Change in smoking habits in a General Practice

SHEILA HANDEL
M.R.C.S., L.R.C.P., M.R.C.G.P.

General Practitioner, London, W.3

'Cigareets will spoil yer life
Ruin yer health and kill yer baby'

Aims

IN the summer of 1970 (Handel, 1973) I decided to follow up patients in my general practice and to record any change in their smoking habits, in an attempt to throw some light on the possible effectiveness of a general practitioner in stopping patients smoking.

Between June 1970 and March 1971 one hundred patients were recruited to this study. The patients were smokers with whom I had had no previous discussion of their smoking habits. Patients were not chosen strictly at random but where time and opportunity for discussion arose.

The patients consulted me for the following reasons:

Respiratory infections	31
Cardiovascular disease	4
All other reasons	61
Accompanying other patients	4

Method

The discussion took place in ordinary surgery hours in which eight patients an hour are booked. It is therefore unlikely that any discussion took longer than 7 min. The content of the discussion varied according to my assessment of what might influence them and was in appropriate cases related to their illness. An attempt was made to probe the reason why the patient smoked. If this was related to anxiety there was some discussion of this. The health hazards were emphasized and the financial burden. In only five patients was a tranquillizer prescribed. No special literature or questionnaires were used.

Follow-up was continued for 1 year. Each patient was then asked 'How many cigarettes a day do you smoke now?' either when the patient came to surgery or by postal enquiry. No further attempt to discuss the hazards of smoking was made unless initiated by the patient.

The age and sex distribution of patients is shown in Table 1.

The number of cigarettes smoked at recruitment is shown in Fig. 1. Sixty-one per cent smoked twenty or more cigarettes daily.

TABLE 1. Age and sex distribution of 100 patients

Age	Male	Female
16-29	11	22
30-49	14	18
50+	20	15
Total	45	55

The 100 patients studied.

TABLE 2. Results

	Male (N=45)	Female (N=55)
Stopped	17 (38%)	6 (11%)
Reduced by 50% or more	8 (18%)	12 (22%)
Continued	20 (44%)	37 (67%)

Results

Table 2 shows the numbers who stopped or reduced smoking by 50% or more.

Table 3 shows the age and sex distribution of those who stopped or reduced.

Table 4 shows that those who reduced or stopped were not confined to the light smokers.

TABLE 3.

Age:	Under 29 M(11) F(22)	30-49 M(14) F(18)	Over 50 M(20) F(15)
Stopped smoking	3	5	6
Reduced by 50% or more	1	4	3

TABLE 4.

	Number smoked					
	1-19		20-29		30 +	
	M(15)	F(24)	M(14)	F(25)	M(16)	F(6)
Stopped	6	4	4	1	6	1
Reduced by 50% or more	1	5	3	7	4	1
Continued	8	15	7	17	6	4

FIG. 1. Dark shading males, stippled females.

Discussion

In this predominantly working class practice a variety of patients were advised to stop smoking during the course of normal surgery hours, with an appointments system operating. In general, patients were receptive to the ideas put forward by the doctor and none refused to co-operate. One weakness of the study is the lack of random selection of patients included as they were selected as the time and opportunity arose.

Success in stopping patient smoking seemed not clearly related to age. More men stopped smoking than women, the latter seeming more difficult to influence. After 1 year 37% of the men and 11% of

the women stopped, and 20% of the men and 21% of the women reduced by more than half.

Conclusion

Routine anti-smoking advice in General Practice is worthwhile. It resulted in more than one in three of the men and one in ten of the women stopping smoking.

Acknowledgment

I wish to acknowledge all the help and encouragement given to me by Dr Keith Ball, F.R.C.P. and by 'Action on Smoking and Health'.

Reference

HANDEL, S.J. (1973) *Journal of the College of General Practitioners*, 23, 149.