

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

350

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.

370

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.

378

Smoking Cessation via the General Practitioner: Development 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 (Ast.) as intermediates. The programme was developed on the basis of a preliminary analysis of limiting conditions. Concurrently, the programme was pretested in a feasibility study.

The analysis of limiting conditions revealed several prerequisites of a smoking cessation programme by GPs. The most important of these were: firstly, each intervention should not take more than 5 minutes of the GPs time; secondly, implementation of the programme should not interfere with the daily practice routine; thirdly, the interventions should not jeopardize the normal curative care. To meet these prerequisites 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, finally, is dependent of the initial level of motivation of the patient to quit smoking. The protocol consists of 5 steps, taken successively by the assistant or GP:

1. Assessing smoking behaviour and nicotine dependence (Ast.);
2. Assessing and (if necessary) reinforcing motivation to quit (Ast./GP);
3. Assessing and removing barriers to quit (GP);
4. Setting a quitting date (GP);
5. Follow-up care (GP/Ast.).

Besides this protocol several aids were developed for the practices, who receive a skills training. Patients receive a self-help manual, and if necessary, nicotine chewing gum.

After pretesting the integral programme and the experimental design in a feasibility study, the programme is now 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 the MIS and the intervention

protocol will be presented, and the results of the analysis of limiting conditions and of the feasibility study will be discussed.

380

Dentists Advising Smoking Patients in Quitting

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A survey about Finnish dentists' smoking cessation advice given to the population as well as about the conceptions of the population about the harmful effects of tobacco use on oral health was carried out in 1990. The study sample comprised of a random population sample of 1200 persons (15 to 64 years of age) from the province of North Karelia. Among the respondents 55% had visited a dentist during the last 12 months. Daily smokers were visiting a dentist less frequently than others (44% vs. 58%, p). Only eight percent of the daily smokers had been advised by their dentist to quit smoking. In comparison, a physician had advised 30% of these daily smoking clients to quit. Most (53%) of the daily smokers, however, wanted to stop smoking. Fifty-three percent of male daily smokers and 85% of never-smokers agreed that smoking can have harmful effects on oral health (p), and 65% and 85% of females agreed respectively (p). Occasional and ex-smokers agreed the harmful effects almost as often as never-smokers. It was concluded that dentists should be encouraged to advice their smoking patients in smoking cessation, because the harmful effects of tobacco use on oral health were recognized by majority of adults and most of the daily smokers wanted to quit. Based on the results of the survey a province-wide program has been started in North Karelia to activate dentists in promoting smoking cessation.

424

Comparisons of the Statements of the Patients about the Ideal Dentist and the Actual Dentist

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