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Determinants of Smoking Cessation in Patients with Chronic Obstructive Pulmonary Disease

ABSTRACT

Chronic Obstructive Pulmonary Disease (COPD) is a preventable burden on international health with unavoidable risk factor in the form of smoking. Smoking cessation plays a major role in the morbidity and mortality of COPD. Determining factors that influence smoking cessation thus plays a huge role in establishing successful smoking cessation and reducing morbidity and mortality associated with COPD.

Objectives

Cross sectional survey of patients with COPD at the Helen Joseph Hospital, conducted between June and August 2018. Questionnaires were given to the patients in a confidential manner, where details like whether they were still smoking or not and the number of years they had been smoking for were interrogated. Determinants such socio-economic standing, highest level of education and symptomatology were amongst the few determinants that were included in the questionnaire.

Results

Of the 50 respondents, 33 had successfully stopped smoking and 17 were still smoking at the time they took the questionnaire. We found that 74% of patients (82.3% of smokers and 69.7% of ex-smokers) who took part in the study had severe disease according to their Global Initiative for Obstructive Lung Disease (GOLD) score. In our study the most significant finding was the relationship between the socio-economic status and COPD. The majority (75.8% and 76.6% of current and ex-smokers respectively) were unemployed. We were unable to demonstrate statistical significance between other well recognized factors that have been shown to influence smoking cessation (age; level of education and severity of disease) in our cohort. This may be due to the limited number of patients in our study. We did demonstrate the benefit of counselling by a doctor, even though this was not significant.

Conclusion

Smoking cessation is an important aspect in the management of COPD and by understanding these determinants we can reduce the morbidity and mortality associated with COPD. The significance of a low socio-economic status as highlighted by our study needs to be considered as a broader public health initiative but counselling by health professionals is an easier intervention and should be emphasized.