

Effectiveness of a brief counselling for tobacco cessation among Swedish smokers and *snus* users attending dental clinics A cluster randomized controlled trial

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Background

- Quitting tobacco use decreases the risk for negative health outcomes considerably.
- Many users try to quit: in Sweden 73% of smokers and 42% of snus users are willing to quit.
- Both Swedish and international guidelines promote tobacco use cessation in all health care settings.



Background

- Dental care has been shown to be a promising setting for tobacco use cessation
- In Sweden 88% of adults visit dental care at least every two years
- The oral health consequences caused by tobacco use give legitimacy for dental care professionals to offer cessation advice
- Still, tobacco cessation strategies are not widely used in dental care

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Background

- To explore the potential of dental care setting in the tobacco cessation, the Swedish Government requested the Public Health Agency of Sweden to design an intervention that could be delivered in the frame of the ordinary activities of the dental clinics in Sweden.
- The Department of Public Health at Karolinska Institutet was assigned the task to evaluate the effectiveness of the intervention in order to decide whether it should be implemented.



Aim

 To determine the effectiveness of a brief counselling intervention for tobacco cessation in the setting of dental care clinics.

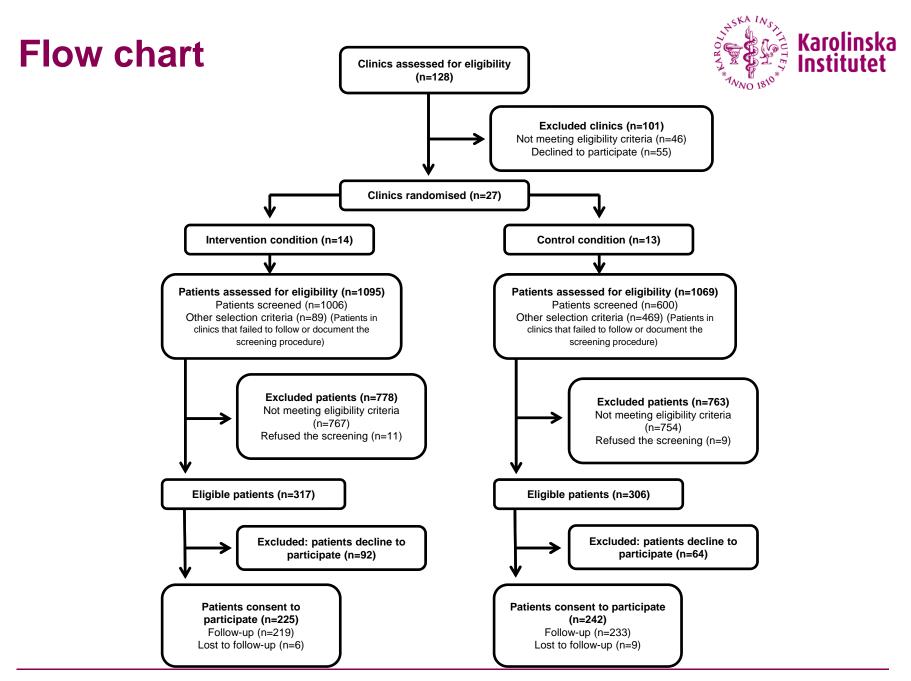
Methods Recruitment of clinics Data collection at clinics Randomization Recruitment of Recruitment of patients patients Baseline data Baseline data collection collection Usual care Intervention: brief counselling Monitoring of Monitoring of cessation cessation activities activities Follow-up data Follow-up data collection and collection and outcome analysis outcome analysis



Outcomes



- Primary outcome: abstinence from tobacco during the seven days preceding the follow-up survey (7-day abstinence)
- Secondary outcomes:
- 1) sustained abstinence from all tobacco during the three months preceding the survey, (3-month abstinence)
- 2) reduction by half on the number of cigarettes smoked or *snus* portions used daily compared to baseline, (half-reduction)
- quit attempts lasting at least 24 hours in the course of follow-up (quit attempts)



Characteristics of the participating clinics



	Intervention clinics (n= 13 clinics) ^a		Control clinics (n= 13 clinics)	
	%	mean	%	mean
Number of personnel and patients				
Number of dentists at the clinics		4.6		7.5
Number of dental hygienists at the clinics		6.1		7.2
Number of other personnel at the clinics		5.7		10.1
Number of adult patients who visited the clinics in 2011		4565		8472
Number of completed visits by adult patients in 2011		8824		14140
Clinical practice				
Specialized dental care: No	77		46	
Specialized dental care: Yes	23		54	
Routines concerning patients' tobacco use				
Guidelines for tobacco cessation				
No	38		46	
Only for dental hygienists	8		8	
Only for dentists	0		0	
For both dental hygienists and dentists	54		46	
Number of personnel trained in tobacco cessation		1.6		2.0
Clinics with personnel trained in tobacco cessation	46		54	

^a Information for one of the clinics is missing

Demographic baseline characteristics of the study participants



		Control	Intervention	Total	p-value
		(n=242)	(n=225)		(2-sided)
Gender	Female	84 (34.7%)	87 (38.7%)	171 (36.6%)	.375
n (proportion)	Male	158 (65.3%)	138 (61.3%)	296 (63.4%)	
Age	18-29	44 (18.2%)	55 (24.4%)	99 (21.2%)	.486
n (proportion)	30-39	27 (11.2%)	26 (11.6%)	53 (11.3%)	
	40-49	53 (21.9%)	50 (22.2%)	103 (22.1%)	
	50-59	68 (28.1%)	55 (24.4%)	123 (26.3%)	
	60+	50 (20.7%)	39 (17.3%)	89 (19.1%)	\frown
mean (std.		47.07 (14.83)	43.95 (14.87)	45.57 (14.91)	(.024)
deviation)					
Education	Elementary	51 (23.6%)	39 (18.6%)	90 (21.1%)	.444
n (proportion)	Secondary	128 (59.3%)	133 (63.3%)	261 (61.3%)	
	Post-Secondary	37 (17.1%)	38 (18.1%)	75 (17.6%)	
Occupation	Employed	135 (59.7%)	145 (65.3%)	280 (62.5%)	.474
n (proportion)	Self-Employed	22 (9.7%)	19 (8.6%)	41 (9.2%)	
	Not employed	69 (30.5%)	58 (26.1%)	127 (28.3%)	
Civil status	Unmarried	113 (50.4%)	125 (55.8%)	238 (53.1%)	.655
n (proportion)	Married	84 (37.5%)	72 (32.1%)	156 (34.8%)	
	Divorced/Separated	20 (8.9%)	19 (8.5%)	39 (8.7%)	
	Widow/Widower	7 (3.1%)	8 (3.6%)	15 (3.3%)	
Any chronic	No	153 (68.3%)	161 (71.6%)	314 (69.9%)	.452
disease	Yes	71 (31.7%)	64 (28.4%)	135 (30.1%)	
n (proportion)					

Tobacco use baseline characteristics



		Control	Intervention	Total	р-
		(n=242)	(n=225)		valu
					e
Type of tobacco used	Snus	103 (44.0%)	97 (43.1%)	200 (43.6%)	.267
n (proportion)	Smoking	115 (49.1%)	103 (45.8%)	218 (47.5%)	
	Snus & Smoking	16 (6.8%)	25 (11.1%)	41 (8.9%)	
Duration of tobacco use	<5	12 (5.2%)	15 (6.7%)	27 (5.9%)	.199
in years	5 -10	41 (17.7%)	48 (21.3%)	89 (19.5%)	
n (proportion)	11 - 20	35 (15.2%)	45 (20.0%)	80 (17.5%)	
	21+	143 (61.9%)	117 (52.0%)	260 (57.0%)	
mean (std. deviation)		25.58 (13.99)	23.26 (13.99)	24.43 (14.02)	.078
Previous attempts to	0	35 (15.0%)	26 (11.6%)	61 (13.3%)	.122
quit smoking or snus	1 -2	68 (29.1%)	52 (23.1%)	120 (26.1%)	
use, total number	3+	131 (56.0%)	147 (65.3%)	278 (60.6%)	
n (proportion)					
Time from wake-up to	< 5 min	23 (10.2%)	31 (13.8%)	54 (12.0%)	.639
nicotine use	6 – 30 min	104 (46.2%)	105 (46.7%)	209 (46.4%)	
n (proportion)	31 – 60 min	70 (31.1%)	62 (27.6%)	132 (29.3%)	
	1+ hour	28 (12.4%)	27 (12.0%)	55 (12.2%)	
Intention of quitting	< 6 months	39 (17.3%)	46 (20.5%)	85 (18.9%)	.513
tobacco	6+ months	46 (20.4%)	38 (17.0%)	84 (18.7%)	
n (proportion)	Not decided	140 (62.2%)	140 (62.5%)	280 (62.4%)	
Amount of tobacco use	< 5	9 (3.8%)	11 (4.9%)	20 (4.4%)	.671
n (proportion)	5 - 10	108 (46.2%)	107 (47.6%)	215 (46.8%)	
-	11 - 20	103 (44.0%)	89 (39.6%)	192 (41.8%)	
	21+	14 (6.0%)	18 (8.0%)	32 (7.0%)	
mean (std. deviation)		12.42 (6.98)	12.62 (6.88)	12.52 (6.92)	.756

Intervention effect



	Participants in the control condition: with the outcome/ number analysed	Participants in the intervention condition: with the outcome/	OR (95%CI) ^a Crude	OR (95%CI) ^a Adjusted for age ^b
	number analyseu	number analysed	\frown	
7-day abstinence	14/233	18/219	1.40 (0.68-2.89)	1.43 (0.69-2.96)
3-month abstinence	8/233	11/219	1.49 (0.59-3.77)	1.46 (0.57-3.72)
Half-reduction	32/225	56/219	2.07 (1.28-3.35)	2.09 (1.28-3.39)
Quit attempts	100/233	111/219	1.37 (0.94-2.00)	1.30 (0.89-1.91)

^a Reference category: control condition

^b Entered as continuous variable

Intervention effect, stratified by tobacco type



		Smokers ^b		
	Participants in the control condition: with the outcome/	Participants in the intervention condition:	OR (95%CI) ^a Crude	OR (95%CI) ^a Adjusted for age ^d
	number analysed	with the outcome/ number analysed	\sim	
7-day abstinence	9/109	8/100	0.97 (0.36-2.61)	1.03 (0.38-2.82)
3-month abstinence	5/109	4/100	0.87 (0.23-3.33)	0.86 (0.22-3.31)
Half-reduction	18/109	27/100	1.87 (0.96-3.66)	1.85 (0.94-3.62)
Quit attempts	58/109	53/100	0.99 (0.57-1.71)	0.94 (0.54-1.63)
		Snus users ^c		
	Participants in the control condition: with the outcome/ number analysed	Participants in the intervention condition: with the outcome/	OR (95%CI) ^a Crude	OR (95%CI) ^a Adjusted for age ^d
	·	number analysed	\frown	
	1 11 0 0	0/04	2.54 (0.76-8.54)	2.48 (0.74-8.39)
7-day abstinence	4/100	9/94	2.5+ 0.70-0.5+)	2.70(0.77-0.57)
7-day abstinence 3-month abstinence	4/100 2/100	9/94 7/94	3.94 (0.80-19.48)	3.92 (0.79-19.46)
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^a Reference category: control condition ^c Includes only snus users, no double users

^b Includes only smokers, no double users ^dEntered as continuous variable

Main findings



- Intervention effect not significant for the primary outcome, 7-day abstinence
- Intervention had significant effect for the secondary outcome half-reduction
- The effect on tobacco use seemed to be due to changes among snus users

- In general, the current intervention showed not the same effect as in previous studies, though the direction was similar
 - → Comparison is difficult due to varying interventions and selection of participants

Strengths and limitations



- Main strengths:
 - \rightarrow Design
 - \rightarrow Very low attrition rate

- Main limitations:
 - → Known allocation at the time of the patient recruitment, and the violation of the recruitment protocol in some dental clinics
 - \rightarrow Use of only self-reported data

Generalizability?



THANK YOU!