

Smoking cessation in routine primary care

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Statements accompanying the dissertation

Smoking cessation in primary care – Intensive practice nurse counselling versus brief general practitioner advice

Carolien van Rossem

Maastricht, 24 juni 2021

1. There is a lack of awareness of available smoking cessation treatments in primary care, resulting in a low uptake of evidence-based treatments. (*this thesis*)
2. General practitioners and practice nurses are both very effective in smoking cessation treatment when combined with pharmacotherapy. (*this thesis*)
3. Patients' treatment satisfaction is not necessarily related to treatment success. (*this thesis*)
4. Smokers with COPD require supplementary support for smoking cessation, compared to smokers without COPD (this thesis). This support can best be given by the practice nurse.
5. The impact of what a general practitioner communicates is often underestimated, also by the general practitioner him/herself. Attention from the general practitioner makes a world of difference.
6. The personal commitment required in conducting a pragmatic randomized trial is a threat to the external validity of the study.
7. Non-pharmacological intervention research does not sufficiently take into account the large variation in effectiveness between those applying the intervention. (*this thesis*)
8. Co-creation with healthcare professionals in a study is immensely important for optimal recruitment of participants and prevention of drop-out during the study. (*this thesis*)
9. General practitioners should give unsolicited advice on health-related topics such as smoking and obesity, because discussing behaviour that negatively affects a person's health is one of the core tasks of primary care.
10. The awareness of (minor) problems along the way is positively correlated with the duration of the project (based on Hofstadter's Law by Douglas Hofstadter: It always takes longer than you expect, even when you take into account Hofstadter's Law).