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医院新闻

我院实施新型的简短戒烟干预模式

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近日，我院临床流行病学研究室暨烟草依赖治疗研究室梁立荣团队在国际控烟专业杂志——Tobacco Induced Diseases (《烟草诱发疾病》) 上发表了题为“中国一家大型综合医院中患者自报接受基于一种嵌入医疗信息系统的决策支持工具的简短戒烟干预情况”的文章。该研究结果显示：在医疗信息系统中嵌入简短戒烟干预模块不仅能促进中国大型综合医院门诊医生提供简短戒烟干预，还能促使中国吸烟患者产生戒烟意愿，为该干预模式在我国进行推广应用提供了证据支持。

Research Paper
Tobacco Induced Diseases

Patients' self-reported receipt of brief smoking cessation interventions based on a decision support tool embedded in the healthcare information system of a large general hospital in China

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ABSTRACT

INTRODUCTION Healthcare information systems (HIS) are used to aid healthcare providers delivering brief smoking cessation interventions. However, evidence regarding the effectiveness of intervention models in developing countries remains limited. A smoking cessation intervention model based on a decision support tool embedded in HIS (an 'e-information model', including Ask, Advise, Assess, Inform, Refer and Print components) was applied in a large urban general hospital in Beijing, China. The current study was a preliminary evaluation of the implementation and effectiveness of this model.

METHODS We conducted a retrospective investigation in the outpatient department of the hospital in the period June–July 2017. Using a paper questionnaire, patients' self-reported receipt of the e-information model in the past 2 months and their plans to quit within 1 month were collected. Multivariate logistic regression analysis was used to examine the association between receiving the e-information model and patients' plans to quit.

RESULTS Among 656 currently smoking patients, the proportion of patients receiving the Ask, Advise, Assess, Refer and Print components were 73.2%, 65.4%, 49.8%, 16.0% and 10.4%, respectively. The results revealed a dose-response relationship between the number of components received and the proportion of patients planning to quit (p -trend=0.006). The likelihood of patients planning to quit within 1 month was highest among those receiving all five components (OR=2.79, 95% CI: 1.31–5.94). Moreover, a simplified model composed of two or three components also revealed a potential effect on increasing the proportion of patients planning to quit.

CONCLUSIONS The e-information model was applied effectively in the study hospital and appeared to encourage patients to plan to quit smoking. This model could be generalized to other hospitals in China and other developing countries. However, many components of this model were less utilized, and comprehensive measures will be required to improve its application in the future.

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KEYWORDS
 smoking cessation, China, brief intervention, clinician, healthcare information system

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《健康中国行动（2019—2030年）》中明确提出要“将询问患者吸烟史纳入到日常的门诊问诊中，推广简短戒烟干预服务和烟草依赖疾病诊治”。但我国临床医生仅有一半能够建议吸烟患者戒烟，提供进一步戒烟帮助的比例更低。为促进医生向吸烟患者提供简短戒烟干预，我院于2009年参考国外模式研发了基于门诊电子处方传送系统的简短戒烟干预模块，并于2016年对该模块进行了优化。优化后的简短戒烟干预模块可以提醒医生询问并记录患者的吸烟状态，建议吸烟患者戒烟，评估患者的戒烟意愿，将有戒烟意愿的患者“一键转诊”至我院戒烟门诊，并为所有吸烟患者自动打印一张“戒烟处方”，实现了戒烟自助材料的无纸化。





图1 基于门诊电子处方传送系统的简短戒烟干预模块功能介绍

为了解该干预模块的应用效果，梁立荣团队对近期曾在我院门诊就诊的吸烟患者进行了回顾性调查。结果显示，患者曾接受医生戒烟建议的比例为65.4%，略高于全国调查结果（58.2%），提示该模块能够促进医生提供戒烟干预。接受过此种戒烟干预模式的患者更容易产生戒烟意愿，且接受的干预类别越多，患者产生戒烟意愿的可能性越大；与未接受任何戒烟干预的患者相比，接受全部戒烟干预措施的患者戒烟意愿增加了1.79倍。此外，该研究还发现，基于该干预模式的简化干预模式（询问吸烟情况+建议戒烟或建议戒烟+打印戒烟处方或建议戒烟+告知吸烟成瘾是种病）同样可促进患者产生戒烟意愿。因此，对于不能提供专业戒烟服务（戒烟门诊/戒烟热线）的医疗机构，可推广应用使用此种简化干预模式。

	n	% (95% CI)	AOR (95% CI) ^a	p
Number of components				
None	176	26.8 (23.5–30.4)	Ref.	
Received any 1	38	5.8 (4.2–8.0)	0.88 (0.41–1.85)	0.726
Received any 2	117	17.8 (15.0–21.0)	1.24 (0.76–2.03)	0.384
Received any 3	209	31.9 (28.4–35.6)	1.50 (0.98–2.30)	0.064
Received any 4	70	10.7 (8.5–13.4)	1.30 (0.72–2.33)	0.382
Received all 5	46	7.0 (5.2–9.3)	2.79 (1.31–5.94)	0.008
p-trend=0.006				

表1.基于医疗信息系统的戒烟干预措施与患者戒烟意愿的关系

该研究首次探讨了基于医疗信息系统的简短戒烟干预模式在中国大型综合医院中的应用效果，对我国和其他发展中国家开展简短戒烟干预具有重要的借鉴价值。更为重要的是，未来该模式的推广应用，有助于提升我国临床简短戒烟服务能力，促进《健康中国2030》控烟目标的实现。褚水莲为该文第一作者，梁立荣为通讯作者。

全文链接：<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6830352/pdf/TID-17-73.pdf>

临床流行病学研究室（烟草依赖治疗研究室）褚水莲撰稿

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