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[Blended Smoking Cessation Treatment: Exploring Measurement, Levels, and Predictors of Adherence](#)

Siemer L, Brusse-Keizer MG, Postel MG, Ben Allouch S, Patrinoopoulos Bougioukas A, Sanderman R, Pieterse ME

Blended Smoking Cessation Treatment: Exploring Measurement, Levels, and Predictors of Adherence

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Blended Smoking Cessation Treatment: Exploring Measurement, Levels, and Predictors of Adherence

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ABSTRACT

Background:

Blended face-to-face and Web-based treatment is a promising way to deliver cognitive behavioral therapy. Since adherence has been shown to be a measure for treatment's acceptability and a determinant for treatment's effectiveness, in this study, we explored adherence to a new blended smoking cessation treatment (BSCT).

Objective:

The objective of our study was to (1) develop an adequate method to measure adherence to BSCT; (2) define an adequate degree of adherence to be used as a threshold for being adherent; (3) estimate adherence to BSCT; and (4) explore the possible predictors of adherence to BSCT.

Methods:

The data of patients (N=75) were analyzed to trace adherence to BSCT delivered at an outpatient smoking cessation clinic. In total, 18 patient activities (eg, using a Web-based smoking diary tool or responding to counselors' messages) were selected to measure adherence; the degree of adherence per patient was compared with quitting success. The minimum degree of adherence of patients who reported abstinence was examined to define a threshold for the detection of adherent patients. The

number of adherent patients was calculated for each of the 18 selected activities; the degree of adherence over the course of the treatment was displayed; and the number of patients who were adherent was analyzed. The relationship between adherence and 33 person-, smoking-, and health-related characteristics was examined.

Results:

The method for measuring adherence was found to be adequate as adherence to BSCT correlated with self-reported abstinence ($P=.03$). Patients reporting abstinence adhered to at least 61% of BSCT. Adherence declined over the course of the treatment; the percentage of adherent patients per treatment activity ranged from 82% at the start of the treatment to 11%-19% at the final-third of BSCT; applying a 61% threshold, 18% of the patients were classified as adherent. Marital status and social modeling were the best independent predictors of adherence. Patients having a partner had 11-times higher odds of being adherent (OR [odds ratio]=11.3; CI: 1.33-98.99; $P=.03$). For social modeling, graded from 0 (=partner and friends are not smoking) to 8 (=both partner and nearly all friends are smoking), each unit increase was associated with 28% lower odds of being adherent (OR=0.72; CI: 0.55-0.94; $P=.02$).

Conclusions:

The current study is the first to explore adherence to a blended face-to-face and Web-based treatment (BSCT) based on a substantial group of patients. It revealed a rather low adherence rate to BSCT. The method for measuring adherence to BSCT could be considered adequate because the expected dose-response relationship between adherence and quitting could be verified. Furthermore, this study revealed that marital status and social modeling were independent predictors of adherence.

ClinicalTrial:

Netherlands Trial Registry NTR5113; <http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=5113> (Archived by WebCite at <http://www.webcitation.org/71BAPwER8>).

Citation

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