

RESPIRATORY MEDICINE 2020 – HIGH QUALITY, LOW CARBON

STOP SMOKING AS TREATMENT

NOEL BAXTER GP AND CO-LEAD LRT



COPD: Population segmentation and activity in a London borough of 300,000 in 2012-13

Life threatening disease

- Require admission due to acute or impending acidosis for specialist decision on life saving ventilation.

Severe Disease

- Require regular acute specialist assessment but can be ambulatory care sensitive
- Advance care planning and raised social care input

Reduce exacerbations

- Fast track to pulmonary rehabilitation
- Inhaled corticosteroids with steroid safety advice, rescue packs and action plans

Improve QOL and breathlessness

- Pulmonary Rehabilitation for MRC 3+
- Optimal bronchodilatation

Stop smoking as TREATMENT to reduce disease progression

- Pharmacotherapy and Stop smoking support at every opportunity
- Structured diary and follow up systems for all who have expressed a desire to quit

Registered population with COPD

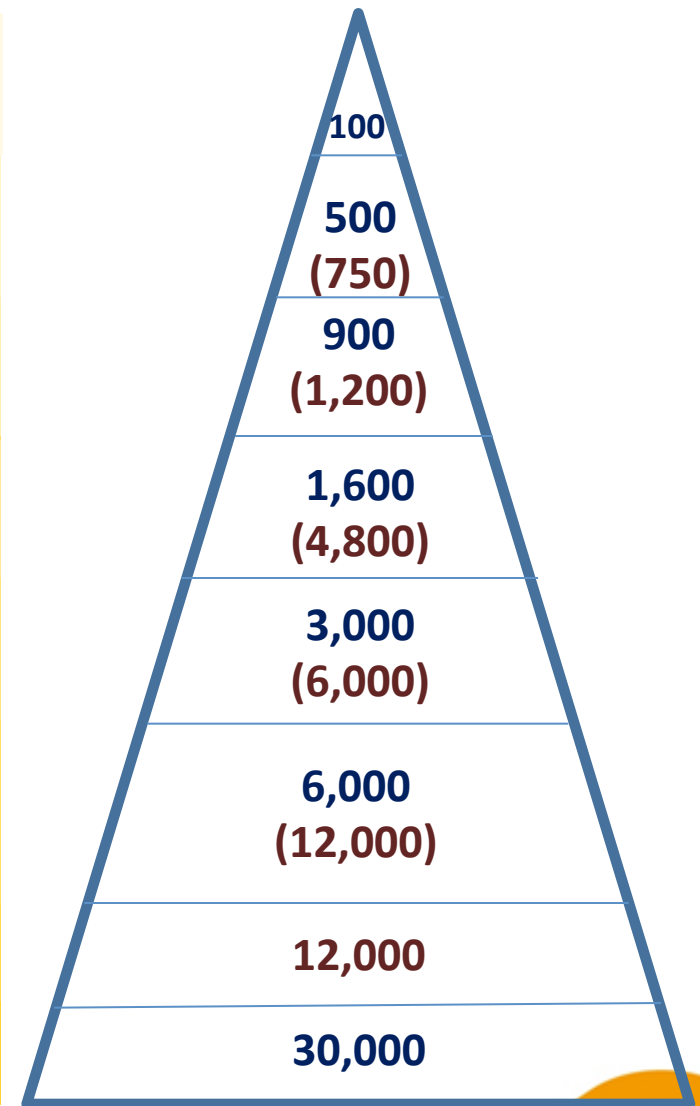
- Primary care annual reviews and therapy optimisation (QOF/NICE) , smoking status check, depression and anxiety screening, physical activity motivation, co-morbidity assessment

Expected prevalence of COPD

- Population based case finding for earlier intensive SSS with quality assured spirometry

At risk for COPD through regular smoking of tobacco or cannabis.

- Focus on high risk groups e.g. SMI, lower socioeconomic status, ethnic groups



LRT Earlier Diagnosis Messages

COPD should be taken as seriously as lung cancer (or TB or other serious illness) by Londoners and healthcare professionals

- COPD causes more deaths than lung cancer in London
- Two in three people with COPD in London remain undiagnosed
- Case finding in smokers or ex-smokers over the age of 35 with symptoms is cost-effective (NICE)



Smoking prevalence in COPD

TORCH, Uplift Studies and ...POET-COPD

Salmeterol and Fluticasone Propionate and Survival
in Chronic Obstructive Pulmonary Disease

Peter M.A. Calverley, M.D., Julie A. Anderson, M.A., Bartolome Celli, M.D., Gary T. Ferguson, M.D., Christine Jenkins, M.D., Paul W. Jones, M.D., Julie C. Yates, B.S., and Jorgen Vestbo, M.D., for the TORCH investigators*



Current smoker — no. (%)	658 (43)	651 (43)	661 (43)	660 (43)
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A 4-Year Trial of Tiotropium in Chronic Obstructive
Pulmonary Disease

Donald P. Tashkin, M.D., Bartolome Celli, M.D., Stephen Senn, Ph.D., Deborah Burkhart, B.S.N., Steven Kesten, M.D., Shailendra Menjoge, Ph.D., and Marc Decramer, M.D., Ph.D., for the UPLIFT Study Investigators*

Current smoker (%)	29.3	29.9
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Tiotropium versus Salmeterol for the Prevention
of Exacerbations of COPD

Claus Vogelmeier, M.D., Bettina Hederer, M.D., Thomas Glaab, M.D., Hendrik Schmidt, Ph.D., Maureen P.M.H. Rutten-van Mölken, Ph.D., Kai M. Beeh, M.D., Klaus F. Rabe, M.D., and Leonardo M. Fabbri, M.D., for the POET-COPD Investigators*

Current smoker (%)	48.0	48.3
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London Respiratory Team

Improving the experience of all Londoners with COPD and minimising the impact of the disease



What works long term and is cost effective?

A cost effective intervention in COPD - **Stopping Smoking**

Tiotropium QALY £7112 Eur J Health Econ. 2007 June; 8(2): 123135	1 year abstinence %	QALY £
Usual care	1.4	
Minimal counselling	2.6	14,735
Intensive counselling	6	7,149
Intensive counselling + pharmacotherapy	12.3	2,092

Systematic Review of 9 studies Hoogendoorn M, Feenstra TL, Hoogenveen RT, Rutten-van Moilken MPMH.
Thorax 2010; 65:711-718

NHS

London

London Respiratory Team

Improving the experience of all Londoners with COPD and minimising the impact of the disease

London Respiratory Team (LRT)

National No Smoking Day

Wednesday March 14th 2012



On National No Smoking Day the LRT would like to draw your attention to two recent papers that provide further evidence of the clinical effectiveness of providing 'right' stop smoking interventions as TREATMENT for people with COPD.

Effects of varenicline on Smoking Cessation in Mild-to-Moderate COPD: A Randomized Controlled Trial. Donald P. Tashkin, MD, Stephen Rennard, MD, J. Taylor Hays, MD, Wendy Ma, MS, David Lawrence, PhD and Theodore C. Lee, MD

The full PDF can be accessed free at

<http://chestjournal.chestpubs.org/content/early/2010/09/21/chest.10-0865.full.pdf+html>

Why this paper is important

LRT has previously highlighted the evidence that helping people with COPD to quit smoking is a highly cost-effective intervention in COPD with a highly favourable £2000 per QALY¹. We have also reported the very high rates of smoking in COPD populations as evidenced from the large head to head drug treatment trials in recent years².

Characteristics of COPD Smokers and Effectiveness and Safety of Smoking

Cessation Medications. Carlos A. Jiménez Ruiz, Ph.D., M.D.1, Angela Ramos Pinedo, M.D.2, Ana Cicero Guerrero, M.D.1, Marisa Mayayo Ulibarri1, Maribel Cristobal Fernández1 and Gema Lopez Gonzalez1

The abstract can be accessed at

<http://ntr.oxfordjournals.org/content/early/2012/02/16/ntr.nts001.abstract>

Why this paper is important

- It specifically looks at older patients with more severe disease who practitioners may be less likely to consider for stop smoking support.

What they found

- Continuous abstinence at 24 weeks from quit date was achieved in 48.5% of patients. Patients received 10 intensive behavioural interventions plus pharmacotherapy chosen from NRT, bupropion and varenicline.
- Varenicline was more effective than NRT at 6 months with abstinence of 61% versus 44.1%
- Adverse events were less common with NRT. Withdrawal of therapy due to adverse event was 3.1% for NRT, 5.8 % for bupropion and 4.9 % for varenicline.

What these studies mean in practice

- Despite having greater addiction scores it is clinically-effective to provide patients across the COPD spectrum with intensive **behavioural support** and

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LRT Earlier Diagnosis Messages

- **Go where the smokers are and integrate** care to maximize diagnostic opportunities
eg stop smoking services, cardiology, radiology, oncology, vascular clinic, long term condition review appointments, mental health & drugs services, social care & occupational health
- Any patient with an MRC breathlessness score of ≥ 2 should be offered spirometry if it has not been undertaken in the past year
- The quality of spirometry assessment & spirometry training should be demonstrably high in all locations providing NHS care, consistent with use in case finding, diagnosis & management
- Patient understanding and healthcare professional understanding of COPD needs to be higher.....



Is this training for you?

Yorkshire ar



Healthcare professionals



Non healthcare professio

This training is designed for ANYONE who comes into contact w smokers but who do not have enough time to attend face to fac training.



The NHS Centre for Smoking Cessation and Training (NCSCCT)

A short training module on how to deliver very brief advice on smoking.

[Visit Training Module](#) ▶

[NHS Centre for Smoking Cessation and Training](#)