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Doctors' advice to their patients about smoking: 2004

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ABSTRACT

In 2004, almost three-quarters (73%) of Victorian adults, who were either current smokers or who had quit within the past 12 months, were asked by their GP whether they smoked. Of those that were smoking at the time, two-thirds (66%) had discussed with their GP at least one way to quit smoking.

Smokers aged 30–49 years (75%) and those who smoked 15 cigarettes per day or more (medium and heavy smokers) (76% and 77%, respectively) were most likely to be given advice on ways to quit smoking by their GP.

Respondents were most likely to be recommended to cut down their smoking (57% of respondents) and also given information regarding the use of NRT (30%), followed by 'other advice' (21%). Advice to call the Quitline was reported by 13% of respondents.

Smokers who received advice from their GP were more likely to have made at least one quit attempt (87%) compared with those who had not received quitting advice (76%). Respondents who received advice were also more motivated to quit, with over half (60%) reporting they were seriously considering quitting in the next 6 months, compared with those who hadn't received advice (47%).

Overall, findings suggest that the majority of GPs are enquiring about patients' smoking status, and that receiving quitting advice is related to having made at least one quit attempt, and increased motivation to quit smoking.

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INTRODUCTION

Previous research has demonstrated that advice from health professionals, even during brief interventions, can be effective in encouraging quitting among smokers. Receiving advice from a health professional versus not receiving advice has been shown to significantly increase a smoker's odds of quitting at six months, with a difference in cessation rate of around 2.5% compared with not receiving advice.¹ Further research has also demonstrated that receiving quitting advice from a doctor positively influences the motivation of smokers to quit,² and that as little as three minutes of advice can be effective in motivating a smoker to make a quit attempt (estimated abstinence rates at 16%, compared with 6% with no advice).³

Doctors' advice to smokers has become more pro-active in Australia since the introduction of guidelines⁴ that were developed to assist general practitioners (GPs) to more effectively identify smokers and to help these patients to quit smoking. The GP guidelines follow the '5As' model: to **Ask** about the patient's tobacco use; **Assess** state of change (assessing readiness to change behaviours); **Advise** the patient to quit; **Assist** the patient with written information; and **Arrange** follow up on the patient's quitting.

Research has shown that, in Victoria, the proportion of smokers reporting that their doctor had given them information or advice to stop smoking had increased between 1990 and 1998 from 11% to 37%.⁵

This current report summarises data from the 2004 Victorian Smoking and Health Survey, examining the experiences of smokers and those recently quit who had visited their GP in the past 12 months: whether their doctor asked about their smoking behaviour; if so, whether they were given advice on how to quit smoking; and whether receiving this advice was associated with attempts to quit and motivation to quit.

METHOD

The data presented in this report are from a telephone survey of randomly sampled Victorian adults (aged 18 years and over) conducted in November and December 2004 (N=3000). This survey is part of the annual population surveys commissioned by the Centre for Behavioural Research in Cancer (CBRC) from a market research company which interviews a representative sample of Victorians by telephone each year. The questions, designed by CBRC, are asked in an 8–16 minute interview conducted on weekends and weeknights from November to December.

Since 1990, CBRC has been examining patients' reports of advice received from their doctors, with questions included in surveys conducted every two years from 1990 to 2004. However, from 2004, the wording of these questions has changed from previous years, and therefore data presented in the current paper are not directly comparable with previous reports.^{5,6}

The standard tobacco use question⁷ has been used to determine smoking status. In this report the 'tobacco smoker' category consists of those who smoke daily, weekly or less than weekly. 'Former smokers' include anyone who has smoked at least 100 cigarettes or an equivalent amount of tobacco in their lifetime. For the purposes of this paper, 'former smokers' also only include those who had ever smoked daily, as it was considered that anyone who did not smoke daily in the past was not directly comparable to those who had smoked daily in the past.

Statistical analysis

A comparison of the sample sociodemographic characteristics with the Australian Bureau of Statistics estimates of the Victorian population⁸ revealed that women and older people were over-represented in the telephone survey samples. To adjust for this, the data were weighted by age and sex according to the 2001 population census data.

To report the data, descriptive techniques such as frequencies have been used. When testing for significance of relationships between variables, logistic regression analyses have been used. Details of statistical tests of significance are not included in the report text. Where relationships between variables are reported, the probability of significance is less than 0.01, indicating a less than 1 in 100 probability that the effect was caused by chance. Where trends are reported, the probability is between 0.05 and 0.01, indicating a 1 in 100 to 1 in 20 probability that the effect was caused by chance.

RESULTS

In 2004, the majority (84%) of respondents who were current smokers or who had quit within the previous 12 months reported they had visited a GP within the past 12 months. Respondents were asked 'During any visits in the last 12 months, did your doctor or GP ask you whether you smoke?'. Almost three-quarters (73%, n=417) of respondents who had visited their GP in the past 12 months reported that their doctor had asked if they smoked. Of these, 91% (n=378) said they were a smoker at the time of their visit.

Women tended to be asked by their doctor if they smoke, more often than men (77% compared to 69%, respectively). However, there was no relationship between age group, education level, or whether respondents lived in rural Victoria or metropolitan Melbourne, in whether respondents were asked this question.

Doctors' advice to smokers

The following analyses relate only to those respondents who reported they had seen a GP within the previous 12 months, were asked by their GP if they smoked, and who were a smoker at the time of their visit (n=378).

Two-thirds (66%) of these 378 respondents reported their doctor had spoken to them about at least one way to give up smoking, with 26% of these people having discussed three or more ways to quit. Those who had quit smoking at the time of the survey were no more likely to report they had received quitting advice from their doctor (65%) than those who were still smoking (66%).

There were no differences between males and females in relation to whether they received quitting advice from their doctor (64% and 67%, respectively). However, respondents aged 30–49 years were more likely to receive quitting advice than younger (18–29 year olds) respondents (75% compared with 57%, respectively), and also tended to be more likely to receive quitting advice than older respondents (aged 50 years and over) (63%) (Table 1).

Medium smokers (15 to 24 cigarettes per day) and heavy smokers (25 cigarettes per day or more) were also more likely to receive advice on how to quit than were light smokers (less than 15 cigarettes per day) (76% and 77%, compared with 58%).

Table 1:
Doctors' advice given to quit smoking (among those smokers who had been to doctor and were asked smoking status)

	n=	Quitting advice was given	Quitting advice was NOT given
		% (95% CI)	% (95% CI)
Total	379	65.6 (± 4.8)	34.4 (± 4.8)
Males	192	64.2 (± 6.8)	35.8 (± 6.8)
Females	187	67.0 (± 6.8)	33.0 (± 6.8)
18–29 years	122	56.5 (± 8.8)	43.5 (± 8.8)
30–49 years	154	74.9 (± 6.9)	25.1 (± 6.9)
50+ years	103	62.6 (± 9.4)	37.4 (± 9.4)
Light smokers (<15 cigarettes/day)	152	57.8 (± 7.8)	42.2 (± 7.8)
Medium smokers (15–24 cigarettes/day)	105	76.3 (± 8.2)	23.7 (± 8.2)
Heavy smokers (25 cigarettes/day or more)	69	76.9 (± 10.0)	23.1 (± 10.0)

Types of quitting advice received

Over half (57%) of respondents reported their doctor had advised them to cut down smoking, while just under one-third (30%) received advice about nicotine replacement therapy (NRT), 21% had received 'other advice' on how to quit and 18% received general information' about how to quit. A smaller proportion reported their doctor had advised them to call the Quitline (13%) or to attend a smoking cessation course (12%). A small proportion of respondents (4%) were advised to keep smoking.

Doctors were more likely to discuss cutting down smoking and the use of NRT with heavy (67% and 39%, respectively) and medium smokers (67% and 39%, respectively) than with light smokers (48% and 21%, respectively), while medium smokers tended to have spoken with their doctor about undertaking a smoking cessation course more so than light smokers (20% compared with 9%, respectively) (Table 2).

Medium smokers tended to be more likely than heavy smokers, and significantly more likely than light smokers, to be given 'other advice' by their doctor regarding quitting (32% compared with 16% and 18%, respectively). On the other hand, heavy smokers tended to be more likely than light smokers to discuss with their doctor about calling the Quitline (21% compared with 10%), and medium smokers tended to have received general information from their doctor about quitting smoking more often than light smokers (26% compared with 14%).

Table 2:
Type of quitting advice given to smokers^a

	Total (n=379) %	Light smokers* (n=152) % (95% CI)	Medium smokers* (n=105) % (95% CI)	Heavy smokers* (n=69) % (95% CI)
Advised to cut down	56.8	47.5 (± 7.0)	66.9 (± 6.9)	66.9 (± 6.1)
NRT	29.5	21.4 (± 9.2)	39.3 (± 9.6)	38.7 (± 8.6)
Other advice	20.9	17.7 (± 11.2)	32.3 (± 11.5)	16.4 (± 8.4)
General info given	17.6	13.7 (± 12.3)	25.5 (± 12.7)	16.1 (± 10.0)
Quitline	13.3	9.9 (± 13.3)	16.8 (± 13.8)	21.4 (± 13.2)
Smoking Course	12.2	8.5 (± 13.9)	19.7 (± 15.1)	12.5 (± 12.2)
Not given advice	34.4	42.2 (± 7.8)	23.7 (± 8.2)	23.1 (± 10.0)

^a Multiple response item, therefore columns do not add up to 100 per cent.

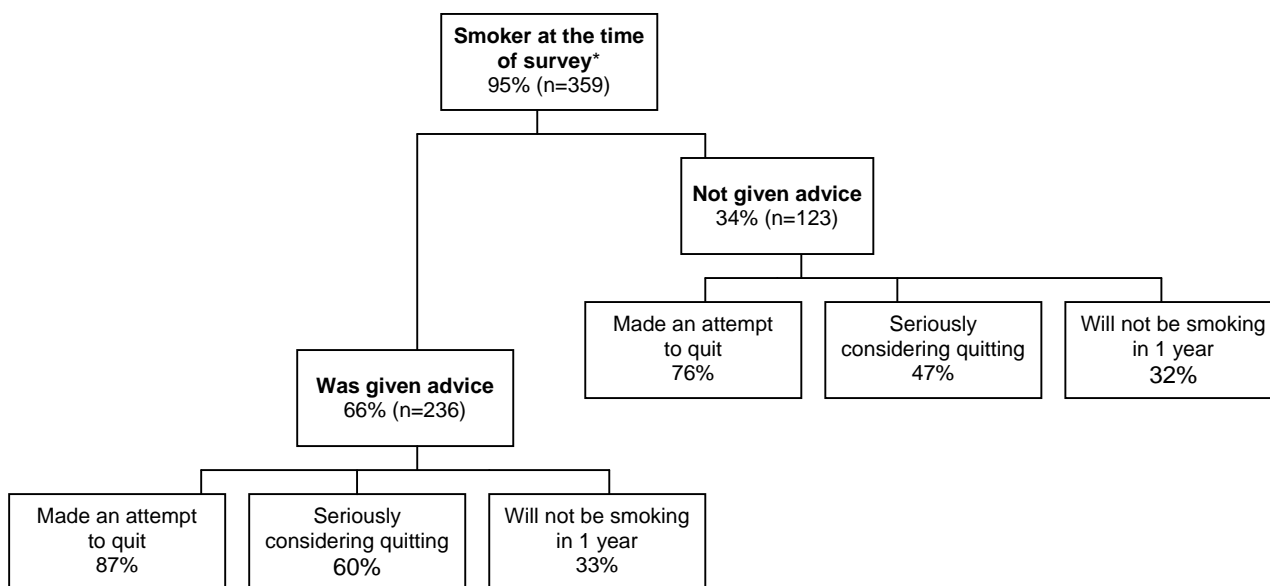
* Does not include 'don't know/can't say' or non-respondents.

Doctors' advice and future intentions to quit

The following analyses refer only to those who were still smoking at the time of the survey ($N=359$). Respondents whose doctor had offered them advice on ways to give up smoking were more likely to have made at least one quit attempt (87%; 95% CI 82.7%–91.3%) and also tended to be more likely to be 'seriously considering quitting in the next 6 months' (60%; 95% CI 54.1%–66.6%) than those who had not received advice (76%, 95% CI 68.6%–83.8%; and 47%, 95% CI 38.2%–55.8%, respectively) (see Figure 1).

There was little difference between respondents who were given quitting advice and those who were not in relation to whether they thought they would 'probably or definitely not' be smoking one year from now (33%, 95% CI 30.5%–42.4%; compared with 32%, 95% CI 26.6%–43.0%; respectively).

Figure 1: Intentions to quit by whether received quitting advice



* Of those who had visited their GP in the past 12 months.

Of those respondents who said they were not seriously considering quitting in the next six months, over three-quarters (77%) who had received quitting advice from their doctor agreed they should quit sometime in the future, whereas just under one-third (64%) of those who did not receive advice thought they should quit sometime in the future. However, this difference was not found to be significant.

DISCUSSION

Similar to previous years,^{5,6} in 2004, almost three-quarters (73%) of Victorian adults, who were either current smokers or who had quit within the past 12 months, reported they had been asked by their GP whether they smoked. Women (77%) tended to be asked this question more often than men (69%). Of those that were smoking at the time, two-thirds (66%) had discussed with their GP at least one way to quit smoking, and of these, 26% had discussed three or more ways to give up.

Smokers aged 30–49 years were more likely to have been given advice on ways to quit (75%) than were younger smokers (aged 18–29 years) (57%) and older smokers (aged 50 years or more) (63%). Those who smoked 15 cigarettes per day or more (medium and heavy smokers) (76% and 77%, respectively) were also more likely to be given advice on ways to quit than were light smokers (58%). There were no differences between men and women and whether they received quitting advice (64% compared with 67%, respectively).

Respondents who received quitting advice from their GP were most likely to be recommended to cut down their smoking (57% of respondents). Previous research has shown that smokers who reduce their cigarette consumption by 50% or more are up to three times more likely to eventually quit smoking than smokers who do not reduce the amount they smoke,^{9,10} and are also less likely to relapse.⁹ Respondents were also given information regarding the use of NRT (30%), followed by 'other advice' (21%). Advice to call the Quitline was reported by 13% of respondents.

The nature of quitting advice given by doctors tended to differ depending on how heavily respondents smoke. Doctors were more likely to discuss NRT with medium (39%) or heavy smokers (39%), rather than light smokers (21%), while medium smokers were more likely to be advised to undertake a cessation course (20%) than were light smokers (9%).

Previous research has shown that smokers, who receive advice from a GP on how to quit smoking, are more likely to be motivated and successful in quitting.^{1,2,3} Findings from the current study also suggest that smokers who received advice from their GP were more likely to have made at least one quit attempt (87%) compared with those who had not received quitting advice (76%). Respondents who received advice also seemed to be more motivated to quit, with over half (60%) reporting they were seriously considering quitting in the next six months, compared with those who hadn't received advice (47%). However, receiving quit advice from their doctor was not related to current smokers' confidence in 'probably or definitely' being a non-smoker within one year's time (33% with advice; 32% without advice).

Overall, findings suggest that GPs are a valuable resource for smokers in providing information on ways to quit smoking and a means of motivating smokers to quit.

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