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Smoking Cessation Outcomes among Individuals with a History of Psychotic Disorders as Compared to Those without

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Background

- There is higher smoking-prevalence and smoking-attributable mortality among individuals with a psychotic disorder (e.g., schizophrenia, schizoaffective disorder) relative to those with other psychiatric disorders.
- Although smokers with psychotic disorders are willing to engage in smoking cessation, there are limited resources available to this population within mental health services.
- A growing number of studies have examined the efficacy of different behavioural and pharmacological tobacco treatment approaches among individuals with psychotic disorders.
- However, few studies in Canada have examined the effectiveness of such approaches when applied within real-world mental health and addictions services and tobacco dependence clinic (TDC) settings.
- The objectives of our study are: 1) describe the characteristics of smokers with a history of psychotic disorders as compared to other disorders (i.e., none vs. depression/anxiety) and 2) examine smoking cessation/reduction outcomes by history of psychiatric disorders.

Methods

- This study is based on a retrospective review of the charts of 982 participants of the Vancouver Coastal Health Mental Health and Addictions Services Tobacco Dependence Clinic (TDC) (between Sept 2007 and December 2012).
- Data on demographics, smoking and cessation attempt history, nicotine dependence scores, importance and confidence in quitting smoking, expired carbon monoxide (expCO) level, history of polysubstance use, and number of visits to the program (see Table 1).
- The main outcomes of interest were: a) self-reported 7-day point-prevalence of smoking abstinence verified by expCO level, and b) smoking reduction (defined by a 50% or more reduction in average number of cigarettes smoked per day compared to baseline for those who did not achieve abstinence).

Results

- As compared to those with no psychiatric disorder, individuals with psychotic disorders were more likely to have initiated smoking at an older age, report lower importance and confidence in quitting, smoke a greater number of cigarettes, and be more nicotine dependent.
- 35.7% of those with a psychotic disorder achieved smoking cessation (compared to no psychiatric disorder = 45.6% vs. depressive/anxiety disorder = 39.6%, p = .350).
- Among programme completers (n = 543), there was a significant linear trend towards greater cessation with a greater number of visits to the programme in the total sample, among those without a psychiatric disorder, and among those with depressive/anxiety disorders (see Figure 1). However, this trend was non-significant (p=0.061) among those with a psychotic disorder.
- 59.3% of individuals with a psychotic disorder achieved smoking reduction (as compared to no psychiatric disorder = 74.1% vs. depressive/anxiety = 67.3%, p = .370).
- In stratified multivariate analysis (table 2), predictors of smoking cessation were: a) having a greater number of visits to the programme among those without a psychotic disorder, b) having a lower baseline expCO level among those with a psychotic disorder, and c) a greater length of abstinence at the last quit attempt and a greater number of visits for the programme among those with depressive/anxiety disorders.

Conclusions

- Individuals with a history of psychotic disorders are able to achieve smoking cessation when provided evidence-based treatment.
- However, tailored approaches specific to the needs of individuals with psychotic disorders may be warranted to enhance cessation outcomes.
- Future studies may be required to further understand how to tailor treatment outcomes and modify existing treatment approaches to optimize outcomes among individuals with a history of psychotic and other psychiatric disorders.

Table 1. Sample Characteristics by Psychiatric Disorder History (N = 982)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total (n = 982)</th>
<th>Male (n = 726)</th>
<th>Female (n = 256)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>smoking initiation</td>
<td>20.0</td>
<td>2.0</td>
<td>18.9</td>
<td>2.0</td>
</tr>
<tr>
<td>FTND</td>
<td>5.8</td>
<td>2.2</td>
<td>5.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Baseline CO</td>
<td>40.7</td>
<td>13.5</td>
<td>40.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Confidence</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Quit length at last attempt</td>
<td>9.2</td>
<td>4.2</td>
<td>9.1</td>
<td>4.2</td>
</tr>
<tr>
<td>FTND at baseline</td>
<td>20.5</td>
<td>11.6</td>
<td>19.4</td>
<td>11.6</td>
</tr>
</tbody>
</table>

Table 2. Multivariate Predictors of End of Treatment Smoking Cessation for Program Completer (n=543) by History of Psychiatric disorder

<table>
<thead>
<tr>
<th>Predictor</th>
<th>None (n = 339)</th>
<th>Psychotic (n = 56)</th>
<th>Depression/Anxiety (n = 398)</th>
<th>Odds Ratio</th>
<th>95%CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Odds Ratio</td>
<td>0.92</td>
<td>0.88</td>
<td>0.99</td>
<td>0.96</td>
<td>0.99</td>
</tr>
<tr>
<td>95%CI</td>
<td>0.69-1.24</td>
<td>0.68-1.21</td>
<td>0.89-1.17</td>
<td>0.82-1.08</td>
<td>0.90-1.16</td>
</tr>
</tbody>
</table>

Figure 1. Smoking cessation outcomes by length of time in programme stratified by psychiatric illness among programme completers (n = 543)