

# Clinical pharmacist's role in implementing a smoking cessation intervention in a Swiss regional hospital

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## Abstract

**Background:** Smoking cessation in hospitalized patients represents one of the best means of preventing smoking-related complications. Moreover, in recent years, a majority of hospitals have implemented smoke-free policies, making support for smoker patients a necessary and indispensable task.

**Objectives:** To evaluate the feasibility of a smoking cessation intervention for hospitalized patients by a clinical pharmacist.

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

**Method:** Smoker patients hospitalized in this ward 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 one month after discharge was made. Patient pharmacotherapy was analysed with regards to interactions with tobacco smoke.

**Main outcome measures:** Characteristics of the study population (medical history, smoking history), 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 one 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 one month after hospital discharge.

## Impact of findings on practice

- Supporting smoker patients during their hospital stay is indispensable, therefore smoking cessation interventions should be provided in hospital
- A smoking cessation intervention reinforced by a follow-up telephone contact is effective and evaluated positively by hospitalized smoker patients
- 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