World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

Differences in remission from nicotine use disorder by tobacco treatment services among people with severe mental illness

Hamzah Alghzawi, Carla Storr, Shijun Zhu, Alison Trinkoff, Fernando Wagner and **Debra Scrandis**
University of Maryland, USA

Objective: People living with mental illnesses are two to four times more likely to be dependent on nicotine and have more difficulty remitting from nicotine use disorder (NUD). A growing body of evidence supports pharmacological interventions to assist smoking cessation in people with severe mental illness (SMI; i.e. lifetime major depressive disorder, bipolar disorders, or schizophrenia). Little is known about whether non-pharmacological treatment services are also associated with high probability of remission from NUD and whether the time from NUD onset until full remission from NUD differs by tobacco treatment services (pharmacological services, non-pharmacological services, or both services).

Methods: A population sample of 726 American lifetime adult smokers with SMI and a history of NUD who had a history of seeking tobacco treatment services were identified in a limited public use dataset of the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III). Individuals who did not meet any DSM 5 criteria other than craving in the past year were classified as having remitted. Participants self-reported ages of NUD onset and remission (individuals not in remission were censored at their current age). Survival analysis was used to compare the probability of remission from NUD and the time needed for full remission from NUD by tobacco treatment services. The analysis took into account the complex sampling design and controlled for possible confounders (i.e. sociodemographics) and covariates (i.e. comorbidity with another mental illness).

Results: The study sample was primarily female (61.2%), non-Hispanic White (84.4%), between 45 to 65 years of age (51.4%), from the south (32.0%) residing in urban areas (75.3%). Out of those who sought tobacco treatment services, only 32.3% had remitted (6% had used pharmacological treatment services, 41.7% had used non-pharmacological treatment services and 52.3% had used both). The proportion that remitted with a history of pharmacological treatment services was 17.6%. Remission was more frequent among those using non-pharmacological treatment services (28.5%) or when both types of tobacco treatment services were used (19.6%). In models controlling for confounders and covariates, the probability of remission from NUD was higher among those who had non-pharmacological services (HR=1.95, 95%CI: 1.93, 1.97) or those who had both treatment services (HR=1.52, 95%CI: 1.52, 1.55) compared to those who only had pharmacological services. The average time needed for full remission from NUD was 35 years (95%CI: 32.2, 37.6) among the smokers who had non-pharmacological treatment services, compared to 37 years (95%CI: 32.1, 42.3) among those who had pharmacological services and 47 years (95%CI: 43.9, 49.8) among those who had both treatment services.

Conclusions: The current study suggests a clinical need for non-pharmacological interventions to promote the probability of remission from NUD among smokers with SMI. Psychiatric nurses could play a role in educating and encouraging smokers with SMI to seek and utilize non-pharmacological treatment services that might improve the probability of remission from NUD and facilitate prolonged abstinence.

Acknowledgments: NESARC-III is funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with support from the intramural program and National Institutes of Health.

hamzahjordan87@umaryland.edu

Notes: