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Personalized Approach in Smoking Cessation of a Rural Community Health Clinic in Malaysia

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Authors' contributions

This work was carried out in collaboration between both authors. Author LCChang designed the concept of smoking cessation clinic, implementing the process and monitoring. Author KYLoh prepare the draft of the manuscript, evaluating the concept and feasibility, proof reading the manuscript. Both authors read and approved the final manuscript.

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Commentary

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ABSTRACT

Chronic smoking is well known to be associated with many medical disorders in the community. If smoking cessation program can be implemented early in the community it can prevent many non-communicable disease and reduce overall healthcare cost in managing these smoking related complications. The aim of this report is to highlight an organized personalized approach used in smoking cessation clinic in a rural community health clinic in Malaysia. The concept, process, follow up and defaulter tracing system are clearly defined in the clinic. Smoking cessation clinic serves both as treatment and education center for the community people. It can be implemented successfully even in a remote community health care clinic.

Keywords: Smoking cessation; personalized; approach; clinic; education.

1. INTRODUCTION

Chronic smoking is a worldwide health problem. World Health Organization reported tobacco use kills 6 million people worldwide annually, remains a major public health problem associated with preventable cause of premature death and chronic diseases globally [1]. In Malaysia,

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smoking- related diseases have been the primary cause of mortality for the past three decades. In 2015, approximately 22.8% of Malaysian population aged 15 years and above were smokers, 43.0% of men and 1.4% of women smoked manufactured cigarettes, hand-rolled and smokeless cigarettes [2,3].

Chronic tobacco used is associated with increasing prevalence of non-communicable diseases such as heart diseases, chronic obstructive air way diseases and malignancy. Therefore increase amount of national finance has to be channeled for treatment of these diseases which are often very costly.[3] Smoking intervention programs have been shown to be one of the cost effective methods in preventive of diseases. In long term perspective huge amount of the national budget can be saved if smoking cessation can be successfully incorporated into public health education in the community. Smoking cessation also leads to reduction of morbidity and improvement in quality of life [4,5].

The aim of this report is to report a model which smoking cessation can be enhanced in a community health clinic using a humanistic personalized approach strategy. This is a community primary care clinic which provide patient management in both acute and chronic diseases. The clinic provides out patient health care services and follow up for chronic non-communicable diseases in the community. The smoking cessation clinic was started few years ago in view of the number of chronic medical diseases are escalating as a result of smoking.

2. WHAT IS PERSONALIZED APPROACH?

There are many factors leading to poor success rate in smoking cessation. Among the reasons for such are: poor patient's education, lack of resources, lack of commitments from both smokers and the healthcare workers, lack of proper registry and inadequate defaulter tracing system. We redesign a more organized system in implementing smoking cessation in a community health clinic. Patients who attend the community clinic for various healthcare reasons will be informed the availability of smoking cessation service in the clinic. They are then advised and encouraged to attend this clinic on voluntary basis. Any patients with the intention for smoking cessation who wish to quit smoking then will be channeled to the smoking cessation clinic. They will then be attended by a team of trained health care members. Every patient will be assessed in a complete personal profile from his level of understanding on smoking cessation, his readiness, his expectation and his doubts on smoking cessation if there is any. Any associated underlying medical disease will be treated together accordingly. Specific follow up session will be arranged for him according to his convenience. Personalized approach also enable good bonding and positive therapeutic relationship between healthcare personnel and the patient. Personalized approach also aims at achieving the best outcome of healthcare for the patient. It also serves as a platform for health education for the community.

2.1 The Clinic Process

In this community clinic, the smoking cessation clinic is open once a week every Friday morning from 8am till 1pm. Each patient who come for clinic cessation will go through a specific consultation process. First , it is most important for him to be registered with the smoking cessation clinic registry. The registry will capture all the necessary personal epidemiological data and most important is their latest contact telephone number and home address. Following that, he will move on to meet the smoking cessation team. The team members comprises trained nurses, medical officers , family medicine specialist and pharmacist . The process includes a full physical health assessment and documentation. Important parameters recorded are blood pressure, pulse rate, carbon monoxide level, weight and height, Medical doctors will conduct the full assessments and pharmacist will prescribed the tobacco replacement therapy if necessary. The smoking addiction level to tobacco is assessed using Fargerstrom test. (Fewer than 4 points suggestive less dependent; 4 to 6 points is associated with moderately dependent while 7 to 10 points is considered highly dependent on nicotine.) [6]. The patient will be informed regarding the fact that the higher the score he has the withdrawal symptoms associated usually be more. Follow up appointment will be given at the end of the session and each subsequent follow up average one week to 3 weeks according to individual factor or outcome. (Table 1) The need to use nicotine replacement therapy will be decided by the doctor after complete evaluation. Nicotine replacement therapy in the form of chewing gum and skin patch are used in this clinic.

Table 1. Work process in smoking cessation clinic

Step	Activity	Healthcare staff
1	Registration	Nurse
2	Fragerstrom scoring assessment	Nurse
3	Physical health screening: Blood pressure, pulse, weight, height, Peak flow assessment, Carbon monoxide level assessment	Nurse
4	Detail assessment and counselling	Medical Officer/ Family Medicine specialist
5	Dispensing of medicine (nicotine replacement therapy)	Pharmacist
6	Subsequent appointment	Nurse
7	Defaulter tracing	Nurse

Table 2. Follow up schedule in smoking cessation

Follow up	Duration
1st visit	0
2-4	Weekly for 4 week
5-8	2 weekly for another there months
Telephone call	At six month
Any defaulter detected	Telephone call immediately

2.2 Follow Up Session

Each patient will be followed up weekly after the first visit for the next four week. If the progress is good, then he will be seen again once in a fortnight for the next three months. Majority of the patients in this clinic are able to achieved smoking free within the first 3 months. After another further three, a phone call to the patient is arranged to assess the latest status of the patient to ensure the patient remains smoking free (Table 2).

2.3 Defaulters Tracing

In order for smoking cessation to be successful, it is necessary to have a good defaulter tracing system. In our system we adopted telephone contact tracing. Any candidate who failed to turn up for the appointment will be called directly by the clinic nurse. This is where the clinic registry plays a very important role. The reason for defaulting will be documented. Reappointment will be given accordingly based on the factors assessed individually.

2.4 Successful of Smoking Cessation

A patient is considered fully successful in smoking cessation when they have finally totally stop smoking after completed the clinic follow up. Smoking cessation rate only be calculated after total of 6 months from the initial date of enrolment to the clinic registry. So far this clinic is able to carry out the smoking cessation without major issue and the records showed the successful rate was around 35% in the past two years. This clinic will be conducting further survey and analysis in the coming years to look at the progress of this program.

3. DISCUSSION

Smoking cessation is a crucial aspect in preventive health care. In order for this program to be successful, a properly planned strategy in the clinic is a major factor for enhancing the successful rate in smoking cessation. Smoking cessation itself needs a lot of effort from the patient therefore continuous encouragement from healthcare workers is also one aspect that should be emphasized on. Very often the patients themselves may not feel comfortable to enquire about smoking cessation, therefore it is important for the attending primary care doctor to offer the help or to initiate the discussion on smoking cessation to the patient without jeopardising the therapeutic relationship between the patient and the doctor [7]. Detail understanding the patient's need and his acceptance is part of the holistic step approach in smoking cessation. Close follow-up especially at the initial phase to establish rapport and understanding between the healthcare personnel and the patient also as an important determinant of the success in quitting smoking. The healthcare personnel must engage the patient early so that a bonding of trust that is established can enhance further therapeutic relationship and minimizing defaulting rate in the program [7]. Previous published report also supports the recommendation that smoking cessation in primary care setting should be supported by proper response to patient's needs, flexibility in the system with adaptation to local community needs [8]. Having a defaulter tracing system also an effective way to ensure patient follow up is successful. Early detection of defaulters and bringing them back for the follow up is crucial in minimizing failure rate of treatment. Direct contacting the patient by telephone as soon as they default remain the main mode of contacting defaulters. Organized intensive intervention is most recommended and universal agreement worldwide that the need to identify smokers, advice them to quit and offer behavioral and pharmacological quit smoking support is an important aspect of preventive care in primary care setting [9,10].

4. CONCLUSION

Smoking cessation clinic for the community is feasible if planned properly. Using community health clinic as the platform to implement smoking cessation is a correct move and cost effective in view of the clinic is close to the community and easily assessable. Using personalized approach as a holistic form of healthcare services will transform smoking cessation into successful health promotion and education program to the community. Smoking cessation remains one of the most important aspect of preventive primary care service which can reduce overall cost and burden of chronic diseases in the community. Smoking cessation can be a success even in a remote community healthcare clinic.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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