

# Clinical pharmacist's role in implementing a smoking cessation intervention in a Swiss regional hospital: an exploratory study

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## Abstract

**Background:** Smoking cessation represents one of the best means of preventing smoking-related complications. In recent years, a majority of hospitals have implemented smoke-free policies, making support for smoker patients a necessary and indispensable task. The clinical pharmacist is well-positioned to provide this kind of support, given a good understanding of the medical condition and pharmacotherapy of hospitalized patients and the possibility to acquire specific smoking cessation training.

**Objectives:** This study aimed to evaluate the impact of a smoking cessation intervention for hospitalized patients by a clinical pharmacist previously trained for smoking cessation counselling.

**Setting:** Internal medicine department of a Swiss regional hospital.

**Method:** Smoker patients hospitalized in this department were included in the study from mid-September 2012 to mid-January 2013, according to the inclusion criteria. Moderate-intensity smoking cessation interventions based on smoking counselling and motivational interviewing techniques were used, and a follow-up telephone call at least 1 month after discharge was made. Patients' pharmacotherapy was analysed with regards to interactions with tobacco smoke.

**Main outcome measures:** Motivational stage, abstinence at follow-up, change of readiness to quit between hospital visit and follow-up, patients' evaluation of the programme, pharmacotherapy interventions.

**Results:** One hundred smoker patients were screened, of whom 41 received the intervention and 40 received a follow-up contact. At least 1 month after discharge, the readiness to quit of 53 % of patients improved and 33 % of patients declared themselves abstinent. Even though 35 % of patients declared having mild to moderate withdrawal symptoms in hospital, only 15 % were interested in receiving nicotine replacement therapy. Study participants evaluated the intervention positively.

**Conclusion:** A moderate-intensity smoking cessation intervention in hospitalized patients was associated with a higher quit rate than in control groups from other studies, and their readiness to quit generally improved at least 1 month after hospital discharge. A clinical pharmacist trained for smoking cessation counselling can play a key role in providing such interventions, including the assessment of pharmacotherapy interactions with tobacco smoke.