Background
Recent studies indicate successful smoking cessation rates were increased by sixty-six percent with brief advice from a clinician, according to the Center for Disease Control and Prevention. In response to these results, the CDC launched the “Talk with Your Doctor” campaign in May of 2013, which encouraged patients and primary care providers to discuss smoking habits and cessation. Although numerous studies have confirmed the harmful effects of smoking on ocular health and vision, including increased risk of macular degeneration and diabetic retinopathy, little research has been conducted regarding how optometrists handle the topic of smoking habits and cessation. The goal of this study was to investigate optometrists’ comfort and practice in discussing smoking behaviors with their patients.

Methods
A self-administered questionnaire was electronically mailed to 3000 optometric physicians in May 2012. Email addresses were obtained from two sources: the Optometric Extension Program Foundation and the Blue Book of Optometry. The survey included twenty Likert scale questions, five in the area of smoking. The survey examined perceived provider behavior, attitudes toward prioritizing smoking discussion, perceived behavior of optometrist peers, and perceived provider comfort in addressing smoking, actual rates were increased by sixty-six percent with brief advice from a clinician, according to the CDC. In response to these results, the CDC launched the “Talk with Your Doctor” campaign in May of 2013, which encouraged patients and primary care providers to discuss smoking habits and cessation. Although numerous studies have confirmed the harmful effects of smoking on ocular health and vision, including increased risk of macular degeneration and diabetic retinopathy, little research has been conducted regarding how optometrists handle the topic of smoking habits and cessation. The goal of this study was to investigate optometrists’ comfort and practice in discussing smoking behaviors with their patients.

Results
The majority of the 352 respondents agree that smoking poses a significant health risk to patients (91.5%) and affects the visual system (91.5%). Less than half (46.9%) of respondents rate smoking as a significant health risk to patients (91.5%). Only 10.8% of residency-trained optometrists agreed that smoking is a significant health risk and affects the visual system, whereas 53.6% felt smoking should be a priority in optometric practice. Respondents’ smoking history had no association with comfort in discussion. However, optometrists with a history of cardiovascular disease were found to have significantly greater comfort discussing patient smoking habits than respondents without disease (proportional ratio 1.97, p=0.01). Only 10% of residency-trained optometrists agreed that their residency prepared them to talk about smoking.

Discussion
For over fifty years, the public has known the harmful effects of smoking, but optometrists have skirted the discussion with patients. We address a few of the reasons why optometrists may be neglecting to discuss smoking habits and cessation.

Are optometrists neglecting to discuss smoking habits because they feel uncomfortable?
Nearly one third of optometrists reported they did not feel comfortable discussing smoking. Although some optometrists may argue discomfort arises because they do not smoke themselves. However, reported comfort with smoking history was the same, regardless of personal smoking history. Interestingly, optometrists who had cardiovascular disease (including hypertension and diabetes) were nearly twice as comfortable discussing smoking habits with their patients; this is likely because they have experienced the effects of cardiovascular disease firsthand and can share these experiences with their patients. Other optometrists may neglect this issue because they feel smokers do not want to quit or have been repeatedly told by their primary care physicians (PCPs) to do so already. According to the National Health Interview Survey, almost 30% of smokers report they want to quit smoking. For patients who do visit their PCP, perhaps reinforcement from their optometric primary care provider could provide the necessary catalyst to stop smoking. Optometrists are often the first line providers for patients who do not regularly use their primary care doctor, thus making it even more important for optometrists to discuss this smoking habits with their patients.

Are optometrists neglecting to discuss smoking habits because they feel they are not trained for the discussion?
Perhaps the most surprising result of the study was that only 10% of residency-trained optometrists felt their residency prepared them to discuss smoking cessation with their patients. Because the majority of optometrists agreed they were indeed aware of the effects of smoking on their patients’ ocular health, lack of training may be the main reason optometrists are currently

References
8. St John, J, Fletcher A, Wormald R. 28000 cases of age related macular degeneration causing visual loss in people aged 75 year and above in the United Kingdom may be attributed to smoking. Br J Opthalmology. 89; 5: 550-553.