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Effectiveness of a smoking cessation service in reducing cigarette smoking in patients referred from an NHS dermatology centre

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Dear Editor,

Effectiveness of a smoking cessation service in reducing cigarette smoking in patients referred from an NHS dermatology centre

Cigarette smoking is the leading avoidable cause of mortality in the UK. Individuals who start smoking in early adult life lose 10 years of life expectancy.¹ In dermatology, smoking is risk factor for psoriasis (odds ratio (OR) of 1.94)² and hidradenitis suppurativa (OR 1.90).³ Relative to non-smokers, smokers have an increased relative risk (RR) of healing delay (RR 2.07)⁴, surgical site infections (RR 1.79)⁴, wound complications (RR 2.27)⁴, and melanoma (RR 1.7).⁵

The NHS has developed nationwide smoking cessation (SC) programmes, which involve an individual **specifically** trained in behavioural counselling **and the knowledge of** pharmacological interventions to reduce withdrawal symptoms **to whom healthcare professional can refer their patients**.⁶

We evaluated the **effectiveness** of an SC clinic in reducing cigarette smoking in patients referred from a tertiary dermatology centre. In this single-centre retrospective study, **current smokers** were identified in Cardiff dermatology clinics and, after obtaining permission, were referred to a structured hospital-based SC clinic between June 2017 and May 2019. **Patients were treated with empathy, and the detrimental effects of smoking on physical appearance, skin ageing and their dermatological disease were emphasized.**

The SC clinic arranged an appointment, which patients attended, declined or cancelled. Outcomes included stopping smoking, harm reduction (HR), or a single visit (SV) with SC advice. HR refers to an approach used when the patient is adamant he/she is not ready to quit; the patient is encouraged to reduce the number of cigarettes smoked to a minimum, setting a quit date in the near future. After the agreed quit date, patients were contacted at four weeks. Descriptive statistics were performed using Microsoft Excel 2013 (Microsoft Corp, Redmond, VA, USA).

Overall, 83 patients were referred by the dermatology team, of whom 41 (49.4%) were females and 42 (50.6%) males. Age range was 20-77, with a mean of 44.4 years. Dermatological diagnoses of patients are listed in Fig 1a. Sixty-one were referred to the SC clinic by email, three through postal service and 19 through clinic outcome proformas.

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36 patients had prior attempts at smoking cessation, 15 had no previous attempts and unknown in 32 patients. Twenty-four previously consulted another service: 5 consulted secondary care, 14 saw their GP, two contacted their pharmacist and 3 were seen by Stop Smoking Wales (SSW).

Thirty-one (37.3%) patients attended, 3 (3.6%) were referred to other services, 40 (48.2%) did not attend their appointments, and 9 (10.8%) cancelled their appointments (Fig 1b).

Reasons for non-attendance included transport issues (n=7), appointment not received (n=6), unwell (n=5), did not want to stop smoking (n=4), saw GP instead (n=2), preferred self-treatment (n=4), and unknown (n=21). Of the 49 patients who did not attend appointments, 4 (8%) had given up smoking on their own, 16 (33%) remained smokers and 29 (59%) were uncontactable. Of the 16 smokers, 7 decreased their smoking on their own, and 7 requested another appointment at the SC clinic.

Among the 31 patients who attended, 12 (14.5%) were treated smokers, 5 (16.1%) underwent HR, and 14 (45.2%) underwent SV. Patients were contacted at 4 weeks to assess their smoking status. Among treated smokers, 10 (83%) had a sustained abstinence, one failed to stop smoking, and one was lost to follow up. Among the patients who underwent SV and HR, 2 became nonsmokers, 2 reduced their cigarette consumption, 3 remained unchanged and 12 were lost to follow-up. Smoking cessation outcome was unavailable for the 3 patients referred to other services.

Dermatology patients reported being encouraged to attend SC clinics when clinicians used an empathic approach, explaining the benefits of SC to their skin disease.

Not all referrals via clinic outcome forms were carried out due to insufficient awareness of the referral pathway amongst clinic administrators, which explains the low numbers of patients referred via this route.

Our results show that SC following a referral from dermatology clinics was effective with a quit rate of 12% of patients referred. A recent dermatology study from Singapore⁸ demonstrated a quit rate of 15.8% with a pharmacist-led smoking intervention. A Cochrane review found that quit rates could be

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up to 18%–21%, depending on whether behavioural support was administered with pharmacotherapy.⁹

Limitations of our study include a small sample size and short follow-up period of four weeks.

Currently All Wales reports, including Tier 1 target data on smoking cessation, only report on four-week results. As this is the parameter used for all services, this was felt to be the most appropriate to use for our research. Ideally to ascertain long term success, 1 year follow up data would be collected.

In conclusion, our study suggests that dermatology clinics represent a good opportunity for clinicians to engage patients in the cessation or reduction of cigarette smoking. We encourage colleagues to prioritise smoking cessation. Emphasizing detrimental effects of smoking on physical appearance, skin ageing and dermatological diseases were associated with improved SC outcomes.

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Figure 1. (a) The chart shows the range of dermatological diagnoses seen among patients, and (b) outcomes of patients referred to the smoking cessation clinic.

