

The potential impact of smoking interventions on HLY in France

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REVES, Edinburgh 28-30 May 2014



Background and aim

- Tobacco is leading cause of mortality and there is increasing evidence that smoking is also associated with disability
- Increasing disability-free life expectancy (DFLE) is among the main priorities of national and European public health policy
 - The European Union is targeting a two-year increase in Healthy Life Years (HLY) by 2020
- The aim of this presentation is to assess the loss in HLY at age 15 in France due to smoking, and the gains that could be achieved under different smoking control scenarios



Data: primary data source

Health Barometer (Baromètre Santé, BS)

- Two stage random sample non-institutionalized population
- Telephone interview (CATI)
- BS 2005: 12-75 years, N = 30514 (57.9%)
- BS 2010: 15-85 years, N = 27653 (61%)
- BS 2010: % starting and % quitting by age and gender
- BS 2010: % disabled GALI indicator (= health measure HLY)
- BS 2010: OR smoking -> disability
- BS 2005 & BS 2010: % re-starters by age and gender



Other data sources

- Eurohex:
- Mortality and population counts, 2010, by age and gender
- DYNAMO-HIA database
- RR smoking to mortality (former smokers by time since quitting)



Methods: generation input data

- Reconstruction of smoking start, quit and restart probabilities
- Start: BS 2010: age starting to smoke regularly (or: age first cigarette)
- Quit: BS 2010: age when persons quitted smoking
- Restart: life table calculation based on % current and former smokers in BS 2005 and BS 2010, yearly mortality and quit probabilities by age
- OR linking smoking to GALI prevalence
- Corrected for marital status, education, BMI, alcohol consumption and age
- By gender and former smokers by time since quitting



DYNAMO-HIA tool

Reference scenario

Description of business as usual situation: demographic, epidemiological and risk factor exposure

Intervention scenario

Changed risk factor exposure: changed prevalence and/or changed risk factor transition rates

DYNAMO-HIA

Estimation of change in large set of health outcomes: comparison reference and intervention scenario



DYNAMO-HIA: behind the scenes

Standard causal pathway in epidemiology



- Markov modeling framework
 - Explicit risk factor states
 - Disease states: incidence, prevalence, mortality
 - Competing risks are taken into account
- Technical realization
 - Discrete time frame using a multi state model (disease process)
 - Dynamic micro simulation (risk factor)



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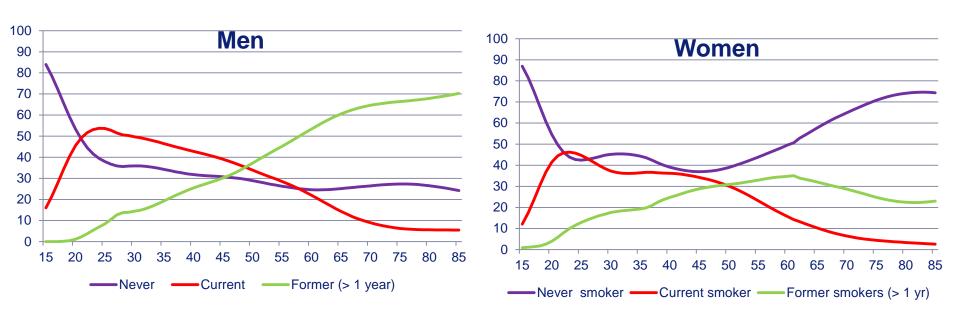


Methods: effect smoking on HLY

- DYNAMO-HIA tool (http://www.dynamo-hia.eu/)
- Release 2: DFLE as outcome
- Reference (=BAU) vs. scenarios with changed smoking transitions (start, quit, restart)
- Direct modelling effect smoking on mortality (using RR) and disability (using OR)
- DFLE with Sullivan method (cohort and period by future year)



Percentage current, former and never smokers

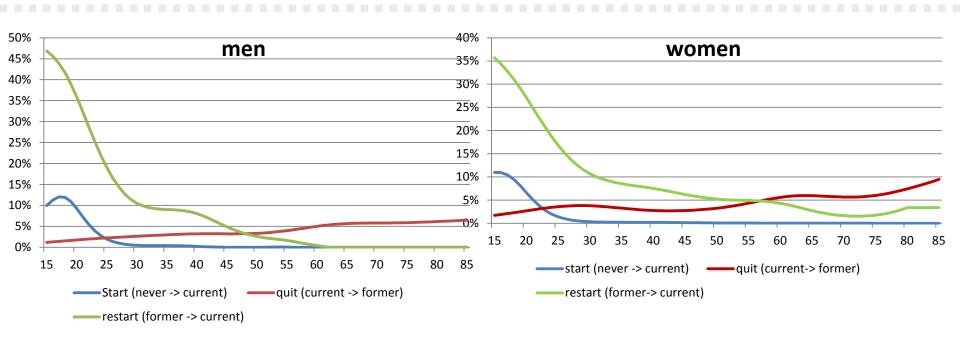


Own calculations : Based on Baromètre Santé 2010

Current smoker is including those stopped less than 1 year



Smoking: start, quit and restart percentages



Own calculations: Based on Baromètre Santé 2005 and 2010



OR and RR

| | OR smoking -> disability | OR former smokers 20 year quitting (all ages) |
|-------|--------------------------|---|
| Men | 1.58 | 1.23 |
| Women | 1.43 | 1.34 |

Own calculations : Based on Barometer Santé 2010

| | RR smoking -> all cause mortality | RR former smokers 20 year quitting (age 50) | |
|-------|-----------------------------------|---|------|
| Men | 2.07 | 1.02 | 1.33 |
| Women | 1.77 | 1.01 | 1.23 |

DYNAMO-HIA database

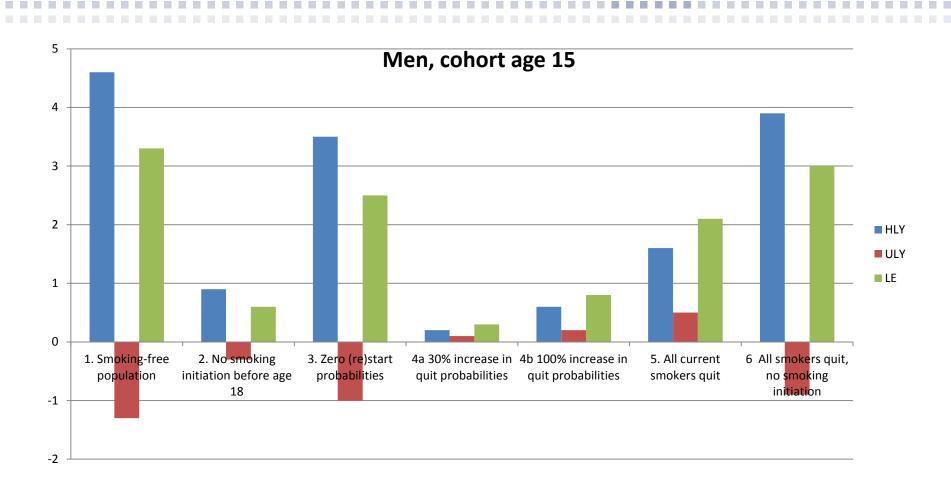


Scenarios

| Scenario | Relevance |
|--|--|
| 1. Smoking-free population | Loss due to smoking |
| 2. No smoking initiation before age 18 | Max. gain by increasing minimum smoking initiation age to 18 years |
| 3. Zero (re)start probabilities | Max. gain by smoking initiation interventions |
| 4a. 30% increase in quit probabilities4b. 100% increase in quit probabilities | Effect of GP/nurse advice on smoking cessation Effect of group therapy smoking cessation (adults), TABADO intervention (adolescents) |
| 5. All current smokers quit | Max. gain by smoking cessation interventions |
| 6 All smokers quit, no smoking initiation | Max. effect future interventioins |

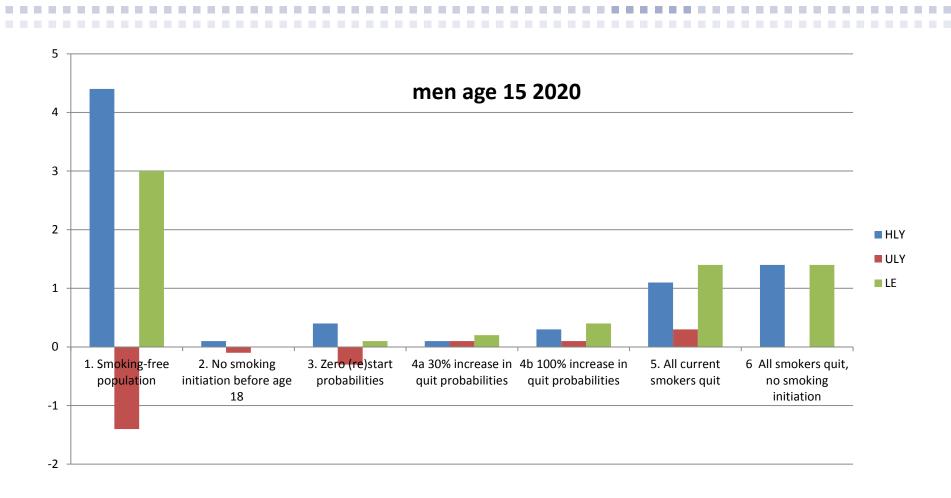


Scenarios (remaining life course)



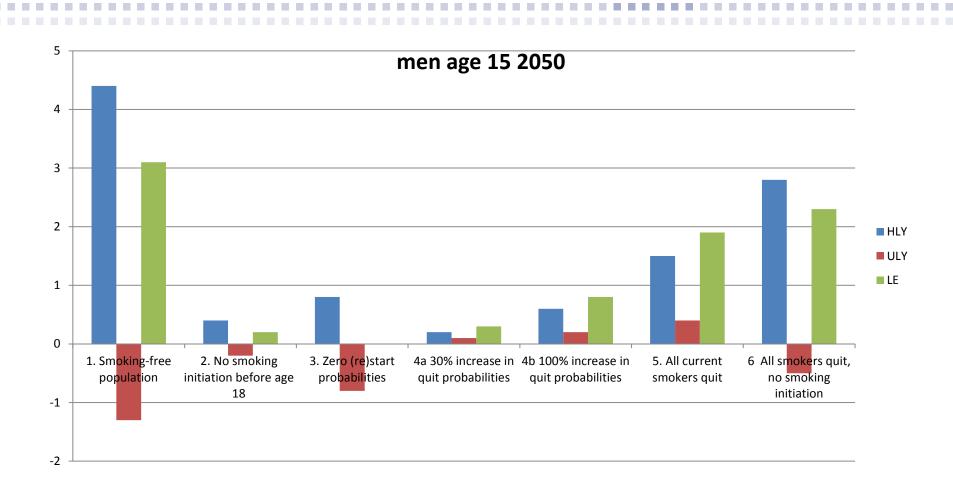


Scenarios (in 10 years)





Scenarios (in 40 years)





Conclusions

- Smoking yields large losses in terms of HLY and total LE
 - 15-year old men loose almost 4.5 HLY; women almost 3.5 HLY
- Most gains can be achieved by not starting
 - remaining life time: almost 3.5 HLY can be gained in 15 year old men, 2.5 years in 25 year old women
 - but takes a long time
- Substantial, but smaller gains by quitting (men 1.5, women 0.8 years)
 - More ULY ?
- Realistic interventions targeting smoking cessation and smoking initiation have small effects on HLY and take time to show effects



Discussion

- Limited data for start, quit and restart %
- Restart % reconstructed
 - Young ages high restart, but small group of former smokers
- OR disability past smokers
 - Could be reverse causation
 - Causality to be confirmed in other studies
 - Suggestion that quitting interventions rise ULY, but this depends on OR
 - -> more research needed



Acknowledgements

- This work was funded by the Caisse Nationale de Solidarité de Autonomie (CNSA) and the European Commission.
- We thank the JA EHLEIS core group and colleagues at INED for their valuable input.

Cohort life expectancy with and without disability

at age 15







Erasmus MC

Cross-sectional life expectancy with and without disability (Sullivan Method)

2030, at age 15

years



■ without disability ■ with disability

Cross-sectional life expectancy with and without disability (Sullivan Method)

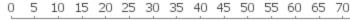
2050, at age 15

years

Cross-sectional life expectancy with and without disability (Sullivan Method)

2030, at age 15







No

■ without disability ■ with disability

■ without disability
■ with disability

us MC zafung