



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# SHOULD I WAIT TO TREAT TOBACCO DEPENDENCE IN MY PATIENT WITH PTSD?

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# SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

# OBJECTIVES

1. To answer the question if stopping smoking will worsen someone's psychiatric symptoms
2. Identify any best practices around treating smoking cessation in context of psychiatric disorders
3. Provide brief update on any advances in the treatment of smoking

# HOW MANY OF YOUR PATIENTS WITH MENTAL HEALTH DISORDERS SMOKE?

- A. <5%
- B. 5-20%
- C. 21-50%
- D. 51-75%
- E. 76-100%

# CASE 1

- 35yo transgender M with chronic pain, and PTSD. He presents with persistent anxiety, interrupted sleep, fatigue, and a raspy voice. He smells like tobacco.
- You have increased his Sertraline to 200mg qday and made a referral for therapy. Her GAD7 is a 13.
- You have about 7 minutes left in the visit.

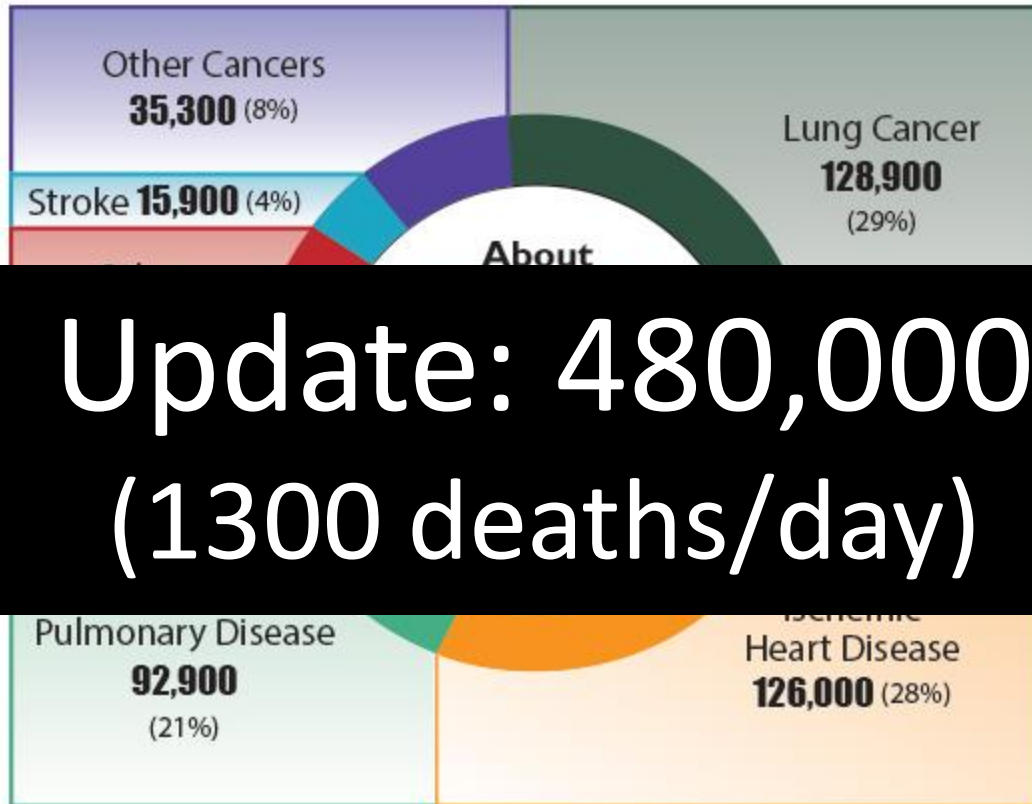
## What would you do next?

- A. Ask her about smoking cessation?
- B. End the visit and try to finish up your note.
- C. Document to self in note to talk about smoking next time.
- D. Not ask her about stopping smoking? (lack of skills, outside of scope, defer to pt, etc.)

# HOW OFTEN DO YOU ADDRESS YOUR PATIENT'S SMOKING?

- A. Never
- B. Not enough
- C. Pretty good
- D. 110%, I am an awesome provider!

# SMOKING IS THE LEADING PREVENTABLE CAUSE OF DEATH IN THE US



CDC: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

- The USPSTF recommends that clinicians **ask** all adults about tobacco use, **advise** them to **stop** using tobacco, and **provide behavioral** interventions and US Food and Drug Administration (FDA)--approved **pharmacotherapy** for cessation to nonpregnant adults who use tobacco.



# YES, BUT...IT HELPS ME [PATIENT]

- Patient barriers

- *When I am here at the Centre [mental health resource centre] most of the smoking that I do is like going outside wi' other people who smoke. It's no because I really want to smoke, it's just more of a case of joining in.*
- *It has a kind of tranquilized feeling, a calming effect. If I've got something on that's stressful, I'll light up, and that seems to pull me together.*
- *I'm a schizophrenic and I start to hear voices and it starts getting bad [if I try to stop smoking]. I start to panic. [Smoking has] helped to keep me together over the past years ... . When I stop [smoking] I'm feart [scared] to get the voices and end up going in and out of the hospital.*

# YES, BUT...IT HELPS ME [PATIENT]

- Patient barriers
  - Smoking embedded in social circles
    - Families
    - Mental health service
  - Smoking has a calming effect and helps them deal with stress of life
    - Loss of important coping strategy
  - Worry that mental health would worsen
  - Stimulant effects helps with sedating meds
  - Habit and addiction
  - It is pleasurable
  - Low confidence
  - Mental health providers did not ask about or encourage cessation

# YES, BUT...I DON'T WANT TO DESTABILIZE THE PATIENT [PROVIDER]

- Perceived Barriers
  - Lack of education/confidence
  - Lack of time
- Negative Attitudes
  - Quitting will make mental health symptoms worse
  - Not a treatment priority (treat alcohol first!)
  - Assume patients not interested (implicit bias-40%)
  - Outside scope of work (20%)
  - It won't work
- Permissive Attitudes
  - Helps them cope
  - Builds relationship to smoke with patients
  - Too much extra work
  - They can decide for themselves

- The USPSTF recommends that clinicians ask all

People who smoke with mental illness are less likely to be offered advice and support to quit than those without mental illness.

Prochaska JJ, Reyes RS, Schroeder SA, Daniels AS, Doederlein A, Bergeson B. An online survey of tobacco use, intentions to quit, and cessation strategies among people living with bipolar disorder. *Bipolar Disord*. 2011 Aug-Sep;13(5-6):466-73. doi: 10.1111/j.1399-5618.2011.00944.x. PMID: 22017216; PMCID: PMC3341941.

Szatkowski L, McNeill A. The delivery of smoking cessation interventions to primary care patients with mental health problems. *Addiction*. 2013 Aug;108(8):1487-94. doi: 10.1111/add.12163. Epub 2013 Mar 27. PMID: 23534846.

# WILL STOPPING SMOKING MAKE THEIR MENTAL HEALTH SYMPTOMS WORSE?

- 2021 Cochrane Review
  - 102 studies, N=169,500 patients
  - America's, Europe, Asia
- Smoking cessation was associated with an *improvement in depression and anxiety* symptoms.
  - Risk or bias, certainty low to moderate
- Smoking cessation associated with *improvement in stress* symptoms
  - More positive feelings
  - Improved mental well being

No!

# FACTS ABOUT MENTAL ILLNESS AND SMOKING

- People with mental illness are just as likely to want to quit as those without
- Improved physical and mental health
- Reduced financial stress
- Reduced side effects of med and dose

Siru R., Hulse G. K., Tait R. J. Assessing motivation to quit smoking in people with mental illness: a review. *Addiction* 2009; 104: 719–33.  
Brose LS, Brown J, McNeill A. Mental health and smoking cessation-a population survey in England. *BMC Med.* 2020;18(1):161.  
Published 2020 Jun 25. doi:10.1186/s12916-020-01617-7

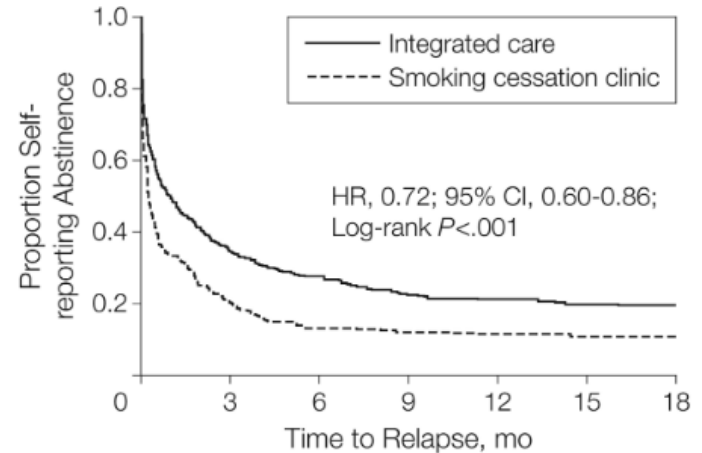
# WHAT ABOUT PTSD?

10 different VA, N-943,  
followed 18 months

- 94% male, White-57%, Black-36%, Age-54
- Integrated smoking and PTSD vs separate treatment options

## • Results

- PTSD symptoms improved in both arms
- Integrated care → better smoking cessation rates



No. at risk	0	3	6	9	12	15	18
Integrated care	361	122	96	76	68	58	1
Smoking cessation clinic	321	63	40	31	26	17	1

**Figure 3. Months to Relapse Following Initial 24-Hour Quit Between Randomization and 18-Month Assessment (n=682)**

McFall M, Saxon AJ, Malte CA, Chow B, Bailey S, Baker DG, Beckham JC, Boardman KD, Carmody TP, Joseph AM, Smith MW, Shih MC, Lu Y, Holodniy M, Lavori PW; CSP 519 Study Team. Integrating tobacco cessation into mental health care for posttraumatic stress disorder: a randomized controlled trial. *JAMA*. 2010 Dec 8;304(22):2485-93.

# CASE 2

- 34yo M with Schizophrenia. Lives at home with parents. Has a job in food service. Last summer decompensated despite Invega and lived on and off the streets. Disorganized thinking. Using cannabis and smoking more. Kept giving away his clothes. Eventually symptoms resolved after starting Olanzapine 4 months later. Smoking 1ppd.



# CASE 2 SCHIZOPHRHENIA, RECENTLY STABILIZED ON OLANZAPINE, 1PPD-CIG

What would you do?

- A. Offer Nicotine Replacement Therapy
- B. Offer Varenicline
- C. Offer Bupropion
- D. Refer to quit line
- E. Allow more time for stabilization

# SMOKING MEDS & NEUROPSYCHIATRIC AE'S

## EAGLES Study

Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial.

Thomas KH, Martin RM, Knipe DW, Higgins JP, Gunnell D  
Lancet. 2016;387(10037):2507. Epub 2016 Apr 22..

- Double blind placebo control, N=
  - ½ had stable MDD, Bipolar, or Anxiety
  - Varenicline vs Bupropion vs NRT vs Placebo
- Results
  - Similar rates of neuropsych adverse events between Varenicline (6.5%), Bupropion (6.7%), Nicotine (5.2%), vs Placebo (4.9%)
- **Bottom-line: ok to use smoking cessation meds in people with psychiatric disorders**

# SCHIZOPHRENIA AND SMOKING CESSATION

Cochrane Review, 34 Trials

– Bupropion: better vs placebo at end of treatment and 6 months

- No significant side effects

– **Varenicline: better vs placebo**

- No significant side effects

– Contingency Management helps

– \*NRT not clearly helpful\*

Tsoi DT, Porwal M, Webster AC. Interventions for smoking cessation and reduction in individuals with schizophrenia. Cochrane Database Syst Rev. 2013 Feb 28;2013(2):CD007253.

# BIPOLAR AND SMOKING CESSATION

Setting: Comm MH Center, Bipolar or Schizophrenia

Intervention: Varenicline + CBT, 52 weeks

- Results at 52 weeks
  - Point-prevalence abstinence rates were **60% in the varenicline** group (24 of 40) vs **19% (9 of 47) in the placebo** group (odds ratio [OR], 6.2; 95% CI, 2.2-19.2;  $P < .001$ )
  - There were no significant treatment effects on psychiatric symptom ratings or psychiatric adverse events.

Evins AE, Cather C, Pratt SA, Pachas GN, Hoepfner SS, Goff DC, Achtyes ED, Ayer D, Schoenfeld DA. Maintenance treatment with varenicline for smoking cessation in patients with schizophrenia and bipolar disorder: a randomized clinical trial. JAMA. 2014 Jan 8;311(2):145-54.

# SMOKING CESSATION MED TAKEAWAYS

- For depression, anxiety, PTSD
  - Use any medication
  
- For Bipolar and Schizophrenia
  - Consider Varenicline as 1<sup>st</sup> line
  - May need to use longer (52 weeks)

# SMOKING AND PSYCH MEDS

- CYP450 enzyme induced by smoking is CYP1A2
  - Common medications that are substrates of this enzyme include:
    - Clozapine
    - Duloxetine
    - Diazepam
    - Haloperidol
    - Mirtazapine
    - Nortriptyline
    - Olanzapine
    - Propranolol
  - Will lower drug concentrations of med

# QUITTING: BEHAVIORAL



- Group or Individual therapy is effective
  - Individual: brief interventions work
  - Group: informational meetings, self-monitoring, tapering instructions, work on coping skills
- Telephone counseling
  - Proactive-calls from counselors to smokers work better
    - 2008 Australian study of GPs n=771
    - 12 month follow-up OR =2.86 (6.5% vs 2.6%)
  - Reactive-calls to quit lines-not better than self-help literature
    - 1-800-QUIT-NOW
    - Have the patient check their insurance plan for specifics
    - <http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit>

# A PLETHORA OF OPTIONS

- **Web-based tools**: useful if tailored to the patient, interactive, and accessed frequently.
- **Text messaging**: personalized support through automated motivational messages.
  - Suggest behavioral changes, feedback, and attempt to link to additional assistance as needed
  - Effective: N=5800, Abstinence at 6 month text group: 10.7% vs control: 4.9%
- **Text2Quit**-available for WA state residents-Free
- **Phone apps**: multiple trials-videos, CBT, development of a CO meter
  - 2019 Cochrane review → No evidence
  - RR 1.00 (CI 0.66-1.52) 5 studies, N=3079
  - 2 apps are available: 2Morrow and VA Coach
- **Self-help**: better than nothing?
  - Not found to be helpful alongside other material-advice or NRT

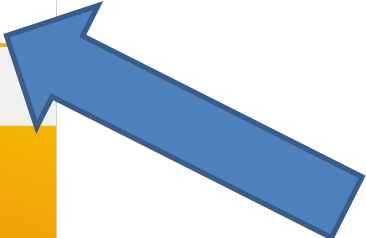




Questions?

Live chat with a Quit Coach® now.

Start Chat



# Ready. Set. Quit.

Let's find a program to help you start living tobacco-free:

Are you currently employed?

Yes

No

Select 'No' if you don't know or would rather not answer.

Parents and Guardians:

Enroll in [Live Vape Free](#) to access resources and tools to talk to your child about the effects of vaping.

## Welcome to a better way to quit.

Using proven techniques tested over 25 years, our program has helped millions of people and it can help you too. Get started today, and connect with 1-on-1 support to beat urges, manage withdrawal symptoms and switch up your habits so you can enjoy life tobacco-free. Check out some of the tools and resources below that may be available to you.

## What to expect

Check out some of the tools and resources that may be available to you.



### Welcome Kit

Get a kit that includes our quit guide to start your quitting plan and make your quit stick.



### Program Website

Follow an Action Plan, track your progress and connect with others who are trying to quit.



### Coaching Calls

Talk with your Quit Coach and work together toward quitting through planned 1-on-1 calls.  
1-800-QUITNOW (1.800.784.8669)



### Email

Get emails and messages with tips and encouragement to fight urges and prevent relapse.



### Chat with a Coach

Get personal support from a quit coach using the live chat feature on your program website.



### Text2Quit<sup>SM</sup>

Receive texts to your phone that can help you quit tobacco for good. Must be 18 or older.

- Engagement is enhanced when patient is directly referred to quit lines
- Free (+extras?) to WA residents
- Quit Coach assigned
- Has materials tailored to pregnancy, American Indian, Alaska Native, LGBTQ
- Quitline available 24/7

# Smokefree Text Messaging Programs

Smokefree.gov offers free text messaging programs that give 24/7 encouragement, advice, and tips for becoming smokefree and being healthier. Find the program that meets your needs. You can sign up or opt-out at any time.



## Quit for Good



### SmokefreeTXT

SmokefreeTXT is a mobile text messaging service designed for people across the United States who are ready to quit smoking.



### SmokefreeMOM

SmokefreeMOM is a free text messaging program for pregnant women who want to cut back on cigarettes and quit smoking.



### SmokefreeVET

For veterans with VA health care benefits who are ready to quit smoking or using tobacco.



### DipfreeTXT

DipfreeTXT is a mobile text messaging service designed for young adults in the United States who are ready to quit smokeless tobacco.



### SmokefreeTXT en español

SmokefreeTXT en español es un programa para mujeres y hombres que están listos para dejar de fumar.



### SmokefreeVET en español

Para veteranos de habla hispana con seguro de salud del VA que están listos para dejar de fumar.



### SmokefreeTXT for Teens

SmokefreeTXT for Teens is a mobile text messaging service designed for teens ages 13–17 in the United States who are ready to quit smoking.

<https://smokefree.gov/tools-tips/text-programs>

**text START to 47848**



<https://2morrowhealth.net/WADOH>



<https://mobile.va.gov/app/stay-quit-coach>

# E-CIG UPDATE

- 2021
  - FDA permits marketing of E-Cig products
    - Benefits outweigh potential risk for youth
  - FDA opens approval process for use as smoking cessation aids
- Evidence as smoking cessation aids grow?
  - Switch from smoking, but don't stop nicotine use
  - Do people stay off tobacco?
  - Higher doses of nicotine (36mg/mL) result in less smoking
  - Associated with higher success rates in pop studies

Cobb CO, Foulds J, Yen MS, Veldheer S, Lopez AA, Yingst JM, Bullen C, Kang L, Eissenberg T; Randomised Control Trial Methods Workgroup of the Center for the Study of Tobacco Products. Effect of an electronic nicotine delivery system with 0, 8, or 36 mg/mL liquid nicotine versus a cigarette substitute on tobacco-related toxicant exposure: a four-arm, parallel-group, randomised, controlled trial. *Lancet Respir Med*. 2021 Aug;9(8):840-850.

Pierce JP, Chen R, Kealey S, et al. Incidence of Cigarette Smoking Relapse Among Individuals Who Switched to e-Cigarettes or Other Tobacco Products. *JAMA Netw Open*. 2021;4(10):e2128810.

Brose LS, Brown J, McNeill A. Mental health and smoking cessation—a population survey in England. *BMC Med*. 2020;18(1):161. Published 2020 Jun 25. doi:10.1186/s12916-020-01617-7

# SUMMARY

- Ask and assist in smoking cessation in patients with mental health problems
- Varenicline has been found to be more useful in people with serious mental illness
- Free state-funded behavioral supports are available
- E-cig's are a viable option, but don't expect people to stop using them