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Title: Factors influencing dropout of a smoking cessation consultation in patients treated with varenicline

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Body: Introduction: Smoking cessation clinics have high dropout rates. Reasons are often not clear. Aim: To determine factors influencing dropout of smoking cessation clinics in patients treated with varenicline. Methods: Retrospective cohort of patients started on varenicline. Comparative analysis of patients who dropped out (group 1) or not (group 2) our clinic at 4, 12, 24 and 52 weeks according to demographics, attempts to quit smoking, previous diseases, motivation (Richmond) and dependence (Fagerstrom) assessed on first consultation. Results: We included 120 patients (70% male), mean age 46.6±10.3 y.o., mean 31.3±21.3 P.Y. smoking. Motivation: 8.4±1.2; Dependence: and 4.8±2.2. Forty-six patients (38.3%) had respiratory, 29 (24.2%) cardiovascular and 7 (5.8%) controlled psychiatric disease. Varenicline was taken on average 8.3±3.8 weeks. Dropout rates were 8.3%, 20.1%, 30.8% and 40.6% at 4, 12, 24 and 52 weeks. At week 4 dropout was observed in older age (p = 0.018) and individuals with no respiratory disease (p=0.043). There was negative relation between motivation and dropout at week 12 (p=0.05) and between dependence and dropout at week 24 (p=0.04). Smoking in the previous appointment increased dropout risk at 24 and 52 weeks (p=0.001 and p=0.04). Adherence to varenicline therapy lowered dropout risk at 24 and 52 weeks (p=0.0001 and p=0.001). Conclusion: Younger individuals with no respiratory disease, less dependent and less motivated tend to dropout more. At week 24 and 52 those who continue smoking and do not adhere to varenicline quit more. Our results may help to identify individuals most likely to abandon programs and improve strategies to address them.