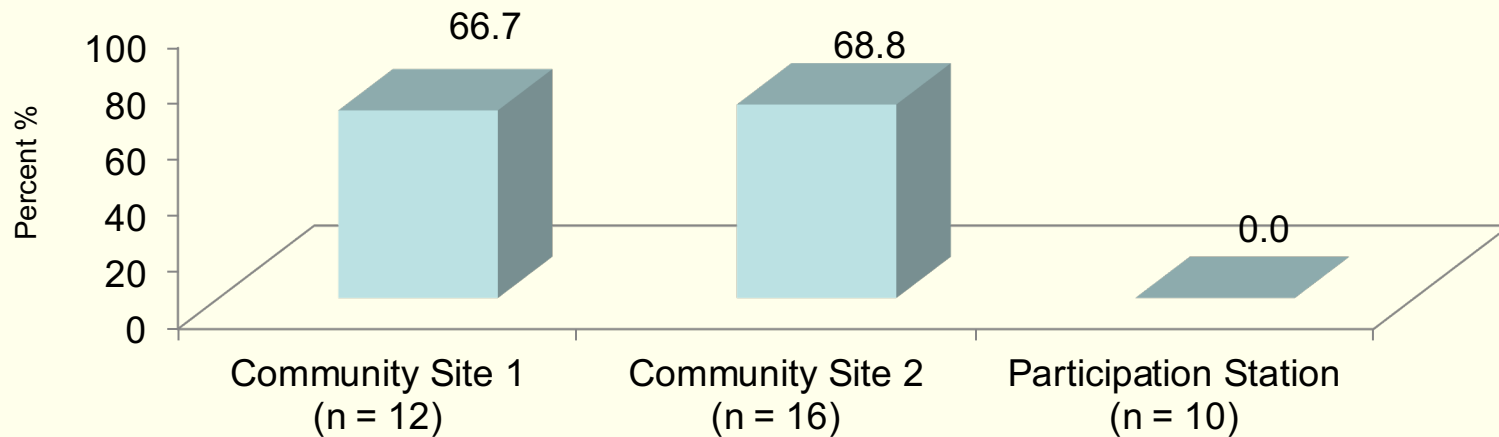


# Developing a tailored tobacco treatment program for individuals with schizophrenia

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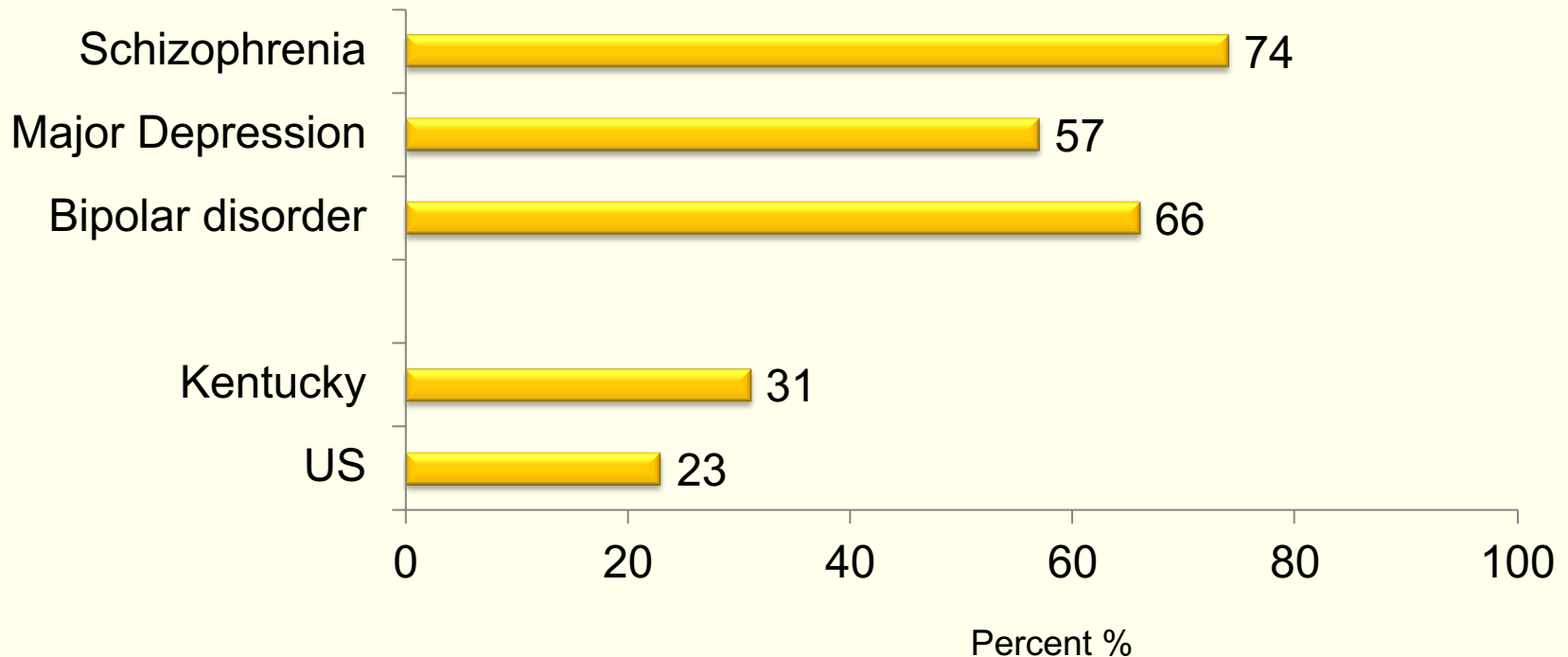
# Background

- 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')
<b>BEHAVIORAL GROUP THERAPY SESSIONS (WEEKS 1-12)</b>	
<b>1) Education about smoking and Schizophrenia (WEEKS 1-6)</b>	Desire score: ____ Applicable score: ____ Acceptable score: ____
<b>Topics include:</b> <ul style="list-style-type: none"> <li>Morbidity (diseases and health effects) and mortality (premature deaths) from smoking among individuals with schizophrenia and other mental illnesses</li> </ul>	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> <li>Prevalence of smoking among individuals with schizophrenia and other chronic mental illness</li> </ul>	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> <li>Dangers of secondhand smoke exposure</li> </ul>	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> <li>Reasons for smoking among individuals with schizophrenia specifically (neural gating, psychotropic drug side effect management, attention deficits, decreasing negative symptoms e.t.c.)</li> </ul>	Desire score: ____ Applicable score: ____ Acceptable score: ____
<ul style="list-style-type: none"> <li>Nicotine dependence and schizophrenia</li> </ul>	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
<b>Skills Training</b>	4.0	0.0	4.0	0.0	3.8	0.4	4.0	0.0	3.5	0.7	3.0	1.4
<b>Relapse Prevention</b>	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
<b>Support Sessions</b>	4.0	0.0	4.0	0.0	3.8	0.4	4.0	0.0	4.0	0.0	3.5	0.7
<b>Healthy Eating and Exercise</b>	3.6	0.9	3.6	0.9	3.8	0.4	4.0	0.0	3.5	0.7	3.0	0.0
<b>Adjusting Psychotropic Medications</b>	3.2	1.3	3.2	1.3	3.3	1.0	3.5	0.7	3.5	0.7	3.5	0.7
<b>NRT</b>	4.0	0.0	4.0	0.0	3.7	0.5	4.0	0.0	3.5	0.7	3.5	0.7
<b>Varenicline</b>	3.5	0.8	3.5	0.8	3.3	0.8	2.0	1.4	2.0	1.4	2.0	1.4
<b>Bupropion</b>	3.4	0.9	3.4	0.9	3.2	0.8	3.5	0.7	3.5	0.7	3.5	0.7
<b>Education</b>	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 15<sup>th</sup>, 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.