

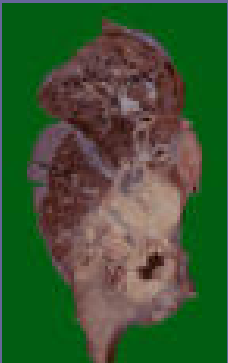
Smoking Cessation in People with Severe Mental Illness

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Smoking and Severe Mental Illness

- Smoking is a **MAJOR** problem among people with schizophrenia and severe mental illness
 - About 70% of individuals with schizophrenia smoke cigarettes, 2-3 times the general population.
 - Schizophrenia/SMI patients are more likely:
 - to be heavy smokers
 - to smoke high tar cigarettes
 - to consume higher doses of nicotine through deeper inhalation
 - to have longer smoking histories than other smokers
 - Smoking is associated with respiratory diseases, heart disease, and makes just about every other disease worse.



Treating Smoking In SMI: Overview of the Literature

- Patient-level interventions have shown limited success in achieving cessation.
- Patients exposed to programs that have been used widely in the general population (e.g. the ALA program).
- Between 12% (Addington et al., 1998) and 33% (Evins et al., 2000) of schizophrenia patients can quit for 3-12 months following treatment.
- Quit rates in the general population are approximately 45% (Fiore et al., 1993).

Obstacles to Change

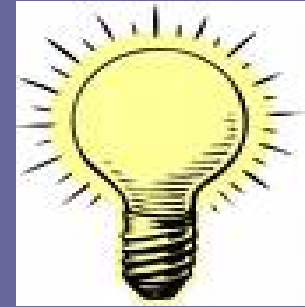
- **System-Related Barriers**
 - SC not considered a top priority
 - SC not integrated into mental health treatment
 - SC not tailored for SMI
 - People with SMI often don't receive quality SC
- **Illness-Related Barriers**
 - Low motivation
 - Cognitive impairment
 - Reasons for smoking
- **Psychological and Practical Barriers**
 - History of failure
 - Lack of social support for nonsmoking

Why Bother With Treatment?

- 46% of smokers try to quit each year.
- Many SMI smokers want to quit; make many unsuccessful quit attempts.
- Respect of physicians and other mental health care providers makes clinician messages very powerful.
- Effective treatments exist which produce long-term or permanent abstinence.
- Mental health care providers/centers can provide these treatments.



What Can We Do?



➤ System Level

- Address smoking in SMI patients
- Train mental health tx providers to do this
- Integrate SC within mental health care

➤ Environment Level

- Reward non-smoking/smoking reduction/efforts to quit
- Make smoking reduction/quitting a visible target

➤ Individual Level

- Do what works
- Adapt what works for people with SMI
- Help patients overcome barriers to quitting
- Find reasons for change that are meaningful to SMI patients

The “5 A’s” For Brief Intervention

ASK about tobacco use (<1 minute)	Identify and document tobacco use for EVERY patient at EVERY visit.
ADVISE to quit smoking (< 30 seconds)	In a clear, strong, personalized manner, urge EVERY user to quit.
ASSESS willingness to make a quit attempt (<1-2 minutes)	Is the tobacco user willing to make a quit attempt at this time?
ASSIST in quit attempt (<1-3 minutes)	Give all patients a brochure. For the patient willing to make a quit attempt, provide pharmacotherapy and counseling if possible.
ARRANGE follow-up (<1 minute)	Schedule follow-up contact, preferably within first week after the quit date.

ASK: Systematically Identify ALL Tobacco Users at EVERY Visit

Action (<1 minute)	Strategies for Intervention”
Ask <i>EVERY</i> patient at <i>EVERY</i> visit about tobacco use.	Ask: “Do you smoke cigarettes? How many cigarettes do you smoke per day? Per week?”

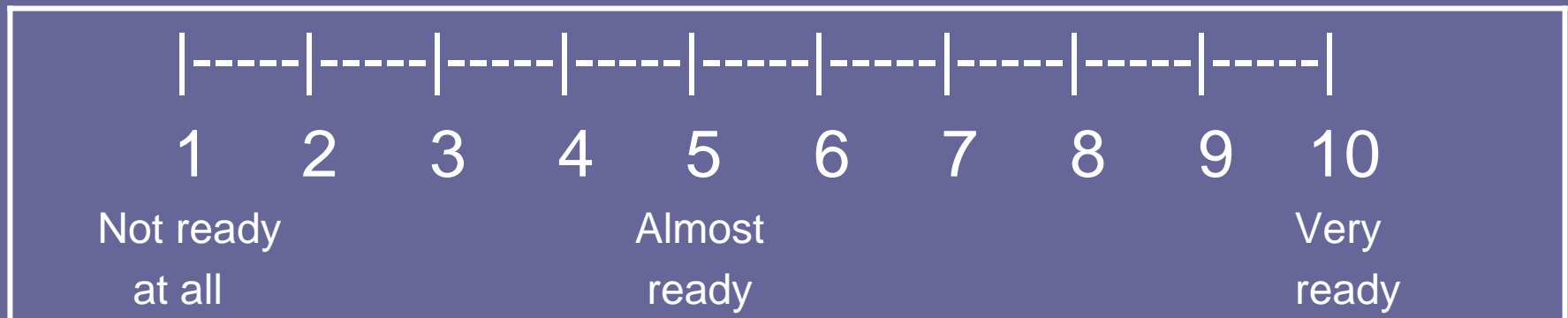
ADVISE: Strongly Urge ALL Tobacco Users to Quit

Action (30 seconds)	Strategies for Intervention
<p>In a <i>clear, strong, and personalized</i> manner, urge every tobacco user to quit.</p>	<p><u>Clear</u>: “I think it is important for you to quit smoking now, and I can help you.”</p> <p><u>Strong</u>: “As your doctor, I need you to know that quitting smoking is one of the most important things you can do to protect your health now and in the future.”</p> <p><u>Personalized</u>: “You said you were concerned about having a smokers cough. Quitting would help get rid of that.”</p>



ASSESS: Determine Willingness to Make a Quit Attempt

Action (<1 –2 minutes)	Strategies for Intervention
Ask <i>EVERY</i> tobacco user if he or she is willing to make a quit attempt at this time (e.g. within the next 30 days).	Ask: “How ready are you to make an attempt to quit smoking in the next 30 days on a scale of 1 to 10?”



ASSIST: 4 Ways of Helping the Patient to Quit

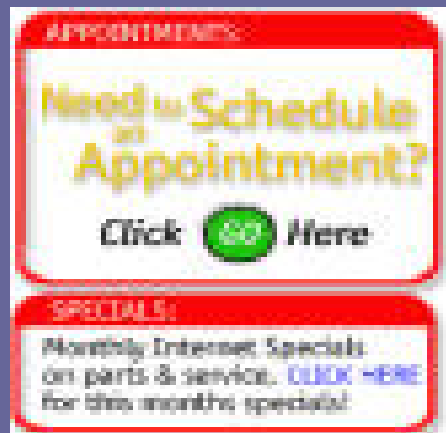
	Low Motivation	High Motivation
		
1. STATEMENT OF ASSISTANCE	“I know you’re not ready to quit right now, but what do you think would help you to get there?”	“I’m really glad you want to quit. It would be good to set an exact quit date to shoot for.”
2. DISCUSS TREATMENT OPTIONS	“I know you may not be ready, but there a lots of treatment options if you change your mind.”	“Let’s talk about some of the treatment options that can help you to stop.” (Briefly review nicotine replacement therapies, group treatments, and available medications)
3. DISCUSS SUPPORT/REFERRAL OPTIONS	“I know you may not be ready, but gum, the patch, medications and even groups are available.”	“I can help you get the support you need to overcome the challenges. We both know it’s hard to stop smoking.”
4. DISTRIBUTE MATERIALS	“I’d like to give you this pamphlet to take a look at when you have a minute.”	“These handouts should help.”

ARRANGE: Schedule Follow-up/Revisit and Repeat the other “A’s”

ACTION

(<1 minute)

Schedule follow-up contact and make explicit your intention to follow-up on smoking cessation focus.



Strategies for Intervention

Low Motivation

“I know you’re not ready to make a quit attempt right now, but since this is so important, I’m going to bring this back up with you the next time you come in, O.K. I really want you to know that it would be good for you to quit.”

High Motivation

Focus on assist plan you put in place....”I’m glad you committed to a quit date and agreed to try the Zyban and nicotine patch. We’ll we see how things are going at your next visit.”

Environmental Strategies

- **Changes to the physical surroundings that provide a positive message re: quitting**
- **Provide frequent and consistent messages that smoking is unhealthy, quitting is desirable and possible**
- **Can include:**
 - Posters, Pamphlets
 - Self-help materials
 - Comfortable smoke-free place for patients to be
 - Formal discussions of smoking/quitting
 - Clinicians informally asking patients how SC is going
- **Utilize staff as a source of support, encouragement, and social reinforcement**

General Issues in Smoking Cessation Treatment for SMI

- **Harm reduction approach**
- **Smoking cessation care coordination**
- **Many options**
 - **Individual sessions**
 - **Group interventions**
 - **Medication**
 - **Allow patients to help in selection of strategies**

Stages of Behavioral Change: A Model for Understanding the Process of Smoking Cessation

- ***Pre-contemplation*** - Not ready to change
- ***Contemplation*** - Thinking about change
- ***Preparation*** - Getting ready to make change
- ***Action*** - Making the change
- ***Maintenance*** - Sustaining behavior change until integrated into lifestyle
- ***Relapse and Recycling*** - Slipping back to previous behavior and re-entering the cycle of change
- ***Termination*** – Leaving the cycle of change

Individual Level Strategies, I (tailored for SMI)

- **Motivational Interviewing (Miller & Rollnick, 1991)**
 - Nonconfrontational and directive; involves providing clear feedback and advice along with negotiating goals and problem-solving to overcome barriers to treatment.
- **MI tailored to the needs of SMI patients is useful in boosting attendance and adherence to treatment.**
- **Ways to tailor MI to SMI smokers:**
 - Focus on concrete topics (how cessation improves health)
 - Focus on overcoming barriers to cessation

Individual Level Strategies, II (tailored for SMI)

- **Contingency management**
 - Reinforce any reductions in smoking
 - Based on breath CO results < 8 ppm (indicating no smoking in the last 6hours)
 - \$1.50 for first nonsmoking test; increases by 50 cents for every 2 consecutive nonsmoking tests to a cap of \$3.50
- **Goal setting**
 - Patients create a concrete goal to work on between sessions.
 - Goals written down in a formal "contract".
 - Allows for a review of individual progress towards smoking reduction/quitting.

Individual Level Strategies, I (tailored for SMI)



- Skills Training

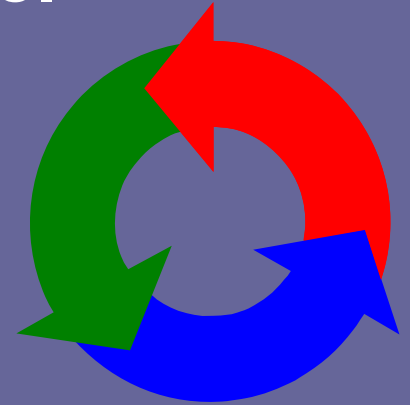
- Stop smoking skills focus on strategies for quitting smoking.
- Coping skills focus on strategies for coping with negative states (depression, stress, medication symptoms and side effects) without smoking.
- General social skills focus on helping patients reduce interpersonal conflict/stress.

Individual Level Strategies, I (tailored for SMI)

- **Education**
 - Teach patients the negative health effects of smoking and the positive benefits of quitting.
 - Tailor to SMI
 - Include connection with cognitive function
 - Include connection with weight gain
- **Relapse Prevention**
 - Planning for high risk situations
 - Planning for lapses

Cyclical Model for Intervention

- Most smokers will recycle through multiple quit attempts and multiple interventions.
- However, successful cessation occurs for large numbers of smokers over time.
- Keys to successful recycling
 - Persistent efforts
 - Repeated contacts
 - Helping the smoker take the *next step*
 - Bolster self-efficacy and motivation
 - Match strategy to patient stage of change



Pharmacotherapy for SC

- **All patients attempting to quit should be encouraged to use pharmacotherapy except:**
 - **Medical contraindications**
 - **Smoking fewer than 10 cigarettes/day**
 - **Pregnant/breastfeeding women**
 - **Adolescents**
- **Many patients will be unsure about using medications/NRT. Keep the option for medication/NRT use open and have these tools available if and when a patient is willing to try them.**

Pharmacotherapy Options

➤ Nicotine replacement

OTC: Nicorette®, nicotine gum, Commit Lozenge®, Habitrol®, Nicoderm CQ®, Nicotrol®, Nicotine Transdermal System

Prescription: Nicotrol Inhaler®, Nicotrol NS Nasal Spray®

➤ Bupropion SR (Zyban®): works through dopamine agonism

➤ Varenicline (Chantix): partial agonist at the $\alpha 4\beta 2$ nicotinic acetylcholine receptor; may relieve nicotine withdrawal and cigarette craving, and block nicotine's reinforcing effects

Implementation Questions

What's recommended in terms of available pharmacotherapies?

Product information	Zyban® (Bupropion sustained release (SR))
Availability	Prescription only.
Patient selection	Appropriate as a first-line pharmacotherapy for smoking cessation.
Dosage	Patients should begin with a dose of 150 mg every morning for 3 days, then increase to 150 mg twice daily. Slower increases are also possible depending on patient preference. Dosing at 150 mg twice daily should continue for 7-12 weeks following the quit date. For maintenance therapy, consider bupropion SR 150 mg twice daily for up to 6 months.
Prescribing instructions	Unlike nicotine replacement products, patients should begin Bupropion SR treatment 1-2 weeks <i>before</i> they quit smoking. If insomnia is marked, taking the PM dose earlier (in the afternoon, at least 8 hours after the first dose) may provide some relief.
Precautions	Contraindications -- Bupropion SR is contraindicated in individuals with a history of seizure disorder, a history of an eating disorder, who are using another form of Bupropion (Wellbutrin or Wellbutrin SR), or who have used an MAO inhibitor in the past 14 days. Cardiovascular diseases -- Generally well tolerated; infrequent reports of hypertension. Side effects -- The most common side effects reported by Bupropion SR users were insomnia (35-40%) and dry mouth (10%).

Summary

- **Smoking in SMI is highly prevalent and very harmful.**
- **Treating smoking in SMI is important.**
- **Many patients want to quit.**
- **There are things that we (mental health care providers) can do to address smoking in SMI.**
- **Mental health care providers are logical providers of SC in SMI.**

Other Resources

- American Lung Association: <http://www.lungusa.org/>
- American Cancer Society: <http://www.cancer.org/>
- Centers for Disease Control and Prevention: <http://www.cdc.gov/>
- MOVE - a national weight management program designed by the [VA National Center for Health Promotion and Disease Prevention \(NCP\)](#), a part of [the Office of Patient Care Services](#), to help veterans lose weight, keep it off and improve their health: <http://www.move.va.gov/>
- The Tobacco Dependence Program (TDP) at UMDNJ provides expertise on quitting smoking through education, treatment, research and advocacy: <http://www.tobaccoprogram.org/>