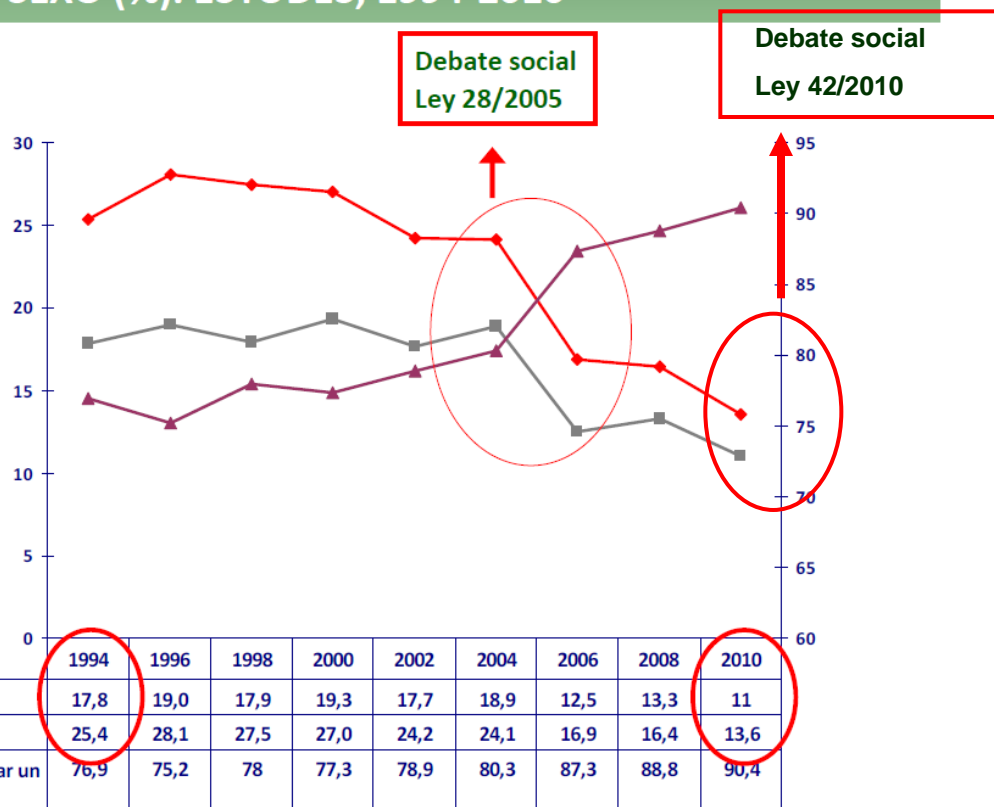


La prevalencia en adolescentes disminuye con los debates sociales de las leyes del tabaco (2005 y 2010)

Evolución de la prevalencia de consumo diario de TABACO, SEGÚN SEXO (%). ESTUDES, 1994-2010

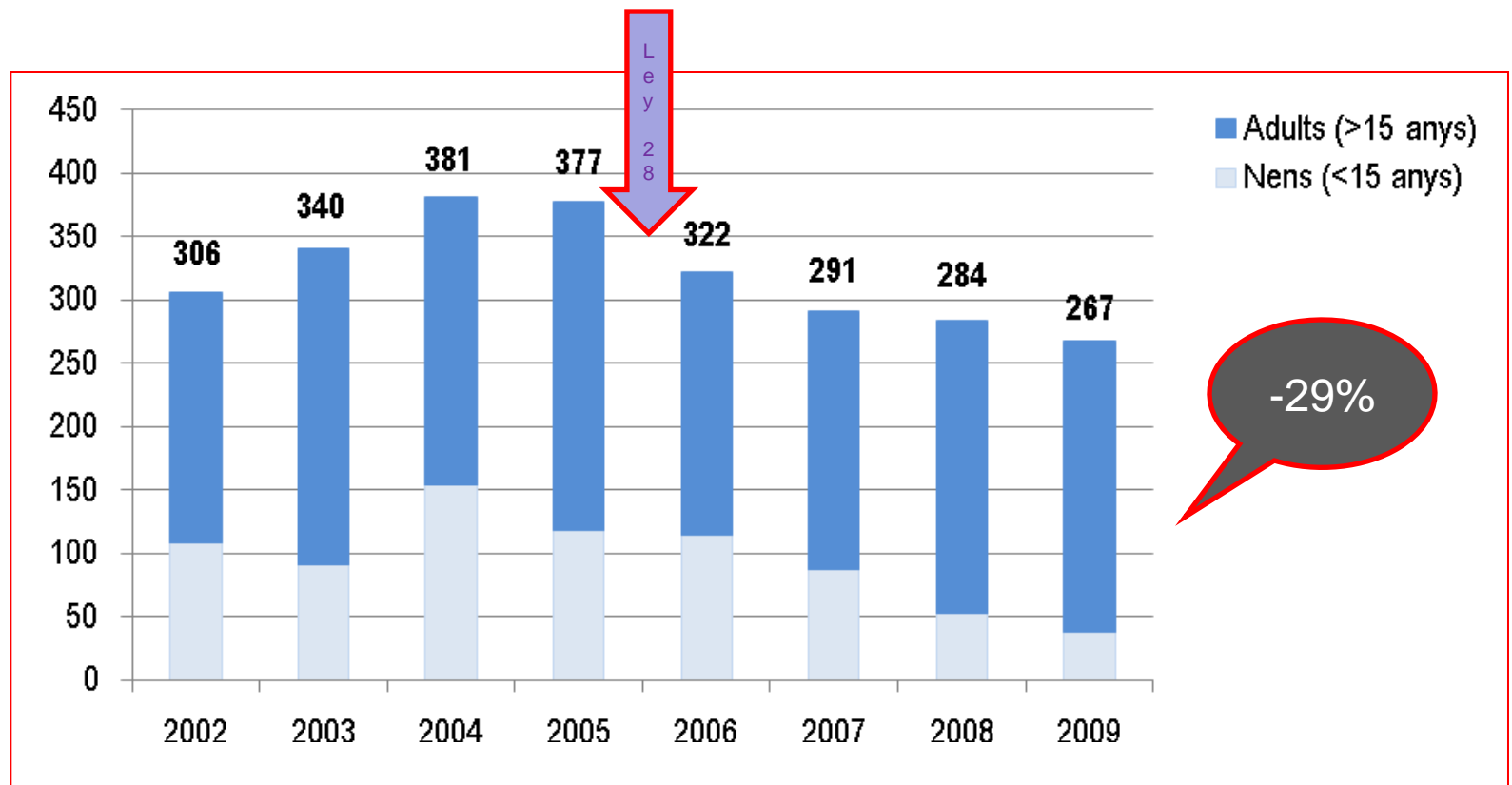
→ El consumo está más extendido entre las mujeres (13,6% fuma diariamente) que entre los hombres (11%).



Hospitalizaciones por asma bronquial.

Población adulta y pobl. Infantil.

Región Sanitaria Tarragona. Periodo 2002-2009



Fuente: Registro del Conjunto Mínimo Básico de Datos del Alta Hospitalària (CMBDAH). CatSalut-Tarragona. Departament de Salut

Circulation

Epidemiology and Prevention

Association Between Smoke-Free Legislation and Hospitalizations for Cardiac, Cerebrovascular, and Respiratory Diseases

A Meta-Analysis

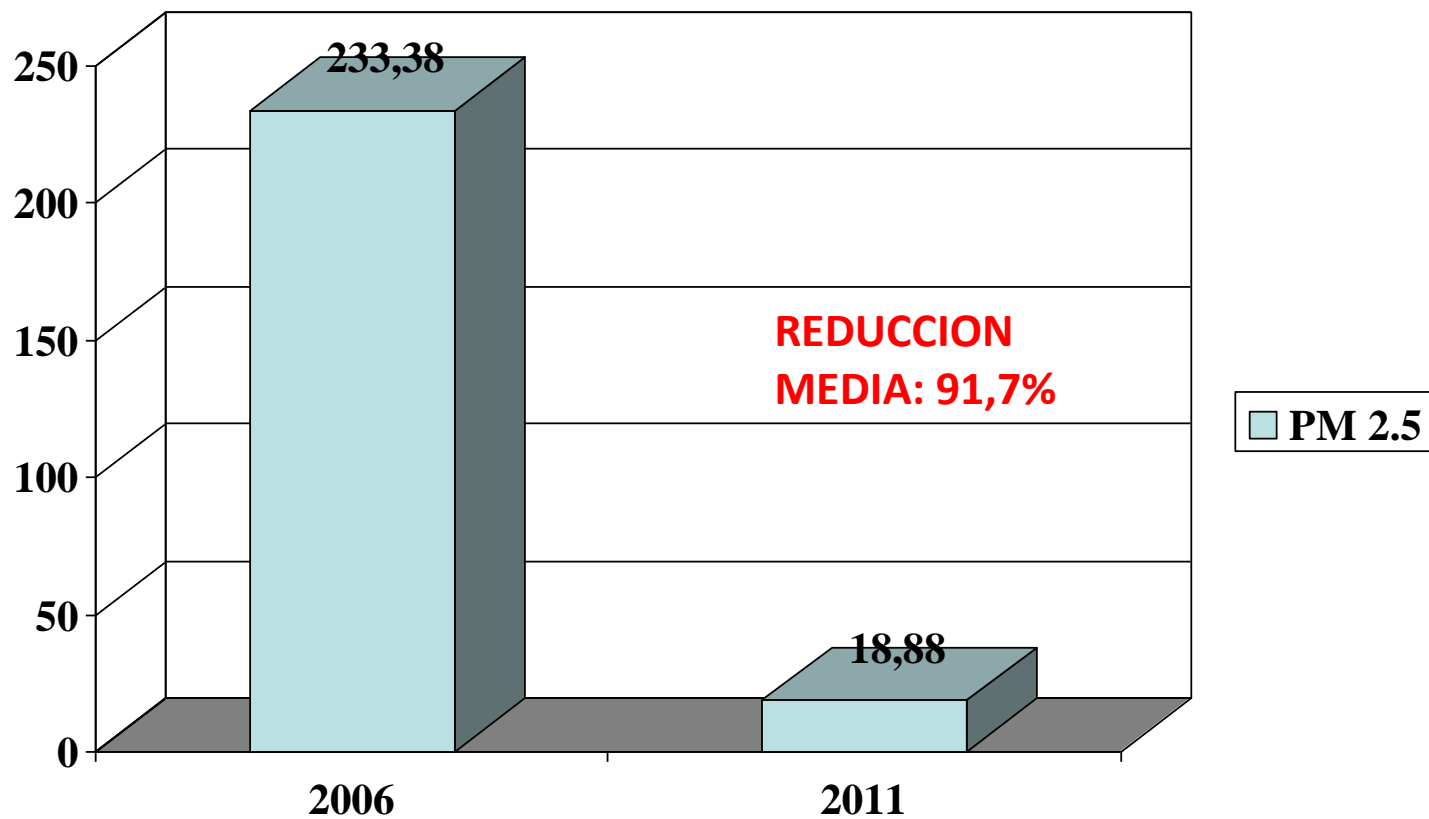
Crystal E. Tan, MS; Stanton A. Glantz, PhD

Background—Secondhand smoke causes cardiovascular and respiratory disease. Smoke-free legislation is associated with a lower risk of hospitalization and death from these diseases.

Methods and Results—Random-effects meta-analysis was conducted by law comprehensiveness to determine the relationship between smoke-free legislation and hospital admission or death from cardiac, cerebrovascular, and respiratory diseases. Studies were identified by using a systematic search for studies published before November 30, 2011 with the use of the Science Citation Index, Google Scholar, PubMed, and Embase and references in identified articles. Change in hospital admissions (or deaths) in the presence of a smoke-free law, duration of follow-up, and law comprehensiveness (workplaces only; workplaces and restaurants; or workplaces, restaurants, and bars) were recorded. Forty-five studies of 33 smoke-free laws with median follow-up of 24 months (range, 2–57 months) were included. Comprehensive smoke-free legislation was associated with significantly lower rates of hospital admissions (or deaths) for all 4 diagnostic groups: coronary events (relative risk, 0.848; 95% confidence interval 0.816–0.881), other heart disease (relative risk, 0.610; 95% confidence interval, 0.440–0.847), cerebrovascular accidents (relative risk, 0.840; 95% confidence interval, 0.753–0.936), and respiratory disease (relative risk, 0.760; 95% confidence interval, 0.682–0.846). The difference in risk following comprehensive smoke-free laws does not change with longer follow-up. More comprehensive laws were associated with larger changes in risk.

Conclusions—Smoke-free legislation was associated with a lower risk of smoking-related cardiac, cerebrovascular, and respiratory diseases, with more comprehensive laws associated with greater changes in risk. (*Circulation*. 2012;126: 2177-2183.)

IMPACTO LEY TABACO 2010 EN CONTAMINACION DE LOCALES DE HOSTE N=178)



SITUACIÓN ACTUAL

Indicadores Cartera de Servicios AP 2011

	ENERO	DICIEMBRE	Año Anterior Diciembre
% fumadores incluidos en programa con abandono del hábito tabáquico en el periodo	8,79	2,9	14
% EAPs con cobertura de educación grupal de deshabituación tabáquica	8,24	28,24	41,18
Porcentaje de pacientes EPOC fumadores	39,57	38,01	39,02

Indicadores OMI-AP

PACIENTES CON REGISTRO DE FUMADOR EN SU HISTORIA EN LA ULTIMA GRABACION DEL DATO "FUMADOR" QUE HAN RECIBIDO CONSEJO ANTITABACO EN 2012		PACIENTES CON ALGUN REGISTRO DE FUMADOR EN SU HISTORIA
AREA	PACIENTES	PACIENTES
01-JARRIO	639	5.197
02-CANGAS	199	2.069
03-AVILES	1.780	16.050
04-OVIEDO	3.120	39.500
05-GIJON	2.730	32.513
06-ARRIONDAS	556	6.837
07-MIERES	1.156	10.673
08-LANGREO	1.026	11.392
TOTAL	11.206	124.231

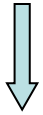
Indicadores OMI-AP

PACIENTES CON REGISTRO DE FUMADOR EN SU HISTORIA QUE ACUDEN A TERAPIA GRUPAL EN 2012

AREA	PACIENTES
01-JARRIO	10
02-CANGAS	8
03-AVILES	141
04-OVIEDO	25
05-GIJON	3
06-ARRIONDAS	0
07-MIERES	51
08-LANGREO	0
TOTAL	238

PROGRAMA DE TABACO

ATENCIÓN PRIMARIA



1) FORMACIÓN DE PROFESIONALES

2) CONSEJO BREVE

3) TERAPIA INDIVIDUALIZADA

4) TERAPIA GRUPAL

5) UNIDAD ESPECIALIZADA

ATENCIÓN ESPECIALIZADA



RED EUROPEA HOSPITALES SIN HUMO

RED EUROPEA HOSPITALES SIN HUMO

MIEMBROS ACTUALES:

1. HOSPITAL DE JARRIO
2. HOSPITAL CANGAS DEL NARCEA
3. HOSPITAL SAN AGUSTÍN
4. HUCA
5. MONTE NARANCO

COORDINADOR: DR. JOSE LUIS ALCAZAR

