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Short Communication

# Turning Routine Visits into Life-Changing Moments: An Initiative in Dermatology Clinics

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## Abstract:

The study aimed to implement a nurse-led approach to smoking cessation in patients with chronic inflammatory skin diseases (CIDs) attending a systemic dermatology clinic. Despite the well-established risk of cardiovascular disease (CVD) in patients with CIDs, smoking cessation is rarely addressed in routine care. Using the Making Every Contact Count (MECC) framework, nurses identified smokers during routine checks and offered referral to the National Tobacco Cessation Support Programme. Out of 356 patients, 62 smokers were identified, and 22 accepted referrals. Most smokers reported a strong motivation to quit but lacked confidence, with many having failed in previous quit attempts. The study highlights the challenges of smoking cessation, emphasizing the need for healthcare professionals to engage patients during routine visits. The MECC approach was effective in creating opportunities for smoking cessation interventions, providing patients with support for physical and psychological aspects of quitting, and addressing CVD risk in systemic therapy patients.

**Keywords:** biologics; chronic inflammatory skin diseases; immunosuppression; cardiovascular risk factors; smoking cessation

## Dear Editor,

In 2020, 22.3% of the world's population smoked tobacco, accounting for, 36.7% men and 7.8% women [1]. A study by the Centers for Disease Control and Prevention (CDC) has shown that four out of nine cigarette smokers who attended a healthcare professional did not receive smoking cessation advice [2]. Similarly, cardiovascular disease (CVD) risk factors in patients with chronic inflammatory skin diseases (CIDs) are rarely addressed and treated in Dermatology clinical practice, despite evidence supporting an increased CVDs risk among patients with CIDs [3]. A nursing proforma was established in our Dermatology department to perform blood pressure and body weight measurement prior to consultation. However, this did not include smoking status.

Our aim in this study was to develop a nurse led approach to asking about and offering smoking cessation interventions to patients with CIDs who attend the systemic clinic. We adopted the Making Every Contact Count (MECC) framework, purposed by Public Health England, as it is effective in producing positive impacts to patients' physical and mental health by encouraging healthcare providers to utilise the opportunities arising during routine interactions to deliver healthy lifestyle information, such as the benefits of smoking cessation [4].

Smokers were identified during routine blood pressure and body weight measurements performed by nursing staff prior to a consultation with the

dermatologists. They were then opportunistically offered referral to the National Tobacco Cessation Support Programme. Smokers who agreed to the referral completed a questionnaire consisting of baseline demographics, including smoking history. Confidence, motivation and the importance of quitting were assessed with a score out of 10. The Fagerstrom Nicotine Dependence score was also calculated.

Sixty-two (17.4%) smokers were identified among 356 patients who attended the dermatology systemic clinic over a 12-week period. Of the 62 smokers, more than one-third (n=22; 11 males and 11 females) accepted referral to the National Tobacco Cessation Support Programme. The ages of the smokers ranged from 27 to 72 years, with a median age of 46 years. Most smokers (n=16) consumed more than 15 cigarettes per day and had smoked for 10 years or more. The majority (95.5%, n=21) reported previous attempts to quit smoking (Table 1). All smokers expressed a moderate to strong motivation to quit smoking and most (86.4%, n=19) rated quitting smoking as extremely important. However, only one-third felt very confident in stopping. Finally, 10 (45%) smokers were highly dependent on nicotine, as determined by the Fagerstrom Nicotine Dependence score.

| 1. | Number (out of 22) | Percentage (%) |
|---|---|---|
| Gender | | |
| Male | 11 | 50 |
| Female | 11 | 50 |
| Age | | |
| 21-30 | 2 | 9.1 |
| 31-40 | 5 | 22.7 |
| 41-50 | 8 | 36.4 |
| 51-60 | 2 | 9.1 |
| 61-70 | 3 | 13.6 |
| 71-80 | 2 | 9.1 |
| No. of cigarettes per day | | |
| 1-10 | 7 | 31.8 |
| 11-20 | 13 | 59.1 |
| 21-30 | 2 | 9.1 |
| No. of years of smoking | | |
| 10-20 | 14 | 63.6 |
| 21-30 | 0 | 0 |
| 31-40 | 4 | 18.2 |
| >40 | 4 | 18.2 |
| No. of pack years | | |
| 0-10 | 7 | 31.8 |
| 11-20 | 7 | 31.8 |
| 21-30 | 2 | 9.1 |
| >30 | 6 | 27.3 |
| Previous attempt(s) to quit | | |
| 0 | 1 | 4.5 |

| | | |
|---|---|---|
| 1-5 | 10 | 45.5 |
| 6-10 | 9 | 40.1 |
| >10 | 2 | 9.1 |
| Confidence to Quit (out of 10) | | |
| Not Confident (1-3) | 5 | 22.7 |
| Fairly Confident (4-7) | 10 | 45.5 |
| Very Confident (8-10) | 7 | 31.8 |
| Motivation to Quit (out of 10) | | |
| Not Motivated (1-3) | 0 | 0 |
| Fairly Motivated (4-7) | 10 | 45.5 |
| Very Motivated (8-10) | 12 | 54.5 |
| Importance of quitting (out of 10) | | |
| Not Important (1-3) | 0 | 0 |
| Fairly Important (4-7) | 3 | 13.6 |
| Very Important (8-10) | 19 | 86.4 |
| Fagerstrom Test for Nicotine Dependence | | |
| High Dependence (>8) | 10 | 45.5 |
| Moderate Dependence (5-7) | 5 | 22.7 |
| Low to Moderate Dependence (3-4) | 5 | 22.7 |
| Low Dependence (0-2) | 2 | 9.1 |

**Table 1:** Basic demographic including smoking history of smokers identified and data analysis extracted from completed questionnaire.

We acknowledge the small sample size in our study. Nevertheless, we note that smoking cessation is challenging, but it is also a crucial element to be addressed, especially in a healthcare setting. Despite previous attempts to quit smoking and a majority of smokers in our cohort rated quit smoking as extremely important, many have failed to quit, and only a small number felt confident in stopping. Often, smokers feel helpless when attempting to quit alone given the complexity of smoking cessation. By adopting the MECC approach, they can be directed to a smoking cessation support group opportunistically and willingly, where they can obtain both physical and psychological support in increasing the success rate and preventing relapse.

In conclusion, systemic complications of CIDs, such as CVDs, especially for patients receiving systemic therapy, need to be addressed. Dermatologists play a crucial role in highlighting identified risk factors to both patients and their family practitioners. The MECC framework allows nursing staff to build rapport with patients during regular appointments at the systemic clinic. This creates a less intimidating environment and regular opportunities to highlight the importance of smoking cessation, making every contact count.

**Statements and Declaration:**

Consent to Participation declaration: All patients in this manuscript have given written informed consent for participation in the study. Consent to Publish declaration: All patients in this manuscript have given written informed consent for participation in the study and the use of their de-identified, anonymized, aggregated data and their case details (including photographs) for publication.

**Author contribution declaration:** All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Ji Fung Yong. The first draft of the manuscript was written by Ji Fung Yong and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

**Data Availability declaration:** The data underlying this article will be shared on reasonable request to the corresponding author.

**Ethical Declaration:** Not applicable

**Competing Interests:** No competing interest to be declared

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