

Psychiatric Consultation to Primary Care

A behavioral health integration partnership program of Vista Hill, funded by San Diego County Department of Behavioral Health Services
Call PC2 at (858) 880-6405 or email us at pc2@vistahill.org or submit consults at www.sdcstars.com



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SMOKING CIGARETTES AND MENTAL ILLNESS

Rates of smoking cigarettes are higher in people with mental illness compared with those without mental illness, according to a federal survey conducted by the Centers of Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). According to the report, 36.1% of those with mental illness were current smokers compared with 21.4% of the rest of the population. People with mental illness smoked 30.9% of all cigarettes consumed in the US. This is partly because of heavier smoking in people with mental illness, with an average of 331 cigarettes per month compared with 310 in the rest of the smoking population. It is important to note that individuals in institutions and those considered to have alcohol and substance use disorders were excluded from the analyses.

Per Douglas Tipperman MSW, a tobacco prevention specialist at SAMHSA, the higher smoking incidence among those with mental illness is largely due to lower rates of quitting. More than half of smokers without mental illness who have ever smoked have since quit, but among those with mental illness, only 1/3 have ever succeeded in quitting. There are many reasons for this, including that many tobacco companies utilize specific marketing strategies directed at people with mental illness. In addition, many people with mental illness find symptom relief (decreased anxiety, improved mood, distraction from psychotic symptoms) from smoking. Linked to this, many healthcare providers believe that smoking cessation many worsen patients' mental illness. Cigarettes are used in many inpatient psychiatric hospitals as rewards for good behavior. People with mental illness are more likely to have lack of access to health care and lead stressful lives, both of which can also make quitting more difficult.

That is not to say that people with mental illness are not interested in quitting smoking. It is important to provide education and guidance on safe ways to stop

smoking. This includes inquiring about smoking habits in patients with mental illness and making smoking cessation part of the treatment plan.

When helping a patient who is taking psychotropic medications stop smoking, it is important to keep certain drug interactions in mind. Tobacco smoke can induce cytochrome P450 1A2, which can increase the metabolism of medications that are substrates of that system. These include:

Atypical antipsychotics:

olanzapine and clozapine

Typical antipsychotics:

haloperidol and fluphenazine

Typical antidepressants:

amitriptyline, clomipramine and imipramine

SSRIs:

fluvoxamine

Anxiolytic medications:

propranolol

If a patient on any of these medications stops smoking (especially if they stop abruptly), it might be important to decrease the dose of medication.

1-800-784-8669

The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service operated by the University of California San Diego's [Moore's Cancer Center](#). The Helpline offers self-help materials, referral to local programs, and one-on-one, telephone counseling to quit smoking. Helpline services have been proven in clinical trials to double a smoker's chances of successfully quitting.

Resources:

1. Mentally Ill Smoke 30% of All Cigarettes. By John Gever, Senior Editor, MedPage Today; From medpagetoday.com. published February 5, 2013.
2. Cytochrome P450 Drug Interaction Table. Indiana University, Department of Medicine. 2003

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