

Developing a tailored tobacco treatment program for individuals with schizophrenia

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Background

- Community-based tobacco treatment interventions designed for the general population may not be as effective for individuals with mental illnesses
- Could tailoring tobacco treatment to a specific psychiatric diagnosis be more effective?

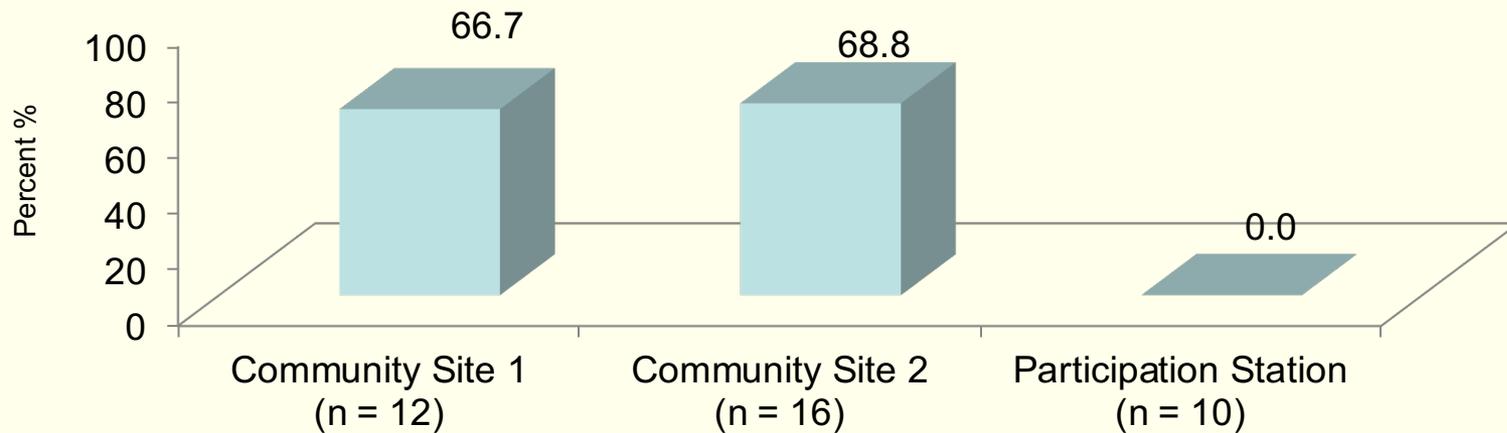


Figure 1. End of treatment smoking cessation outcomes by treatment site from an evidence-based 13-week group tobacco treatment program (i.e., The Cooper-Clayton Method to Stop Smoking)

Background

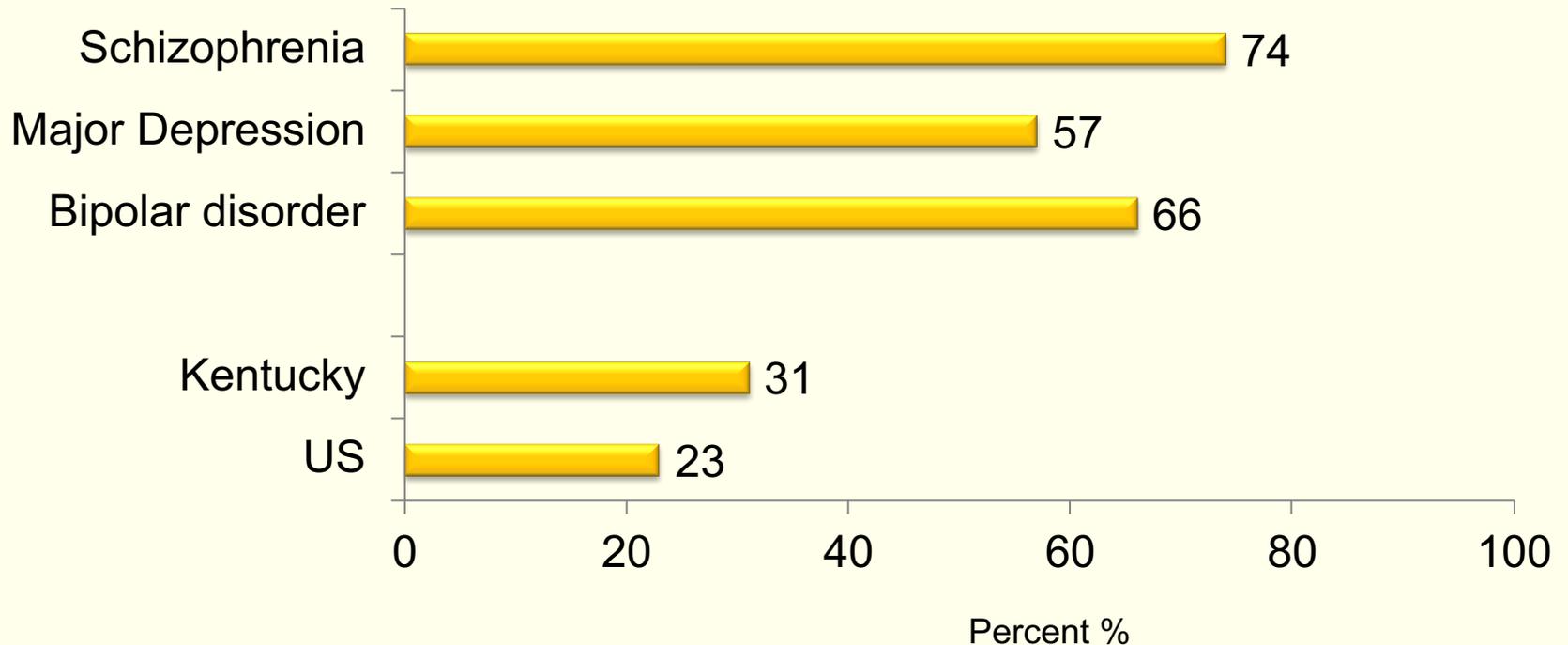


Fig. 2 Smoking prevalence among individuals with chronic mental illness in central Kentucky compared to State and National prevalence rates

Adapted from Diaz et al., 2009

Project aims/goals

- **Aim 1:** To adapt and tailor a tobacco treatment approach for smokers with schizophrenia
(Developing a treatment manual and intervention approach)
- **Aim 2:** To test the efficacy and acceptability of the tailored tobacco treatment intervention

Target setting and participants

Aim 1

- **6 Tobacco Treatment Specialists** (2 physicians, 2 counselors, 2 nurses)
- **16 Individuals with Schizophrenia** (Former/Current Smokers)

Aim 2

- **Participation Station** (a peer-led support services for individuals with chronic mental illnesses in Lexington Kentucky). Serves 524 with MI
- **Seven Counties Incorporated** (a regional mental health agency located in the metropolitan Louisville, KY and surrounding counties).
Serves 1,150 with schizophrenia
- **Bluegrass.org** (a regional mental health agency covering 14 counties in Kentucky).
Serves ~4000 with schizophrenia

Intervention description (Aim 1, in progress)

- **Obtained IRB approval**
- **Prospective snowball sampling of tobacco treatment specialists from different disciplines and former/current smokers with schizophrenia**
- **Mix-methods approach**
 - 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')

Measures/Assessment

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: ____

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?**

Results

Reasons for schizophrenia only smoking cessation program

- Conventional programs do not meet specific needs of those with schizophrenia (i.e., may need longer treatment durations due to poor concentration and impaired social skills)
- Won't need to explain themselves, they can fit in
- Content can specifically address the relationship of smoking and schizophrenia and specific considerations when engaging in cessation

Reasons for not developing program specific for schizophrenia

- Higher functioning individuals may not feel comfortable in a schizophrenia only group (i.e., they may not want to be identified by their illness)
- May benefit from being with people with different life circumstances (such as a general population group)
- May hinder their self-esteem (because they are not seen as 'normal')

Results

Components	Tobacco Treatment Specialist Scores (n= 6)						Smokers with Schizophrenia Scores (n=2)					
	Desirability		Applicability		Acceptability		Desirability		Applicability		Acceptability	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Skills Training	4.0	0.0	4.0	0.0	3.8	0.4	4.0	0.0	3.5	0.7	3.0	1.4
Relapse Prevention	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
Support Sessions	4.0	0.0	4.0	0.0	3.8	0.4	4.0	0.0	4.0	0.0	3.5	0.7
Healthy Eating and Exercise	3.6	0.9	3.6	0.9	3.8	0.4	4.0	0.0	3.5	0.7	3.0	0.0
Adjusting Psychotropic Medications	3.2	1.3	3.2	1.3	3.3	1.0	3.5	0.7	3.5	0.7	3.5	0.7
NRT	4.0	0.0	4.0	0.0	3.7	0.5	4.0	0.0	3.5	0.7	3.5	0.7
Varenicline	3.5	0.8	3.5	0.8	3.3	0.8	2.0	1.4	2.0	1.4	2.0	1.4
Bupropion	3.4	0.9	3.4	0.9	3.2	0.8	3.5	0.7	3.5	0.7	3.5	0.7
Education	3.2	1.1	3.2	1.1	3.4	0.9	3.5	0.7	2.5	0.7	3.0	0.0

Results

- Number of clients served: **None/Not Applicable**
- Number of nurses delivering cessation interventions: **None/Not Applicable**
- Number and types of providers: **None/Not Applicable**
- Number of organizations involved: **4 (University of Kentucky, Participation Station, Behavioral Health and Wellness Center, Seven Counties Incorporated)**
- Number of units within the organization involved in the initiative: **None/Not Applicable**

Discussion

- Used preliminary data to apply to NIH grant: **Exploratory Studies of Smoking Cessation Interventions for People with Schizophrenia (R21/R33)**—submitted August 15th, 2014
- Positive responses from collaborating organizations with increased buy-in for addressing tobacco treatment within organizations that serve individuals with mental illnesses
- Obtaining IRB approval takes time (2-3 months)
- Strengths/limitations:
 - Mixed methods approach yields valuable data
 - Study recruitment ongoing (challenge recruiting former smokers with schizophrenia)
- Conclusions/recommendations:
 - Preliminary at best, but need to consider the functioning level and particular diagnosis in tailoring tobacco treatment for those with mental illnesses.