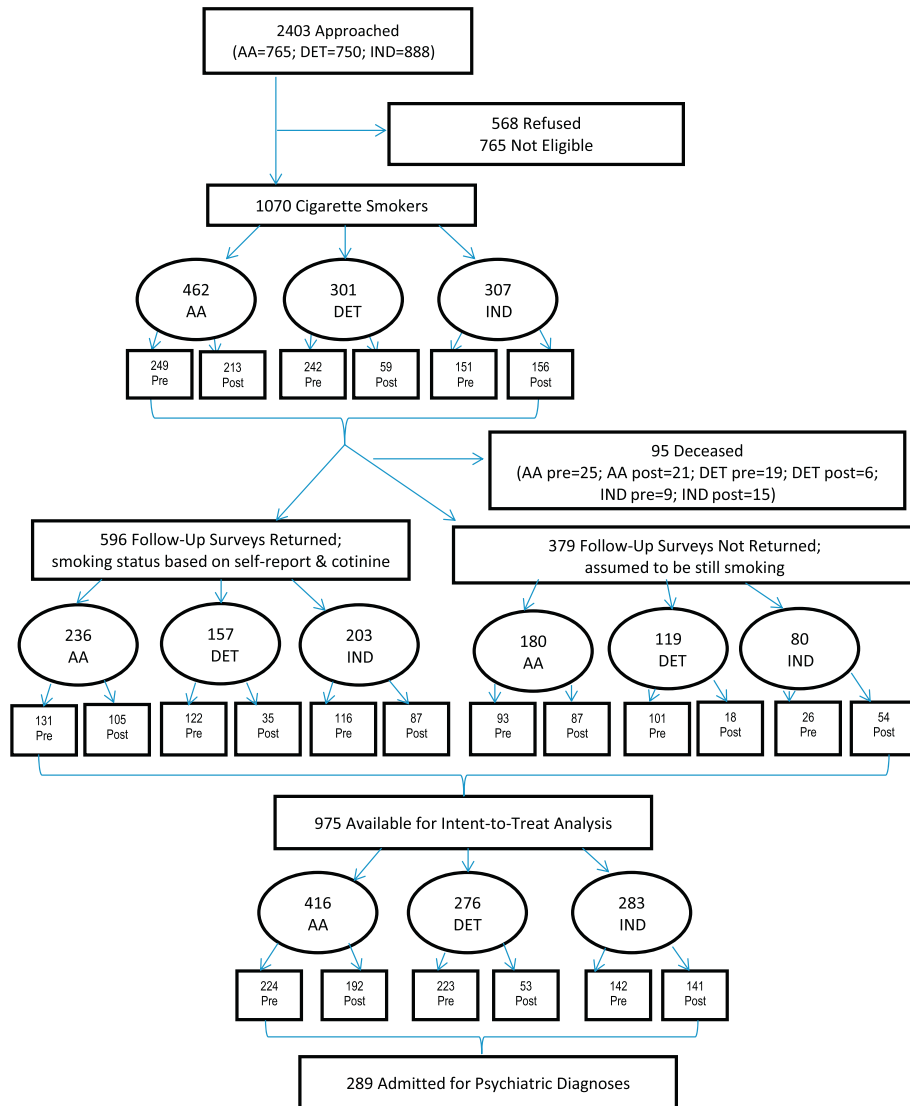


Fig. 1. Recruitment and enrollment flowchart for the psychiatric inpatient Veterans enrolled in the Tobacco Tactics study from 2006 to 2010. AA=Ann Arbor, DET=Detroit, IND=Indianapolis.

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