Optometrist delivered smoking cessation interventions: An overlooked opportunity to help more smokers quit?

Fabiana Lorencatto, Shamina Asif, Alice Harper, Jill J. Francis, & John G. Lawrenson

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Range of interventions available to help smokers quit...

Evidence for the (cost-) effectiveness of all of these interventions

The 5 A's: Review

- **ASK** about tobacco USE
- **ADVISE** tobacco users to QUIT
- **ASSESS** readiness to make a QUIT attempt
- **ASSIST** with the QUIT ATTEMPT
- **ARRANGE** FOLLOW-UP care

Relative success rate in England by ‘route to quit’

Data from [www.smokinginengland.info](http://www.smokinginengland.info); based on smokers who tried to stop in the past year who report still not smoking at the survey adjusting for other predictors of success (age, dependence, time since quit attempt, social grade, recent prior quit attempts, abrupt vs gradual cessation): N=7,939
Effective when delivered by a range of HCPs:

- GPs
- Psychologists
- Dentists
- Pharmacists
- Midwives
- Nurses
- *Etc.*
What about optometrists?
Smoking = most common cause of blindness in UK + major risk factor various eye conditions (Tomany et al. 2004)

Low public awareness of link between smoking and eye disease (Thornton et al. 2007)

Optometrists well placed in community

Role expanding – broader health promotion (Hoppe et al. 2006)

College of Optometrist responded to NICE 2013 Smoking Cessation Quality Standards requesting role of optometrists in delivering smoking cessation support be recognised.
What do we already know?

- ~33% of optometrists regularly assess smoking status (Lawrenson & Evans, 2013; Sahu et al. 2006; Kennedy et al. 2011)

Several limitations to existing surveys:

- Do not comprehensively assess delivery of all components of evidence-based VBA/Behavioural support (Assess not Advise/Assist)

- Training?

- Not representative of UK current practice (< 2005)

- Conducted in different healthcare systems (e.g. USA/Canada)
Aims & Objectives

Survey 1: Establish **curricular coverage** of issues related to smoking cessation in UK optometry schools

Survey 2: Explore **current practice** amongst optometrists in relation to smoking cessation
Survey 1: Curricular Coverage


Participants: 9 undergraduate programmes in UK
- 6 England, 1 Scotland, 1 Wales, 1 Northern Ireland
- 100% response rate

Materials: 26-item survey

Section 1: curricular coverage (time allocated, content)

Section 2: assessment learning/skills

Section 3: barriers to teaching (1 strongly disagree → 5 strongly agree)
A survey of UK optometry trainees’ smoking cessation training
Fabiana Lorencatto¹, Alice M. Harper¹, Jill J. Francis¹ and John G. Lawrenson²
¹Centre for Health Services Research, School of Health Sciences, City University London, London, and ²Centre for Public Health Research, School of Health Sciences, City University London, London, UK.


Keywords: education, optometry, smoking, smoking cessation, teaching, training

Abstract

Background: Smoking is a risk factor for a number of eye conditions, including age-related macular degeneration, cataracts and thyroid eye disease. Smoking cessation interventions have been shown to be highly cost-effective when delivered by a range of healthcare professionals. Optometrists are well placed to deliver smoking cessation advice to a wide population of otherwise healthy smokers. Yet optometrists remain a relatively neglected healthcare professional group in smoking cessation research and policy. Survey of UK medical/nursing schools and of
All schools dedicate limited time (< 3 hours); 50% < 1 hour

**Table 3. Individual smoking and smoking cessation teaching and training on UK Optometry School curricula**

<table>
<thead>
<tr>
<th>Content area</th>
<th>Percentage (n)</th>
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<tbody>
<tr>
<td>Relationship between smoking and eye disease</td>
<td>89% (n = 8)</td>
</tr>
<tr>
<td>Cancer risk</td>
<td>67% (n = 6)</td>
</tr>
<tr>
<td>Cardiovascular health effects</td>
<td>45% (n = 4)</td>
</tr>
</tbody>
</table>

**Brief Opportunistic Intervention:** very brief interventions or 3A’s (Ask, Advise, Assist/Arrange Follow up)
- Prescribing stop smoking medications                     | 11% (n = 1)    |
- Referral to smoking cessation services                    | 11% (n = 1)    |
- Practical delivery in artificial settings (e.g. role play)| 0% (n = 0)     |
- Population strategies                                     | 0% (n = 0)     |
- Intensive behavioural support interventions (i.e. to be delivered within the optometry practice) | 0% (n = 0)     |
- Practical delivery in clinical settings (e.g. observing an optometrist, or stop smoking practitioner delivering behavioural support) | 0% (n = 0)     |
■ Majority (78%) did not formally examine trainees’ smoking cessation knowledge

■ No schools formally assessed practical skills for delivering smoking cessation interventions
Barriers to teaching smoking cessation:

- There are no barriers
- Administrative problems
- No space on crowded curriculum
- Lack of staff expertise
- Lack of students’ enthusiasm
- Inconsistent government policy
- Unclear who should teach smoking cessation
- Insufficient funding
- Smoking cessation not a priority

Legend: % Agree - % Disagree - % Neither agree/disagree
Survey 2: Current Practice

- **Design:** national web-based survey, June 2015
- **Participants:** optometrists currently registered with UK College of Optometrists (~9,000)
- **408 responses**

**Materials:** 40-item survey

- **Section 1:** demographics
- **Section 2:** smoking cessation training
- **Section 3:** current practice (~% patients deliver components VBA/ evidence-based BCTs)
- **Section 4:** Barriers/enablers (agree/disagree)
Demographics

- Female (62%)
- Working full-time (61%)
- England (47%)
- Multiple optometry practice (29%)
- Qualified 5-15 years (26%)

- X current smokers (3%)
- X ever smoked (33%)
Training

- 25% taught to assess smoking status during routine eye examinations
- 17% taught to support smokers to quit in practice
- 49% feel inadequately trained to advise patients on cessation
Current practice

ASK

ADVISE

ASSIST

- Ask about tobacco use (new patients)
- Ask about tobacco use (follow-up patients)
- Assess motivation to quit
- Advise harmful effects tobacco
- Advise to quit completely
- Advise to cut down
- Advise stop smoking medications
- Advise e-cigarettes
- Assist smoker to quit (in-house; referral)
- Follow-up on quit outcome

No patients | Few patients | Some patients | Most patients | All patients
<table>
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<tr>
<th>Top barriers (% indicated applicable)</th>
<th>Top enablers (% indicated applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intruding on patient lifestyle choice (72%; n=260)</td>
<td>Further knowledge training (74%; n=213)</td>
</tr>
<tr>
<td>Lack of time/ resources (65%; n=235)</td>
<td>Establish professional norm to provide cessation advice (48%; n=138)</td>
</tr>
<tr>
<td>Lack of knowledge (53%; n=194)</td>
<td>Further practical skills training (47%; n=139)</td>
</tr>
</tbody>
</table>
Discussion

■ Substantial gaps exist in UK optometrists’ current smoking cessation training + practice

■ Particularly delivery evidence-based cessation interventions

■ Consistent with findings from recent surveys in Canada (Brule et al. 2012; Kennedy et al. 2011) and Australia (Downie et al. 2015)

■ Plus other HCP groups (Richards et al. 2014; Raupach et al. 2014)

■ Limitations: self-selection/ self-report biases
✓ Believe (*small*) part of role/ well-placed (52%)

✓ Want further training (74%)

→ Evidence-based resources required to support introduction of smoking cessation interventions into routine practice (e.g. NCSCT training modules)

→ Competence indicator College of Optometrists pre-registration training
Thank you for listening!

Further information:
Fabiana.Lorencatto.2@city.ac.uk

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Collaborators:
• Shamina Asif, *College of Optometrists, Dudley Local Optical Committee*
• Alice Harper, Centre for Health Services Research, City University London
• Jill J Francis, Centre for Health Services Research, City University of London
• John G Lawrenson, Centre for public health research, Optometry and Visual Sciences, City University London