



Evaluation of a Pharmacist-Managed Smoking Cessation Clinic

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Background

- Tobacco-related illnesses are the number one preventable causes of premature death. ¹ A number of previous studies have documented the benefit of behavioral counseling and pharmacotherapy to help smokers quit.
- A smoking cessation clinic is managed by the clinical pharmacists in collaboration with physicians.
- The group program is based on the "Courage to Quit" program designed by Respiratory Health Association of Metropolitan Chicago.
- The participants progress through six sessions over seven weeks. (See Table 1)
- Each session is designed to teach participants the fundamentals of behavioral and pharmacotherapy for smoking cessation.
- Pharmacotherapy is selected for each participant based on medical history, smoking history, past quit attempts, and financial status.
- All patients who attended the class have been followed via monthly phone calls.

Objective

- The aim is to describe abstinence rates for patients in the smoking cessation clinic.

Table 1. Smoking Cessation Program Sessions

Sessions 1 & 2	Discuss model of smoking addiction & benefits of smoking cessation, techniques to deal with triggers and prepare for the Quit Day.
Session 3	Quit Day! Discuss ways to deal with withdrawal symptoms & importance of rewarding themselves for taking the step to quit smoking.
Sessions 4, 5 & 6	Discuss the mental & physical changes one will undergo as a result of smoking cessation tips to stay strong going forward.

Methods

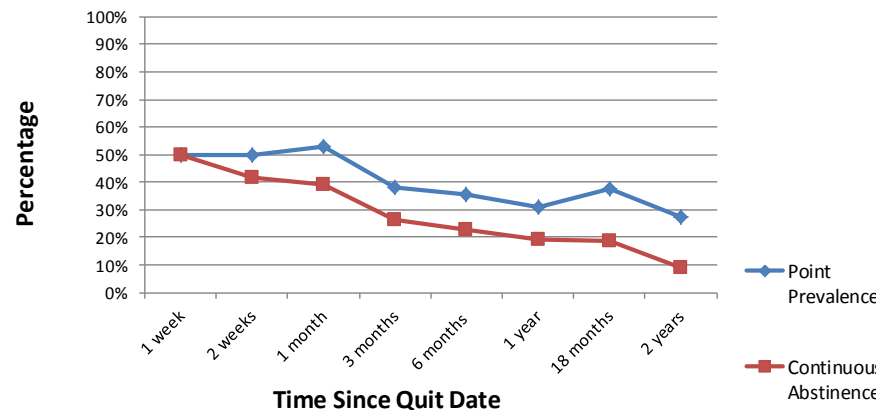
- A retrospective chart review of all patients who attended the pharmacist-managed smoking cessation clinic since implementation in September 2009 was conducted; the most recent class was conducted in April 2012.
- Patient demographics including age, gender, quit dates, and tobacco history were collected. (See Table 2)
- Point prevalence and continued abstinence rates at 1, 2 weeks; 1, 3, 6, 12, 18, and 24 months were collected.
- Not all participants have fully completed two years past their quit date; abstinence rates are determined based on the number of patients who have surpassed that time point since their original quit date.

Table 2. Demographics, (n=36)

Age, mean (range)	58 (33-81)
Male, n (%)	13 (36.1%)
Baseline PPD* (\pm SD) (n=35)	0.74 (\pm 0.70)
Smoking history, mean total years (n=26)	34 years

*PPD = Pack per day

Smoking Cessation Rates



Discussion

- Behavioral counseling and medication management was successfully provided by pharmacists.
- Approximately 20% and 10% of patients reported continuous abstinence one year and two years after their quit date, respectively.
- Scheduled follow-up phone calls to patients may have contributed to their success.
- Limitations include that the abstinence rates are self-reported. Additionally, patients who were lost to follow-up were assumed to relapse, therefore actual quit rates may be higher.

Conclusion

- This group smoking cessation program managed by pharmacists has maintained long-term abstinence rates.
- Collaboration with physicians allows the pharmacists to offer pharmacological therapy to participants in addition to behavioral modification counseling through the "Courage to Quit" curriculum.

References

1. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs – United States, 1995-1999. MMWR Morb Mortal Wkly Rep. 2002;51:300-3.

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The authors have nothing to disclose.