THE SMOKING STATUS OF PATIENTS SEEN AT TAMPINES POLYCLINIC

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SUMMARY

Cigarette smoking is a major risk factor for many diseases and has become a burden to many societies. Despite a fall in the prevalence of smokers in Singapore, continuing efforts are being made to encourage more smokers to quit. Although the advice from general practitioners (GPs) has a definite positive impact on smokers, many GPs do not undertake this task of opportunistic health promotion actively. In a descriptive survey to study the prevalence and profile of smokers among patients attending Tampines Polyclinic, it is found that the proportion of smokers (16.7%) among the attending patients was close to that of the national survey (13.8%). The interesting fact is that more than half of the smokers (28.6% contemplators and 33.3% preparers for action) were receptive to the idea of smoking cessation. Only 38.1% of the smokers had not thought about quitting (i.e. pre-contemplators). This would certainly motivate more doctors to engage in giving advice to quit smoking actively.

Keywords:
Cigarette Smoking, Smoker, Pre-contemplator, Contemplator, Primary Care, Polyclinic

INTRODUCTION

It is now known that to be successful in getting patients to quit smoking, the stages of behavioural change is important. Based on the stages of change, the appropriate behaviour modification is then applied.

An attempt was made to study the prevalence of smokers attending Tampines polyclinic and the distribution of these patients at the various stages of behaviour change with respect to quitting smoking.

METHODOLOGY

The survey was carried out during a typical 5½-day week (from 12th to 17th June 2000) at Tampines Polyclinic. All patients who were allocated by the usual triage system to the designated consultation room and who were aged 12 years and above were interviewed to determine their smoking status and the stages of readiness to change in the smokers[1,2,3,4]. The questions used and the determination of smoking status based on the answers are tabulated as shown.

Questions*	Answer	Smoking Status	Remarks
1. Are you a smoker?	Never	Non-smoker	–
	Quit already	Ex-smoker	–
	Yes	Smoker	Proceed to Q2
2. Have you ever thought about quitting?	No	Pre-contemplator	–
	Yes	Contemplator	Proceed to Q3
3. Do you intend to stop smoking in within one month?	No		–
	Yes	Preparers for action	–

* Interview questions are modified from "Talk to you patients about smoking – A Guide For The Busy Health Professional"[1].

RESULTS

Out of the 252 patients who attended the clinic during the survey period, there were 42 (16.7%) smokers and 19 (7.5%) ex-smokers.

Among the smokers, the youngest were 18 years old and the oldest, 83 years of age. Of the current smokers, 39 (92.9%) were male and only 3 (7.1%) were female.

Of the current smokers, 16 (38.1%) were pre-contemplator, 12 (28.6%) were contemplator and 14 (33.3%) has decided to take action within a month to quit smoking. The age distribution of the smokers and ex-smokers is tabulated in the table below.

Status of change for smoking	Age group			TOTAL
	12 to 19	20 to 59	60 & beyond	(Age range)
Pre-contemplator	1	6	9	16 (18 to 83)
Contemplator	0	11	1	12 (23 to 74)
Preparers for Action	2	9	3	14 (18 to 76)
Ex-smokers	1	6	12	19 (18 to 88)
TOTAL	4	32	25	61

The contemplators and the preparers for action are re-categorised as the receptive group and the pre-contemplators as unreceptive. In the non-receptive group, nine out of 16 (56.3%) are aged 60 years and above and seven (43.7%) are aged below 60 years. Conversely for the receptive group, the majority (84.6%) were aged 12 to 59 years and only four out of 26 (15.4%) aged 60 and above. It is also interesting to note that 12 out of the 19 (63.2%) ex-smokers are in the older age group, compared with seven (36.8%).

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Status of change For smoking	Age group		TOTAL
	12 to 59	60 and beyond	
Unreceptive	7 (43.7%)	9 (56.3%)	16
Receptive	22 (84.6%)	4 (15.4%)	26
Ex-smokers	7 (36.8%)	12 (63.2%)	19
TOTAL	36	25	61

DISCUSSION

Cigarette smoking is an important risk factor leading to the development of chronic obstructive lung diesase[5] (COLD), hypertension, heart disease, stroke and cancers[6]. In fact, the World Health Organisation (WHO) estimates that tobacco kills one person every 10 seconds globally, in 1990s[7]. Smoking cessation has, therefore become an important aspect in the intervention of many diseases, such as COLD[8].

Epidemiology

Smoking remains a major public health concern in many countries including the United Kingdom[9] and the United States of America[10].

In Singapore, there has been a significant fall in the prevalence of smokers from 18.3% in 1992, to 15.2% in 1998[11], and, 13.8% in 2001[12]. This favourable decline can possibly be attributed largely to the relentless efforts made at the national level to encourage even smokers to quit. In this study, the proportion of smokers among the attending patients (16.7%) appears comparable to but slightly higher than the national figures[11,12]. This may be contributed by the fact that this study had a wider study population base in terms of age, and, does not differentiate between regular and occasional smokers. However, it is also possible that as smokers have relatively poorer health, the attendance at polyclinics for the smokers may be proportionately more frequent.

Looking at the gender distribution both here and in the national survey, there were far more male than female smokers. One can crudely generalise that, in Singapore, there will be one female smoker for about every 10 smoking male. However, there seems to be a higher proportion of female smokers nationally. The national report[12] also indicated a rise in daily smoking rates among females especially those aged 18 to 24. This is a valid concern especially if it were continue to rise such that it mimic the distribution in the United States[10] where there 24.8 million (26.4%) men and 22.4 million (22.0%) women smokers among the estimated 47.2 million adult smokers (24.1%) in 1998.

Smoking Status

In the 6 weeks preceding the study, only one patient came to ask the investigating doctor in the same consultation room for help to quit smoking. It is surprising to realise that there were a total of 42 smokers during just one week of the study. Amongst these smokers, about a third (38.1%) of these smokers were pre-contemplator, another third (28.6%) were contemplator and the last third (33.3%) are preparers for action and have decided to take action. In fact, more than half (61.9%) of the smokers have thought about quitting. This helps to dispel the misconception that many smokers are not receptive to the ideal of smoking cessation.

In addition, the majority (84.6%) of those receptive to smoking cessation was in the group aged 12 to 59 years. Only four (15.4%) were older. Hence, the receptive smoking population appeared to be generally younger from the crude data. Perhaps, the receptive level to smoking cessation in the younger group may be a consequence of their presumed higher educational level. Otherwise, the older folks were either more resistant to change (56.3% pre-contemplators) or they have already stopped smoking (63.2% ex-smokers).

Strategies on Smoking Cessation

It has been noted that brief advice against smoking from the general practitioners (GPs) has a small but significant beneficial effect on smoking rates. In fact, Ashenden et al[13] showed that for every 50 smokers whom GPs advise to stop, one or two will consequently do so. Hence, it had been recommended that GPs advise repeatedly the maximum possible number of smokers against their habit[14,15].

However, GPs discuss the issue of smoking with only a few of their patients[16] probably because they were keen to preserve good doctor-patient relationship and want to avoid eliciting negative or unfavourable response from their patients[17]. While this may also be true for the private GPs locally, time constraint and heavy burden from the large patient load are probably the main reason doctors restrict the operational tasks of consultation (Stott & Davies[18]) to the management of presenting problems and continuing problems in the local polyclinic. Hence, opportunistic health promotion, including smoking cessation, may become low in the priority of the polyclinic doctors.

The study showed that it is worthwhile expanding the role of the polyclinics as a venue for promoting smoking cessation for the male smokers especially.

Educating the polyclinic doctors becomes an important aspect. Besides correcting the misconception that smokers are generally unreceptive, the doctors should be encouraged to

Study	Polyclinic Consultation Room		National Health Survey 2001[12]	
Population Age	12 to 88 years		18 to 69 years	
Prevalence of smokers (%)	16.7*		13.8 (daily smokers)**	
Ratio of Smokers	Male	Female	Male	Female
	13	1	6.8	1
Ex-smokers (%)	7.5		1.6	

* The current study did not differentiate between daily smokers and occasional smokers.

** In the National Health Surveillance Survey 2001[12], the crude prevalence of daily smokers was 13.8% while that of the occasional smokers was 1.6%.

constantly remind their patients of the importance of quitting. This will only take up a very short time. Some of the pre-contemplator (about a third of the smokers) may convert to contemplators. The contemplators and those who have decided to take action to quit, may be surprised to realise that the doctors are concerned for their general health and may in turn seek for professional help from the doctors.

Some of the identified patients who are willing to quit smoking can be referred to specialised clinics for individualised counselling and management. Hence, the smoking cessation at the polyclinics should be strengthened. On top of this, more emphasis and support in terms of time, manpower, finances and political will can be also given to this important health promotional activity.

For every successful quitter, his or her individual risk of smoking-related diseases will be reduced. The benefit of the reduction of smoking-related morbidity and mortality on the national level can be tremendous.

On the contrary, if the opportunities to advise the 40 smokers to quit are missed by each doctor every week, up to about 2000 smokers will lose the benefit of the important health promotional message in a year. The potential loss in terms of the adverse health effects on a national public health level is going to be regrettable.

CONCLUSION

A larger study will help to define the prevalence and profile of smokers attending the polyclinics more actually. Despite the small number of this study, it is also very encouraging to realise that more than half of the smokers were receptive to the idea of smoking cessation. Despite the comparatively low prevalence of smokers in Singapore, more doctors would be motivated to engage in giving advice to quit smoking actively. The time taken is worth it since the risk of disease from cigarette smoking is high and very few will seek help voluntarily.

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