

START-projektet

Støtte Til At igangsætte Rygestop ved Thorax-udredning

Dansk Forskningscenter for Lungekræft
Internat 28.-29. oktober 2020

Anders Løkke & Ingeborg Farver-Vestergaard
Medicinsk Afdeling, Vejle Sygehus, Sygehus Lillebælt



Baggrund



TASK FORCE REPORT
ERS STATEMENT



CrossMark

Statement on smoking cessation in COPD and other pulmonary diseases and in smokers with comorbidities who find it

TABLE 4 Benefits of smoking cessation in lung cancer

Reduction in surgical complications

- Reduction in the incidence of surgical wound complications
- Reduction in the incidence of post-operative pulmonary complications
- Reduction in the incidence of post-operative cardiovascular complications
- Reduction in the incidence of re-operations
- Reduction in the length of hospital stay
- Reduction in hospital mortality

Improvement of responses to chemotherapy and radiotherapy

- Improvement of response to platinum-based chemotherapy
- Avoiding the effects of smoking on the metabolism of drugs used for chemotherapy
- Reduction in the side-effects of chemotherapy and radiotherapy

Increase in survival time

Diminishing the risk of recurrence

Diminishing the risk of having a second primary malignancy

Improvement of quality of life

^{1,2}, Keir E. Lewis³, Philip Tonnesen⁴,
Tonstad⁷, Bertrand Dautzenberg⁸,
opa Powell¹⁰, Thomas Hering¹¹,
ristina Gratzou¹⁴

“Window of opportunity” / “Teachable moment”

Research Paper

Tobacco Induced Diseases

Secular trends in smoking in relation to prevalent and

active population-

CONCISE CLINICAL REVIEW



Lung Cancer Screening and Smoking Cessation Clinical Trials

SCALE (Smoking Cessation within the Context of Lung Cancer Screening)

Collaboration

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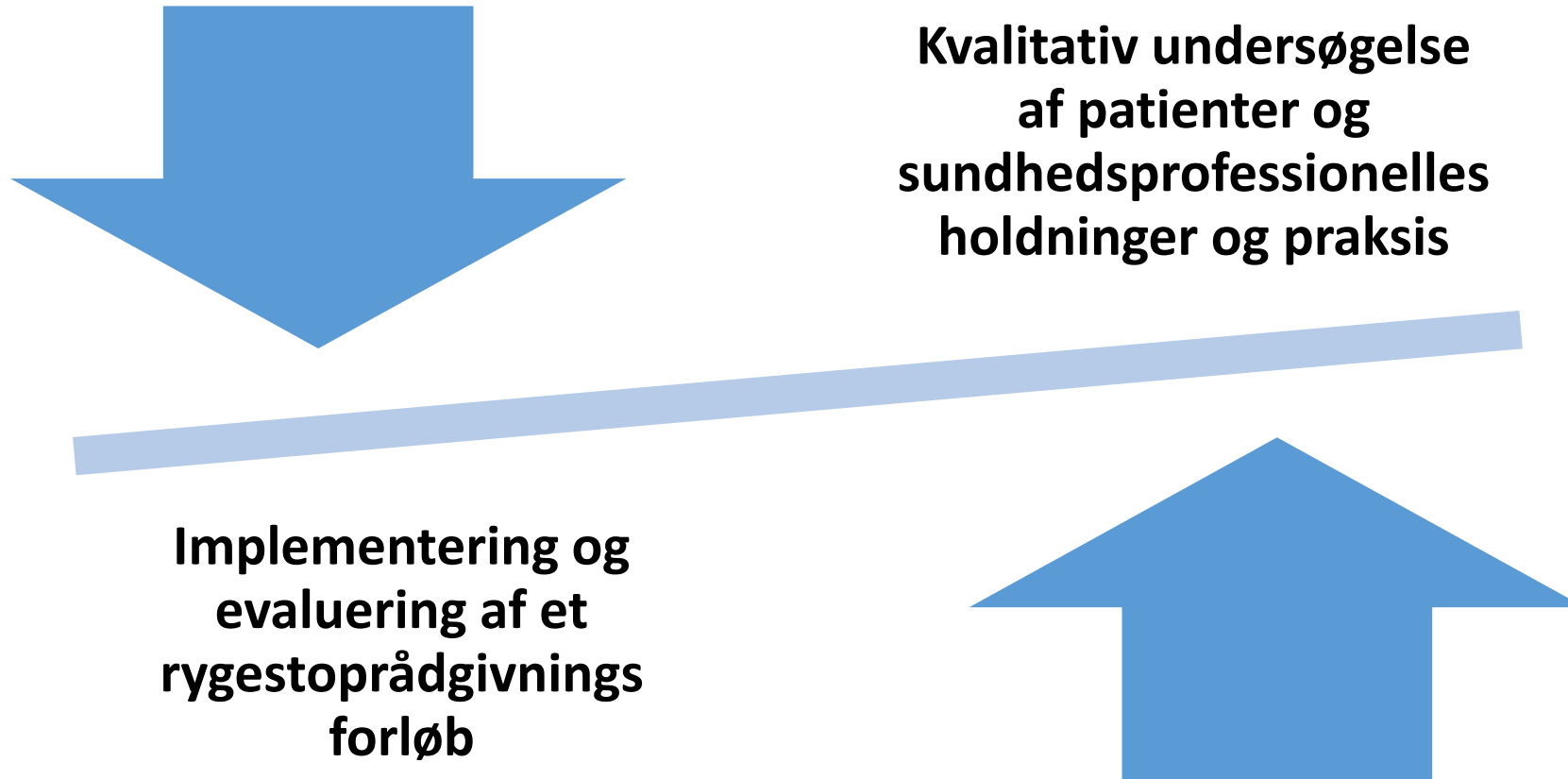
Danske retningslinjer



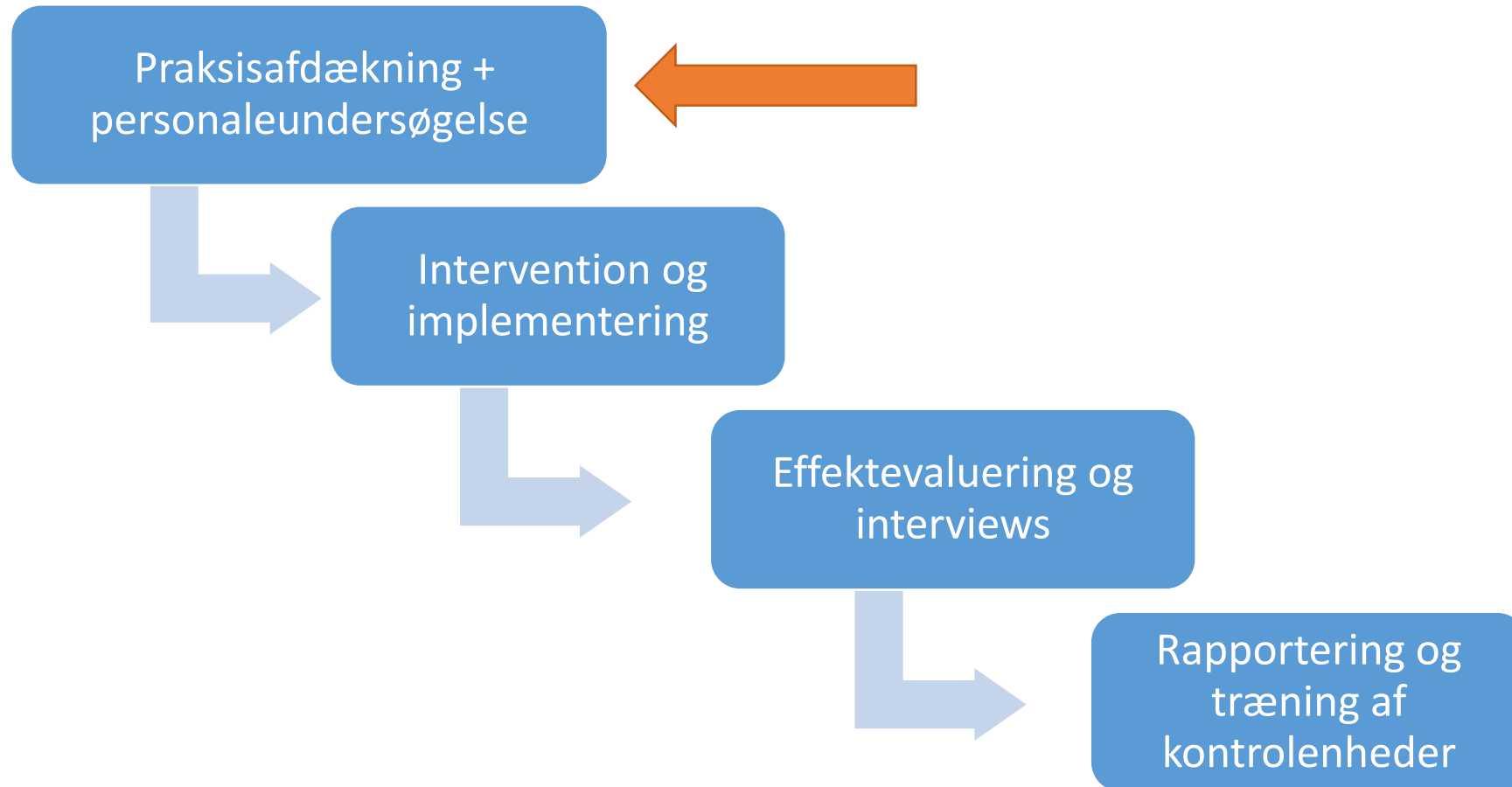
KLINISKE RETNINGSLINJER | KRÆFT

- **Tilstræb rygestop på alle tidspunkter under udrednings- og behandlingsforløbet**, da effekterne kan være udtalte – på niveau med dem der kendes fra den konventionelle lungekræftbehandling (kirurgi, stråling og kemoterapi). (A)
- **Rådgivning om rygestop bør altid gives sammen med farmakologisk behandling, da det giver størst chance for rygeophør.** Vareniclin er dokumenteret mest effektivt, har ingen alvorlige bivirkninger, og bør derfor overvejes som førstevalg. (A)

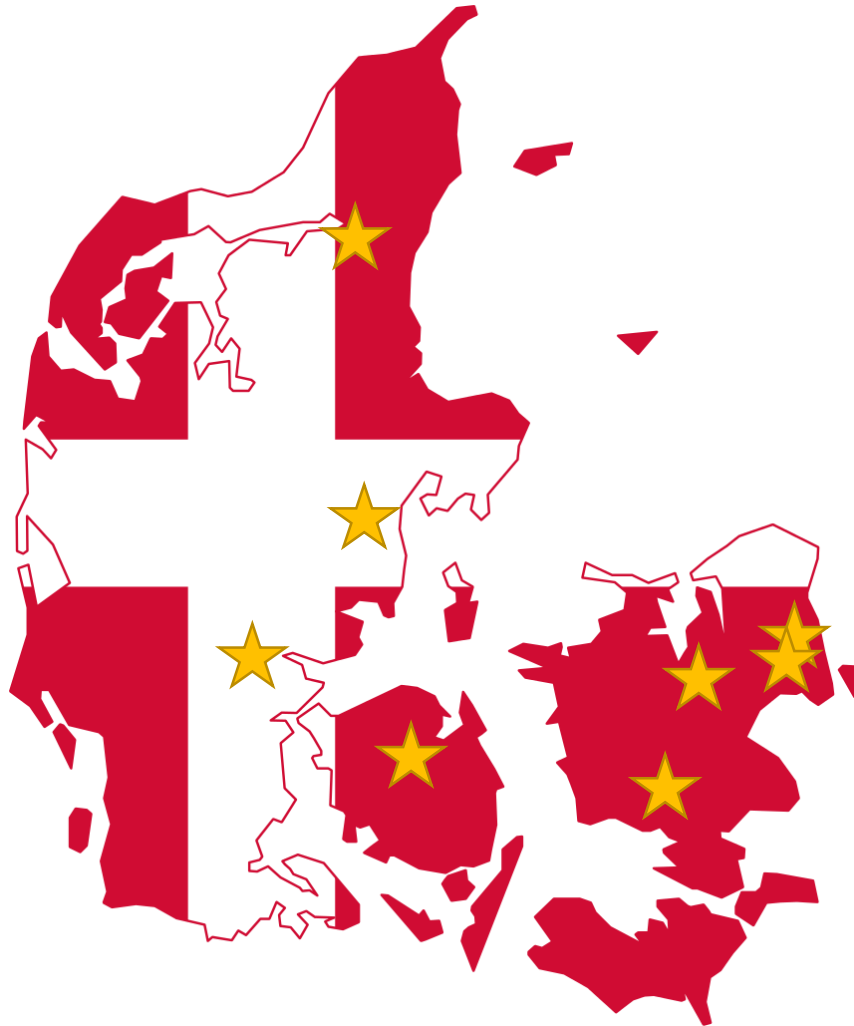
Projektets struktur



Projektets forløb



Afprøvning og udbredelse



- Pilotafprøvning af træningsprogram og procedurer i Vejle
- Fortløbende inddragelse af udredningssteder (randomiseret på forhånd)

Interventionen



Very Brief Advice
(VBA)



Rygestopstøtte
(motiverende
samtale)

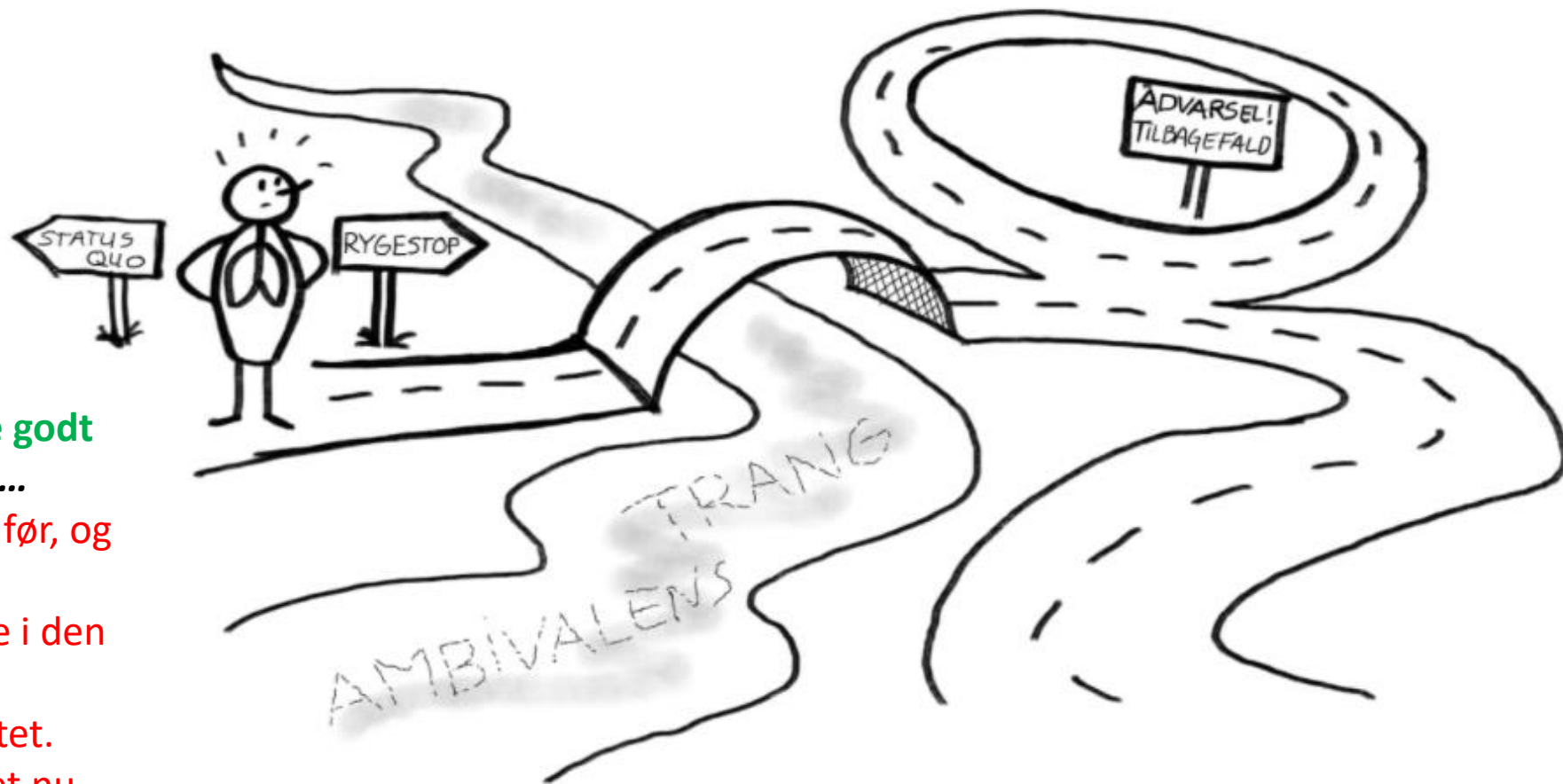


Rygestopkursus +
behandling



Grundopfattelse: rygestop som en proces, ikke en begivenhed

”Rygestopruten”



”Jeg kan godt se at det vil være godt for mit helbred at stoppe, *men...*”

- jeg har prøvet mange gange før, og det kan ikke lykkes.
- jeg har hårdt brug for at ryge i den situation, jeg er i nu.
- rygningen giver mig livskvalitet.
- det nytter alligevel ikke noget nu – skaden er sket.

Interventionen



Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

Motivational interviewing for smoking cessation

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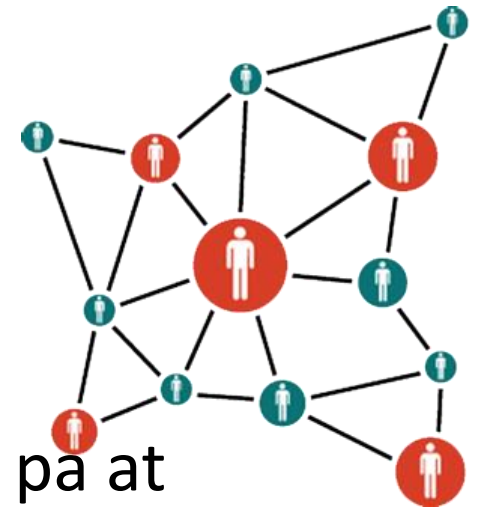
Editorial group: Cochrane Tobacco Addiction Group.

Publication status and date: New search for studies and content updated (no change to conclusions), published in Issue 3, 2015.

Citation: Lindson-Hawley N, Thompson TP, Begh R. Motivational interviewing for smoking cessation. *Cochrane Database of Systematic Reviews* 2015, Issue 3. Art. No.: CD006936. DOI: [10.1002/14651858.CD006936.pub3](https://doi.org/10.1002/14651858.CD006936.pub3).

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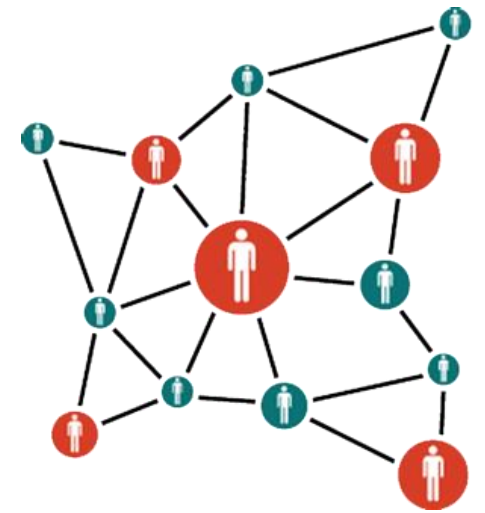
Praksisafdækning



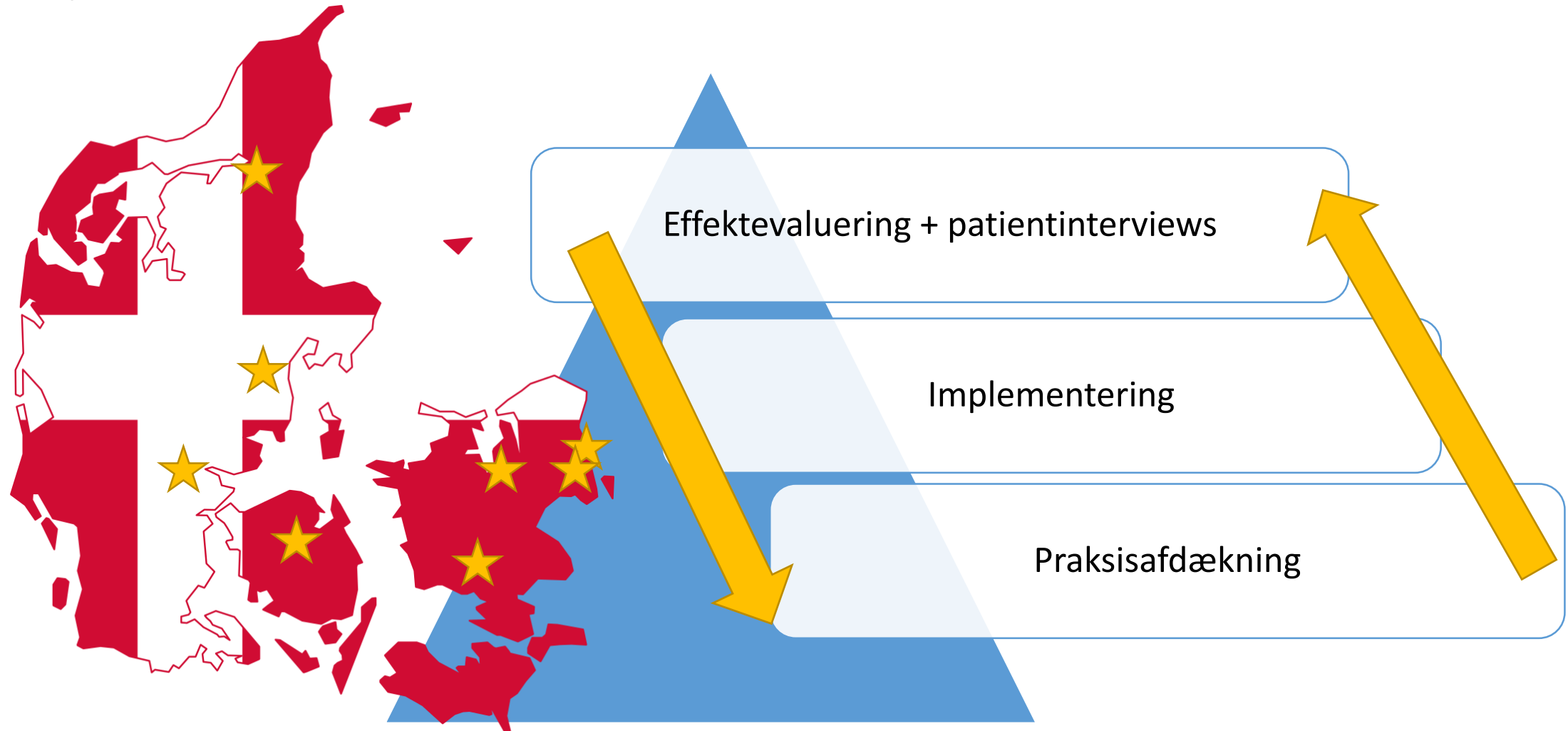
- et indledende besøg fra projektkoordinatoren med henblik på at afdække den eksisterende praksis for rygestopstøtte på den enkelte afdeling (ca. 1-2 timers varighed)
- en elektronisk spørgeskemaundersøgelse blandt personalet den enkelte afdeling med henblik på supplerende praksisafdækning (ca. 5 minutters varighed pr besvarelse) samt et individuelt interview af ca. en times varighed med 2-3 ansatte i afdelingen.

Emner til praksisafdækning

- Afgrænsning af patientgruppen
- Typisk forløb for udredning ved mistanke om lungekræft
- Eksisterende praksis for udspørgen vedr rygerstatus
- Eksisterende praksis for at igangsætte/henvise til støtte til rygestop
- Mulige personlige/faglige/organisatoriske barrierer for at tale om/igangsætte rygestop
- Motivation, ønsker og behov i forbindelse projektets indsats



Perspektiver

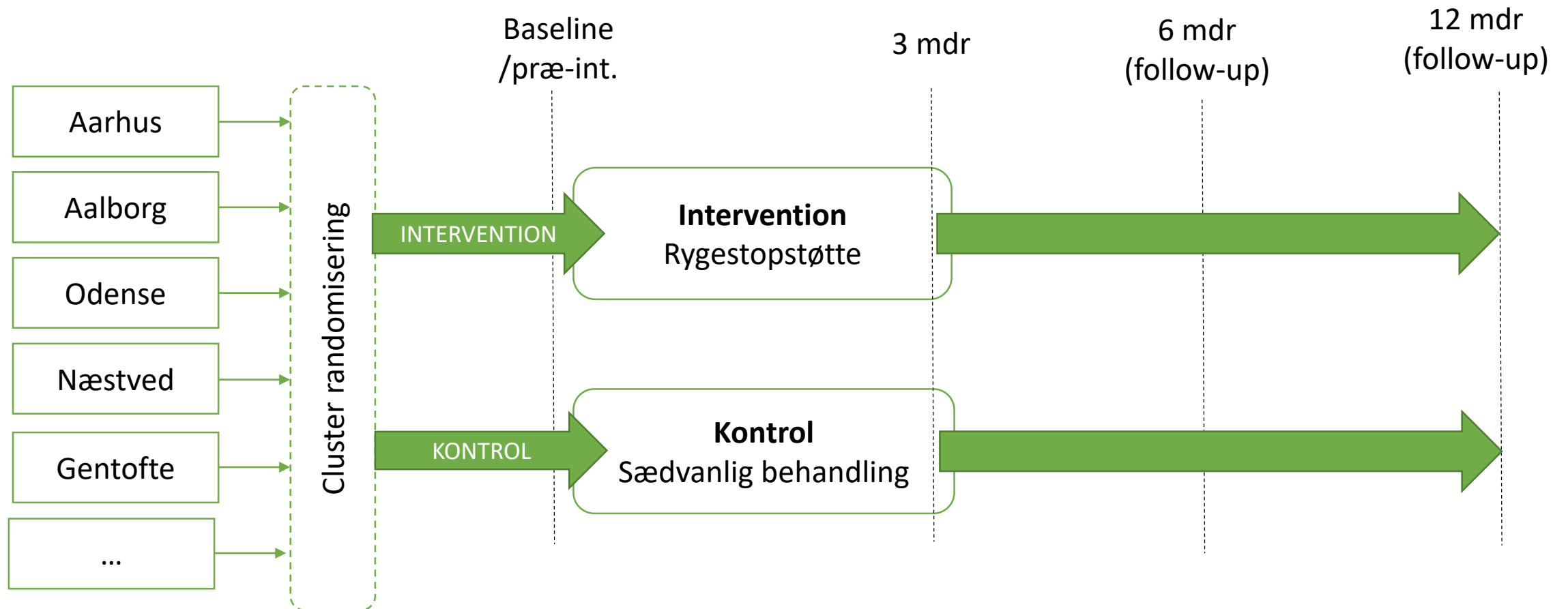


Tak for opmærksomheden...

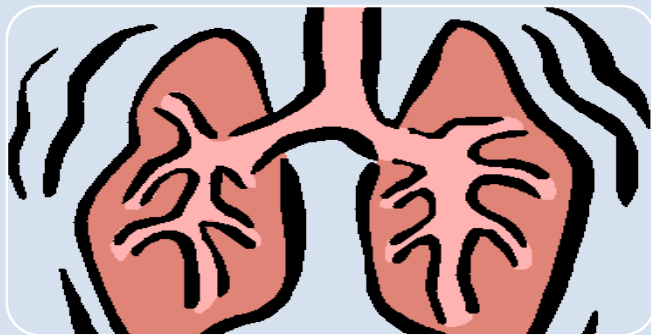


Effektundersøgelse

A multi-center, pragmatic, cluster-randomised controlled trial



Effektmålinger



Rygeophør

Status
Afhængighed

Symptomer

Selvrapport
Beh.respons

Livskvalitet

HRQoL
Disease-
specific

Omkostningseffektivitet