

# Welcome Pioneers for Smoking Cessation




## *Tobacco Use and Bipolar Disorder: Results from a Large Online Survey*

Tuesday, June 28, 2011 - 2:00 pm ET

## During the Webinar

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## Welcome

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- ▶ **Catherine Saucedo**

- ▶ **Moderator**
- ▶ Deputy Director,  
Smoking Cessation Leadership  
Center University of California,  
San Francisco
- ▶ [csaucedo@medicine.ucsf.edu](mailto:csaucedo@medicine.ucsf.edu)




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## Agenda

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- ▶ **Welcome**
  - ▶ Catherine Saucedo, Deputy Director, SCLC, *moderator*
  - ▶ Reason Reyes, Director of Technical Assistance, SCLC
- ▶ **Greetings from DBSA – Allen Doederlein**
  - ▶ President, Depression and Bipolar Support Alliance
- ▶ **Presentation from Jodi J. Prochaska, PhD, MPH**
  - ▶ Associate Professor in Residence, Department of Psychiatry, University of California, San Francisco
- ▶ **Questions & Answers**
- ▶ **Technical Assistance and Closing Remarks**

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## Background on SCLC-DBSA Partnership

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- ▶ **Reason Reyes**
  - ▶ Director of Technical Assistance  
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Center University of California,  
San Francisco  
[rreyes@medicine.ucsf.edu](mailto:rreyes@medicine.ucsf.edu)

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## Greetings from DBSA

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- ▶ **Allen Doederlein**
  - ▶ President
  - ▶ Depression and Bipolar Support Alliance



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## Today's Presenter

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- ▶ **Jodi J. Prochaska, PhD, MPH**
  - ▶ Associate Professor, Department of Psychiatry
  - ▶ Member, Tobacco Control Program, Comprehensive Cancer Center
  - ▶ University of California, San Francisco

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# An Online Survey of Tobacco Use, Intentions to Quit, and Cessation Strategies among Smokers with Bipolar Disorder

Judith J. Prochaska, PhD, MPH

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDICINE  
Society for Research on Nicotine and Tobacco

February 18, 2011

## Acknowledgements

- ▶ Reason S. Reyes MPA & Steven A. Schroeder, MD
  - *Smoking Cessation Leadership Center, University of California, San Francisco*
  
- ▶ Allen S. Daniels, EdD, Allen Doederlein, BA, & Brenda Bergeson, MD
  - *Depression and Bipolar Support Alliance*

Study supported by the UCSF Smoking Cessation Leadership Center (#4722sc) with support from the American Legacy Foundation (A111933) and the Robert Wood Johnson Foundation (prime grant #047139).



## OVERVIEW

- ▶ Background
- ▶ Study Aims
- ▶ Methods
- ▶ Results
- ▶ Discussion
- ▶ Next Steps

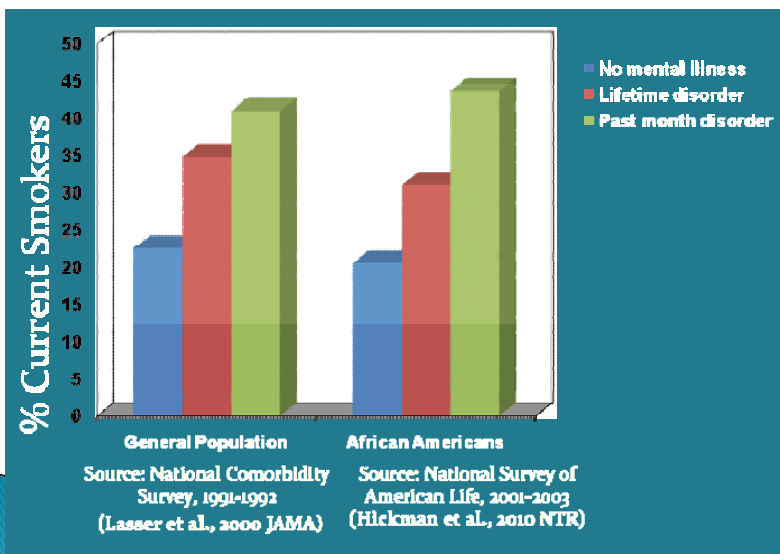


## Background

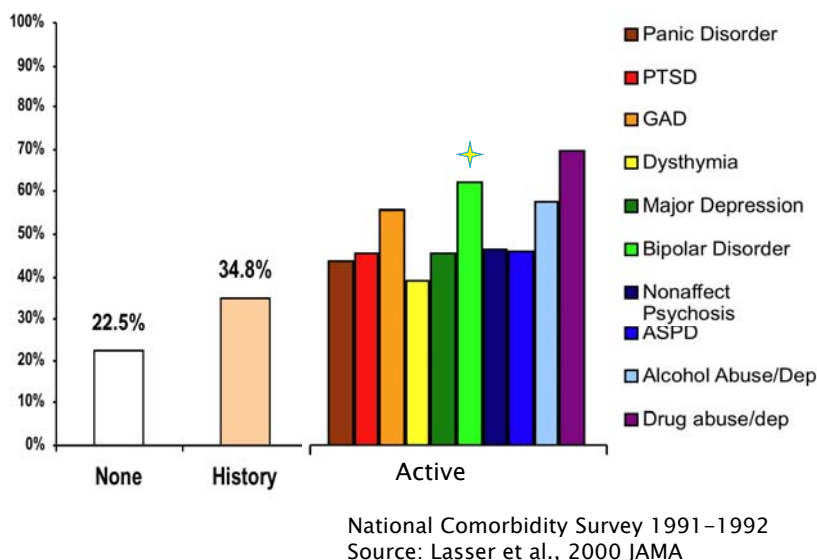
- ▶ Tobacco use is elevated among persons with co-occurring mental illness
- ▶ For people living with bipolar disorder, 31% to 82% smoke compared to 23% of US adults
- ▶ Higher smoking prevalence in samples with lower education and of lower socioeconomic status



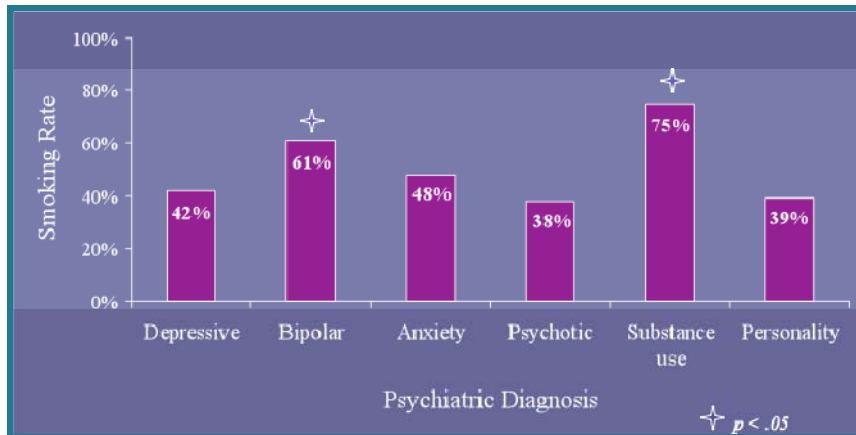
# Smoking & Mental Illness



# Smoking & Mental Illness



## Smoking Prevalence by Mental Illness (N=105 inpatients)



Prochaska, Gil & Hall (2004). Psych Services



## Background

- ▶ US adults with serious mental illness are dying, on average, 25 years prematurely (Colton & Mandersheid, 2006)
- ▶ Bipolar patients have 35% to 200% ↑ mortality risk relative to age- and gender-matched comparison groups without mental illness
  - Review of 17 studies with >300,000 patients
  - Cause of excess mortality: CVD, stroke, lung disease

Roshanaei-Moghaddam & Katon (2009). Psych Svcs

Tobacco treatment should be a leading priority for addressing disparities in death and disability among people with bipolar disorder





## Background

- ▶ Nearly half the cigarettes sold in the US (44% to 46%) are consumed by persons with co-occurring psychiatric or addictive disorders (Lasser et al., 2000; Grant et al., 2004)
- ▶ 2008 US Clinical Practice Guidelines for treating tobacco dependence informed by 8700 studies
  - Fewer than 24 RCTs with smokers with mental illness
  - 0 trials conducted with smokers with bipolar disorder



## Study Objective

- ▶ To examine tobacco use, quit attempts, and tobacco-related attitudes and intentions among current and ex-smokers with bipolar disorder

Study findings may inform the development of more effective smoking cessation programs for people living with mental illness



## Method– Procedures

- ▶ Data collected November 2007 – March 2008
- ▶ Anonymous online survey promoted via the Depression and Bipolar Support Alliance (DBSA) homepage ([www.DBSAAlliance.org](http://www.DBSAAlliance.org)), chat rooms, and email communications with members
- ▶ Directed at current and ex-smokers
- ▶ One survey per IP address allowed to avoid multiple submissions by one respondent
- ▶ Approved by UCSF IRB



## Method– Sample

- ▶ 1106 individuals began the online survey

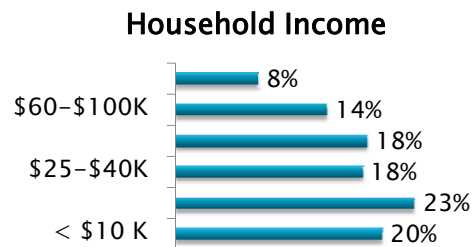
EXCLUSIONS	
Diagnosis other than bipolar disorder	n = 237
Smoked <100 cigarettes in their lifetime	n = 180
Did not report current smoking status	n = 4

- ▶ N = 685 participants met inclusion criteria
  - 87% finished the survey (n=595)

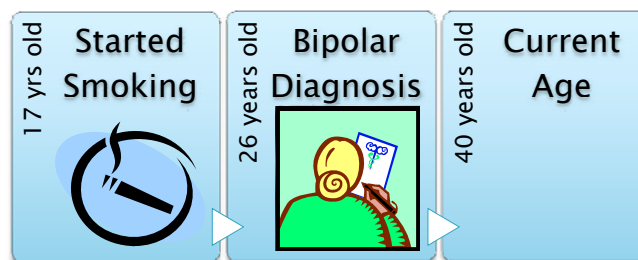


## Results: Demographics

- ▶ 67% female, 67% aged 26 to 50 years old
- ▶ 89% Caucasian, 4% Hispanic, 3% Black, 2% Native American, 1% Asian, 2% Multiracial
- ▶ 31% held a 4-year college degree
- ▶ 43% household income  $\leq$  \$25K/yr



## Results: Age of Dx vs. Smoking



- ▶ 83% started smoking prior to receiving a bipolar disorder diagnosis:
  - Smoked prior: M=12 yrs pre-Dx (SD=10)
  - Smoked after: M = 5 yrs post-Dx (SD=4)

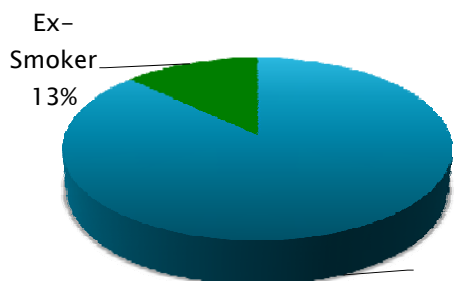
Med = 25.2 yrs bipolar dx (Baldessarini et al., 2010 J Affective Dis)

## Results: MH Treatment

- ▶ At time of survey completion, 91% of respondents were receiving MH treatment:
  - 91% Medication
  - 56% Psychotherapy
  - 18% Support groups
- ▶ Age of bipolar diagnosis and type of MH treatment did not differ by smoking status



## Results: Smoking Status



- ▶ 92% of current smokers smoked daily
- ▶ M = 19 cigarettes/day (SD=11)

- ▶ Current smokers significantly younger than ex-smokers,  $\chi^2(5) = 19.78, p = .001$



## Results: Current Smokers

- ▶ 48% used tobacco “to treat” their mental illness
- ▶ 96% believed they needed to be mentally healthy to quit
- ▶ Few reported a psychiatrist (27%), therapist (18%), or case manager (6%) ever advised them to quit smoking

Several reported *discouragement to quit* from mental health providers



## Results: Intention to Quit

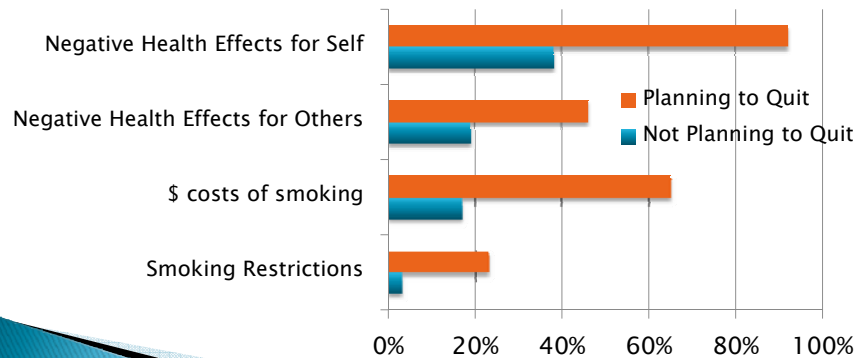
**74% of current smokers expressed a desire to quit**

- ▶ 93% made at least one lifetime quit attempt
- ▶ 65% tried to quit in the past year
- ▶ 48% currently planned to quit smoking
  - Current intention unrelated to current MH symptoms,  $\chi^2(3) = 5.50, p = .139$



## Results: Consequences of Smoking

Smokers planning to quit were more concerned about the negative consequences of smoking than unmotivated to quit smokers (all comparisons  $p < .05$ )



## Results: Current Smokers

- ▶ Median number of lifetime quit attempts was 4

Reasons for Relapse to Smoking	
Stress	74%
Craving cigarettes	26%
Tobacco use by family and friends	21%

- ▶ Current smokers planning to quit (n=256 of 528)

Planning-to-Quit Methods	
Use cessation medication alone or with psychosocial support (i.e. individual or group counseling, physician advice, quitline)	38%
Psychosocial support alone	18%
“Cold turkey” (without medication or support)	12%
	32%



## Results: Ex-Smokers

- ▶ Ex-smokers quit for median 2.7 yrs (<1 mo-29 yrs)
- ▶ Median and mode of 5 quit attempts

Cessation Methods	
Cessation medication alone or with psychosocial support	39%
Psychosocial support alone	7%
“Cold turkey”	48%

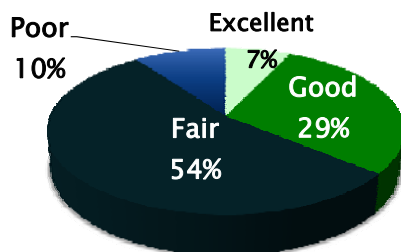
More common among those who quit longer ago (3 yrs vs. past yr),  $p=.049$

12% of ex-smokers reported encouragement from MH providers to stay quit



## Results: Quitting & MH Symptoms

- ▶ While 96% of current smokers believed they needed to be mentally healthy to quit, most ex-smokers were not in good or excellent mental health when they quit

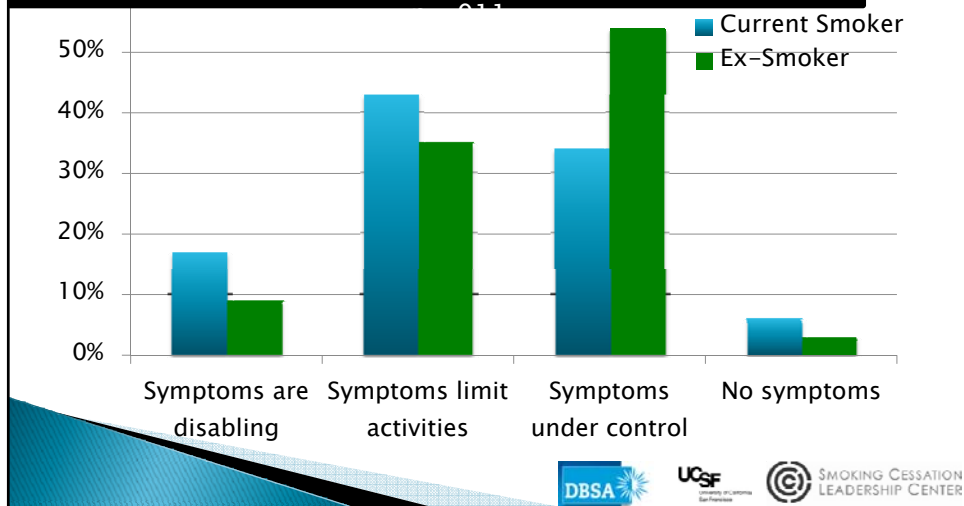


Effects of Quitting on Mental Health Symptoms	
No adverse effects	54%
Temporary worsening	18%
Harder time controlling symptoms	21%
Development of new symptoms	7%



## MH Symptom Severity by Smoking Status

57% of ex-smokers described their mental health as in recovery compared to 40% of current smokers,  $\chi^2(3) = 11.12$ ,  $p < .01$



### Ex-smokers' advice to help someone with mental illness stop smoking

Smoking not only destroys your health, it creates an addiction, which can complicate emotional stability.

I never realized until I quit that the nicotine was what made me anxious and the addiction kept me feeling like it was the only way to cope.

Discover why smoking calms you and then find something that will come close to that effect (in a good way).

A routine benefits a person with mental illness who wants to quit smoking.

Avoid alcohol at all costs and keep a quit journal.

Stay away from negative people and fellow smokers until you feel stronger.

Don't think of it as losing a friend, think of it as gaining your freedom.

There is likely to be physical agitation. Walk or do something to "spend" your energy.

Mental illness may seem to compound the need to smoke, but the illness is difficult enough without the added worry of your physical health being compromised.



## Ex-Smokers Cessation Advice

*"Smoking not only destroys your health, it creates an addiction, which can complicate emotional stability."*

*"There is likely to be physical agitation. Walk or do something to "spend" your energy."*

*"I never realized until I quit that the nicotine was what made me anxious and the addiction kept me feeling like it was the only way to cope."*

*"Discover why smoking calms you and then find something that will come close to that effect, in a good way."*

*"A routine benefits a person with mental illness who wants to quit smoking."*

*"Keep a quit journal."*

*"Avoid alcohol at all costs."*

*"Stay away from negative people and fellow smokers until you feel stronger."*

*"Don't think of it as losing a friend, think of it as gaining your freedom."*



## Discussion: Key Findings

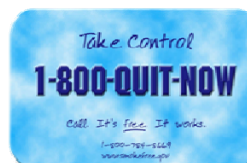
1. Many individuals living with bipolar disorder report smoking to help treat MH symptoms
2. Most want to quit smoking and many are actively planning or trying to quit smoking
  - Intention unrelated to MH symptom severity
  - Physical health concerns primary motivator
3. Few are advised to quit smoking by a MH provider
4. Most have made multiple failed quit attempts, many unaided with cessation medications or counseling
5. Quitting smoking is associated with MH recovery



## Discussion: Cessation Aids

- ▶ Cessation medications => underutilized
  - 46% of ex-smokers used cessation medications
  - 56% of smokers planning to quit anticipated use
- ▶ Psychosocial support => underutilized
  - 11% of ex-smokers utilized psychosocial support
  - 30% of smokers planning to quit anticipated use

45% of sample recommended support through quitlines or groups



## Limitations

- ▶ Online survey targeting those who use the DBSA services and programs
- ▶ Internet access and computer literacy required to complete the survey
- ▶ Self-selection may have led to a biased population
- ▶ Diagnosis of bipolar disorder self-reported
- ▶ Subsample of ex-smokers was small, although our pool likely approximates population statistics



## Conclusion

- ▶ People living with bipolar disorder want to quit, are contemplating quitting, and actively trying to quit smoking
- ▶ The Internet is a viable channel for delivering evidence-based cessation treatments directly to users for health promotion

Smoking cessation should be an integral part of treatment for people living with mental illness to improve the quantity and quality of life in recovery



## Contact Information

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Website: <http://RxforChange.ucsf.edu>
- ▶ Smoking Cessation Leadership Center, UCSF  
Resources available on website  
<http://smokingcessationleadership.ucsf.edu>



## Questions & Answers

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- ▶ Feel free to ask questions via the **chat box**.



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## Contact the SCLC

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Visit us online:

<http://smokingcessationleadership.ucsf.edu>

Call us toll-free:

**1-877-509-3786**



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## Closing Remarks

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**Please help us by completing the post-webinar survey.**

**Thank you for your continued efforts to combat tobacco.**

**STAY TUNED:**

*SCLC's summer workshop series*