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Research Article

CURRENT PRACTICES FOR SMOKING CESSATION COUNSELLING IN DENTISTRY: A SURVEY

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ABSTRACT

Objectives: This study was aimed at assessing the current counselling practices for smoking and tobacco use cessation in urban and suburban dental practices. The study also investigated if there are any differences in the counselling practices of dentists on the basis of their qualifications.

Methods: A cross sectional studywas designed based on a self-structured questionnaire with 16 items that was distributed to 200 dentists. Responses to the individual items were cross-tabulated with the dentists' qualifications.

Results: Responses from a total of 197 participants were assessed after rejecting 3 erroneously filled questionnaires. This study found that most dentists donot always advise their patients to quit smoking. Even though majority of them believe that patients should be encouraged to stop smoking and that appropriate training should be given to dentists in relation to smoking cessation, an overwhelmingly high number don't see counselling for smoking cessation to be part of their job. The postgraduate dentists generally demonstrated more favourable smoking cessation counselling behaviour compared to graduate dentists.

Conclusion: Based on the observation that more formal training corresponds to better attitude towards smoking cessation counselling, it can be said that there exists a need to incorporate training for the same in the core dental curriculum. Also, instead of the prevalent directive advice-oriented methods, a more patient-centred approach during counselling can help improve the outcome of smoking cessation efforts.

INTRODUCTION

Tobacco smokers are at increased risk of oral cancer and this risk can be reduced by controlling of tobacco smoking (Sadri & Mahjub, 2007).Smokers are also three times as likely to have severe periodontitis compared to non-smokerssmokers (Papapanou, 1996). National Health and Nutrition Examination Survey (NHANES) III study found that former smokers are at less risk than current smokers but at more risk than non-smokers, and the risk for periodontitis decreases with the increasing number of years since quitting smoking (Tomar & Asma, 2000).Primary care clinicians, including oral health professionals have an opportunity and responsibility to encourage smokers they encounter in their practice to quit smoking (Brothwell &Gelskey, 2008). Smoking cessation has been shown to increase with the use of sessions as small as 3-minutes, also known as brief intervention counselling (BIC), administered by different health professionals, including dentists and dental hygienists (Brothwell & Gelskey, 2008).

Dentists regularly encounter smokers in practice, and there exists a great potential for them to encourage their patients to quit smoking; yet, this potential is often underutilized (Warnakulasuriya, 2002) (Helgason, Lund, Adolfsson, & Axelsson, 2003) (Lund, Lund, & Rise, 2004) (Raja & Aukett, 2006). It is recommended that every dental patient who uses tobacco should be offered at least some treatment that would be effective for tobacco cessation (Walsh & Ellison, 2005).

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Dentists can make use of a number of teachable moments to help their patients change their behaviour when they identify periodontal lesions related to smoking (Fried, 2001) (Nasry, Preshaw, Stacey, Heasman, Swan, & Heasman, 2006).To counsel their patients for smoking cessation for better oral and general health, the dentists need to be clear about their role (Monaghan, 2002). Lack of specific cessation training for dentists and hygienists is one of the major obstacles to implementation of tobacco cessation efforts (Warnakulasuriya, 2002) (Raja & Aukett, 2006).

In order to effectively train the dental professionals, it is essential to understand the dentists' perspective and current practices of smoking cessation counselling. This study was aimed at assessing the current practices of smoking cessation counselling and had the following objectives:

- To evaluate the current practices of counselling regarding cessation of smoking and tobacco consumption among dentists in urban Indian set-ups.
- To compare the dentists' practices regarding smoking cessation counselling on the basis of their qualification.

METHODS

This cross-sectional study was designed as a survey based on a two page, 16 item, self-structured questionnaire. A short, simple format was maintained in the interest of reducing respondent burden. Majority of the questions were closed and coded but two open ended questions were included. Likert type scale was used when required. The questionnaire covered the following aspects of smoking cessation: 1) current practices related to smoking cessation, and 2) need for further training in smoking-cessation techniques. Table 1 presents the questionnaire with the choice of responses.

Table 1 Questionnaire with choice of responses

Sr. No.	Questions	Responses
1	Do you ask every adult dental patient if they smoke?	Always / Nearly always / Sometimes / Rarely / Never
2	Do you discuss general health risks of smoking with patients who smoke?	Always / Nearly always / Sometimes / Rarely / Never
3	Do you discuss oral health risks of smoking with patients who smoke?	Always / Nearly always / Sometimes / Rarely / Never
4	Do you advise patients who smoke to quit smoking?	Always / Nearly always / Sometimes / Rarely / Never
5	Have you ever advised patients who have never smoked to avoid smoking?	Always / Nearly always / Sometimes / Rarely / Never
6	How many of them seem keen to quit smoking?	>1 in 5 / 1 in 5 / 1 in 10 / <1 in 10
7	Do you spend time counselling patients?	Always / Nearly always / Sometimes / Rarely / Never
8	How much time do you spend counselling smokers?	<5 mins / 5 - 10 mins / 10- 15mins / >15 mins
9	What are the questions that you generally ask smokers?	Open ended
10	What methods do you use to counsel them?	Open ended
11	In what way do you counsel them?	Tell them smoking harms their oral health / Inform them of the ill effects of smoking to the overall health / Talk to their family and convince them / Ask the patients their opinion of smoking / Force them to quit smoking / Speak to them in serious or louder tone to make them understand / Analyse the reason behind their smoking habits and correct them
12	Why isn't smoking intervention doing well in dental clinics in across India?	Do not see this as a part of my job / Lack of time / Lack of knowledge / Lack of educational resources for patients / Inadequate training / Don't know enough of about where and how to refer patients that need help / Don't think patients would listen or adhere to advice offered
13	Do you believe that dentists should encourage patients to stop smoking?	Strongly agree / Agree / Disagree / Strongly disagree
14	Do you think appropriate training to dentists should be given with relation to smoking cessation?	Yes / Not sure / No
15	Given the opportunity would you like to develop your role in helping patients to quit smoking?	Yes / Not sure / No
16	Would you attend any new programs if you were informed about them?	Yes / Not sure / No

The study was conducted from January 2012 to June 2012 in Mumbai, India and its suburbs. This geographic location serves as a representative urban Indian scenario for dental practice. The study subjects included graduate and postgraduate private practitioners and teaching faculty of dental colleges. A convenience sample of 200 was chosen based on their availability. The subjects were explained about the study and participated after giving their informed consent. Confidentiality of responses was assured. The profile of the respondents is presented in Table 2.

The questions and the method of marking the responses were explained to the respondents. Returned questionnaires were screened for questions with missing, multiple or ambiguously marked answers and such questionnaires were excluded from analysis. Completed questionnaires were coded and data was tabulated prior to analysis. The responses were compiled in a Microsoft Excel 2010(Microsoft, Redmond, US) spreadsheet and checked for data entry errors. All analysis was done using PC based software (IBM SPSS 17 for Windows, IBM, Chicago, US).Frequencies and percentages were used to examine the distribution of responses for each question. Respondents' views and activities concerning smoking cessation were then cross tabulated against their qualification, working status, gender and age.

RESULTS

A total of 197 questionnaires were evaluated out of the 200 responses.3 questionnaires were discarded due to errors by respondents in filling out the questionnaires. Our study found that only 50.8% of dentists always or nearly always ask every adult dental patient of theirs if they smoked. Also, it was observed that 52.3% of dentists always or nearly always discussed the general health risks of smoking with patients who smoke. We found that 64.0% dentists from our study always or nearly always discussed oral health risks with patients who smoke. 76.7% dentists surveyed reported that they always or nearlv alwavs advise patients to quit smoking.36.0% dentists felt only one patient out of ten was keen to quit smoking. Most of the dentists reported that they nearly always or sometimes counsel their

patients to quit smoking, with 89.4% of them spending less than 10 minutes.

Table 2 Profile of responders

	Graduate Dental Practitioners	Post-graduate Dental Practitioners	Total
N	127 (64.5)	70 (35.5)	197
Gender			
• Male	55 (27.9)	44 (22.3)	99 (50.3)
• Female	72 (36.5)	26 (13.2)	98 (49.7)
Years of practice			
• < 2 years	21 (10.7)	9 (4.6)	72 (36.5)
• 2-5 years	72 (36.5)	22 (11.2)	52 (26.4)
• 5-10 years	24 (12.2)	16 (8.1)	40 (20.3)
• > 10 years	10 (5.1)	23 (11.7)	33 (16.8)
Practice type			
• Private practice	95 (48.2)	2 (1.0)	97 (49.2)
• Academic practice	10 (5.1)	8 (4.1)	18 (9.1)
• Both	22 (11.2)	60 (30.5)	82 (41.6)

Values in parentheses indicate percentage of total number

Open ended questions were used to identify the questions dentists generally asked smokers and the methods used by them to counsel. It was seen that dentists usually asked smokers about their frequency of smoking, duration and the type of tobacco smoked. The various methods used by dentists to counsel patients included "verbally explaining ill effects of smoking" and "using various audio-visual methods including showing pictures related to the consequences of smoking". Only 12.7% dentists asked patients their views about smoking, and, even fewer (9.6%), believed in speaking to the family of the smoker to convince him/her. Majority of the dentists (74.1%) didn't analyse the reason behind the patient's smoking habits.

90.4% dentists in this survey believed that one of the reasons why smoking cessation counselling is not done in dental clinics is that many dentists do not see it as a part of their job.61.4% respondents in this survey were of the opinion that lack of educational resources that can be provided to the patients is another reason why smoking cessation counselling is not very prevalent in dental practice. 45.2%respondents in this survey attributed lack of time as a factor affecting smoking counselling in dental clinics.

99% of the dentists surveyed in our study agreed that dentists should encourage patients to quit smoking, and 88.3% dentists agreed that dentists need to undergo formal training in smoking cessation counselling. A large majority of 86.3% said that they would like to develop their role in helping patients to quit smoking. Compared to that number, the percentage of dentists who were actually sure to attend any programs related to it, if informed, was 70.1%.

When comparing responses to the questionnaire on the basis of qualifications of the participating dentists, it was seen that the number of postgraduate dentists in our study who always or nearly always asked their patients if they smoked was higher, as against the number of graduate dentists (65.8% as compared to 42.5%, respectively) (Fig. 1 A). Similar variation was seen in case of discussing general health risks of smoking (64.3% as compared to 45.6%) (Fig. 1 B) as well as amount of time devoted to counselling (20% spent more than 10 minutes compared to 5.5%) (Fig. 1 C). Also, more postgraduate dentists reported that they would attend programs for smoking cessation counselling training when compared to graduate dentists (75.7% as against 66.9%) (Fig. 1 D).

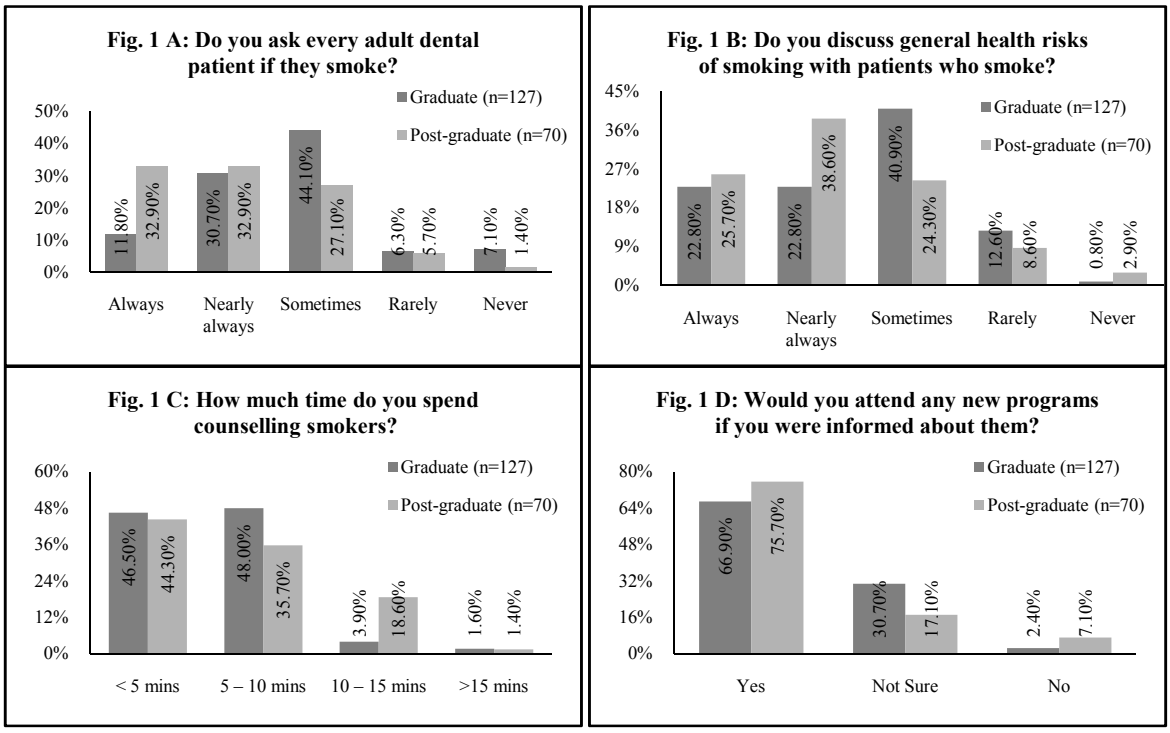

Figure 1 Questions showing significant differences in the responses from postgraduate and graduate dentists

Fig. 1 A Question 1: Do you ask every adult dental patient if they smoke?
Fig. 1 B Question 2: Do you discuss general health risks of smoking with patients who smoke?
Fig. 1 C Question 8: How much time do you spend counselling smokers?
Fig. 1 D Question 16: Would you attend any new programs if you were informed about them?

DISCUSSION

In various studies done in different parts of the globeby Gerbert *et al* (1989), Secker-Walker *et al* (1989) and Raja *et al* (2006), the percentage of dentists who always or nearly always asked their patients if they smoke was found to be 74%, 84% and 40.7%,respectively (Gerbert, Coates, Zahnd, Richard, & Cummings, 1989) (Secker-Walker, Solomon, & Hill, 1989) (Raja & Aukett, 2006). Gerbert and Secker-Walker *et al* used a scale in which the responses "sometimes asked the patients" and "always asked the patients" were clubbed together as compared to our study in which the response ''sometimes" was put into a separate group (Gerbert, Coates, Zahnd, Richard, & Cummings, 1989) (Secker-Walker, Solomon, & Hill, 1989). After totalling the percentage responses for the options "sometimes", "always" and "nearly always", the percentage in our study also increases to 88.8% which is similar to the earlier studies. This corroboration of findings indicates that after a span of more than two decades and across geographies, not all dentists ask all their adult patients whether they smoke.

In contrast to the 52.3% dentists in our study who always or nearly always discussed the general health risks of smoking with their patients, 0% dentists in the study done by Raja *et al* reported doing the same (Raja & Aukett, 2006). This significant difference might be due to the fact that the dentists surveyed in the study done by Raja *et al* were based in the United Kingdom, where dentists might be of the opinion that the patients are aware of general health risks of smoking. On the other hand, our survey is in accordance with existing literature when it comes to discussing oral health risks of smoking, and our finding of 64% dentists always or nearly always discussing the oral health risks of smoking compares well with the 48.1% value reported by Raja et al (Raja & Aukett, 2006). What needs to be pointed out, though, is that findings from studies similar to ours indicate that not all dentists inform their patients about the adverse effects of smoking on general and oral health.

Our survey observed that majority of dentists mostly advised their patients to quit smoking, a finding supported by other studies (Secker-Walker, Solomon, & Hill, 1989). Very few dentists in our study, however, actually believed their patients wanted to quit, a bias, which may affect their attitude and efforts towards smoking cessation counselling. This pessimism felt by the dentists towards the potential effectiveness of smoking cessation counselling was reflected in the fact that they spent less than adequate amount of time counselling. Lund *et al* (2004) in a Norwegian study reported similar findings (Lund, Lund, & Rise, 2004).These results indicate the dentists' lack of understanding about the efficacy of intervention for smoking cessation.

When it came to the actual practice of smoking cessation counselling, our study found that dentists resorted to directive advice-oriented method for behaviour change counselling, with very few dentists asking the patients' views about smoking and analysing the reason behind smoking. This approach ignores the fact that sustained behaviour change must come from within the patient, which can be achieved by connecting the desired behaviour to something that the patient intrinsically values (Ramsier, Catley, Krigel, & Bagramian, 2008). Providing information about the ill effects of smoking and tobacco use alone cannot result in effective habit discontinuation, as demonstrated by the lack of substantial success for such an intervention in a study by Hanioka *et al* (2007) (Hanioka, Ojima, Hamajima, & Naito, 2007). The present approach has little chance of succeeding and may have been resorted to primarily because of lack of any formal training involving patient-centred approaches.

When eliciting the reasons why smoking counselling is not done in dental clinics, we obtained a substantial difference when compared to the survey by Raja et al, with 90.4% dentists in our survey reporting that they don't see it as a part of their job against 29.7% (Raja & Aukett, 2006). This large difference once again highlights the impact of varied demographics between India and United Kingdom. This particular finding from our study indicates that the barrier to smoking cessation counselling in dentistry in developing countries is rather fundamental, and relates to the basic attitude of the dentists towards this matter. Other cited reasons like lack of educational resources and lack of time were also pointed out in various studies done in developed and developing countries (Helgason, Lund, Adolfsson, & Axelsson, 2003) (Raja & Aukett, 2006) (Amit, Bhambal, Saxena, Basha, Saxena, & Vanka, 2011).

One of the positive findings obtained from this study was that the need for further training in smoking cessation techniques was recognized by a large majority of dentists, with many of them actually willing to attend continuing education programs. The observation that dentists with higher qualifications were found to be more proactive towards smoking cessation counselling points out to the fact that more training may correspond to greater awareness among dentists on this issue. This can be due to enhanced knowledge of the ill effects of smoking on the dentists' part. To our knowledge, this is among the first studies to try and compare this difference. More such studies would be required to substantiate our observation.

CONCLUSION

In conclusion, considering that higher qualification was found to positively impact smoking cessation counselling, it is essential that steps be taken to include smoking cessation counselling as a main stream activity in dental education in order to sensitize the attitude of dentists in this regard. The dentists' training must focus on more patient-centred approaches that elicit the patients' own reasons to change their habits and then reinforce them.

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