

A sunset over a body of water. The sun is low on the horizon, creating a bright orange and yellow glow. The water is dark blue with many small ripples and bubbles. The sky is a mix of blue and orange.

# **Busting Myths about Smoking Cessation and Mood Disorders**

**What does the evidence really tell us?**

## BACKGROUND



Smokers with depression experience greater rates of relapse and have lower long-term quit success rates compared to the general population.<sup>[1]</sup> Despite this evidence, research has found that smokers with co-occurring mental illness are less likely to be offered treatment for smoking cessation.<sup>[2]</sup> These inconsistencies are, in part, caused by misconceptions regarding smoking cessation among this population.<sup>[3]</sup>

In this resource we will identify and address common myths related to smokers with mental illness, specifically individuals with mood-related disorders, and provide tips for healthcare providers when working with this population.

## BUSTING MYTHS ABOUT SMOKING CESSATION AND MOOD DISORDERS



**MYTH:** “Smokers with mental illness lack the motivation to quit smoking.”

### FACT:

Evidence suggests that individuals with mental health issues, including depression are as motivated to quit smoking as the general population.<sup>[4]</sup> In fact, many smokers with mental illness express concern over the impact of smoking on their health and finances, and are motivated to quit or reduce their tobacco use.<sup>[5]</sup>

- 85% of smokers with co-occurring mental illness have made a quit attempt in the past versus 78% of those without mental illness.<sup>[3]</sup>
- A study by Haukkala (2000) found that smokers presenting depressive symptoms display reduced self-efficacy, but had higher motivation to quit smoking compared to non-depressed smokers.<sup>[6]</sup>
  - Among female smokers, higher depression scores were associated with greater motivation to quit smoking.<sup>[6]</sup>

### TIPS FOR HEALTHCARE PROVIDERS:



- **Brief interventions (2-5 minutes)** can be used to help your patient understand the relationship between their tobacco use and mood disorder, and increase their motivation to initiate positive health behaviour change.<sup>[7]</sup>
- Incorporate **motivational interviewing** as part of **brief interventions** with your patients by using the following skills:<sup>[8]</sup>
  - ✓ Explore your patient’s ambivalence and develop discrepancies
  - ✓ Provide reflections and affirmations when appropriate
  - ✓ Establish goals that are realistic to achieve
- **Self-management resources**, such as the “[Self-Awareness: Managing Your Mood](#)” workbook, can be offered to patients to help reinforce techniques learned during counseling sessions and maintain positive mood while attempting to quit or reduce smoking.<sup>[9, 10]</sup>

## MYTH: “Smokers with mood disorders do not have the capacity to successfully quit smoking.”

### FACT:

Healthcare practitioners may be disinclined to providing smoking cessation interventions to individuals presenting mood disorders out of fear that this will worsen their depressive symptoms.<sup>[11, 12]</sup> However several bodies of evidence have shown that quit success is possible among this population.<sup>[13]</sup>



- Although smokers with depression experience greater addiction severity and higher rates of relapse than the general population<sup>[14]</sup>, providing tailored interventions that target co-occurring mood disorders can increase quit success rates.<sup>[13, 15]</sup>
- Strong evidence has found that integrating a mood management component as part of standard smoking cessation treatment can increase long-term quit success rates by 12-20% in smokers with current and past depression.<sup>[15]</sup>
- Evidence-based interventions for counselling smokers in the general population are effective for treating individuals with mood disorders, including both pharmacological<sup>[16-18]</sup> and psychosocial interventions.<sup>[10, 19, 20]</sup>

### TIPS FOR HEALTHCARE PROVIDERS:



- Incorporate psychosocial interventions as part of your patient’s treatment plan
  - **Cognitive behavioural therapy (CBT)** and **mindfulness/relaxation** exercises can be used to help patients manage symptoms of stress, depression and anxiety as well as cope with triggers and cravings to smoke.
- Consider that individuals with mood disorders may require longer treatment plans, and adjusted doses of pharmacotherapy, including higher doses of nicotine replacement therapy.<sup>[21]</sup>
  - **Assess** your patient’s mental health status, including a history of mood disorders, which can influence their treatment plan and pharmacotherapy options.<sup>[10, 21, 22]</sup>
  - **Monitor** your patient for any changes in mood or potential adverse side effects, since quitting smoking can affect certain medications.<sup>[21, 22]</sup>
  - **Consider** potential drug interactions with medications being used to treat mood disorders and tobacco dependence and adjust doses as necessary.<sup>[21, 22]</sup>

## Myth: “Smoking cessation should not be a top treatment priority among individuals with co-occurring mental illness.”

### FACT:

Evidence has found that individuals with psychiatric disorders are more likely to die from a tobacco-related disease than their mental health issues.<sup>[3, 23]</sup>

- Smokers with mental illness have a lower life expectancy than the general population, with much of their excess mortality being attributable to smoking.<sup>[3]</sup>



- Cardiovascular disease, respiratory illnesses and cancer are among the most common causes of premature death among this population, which is most commonly associated with tobacco use.<sup>[3, 24]</sup>
- In individuals with mental health problems, there is a 77% increased risk of suicide attempts among those who smoke, compared to non-smokers.<sup>[3, 25, 26]</sup>
  - The risk of suicide significantly decreases following one year of smoking abstinence.<sup>[3, 25]</sup>
  - Quitting smoking is not associated with greater risk of suicidality.<sup>[3, 26]</sup>

## TIPS FOR HEALTHCARE PROVIDERS:



- Healthcare providers should make it a priority to screen and address tobacco use when working with patients with mood disorders, in order to reduce smoking-related morbidity and mortality.<sup>[3]</sup>
- Integrate the same evidence-based **psychosocial** and **pharmacological** treatments that are used with the general population for smoking cessation as part of treatment for smokers with mood disorders.<sup>[21, 22]</sup>
- **Agenda mapping** can be used to help patients and practitioners identify and prioritize specific health behaviors they want to change in order to guide the development of treatment plans.<sup>[10]</sup>

**Myth:** “Smoking alleviates symptoms of depression and anxiety, and can promote relaxation to help relieve stress and stabilize mood.”

## FACT:

Evidence has shown that nicotine is ineffective in treating mental illness.<sup>[13, 27]</sup> While nicotine may cause short-term elevation in mood due to the release of dopamine in the brain, nicotine is a stimulant and can actually exacerbate feelings of anxiety and low mood, and increase stress levels.<sup>[13, 27-30]</sup>



- Irritability, negative mood and anxiety are common withdrawal symptoms, and may be misinterpreted as depressive symptoms among individuals making a quit attempt.<sup>[29, 30]</sup>
- Strong evidence has shown that smoking cessation is associated with **reduced** feelings of depression, anxiety and stress and **improvement** in psychological quality of life and positive affect.<sup>[29]</sup>

## TIPS FOR HEALTHCARE PROVIDERS:

- **Psychoeducation:** Educate your patient on the connection between their mood and smoking to help address common myths and “placebo effects.”<sup>[10, 30]</sup>
  - **Review** the differences between feelings of withdrawal and feelings of depression.<sup>[30]</sup>
  - **Discuss** the positive impact that quitting smoking can have on their mental health.<sup>[30]</sup>
  - Create a list of alternative activities that patients can participate in when experiencing negative mood or withdrawal symptoms in order to reduce the risk of relapse.
  - Page 6-7 of the “[Self-Awareness Managing Your Mood Workbook](#)” provides a list of **pleasant and healthy activities** that patients can engage in when experiencing cravings and/or low mood and a daily **tracking sheet** where they can chart their mood, smoking and activities to help visualize the connection between their mood and smoking patterns.



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