

4th International Conference and Exhibition on **Addiction Research & Therapy**

August 03-05, 2015 Florida, USA

Patients with co-occurring mood disorders and Tobacco use disorder recruited from outpatients at the centre of treatment for smokers

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Background: Patients with co-occurring mood disorders either major depressive disorders or bipolar disorders and tobacco use disorder have more severe depressive and anxiety symptoms and recover more slowly and smoking worsens treatment prognosis.

Objectives: The aim was to evaluate gender and depressive smokers' differences in clinical characteristics and smoking cessation.

Methods: In this study, 211 smokers, 135 women and 76 men, 101 depressed smokers and 110 non-depressed smokers were recruited from the Center of Approach and Treatment for Smokers for a period of 52 weeks. Smokers were submitted to a smoking cessation treatment consisted of pharmacotherapy combined with cognitive therapy. Smoking cessation was assessed by exhaled carbon monoxide. The diagnoses of tobacco use disorder and mood disorders were performed by structured clinical interview, clinical version (SCID-I) based on the DSM-IV. Participants underwent a structured interview to assess the socio-demographic, clinical, family and smoking history. The Fagerstrom Test for Nicotine Dependence (FTND), Hamilton Depression Rating Scale (HDRS) and the Alcohol Smoking and Substance Involvement Screening Test (ASSIST) were used. The body mass index (BMI) was evaluated. Laboratory measures were serum glucose, total cholesterol, high-density cholesterol (HDL-C), low-density cholesterol, triglycerides and tumor necrosis factor alpha (TNF- α), interleukin-6 (IL-6) and C-reactive protein (CRP).

Results: Depressed men smokers used more cigarettes daily, presented more alcohol consumption, lower levels of HDL-C, higher levels of triglycerides and TNF- α than depressed and non-depressed women smokers ($p < 0.05$). However, depressed and non-depressed women were more worried about weight gain and presented lower body mass index (BMI-Kg/m²) than men. Depressed smokers have higher levels of pro-inflammatory cytokines (PICs) than non-depressed smokers including TNF- α , IL-6 and acute phase proteins such as CRP compared to non-depressed smokers. Depressive smokers were found to exhibit more severe symptoms than depressed non-smokers on the Hamilton depression rating scale as well as exhibiting more anxiety, a higher risk of alcohol consumption and more suicide attempts than non-depressed smokers. The same smoking cessation treatment was effective for both genders and depressed and non-depressed smokers.

Conclusion: The differences in clinical characteristics suggested possible benefits from interventions that are targeted to a specific gender. Patients with co-occurring mood disorders and tobacco use disorder in clinical practice are common; therefore, clinicians may have to treat these patients as having co-occurring disorders.

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The new R_x for addiction relationships-The power of one to make a difference

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This is a high-energy, motivational, multimedia presentation that is research-driven and reality-based. It integrates cutting-edge research and humor and inspiring real-life stories to facilitate learning about the importance of relationships and addiction research and therapy. The program is filled with "tips from the trenches", practical strategies, to help addiction professionals help keep people safe and healthy so that they can live drug free. This session addresses the four challenges of building relationships: Communication, collaboration, culture competency, and caring. It explores the role of social-emotional learning, mental health, the whole person concept, and teambuilding. It offers honesty, humor and hope that everyone can make a difference. The addiction professionals will leave with an unforgettable message filled with an incredible sense of hope and joy that with education, helping one another and believing in yourself, you can change lives. Change is inevitable, growth is optional. You have the Power of One to change the future. Let's start today!

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