

Interpretation of survey data and opportunities in patient care

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Presentation outline

- 1) Patient-centred approach
- 2) Student-centred approach
- 3) Physician-centred approach
- 4) Research-centred approach

The patient perspective

- Physician (n = 77) and patient (n = 675) survey at Göttingen University Medical Centre
- knowledge on pathophysiology and health consequences of smoking
- knowledge on effective treatments
- recollection of counselling

The patient perspective

Table 1. Substances in tobacco smoke believed to cause coronary heart disease. Participants' replies to the open-ended question 'In your opinion, what component of tobacco smoke is mainly responsible for the increased risk of coronary artery disease in smokers?' were grouped into six categories which were mutually exclusive

Substance	Percentage and number of entries	
	Physicians (%) (N = 77)	Patients (%) (N = 675)
Nicotine		
Tar		
Nicotine + tar		
Carbon monoxide		
Mixture of numerous substances		
Other single substances		
No entry (missing values)		

Raupach et al. Eur J Cardiovasc Prev Rehabil 2011; 18: 334-341

Lung cancer (80-90%) Pancreatic cancer (20-40%) COPD (70-90%) ENT cancer (60-90%)

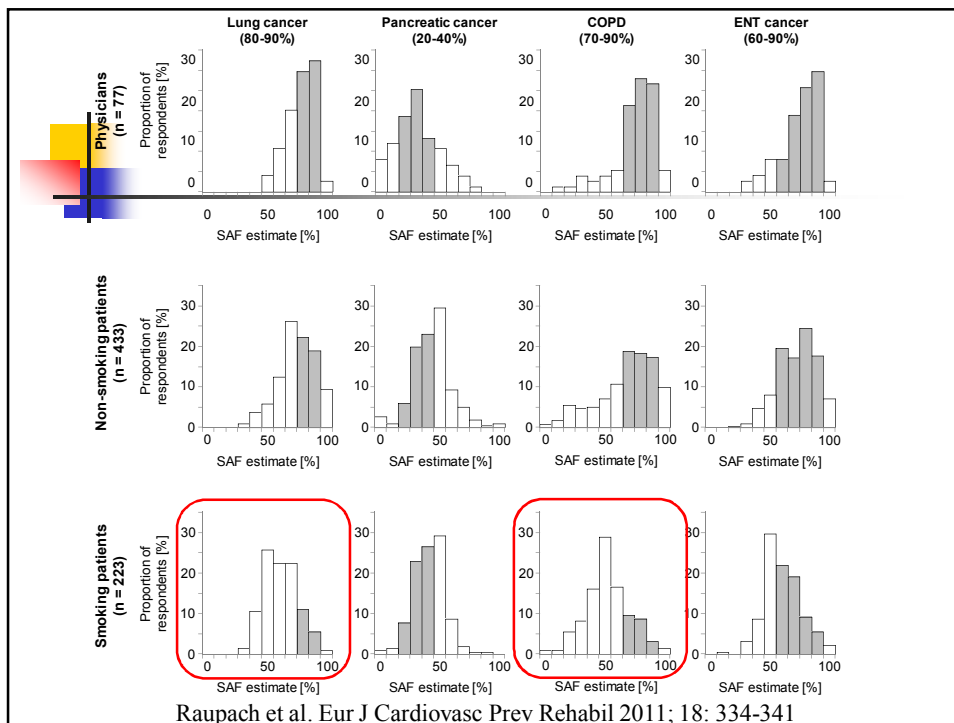
Smoking-attributable fractions

Physician survey (n = 77)

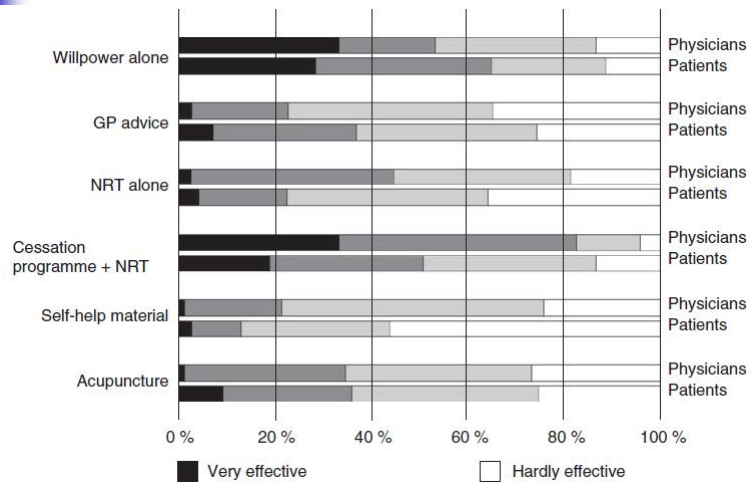
Patient survey (n = 433 non-smokers)

Patient survey (n = 223 smokers)

Raupach et al. Eur J Cardiovasc Prev Rehabil 2011; 18: 334-341



The patient perspective



Raupach et al. Eur J Cardiovasc Prev Rehabil 2011; 18: 334-341

The patient perspective

- Physician (n = 77) and patient (n = 675) survey at Göttingen University Medical Centre
- knowledge on pathophysiology and health consequences of smoking
- knowledge on effective treatments
- recollection of counselling:
 - medical wards: 21.6%
 - surgical wards: 43.6%

The physician perspective

- 99% of physicians felt that smoking status of all patients should be documented at every visit.
- 94% said that they actually did so.
- 94% felt that all smokers should be advised to quit, but...
- ...only 27% actually did so.

Raupach et al. Eur J Cardiovasc Prev Rehabil 2011; 18: 334-341

Table 2 Training in smoking cessation promotion among

RESEARCH PAPER

A study of smoking and smoking cessation on the curricula of UK medical schools

E Roddy, P Rubin, J Britton, on behalf of the Tobacco Advisory Group of the Royal College of Physicians

Tobacco Control 2004;13:74-77. doi: 10.1136/tc.2003.004572

Type of education/training (more than one type could be selected)		
literature	213	67.6
lectures/seminars	46	14.6
acupuncture training	22	6.7
education in psychotherapy / drug addiction medicine	10	3.2
information on medication for smoking cessation assistance	9	2.9
Other	19	6.4
Education/training perceived as adequate (missing = 5)	106	34.2

Twardella & Brenner, Eur J Public Health 2005; 15: 140-145

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Type of education/training (more)

“Training in clinical aspects of smoking cessation was particularly neglected, with 60% of PRHOs reporting that they graduated unable to deliver smoking cessation interventions in accordance with national guidelines. Only 17% of PRHOs felt well prepared to deliver advice on using nicotine replacement therapy, and 5% on bupropion.”

(missing = 5)

Twardella & Brenner, *Eur J Public Health* 2005; 15: 140-145

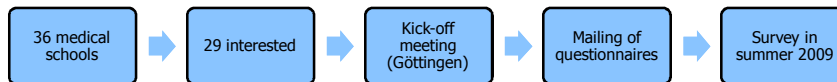


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The student perspective

- 2006: pilot survey at Göttingen Medical School



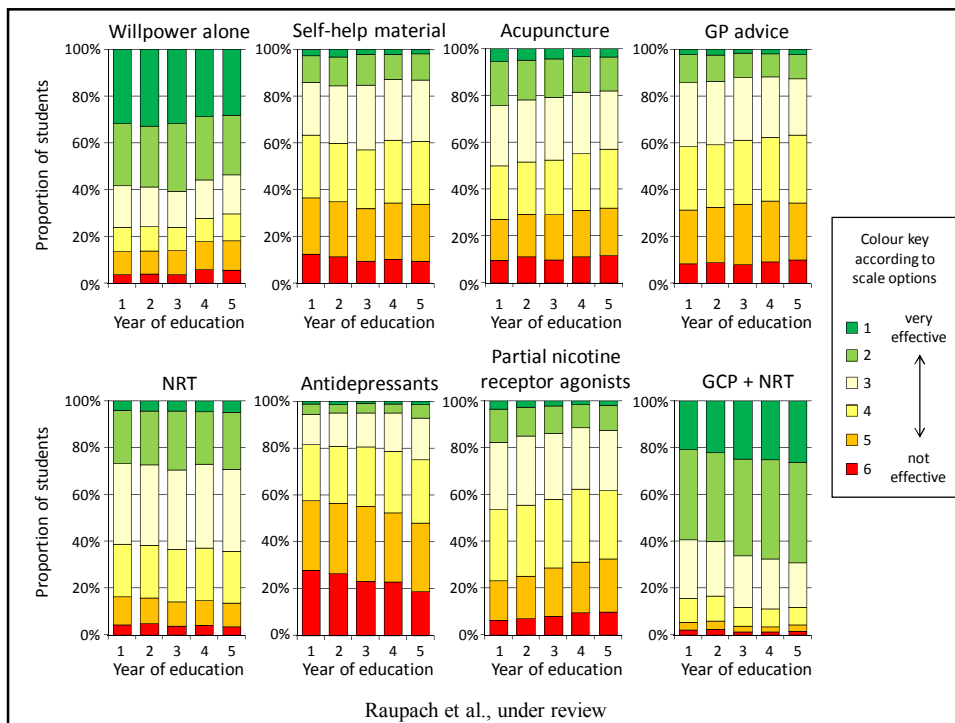
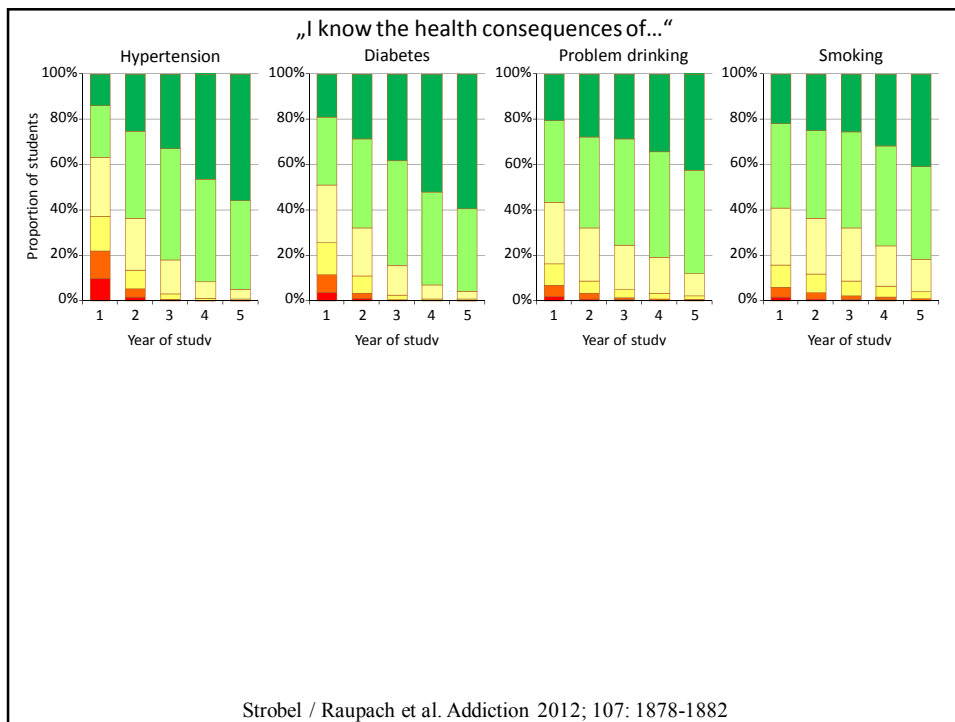
- students of Years 1-5 were included
- completed questionnaires were returned to Göttingen
- descriptive analysis by year of medical education

Raupach et al., Nicotine Tob Res 2009; 11(1): 92-98

Medical School	Completed questionnaires	Response rate (%)
Aachen	679	55.3
Berlin – traditional	647	27
Berlin – reformed	140	23.3
Bochum – traditional	747	73.2
Bochum – reformed	178	84.8
Bonn	25	1.9
Duisburg – Essen	460	63.9
Düsseldorf	848	39.9
Erlangen – Nürnberg	857	57.8
Frankfurt am Main	248	13.5
Göttingen	1402	76.1
Greifswald	640	99.2
Halle – Wittenberg	955	82.5
Hamburg	1096	78.0
Heidelberg	142	9.3
Jena	793	61.5
Kiel	746	72.6
Köln	769	48.1
Leipzig	757	34.4
Lübeck	439	43.3
Mainz	1004	49.3
Marburg	1332	84.3
München (LMU)	1441	48.9
München (TU)	241	28.7
Münster	742	58.7
Regensburg	562	66.6
Ulm	844	50.7
Witten – Herdecke	224	89.2
Würzburg	570	45.6
Total	19,528	49.6

Sex distribution (f/m): 64.6 / 35.4%
pre-clinical/clinical: 47.7 / 52.3%







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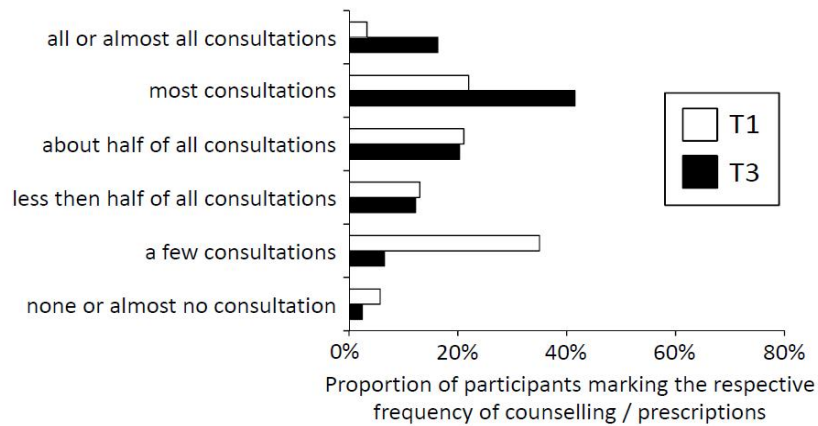


The physician perspective

- Prospective intervention study involving 123 GP trainees enrolled in 3-year Vocational Training Schemes across England
- Questionnaire surveys before and after a 3.5-hour smoking cessation training session as well as 3 months later
- Only 23 recalled having received any teaching on counselling (mostly <2 h), and only 1 has ever had a practical training session.

Bobak & Raupach; unpublished data

The physician perspective



Bobak & Raupach; unpublished data

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A research perspective

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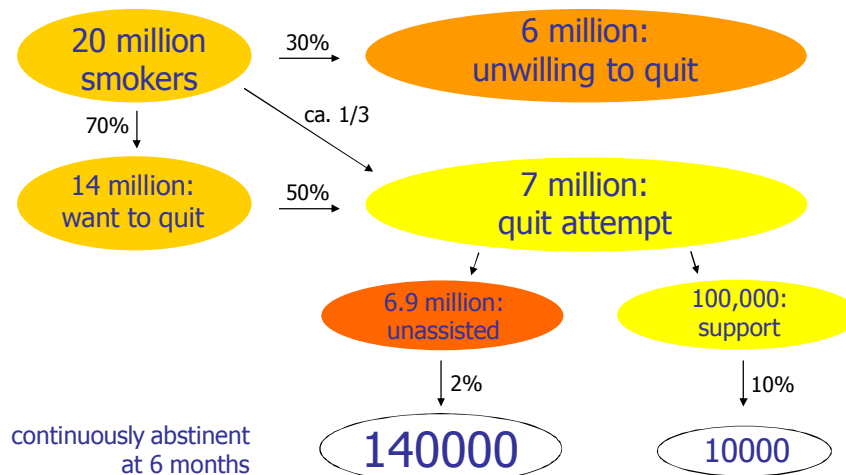
Policy Forum

The Global Research Neglect of Unassisted Smoking Cessation: Causes and Consequences

„...the most successful method used by most ex-smokers is unassisted cessation.“

Chapman & MacKenzie, PLoS Med 2010; 7(2): e1000216

A research perspective



A research perspective

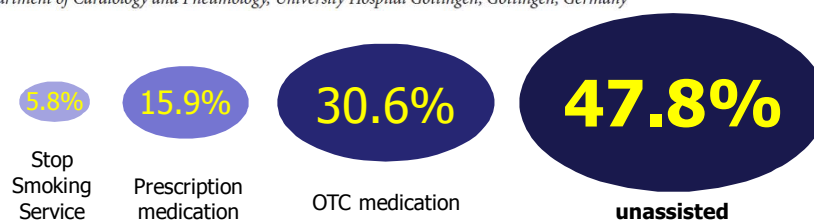
Research Letter

The Most “Successful” Method for Failing to Quit Smoking Is Unassisted Cessation

Tobias Raupach,^{1,2} Robert West,¹ & Jamie Brown¹

¹ Cancer Research UK Health Behaviour Research Centre, University College London, London, UK

² Department of Cardiology and Pneumology, University Hospital Göttingen, Göttingen, Germany



Raupach T, Brown J, West R, et al. *BMJ*. 2013; 347:f748-749

Conclusions

- Surveys of hospitalised patients indicate that the delivery of smoking cessation advice on hospital wards is inadequate.
- Most physicians believe they have not received adequate training to help smokers quit.
- This assumption is supported by the results of the largest medical student survey in Germany to date.
- Correct interpretation of survey data requires clear research questions and a sound methodology.
- Patient, physician and student surveys can help identify areas of potential improvement and inform policies aimed at further optimising the quality of patient care.



Contact information

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