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Treating Tobacco Dependence in Hospitalized Patients with Pancreatitis

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Smoking is a known risk factor for acute and chronic pancreatitis. Smoking cessation in ambulatory patients with pancreatitis is very challenging. Helping pancreatitis patients stop smoking could improve their overall health and may reduce further pancreatic injury. The purpose of this pilot is to explore the quit rates of hospitalized pancreatitis patients who are smokers using an inpatient based smoking cessation program. The Rochester Model (RM), a hospital based smoking cessation program, was used in this pilot. The RM is an evidence based program composed of bedside counseling followed by four post-discharge phone counseling sessions. A medical student inpatient consult service was developed to screen and counsel smoking patients admitted to the hospital with the diagnosis of pancreatitis. Eligible patients were assessed for his/her interest in stopping smoking. Patients who agreed to enroll received two counseling sessions and were encouraged to start on cessation pharmacotherapy before discharge. After discharge, patients received 2 treatment calls from the New York State Quitline, followed by 2 treatment calls from a medical student counselor. Smoking outcomes were assessed by calls at 4 weeks, 3 months, and 6 months. The Rochester Model is an evidence-based inpatient nicotine dependence treatment program that can be adapted to patients admitted with pancreatitis for efficient counseling, reduced burden on healthcare providers and higher quality of care.