



Special article

Using PICO Methodology to Answer Questions About Smoking in COPD Patients[☆]

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ABSTRACT

The ALAT and SEPAR Treatment and Control of Smoking Groups have collaborated in the preparation of this document which attempts to answer, by way of PICO methodology, different questions on health interventions for helping COPD patients to stop smoking.

The main recommendations are: (i) moderate-quality evidence and strong recommendation for performing spirometry in COPD patients and in smokers with a high risk of developing the disease, as a motivational tool (particularly for showing evidence of lung age), a diagnostic tool, and for active case-finding; (ii) high-quality evidence and strong recommendation for using intensive dedicated behavioral counseling and drug treatment for helping COPD patients to stop smoking; (iii) high-quality evidence and strong recommendation for initiating interventions for helping COPD patients to stop smoking during hospitalization with improvement when the intervention is prolonged after discharge, and (iv) high-quality evidence and strong recommendation for funding treatment of smoking in COPD patients, in view of the impact on health and health economics.

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Preguntas y respuestas relacionadas con tabaquismo en pacientes con EPOC. Aplicación de metodología con formato PICO

RESUMEN

Los grupos de control y tratamiento del tabaquismo de ALAT y SEPAR han colaborado para la realización de este documento en el que se da respuesta, siguiendo metodología PICO, a diferentes interrogantes relacionados con la asistencia sanitaria para ayudar a dejar de fumar a los pacientes con EPOC.

Sus principales recomendaciones son: a) evidencia moderada y recomendación fuerte para realizar espirometría en pacientes con diagnóstico o en fumadores con alto riesgo de padecer EPOC, como

instrumento de motivación, en particular evidenciando la edad pulmonar, y con fines diagnósticos y de búsqueda activa de casos; b) evidencia alta y recomendación fuerte para utilizar asesoramiento conductual intenso y específico y tratamiento farmacológico para ayudar a dejar de fumar a fumadores con EPOC; c) evidencia alta y recomendación fuerte para iniciar intervenciones para ayudar a dejar de fumar a fumadores con EPOC mientras se encuentran hospitalizados mejorando al mantener la intervención tras el alta, y d) evidencia alta y recomendación fuerte para la financiación del tratamiento del tabaquismo en fumadores con EPOC por su impacto sobre la salud y la economía de la salud.

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Introduction

Approximately 85% of chronic obstructive pulmonary disease (COPD) is caused by tobacco consumption. Smoking cessation is the only measure that has been shown to be effective for halting the progression of the disease.¹ Various papers have analyzed the characteristics of health interventions for smoking cessation in smokers with COPD.²⁻⁶ In all of these, some outstanding questions remain to be answered using scientific methodology.

The Treatment and Control of Smoking Groups of the Latin-American Thoracic Association (ALAT) and the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) have collaborated in the preparation of this document which uses PICO methodology to answer questions on smoking cessation treatment in COPD patients. The main objective of this document is to provide health-care professionals with up-to-date scientific information in this area.

Methodology

A collaborative group was formed and clinical questions were formulated. Four working subgroups were constituted, formed of members of the two medical associations involved, ALAT and SEPAR. These subgroups drew up a list of clinical questions and selected by consensus those that should be addressed in these recommendations. In order to focus the search for available evidence, all clinical questions were transformed to the PICO format or the PECO variant: Patient (problem or population), Intervention or Exposure, Comparison, and Outcome.⁷

The literature search strategy was conducted simultaneously in 2 metasearch engines, the Trip database and PubMed, using MeSH (Table 1).

Eligibility Criteria

The results retrieved for PICO questions were prioritized according to the highest level of evidence (randomized controlled trials [RCTs], meta-analyses and systematic reviews) and the most appropriate answer to the clinical question. If this was not possible, intermediate (observational) or low level (open-label, case series or consensus) studies in the hierarchy of evidence were selected. The recommended algorithmic selection method was used primarily for therapeutic questions.⁸ Studies published in Spanish, Portuguese and English were considered for inclusion. The end date of the search was May 2016 (Table 2).

Critical Analysis and Formulation of Recommendations

Recommendations and templates developed by the CASPE network (www.redcaspe.org) were used for the critical appraisal of the selected references. The ACCP grading system was used to classify recommendations as strong¹ or weak,² according to the balance of risk, benefits, burdens, and, in some cases, cost. The quality of evidence was classified as high (A), moderate (B) or low (C),

depending on the study design, consistency of results, and ability of the evidence to clearly answer the PICO question.⁹

The authors appointed two external reviewers with expertise in the field of COPD and smoking.

PICO Question

Does spirometry motivate the smoker with COPD to stop smoking?

Rationale

Significant efforts have been made to increase the rate of smoking cessation using motivational tools and measures, such as spirometry measurements, co-oximetry, and the calculation of lung age. It is of interest to determine the status of current clinical research aimed at answering this question.

Search Results

Thirty-one references were retrieved (MeSH: 5; Trip database: 26), and 7 studies were selected to answer the question (2 systematic reviews, 4 randomized clinical trials [RCT], and 1 cohort study).

Quality of Evidence

One systematic review found limited benefits from the use of spirometry as a motivating factor for increasing smoking cessation,¹⁰ and another¹¹ evaluated the effectiveness of the use of biomedical instruments for increasing motivation in smoking cessation. Both included 15 RCTs, 2 of which used spirometry in primary care as a motivator. No statistically significant benefit was identified in the smoking cessation rate when spirometry was used. The analysis does not evaluate the motivating effect of the spirometry test when the result was abnormal. In this respect, a more recent RCT¹² showed that bronchial obstruction was the most significant predictor of smoking cessation (OR: 4.215; 95% CI: 2.215–7.865). Similarly, in another study,¹³ 4494 smokers selected from 100 000 subjects with obstructive spirometry were informed in a phone call about COPD and given brief smoking cessation counseling. The results showed a cessation rate of 16.3% among patients with obstruction compared to 12% among those with normal spirometry ($P=.0003$). An RCT¹⁴ which compared COPD patients to smokers with normal spirometry, and included a 3-year follow-up and pharmacological interventions, found a higher rate of cessation among smokers with COPD at the 3-year follow-up (29% versus 14%; $P=.003$).

As for the motivating effect of explaining to the patient their lung age calculated according to spirometry, an RCT¹⁵ found a smoking cessation rate at 12 months of 13.6% compared to 6.4% in the control group ($P=.05$; NNT=14).

An RCT¹⁶ failed to show efficacy when smokers with no previous diagnosis of COPD were confronted with spirometry results, even

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