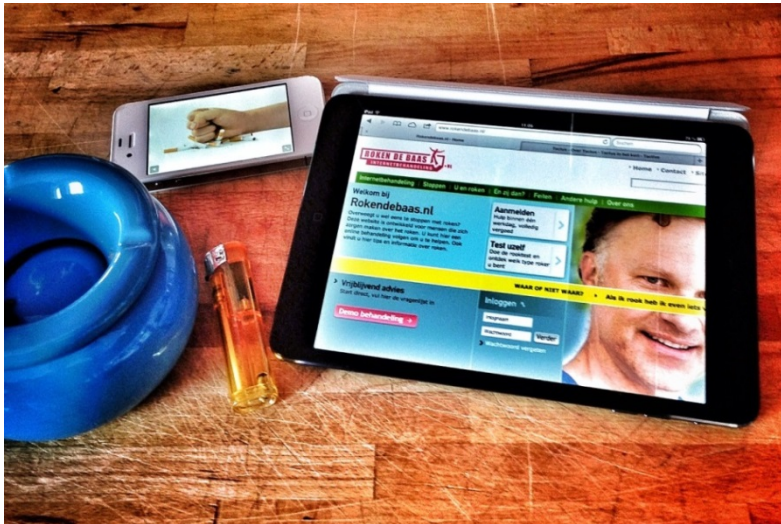


Adherence to blended smoking cessation treatment



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Introduction

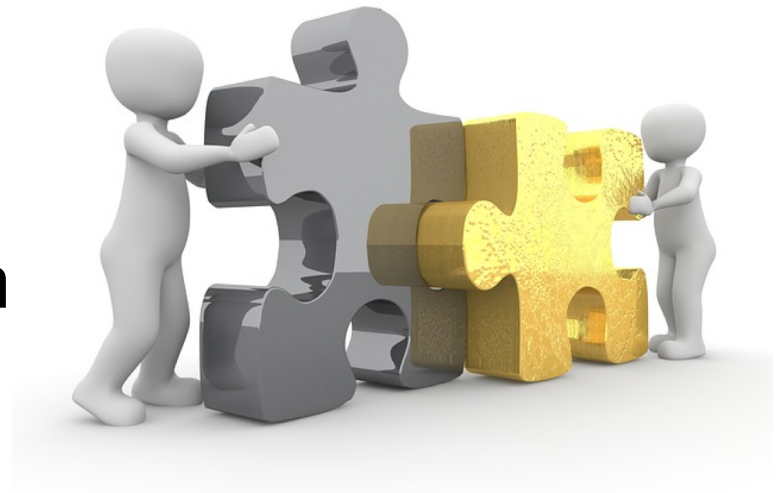
- Smoking cessation can significantly reduce the risk of developing smoking-related diseases
- Several **face-to-face** methods are proven effective (Fiore, Jaén, Baker, & al., 2008).
- **Internet-based** interventions can be helpful especially if the information is appropriately tailored to the user (Civljak, Sheikh, Stead, & Car, 2010)
- Can **blended treatment** be “the best of both worlds”?
- Little is known about adherence to blended treatment

Questions

- Is our method of measuring adherence to Blended Smoking Cessation Treatment (BSCT) adequate?
- What is an adequate level of adherence (threshold)?
- How is the adherence to BSCT?
- What predicts adherence to BSCT?

Definition: Blended smoking cessation treatment (BSCT)

... a combination of face-to-face treatment with internet sessions into one integrated smoking cessation treatment which can be delivered in routine care settings



Blended Smoking Cessation Treatment

	Week	Session	Mode of delivery
1	1	Goal setting	Face-to-face
2	3	Measures for self-control	Web
3	5	Dealing with withdrawal	Face-to-face
4	7	Breaking habits	Web
5	9	Dealing with tempters	Face-to-face
6	11	Food for thought	Web
7	14	Think differently	Face-to-face
8	18	Do differently	Web
9	22	Action plan	Face-to-face
10	26	Closure	Web

Web-based session at Rokendebaas.nl

Je hulpverlener:
Lutz Siemer
test_test



Doel stellen

Minimaliseren Sluiten

Print deze opdracht

2

Einddoel
Wil je een stopdatum vaststellen?
☐ Nee
☒ Ja

Ik ben rookvrij vanaf:

3

Mijn volgende stap naar mijn einddoel
De volgende activiteiten doe ik in het vervolg rookvrij:

1.
2.
3.
4.
5.

Startdatum:
Ik ga hiermee door tot:

Als je wilt, kun je hieronder je doelstelling nog toelichten:

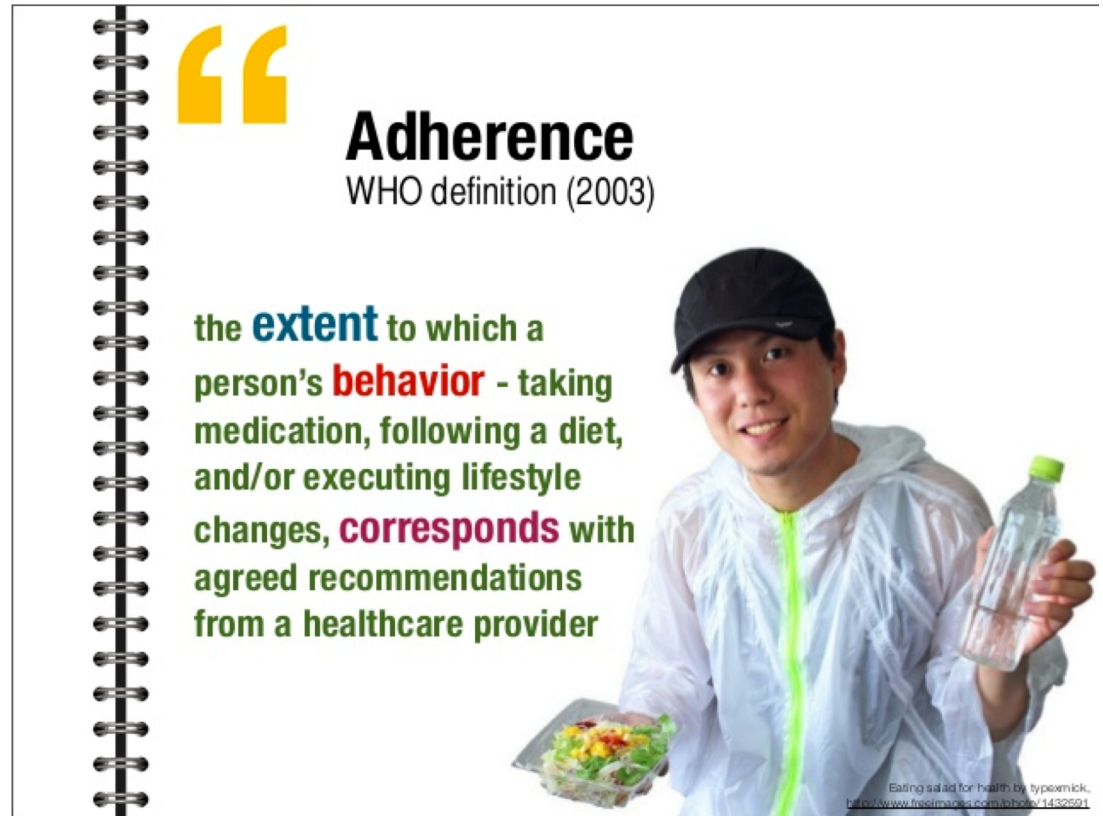
← Vorige

1 2 3 4 5 6

Volgende →

Definition: Adherence

- Problems in context of counselling:
 - premature termination of the treatment
 - failures to complete between session tasks and exercises



Definition: predictors

... patients'
characteristics that
correlate with the
expected outcome
(adherence)

(vs. determinants =
causal relation)



Known predictors to adherence in smoking cessation treatment

- Early abstinence success
- Older age
- Less heavy smoking
- Active drug treatment
- Higher education



Study subjects

- Patients of the Stoppen met Roken poli (RookvrijLeven study)
- n=75 adherence analysis
- n=29 adherence and quitting

Data collection

- Predictors: intake measurement (online questionnaires)
- Quitting: 3– and 6–months follow-up online questionnaires
- Adherence: data from xCare, DSV and rokendebaas.nl
 - Selecting 18 activities to trace patients adherence over the course of the treatment

Results: „measuring right?“

Dose–response relationship between adherence and quitting

	Average number of activities for adherence		
	Quitter	Smoker	p–value
3 months (n=25)	12.5	9.6	0.08
6 months (n=17)	14.4	9.6	0.03

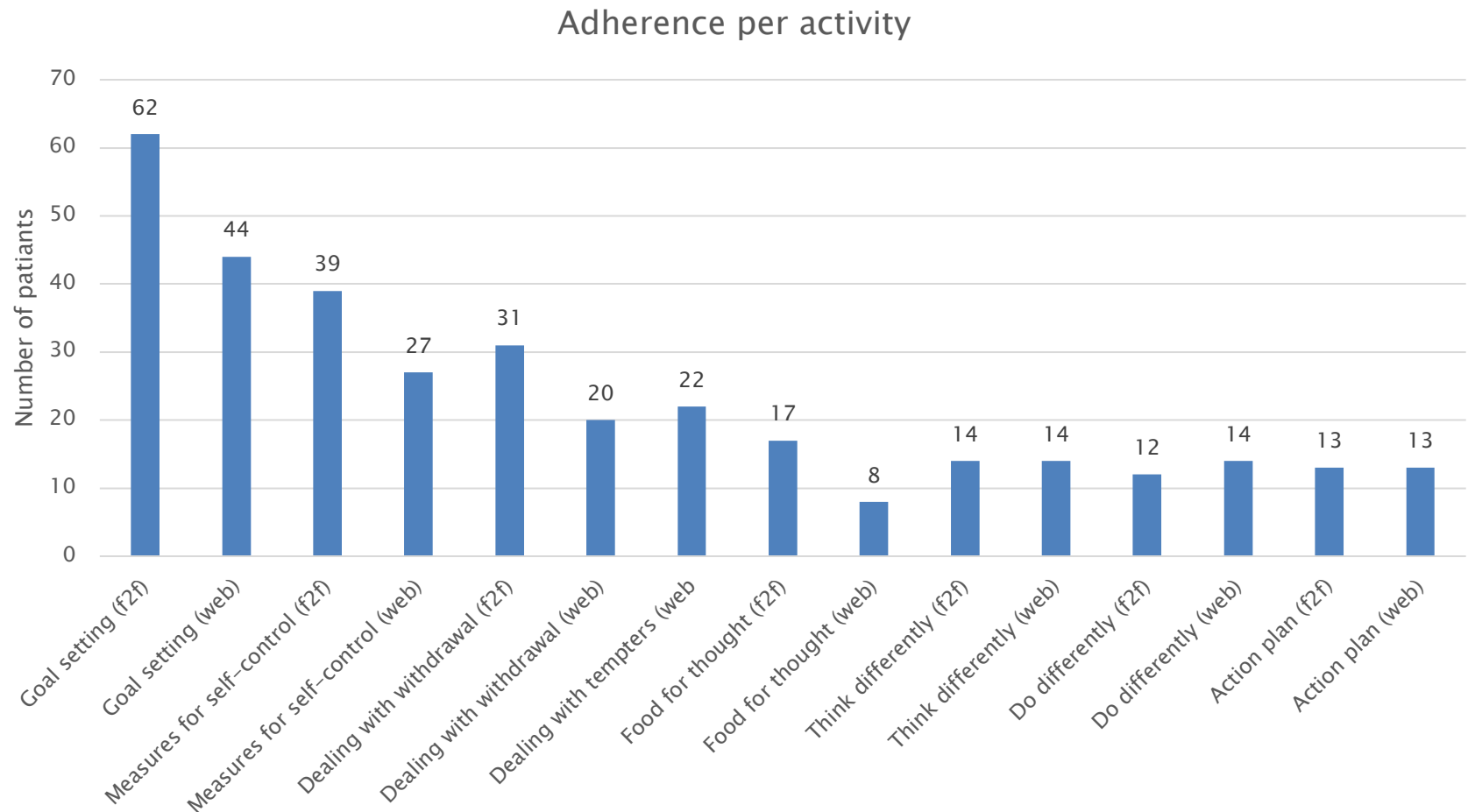
Results: „threshold?“

Patients self-reporting abstinence at six months after treatment start (n=17) were adherent to at least 11 (61%) of the 18 activities of BSCT.

Because BSCT is built on a 50%–50% relation for both modes of delivery, a 60% threshold was applied to detect adherent patients.

Results: adherence to BSCT

Adherence over the course of the treatment (n=75)



Results: adherence to BSCT

Adherence based on the threshold (60%) (n=75)

		web-based		
		adherent	non-adherent	total
Face-to-face	adherent	14 (18%)	5 (7%)	19 (25%)
	non-adherent	3 (5%)	53 (70%)	56 (75%)
	total	17 (23%)	58 (77%)	75 (100%)

Predictors in BSCT (online questionnaire)

- sex
- age
- Marital status
- Housing situation
- Education status
- Main income
- Main day activity
- Internet skills
- Reason to start treatment
- Dependency
- Attitude neg
- Attitude pos
- Self-efficacy
- Readiness to quit
- Earlier quit attempts
- Social support
- Social modeling
- Medication in general
- Medication addiction
- Medication psychic
- Medication physical
- Medication others
- Health complaints
- Health + smoking related complaints
- Depression
- Anxiety
- Stress
- DASS total
- Quality of life
- Quality of life (VAS)

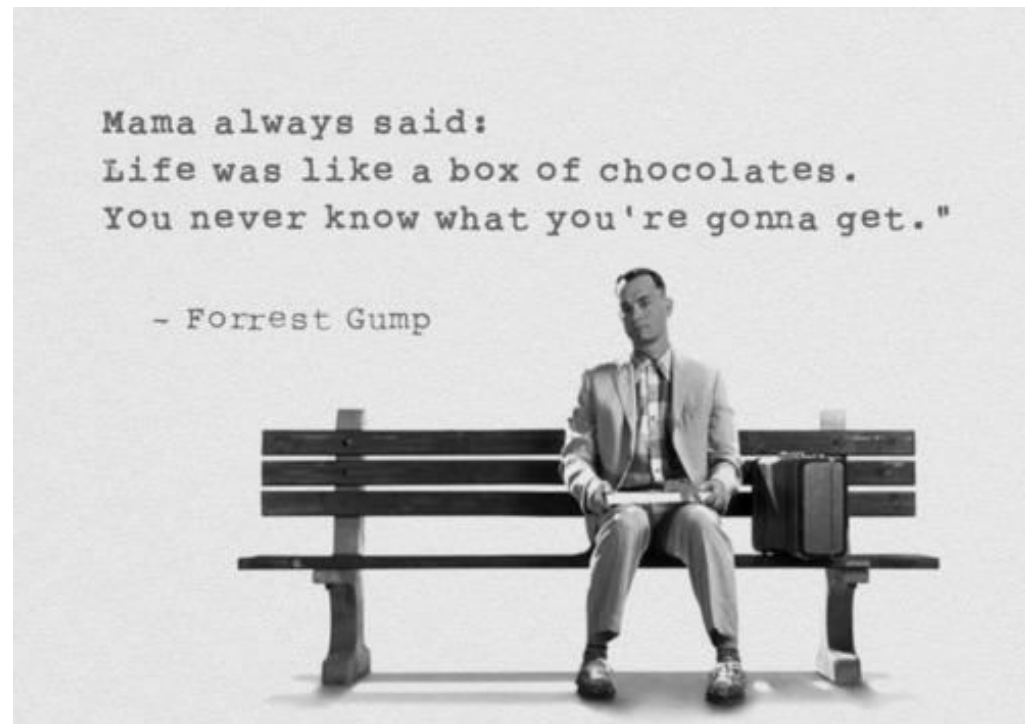


Results: predictors adherence to BSCT

- Univariately associated with adherence ($p < 0.15$) were
 - Sex (men more adherent)
 - marital status (“with partner” more adherent)
 - main income (“own income” more adherent than “income support”)
 - social modelling (“non-smoking friends” more adherent)
 - use of alcohol, use of other medication, (“less alcohol/medication” more adherent)
 - health complaints, smoking related complaints, and health and smoking related complaints (“less complaints” more adherent)
- Marital status and social modelling were the best independent predictors
 - Patients not having a partner had 11-times lower odds of being adherent (OR=0.09; CI: 0.01–0.75; $p=0.03$).
 - For social modeling – graded from 0 (=partner and friends are not smoking) to 8 (=both partner and nearly all friends are smoking) – each unit increase was associated with 28% lower odds of being adherent (OR=0.72; CI: 0.55–0.94; $p=0.02$).

Take-home-messages

- In a nutshell:
 - Adhere to 60% of the treatment (making it to session 6) and you are “over the hump”!
 - Do not live alone when you want to stop smoking!
 - Look for non-smoking friends!
- Question
 - Is this specific for blended treatment or does this apply for cessation treatment in general?



Questions?

Comments?

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