Tobacco smoking (TS) in home oxygen therapy (HOT). Preliminary data (*).

Body: Background and aim: HOT is used in any hypoxemic chronic respiratory failure but TS can impair HOT and cause fires and burns. Many patients are smokers when entering HOT: a prevalence as high as 19% was measured among HOT Patients (HOTP) and little is known on HOTP smoking characteristics. Among a total of 388 HOTP we assist, we surveyed so far 136 HOTP (mean age=74,7 y), and preliminary data from them are here presented. Method: 1. analysis of our database for information about TS; 2. telephone interviews for all Patients and caregivers; 3. outpatient consultation of HOTP during which Pack-years (P/Y), Fagerstroem test (FTND), Exhaled-Carbon monoxide (ExCO), Anxiety and Depression test (CBA 2.0) and self-efficacy (SEQ12) were tested. Results: Current smokers #=11(8,1%); P/Y=40; ExCO=20 ppm; FTND=5; Anxiety=22,2%; Depression 33,3%; Self-efficacy=9,2. Mean # of previous quitting attempts=2 (60% unassisted/self-managed-40% with drugs (mostly nicotine replacement therapy-NRT); 60% relapsed before <1 month;). Smokers among caregivers #6 (54%) (smoking in front of the patient#4 (67%)). Main reasons for relapses were "nervous tension" and "search for pleasure". 63% of our sample still would like to quit. Conclusion: In our sample, probably due to older age, smoker prevalence is lower than in previous studies. Not surprisingly self-efficacy was very low. Nicotine dependence and ExCO were lower than expected and smoking is probably maintained more by anxiety and depression whose scores are high. Since quitting is still desired, we are currently offering education on disease and intensive psychological assistance for quitting, extended to caregivers. (*) Supported by an unconditioned educational grant from Medicair.