Risk Perceptions and Reasons for Tobacco Use Among People with Mental Illness

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Disclosures

The speakers have no conflicts of interest to disclose

Learning Outcomes

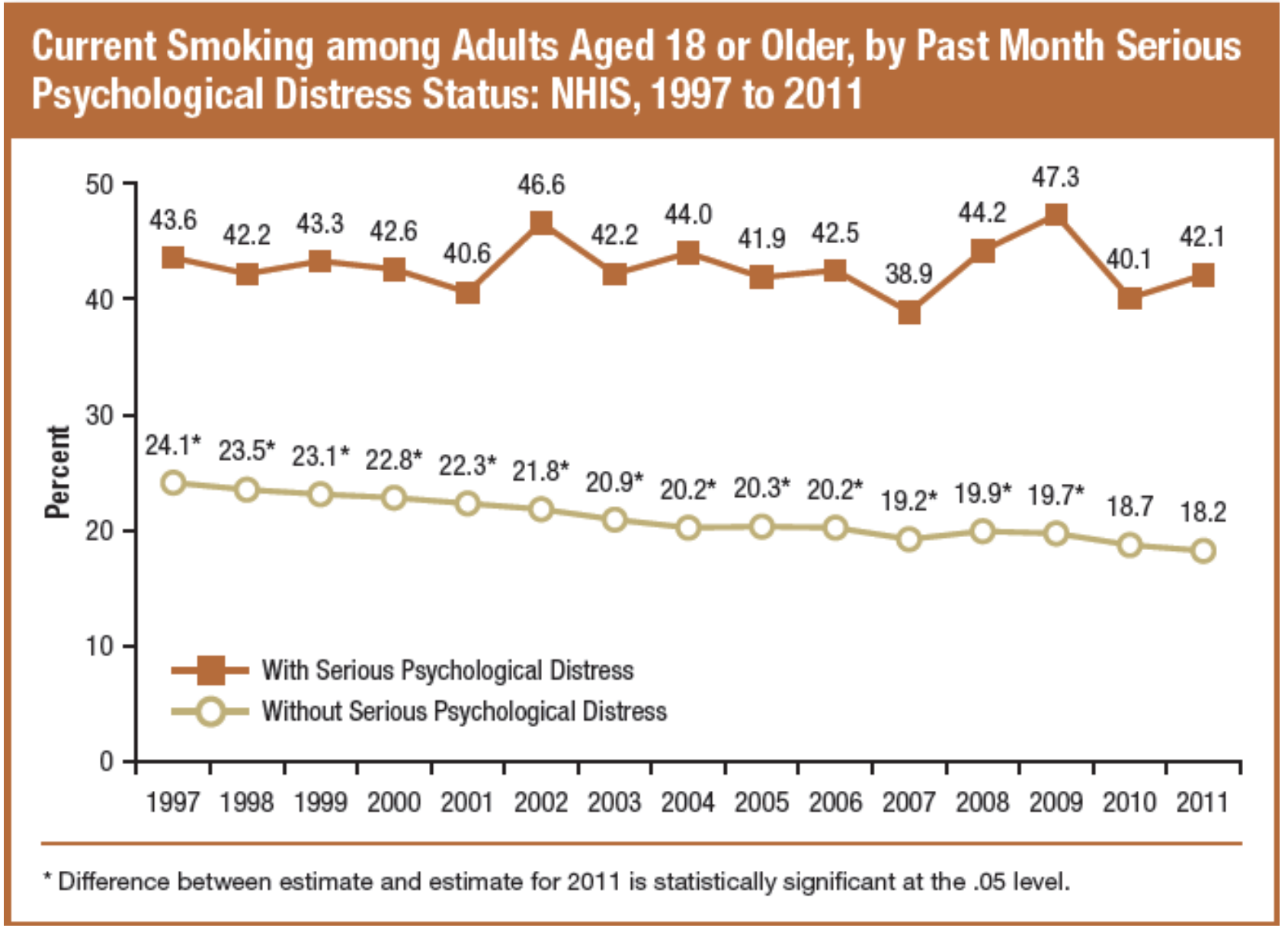
Upon completion of this presentation, participants will be able to:

1. Identify perceived tobacco-related health-risks among patients with mental illnesses
2. Describe addiction and psychiatric motivations for tobacco-use among patients with mental illnesses
3. Discuss implications for patients with mental illnesses based on perceived health-risks and reasons for tobacco-use

Tobacco Use and Mental Illness

"This suggests that tobacco control policies and cessation interventions targeting the general population have not worked as effectively for persons with mental illness."

(Cook et al., 2014 pg. 181)



Data from the National Health Interview Survey. Current smoking is defined as those who had smoked 100 cigarettes in their lifetime and smoked daily or some days at time of the interview. This illustration was obtained with permission from the SAMHSA CBHSQ Report, July 18 2013:http://www.samhsa.gov/data/sites/default/files/spot120-smokingspd_/spot120-smokingSPD.pdf

Reasons for Tobacco Use Maintenance

- Perception that nicotine relieves psychiatric symptoms
  - improves sensory gating deficits
  - ameliorates negative psychotic symptoms
- Preemptively avoid adverse symptoms of nicotine withdrawal (e.g. anxiety/stress)
- Health Belief Model:
  - Individual perceptions of risk related to a health behavior can result in willingness to change that specific behavior
- Lower health literacy levels
  - Diminished perceptions of behavioral and physical tobacco-related health risks

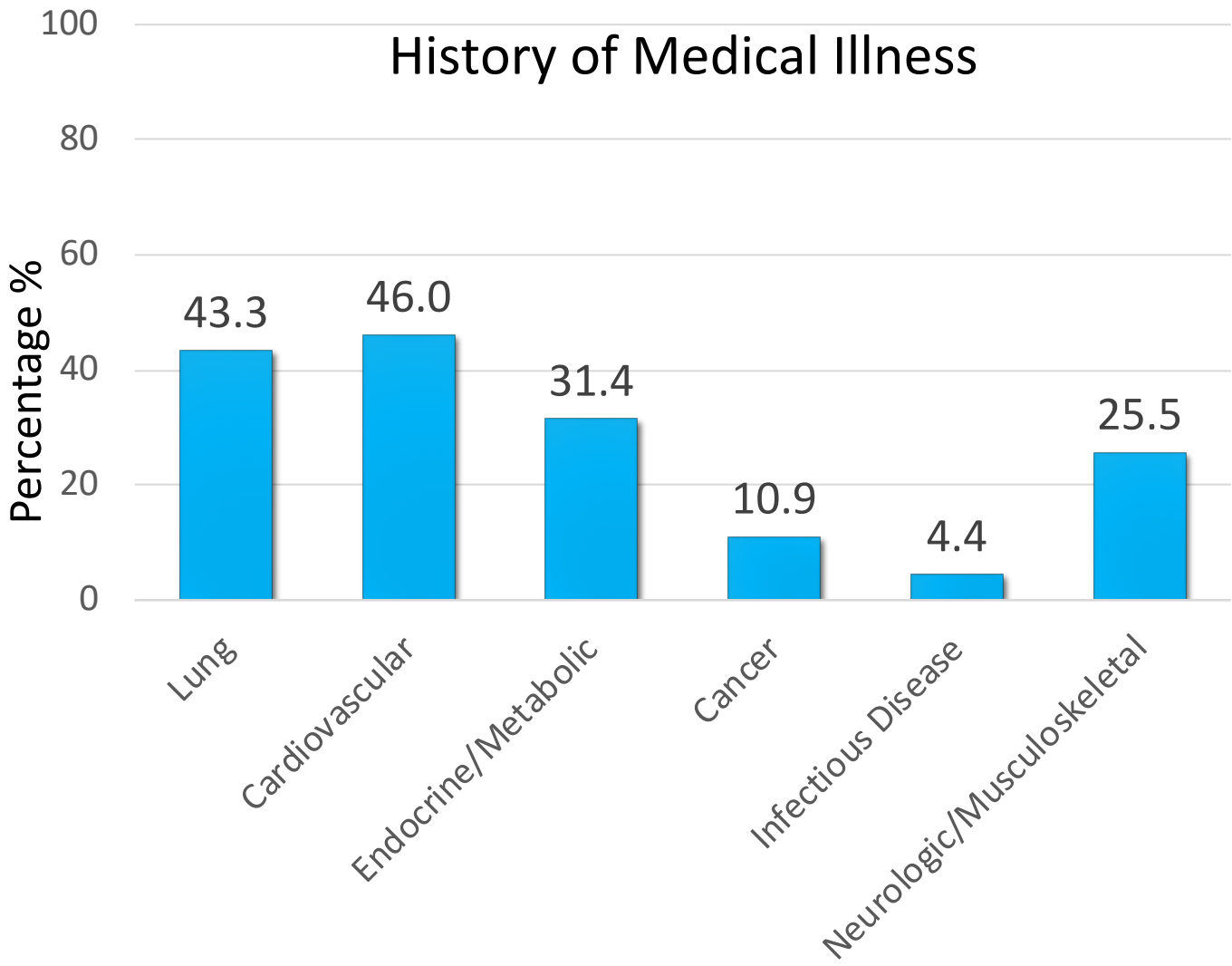
Study Purpose, Design, and Procedure

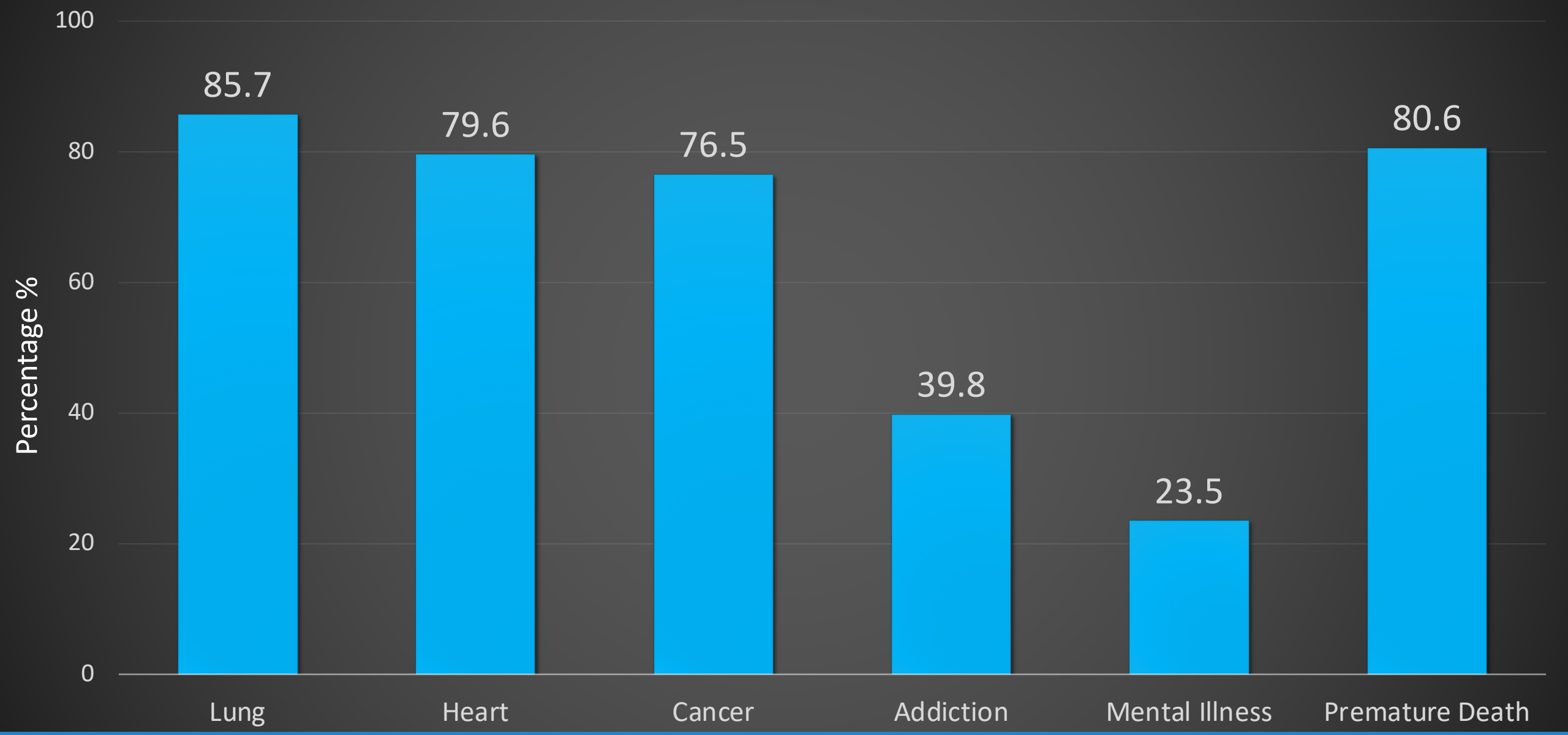
- The purpose of this study was to examine:
  1. Reasons for tobacco use
  2. Perceived tobacco related health risks
- Correlational design with 137 participants from an inpatient psychiatric facility
  - ≥18 years of age
  - Able to read and write in English
  - Competent to provide informed consent
  - Admitted for at least 48 hours (deemed to have some measure of psychiatric stability)
- Procedure:
  - Trained research staff assessed consent capacity
  - Participants were given a 15-20 minute survey
- Data Analyses:
  - Chi-square analyses stratified by psychiatric categories (non-psychotic versus psychotic disorder) assessed differences in risk perceptions and reasons for tobacco-use.

Demographic	Psychiatric Diagnoses	Tobacco Use and Exposure History	Medical Illness History	Reasons for Tobacco Use	Tobacco-Related Illness Risk Perceptions
• Gender • Age (in years) • Ethnicity/Race • Education Level • Marital Status • Type of Health Insurance • Employment Status • Residency	Non-Psychotic: • Mood disorder not otherwise specified • Major Depressive DO • Bipolar Affective DO • Anxiety and Cognitive DO • Substance Use DO	Cigarettes smoked per day (cigs/day)	**Lung Disease:** COPD, chronic bronchitis, asthma, emphysema	**Stress reduction:** anxiety, relaxation, improved mood	"In your opinion, does smoking cause…"
				Addiction: addiction, routine/habit	• Cancer • Heart Disease • Addiction to other drugs • Premature Death
		Types of tobacco products used (cigarettes only vs. cigarettes and other products)	**Cardiovascular and related diseases:** high blood pressure, high cholesterol, cardiovascular disease	**Boredom:** boredom, only source of enjoyment, lack of alternative activities	
			Endocrine/Metabolic: diabetes, obesity	**Psychiatric Symptom Control**: self-medication, clarity of thought, symptom control, feel better physically	
	Psychotic: • Psychosis not otherwise specified • Schizoaffective disorder • Schizophrenia	Perceived Addiction to Tobacco (on a scale of 0-10)	**Cancer**	**Social**: increase socialization, peer pressure	
			Infectious disease: HVC, HIV	**Negative Mood:** loneliness, hopelessness, increased sense of control	
		Whether participants lived with other tobacco users	**Neurologic/Musculoskeletal:** chronic pain	**Medication Side Effect Management**	

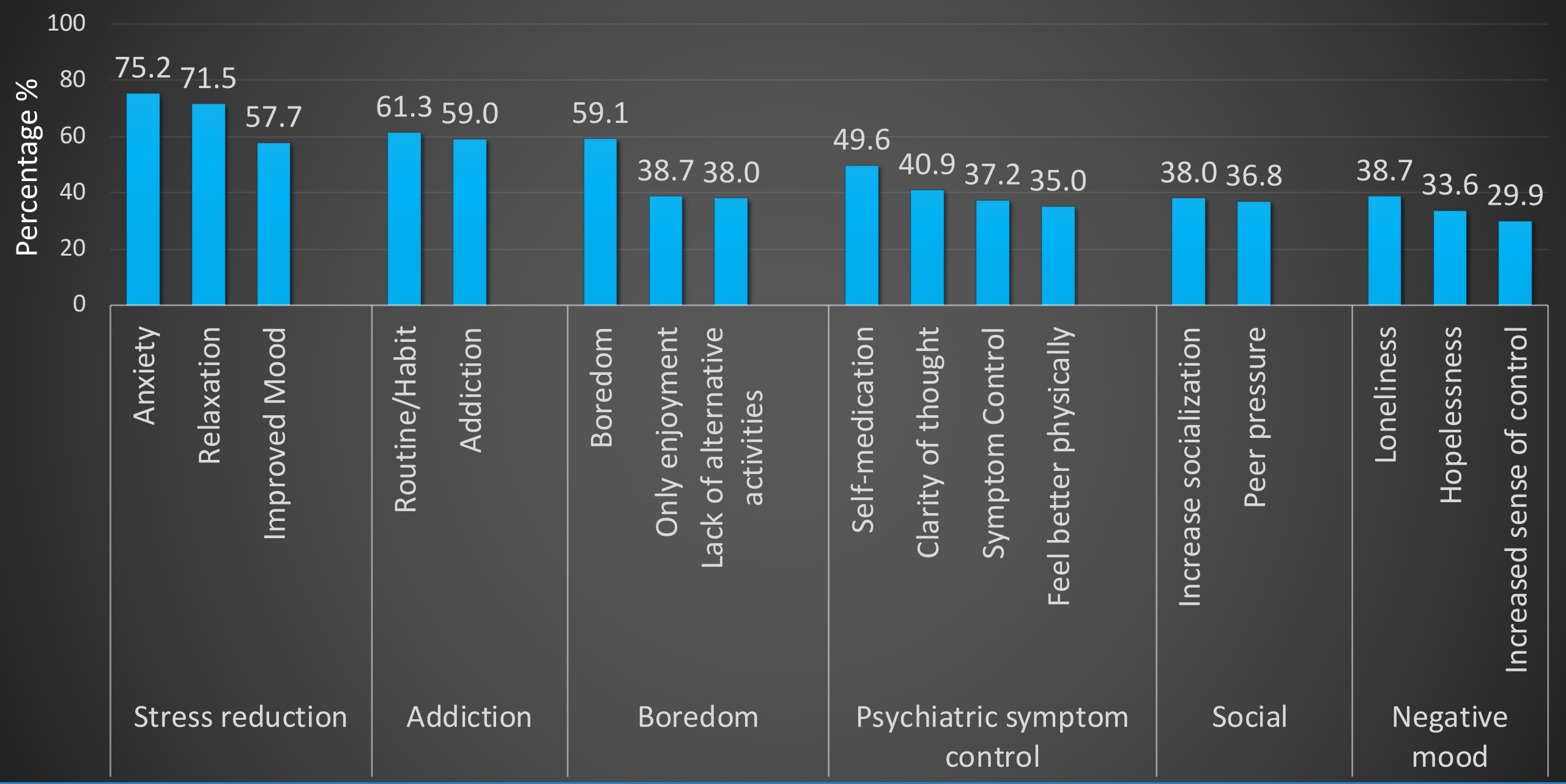
Sample Demographics

- 48.9% female
- 88.3% white
- 70.8% ≥ high school education
- 50.4% separated or divorced
- 89.1% Medicaid/Medicare beneficiaries
- 81.0% Poly-tobacco users
- 54.7% Living with other smokers*

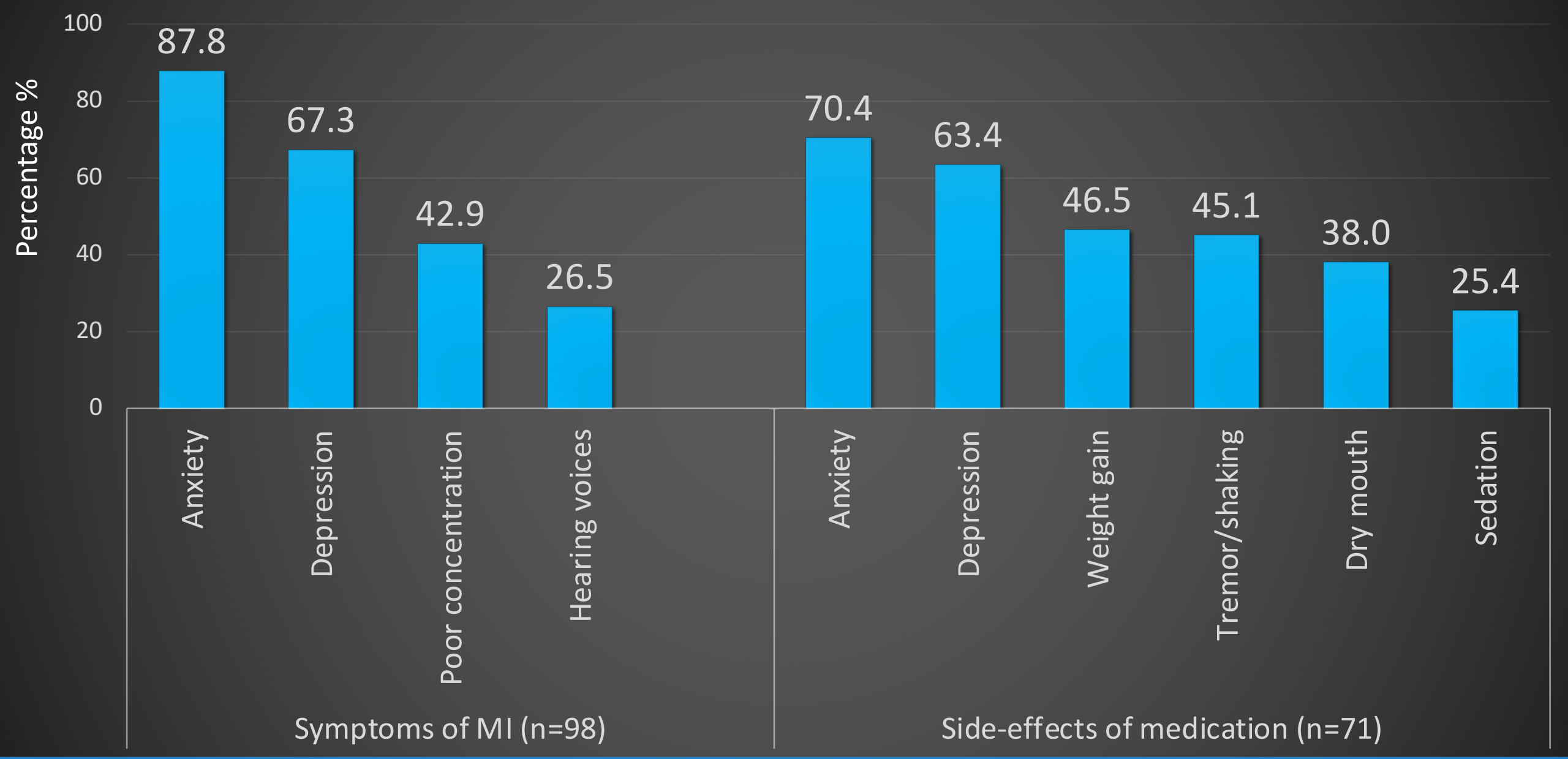




Associations between having a physical health problem and perceived risk of tobacco causing specific health problems



Reasons for tobacco use endorsed by participants



Reasons for tobacco use by managing symptoms of mental illness and side-effects of medications used to treat illness

Summary of Findings & Implications

- Tobacco use among people with mental illness remains prevalent
- Psychiatric inpatient tobacco users have high perceived risk for physical health outcomes related to tobacco use but low perceived risk for behavioral health outcomes
- Primary reasons for tobacco use include stress reduction (e.g. anxiety), addiction (e.g. routine/habit), and boredom
- The majority endorsed tobacco use for managing symptoms of their mental illness and side effects of their psychotropic medications
- Future studies are needed to determine ways to enhance:
  - Awareness of the behavioral health effects of tobacco use among people with mental illness
  - Tailored tobacco treatment that addresses psychiatric symptoms and psychotropic medication side effects among people with mental illnesses

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