

Rygestop og svær mental sygdom

Effectiveness of the Gold Standard Programme (GSP) for smoking cessation on smokers with and without a severe mental disorder: a cohort study

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Baggrund

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Open access Research

BMJ Open Effectiveness of the Gold Standard Programme (GSP) for smoking cessation on smokers with and without a severe mental disorder: a Danish cohort study

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ABSTRACT
Objectives We compared the effectiveness of an intensive smoking cessation intervention among smokers with and without a severe mental disorder (SMD) and identified factors associated with successful quitting. The main hypothesis was that smokers with an SMD would be less likely to stay continuously smoke-free for 6 months.
Design A prospective cohort study.
Setting In all 302 smoking cessation clinics in Denmark from municipal clinics, pharmacies, hospitals, midwives, primary care facilities and other private providers who reported data to the national Danish Smoking Cessation Database from 2006 to 2016 participated in this study.
Participants A total of 38 293 patients from the Danish Smoking Cessation Database. Patients with an SMD were identified by linking data to the Danish National Patient Register. Diagnoses of organic mental disorders (O) (diagnosed in schizophrenia (F7) chapter) were not included. Smokers >15 years old who were attending a Gold Standard Programme (GSP) with planned follow-up were included. Smokers not wanting contact after 6 months were excluded.
Interventions A comprehensive manual-based smoking cessation intervention comprising five meetings over a 6-week period (the GSP).
Main outcome measures Self-reported continuous abstinence at the 6-month follow-up.
Results In all, 60% of the participants participated in the follow-up after 6 months. The overall rate of successful quitting was high but significantly lower in SMD smokers (20% vs 20%, OR 0.74, 95% CI 0.68 to 0.80). Variables associated with successful quitting were compliance (defined as attending >75% of the planned meetings), older age and male gender as well as not being disadvantaged, heavy smoking or recommendation of intervention by health professionals.
Conclusions Only 25% of smokers with an SMD successfully quit smoking which was significantly lower than the 38% of smokers without an SMD. Compliance was the most important predictor for successful quitting.
INTRODUCTION
The prevalence of smoking among patients with mental illness is relatively high.^{1–3} A Danish survey showed that 39% of patients with a mental illness were daily smokers compared with 20% of the general population.⁴ Furthermore, patients with mental illness were 2.5 times more likely to be heavy smokers.⁵ Overall, patients with a severe mental illness had reduced life expectancies of 15 and 20 years in women and men, respectively,⁶ and a recent study found that one-third of the 15 lost life years in smokers with a severe mental disorder (SMD) may be attributed to smoking.⁷ Based on observational studies, successful smoking cessation has been shown to improve mental health⁸ and reduce mortality and morbidity in patients with psychiatric issues.^{9–12} Most smoking cessation interventions combine behavioural and pharmacological support. A recent review on the efficacy of smoking cessation intervention in patients with a severe mental illness concluded that bupropion and varenicline appear to be as effective in populations with psychiatric issues as in the

Strengths and limitations of this study

- This was a prospective cohort study based on 38 293 smokers with or without mental disorders.
- Quit rates at the 6-month follow-up were based on unvalidated self-reporting.
- When identifying smokers with psychiatric issues in this study, only smokers with a mental disorder severe enough to justify hospitalisation (inpatient or outpatient) were included. This cohort might contain patients with less severe mental disorder (SMD/SMDs), who (in this study) were categorised as smokers without SMD.
- Participants with an SMD were included independent of the time span from diagnosis to intervention onset.
- This study was based on routinely collected health data, but because the aim of this study was in line with the purposes of the Smoking Cessation Database, we considered the implications minimal.

Check for updates

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Rygning – i store træk

Tobak er stadig den mest dræbende livsstilsfaktor

- Verden over
 - 1,1 milliarder rygere
 - 7,2 millioner dør årligt

- Rygning forårsager fx
 - Hjertekarsygdomme
 - Kræft
 - Lungesygdomme
 - Komplikationer ved fx graviditet og operation

- Livstidsrygere
 - 50 % dør som konsekvens af deres rygning
 - Lever 7-10 år kortere end aldrig rygere
 - Dårligere selvvalgt helbred



Rygning – i store træk

Nationalt

- I Danmark
 - 800.000 daglig rygere
 - 13.600 dør hvert år som konsekvens af rygning

- Rygere med mental sygdom
 - Dobbelt så mange rygere
 - 2,5 gange flere storrygere
 - Forventede levetid er reduceret med 15-20 år

- Rygestop
 - Forbedrer mentale sundhed
 - 7 ud af 10 rygere ønsker at stoppe



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Formålet med studiet

At sammenligne effekten af det danske standardprogram blandt rygere med og uden svær mental sygdom

Samt at identificere faktorer af betydning for et succesfuldt rygestop



Hypotese

Rygere med mental sygdom er mindre succesfulde i deres rygestopforsøg

*Baseret på data fra:
 Rygestopbasen og
 landspatientregisteret*



Studiedesign og setting

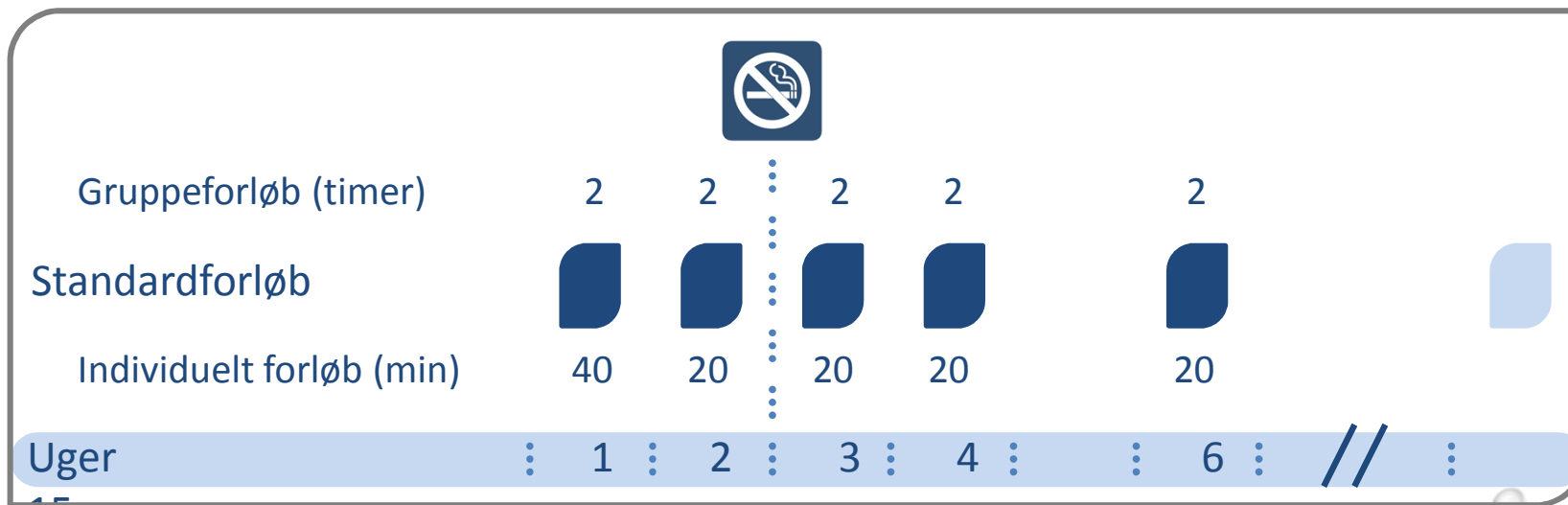
Prospektivt kohorte studie

Setting

Standardforløb i perioden 2006-2016
 240 rygestopudbydere i forskellige settings



Det danske standard rygestopprogram

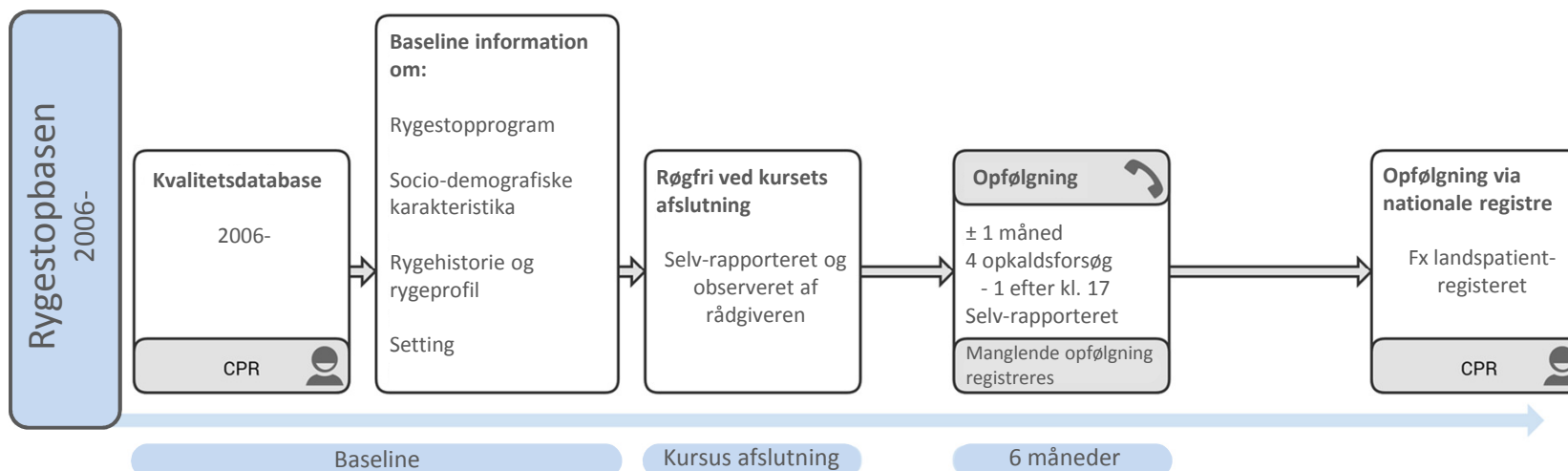


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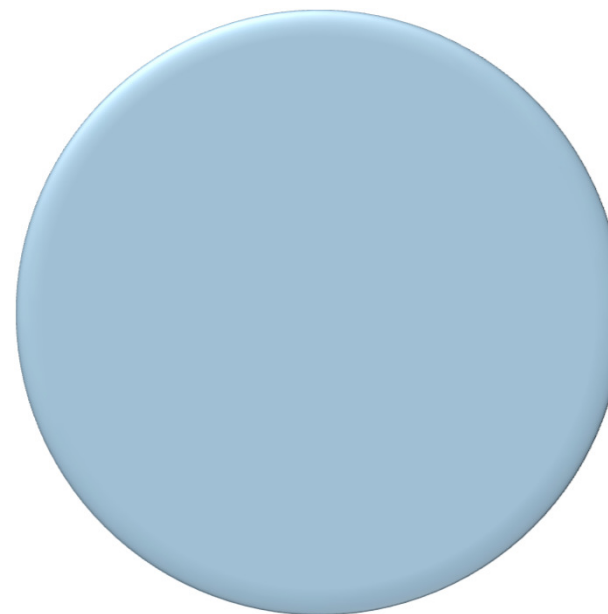
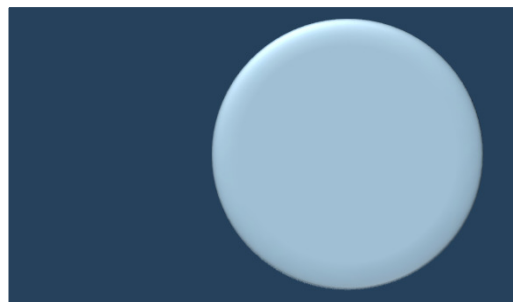
Reference: Rasmussen and Tønnesen
 The Danish Smoking Cessation Database
 Clin Health Promot 2016;6:36-41

Dataindsamling

- i Rygestopbasen



Populationer



Kilde: Psykisk sygdom og ændringer i livsstil. Vidensråd for forebyggelse, 2015.

Populationer

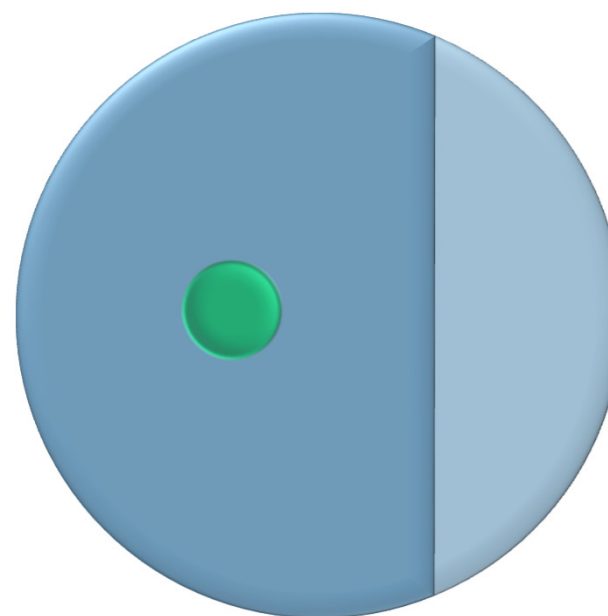
Med mental sygdom

Andel rygere: 38 %



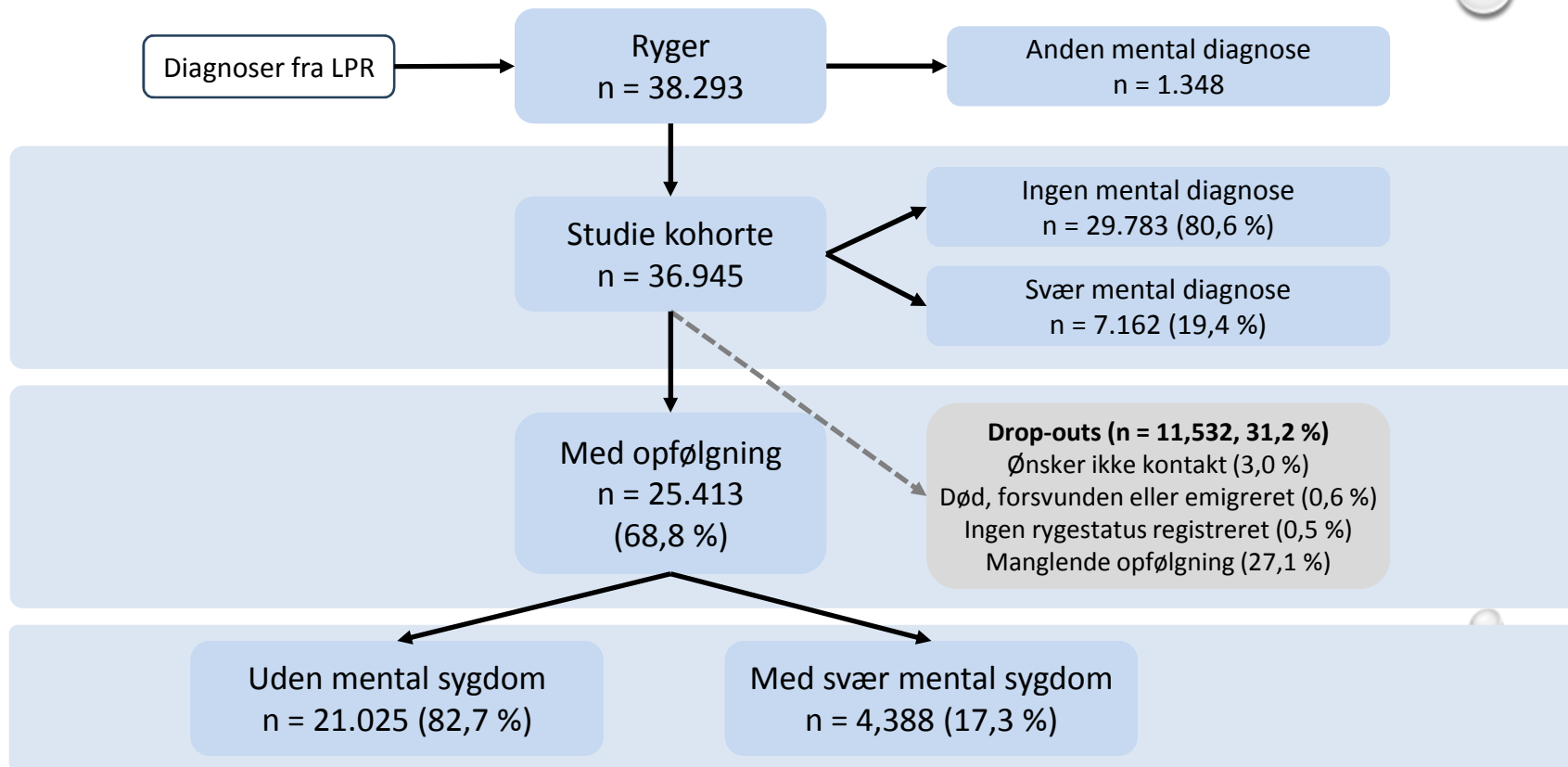
Uden mental sygdom

Andel rygere: 19 %

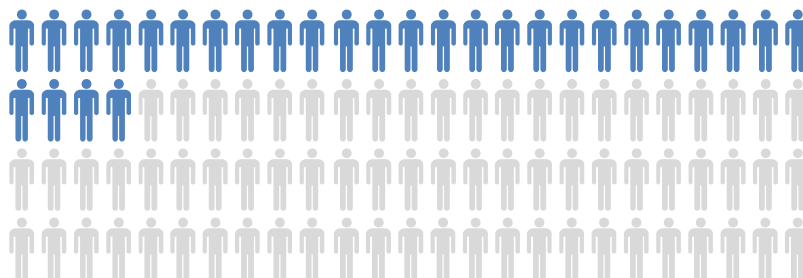


Kilde: Psykisk sygdom og ændringer i livsstil. Vidensråd for forebyggelse, 2015.

Flowdiagram



Røgfrihed efter 6 måneder



29%

Med svær mental sygdom

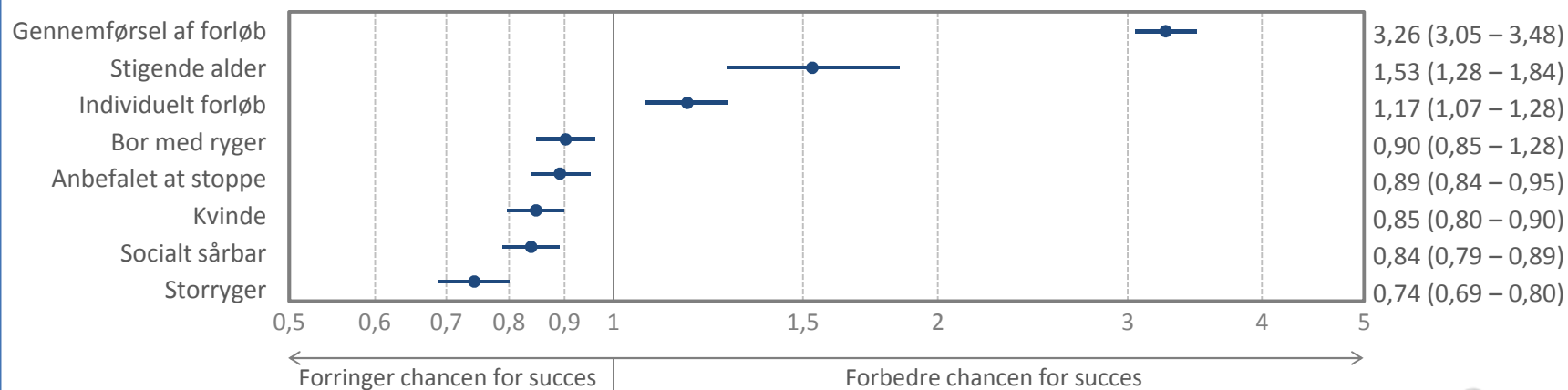


38%

Uden mental sygdom

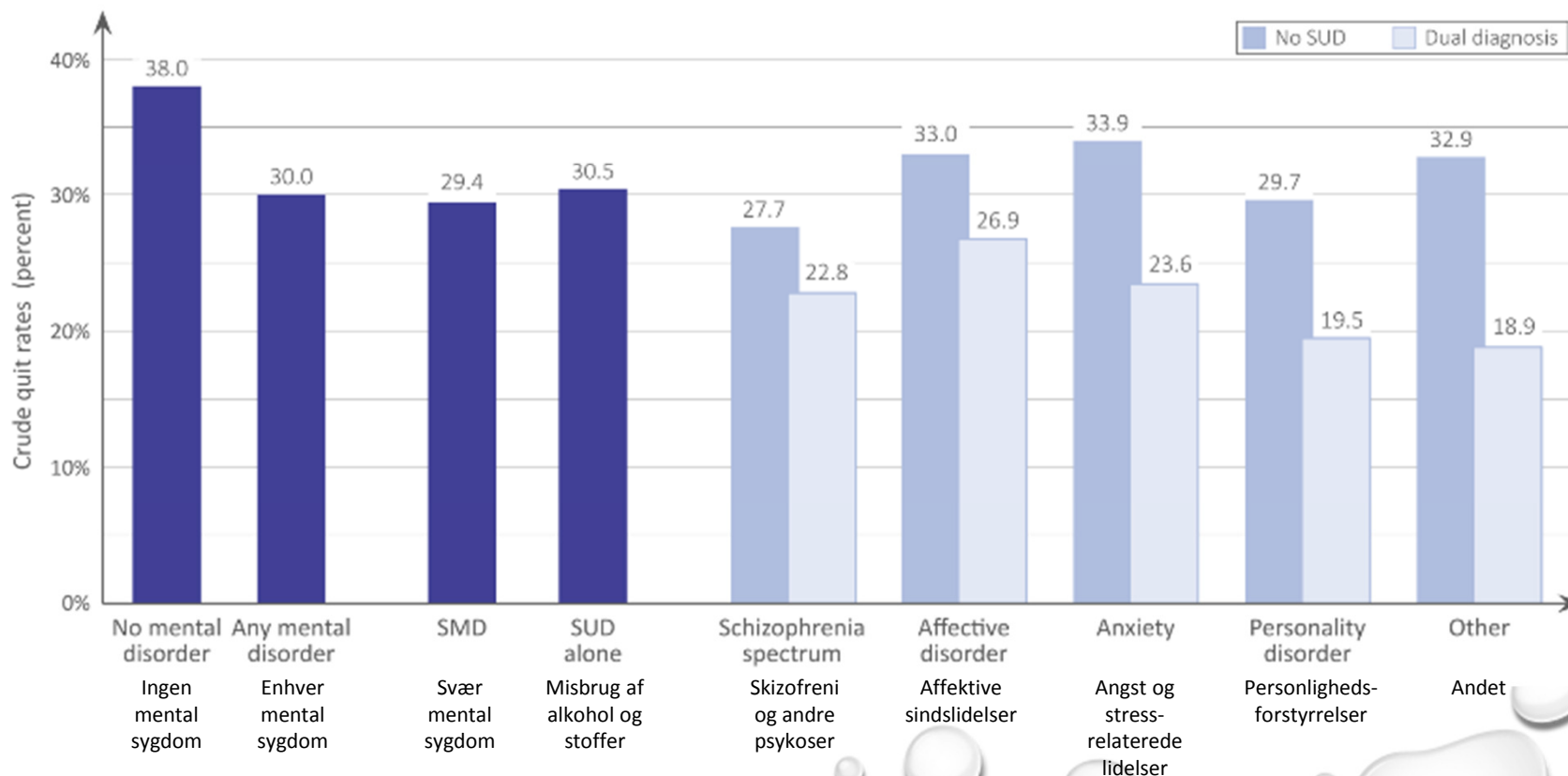
Odds ratio (OR): 0,74, 95% CI: 0,68-0,80 (p≤0,001)

Faktorer af betydning for rygestop



Dobbeltdiagnoser

Rå rygestoprater



Begrænsninger og styrker

Begrænsninger

- Vi kan kun justere for kendte faktorer og kun hvis vi har adgang til data
- Ikke alle rygestopforløb registreres i Rygestopbasen
- Der er forskel på dem der bliver fulgt op og dem der ikke bliver fulgt op
- Rygestatus er ikke valideret
- Rygere med mental sygdom er identificeret via landspatientregisteret

Styrker

- Begge de registre vi har anvendt har en høj kvalitet
- Stor national kohorte på tværs af sektorer
- Relativ høj opfølgingsrate
- Vi måler på kontinuert rygestop

Konklusion

Rygere med alvorlig mental sygdom er mindre succesfulde i deres forsøg på at holde op med at ryge

29 % af disse rygere var dog fortsat røgfri efter 6 måneder, hvilket er et klinisk relevant resultat

Grundet de mange positive effekter af rygestop på både fysisk og mental sundhed, bør det overvejes om rygere med mental sygdom som standard skal tilbydes et standard rygestopprogram som led i deres behandling.



Mange tak til



- alle inkluderede deltagere
- brugerne af Rygestopbasen
- brugergruppen, den rådgivende gruppe og styregruppen
- de medvirkende forskere
- personalet i Rygestopbasens sekretariat



**TAK FOR
JERES OPMÆRKSOMHED**