Practical Psychopharmacology

Make Smoking Cessation a Priority

Prevalence is high among psychiatric patients, but less than 2% get counseling from their psychiatrists.

Cigarette smoking is rampant among psychiatric patients, and psychiatrists are, by and large, doing nothing about it.

One survey found the prevalence of smoking among individuals with psychiatric disorders to be 41%—nearly twice the general rate (Am. J. Addict. 2005;14:106-23). Other estimates are higher, with some suggesting that the psychiatric population accounts for nearly half of all cigarettes smoked in the United States.

At the same time, apparently less than 2% of patients who smoke receive tobacco counseling from their psychiatrists (Am. J. Addict. 2005;14:441-54).

"Typically, psychiatrists haven't accepted that smoking cessation is within the scope of their practice," said Dr. Jill M. Williams, director of mental health and tobacco services at the Robert Wood Johnson Medical School, Piscataway, N.J. "They're not trained to provide treatment for nicotine dependence."

Yet, they are well suited for this role. Psychiatrists can tailor smoking interventions to patients' needs, address changes in symptoms, and adjust psychotropic dosages when appropriate. And they can get results.

"Everyone assumes that it's harder for people with mental illness to quit, but we find that when treatment is optimized, the rate is the same as for others," said Dr. Tony P. George, professor of psychiatry and chair of addiction psychiatry at the University of Toronto.

The key to success is for "the psychiatrist to convey the impression that patients can quit if they want to," he said. "Ninety percent of the barrier is that psychiatrists don't think they can."

Treatment should have a behavioral component, but for the psychiatric population, "aggressive pharmacotherapy" plays a central role, Dr. George said.

Combinations of the agents approved for smoking cessation—bupropion (Zyban) and nicotine replacement therapy (NRT) in its various forms—are common. (A third drug, varenicline [Chantix], became available in late July). "Bupropion and NRT are comparably effective, so we often let patient preference guide the choice between them," Dr. Williams said.

She frequently uses NRT at a higher than approved dosage, particularly for patients who smoke more than a pack a day. A typical treatment plan might involve the full-strength (21-mg) patch, supplemented with a nicotine inhaler or gum used hourly, not as needed. "The patient can take more when he experiences craving or withdrawal," she said.

"We've had particular success with the nasal spray for patients with schizophrenia. It provides the highest blood level, which they need," Dr. Williams noted.

Smoking is most prevalent in schizophrenia (80% of patients in some estimates), and this has been the area of most research.

Quitting does not appear to exacerbate positive symptoms, but it may transiently disrupt cognitive function, Dr. George said. (It has been suggested that nicotine improves working memory and attention in schizophrenia patients via stimulation of the nicotinic acetylcholine receptor.)

Rather than combining NRT forms for high nicotine blood levels, Dr. George emphasizes polypharmacy. His recent study found that adding bupropion quadrupled nicotine patch quit rates in schizophrenia patients from 7% to 30%. Six months after the 10-week treatment period, 20% of the combined-treatment group was still abstinent, compared with 0% of nicotine-placebo controls.

Experimental strategies combining NRT with agents that mimic nicotine's psychoactive effects appears promising, Dr. George said. Atomoxetine (Strattera) "specifically targets dopamine deficiency in the frontal cortex" and may be useful in depression and bipolar disorder. Galantamine (Razadyne) at low doses (less than 8 mg) acts like nicotine at a key receptor site.

Varenicline, the newly approved smoking cessation aid, "seems the perfect drug to try next," Dr. George said. It acts as a partial agonist at $\alpha4\beta2$ nicotinic receptors, which appears to modulate cognitive function in schizophrenia.

Antipsychotics and smoking apparently interact with each other. His research found that atypical agents, particularly clozapine (Clozaril) and olanzapine (Zyprexa), conferred some advantages for patients who had difficulty quitting. "A new pilot studies also suggests that the dopamine D_2 receptor partial agonist aripiprazole [Abilify] could reduce smoking," Dr. George said.

When it comes to smoking and major depressive disorder, 'I wait until the patient has been stabilized for 6 months. In the meantime, I'd recommend reducing cigarette use, both for health reasons and to make it easier to stop.'

Smoking cessation could necessitate an antipsychotic dosage reduction, Dr. Williams observed. Tars in tobacco smoke induce the cytochrome P450 1A2 isoenzyme, which metabolizes clozapine and olanzapine (and other antipsychotics, to a lesser degree). "Quitting can raise blood levels," she said.

Among individuals with major depressive disorder, 40%-60% smoke. Lirio S. Covey, Ph.D., director of smoking cessation at the New York State Psychiatric Institute, addresses the mood disorder first. "I wait until the patient has been stabilized for 6 months. In the meantime, I'd recommend reducing cigarette use, both for health reasons and to make it easier to stop."

Those with a history of depression should be monitored for reemergence of symptoms, particularly for the first 3 months after cessation, Dr. Covey said.

"I like to maintain at least a 6-month therapeutic relationship, with visits weekly or biweekly for the first 8 weeks, then monthly. I make it clear that I'm available by phone," she said.

Its antidepressant properties make 6 months or more of bupropion the usual treatment of choice, Dr. Covey said. Most patients get the nicotine patch as well, at least for the first 8-12 weeks. "I'll be more aggressive with some and recommend a rescue type of NRT, like the gum or inhaler, in addition to the patch," she said, noting that blood pressure monitoring for patients receiving both NRT and bupropion is a sensible precaution.

Studies of anxiety disorders are mixed, Dr. Williams said. "Some show anxiety improves when quitting [releases] smokers from a cycle of going in and out of withdrawal all day." Anxious individuals should reduce caffeine, which is metabolized more slowly in the absence of tobacco.

Individuals with posttraumatic stress disorder may be hesitant to lose nicotine's anxiolytic effects in the face of intrusive recollections, said Dr. Andrew J. Saxon, director of the addiction treatment center at the Puget Sound (Wash.) Veterans Affairs Health Care System. "I encourage them to use both the patch and ad-lib NRT," he said. "The steady inflow of nicotine from the patch is usually enough to prevent withdrawal, and the ad-lib form satisfies cravings for nicotine's positive effects."

Generally, "you have to think of nicotine dependence as a chronic relapsing illness," Dr. Saxon said. "You wouldn't just give brief treatment and then say 'you're on your own' any more than you would in treating alcohol dependence."

The standard 8- to 12-week regimen is rarely enough. "The Public Health Service guidelines on smoking cessation don't discourage longer-term use of medication," he observed.

"The risks of NRT have been overstated. It's extremely safe," Dr. Williams said. She allows patients to maintain it for "as long as needed, even years." ■

By Carl Sherman, contributing writer

Internet Sites Show Potential as Smoking Cessation Adjunct

BY MARY ELLEN SCHNEIDER
Senior Writer

Orlando — Smoking cessation Web sites show potential as an add-on to traditional smoking cessation treatments, according to two studies presented at the annual meeting of the Society for Research on Nicotine and Tobacco.

Sandra Japuntich of the University of Wisconsin–Madison, who presented the results of a study looking at the effects of Web site use on cessation and smoking relapse, said that smoking cessation Web sites are extremely prevalent and smokers are making use of them.

Ms. Japuntich and her colleagues randomized 284 smokers to either the experimental group—three one-on-one counseling sessions, bupropion, and 90 days of access to a smoking cessation Web site—or the control group—counseling and bupropion alone. GlaxoSmithKline provided bupropion for the study.

The researchers selected smokers who were motivated to quit. Those in the experimental group had to log in to the Web site once a day on computers with dial-up Internet access provided by the researchers.

The site included graphs to chart how the participants were doing in their quit attempts, a journal section, search features, and personal recommendations.

There were no statistically significant effects on either cessation or relapse prevention at 3 or 6 months, according to Ms. Japuntich. However, the participants who used the Web site more were more likely to stay abstinent at 3 months and 6 months, she said.

The results of another study reported at the meeting also showed the potential of the Internet to add to existing treatments. Lindsay Turner and her colleagues from the University of Illinois at Chicago studied the use of phone calls and Web site access to boost the success rates of group-based smoking counseling programs for adolescents.

The researchers randomized 351 high school students to receive the American Lung Association's Not On Tobacco (NOT) cessation program alone or the cessation program plus access to an antismoking Web site and phone calls from the group facilitator.

At the end of treatment, the quit rates were 8.5% among the standard care group and 12.2% among those smokers who also received Web site and phone support. At 3 months, the quit rate was 15.7% among the standard care group and 20.4% among the standard care plus group, Ms. Turner reported.

The researchers also compared the Web site effects with the phone support effects among the students and found that access to the Web site had a much greater effect on quitting than did phone support. Overall, the results show that Web site use had a prolonged effect on cessation, she said in an interview. ■

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