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# Strategies to reduce the impact of smoking on rheumatoid arthritis outcomes: Clinical experience of a brief outpatient clinic screening questionnaire. Comment on "The impact of smoking on rheumatoid arthritis outcomes." By Vittecoq et al. Joint Bone Spine 2018;85: 135–138

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We were interested to read the recent review by Vittecoq and colleagues describing the negative effects of smoking on rheumatoid arthritis (RA) disease activity and the benefits of smoking cessation on disease outcomes and risk of comorbid conditions in people with RA [1].

A key challenge for rheumatology clinical practice is to systematically identify and support smokers with RA to achieve smoking cessation. We wish to report our experience implementing a brief screening questionnaire into a rheumatology outpatient clinic. In the rheumatology service at Auckland District Health Board, Auckland, New Zealand, and a patient reported outcome questionnaire is given to each patient by reception staff at every outpatient clinic visit, to be completed in the waiting room prior to the clinic appointment. In October 2010, this questionnaire was modified to include questions about smoking status, with the following statement: "If you are a smoker, the best thing you can do for your health is stop smoking" and an offer of referral for smoking cessation support (available free of charge by the District Health Board). Pre and post-questionnaire periods were analyzed ($n = 100$ patients/group) for smoking status, help offered and referral to Smokefree Services for smoking cessation support.

**Table 1**
Patients screened, offered smoking cessation and referred for help.

| | 2004–2010 | 2010–2016 |
|---|---|---|
| No. patient screened in the clinic | 53/100 | 100/100 |
| No. of smokers identified | 16/53 | 11/100 |
| Quantity of smoking, cigarettes/day in smokers, mean (SD) | 8 (5) | 7 (4) |
| No. offered help | 4/16 | 75% |
| No. referred for help | 3/4 | 75% |
| No. declined help | 1/4 | 25% |

Results are shown in the Table 1. In the pre-questionnaire period, 53/100 (53%) of patients were screened compared to 100/100 (100%) of patients in the post-questionnaire period ($P = 1.7 \times 10–14$).There were 16/53 (30%) current smokers in the pre-questionnaire period and 11/100 (11%) current smokers in the post-questionnaire period. In the pre-questionnaire period, 4/16 (25%) of the smokers were offered help for smoking cessation compared to 11/11 (100%) in the post-questionnaire period ($P = 5.4 \times 10–4$). In the pre-questionnaire period, 3/16 (19%) smokers were referred for smoking cessation support, and in the post-questionnaire period, 2/11 (18%) smokers were referred for smoking cessation support. In the post-questionnaire period, 9/11 (82%) smokers identified by screening declined referral for smoking cessation support.

In summary, introduction of a brief questionnaire in the rheumatology outpatient clinic can improve rates of screening and offering assistance with smoking cessation in patients with RA. However, most smokers who were identified by screening and offered support declined referral for smoking cessation support. Our experience highlights the need to understand and address barriers to smoking cessation in people with RA, in order to improve outcomes following screening.

## Disclosure of interest

The authors declare that they have no competing interest.

## Reference

[1] Vittecoq O, Richard L, Banse C, et al. The impact of smoking on rheumatoid arthritis outcomes. Joint Bone Spine 2018;85:135–8.

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