

Smoking cessation

E-cigarette pilot study helps smokers quit

More than a third of smokers who completed a pilot study of e-cigarettes as a smoking cessation aid quit smoking.

A total of 1,022 smokers aged 18-84, average 45 years, who expressed a desire to quit were enrolled in the study in 2018, from a deprived area in the North West of England where smoking prevalence was high. Participants were supplied with an e-cigarette and liquid through community and pharmacy smoking cessation services which also provided advice and guidance on stopping smoking.

The primary outcome was a successful quit, corroborated by carbon monoxide (CO) readings, four weeks after the quit date. The secondary outcomes were the number of cigarettes smoked and CO readings.

Of the 1,022 smokers initially registered, 670 were still engaged with the programme by week 2 and 614 by week 4. It was assumed that the remaining 408 continued to smoke although some may have quit and not wanted to continue on the programme.

A total of 383 out of 614 stopped smoking tobacco, a quit rate of 37%. Quit rates were lower in older individuals (55-64 years) compared with younger individuals (18-24 years) and also in those who were unemployed or in the most deprived quintile. The quit rate was not affected by the quantity of cigarettes smoked at baseline or whether the stop smoking service was community or pharmacy based.

Of those who continued to smoke the reported number of cigarettes smoked had fallen from an average of 19.1/day to 8.7/day. This was accompanied

by significant reductions in CO levels.

The authors point out that the fact that so many smokers had given up by the 2-week review emphasises the need to offer as much support as possible during this initial period.

They conclude: 'The conservative estimate of smoking cessation [37%] demonstrated that community and pharmacy providers were able to at least match (if not slightly exceed) NICE smoking cessation targets [35%].'

This was a pilot study and did not address the issue of continued nicotine use in those who quit tobacco and the possible adverse health effects. Also, the gender of participants was not stated.

The authors recommend further research to determine whether e-cigarette users are more likely to reduce their overall nicotine consumption in the longer term.

DR PETER SAUL

Coffey M, Cooper-Ryan AM, Houston L et al. Using e-cigarettes for smoking cessation: evaluation of a pilot project in the North West of England. *Perspect Public Health* 11 May 2020 Online ahead of print doi: 10.1177/1757913920912436

Gastrointestinal disease

Primary care intervention increases uptake of HCV testing

An electronic algorithm integrated with primary care clinical database systems achieved a modest increase in hepatitis C (HCV) case finding, a UK general practice-based study has found.

Overall 90 practices in Bristol, North Somerset and Gloucestershire were invited to take part in HepCATT (Hepatitis C Assessment Through to Treatment Trial) a pragmatic, cluster randomised controlled trial during April to December 2016.

A total of 45 practices agreed to participate; 22 were randomised to the intervention and 23 to the control arm. In the intervention group, an electronic algorithm and flag system were built onto practice databases to identify patients with HCV risk markers (e.g. history of opioid dependence and previous HCV test with no record of referral to hepatology).

Staff received training in HCV, and practice posters and leaflets were displayed to increase patient awareness.

Flagged patients were invited by letter for an HCV test (with one follow-up) and on-screen pop-ups used to encourage opportunistic testing. The intervention lasted one year. In the control group, opportunistic HCV case finding was carried out as usual.

Baseline HCV testing of patients flagged by the algorithm for the six months before the study commenced was 608/13,097 (4.6%) in intervention practices and 380/11,376 (3.3%) in control practices.

During the study year, 2,071 (16%) of flagged patients in the intervention practices and 1,163 (10%) in control practices were tested for HCV. This provided evidence of a higher rate of antibody testing in the intervention practices; adjusted rate ratio (RR) 1.59 (95% CI: 1.21-2.08; P < 0.001) compared with control practices.

HCV antibodies were detected in 129 patients from intervention practices and 51 patients from control practices; RR 2.24 (95% CI: 1.47-3.42), showing weak evidence of an increase in yield (6.2% vs 4.4%); RR 1.40 (95% CI: 0.99-1.95).

Referral and assessment increased significantly in intervention practices compared with control practices; RR 5.78 (95% CI: 1.6-21.6).

After exclusion of the training, software, and installation costs, the cost of case finding was £4.03 and the average cost per additional patient referred to hepatology for treatment was £3,165. The incremental cost effectiveness ratio was £6,212 per quality adjusted life year (QALY).

HCV infection is a major cause of chronic liver disease and cirrhosis in the UK and is mainly acquired through injecting drug use. Chronic HCV infection can be cured in the vast majority of patients with a short course (typically 8-12 weeks) of direct acting oral antiviral agents. The World Health Organization (WHO) has set