



# QUIT SMOKING CLINIC SERVICE IN SABAH: MANAGEMENT STRATEGY

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<http://www.jknsabah.gov.my/hospital/hqe/respiratori/>

## Introduction

A Quit Smoking Clinic (Klinik Berhenti Merokok) was first established at the Queen Elizabeth Hospital, Kota Kinabalu, Sabah in March 2004. The clinic is solely run by paramedics (medical assistants, staff nurses and a counselor) with supervision by a medical officer.

## Objectives

To look into the different strategies for the management of smoking cessation among smokers attending the clinic.

## Methodology

This was a prospective study that began at the establishment of the clinic. The data covers a period of twenty-two months from March 2004 to December 2005. A total of 116 smokers who attended the clinic were included. Informed consent was obtained from all subjects. Statistical analysis involved classification of data into mean, median, mode and percentage. Standard deviations were calculated for continuous variables where applicable. Chi-square analysis was performed and p-values were generated for comparison with a significance level of p less than 0.05. SPSS® version 12.0 for Windows statistical software was used.

## Results

A total of 116 subjects were registered at the Queen Elizabeth Hospital Quit Smoking Clinic over the period of 22 months. Of these, 66 patients were registered in 2004 and 50 in 2005. The highest number (30 subjects) registered in the 4th quarter of 2004, with the second highest number (20 subjects) registering in the 2nd quarter of 2004 (Fig. 1).

The mean age of the population was 38 years (SD 11, median: 36 years, mode: 37 years) (Fig. 2).

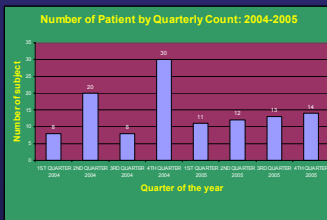


Fig. 1

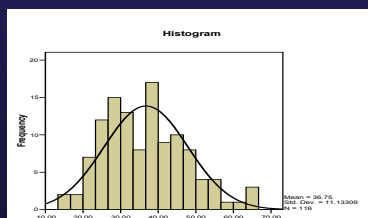


Fig. 2

Among the male population of 112 subjects, the mean age was 36 years (SD 11, median: 36 years, mode: 37 years). There were only 4 females, ranging in age from 23 to 65 years. In terms of ethnic distribution, Chinese, Kadazan and Bajau subjects were the most numerous with 30 (25.9%), 22 (19.0%) and 18 (15.5%) subjects, respectively (Fig. 3).

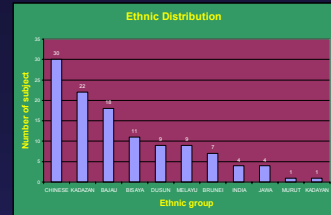


Fig. 3

95 subjects (81.9%) were on NRT (Nicotine Replacement Therapy), while the remaining 21 (18.1%) subjects were not on NRT (Fig. 4).

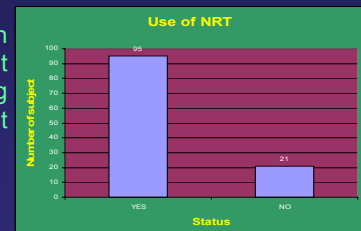


Fig. 4

72 (62.1%) subjects attended counseling sessions. However, 44 (37.9%) did not attend any counseling session after registering with the clinic. Overall, out of 116 subjects, 73 (62.9%) had at least one episode of relapse. The remaining 43 (37.1%) subjects did not relapse. To further strengthen the desire to quit, a self-declaration to stop smoking was requested. Only 45 (38.8%) subjects signed a self-declaration, while the remaining 71 (61.2%) subjects were not willing to do so (Fig. 5).

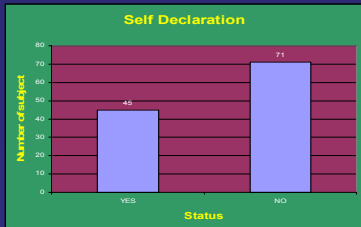


Fig. 5

'Cold turkey' was used by 22 (19.0%) subjects. Progressive reduction in the number of cigarettes smoked was used by 87 (75.0%) subjects. 62 (53.4%) subjects used nicotine chewing gum, whereas a nicotine patch was used by 26 (22.4%) subjects. Nicotine inhalers were not prescribed. Subjects using nicotine chewing gum achieved a significantly higher quit rate at 12 months as compared with 6 months ( $p < 0.001$ ).

## Conclusion

A quit smoking clinic can be run by trained paramedics as practiced in developed countries. By having trained paramedics run the quit clinic, doctors are able to focus on treating and managing the more sick and critically ill patients admitted to hospital. Many of our subjects were not willing to sign a self-declaration sheet and this may have reduced compliance with the quit smoking program. Therefore, it is recommended that in future, smokers be required to sign the self-declaration sheet before they can be accepted into the quit smoking program.