

Exploring levels and predictors of adherence to a blended smoking cessation treatment

Problem

- Blended face-to-face and web-based treatment is a promising approach in eHealth
- Adherence is a measure for treatment's acceptability and a determinant for treatment's effectiveness
- How is the adherence and what predicts adherence to a blended smoking cessation treatment?

Blended Smoking Cessation Treatment:

a combination of face-to-face treatment with web-based sessions into one integrated smoking cessation treatment which can be delivered in routine care settings

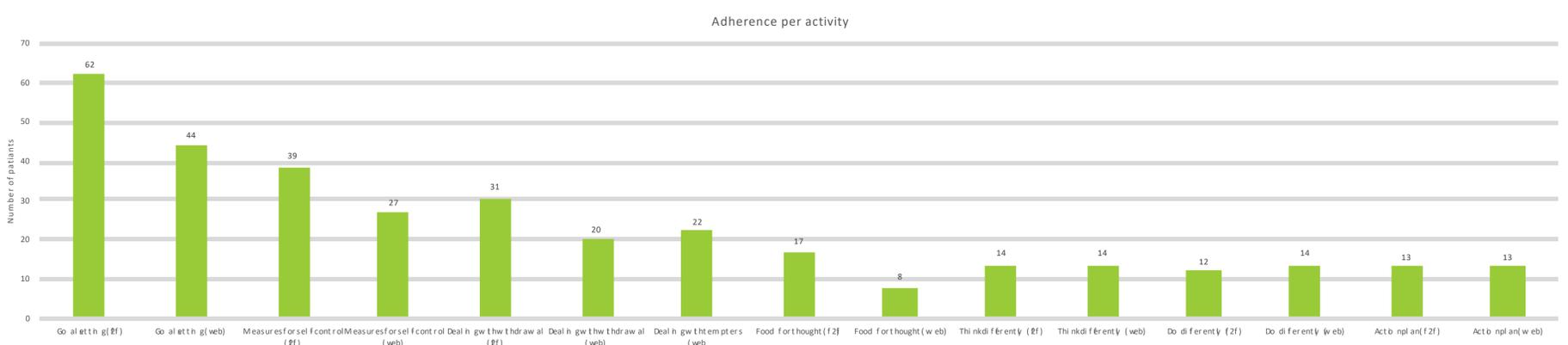
Adherence: the extent to which a person's behavior – taking medication, following a diet, or executing lifestyle changes - corresponds with agreed recommendations from a health care provider (WHO)

Week	Main features
1 (f2f)	Goal setting & prompt smoking diary & measure CO
3 (web)	Measures for self-control
5 (f2f)	Dealing with withdrawal
7 (web)	Breaking habits & measure CO
9 (f2f)	Dealing with triggers
11 (web)	Food for thought
14 (f2f)	Think differently
18 (web)	Do differently
22 (f2f)	Action plan & measure CO
26 (web)	Closure

Method: Quantitative analysis of patients' records and online user data (n=75) examining 18 patient activities to trace adherence over the course of the treatment

Results

- **Patients** (n=75) adhere to **33%** of the treatment
- **Quitters** (n=17) adhere to **61%** of the treatment
- **18% of the patients** (n=75) are **adherent** (based on 60% level)
- **Independent predictors** of adherence are (1) **having a partner** and (2) **less smoking partner/friends**



Discussion/questions:

- Adherence is rather low. Why? Negative user experience?
- No compare group: are the results specific for blended treatment?

