Smoking Behavior and Access to Smoking Cessation Support Following a Diagnosis of Peripheral Arterial Disease: Insights from the International PORTRAIT Registry

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PORTRAIT Registry — Patient-centered Outcomes Related to TReatment practices in peripheral Arterial disease: Investigating Trajectories

BACKGROUND

- Smoking is the single most important modifiable risk factor for peripheral arterial disease (PAD).
- Patients with PAD who smoke have a higher risk of:
  - Disease progression
  - Complications
  - Fatal and Non-Fatal Cardiovascular Events
- Offering smoking cessation advice and support is a PAD performance measure (Grade I A).
- There is a lack of contemporary data on smoking prevalence, use of smoking cessation methods, and smoking behavior changes after PAD evaluation.

AIMS

- To examine smoking patterns over the course of a year in patients with symptomatic PAD and describe smoking cessation strategies adopted by these patients.

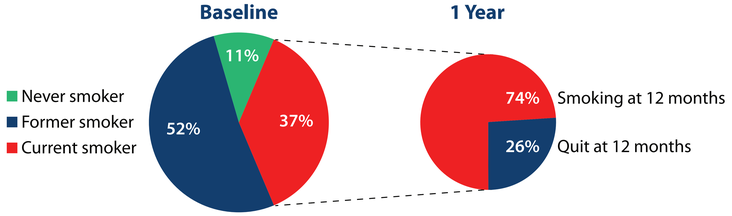
METHODS

- PORTRAIT is an international registry that enrolled patients presenting with new or an exacerbation of PAD symptoms from16 PAD specialty clinics in the US, the Netherlands and Australia (2011-2015).
- Smoking status and cessation interventions were collected through interviews at initial presentation and at 3, 6 and 12 months.
- We described overall and country-specific patterns of smoking behavior at baseline and throughout the 1-year follow-up.
- We estimated probabilities of transitions between different smoking states (relapses and quitting) overall and by country among smoking patients.
- We also describe overall and country-specific adherence rates to the smoking cessation performance measure (from the provider perspective).
- We used multiple imputation to complete missing smoking status information (539/3816 follow-up assessments; 14%) adjusting for age, sex, race, country, and smoking status assessments at other time points.

RESULTS

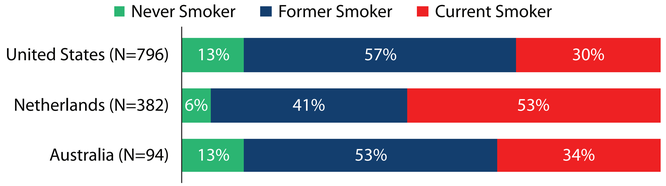
- Of 1272 PAD patients, 474 (37%) were current smokers on baseline evaluation; only 26% of active smokers quit at 12 months (Figure 1).

Figure 1. Smoking Patterns in PAD (N=1272)



- Figure 2 shows country-specific smoking patterns at baseline visit.

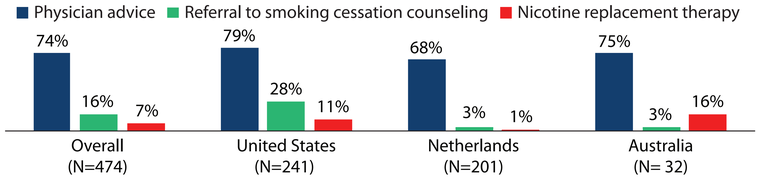
Figure 2. Country-specific Smoking Patterns at Baseline



- 75% of smokers received any cessation intervention, majority of which was physician advice (Figure 3).

Figure 3. Country-specific Rates of Smoking Cessation Counseling

75% of all smokers had a cessation intervention



- Table 1 shows overall and country-specific smoking patterns over the course of a year in active smokers at baseline visit.

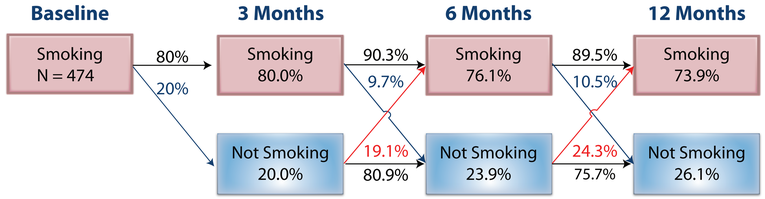
RESULTS

Table 1. 1-Year Smoking Patterns Among Active Smokers at Baseline

	Overall (N=474)	United States (N=241)	Netherlands (N=201)	Australia (N=32)
Persistent Smokers through 12m	311 (65.5%)	162 (67.4%)	129 (64.3%)	19 (59.7%)
Sustained Quitters				
Quit at 3m and stayed quit	63 (13.4%)	22 (9.0%)	39 (19.6%)	2 (6.9%)
Quit at 6m and stayed quit	22 (4.7%)	13 (5.2%)	6 (2.8%)	4 (13.4%)
Quit at 12m	32 (6.7%)	18 (7.5%)	10 (4.9%)	4 (12.7%)
Relapsers	46 (9.6%)	26 (10.9%)	17 (8.5%)	2 (7.3%)

- Figure 4 shows transition probabilities from smoking to non-smoking states (quit) and non-smoking to smoking states (relapses) between each time point in active smokers at baseline over a year.

Figure 4. Transitions Between Smoking and Non-smoking States Among Active Smokers at Baseline



LIMITATIONS

- Quit status was patient-reported, not confirmed by biochemical testing.

CONCLUSIONS

- 37% of symptomatic PAD patients are active smokers at the time of presentation.
- Three-quarters of these patients continue to smoke 12 months later.
- Very few patients receive cessation counselling and nicotine replacement therapies.

DISCLOSURES

JAS: Consultant: Amgen, Bayer; **Copyright:** SAQ, KCCQ and PAQ; **Scientific Advisory Board:** Novartis, United Healthcare; **Ownership:** Health Outcomes Sciences; **Research Grants:** ACC foundation, Lilly. **Other Authors:** None. Research reported in this poster was funded through a Patient-Centered Outcomes Research Institute (PCORI) Award (CE-1304-6677). The statements in this poster are solely the responsibility of the authors and do not necessarily represent the views of the PCORI, its Board of Governors or Methodology Committee. KKP was supported by NIH training grant number T32HL110837.