We found that 36.2% of the participants quit smoking at six months later. The anxiety score was 7.6±4.1 in ex-smokers and 8.5±4.3 in could not quit smokers(P=0.03). The depression score was similar between smokers (6.7±3.6) and ex-smokers (6.7±3.7) (p>0.05).

Smoking cessation rate was compared according to depression and anxiety. Smoking cessation rate was 41.7% in patients without anxiety, it decreases to 31.7% in the presence of anxiety (P=0.03). However, it was observed that depression did not affect smoking cessation rate(P> 0.05).

Conclusions. Anxiety were found highly (%47.8) in smokers. The rate of smoking cessation was decreases in the presence of anxiety. It is important to evaluate the presence of anxiety among the applicants for smoking cessation. Psychosocial counselling by health professionals must be provided in these patients.

LB1872

HOW MUCH DOES THE RISK OF CARDIOVASCULAR DISEASE REDUCE IN EMPLOYEES AFTER QUITTING SMOKING?

NURGUL BOZKURT[1], SULEYMAN UTKU UZUN[2], ALI IHSAN BOZKURT[3], SEBAHAT TURGUT[4]

[1]Chest Diseases, Akdeniz University, Faculty of Medicine, Antalya, Turkey, [2]Iğdır Public Health Directorate, Department of Public Health, [3]Pamukkale University Medical Faculty Department of Public Health, Denizli, Turkey, and [4]Pamukkale University Medical Faculty Department of Physiology, Denizli, Turkey

Background and Aims. This original research study was performed to determine the changes in the Framingham risk score (FRS) and cardiovascular disease (CVD) risk in employees between before smoking cessation and after 6 months.

Methods. This prospective study was performed in employees (n=562) who applied to the Smoking Cessation Policlinic in the Industrial Zone. Employees wanted to quit smoking were included in the study. Data was collected by face-to-face interviews. Also systolic and diastolic blood pressures, total cholesterol, HDL cholesterol, LDL cholesterol and triglyceride levels were measured for the calculation of CVD risk. And FRS is calculated.

Participants were contacted by phone 6 months later and their smoking cessation status was recorded. Participants were defined as 'could not quit smoker' or 'ex-smoker'. Also they were invited to control. FRS and CVD risk were reevaluated and compared according to smoking cessation status.

Statistical analysis: SPSS 15.0 program was used for statistical analyses. In addition to descriptive statistics, Chi-square test, Mann-Whitney U test and Wilcoxon test were used to compare.

Results. Employees' CVD risk was found to be 5.8%. It was determined that 11.9% of employees have high risk and 10.6% moderate risk. CVD risk decreased in 47.6% of ex-smokers, while it did not change 78.7% of cannot quit smokers (P<0.005). The rate of medium and high CVD risk was 29.8% in could not quit smokers, while it was 9.5% in ex-smokers (P<0.005).

The FR Scores of ex-smokers decreased significantly compare to the beginning level (p<0.001). There was a significant increase in HDL ratio in blood after smoking cessation.

Conclusions. The FRS and CVD risk of smoker employees were decreased in six months after smoking cessation. CVD risk decreased in approximately half of employees after quitting. We can say that smoking cessation has a positive effect on cardiovascular disease risk even at six months.

LB1873

CHARACTERISING SMOKING BEHAVIOUR AMONG ADULT PATIENTS PRESENTING TO HEALTH FACILITIES IN FOUR PROVINCES OF VIETNAM

HUANG WC[1,2,3], PHAM NY[1], NGUYEN TA[1], MARKS GB[1,2], NGUYEN VN[4], GIAP VV[5], CHAU NQ[5], FOX GJ[1,6]

[1]Woolcock Institute of Medical Research, Hanoi, Vietnam, [2]South Western Sydney Clinical School, University of New South Wales, Sydney, Australia, [3]Division of Thoracic Medicine, Department of Internal Medicine, Shuang Ho Hospital, Taipei Medical University, Taipei, Taiwan, [4]National Tuberculosis Control Program of Vietnam, Hanoi, Vietnam, [5]Respiratory Center, Bach Mai Hospital, Hanoi, Vietnam, [6]Facuty of Medicine and Health, University of Sydney, Sydney, Australia

Background. In Vietnam, 40,000 people die each year due to tobacco-related diseases, and 45.3% of Vietnamese men are current smokers1. Attendance at healthcare facilities provides an opportunity for smoking cessation (SC) interventions. However, the smoking behaviours of patients seeking healthcare in Vietnam have not been well-characterised. We aimed to determine the prevalence of tobacco use, and the history of SC interventions, among patients presenting to health facilities in Vietnam.

Methods. We conducted a cross-sectional study in 4 provinces of Vietnam. Consecutive patients aged 15 years and older presenting to 56 health facilities were assessed for their smoking behaviour. Current smokers were randomly selected to complete a survey about present and past smoking behaviour, quit attempts, and utilisation of SC service.

Results. Among 10,395 patients who visited health facilities, the prevalence of current smoking was 16% overall, 31.5% among men and 1% among women. Among current smokers, 34.7% had tried to quit smoking in the past 12 months. Counselling and nicotine replacement therapy had been used in the past 12 months by 0.7% and 3.5% of current smokers, respectively. Only 34.1% reported having been asked if they smoked tobacco by a healthcare provider. Over 18% of current smokers wanted to quit within the next month, which is higher than that in the general population1. A higher proportion of patients wanted to quit in the next month at national/provincial hospitals (30%) than those visiting district hospitals (11.3%) and commune health centres (11.1%, chi-squire p-value < 0.0001).

Conclusion. The prevalence of smoking is high among male patients presenting to healthcare facilities. A small proportion of current smokers have previously utilised SC services. Patients are more likely to want to quit than the general population, especially at national/provincial hospitals, representing an accessible and motivated population likely to benefit from greater access to SC services.

Reference 1. World Health Organization. Global Adult Tobacco Survey Vietnam 2015. http://www.who.int/tobacco/surveillance/survey/gats/en/ (accessed Aug 20 2019).

General Respiratory Care

LB1875

MEASURING IMPROVEMENT IN RESPIRATORY CARE VIA HEALTHY LUNG PROGRAM STUDY IN VIETNAM

QUY CHAU NGO[1], VIET NHUNG NGUYEN[2], THI TUYET LAN LE[3], VAN GIAP VU[1], VAN THANH VU[2], VAN THO NGUYEN[3], THI THUAN PHAN[4], THI MY HANH TRAN[4], KHAC LUONG QUANG NGUYEN[4], **THI XUAN KHANH NGUYEN**[4], LE THANH AN NGUYEN[4]

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