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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 effective of such approaches when applied within real-world mental health and addictions care settings.
- The objectives of our study are to: 1) describe the characteristics of smokers with a history of psychotic disorders as compared to other smokers (i.e., none vs. depression/anxiety) and 2) examine smoking cessation/reduction outcomes by history of psychotic 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 (ECO) 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 ECO 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 per day, and be more nicotine dependent.
- 35.7% of those with a psychotic disorder achieved smoking cessation (as compared to no psychotic 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<0.01) among those with a psychotic disorder.
- 59.3% of individuals with a psychotic disorder achieved smoking reduction (as compared to no psychotic disorder = 74.1% vs. depressive/anxiety = 67.3%, p = .370).

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 in order to further 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>Characteristic</th>
<th>None</th>
<th>Depression/Anxiety</th>
<th>Psychotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years) (n=982)</td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
</tr>
<tr>
<td>Male</td>
<td>39±3</td>
<td>39±3</td>
<td>43±3</td>
</tr>
<tr>
<td>Female</td>
<td>42±3</td>
<td>42±3</td>
<td>43±3</td>
</tr>
<tr>
<td>Age at smoking initiation (n=953)</td>
<td>24±2</td>
<td>24±2</td>
<td>27±3</td>
</tr>
<tr>
<td>Quit length at last attempt (n=993)</td>
<td>9.0±3</td>
<td>9.0±3</td>
<td>10.8±5</td>
</tr>
<tr>
<td>Confidence</td>
<td>-</td>
<td>-</td>
<td>1.1±0.8</td>
</tr>
<tr>
<td>FTND at baseline</td>
<td>-</td>
<td>-</td>
<td>1.1±0.8</td>
</tr>
<tr>
<td>CO level at baseline</td>
<td>-</td>
<td>-</td>
<td>0.8±0.8</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</th>
<th>Depression/Anxiety</th>
<th>Psychotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odds Ratio</td>
<td>0.974</td>
<td>0.974</td>
<td>0.974</td>
</tr>
<tr>
<td>95% CI</td>
<td>0.963</td>
<td>0.963</td>
<td>0.963</td>
</tr>
</tbody>
</table>

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

Brief Program Description
The TDC provides an individualized and tailored tobacco treatment programme for a duration of up to 26 weeks (i.e., 6 months).

Pharmacotherapy: NRT, varenicline, or bupropion is provided at no-cost to participants and is tailored to their particular need following a ‘titration to effect’ model. Hence it is not uncommon for participants to be provided with combination smoking cessation products.

Behavioural Therapy: Behavioural therapy consists of an initial mandatory weekly 8-session (1.5 hrs/session) structured, medicalised group programme, followed by an optional up to 18 weeks of group therapy following a ‘support group’ style.