

## Smoking cessation treatment in German primary care: how well are clinical guidelines implemented?

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**DEBRA**  Deutsche Befragung  
zum Rauchverhalten

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## Conflict of interest

*None.*

## Evidence-based methods

### Pharmacological

- Nicotine replacement therapy
- Bupropion
- Varenicline



### Behavioural support

- Brief advice (physician)
- Intense behavioural support

Kotz et al., *Mayo Clinic Proc* 2014

Cahill et al. 2016, Stead et al. 2016

Stead et al. 2013, Stead et al. 2012



UKD Universitätsklinikum Düsseldorf



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„The smoking status of patients **should** be determined at all levels of clinical care“

„Screening, Diagnostik und Behandlung des

„Brief advice to quit and offer help to quit tobacco with evidence-based cessation methods **should** be routinely offered to smoking patients in medical and psychosocial healthcare settings“

Publiziert bei:

„Smokers, who are offered NRT or medication (Varenicline or Bupropion) for smoking cessation, **should** receive complementary brief medical counselling to support their quit attempt“

## Focus today: General Practice

### Relevance of general practice in smoking cessation:

- majority of the population visits GP regularly
- long-lasting relationship (trust, social context)
- patients attend GP with chronic diseases



How well are clinical guidelines  
implemented in General Practice?

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## Exposure to GP advice on quitting

[If Question 1 = 1-4]

**17.** Have you consulted a doctor or physician during in the past year?

1. Yes
2. No
3. Don't know
4. N/A

[If Question 17 = 1]

**18.** What kind of a doctor or physician have you seen? [Multiple answers allowed.]

1. General practitioner/ family doctor
2. A different physician (e.g., a cardiologist, orthopaedist, neurologist)
3. N/A

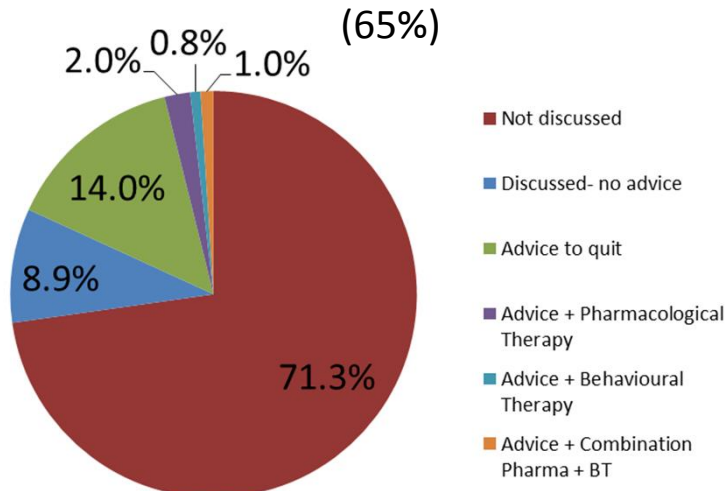
## Exposure to GP advice on quitting

[If Question 18 = 1]

**19.** Which of the following situation applies to your last visit with your general practitioner (GP) / family doctor? \*\*

1. We did not talk about my smoking behaviour
2. We had a talk about my smoking but s/he did not advise me to stop smoking
3. My GP advised me to stop smoking but did not offer any therapy
4. My GP advised me to stop smoking and recommended or prescribed a drug (e.g., nicotine patch or varenicline)
5. My GP advised me to stop smoking and recommended a behavioural therapy (e.g., single or group therapy)
6. My GP advised me to stop and recommended or prescribed a drug (e.g., nicotine patch or varenicline) as well as a behavioural therapy (e.g., single or group therapy)
7. Don't know
8. N/A

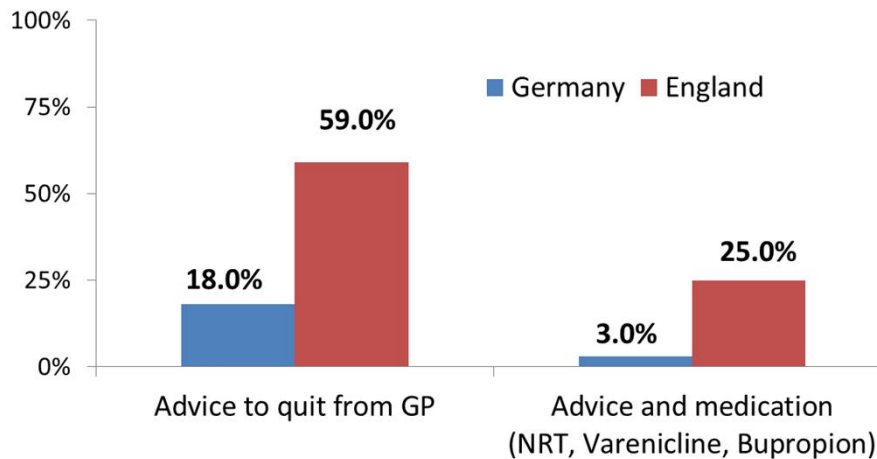
10,226 respondents  
 2,960 current smokers & recent ex-smoker  
 N= 1,913 visited GP during past 12 months  
 (65%)



## Associations with the receipt of advice

- **No significant associations** could be found **with sex, education or income** → **advice to quit (yes/no)**
- **Age** → **advice to quit (yes/no):**
  - OR 1.02 (95%CI 1.01-1.02;  $p \leq .001$ )
- **Cigarette consumption ( $\leq 10$ /day vs.  $> 10$ /day)** → **advice to quit (yes/no):**
  - OR 0.52 (95%CI 0.39-0.70;  $p \leq .001$ )

## GP performance Germany vs. England



English data (STS):Kotz, Willemsen, Brown & West; Eur J Gen Prac 2013

## Barriers to the promotion of advice

GPs:

- lack the feeling of competence (training) in giving cessation advices or supporting smokers
- rate existing treatments (e.g., brief advice, NRT) to be not effective (= misperceptions, lack of training/information?)
- lack time and lack of adequate reimbursement of costs involved in promotion of smoking cessation

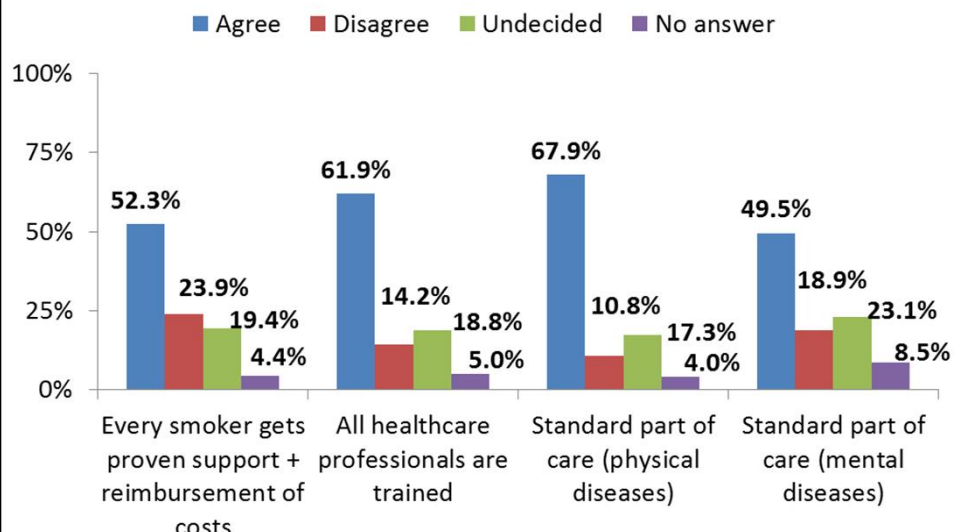
Raupach et al., Eur J Prev Cardiol 2011  
Twardella et al., Eur J Public Health 2005;  
Hoch et al., Suchtmedizin 2004

## Public support for...

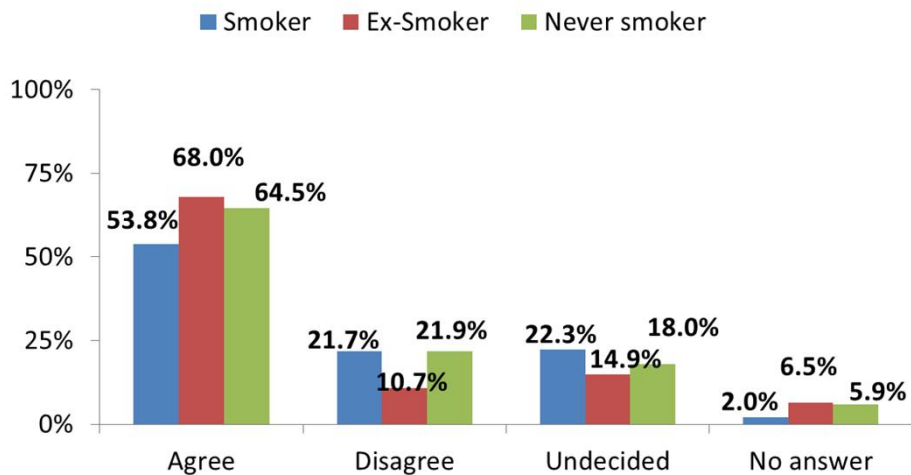
I'm now going to show you a list of policy suggestions relating to smoking. For each one, please indicate to what extent you support or oppose each suggestion, or whether you have no opinion [politixs].

1. Ensuring that every smoker who wants it can get support that is clinically proven to help stop smoking, and that costs of treatment (e.g., pharmacological or behavioural therapy) will be reimbursed [\_\_\_]
2. Making sure that all healthcare professionals (working in patient care) are trained to advise smokers about how to stop smoking [\_\_\_]
3. Making stop-smoking support a standard part of the care for smokers with long-term physical health problems (such as cardiovascular or respiratory diseases etc.) [\_\_\_]
4. Making stop-smoking support a standard part of the care for smokers with long-term mental health problems (such as anxiety, depression, schizophrenia etc.) [\_\_\_]

## Public support for... (2,087 respondents)



#2 „Making sure that all healthcare professionals (patient care) are trained to advise smokers about how to stop smoking“



### Where do we stand?

- We **DO HAVE** evidence-based treatments
- Offering these in primary care is recommended by clinical guidelines
- The majority of the German population would support health policies





## Where do we stand?

Evidence-based  
**guideline**



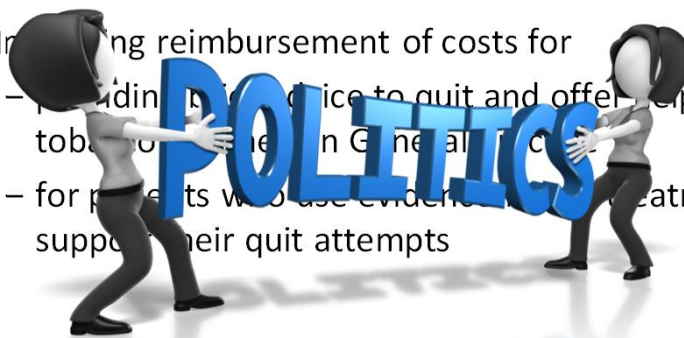
Evidence-based  
**practice**

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## Actions we cannot take

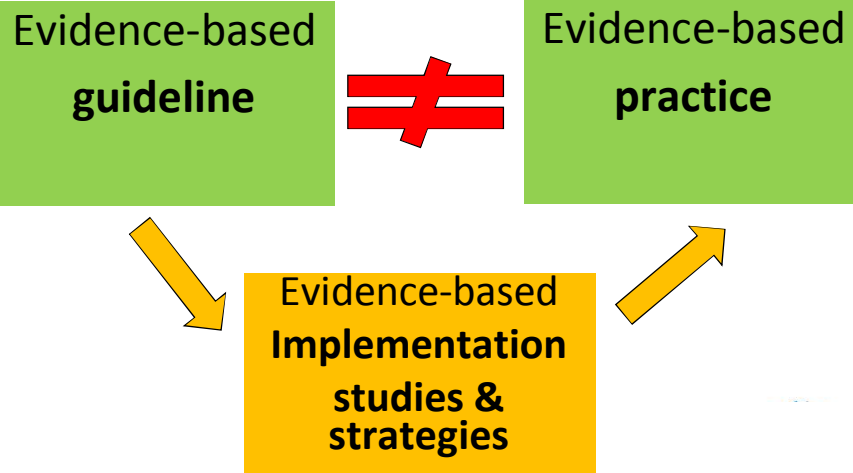
- Improving undergraduate medical education

- Improving reimbursement of costs for  
– providing nicotine replacement therapy and offer help to quit tobacco  
– for patients who use evidence-based treatments to support their quit attempts



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## Actions we can take




## Actions we take



Öffentliche Bekanntmachung  
des Bundesministeriums für Gesundheit (BMG)

Entwicklung von **Umsetzungsstrategien** zur Implementierung und Evaluation der S3-Leitlinie „Screening, Diagnostik und Behandlung des schädlichen und abhängigen Tabakkonsums“

veröffentlicht am 13.09.2016 auf [www.bund.de](http://www.bund.de)


 **Evidence-based Implementation strategy**

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**Training development & testing**  
3,5h (CME credits, lunch)  
2 trainers (researcher, GP peer)  
extensive role play  
implementation tools

ABC  
5A


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 24 GPs    Pre    5A    Post    FU


24 GPs    Pre    ABC    Post    FU

**Baseline (N=2,016)**  
**Primary outcome:** advice received  
**Secondary ~:** counselling  
NRT  
varenicline/buprop

**Week 4, 12, 26**  
**Secondary ~:** attempts  
abstinence

 **UKD** Universitätsklinikum Düsseldorf

 **ifam** INSTITUT FÜR ALLGEMEINMEDIZIN

 **HEINRICH HEINE** UNIVERSITÄT DÜSSELDORF Medizinische Fakultät

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## Actions we take

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About DEBRA

The DEBRA study is a bi-monthly representative household survey on the use of tobacco and e-cigarettes in the German population (German Clinical Trials Register number: DRKS00011322). The study is coordinated by the [Addiction Research and Clinical Epidemiology unit](#) at the Institute of General Practice of the Heinrich-Heine-University Düsseldorf. The study is funded by the Ministry for Innovation, Science and Research of the German Federal State of North Rhine-Westphalia.

Ministry of Innovation, Science and Research of the State of North Rhine-Westphalia 

Background