material to be used by the patient directly after the session to give a direct feedback to the lecturer.

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Non-attenders of Health Education in Spanish Primary Care

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Although most patients are willing to participate in the concept of health promotion as recommended to them by their physician it is suggested that more attention be paid to the non-attenders.

To determine some characteristics of this group, a sample of 545 patients over seven years of age attending the health centre were screened (blood pressure, obesity, alcohol, smoking, drug abuse and dental health). One or more problems were detected in 479 patients and they were invited to attend a consultation focussed on health education. Eighty five per cent, accepted the invitation and fifteen per cent did not. Those who rejected the invitation were significantly younger, were more likely to be inveterate smokers, smoked a greater number of cigarettes per day and had fewer chronic illnesses than those who accepted.

In Spain smoking seems to be a limiting factor for acceptance of health education measures offered in primary care.

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Smoking Cessation via the General Practitioner: Effects of a Minimal Contact Intervention Programme

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In a comprehensive research project ('89/'90/'91) a smoking cessation programme is developed and evaluated, using general practitioners (GP) and

assistants as intermediates. The project started with an analysis of the prerequisites for such a programme, as set by the daily practice of general practitioners. On the basis of this analysis the programme was developed, consisting of a skills training and an intervention protocol for GPs and assistants, a self-help manual for the patients, and several aids for the practices. A minimal contact intervention strategy (MIS) was developed. This MIS is characterized by four elements: Firstly, a reinforcement of self-management capabilities of the patients; secondly, an efficient task division between GP and assistant; thirdly, a tight protocol, which length, finally, depends on the initial level of motivation of the patient to quit smoking.

The programme was pretested in a feasibility study, involving 90 patients of 6 GPs, in which specifically the process of implementation was evaluated. This showed that the programme meets the prerequisites and appears to be applicable in daily practice. Moreover, a survey among the participating patients suggested that the programme may be quite effective. It appeared that 30 (75%) of the responding experimental patients ($n = 40$) did set a quitting date with their GP. Furthermore, 11 (27%) of the responding experimental patients compared to only 3 (6%) of the control patients ($n = 50$) had quit smoking two months after the intervention.

Programme effectiveness is further evaluated in a large scale field experiment ($n = 500$), involving 22 GPs and 19 assistants. The experiment is designed as a randomized pretest-posttest control group study, in which follow-up measurements are performed at 1, 6 and 12 months.

At the conference more details of the MIS, and the results of the first and second follow-up measurements of the large scale evaluation study will be presented.

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Smoking Cessation via the General Practitioner: Development of a Minimal Contact Intervention Programme

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