



**HKU  
Med**

LKS Faculty of Medicine  
School of Nursing  
香港大學護理學院

# 港大醫學院研究發現 簡單介入能有效幫助準爸爸戒煙

港大醫學院護理學院

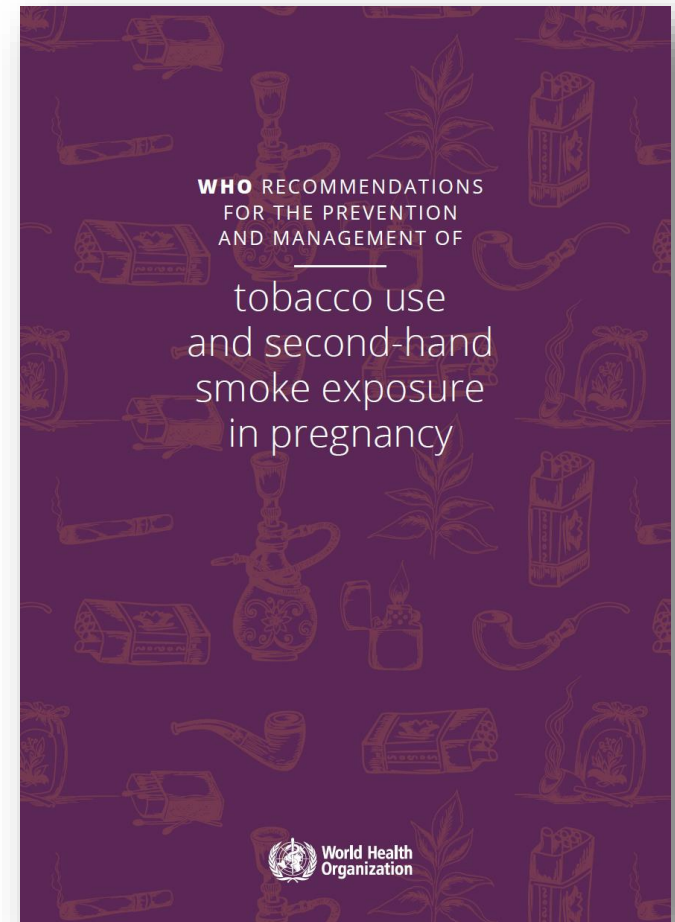
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2021年10月4日

# 研究背景

- 不吸煙的孕婦吸入二手煙或會增加胎死腹中、孩子先天缺陷或發育遲緩等健康風險
  - 世界衛生組織強烈建議幫助孕婦的伴侶戒煙，以減少孕婦接觸二手煙的機會<sup>1</sup>
  - 關於有效針對吸煙的準爸爸的戒煙介入方式，目前仍缺乏科學證據
- 世衛將有關介入方式列為研究重點之一



# 研究背景、目的及設計

- 在香港，每10名新生兒的母親，就有約 3 位報告其伴侶為吸煙者<sup>2</sup>
- 吸煙的準爸爸在產前診所甚少得到戒煙建議及支援

## 研究目的

- 評估在定期產前檢查時為準爸爸提供簡單介入方法的有效性
- 簡單介入方法包括簡短戒煙建議、尼古丁替代療法樣本及戒煙服務轉介

## 研究設計

### 隨機對照試驗

# 新生兒無煙家庭研究計畫

研究計畫時期：2018年10月至2020年2月

招募地點：公立醫院的產前診所

- 廣華醫院
- 伊利沙伯醫院
- 瑪麗醫院
- 基督教聯合醫院
- 屯門醫院
- 東區尤德夫人那打素醫院
- 瑪嘉烈醫院

對象：每日吸煙的男性，其懷孕伴侶為非吸煙者

\* 成功招募了1,053名準爸爸參與研究

# 戒煙介入

參加者以隨機方式分配至「**介入小組**」或「**對照小組**」

## 介入小組

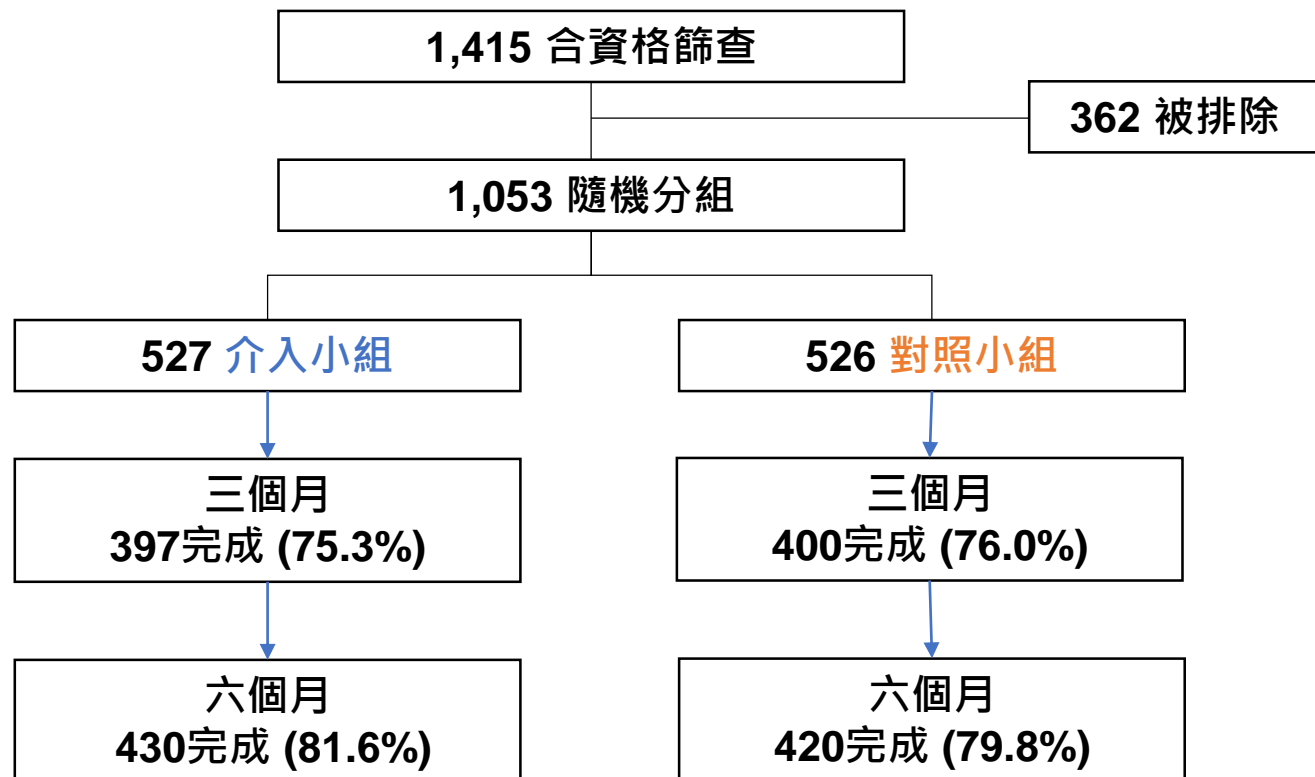
- 簡短戒煙建議（包括一張特製的戒煙傳單\*）
- 一周分量的尼古丁替代療法樣本
- 轉介至本地的戒煙服務

## 對照小組

- 簡短戒煙建議：有關被動吸煙（二手煙）對孕婦和嬰兒危害的警告及一張衛生處的戒煙傳單

# 研究流程及評估方法

- 參加者於招募後第三個月及第六個月接受電話隨訪
- 邀請於六個月內自我匯報戒煙者進行一氧化碳測試（水平為 4 ppm 以下），以核實戒煙成功



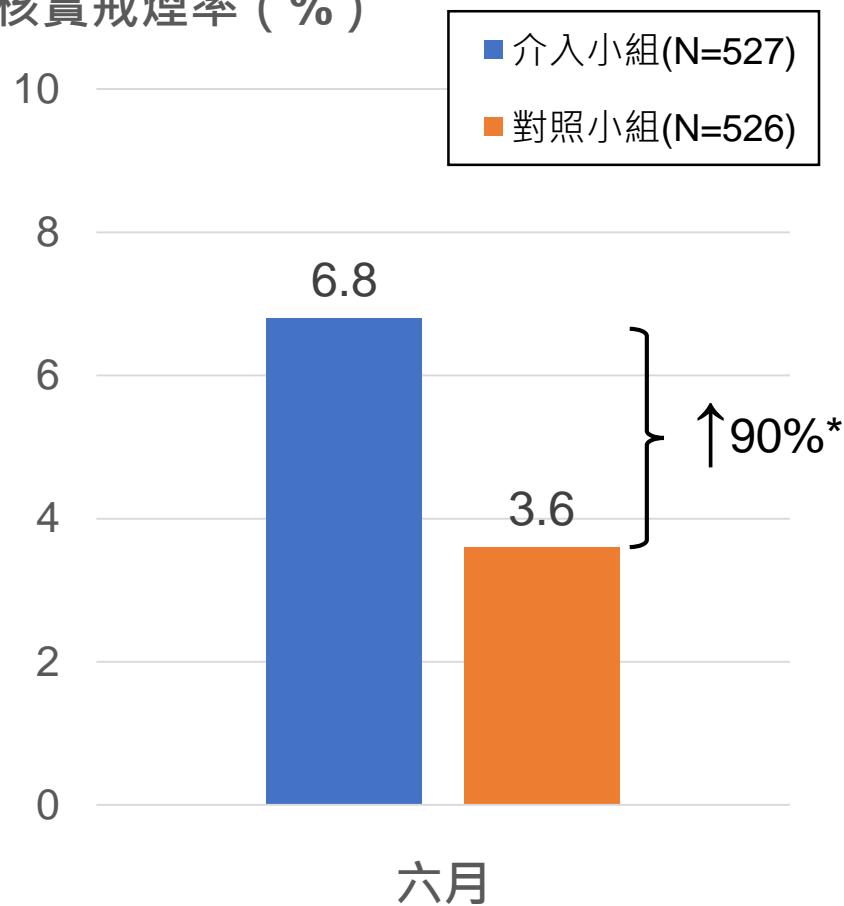
# 參加者的特徵 (N=1053)

		平均數 或 %
平均年齡		33.8
教育程度	初中或以下	30.4%
	高中	45.6%
	大專或以上	24.0%
尼古丁依賴程度*	輕微	68.9%
	中等	29.9%
	嚴重	1.3%
計劃 30 日內戒煙	否	79.8%
	是	20.2%
過去戒煙嘗試	從未試過	38.4%
	一年前試過	51.6%
	一年內試過	10.0%
伴侶懷孕周數	13周以下	20.8%
	13至28 周	56.5%
	28 周以上	22.7%

# 研究結果：核實戒煙率

- 「**介入小組**」於六個月的核實戒煙率，比「**對照小組**」高出90%
- 在現實環境下的介入效果可能會更顯著，因為準爸爸在一般的產前檢查時甚少得到任何戒煙建議

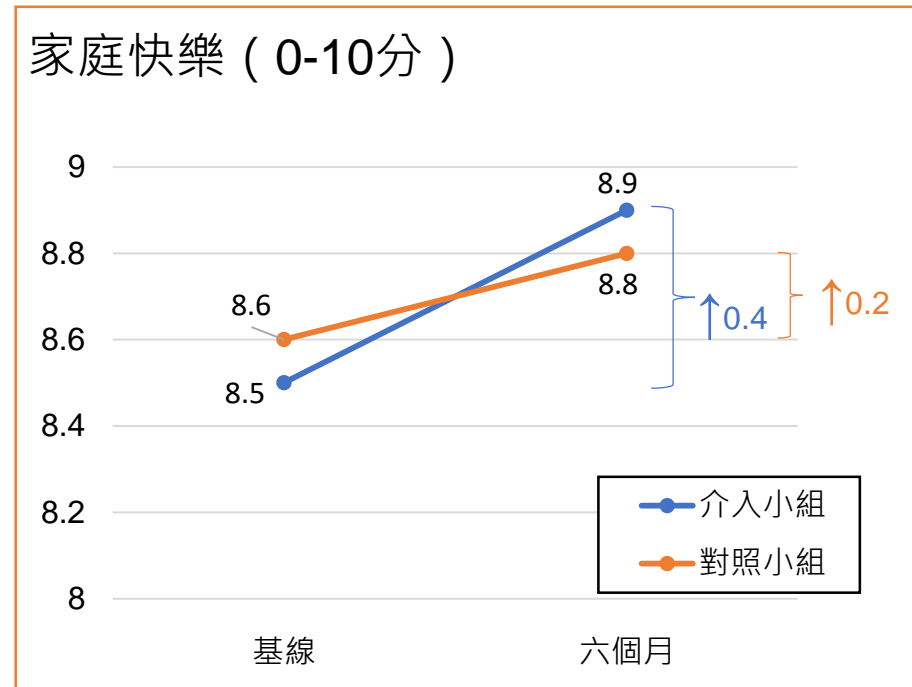
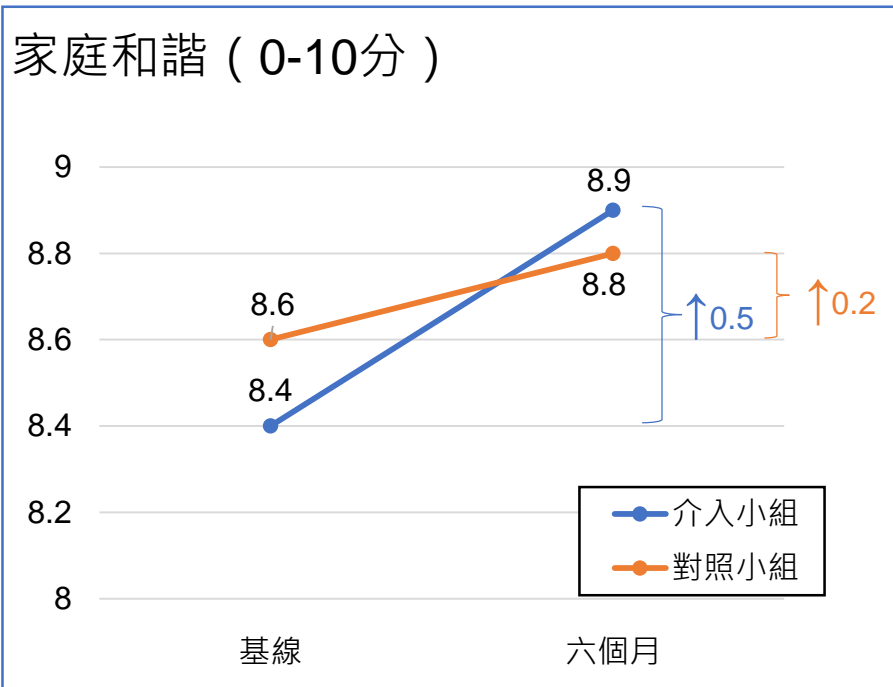
核實戒煙率 (%)





# 研究結果：家庭和諧 及 家庭快樂

在家庭和諧方面，「介入小組」比「對照小組」有顯著更大的改善（在0至10分之間，分別增加 0.5分及 0.2分，P值=0.01）



# 研究意義

- 一個簡單的介入，就能將準爸爸的戒煙成功機會增加近一倍，並促進家庭和諧
- 醫護人員只需在定期產前檢查時，提供簡單建議及轉介，就能幫助準爸爸訂立戒煙的目標
- 簡單戒煙介入應該被納入為產前護理的恆常程序，以幫助吸煙的準爸爸戒煙

準爸爸  
俾BB最好嘅  
第一份禮物



# 研究結果發表

Research

JAMA Internal Medicine | Original Investigation

## Brief Advice, Nicotine Replacement Therapy Sampling, and Active Referral for Expectant Fathers Who Smoke Cigarettes: A Randomized Clinical Trial

Tzu Tsun Luk, PhD; Tai Hing Lam, MD(HK); Wing Cheung Leung, MD(HK); Kwok-Yin Leung, MD(HK); Ka Wing Cheung, MBBS; Carina Kwa, MBChB; Kai Hung Siang, MBBS; Kwok Keung Tang, MBChB; Kai Wan Lee, MBBS; Chi Ju Hsieh, MSc; Yongda Socrates Wu, PhD; William Ho-Cheung Li, PhD; Man Ping Wang, PhD

**IMPORTANCE** Pregnancy presents an opportunity to engage expectant fathers in smoking cessation, but evidence from randomized clinical trials is scarce.

**OBJECTIVE** To evaluate the effectiveness of a proactive, combined intervention for smoking cessation in expectant fathers.

**DESIGN, SETTING, AND PARTICIPANTS** This pragmatic randomized clinical trial in prenatal clinics in 7 public hospitals in Hong Kong proactively recruited and enrolled 1053 participants from October 10, 2018, to February 8, 2020. Included male adults were 18 years or older, smoked cigarettes daily in the past 3 months, had partners who were pregnant and nonsmoking in the past 30 days, and had a landline or mobile telephone number for follow-up. These participants were randomized to either the intervention group or the control group. The primary analyses used an intention-to-treat approach.

**INTERVENTIONS** The intervention group received brief cessation advice, a 1-week free sample of nicotine replacement therapy (NRT), and active referral to a community-based smoking cessation service. The control group received only brief cessation advice with a leaflet on the hazards of perinatal exposure to tobacco smoke and the toll-free quitline telephone number.

**MAIN OUTCOMES AND MEASURES** The primary outcome was biochemically validated tobacco abstinence at 6 months after intervention initiation defined by an exhaled carbon monoxide level of 3 parts per million or lower. The secondary outcomes included self-reported 24-week continuous abstinence at 6 months after intervention initiation as well as 7-day point prevalence abstinence, use of any NRT, and use of a smoking cessation service at 3 and 6 months after intervention initiation.

**RESULTS** All 1053 randomized participants were male adults with a mean (SD) age of 33.8 (6.9) years. The retention rate at 6-month follow-up was 80.7%. The primary outcome of biochemically validated tobacco abstinence at 6 months after intervention initiation was significantly higher in the intervention group than in the control group (6.8% [36 of 527 participants] vs 3.6% [19 of 526]; odds ratio [OR], 1.96; 95% CI, 1.11-3.46;  $P = .02$ ). The main secondary outcomes of self-reported 24-week continuous abstinence at 6 months (OR, 1.87; 95% CI, 1.08-3.23;  $P = .03$ ) and 7-day point prevalence abstinence at 3 months (OR, 1.48; 95% CI, 1.05-2.09;  $P = .03$ ) and 6 months (OR, 1.74; 95% CI, 1.29-2.34;  $P < .001$ ) were also significantly higher in the intervention group. The intervention group had a significantly higher increase in perceived family harmony (score range, 0-10, with a higher score indicating a higher level of harmony) from baseline to 6 months ( $B = 0.28$ ; 95% CI, 0.063-0.50;  $P = .01$ ).

**CONCLUSIONS AND RELEVANCE** This trial found that combining brief advice with a 1-week sample of NRT and referral to smoking cessation programs nearly doubled the odds that expectant fathers who smoked would achieve validated abstinence compared with providing brief advice alone. The intervention was also effective in promoting family harmony.

**TRIAL REGISTRATION** ClinicalTrials.gov Identifier: NCT03671707

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Visual Abstract  
Supplemental content

JAMA  
Internal Medicine

《美國醫學會雜誌—內科學》

Luk TT, Lam TH, Leung WC, Leung KY, Cheung KW, Kwa C, Siong KH, Tang KK, Lee KW, Hsieh CJ, Wu YS, Li WH, Wang MP. Brief Advice, Nicotine Replacement Therapy Sampling, and Active Referral for Expectant Fathers Who Smoke Cigarettes: A Randomized Clinical Trial. JAMA Internal Medicine 2021;181(8):1081-1089. doi: [10.1001/jamainternmed.2021.2757](https://doi.org/10.1001/jamainternmed.2021.2757)

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