Community pharmacy personnel interventions for smoking cessation

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Authors' objectives

Background: Smoking cessation is a potentially appropriate role for community pharmacists because they are encouraged to advise on the correct use of nicotine replacement therapy (NRT) products and to provide behavioural support to aid smoking cessation.

Objectives: This review assessed the effectiveness of interventions by community pharmacy personnel to assist clients to stop smoking.

Search methods: A search was made of the Cochrane Tobacco Addiction Group database for smoking cessation studies conducted in the community pharmacy setting, using the search terms pharmacist* or pharmacy or pharmacies. Date of the most recent search: October 2007.

Selection criteria: Randomized trials which compared interventions by community pharmacy personnel to promote smoking cessation amongst their clients who were smokers compared to usual pharmacy support or any less intensive programme. The main outcome measure was smoking cessation rates at six months or more after the start of the intervention.

Data collection and analysis: Data were extracted by one author and checked by the second, noting: the country of the trial, details of participant community pharmacies, method of subject recruitment, smoking behaviour and characteristics of participants on recruitment, method of randomization, description of the intervention and of any pharmacy personnel training, and the outcome measures. Methodological quality was assessed according to the extent to which the allocation to intervention or control was concealed. Because of the potentially important cluster effects, we also rated trials according to whether they checked for or adjusted for these but, in the absence of consensus on how to pool cluster level data, we adopted a narrative approach to synthesizing the data, rather than a formal meta-analysis.

Main results: We identified two trials which met our selection criteria. They included a total of 976 smokers. Both trials were set in the UK and involved a training intervention which included the Stages of Change Model; they then compared a support programme involving counselling and record keeping against a control receiving usual pharmacy support. In both studies a high proportion of intervention and control participants began using NRT. Both studies reported smoking cessation outcomes at three time points. However, the follow-up points were not identical (three, six and 12 months in one, and one, four and nine months in the other), and the trend in abstinence over time was not linear in either study, so the data could not be combined. One study showed a significant difference in self-reported cessation rates at 12 months: 14.3% versus 2.7% (p < 0.001); the other study showed a positive trend at each follow-up with 12.0% versus 7.4% (p = 0.09) at nine months.

Authors' conclusions: The limited number of studies to date suggests that trained community pharmacists, providing a counselling and record keeping support programme for their customers, may have a positive effect on smoking cessation rates. The strength of evidence is limited because only one of the trials showed a statistically significant effect.


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