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General practice patients

Their readiness to quit smoking

Background

This article examines the prevalence of smoking among general practice patients and assesses their stage of readiness to quit.

Method

Descriptive study involving eight general practice registrars working in teaching practices in metropolitan Sydney (New South Wales) who surveyed 1069 consecutive patients over 16 years of age to determine their smoking status; and for smokers, their stage of readiness to stop smoking.

Results

Of these patients 375 (35%) were current smokers, with smoking more common among men (40%) than women (33%). Proportions of smokers in each stage of change were: 137 in precontemplation (36.5%), 158 in contemplation (42%) and 79 in preparation (21%). The majority of patients in preparation (67%) and contemplation (53%) were assessed as willing to further discuss their smoking, whereas only 16% of those in the contemplation stage were willing.

Discussion

Smoking rates among general practice patients were higher than in community samples. Most of the smokers were either contemplating or preparing to quit, and the majority of smokers in these groups were willing to receive advice about smoking cessation.

■ **Smokers can be categorised according to their readiness to quit smoking using the 'stage of change model' developed by Prochaska and DiClemente¹⁻³ and refined by Velicer.⁴ Although there is a lack of clear evidence as to whether stage based interventions are more effective than nonstage based interventions,⁵ individual studies have shown that they have useful effects,⁶ and stage of change assessment has become part of smoking cessation clinical practice guidelines.⁷⁻⁹**

In studies of more than 18 000 smokers, Velicer¹⁰ found approximately 40% were in the stage of precontemplation (not thinking about quitting), 40% in contemplation (thinking about quitting in the next 6 months) and 20% in preparation (planning to quit in next 30 days). No study has been conducted in Australia among patients visiting a general practitioner to ascertain their stage of readiness to quit smoking. In two studies in the United Kingdom, the results varied from 39 to 46% in precontemplation, 37 to 45% in contemplation, and 12 to 15% in preparation.^{11,12}

This study investigates the prevalence of smoking in a sample of general practice patients, the proportion of smokers in each stage of change, and willingness of smokers to discuss smoking with their GP.

Method

Eight general practice registrars in seven teaching practices in metropolitan Sydney (New South Wales) took part in the research. Before conducting a practice survey of smoking, the registrars were trained in the 'Smokescreen' program.¹³ This training included assessment of stage of change using categories as defined by Velicer.⁴ Following training, each registrar completed a de-identified survey of consecutive patients aged 16 years and over until each registrar had accumulated surveys for 50 smokers. Survey data included demographic information, patients' smoking status, stage of change and willingness to further discuss smoking. Data was analysed using EPINFO-6 software.¹⁴

Table 1. Smoking status of patients

	Smoker	Previous smoker	Never smoked	Not recorded	Total n (%)
Males	153	88	144	0	385 (36)
Females	221	125	327	3	676 (63)
Not recorded	1	2	2	3	8 (0.8)
Total n (%)	375 (35)	215 (20)	473 (44)	6 (0.6)	1069 (100)

Results

Smoking prevalence

Data were collected from 1069 patients. Prevalence of current smoking was 35% (375 smokers), with significantly higher prevalence among men (40%) compared with women (33%). Chi-squared with 1 df = 5.11, $p=0.02$ (Table 1).

The most common age group was 16–25 years; 301 patients (28%) of the sample being in this age range. This was also the age range with the highest smoking rate (46%). The lowest smoking prevalence was among those aged 75 years and over (13%).

Stage of readiness to change

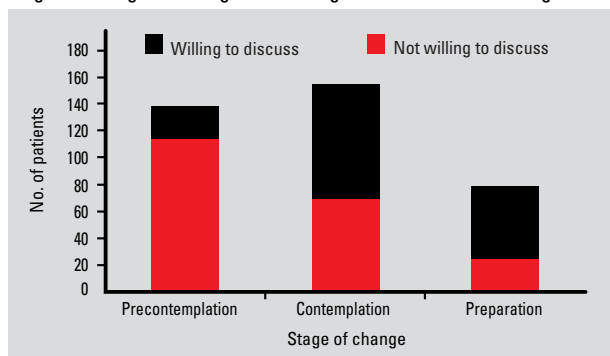
The registrars made an assessment of smokers' stage of change. There were 137 (36.5%) in the precontemplation stage, 158 (42%) in contemplation, and 79 (21%) in the preparation stage. Stage of change was not recorded for one smoker (0.3%).

Willingness to discuss smoking

Registrars assessed the patients' willingness to discuss smoking at this or at a subsequent GP consultation and found that a greater proportion of patients who were in preparation (67%) or contemplation (53%) were more willing to discuss smoking compared to those who were precontemplators (16%).

This difference was highly statistically significant; Chi-squared with 2 df = 68.3, $p<0.000000001$ (Figure 1).

Figure 1. Stage of change and willingness to discuss smoking



Discussion

The prevalence of smoking was substantially higher than in Australian community samples, which show prevalence declining from 22% in 1998 to 17.4% in 2004.¹⁵ Other general practice studies have also shown higher smoking rates.^{16,17} This difference may be explained by smokers attending GPs more frequently than nonsmokers, and the higher proportion of younger people in our sample.

Our study found a higher proportion of patients in the preparation stage than studies in general practice in the United Kingdom. Of those smokers who were in the preparation stage, 67% were assessed as willing to discuss the matter further with their GP. The majority of patients in contemplation were also willing to discuss smoking, though not surprisingly it was less common for those in precontemplation to do so.

There are some limitations of our study. Although the general practice registrars were asked to collect a sample of consecutive patients, it is possible that this was not strictly followed and therefore some potentially eligible patients may not have been recruited. We also have no documentation of patients refusing to be interviewed. The assessment of stage of change was undertaken by the registrars based on the training they had received, and misclassification may have occurred.

Implications for general practice

- This study found that there is a substantial group of patients in general practice who are in a stage of change suitable for intervention to encourage smoking cessation.
- Among those not currently ready to quit smoking, many are willing to discuss the issue of smoking with their doctor.

Conflict of interest: none declared.

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