Primary Healthcare Physicians’ Knowledge, Attitude and Practice towards Smoking Cessation in Armenia

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Introduction/Methods

• **Background**
  - Smoking rate among Armenian men is one of the highest in the European region (63% in 2010)
  - Armenia was the first former Soviet Union country to accede to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC)

• **Study Goal**
  - To identify primary healthcare physicians’ knowledge, attitude and practices regarding smoking cessation in Armenia

• **Study Design**
  - Qualitative study
    - Focus group discussions (n=5)
    - Directed content analysis approach
    - Semi-structured guide

• **Study participants**
  - 23 primary health care female physicians (2 smokers)
    - Yerevan (n=12)
    - Gyumri (n=11)

• **AUA IRB approved the study protocol**
Results

• Primary healthcare physicians acknowledged their role in advising patients to quit smoking but they did not accept assistance in smoking cessation as their responsibility.
  
  “The polyclinic is a preventive clinic. It is not a treatment clinic.”
  “We have never prescribed drugs [for quitting], it is not our duty”.

• There was no formal and regulated way for identifying and reporting the smoking status of patients—physicians were not always aware of the smoking status of their patients.
  “We do not have special place [in medical record] to write it [smoking status of the patient]...We just mention that counseling on healthy lifestyle has been provided.”

  “In cases when I do not know the smoking status of the patient, I mention that they smoke. This is because the majority of men are smokers in Armenia. You can hardly find someone who does not smoke”.

• Primary healthcare physicians did not have appropriate skills and knowledge in smoking cessation (particularly in pharmacotherapy)
  “…We are not knowledgeable enough [to prescribe smoking cessation drugs], we are not professionals in it”.
• No formal training in smoking cessation, high price and low access to smoking cessation drugs, unreasonable paper work, and lack of time were the main obstacles for providing comprehensive counseling in smoking cessation mentioned by the participants.
  “It is impossible to write and work with patients simultaneously, that is why usually we put aside the paperwork which gradually becomes a big pile of paper”.

“It [pharmacotherapy] is very costly...Sometimes we can prescribe the medication; and then the patient comes back and says that it is almost several months that this drug is not available in the market. I feel very embarrassed”.

• Physicians were interested and willing to participate in training/courses on smoking cessation counseling to help their patients to quit.
  – interested in gaining skills and knowledge on different smoking cessation methods, particularly in pharmacotherapy.
  “It is a pity that nowadays the pharmaceutical companies present the drugs. We do not receive the latest guidelines and latest treatment schemes during professional trainings”.

Recommendations

- Enhance and optimize physician’s practice of smoking cessation counselling through evidence-based smoking cessation trainings.

- Make appropriate changes in medical charts to ensure accurate and adequate documentation of smoking status.

- Develop performance-based reimbursement mechanism to motivate primary healthcare physicians to provide smoking cessation counseling.

- Ensure availability and affordability of smoking cessation medications.