

# Mental Illness and Smoking Cessation: What Works

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# Tobacco Dependence and Mental Illness

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- **Common and Deadly**
- **Need to Address Human Rights Concerns & Self-Medication Orientation**
- **Treatment Works**
  - Medications & Behavioral therapy
  - Treatment Adaptations
- **Need Program & System changes**
  - culture, policy & enforcement, staff training, & funding

# What works for this population

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- ◆ Adapt treatment for specific mental illness and the mental health treatment system
- ◆ Assess motivation and provide Feedback
- ◆ Lead in Engagement Period using Motivational Enhancement Therapy and Harm reduction techniques
- ◆ Medications and behavioral therapy
  - NRT and / or Bupropion & Varenicline?
- ◆ Integrating behavioral therapy for more than 10 weeks
  - CBT / relapse prevention
  - Eclectic blends – SST, ALA, support, educational sessions
  - Contingency Management

# What works for this population II

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- ◆ Follow-up & Brief individual contacts
- ◆ SUPPORT - Community and Group support
  - Peer support
  - Modified NicA
  - Legacy Grant – peer advocacy
- ◆ Multimodal presentation of material
- ◆ Timing and setting is less clear
  - not in acute crisis is probably a good choice

# **Tobacco Use and Cessation in Psychiatric Disorders: National Institute of Mental Health Report**

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- ◆ Schizophrenia, Depression, and Anxiety Disorders
- ◆ Co-Occurring Mental Illness and Addiction

# *Smoking Cessation in Schizophrenia: What Works?*



- ◆ High motivation to quit and lower levels of tobacco dependence at baseline
- ◆ Ability to quit smoking in first week of the trial predicts success at trial endpoint and 6-month follow-up
- ◆ Use of an optimal dose of NRT or Bupropion
- ◆ Minimal prefrontal cortex (PFC)-dependent neuropsychological deficits
- ◆ Concurrent prescription of atypical antipsychotic agents

# Evidence Based Studies in Schizophrenia

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## ◆ Nicotine Replacement Medications

- Nicotine Patch
  - » 5 published studies – no placebo control
  - » Numerous unpublished posters and clinical experience
  - » All supportive
- Nicotine Spray (3 small studies)
- Nicotine Gum (1 small study)
- Nicotine Inhaler and Lozenge: Clinical Experience

## ◆ Bupropion (Zyban)

- 3 Studies – 2 with placebo

## ◆ Behavioral Therapy & Motivational Enhancement Therapy approaches – 7 studies

- Action stage
- Precontemplator, Contemplators, and Preparation Stages

# Tobacco Smoking Effects Some Psychiatric Medication Blood Levels

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- ◆ Smoking induces the P450's 1A2 isoenzyme secondary to the polynuclear aromatic hydrocarbons
- ◆ Smoking increases the metabolism of some medications
  - Haldol, Prolixin, Olanzapine, Clozapine, Mellaril, Thorazine, etc
- ◆ Caffeine is metabolized through 1A2
- ◆ CHECK for medication SE or relapse to mental illness with changes in smoking status
  
- ◆ Nicotine does not change medication blood levels (2D6)
- ◆ NRT doesn't effect medication blood levels
- ◆ Nicotine may modulate cognition, psychiatric symptoms, and medication side effects

# MI with Personalized Feedback Increases motivation to quit at one week and one month:

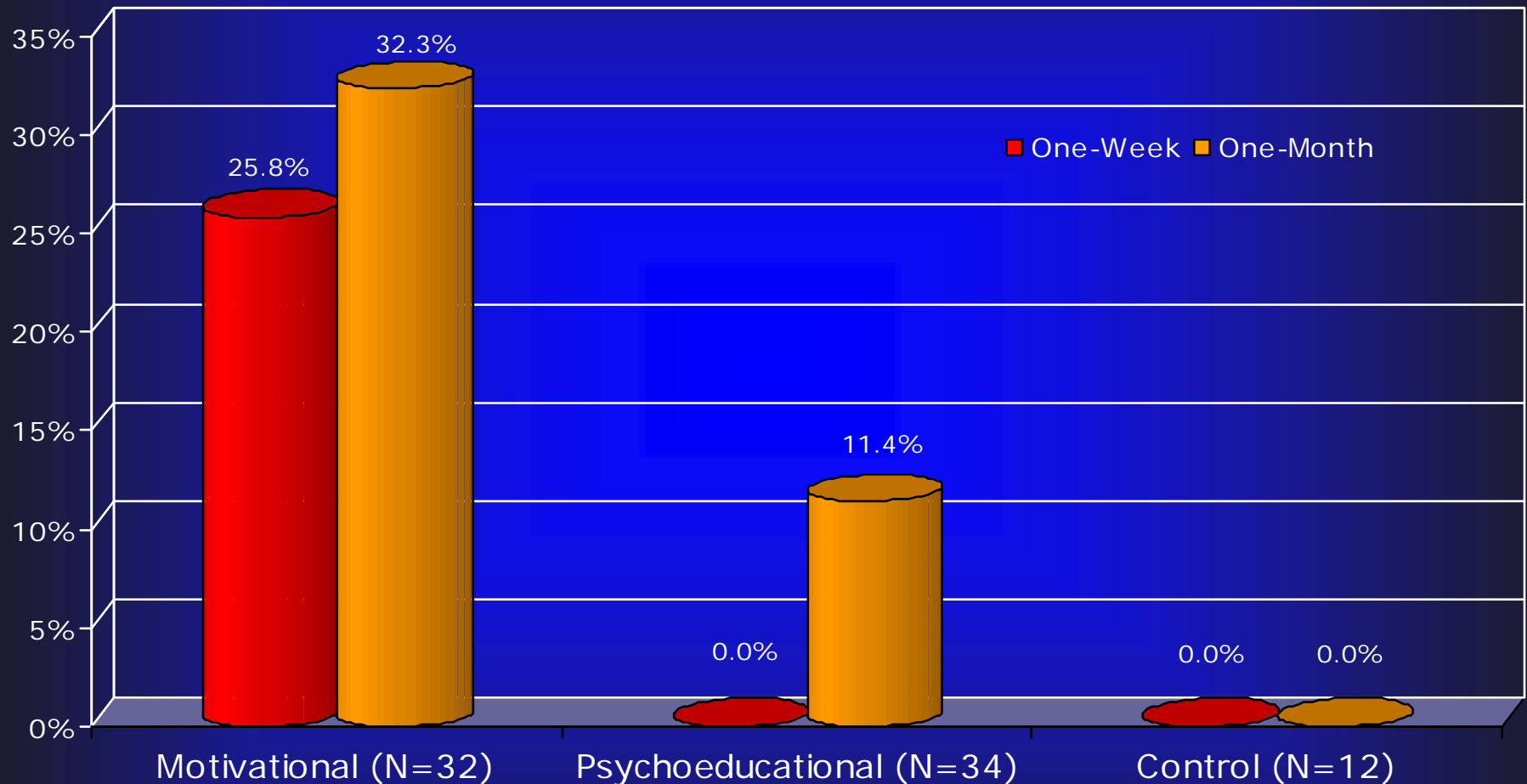


Figure 1. Percentage of participants receiving each intervention following up on referral to tobacco dependence treatment at one-week and one-month post-intervention

# Personalized feedback: what mattered

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- ◆ Carbon Monoxide score and feedback
  - Big impact on patients
  - Short-term benefits to quit
- ◆ Cost of Cigarettes for the year
- ◆ Medical conditions affected by tobacco
- ◆ Links with other substances, relapses, etc

# Healthy Living Groups: Session Topics

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## ◆ Related issues:

- Nutrition
- Physical activity
- Stress management

## ◆ Tobacco specific Sessions:

- information about risks associated with smoking
- What is in a cigarette - benefits of quitting
- Ways to quit smoking
- General lifestyle behaviors to assist in quitting

# DEPRESSION and Smoking Cessation

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- ◆ Past Depression versus Current Depression
- ◆ Add CBT-D to standard smoking cessation treatment helps smokers with a history of recurrent depression
- ◆ 25% of currently depressed outpatient smokers are motivated to quit smoking and accept smoking cessation treatment with formal assistance
- ◆ Only 3 treatment studies targeting smokers with current depression
  - Current smokers also have good outcomes
  - Stepped Care better than brief treatment
  - Bupropion and nortriptyline

# DEPRESSION and Smoking Cessation II

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- ◆ Promising Approaches to Blend:
  - Cognitive therapy
  - Mindfulness meditation therapy
  - Behavioral activation therapy
  - Aerobic exercise
- ◆ Critical to future studies on depression and smoking is better standardization of what is meant by “depression” in these studies.

# Anxiety Disorders and Smoking Cessation

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- ◆ Almost no smoking cessation clinical trials amongst smokers with anxiety disorders
- ◆ 2 studies in smokers with PTSD
  - Bupropion
  - Mental health providers vs medical staff (12% vs 3%, McFall et al)
- ◆ Mental health providers may help
  - therapeutic alliance
  - Patients will return for treatment of their PTSD symptoms
  - relatively cost efficient

# Anxiety Disorders and Smoking Cessation II

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- ◆ Zvolensky and colleagues have developed an integrated treatment protocol for targeting anxiety sensitivity and smoking.
  - CBT panic disorder
  - Evidence-based smoking cessation counseling strategies adapted for panic vulnerable persons
- ◆ Other Promising Options:
  - Intensive treatment approaches
  - Residential smoking cessation programs
  - Pre-cessation nicotine patch treatment
  - Tailored NRT dosing
  - Computer Assisted smoking cessation interventions

# Psychosocial Treatment research

## Issues:

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- ◆ Given cognitive, affective, and motivational features of mental illness – how modify and integrate treatments?
- ◆ What medication platform?
- ◆ What length of time for treatment intervention – number of sessions, length of session, etc ?
- ◆ Adjunct Service versus Integrate into MH?
- ◆ Role for Contingency Management? What rewards?
- ◆ Involvement of significant others - changes to home and / or treatment environment?

# Do Quit Lines or Quit Net Services work for our population?

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- ◆ Not as well – but still refer as an option
- ◆ Disconnect between Tobacco Control and Mental Health & Addiction
- ◆ Would / do they use the internet?
- ◆ How improve quit lines for smokers with serious mental illness? others?

# Abstinence versus Harm Reduction

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- ◆ Abstinence oriented studies: patients are able to reduce the quantity and frequency of use
- ◆ Many Mental Health staff desire to use the harm reduction approaches
- ◆ Few formal studies of either long-term & short-term harm reduction options
- ◆ Clinical harm reduction approaches tried
  - reducing number of cigarettes
  - switching some NRT for some cigarettes
  - Long term NRT maintenance usage
  - behavioral disconnects (not smoke in house, in car, etc)
  - Concern: compensatory change in smoking style to keep same nicotine levels – track biomarkers (CO or cotinine levels)



- ◆ Consumers Helping Others Improve their Condition by Ending Smoking
- ◆ [www.njchoices.org](http://www.njchoices.org)
- ◆ Education and Advocacy & Info on Treatment Resources in NJ
- ◆ Links to MHANJ (Mental Health Association of New Jersey)
- ◆ Legacy Foundation Supported
- ◆ Website, Community Networking, and Quarterly Newsletter

# Have Nicotine Dependence follow the same Principles of Dual Diagnosis Treatment

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- ◆ Integrated Smoking Cessation into mental health treatment
- ◆ Motivation Based Approach
  - match treatment to motivational level
  - Match treatment to status of psychiatric illness (need to learn more about timing of treatments)
  - Examples: “healthy living groups,” contemplation vs action phase specific treatments, Link with MICA treatments, and Nicotine Anonymous
  - Blend medications and Behavioral Therapy
- ◆ Address tobacco across the continuum – levels of care
- ◆ Have a long-term treatment perspective
- ◆ Staff training, policy changes, reimbursement issues, etc