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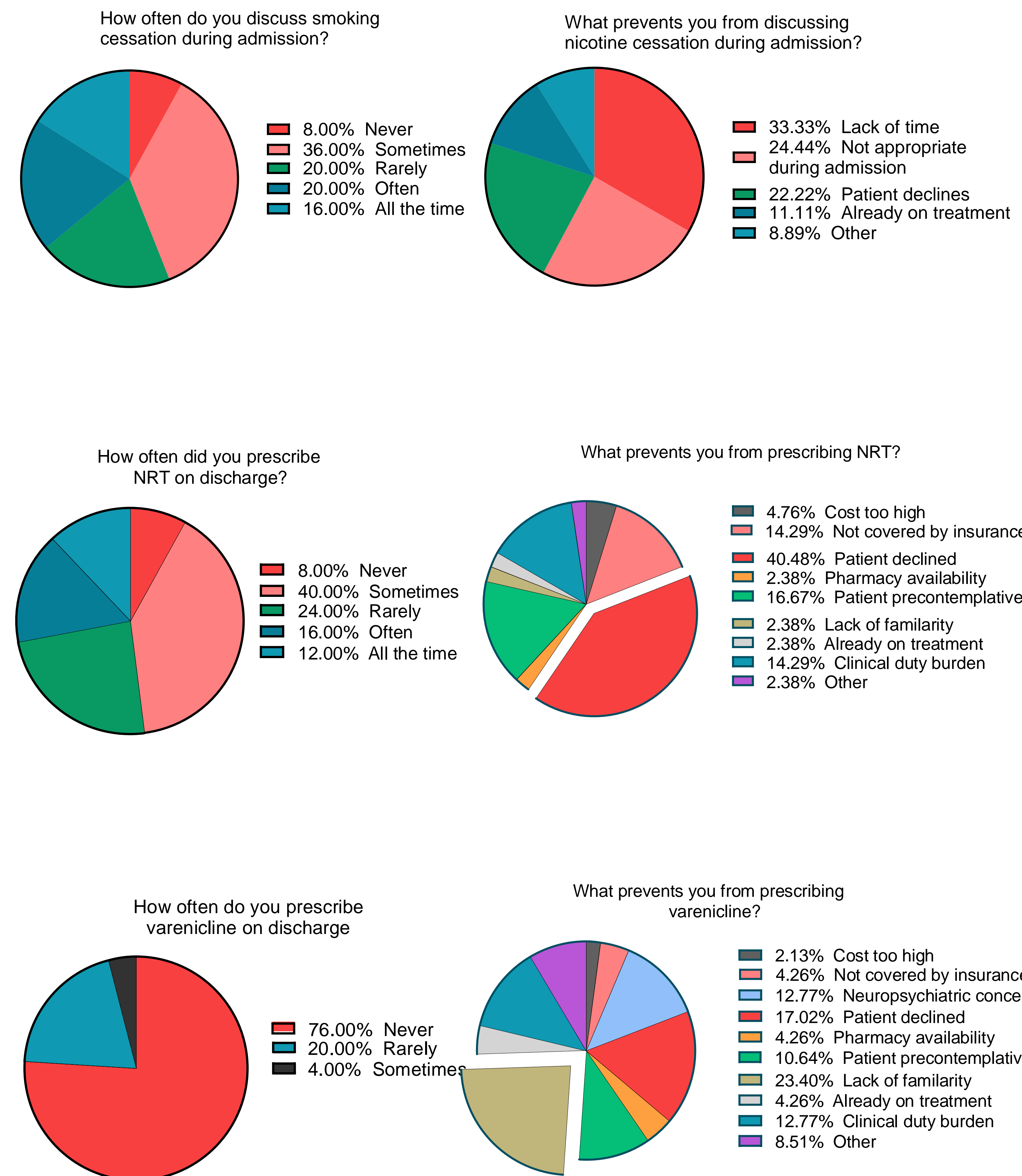
## Background

- Prevalence of smoking is between 53.6% and 91.4% among patients admitted to inpatient psychiatric units.
- Psychiatric admission offers an opportunity to implement targeted smoking cessation interventions.
- There are 3 main pharmacological treatments for nicotine cessation: nicotine replacement therapy (NRT), bupropion and varenicline.
- Varenicline has been shown to be more effective than NRT and bupropion in achieving abstinence.
- In a previous study, we had examined a year of prescribing data and discovered no varenicline prescriptions were rendered from our inpatient psychiatric hospital whereas NRT was being routinely prescribed.
- To further explore the underpinnings of varenicline hesitancy as well as barriers to smoking cessation pharmacotherapy generally we conducted a survey of inpatient psychiatric providers.

## Methods

- An online survey was conducted on psychiatric providers in an inpatient unit at an academic medical center in Cleveland, Ohio.
- Descriptive statistics were used to analyze the frequency and percentage distribution of responses.
- The survey comprised of 10 questions, aiming to identify common barriers to the prescription of NRT and varenicline

## Results



- 25 providers completed the survey including resident physicians (76%), attending physicians (20%) and advanced practicing providers (4%).
- Only 36% of the respondents addressed smoking cessation during hospitalization regularly.
- Limited time was the most commonly cited barrier to addressing smoking cessation.
- 40% of responders have regularly prescribed NRT while 76% of responders have never prescribed varenicline.
- While patient refusal was the most frequently cited reason for not prescribing NRT, lack of familiarity with varenicline was the most common reason for not prescribing varenicline.
- However, 80% of respondents expressed interest in receiving further education on varenicline.

## Discussion

- It was revealed that the primary obstacle to prescribing varenicline was a lack of familiarity with the drug among healthcare providers. This contrasts with our hypothesis that the historical concerns about neuropsychiatric side effects would be the primary barrier.
- To address this knowledge gap, it's essential to develop educational programs and resources that enhance provider understanding of varenicline and improve strategies for discussing smoking cessation with patients during inpatient admission.
- Future QI will be conducted to explore the long-term impact of these interventions.

### References :

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