PIII-9: Factors Which Influence Women’s Decisions to Stop Smoking in Women with Known Coronary Heart Disease

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Abstract:
Introduction: This study, guided by the Health Belief Model, will determine which factors predict smoking cessation (SC) in women with coronary heart disease (CHD) following an invasive cardiovascular (CV) procedure. Hypotheses include: 1) Higher perceived threat of
future CV interventions will be associated with intention to stop smoking, controlling for depressive symptoms 2) Higher perceived threat of future CV interventions, higher smoking self-efficacy, and fewer perceived barriers will be associated with greater intention to stop smoking, controlling for depression 3) Those with greater intention to stop smoking after an invasive CV procedure will report higher SC rates at three months than those with lower intention to stop smoking 4) Fewer perceived barriers to SC, greater perceived threat of future CV interventions, receiving cues to action, fewer depressive symptoms, higher smoking self-efficacy and higher intention to stop smoking will be associated with quitting smoking at 3 months.

**Method(s):** A prospective, correlational design will be used. A nonrandom sample of 75 women smokers with CHD undergoing CABG or PTCA will be enrolled. Questionnaires will be administered within 1 month after an invasive CV procedure with follow up telephone interviews to assess SC 3 months later. Instruments include a self-reported smoking status, the Commitment to Quitting Smoking Scale, the Smoking Self-Efficacy Questionnaire, the Benefits scale of the Perceived Risk and Benefits Questionnaire, the Barriers to Cessation Scale, the Weight Control Smoking Scale, the Cues to Action researcher-developed questionnaire, the Susceptibility and Seriousness subscales of the Champion HBM Scale, and the Center for Epidemiologic Studies Depression Scale.

**Results:** Data analysis will include descriptive statistics, multiple linear regression and logistic regression.

**Discussion & Conclusions:** Smoking increases a woman’s risk for negative health effects when combined with CHD. As women receive CV interventions (CABG or PTCA), a critical opportunity presents to make lifestyle changes in order to reduce the need for future CV interventions. Identifying factors associated with SC following a CV intervention will lead to interventions specific to women.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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