

brief intervention, 30.7% of the smokers were reported quit smoking during one-month.

- 52.1% of the patients were referred by the referral system, 11.4% by their family members or friends, and 27.9% by publicity.

Conclusions and key recommendations:

- The average proportion of both one-month quitting rate reported by the smokers and continued quitting rate were over 20%. Smoking cessation clinic services in China can effectively help smokers quit smoking.
- The referral system effectively helped smokers access to the clinic and better increased the outpatient volume. Publicity must be conducted in the future work.
- Brief intervention procedure was more acceptable, compact and feasible. It should be adopted as a standard procedure in the future.

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12:30–14:00

PS-1126-4 Effectiveness of a brief, self-determination intervention for smoking cessation (immediate or progressive) among people attending emergency departments: a randomised controlled trial

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Background: Smokers who are in physical discomfort attended to emergency departments present an excellent ‘teachable moment’ for smoking cessation interventions. Nevertheless, most cessation programmes generally take 20 to 30 minutes or more to implement and are thus not feasible in busy clinical settings. This study aimed to address the gap in existing literature by evaluating the effectiveness of using a brief, self-determination intervention on smoking cessation among people attending emergency departments.

Methods: A multi-centre randomized controlled trial was conducted in emergency departments of four acute hospitals in Hong Kong. A total of 1571 patient were recruited, with 787 being randomized into the experimental group and 784 into the control group. Subjects in the experimental group were allowed to select their own schedules of quitting (immediate or progressive). They received a leaflet plus a brief intervention on smoking cessation. Subjects in the control group received a leaflet on smoking cessation. Four consecutive (1, 3, 6 and 12 months) follow-ups were conducted over the telephone. The primary outcome measure was biochemically validated abstinence at 6 months. Secondary outcomes included

(i) biochemically validated abstinence at 12 months and

(ii) self-reported 7-day point prevalence of abstinence at 6 and 12 months. Intention-to-treat analysis was adopted.

Results: Subjects in the experimental group had a statistically significantly higher self-reported quit rate than those in the control group at 12 months (11.2% vs 6.8%, $p=0.03$). The biochemically validated abstinence was also statistically significantly higher in the experimental group than in the control group at 6 (6.6% vs 2.6%, $p<.001$) and 12 months (6.0% vs 3.0%, $p=0.04$).

Conclusions: The brief, self-determination intervention was shown to be effective in promoting smoking cessation for people attending emergency departments. Such intervention should therefore be a

more cost-effective and sustainable approach to helping smokers quit smoking, and consequently may save more lives.

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12:30–14:00

PS-1127-4 Missed teachable moments for promoting smoking cessation in primary care: a qualitative study in Armenia

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Background: Teachable moments (TM) have been advocated for endorsing health behavior change in a variety of settings. While primary healthcare settings have been the most potential venue for providing smoking cessation, physicians miss many TM to discuss smoking with their patients at every medical visit. The study aimed to reveal what influences primary healthcare physicians’ (PHPs) decision to utilize TMs to facilitate smoking cessation counselling with patients.

Methods: The study team implemented a qualitative research through focus group discussions with PHPs using a semi-structured guide. Purposive sampling was used to recruit participants ($n=23$) from two Armenian cities (the capital city Yerevan and the second largest city Gyumri). We transcribed the collected data and analyzed by the directed content analysis technique.

Results: The study results illustrated several misconceptions that hamper PHPs to utilize TM for providing smoking cessation counselling to their patients. Majority of PHPs reported that they preferred discussing smoking only with those patients who expressed explicit concern about smoking, as they were afraid of harming physician-patient relationship. PHPs’ believed that asking patients about their smoking status could be intrusive and lead to conflict situations. Some of PHPs were considering smoking as a culturally sensitive issue and preferred checking smoking status of men rather than women. Physicians also tend to miss the opportunity to discuss smoking with special patient subgroups (elderly patients, patients with other co-morbidities) because of the misbelief that smoking “already harmed” them and their health problems take precedence over smoking cessation counseling.

Conclusions: Physicians missed opportunities to employ TMs for smoking cessation counseling with patients. Physicians appear to prioritize smoking cessation counseling based on patients’ socio-demographic characteristic (age, gender), as well as diagnosis at the time of the visit. Specific interventions should be implemented to instruct physicians’ to capitalize on TM and discuss smoking cessation during routine consultations with all patients.

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12:30–14:00

PS-1128-4 The overlooked role of physical activity in mitigating the mortality risk in smokers and nonsmokers with COPD

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