

Developing a tailored tobacco treatment program for individuals with schizophrenia: A mixed-methods study

Presenters:

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Declaration of competing interests

The speakers have no conflicts of interest to disclose

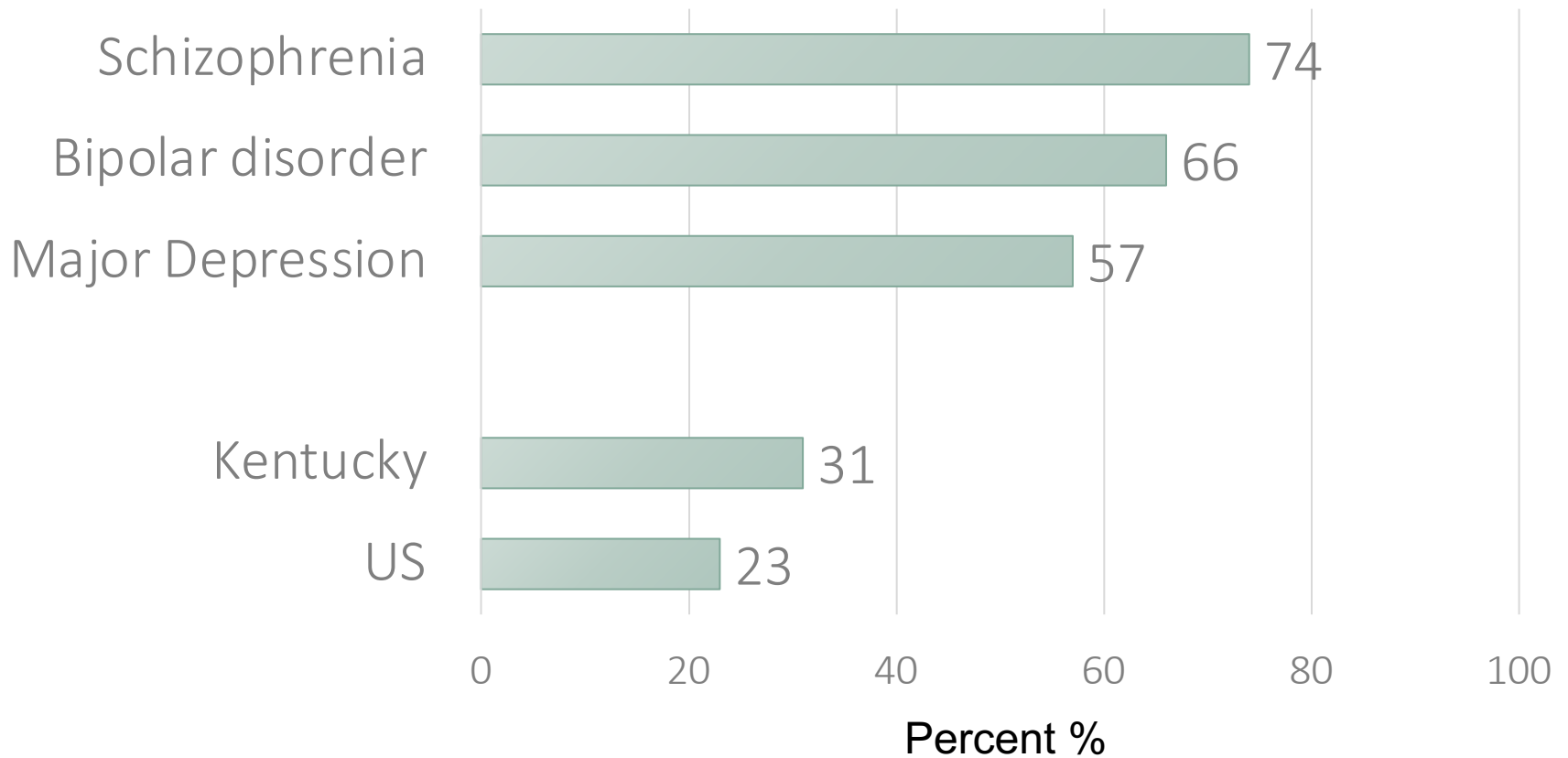
Objectives

Discuss the need for tailoring existing evidence-based tobacco treatment for individuals with schizophrenia

Describe best practice approaches for tobacco treatment

Identify psychosocial and pharmacological components for tobacco treatment among those with schizophrenia

Why Address Tobacco Use among Individuals with Schizophrenia?



Smoking rates among individuals with Chronic Mental Illnesses, Central Kentucky

Diaz, F. J., James, D., Botts, S., Maw, L., Susce, M. T., & De Leon, J. (2009). Tobacco smoking behaviors in bipolar disorder: a comparison of the general population, schizophrenia, and major depression. *Bipolar disorders*, 11(2), 154-165.

Diagnosis-specific reasons for smoking among those with mental illness

“Variations in smoking between the different diagnostic groups were also found, in particular in the process of smoking itself, the nature of the nicotine dependence as predominantly physical or psychological, attitudes towards the quitting process and sense of control, and the degree of significance of existential factors.... Differences in perceptions and patterns of use suggest that intervention may be more effective if psychiatric diagnosis is also taken into consideration.” (pg. 93)

Evidence-Based Recommendations for Tobacco Treatment

Programs should be 7-10 sessions

- Components should include:
 - Introduction to tobacco history and prevalence of use
 - Education about properties of nicotine, health effects of tobacco and addictive nature of smoking
 - Review of reasons why people smoke
 - Education about ways one can quit smoking, use of medication, and development of a quit plan.

Strong dose-response relationship between intensity of program and success!

Counseling and Behavioral Therapies

- Psychoeducation
- Problem Solving
- Skills Training (coping skills)
- Relapse Prevention
- Social Supports

Morris, C., Waxmonsky, J., May, M., Giese, A., Martin, L. Smoking Cessation for Persons with Mental Illnesses. A Toolkit for Mental Health Providers. University of Colorado Denver, Department of Psychiatry, Behavioral Health and Wellness Program, 2009

Fiore, M. C., Jaen, C. R., Baker, T., Bailey, W. C., Benowitz, N. L., Curry, S. E. E. A., ... & Henderson, P. N. (2008). Treating tobacco use and dependence: 2008 update. *Rockville, MD: US Department of Health and Human Services.*

Encourage the Use of Pharmacotherapy



Nicotine Replacement Therapy

- Every smoker should be encouraged to use smoking cessation medications (with the exception of special circumstances like pregnancy)
- Because individuals with mental illness are more nicotine dependent, consider individualizing medications by:
 - Higher dosages
 - Longer durations
 - combinations

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Project aims/goals

- Explore perspectives on effective tobacco treatment approaches for individuals with schizophrenia
- Describe ratings of desirability, acceptability, and applicability of components of a treatment program for individuals with schizophrenia

Intervention description

- Prospective snowball sampling of:
 - Tobacco treatment specialists from different disciplines (2 Physicians, 2 Nurses, 2 Psychologists)
 - Former smokers with schizophrenia (n=4)
 - Current smokers with schizophrenia (n=8)
- Semi-structured telephone and face-to-face Interviews (30mins-1hr)
- Desirability, applicability, and acceptability rating scales for specific intervention components (on scale of 0 'do not include' to 4 'definitely include').
- Analysis:
 - Qualitative: Thematic analysis
 - Quantitative: Mean summary scores of ratings with Kruskal Wallis tests to examine differences between treatment providers, former, and current smokers with schizophrenia groups.

INTERVIEW GUIDE QUESTIONS

- **What are some of the challenges those with Schizophrenia face when stopping smoking?**
 - Do you think those with Schizophrenia face different challenges when stopping smoking as compared to those without mental illness?
 - Do you think those with Schizophrenia face different challenges when stopping smoking as compared to those with other mental illness (like depression or anxiety disorders)?
- **Research shows that stopping smoking can help improve people's quality of life and mental health.**
 - In what ways (if any) has/would stopping smoking improve(d) your/people with schizophrenia's quality of life?
 - In what ways (if any) has/would stopping smoking affect(ed) your/people with schizophrenia's psychiatric illness?
 - Has/Will it improve(d) your/ people with schizophrenia's quality of life?
- **Do you think it is important to have a smoking cessation program just for those with Schizophrenia (as opposed to having a smoking cessation group with the general public)?**
 - For what reasons would you/people with schizophrenia favor joining a smoking cessation program just for those with Schizophrenia?
 - For what reasons would you/people with schizophrenia prefer not to join a smoking cessation program just for those with Schizophrenia?
- **What aspects and/or components of a smoking cessation program do you believe would be most important in helping those with Schizophrenia to successfully stop smoking? program?**

SAMPLE COMPONENT RATING GUIDE

Components	Rank ('0' being do not include to 4 ' Definitely include')
BEHAVIORAL GROUP THERAPY SESSIONS (WEEKS 1-12)	
1) Education about smoking and Schizophrenia (WEEKS 1-6)	Desire score: ____ Applicable score: ____ Acceptable score: ____
Topics include:	
<ul style="list-style-type: none"> Morbidity (diseases and health effects) and mortality (premature deaths) from smoking among individuals with schizophrenia and other mental illnesses 	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> Prevalence of smoking among individuals with schizophrenia and other chronic mental illness 	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> Dangers of secondhand smoke exposure 	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> Reasons for smoking among individuals with schizophrenia specifically (neural gating, psychotropic drug side effect management, attention deficits, decreasing negative symptoms e.t.c.) 	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> Nicotine dependence and schizophrenia 	Desire score: ____ Applicable score: ____ Acceptable score: ____

Qualitative findings

Recommendations for intervention development

Former smokers (2 men & 2 women):

Format: dx of schizophrenia only rather than general public

Education:

- health consequences of smoking
- second hand smoke exposure

Medications: Nicotine Replacement Therapy

Exercise classes

Recommendations for intervention development

Current smokers (4 men and 4 women):

Format: dx of schizophrenia only rather than general public

Education: health consequences of smoking; films and videos

Medications: NRT; medications “to prevent nervousness”

Counseling:

- Stress reduction
- Coping with nicotine withdrawal
- Peer support
- Encouragement
- Adjustment to a non-smoking lifestyle: alternate activities; social skills; hobbies

Recommendations for intervention development

Providers (2 men & 4 women):

Format: dx of schizophrenia only rather than general public

Education: healthy lifestyle, diet/nutrition, triggers for smoking; relapse prevention

Medications: NRT- be aware of the dosage needs of people with schizophrenia

Counseling:

- Strengths-based recovery orientation: Believe in the patient's ability to succeed
- Peer support: use peers as a positive social network
- Brief motivational interviewing

Intervention delivery recommendations: Providers

Take a longitudinal approach: Rolling enrollment

Harm reduction: reduce to quit

Master coping skills before selecting a quit date

Patients should have a “portfolio” of coping skills to draw on

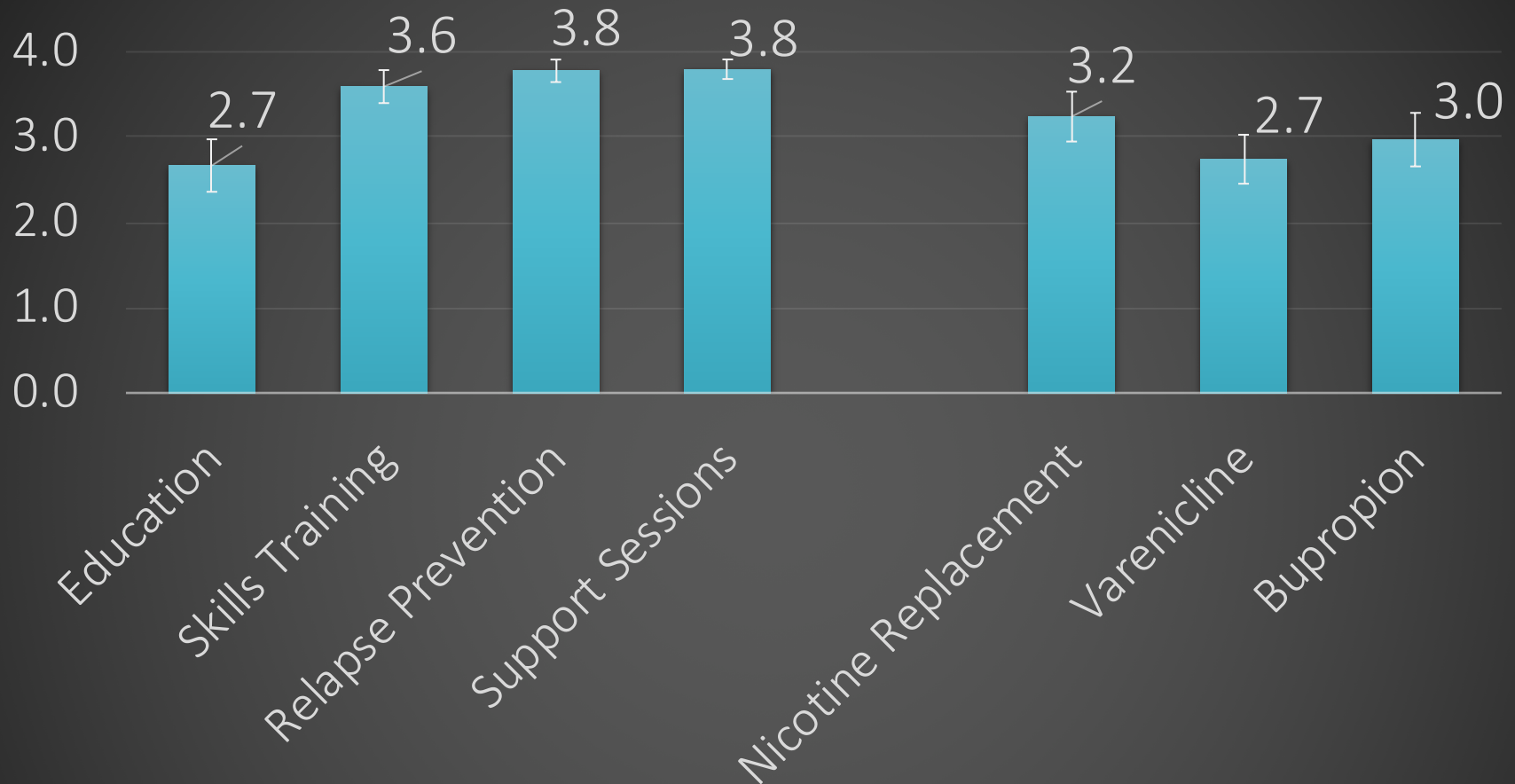
Providers must be role models—don’t smell like smoke!

Monitor antipsychotic dosage and adjust as needed

Offer encouragement and be positive

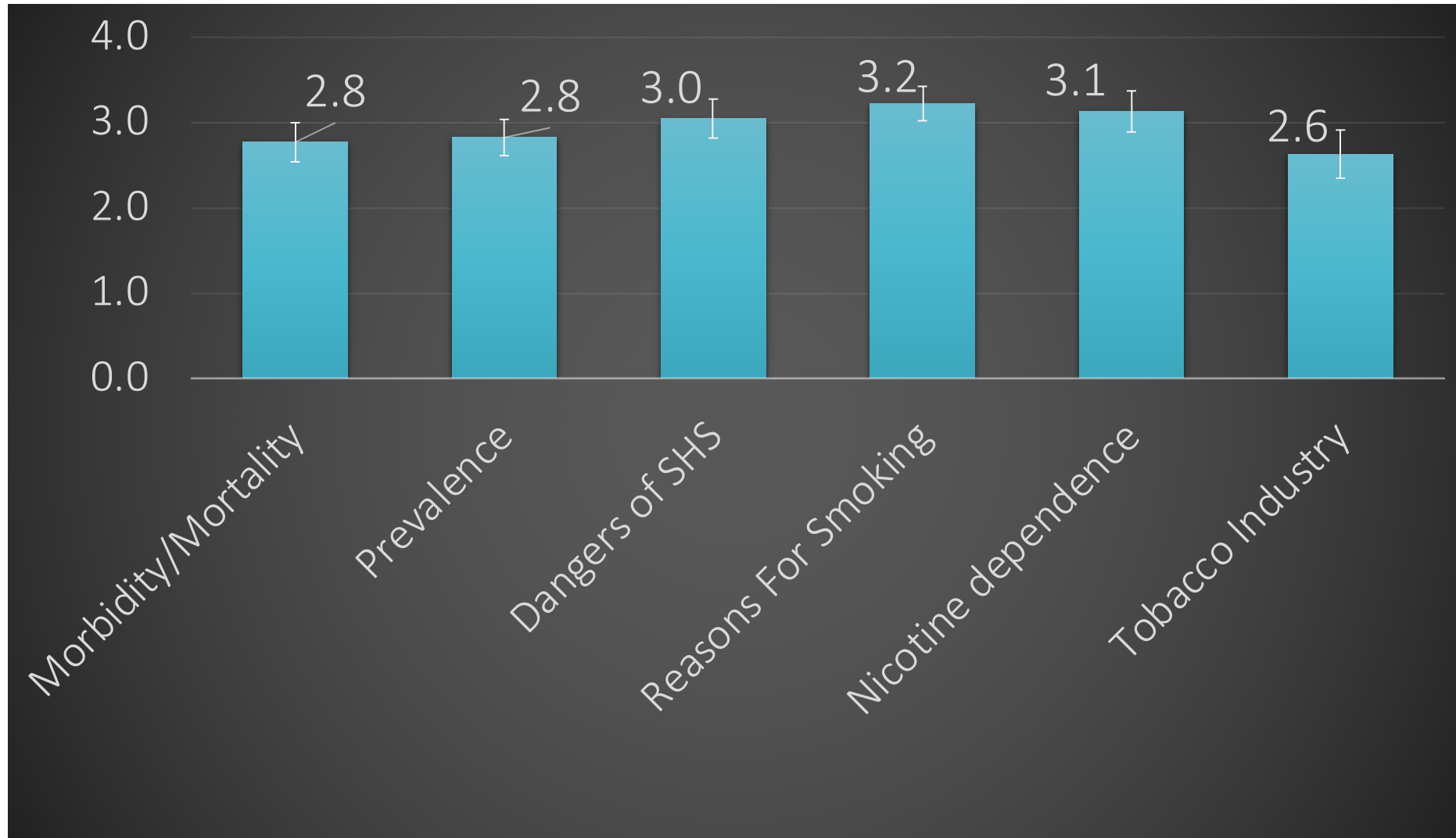
Quantitative findings

Ratings* of Program Components (N = 18)



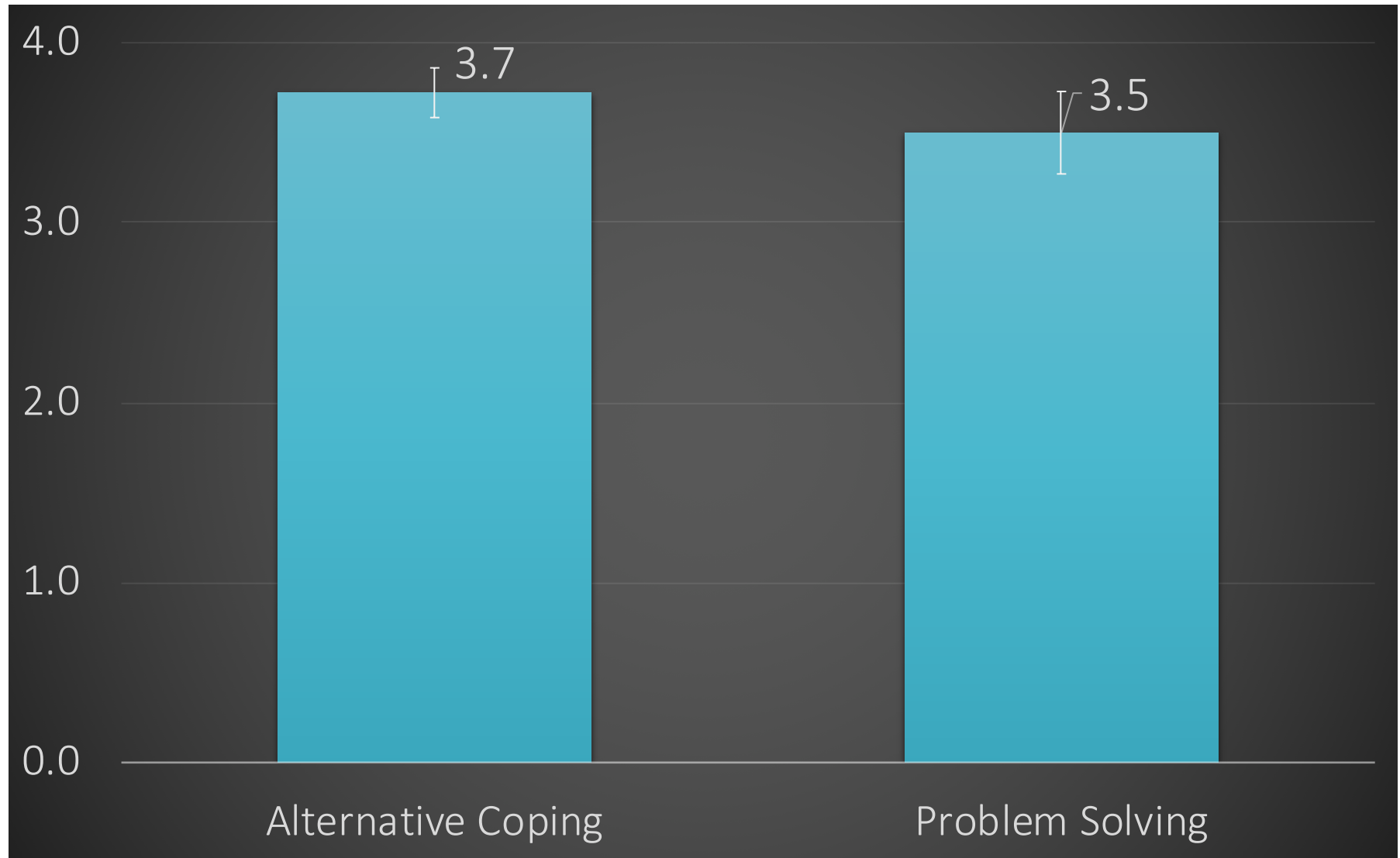
*Ratings are based on means scores of desirability, acceptability, and applicability scores (Scale of 0-4)
No significant difference between groups

Ratings* of Education Components (N = 18)



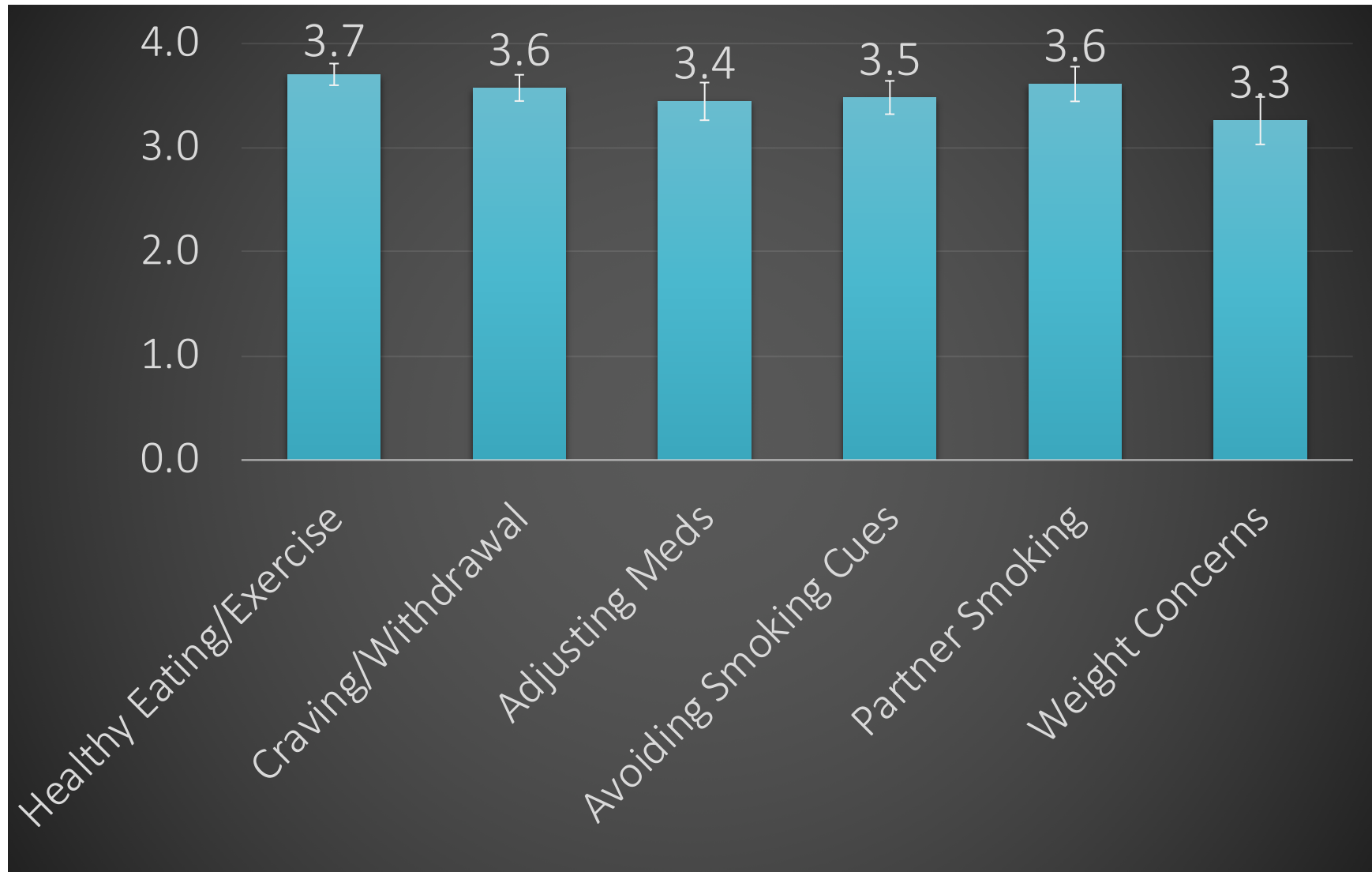
*Ratings are based on means scores of desirability, acceptability, and applicability scores (Scale of 0-4)
No significant difference between groups

Ratings* of Skills Training Components (N = 18)



*Ratings are based on means scores of desirability, acceptability, and applicability scores (Scale of 0-4)
No significant difference between groups

Ratings* of Relapse Prevention Components (N = 18)



*Ratings are based on means scores of desirability, acceptability, and applicability scores (Scale of 0-4)

No significant difference between groups

Conclusions

Qualitative analysis were confirmed in ratings of program components .

Tobacco treatment for individuals with schizophrenia should incorporate both behavioral and pharmacotherapy components

It is important to educate individuals with schizophrenia on pharmacotherapies in order to maximize success in cessation attempts.

Final Q & A

