

BACKGROUND

- Despite declines in cigarette use among adults in the U.S., smoking among older adults has increased and contributes to the highest burden of tobacco morbidity and mortality.
- Tobacco quit lines offer a cost-effective, evidence-based, and safe modality for cessation intervention.
- Cessation trials rarely examine outcomes exclusively among older adults.
- Fewer trials have examined individual predictors of cessation (vs. continued smoking) among older adults in a tobacco quit line.

OBJECTIVES

- Explore individual characteristics that predict cessation (vs. continued smoking) at 3-month outcome among older adults enrolled in a tobacco quit line intervention.

METHODS

- Sample: Older adult (≥ 60 years) TRICARE beneficiaries (N=186) receiving a 4-session proactive tobacco quit line with 8 weeks of nicotine replacement therapy (NRT).
- All measured obtained by self-report over the phone.
- Baseline predictors: demographics, history of cigarette use and quitting, use of cessation resources, current tobacco use, confidence in quitting, and reasons for quitting.
- 3-month predictors: tobacco use, concurrent use of any cessation resources (i.e., NRT or alternative methods) and number of quit attempts.
- Cessation defined by 7-day point prevalence at follow-up.

STATISTICAL ANALYSIS

- In univariate analyses, logistic regressions examined all baseline and 3-month predictors in relationship to cessation (vs. continued smoking) at follow-up.
- Variables significant at 10% were retained in final model.
- Backward elimination with probability ($p=.05$) was used to obtain final multivariate model.

RESULTS

Sample Characteristics

- 59.1% men, 83.3% White/Caucasian and 15.6% non-White racial minority, 94.6% high school graduate or greater
- 80.1% had a high school diploma/GED or greater education background
- 69.9% living as married and 30.1% single, divorced, widowed
- 62.9% were retired military, 36.6% non-military TRICARE beneficiary, 0.5% (n=1) other
- At 3-months, 38.7% (n=72) quit smoking.

Multivariate Model

<u>Predictors</u>	
Married/living as married vs. not	
Very confidence to quit (vs. moderately or not confident)	
Stronger belief in <i>wanting to quit to take control of one's life</i>	
Using an alternative cessation method during the intervention (i.e., e-cigarettes, cessation medication, or other counseling services) vs. not	
Having 3 or more failed quit attempts (vs. fewer) during the intervention	

- All predictors significant at $p<.05$; CI= confidence interval; *Decreased chances of being

CONCLUSIONS

- Older adults in this intervention experienced high quit rate success and many predictors of cessation were modifiable.
- Helpful strategies for cessation in older adult populations might include providing resources to increase quitting self-efficacy, and the belief that cessation is a means to gain independence and control over one's health.
- Older adults who turn to additional resources or have many failed quit attempts during treatment might require more counseling or support from significant others.
- Examining facilitators and barriers to treatment success exclusively among older adults will help interventions tailor to the unique needs of this population.