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Factors Affecting the Prediction of Smoking Cessation Success in Patients Admitted to a Family Health Center

Aile Sağlığı Merkezine Başvuran Hastalarda Sigara Bırakma Başarı Öngörüsünü Etkileyen Faktörler

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ÖZET

Amaç: Sigara, neden olduğu hastalıklar ve ölümler nedeniyle önemli bir halk sağlığı sorunudur. Her klinik görüşmede sigara içme durumu sorgulanmalı ve sigara içen hastalara sigara bırakma önerilmelidir. Aile hekimleri, hastaların ilk temas noktası olmaları, bakımın sürekliliğini sağlamaları ve koruyucu sağlık hizmetlerine öncelik vermeleri nedeniyle tütün bağımlılığı ile mücadelede benzersiz bir konumdadır. Sunulan çalışmada aile sağlığı merkezine başvuran hastalarda sigara bırakma başarısının öngörülmesine etki eden faktörlerin araştırılması amaçlanmıştır.

Gereç ve Yöntemler: Tanımlayıcı tipteki çalışmanın evrenini Konya'nın Karatay ilçesine bağlı bir aile hekimliği birimine kayıtlı hastalar oluşturmaktadır. Gönüllülük esasına göre toplam 292 katılımcı tarafından doldurulan anket formlarının verileri analiz edildi. Anket formunda sosyo demografik özellikler, sigara kullanımı ile ilgili sorular, Fagerström Nikotin Bağımlılık Testi (FNBT) ve Sigara Bırakma Başarı Öngörüsü (SBBÖ) Ölçeği yer aldı.

Bulgular: Katılımcıların yaş ortalaması 33,11±12,42 (en düşük:18; en yüksek:72) yıl, %41,4'ü (n=121) yüksek derecede nikotin bağımlısı ve %57,5'ine (n=168) bir doktor tarafından sigarayı bırakmaları önerilmişti. SBBÖ Ölçeği toplam puan ortalaması 33,96±7,67 (en düşük:13; en yüksek:50) idi. Kadınlar, 45 yaş ve üzeri, evliler, çocuk sahibi olanlar, nikotin bağımlılığı düşük olanlar, daha önce sigarayı bırakmayı denemiş ve bir doktor tarafından sigarayı bırakması önerilmiş olan katılımcıların kendi kategorilerindeki ortalama puanları diğerlerine kıyasla istatistiksel olarak anlamlı derecede daha yüksekti (p<0,05). SBBÖ Ölçeği toplam puanı ile Fagerström Bağımlılık Testi toplam puanı arasında orta düzeyde negatif bir korelasyon bulunmuştur (r=-0,272; p<0,001).

Sonuç: Katılımcıların sigara bırakma başarı öngörüsü puanları orta düzeyde bulunmuş olmasına rağmen, daha önce bir doktor tarafından bırakma tavsiyesi almış hastaların sigara bırakma başarısının daha yüksek olduğunun öngörülmesi önemli bir bulgudur. Sigara bırakma oranlarını artırmak için birinci basamak sağlık hizmetlerinin tütün kontrolünde aktif bir rol oynaması önemlidir.

Anahtar Kelimeler: Sigara bırakma, tütün bağımlılığı, birinci basamak hekimleri, aile hekimliği

ABSTRACT

Objective: Smoking status should be questioned in every clinical interview and smoking cessation should be recommended to patients who smoke. Family physicians are in a unique position in the fight against tobacco addiction because they are the first point of contact for patients, provide continuity of care and prioritise preventive health services. Our study aimed to investigate the factors affecting the prediction of smoking cessation success in patients applying to the family health centre.

Materials and Methods: Patients registered in the Family Medicine Department of Konya Karatay were the population of the descriptive study. The data of the questionnaire form completed by 292 participants on a voluntary basis were analyzed. The questionnaire included sociodemographic characteristics, questions about smoking, Fagerström Nicotine Dependence Test (FNBT) and Smoking Cessation Success Prediction Scale (SCSPS).

Results: The mean age of the participants was 33.11±12.42 (min:18; max:72) years, 41.4% (n=121) were highly nicotine dependent and 57.5% (n=168) had been advised to quit smoking by a doctor. The mean total score of the SCSPS was 33.96±7.67 (min:13; max:50). Participants who were female, aged 45 years or older, married, had children, had low nicotine dependence, had tried to quit smoking before and had been advised to quit smoking by a doctor had statistically significantly higher mean scores in their categories compared to others (p<0.05). A moderate negative correlation was found between the total score of the SCSPS and the Fagerström score (r=-0.272; p<0.001).

Conclusion: Despite the moderate scores of the participants in predicting smoking cessation success, a significant finding indicates that patients who received prior medical advice to quit were more likely to achieve successful smoking cessation. It is important that primary health care services play an active role in tobacco control to increase smoking cessation rates.

Keywords: Smoking-cessation, tobacco dependence, primary care physicians, family practice

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INTRODUCTION

Tobacco addiction is the first cause of deaths from preventable diseases. Tobacco-related diseases kill more than 8 million people every year (1). According to projections for Turkey for the coming years, the prevalence of tobacco use is estimated to be 30.4%, 40.1% for men and 20.5% for women in 2025 (2). More than 60% of the world's 1.25 billion tobacco users (more than 750 million people) want to quit, but 70% do not have access to effective cessation services (3).

There is evidence showing that a timely intervention in tobacco addicts is effective in preventing tobacco-related diseases (4,5). More than 70% of smokers consult a physician for any reason every year and most of them report that they want to quit (6).

Family physicians, who provide primary health care services, are uniquely positioned to intervene in tobacco dependence due to their long-term relationships with patients and their role in disease prevention. In family health centres where preventive health services are a priority, helping a patient who smokes to quit smoking is the most effective intervention to reduce the risk of disease, disability and death. Evidence-based guidelines on the treatment of tobacco dependence also emphasize the important role of primary care physicians (7). It is recommended that physicians advise smokers to quit during routine examinations, advise and/or prescribe effective medications and refer them to smoking cessation centers (7,8).

Most smokers are aware of the harms of smoking and try to quit. However, many of them fail in quitting smoking. Professional help may be needed to reduce this failure (9). A person's own will, decision and willpower are the most important factors in the success of quitting smoking. The patient's desire to quit smoking can be achieved with the physician's advice to quit and motivational interview. Face-to-face discussions with doctors have been reported to double the quit rate (10). Other factors that are effective in the success of smoking cessation include gender, age, degree of addiction, psychological status, social support and presence of chronic diseases (11,12). Predicting patients with high quitting potential in primary care and directing them for professional help may contribute to more efficient use of health support and increase the success rates in smoking cessation centers. For these reasons, we aimed to investigate the factors that influence the prediction of smoking cessation success among patients attending family health centers.

MATERIALS AND METHODS

Type, location and population of the study

The population of the descriptive study consisted of 2276 people over 18 years of age registered in unit number 4222055 of the Konya Karatay Family Health Centre No: 09. Assuming a smoking prevalence of approximately 32%, the aim was to reach at least 292 people with a 95% confidence interval and 5% margin of error (13,14). Pregnant women, nursing mothers and the puerperium were excluded from the study. The study was explained to smokers over the age of 18 who presented to the outpatient clinic for any reason, and those who gave

verbal consent, were literate and whose native language was Turkish were included in the study. The number of participants was reached in about one month (October 2024). The short information form prepared by the researchers, the Fagerström Nicotine Dependence Test (FNDT) and the Smoking Cessation Success Prediction Scale (SPSPS) were applied to the volunteer participants.

Information Form: The first part of this form, designed by the researchers, consists of socio-demographic information such as age, gender, education level, employment status, perceived income level, marital status and presence of chronic diseases. The second part includes information about smoking, such as the number of years of smoking, previous smoking cessation experience, status of receiving professional help, previous smoking cessation advice from a physician, etc.

Fagerström Nicotine Dependence Test (FNDT): The scale for measuring physical dependence on cigarettes was developed by Fagerström in 1989 (15). The Turkish study on the validity and reliability of the six-item scale was carried out by Uysal et al. in 2004 (16). The FNDT consists of six items and results in a score ranging from 0 to 10. A score below 6 points indicates low-moderate dependence, while a score of 6 points and above indicates severe dependence (16). In our study, Cronbach's Alpha coefficient was found to be 0.751.

Smoking Cessation Success Prediction Scale (SCSPS): It was developed by Aydemir et al. (11) in 2019. The scale is a five-point Likert type and consists of 10 items. The participants were expected to give the most appropriate answer to the questions scored as "Very Little", "Little", "Moderate", "A little bit" and "A lot". The scale has two sub-dimensions: "Determination and Readiness" and "Health Perception and Favorable Environment". The reliability of the scale, Cronbach's Alpha coefficient was found to be 0.782. The maximum score that can be obtained from the scale is 50 and the minimum score is 10. An increase in the scale score indicates that individuals will have a high prediction of success in smoking cessation (11). In our study, Cronbach's Alpha coefficient was found to be 0.830.

Ethical Permission of the Study: T.C. Necmettin Erbakan University Pharmaceuticals and Non-Medical Device Research Ethics Committee on 20.09.2024 with the board decision numbered 2024/5180.

Statistical Analysis

When the findings were obtained in our study were evaluated, 'SPSS (Statistical Package for Social Sciences) for Windows 20.0' was used for statistical analyses. Descriptive statistics were evaluated with number, percentage, mean and standard deviation. Chi-square test was used to compare categorical data. Normal distribution was assessed using the Kolmogorov-Smirnov test. Since quantitative data were normally distributed, Student-t test was used in binary groups and One-way Anova test was used in multiple groups. In cases where there was a difference between groups, significance was evaluated with Post-Hoc Tukey tests. $p < 0.05$ was considered statistically significant. The relationships between the parameters were analyzed by Pearson correlation analysis. Correlation coefficient (r); 0.000-0.249 was considered as weak,

max:50). In the study, it was found that the mean scores of women were higher than men, those aged 45 years and over were higher than those younger, married people were higher than single people, and those with children were higher than those without children ($p<0.05$). In addition, participants with low nicotine dependence level, those who had tried to quit smoking before, and those who were advised by a physician to quit smoking had higher mean scores on the SCSPS than others within their categories and this difference was statistically significant ($p<0.05$). The comparison of the participants' socio-demographic and smoking-related characteristics with the SCSPS and its sub-dimensions is shown in Table 3.

The scores of the participants from the SCSPS and Fagerström test were evaluated by Pearson Correlation Analysis. A moderate negative correlation was found between the total score of the SCSPS and the Fagerström score ($r=-0.272$; $p<0.001$).

DISCUSSION

Table 1. Distribution of Sociodemographic Characteristics of Participants

	n (%)
Gender	
Female	107 (36.6)
Male	185 (63.4)
Age	
Young adult (18-25 years)	49 (16.8)
Adult (26-44 years)	160 (54.8)
Middle age (45-59)	64 (21.9)
Elderly (60 years and over)	19 (6.5)
Education level	
Primary School	74 (25.3)
Middle School	91 (31.2)
High School	82 (28.1)
University	45 (15.4)
Employment status	
Working	176 (60.3)
Not working	116 (39.7)
Income status	
Income less than expenditure	67 (22.9)
Income matches expenditure	184 (63.0)
Income more than expenditure	41 (14.1)
Marital status	
Married	229 (78.4)
Single	63 (21.6)
Childbearing status	
There is	225 (77.1)
No	67 (22.9)
Number of children*	
A child	25 (11.1)
Two children	100 (44.4)
Three children and above	100 (44.4)
Presence of chronic disease	
There is	97 (33.2)
No	195 (66.8)
Total	292 (100)

*225 people responded.

Table 2. Distribution of Participants' Characteristics Regarding Smoking.

	n (%)
Duration of smoking (years)	
< 10 years	81 (27.7)
≥ 10 years	211 (72.3)
Amount of cigarette smoking (days/piece)	
< 10 pieces	93 (31.8)
≥ 10 pieces	199 (68.2)
Previous experience of quitting smoking	
Yes	161 (55.1)
No.	131 (44.9)
Previous professional support to quit smoking	
Yes	42 (14.4)
No.	250 (85.6)
Longest duration of smoking cessation*	
Less than 1 month	25 (15.5)
1 month to 1 year	119 (73.9)
More than 1 year	17 (10.6)
Previous recommendation to quit smoking by a physician	
Yes	168 (57.5)
No.	94 (32.2)
I don't remember	30 (10.3)
Nicotine dependence level (Fagerström score)	
Low-moderate dependency (<6 points)	171 (58.6)
High level of dependency (≥6 points)	121 (41.4)

*161 people responded.

0.250-0.499 as moderate, 0.500-0.749 as strong, 0.750-1.000 as very strong relationship.

RESULTS

The mean age of the 292 participants was 33.11 ± 12.42 years (min:18; max:72) and 54.8% ($n=160$) were in the adult age group (26-44 years) according to the life cycle (17). 63.4% ($n=185$) of the participants were male, 15.4% ($n=45$) were university graduates, 60.3% ($n=176$) were employed, 63.0% ($n=184$) had equal income and expenses, 78.4% ($n=229$) were married and 44.4% ($n=100$) had two children. Of the 97 (33.2%) people with chronic diseases, 43.3% ($n=42$) had more than one chronic disease and 41.2% ($n=39$) had a lung-related disease. Table 1 shows the distribution of sociodemographic characteristics of the participants.

The median smoking duration of the participants was 12.5 (min: 0.5; max: 84) pack-years. There were 161 (55.1%) participants who had tried to quit smoking before and 42 (14.4%) had received professional support for smoking cessation. Of those who had previously tried to quit smoking, 10.6% ($n=17$) were able to quit smoking for more than one year and 57.5% ($n=168$) were advised to quit smoking by a physician. The mean Fagerström score of the participants was 4.42 ± 2.9 (min:0; max:10) and 41.4% ($n=121$) had a high level of nicotine dependence. The distribution of the characteristics of the participants regarding smoking is shown in Table 2.

The mean score of the participants on the Smoking Cessation Success Prediction Scale was 33.96 ± 7.67 (min:13;

Table 3. Comparison of Socio-Demographic and Smoking Characteristics of the Participants and Smoking Cessation Success Prediction Scale and Its Subscales

	Total score of SCSPS	Stability and readiness subscale score	Health perception and appropriate environment subscale score
	Mean±SD	Mean±SD	Mean±SD
Gender			
Female	35.28±7.45	19.76±4.39	15.51±3.68
Male	33.21±7.71	18.80±5.02	14.40±3.31
p*	0.026	0.101	0.009
Age			
18-25 years	33.73±6.92	19.04±3.85	14.69±3.58
26-44 years	33.03±7.96	18.66±5.03	14.37±3.65
45 years and over	35.90±7.22	20.18±4.80	15.72±2.93
p**	0.016 ^{bc}	0.065	0.012 ^{bc}
Education level			
Secondary school and below	34.27±7.55	19.46±4.84	14.81
High School	32.82±8.13	18.32±4.88	14.50
University	34.93±7.12	19.55±4.52	15.37
p**	0.250	0.185	0.401
Employment status			
Working	33.41±8.05	18.94±5.20	14.47±3.54
Not working	34.81±6.99	19.48±4.16	15.32±3.36
p*	0.128	0.350	0.040
Income status			
Income less than expenditure	33.53±8.86	18.67±5.66	14.86±4.01
Income matches expenditure	33.86±7.22	19.07±4.46	14.78±3.33
Income more than expenditure	35.14±7.59	20.31±4.77	14.82±3.36
p**	0.547	0.212	0.987
Marital status			
Married	34.55±7.62	19.47±4.82	15.07±3.46
Single	31.85±7.54	18.00±4.65	13.85±3.43
p*	0.013	0.031	0.014
Childbearing status			
There is	34.51±7.45	19.48±4.70	15.03±3.39
No	32.13±8.16	18.05±5.06	14.07±3.73
p*	0.025	0.033	0.049
Number of children*			
A child	35.52±6.60	20.20±3.92	15.32±3.18
Two children	35.43±6.87	19.99±4.25	15.44±3.11
Three children and above	33.35±8.08	18.80±5.23	14.55±3.66
p**	0.110	0.146	0.162
Presence of chronic disease			
There is	35.80±7.71	18.65±4.60	15.63±3.32
No	33.05±7.50	20.16±5.04	14.40±3.50
p*	0.004	0.120	0.004
Duration of smoking			
< 10 years	33.86±8.31	19.17±4.79	14.69±3.90
≥ 10 years	34.00±7.42	19.15±4.83	14.85±3.32
p*	0.885	0.973	0.716
Amount of cigarette smoking			
< 10 pcs/day	36.61±7.81	20.97±4.83	15.63±3.54
≥ 10 pcs/day	32.73±7.30	18.30±4.57	14.42±3.40
p*	<0.001	<0.001	0.006
Previous experience of quitting smoking			
Yes	36.55±6.93	20.69±4.56	15.85±3.05
No.	30.79±7.35	17.26±4.45	13.52±3.57
p*	<0.001	<0.001	<0.001
Previous professional support to quit smoking			
Yes	35.64±7.75	20.02±5.13	15.61±3.39
No.	33.68±7.63	19.01±4.75	14.67±3.49
p*	0.127	0.209	0.105
Longest period of smoking cessation			
Less than 1 month	33.24±6.39	18.64±4.68	14.60±3.25
1 month to 1 year	37.10±6.56	20.98±4.33	16.12±2.81
More than 1 year	37.52±9.00	21.70±5.28	15.82±4.05
p**	0.029 ^{de}	0.050 ^{de}	0.076
Previous recommendation to quit smoking by a physician			
Yes	35.29±7.05	19.72±4.72	15.56±2.94
No.	32.75±8.15	18.87±4.80	13.88±4.01
I don't remember	30.36±7.90	16.86±4.77	13.50±3.49
p**	0.025 ^{gh} 0.003 ^{gi}	0.007 ^{gi}	<0.001 ^{gh} 0.007 ^{gi}
Nicotine dependence level (Fagerström score)			
Low-moderate dependency (<6 points)	35.38±7.77	20.19±4.83	15.18±3.67
High level of dependency (≥6 points)	31.96±7.08	17.68±4.41	14.28±3.15
p**	<0.001	<0.001	0.029

*Student T test was used ** One-Way ANOVA test was applied. When there was significance in the One-WayAnova test, significance was evaluated with the post hocTukey test.

pxy = significant between x and y options

SCSPS: Smoking Cessation Success Prediction scale

This study, in which the prediction of smoking cessation success of patients who applied to a family health center for any reason was examined with a measurement tool with proven validity and reliability, is important because it is one of the rare studies conducted in primary care.

Factors affecting smoking cessation success in our study were gender, age, marital status, having children, nicotine dependence level, having tried to quit smoking before and receiving smoking cessation advice from a physician.

There are different results in the literature regarding the

effect of gender on smoking cessation success. While some studies reported that men could quit smoking more easily, some studies showed that there was no difference according to gender (18,19,20). In our study, it is predicted that women may quit smoking more easily than men. This is only a prediction and in other studies, smoking cessation for at least one year in smoking cessation outpatient clinics is considered as success (18,19,20). Successful smoking cessation rates between men and women may vary according to the sociocultural environment and the time and place of the study (21).

Age is an effective factor in smoking cessation success. Previous studies have also shown that success in smoking cessation is directly proportional to age (21,22,23). Since the duration of smoking increases with age, the fact that the patient starts to feel the negative effects of smoking more especially after the age of 45 may be a source of motivation to quit smoking.

A physician's advice to quit smoking increases the success of smoking cessation (10,24). In our study, approximately six out of every 10 people remembered having been advised by a physician to quit smoking and it is predicted that those who received advice would have a higher quit success rate. In the tobacco dependence treatment guideline, it is a strong recommendation that healthcare professionals should give brief tobacco control advice ranging from 30 seconds to 3 minutes while providing any healthcare service (3). Therefore, it is a remarkable result that there were missed opportunities for some patients.

In our study, approximately 15% of the patients stated that they received professional help for smoking cessation. Öztürk et al. also found that 15% of research assistant physicians received professional help to quit smoking (25). According to WHO data, more than 60% of tobacco users want to quit, but 70% cannot access effective cessation services (3). We think that family physicians informing their patients about smoking cessation centers and identifying and directing patients who are likely to quit will increase the success rates in smoking cessation centers.

In our study, it was determined that the prediction of smoking cessation success of patients applying to the Family Health Center did not show a significant difference according to education level, employment status, income status, number of children, duration of smoking, status of receiving professional support to quit smoking before and presence of chronic disease. There are studies in the literature showing that smoking cessation success is not affected by education (20,26). Regarding the effect of chronic disease status on smoking cessation success, there are studies showing that those with chronic disease quit smoking more easily and their success is high (27,28), as well as studies showing that it has no effect (26,29). In support of our study, there are studies showing that smoking cessation success is not affected by smoking duration (30,31). Smoking cessation success is affected by many factors and the reason for the difference in study results may be due to the fact that they were conducted in different populations and in different places.

In our study, it was predicted that smoking cessation success would decrease as the level of nicotine dependence increased. In the literature, there are studies that support this result (32,33), as well as studies that found that smoking cessation success was not affected by the level of addiction (12,31).

There are studies similar to ours and they were studied with different groups like COVID infections (34,35), like chronic lung disease (36,37), like pregnant women (38) and at Smoking Cessation Clinic (39). All these studies show that motivational interviewing is very effective on quitting smoking.

The limitation of our study is that it was conducted in a single family medicine unit and it is recommended that it be conducted in different regions and in larger sample groups in order to generalize it to the population. In addition, investigating the actual success rates of patients who are predicted to have high smoking cessation success after receiving professional support will support the scale to be more recommended in primary care practice.

CONCLUSION

The results of our study showed that the smoking cessation success prediction scores of patients who applied to the primary care center were at an intermediate level, but predicted that patients who were previously advised to quit by a physician would have a higher smoking cessation success. Combating tobacco addiction is a serious public health problem that many stakeholders should act together. Among these stakeholders, family physicians, who are in the group of healthcare professionals, have an important place in the fight against tobacco addiction as they are the first point of contact with the patient and provide continuous care. Determining the addiction level and smoking cessation success prediction of a patient who applies to primary care and smokes will both encourage the patient to quit and provide an opportunity to receive professional help. It is recommended that more studies should be conducted on combating tobacco addiction in primary care and family physicians should take a more active role in the fight against tobacco.

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REFERENCES

1. World Health Organization. Tobacco. [19.11.2024]. Available from: https://www.who.int/health-topics/tobacco#tab=tab_1
2. World Health Organization. Estimate of current tobacco use prevalence. [20.11.2024]. Available from: <https://www.who.int/>

- data/gho/data/themes/topics/sdg-target-3_a-tobacco-control
3. World Health Organization. Releases first-ever clinical treatment guideline for tobacco cessation in adults. [19.11.2024]. Available from: <https://www.who.int/news/item/02-07-2024-who-releases-first-ever-clinical-treatment-guideline-for-tobacco-cessation-in-adults>
 4. Critchley J, Capewell S. Smoking cessation for the secondary prevention of coronary heart disease. *Cochrane Database Syst Rev*. 2004;(1):CD003041. doi: 10.1002/14651858.
 5. Matulewicz RS, Sherman S, Bjurlin MA. Smoking Cessation and Cancer Survivorship. *JAMA*. 2020;13;324(14):1475. doi: 10.1001/jama.2020.16277.
 6. Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. A clinical practice guideline for treating tobacco use and dependence: 2008 update. A U.S. Public Health Service report. *Am J Prev Med*. 2008;35(2):158-76. doi: 10.1016/j.amepre.2008.04.009.
 7. Verbiest M, Brakema E, Van der Kleij R, et al. National guidelines for smoking cessation in primary care: A literature review and evidence analysis. *NPJ Prim Care Respir Med*. 2017;20;27(1):2. doi: 10.1038/s41533-016-0004-8.
 8. West R, McNeill A, Raw M. Smoking cessation guidelines for health professionals: An update. *Health Education Authority. Thorax*. 2000;55(12):987-99. doi: 10.1136/thorax.55.12.987.
 9. Bardak F, Demir İ, Dinar C, et al. Farklı Değişim Aşamalarına Göre, Sigara İçme Davranışı ve Psikolojik Değişkenler Arasındaki İlişkinin İncelenmesi. *Bağımlılık Dergisi*. 2016;17(4):152-63.
 10. Fidan F, Pala E, Ünlü M, et al. Sigara bırakmayı etkileyen faktörler ve uygulanan tedavilerin başarı oranları. *Kocatepe Tıp Dergisi*. 2005;6(3):27-34.
 11. Aydemir Y, Doğu Ö, Dede C, et al. Sigara Bırakma Başarısı Öngörü Ölçeği: Geliştirme ve Geçerlik, Güvenlilik Çalışması. *Addicta: The Turkish Journal on Addictions*. 2019;6(2): 387-402. doi:10.15805/addicta.2019.6.2.0022
 12. Berkeşoğlu Ç, Özgür ES, Demir AU. Sigara bırakma başarısını etkileyen faktörler. *Mersin Üniversitesi Sağlık Bilimleri Dergisi*. 2018;11(3):355-65. doi:10.26559/mersinsbd.473902
 13. Tütün Kontrolü Strateji Belgesi ve Eylem Planı 2018-2023. [25.11.2024]. Available from: <https://ika.org.tr/assets/upload/dosyalar/tutun-kontrolu-strateji-belgesi-ve-eylem-planı2018-2023.pdf>
 14. Sample Size Calculator Find Out The Sample Size. [25.11.2024]. Available from: <https://www.calculator.net/sample-size-calculator.html?type=1&cl=95&ci=5&pp=32&ps=2276&x=Calculate>
 15. Fagerstrom KO, Schneider NG. Measuring nicotine dependence: a review of the Fagerstrom Tolerance Questionnaire. *J Behav Med*. 1989;12(2):159-82. doi: 10.1007/BF00846549.
 16. Uysal MA, Kadakal F, Karşıdağ Ç, et al. Fagerstrom test for nicotine dependence: Reliability in a Turkish sample and factor analysis. *Tüberk Toraks*. 2004;(52):115-21.
 17. Peng Y, Zhu Q, Wang B, et al. A cross-sectional study on interference control: age affects reactive control but not proactive control. *PeerJ*. 2020;(27);8:e8365. doi: 10.7717/peerj.8365.
 18. Demir T, Tutluoğlu B, Koç N, et al. Sigara bırakma polikliniğimizin bir yıllık izlem sonuçları. *Tüberküloz ve Toraks Dergisi* 2004;(52):63-8.
 19. Renaud JM, Halpern MT. Clinical management of smoking cessation: Patient factors affecting a reward-based approach. *Patient Prefer Adherence*. 2010;10(4):441-50. doi: 10.2147/PPA.S8913.
 20. Salepçi B, Fidan A, Oruç Ö, et al. Sigara bırakma polikliniğimizde başarı oranları ve başarıda etkili faktörler. *Tur Toraks Derg*. 2005;(6):151-8.
 21. Luu NM, Tran TTH, Luong NK, et al. Smoking Cessation, Quit Attempts and Predictive Factors among Vietnamese Adults in 2020. *Asian Pac J Cancer Prev*. 2023;1;24(5):1701-10. doi: 10.31557/APJCP.2023.24.5.1701.
 22. Asi E, Gözüm S. Tütün Ürünlerine Yönelik Oluşturulan Politikalara Verilen Tepkiler ve Türkiye'deki Karşılığı. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*. 2020;23(2):319-30. doi: 10.17049/ataunihem.616471.
 23. Kutluk T. Tütün Kontrolü müdahalelerin Etkin Uygulanması: Ulusal ve Uluslararası Tütün Kontrol Programları. Erdöl C, Ergüder T, editörler. *Tütün ve Tütün Ürünlerinin Kullanımının Önlenmesi, Kontrolü ve Tedavisi*. 1. Baskı. Ankara: Sağlık Bilimleri Üniversitesi Yayınları. 2021;61-8.
 24. Bozkurt N, Bozkurt Aİ, Erdoğan A. Sigara bırakma/bıraktırmada en önemli sorun ne? *Akd Med J*. 2020;6(3):430-8. doi: 10.17954/amj.2020.2373
 25. Ozturk O, Ozturk G, Yazicioglu B, et al. Smoking frequency, cessation knowledge; attitudes and beliefs among internal and surgery residents. *J Exp Clin Med*. 2015; 32(4): 171-5. doi: 10.5835/jecm.omu.32.04.006
 26. Argüder E, Karalezli A, Hezer H, et al. Sigara bırakma başarısını etkileyen faktörler. *Türk Toraks Dergisi*. 2013;14(3):81-7. doi: 10.5152/ttd.2013.18
 27. De Lemos JA, Blazing MA, Wiviott SD, et al. Early intensive vs a delayed conservative simvastatin strategy in patients with acute coronary syndromes: phase Z of the A to Z trial. *JAMA*. 2004;15;292(11):1307-16. doi: 10.1001/jama.292.11.1307
 28. Ezzati M, Henley SJ, Lopez AD, et al. Role of smoking in global and regional cancer epidemiology: current patterns and data needs. *Int J Cancer*. 2005;10;116(6):963-71. doi: 10.1002/ijc.21100.
 29. Önen ZP, Şen E, Gülbay BE, et al. Kardiyopulmoner hastalığı olanlarda sigaranın bırakılması. *Anatolian Journal of Cardiology / Anadolu Kardiyoloji Dergisi*. 2011;11(3).
 30. Altın AÖ. Sigara Bırakma Polikliniğine Başvuran Hastalarda Sigara Bırakma Başarısını Etkileyen Faktörlerin Saptanması. İzmir. (dissertation). T.C. Dokuz Eylül Üniversitesi Tıp Fakültesi; 2019
 31. Hoş B. Sigara Bırakma Polikliniği'ne Başvuran Hastaların Sigara Bırakma Başarı Öngörülerinin Belirlenmesi. İstanbul. (dissertation). T.C. Sağlık Bakanlığı Sağlık Bilimleri Üniversitesi Hamidiye Uluslararası Tıp Fakültesi Kartal Dr. Lütfi Kırdar Şehir Hastanesi; 2021
 32. Breslau N, Peterson EL. Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences. *Am J Public Health*. 1996;86(2):214-20. doi: 10.2105/ajph.86.2.214.
 33. Kanatsız B, Başlılar Ş, Şaylan B, et al. Sigara Bırakma Başarısını Etkileyen Faktörler ve Medikal Tedavilerin Değerlendirilmesi. *Euras J Fam Med*. 2017;6(2):65-71.
 34. Ergüden B, Aslan Y. Covid-19 Pandemisinin Yetişkin Bireylerde Sigara Bırakma Başarı Öngörüsü Üzerindeki Etkisinin Değerlendirilmesi. İnönü Üniversitesi Sağlık Hizmetleri Meslek Yüksekokulu Dergisi. 2024;12(1):118-34. doi: 10.33715/inonusaglik.1378070
 35. Kaya F, Tiryaki D, H, Selçuk E, B, et al. COVID-19 Pandemic and Motivation to Smoking Cessation *Journal of MTU*. 2024;3(1):14-21. doi: 10.58651/jomtu.1446249
 36. Bardakcı M, I, Sumerkan M, Albayrak Ayhan G, et al. Comparison of Smoking Cessation Outcomes in Smokers With Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Asthma, and Healthy Smokers: A Prospective Study of 400 Participants.

- Cureus 2024;16(12): e75095. doi:10.7759/cureus.75095
37. Fan M, Fang Y, J, Chen J, et al. Investigation of Smoking Cessation Status and Its Influencing Factors in Patients with Chronic Obstructive Pulmonary Disease. International Journal of Chronic Obstructive Pulmonary Disease 2024;(19):2763–73 doi:10.2147/COPD.5482234
38. Mitta K, Tsakiridis I, Drizou S, et al. Smoking Status in Pregnancy: A Retrospective Analysis in Northern Greece. J. Clin. Med. 2025; (14); 431. doi:10.3390/jcm14020431
39. Öztürk O, Yavuz E, Özdemir M, et al. Bir Aile Sağlığı Merkezi Bünyesinde Kurulan Sigara Bıraktırma Kliniğine Müracaat Eden Bireylerin Analizi. Bağımlılık Dergisi, 2023; 24(4):507-13 doi: 10.51982/bagimli.1264049