

Addressing smoking in routine health care of people living with HIV (PLHIV): The practices and attitudes of Australian health care providers



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Background

- PLHIV have higher smoking rates than the general population.^{1,2}
- Smoking is now the greatest risk factor for premature mortality for PLHIV.³
- International studies suggest a need to increase health provider engagement in addressing smoking among PLHIV, although no Australian data is currently available.^{4,5}

Aim

- To assess attitudes, knowledge and practices of Australian health providers towards addressing smoking with their patients living with HIV and tobacco harm reduction approaches.

Method

- An anonymous online survey of health practitioners who provide healthcare to PLHIV in Australia.
- Distributed via clinical networks and professional organisations.

Results

- 179 respondents
- The majority of participants (94%) believed that addressing smoking among people living with HIV was relevant important (Figure 1) and reported assessing their patients' smoking status (92%) and advising those who smoke to quit (82%) (Table 1).
- 89% reported providing at least one form of assistance. Health education was the most common form of assistance provided (85%). Assistance in the form of pharmacotherapy (61%) or providing counselling (64%) was less common.
- Most participants supported tobacco harm reduction, 87% agreeing it could benefit PLHIV who do not want to quit and endorsed cutting down the number of cigarettes smoked per day (72%) and switching completely from smoking cigarettes to using NRT as a long-term substitute (79%) (Figure 2).
- Participants were most likely to report a neutral response (neither agree nor disagree, or reporting 'don't know') about vaporised nicotine products (e-cigarettes) (Figure 2).

Table 1. Frequency and Percentage of Respondents Who Performed 5A Activities (*always or most of the time)

5A Domain	Activity	N (%)	
		Activity performed*	At least one activity performed*
Ask	Ask status	164 (91.6%)	169 (94.4%)
	Record status	164 (91.6%)	
Assess	Readiness to quit	132 (73.7%)	139 (77.7%)
	Nicotine dependence	89 (49.7%)	
Advise	Advise patient to quit	147 (82.1%)	147 (82.1%)
Assist	Health education	152 (84.9%)	160 (89.4%)
	Self-help resources	31 (17.3%)	
	Referral	111 (62.0%)	
	Counselling	114 (63.7%)	
Arrange	Pharmacotherapy	109 (60.9%)	131 (73.2%)
	Follow up progress	119 (66.5%)	
All 5As	Discuss relapse prevention	92 (51.4%)	110 (61.5%)

Figure 1. Practitioner Attitudes to Addressing Smoking With Patients Living With HIV Who Smoke

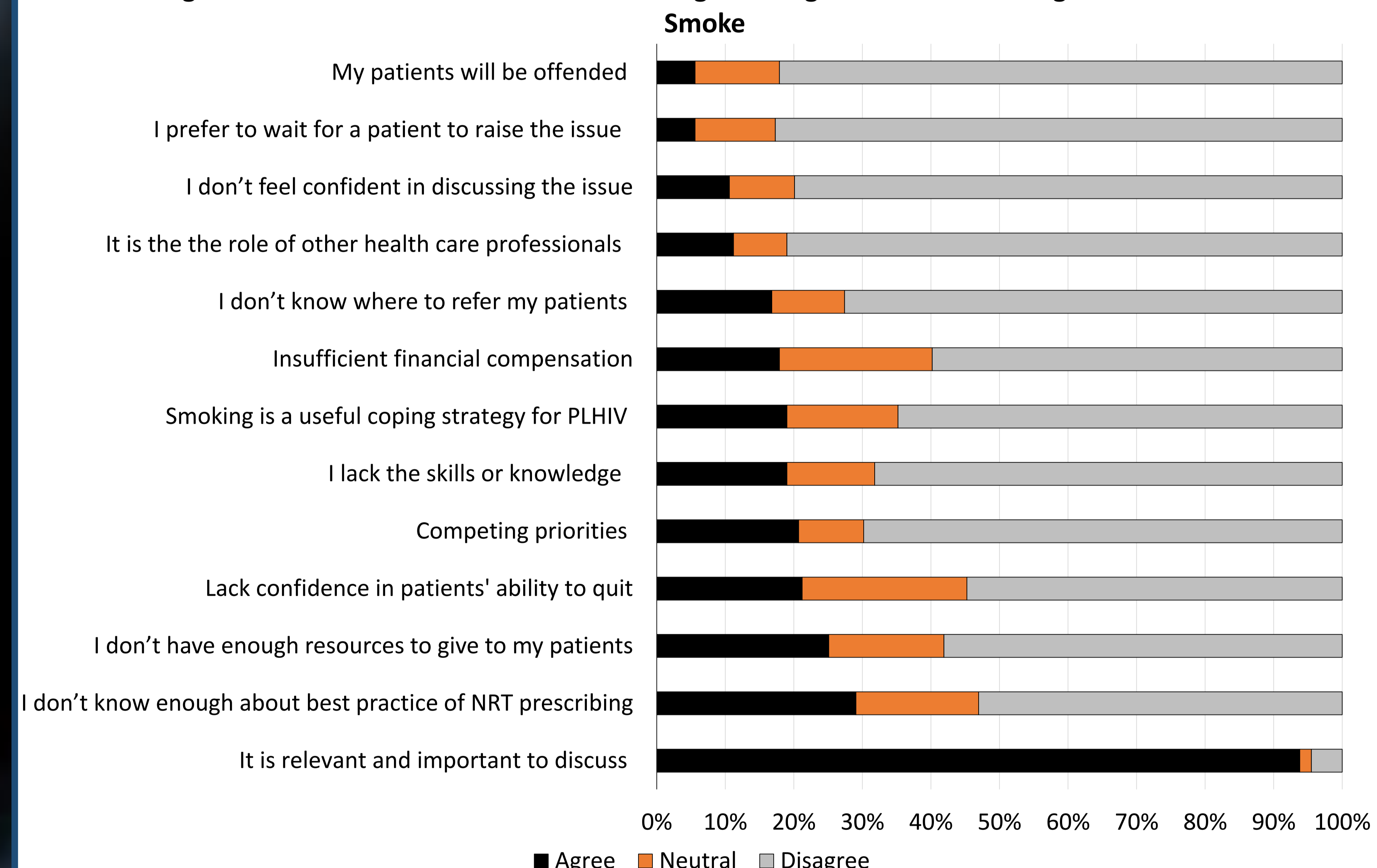
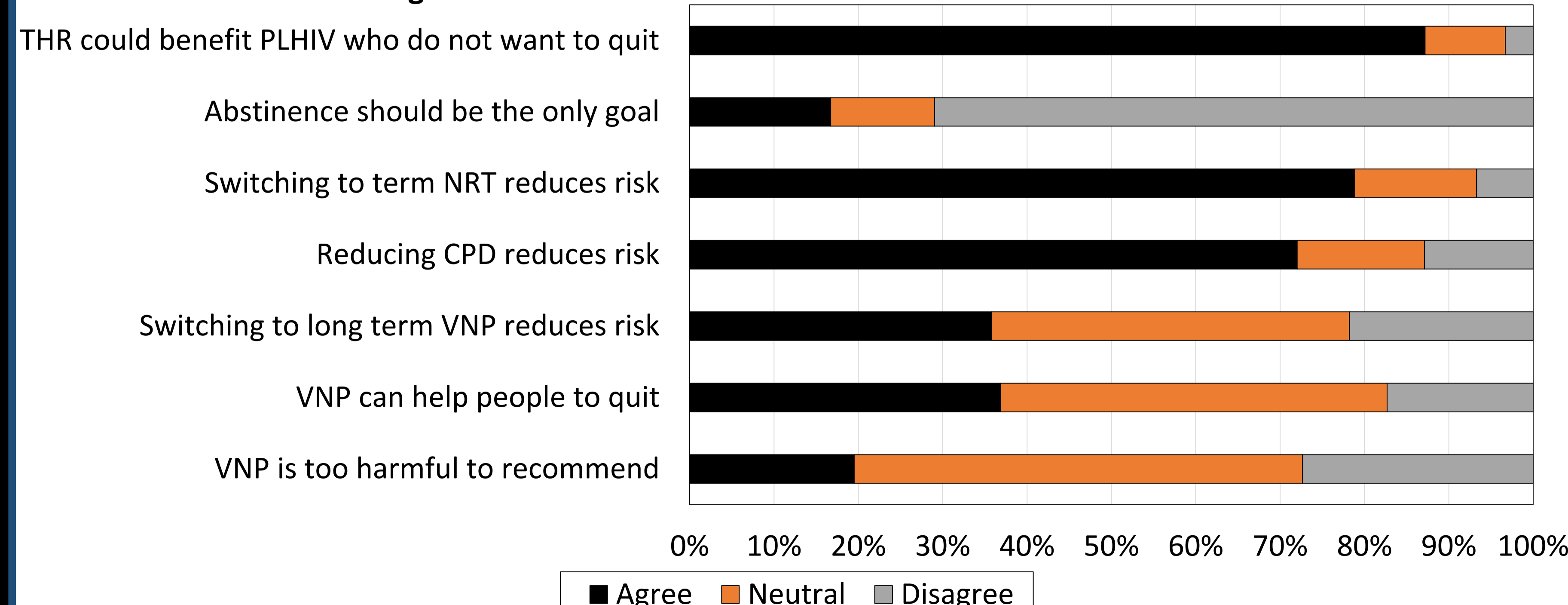


Figure 2. Practitioner Attitudes to Tobacco Harm Reduction



Conclusions

- High levels of adherence to each individual "A" were reported but overall adherence to the framework was less common.
- Encouraging healthcare providers to proactively assist their patients to address their smoking and prioritise this health issue could be an effective way to increase cessation rates among this priority population group.

References

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CPD: cigarettes per day
NRT: nicotine replacement therapy
THR: tobacco harm reduction
VNP: vaporised nicotine products

Disclosure of Interest: This study was funded by the Centre for Population Health, NSW Ministry of Health, NSW Government. No pharmaceutical funding was received.
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