### **PSYCHIATRY AND SMOKING**

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# SMOKER HOSPITALIZED AT PSYCHIATRY

"At home I smoke less than here"

"What else to do here"

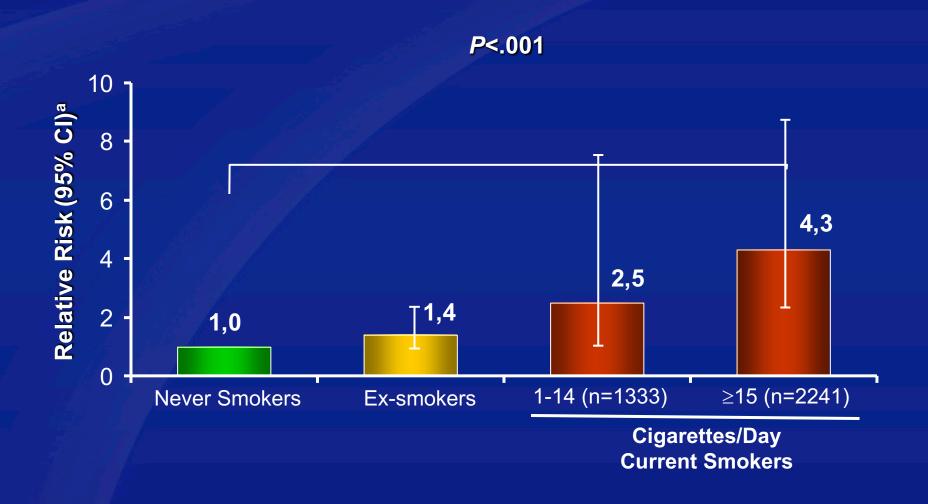
• "Everyone smokes here"

"Without cigarettes I feel depressive"

1990: USA - **41% cigarettes sold to** people with mental disorder = 28% in the population
(JAMA 284:3606)

2016: AU, NZ, USA – over 50% (Aust NZ J Publ Hlth 36:408; Aust NZ Psychiatry 44:1132, Talati et al., 2017)

### **SMOKING AND SUICIDE RISK**



<sup>a</sup>Relative risk was defined as the suicide incidence rate among those with a history of smoking divided by the rate among nonsmokers. Adjusted for time period, age, alcohol intake, and marital status.

Miller et al. *Am J Public Health*. 2000;90:768-773.

### PHARMACOLOGICAL INTERACTIONS OF CIGARETTES

### Antipsychotika

- Clozapin
- Fluphenazin
- Haloperidol
- Olanzapin

### Antidepresiva

- Amitriptylin
- Amoxapin
- Clomipramin
- Dosulepin
- Doxepin
- Imipramin
- Lofepramin
- Nortryptilin
- Protriptylin
- Trimiptramin

#### **Anxiolytika**

- Triazolam
- Alprazolam
- Oxazepam
- Lorazepam

### AUSTRALIAN GUIDELINE

#### **Clozapine and** smoking cessation



Smoking cessation can cause a rise in clozapine blood levels.

NOTE: It is the TAR in cigarettes which affects clozapine metabolism NOT the nicotine. NRT use does not affect clozapine levels.

ON PRESENTATION **ALL CONSUMERS** CURRENTLY **PRESCRIBED** CLOZAPINE

Assess clinically.

30-50%.

- 2. Record current clozapine dosage in notes.
- 3. Record other medications and dosage in notes.
- 4. Assess compliance with clozapine treatment.
- 5. Take blood clozapine level on admission and record in notes.

6. Ask if the consumer is a current smoker or recently quit and record. **CURRENT SMOKER** NOT CURRENT SMOKER or RECENT SMOKER Standard admission All consumers taking clozapine who stop or reduce smoking Clinically monitor for side effects of higher serum levels such as sedation, hypersalivation, hypotension, seizures or other neurological effects, akathisia and prolonged QTc interval. Known to be taking Not taking clozapine regularly clozapine regularly or stopped Follow standard protocol for Consider a dose reduction of

restarting clozapine.

# SMOKING AND METHADON (342 citací v PubMed)

Methadon – primarily metabolized by CYP3A4 + other isoenzymes izoenzymy including CYP1A2

Polycyklic aromatic hydrocarbons in tobacco smoke = CYP1A2 inductors

Stopping smoking → methadone metabolism decrease → increased plasmatic concentration

# DOES SMOKING DECREASE ANXIETY?

NO – in the contrary!

Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ. 2014 Feb 13;348:g1151

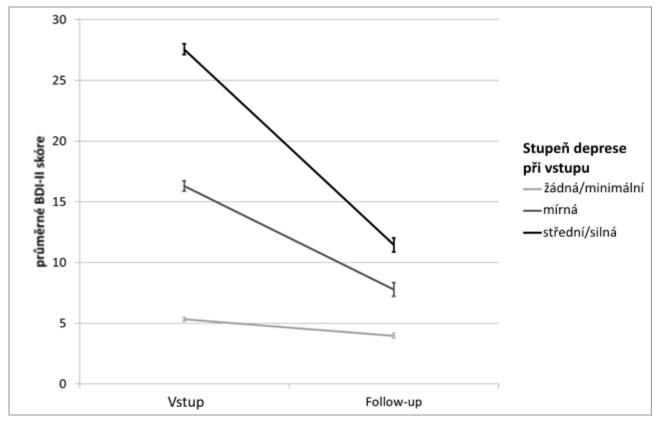
# DOES SMOKING HELP TO COPE WITH DEPRESSION?

NO – in the contrary!

Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ. 2014 Feb 13;348:g1151

#### ABSTINENCE FROM SMOKING AND DEPRESSION (roční

abstinence, CO-validace, BDI - Beckova škála depresivních příznaků, N=835) čím více příznaků deprese v době kouření, tím významnější zlepšení po roce abstinence



Stepankova L, et al.: Depression and Smoking Cessation: Evidence from a Smoking Cessation Clinic with 1-Year Follow-Up. Ann Behav Med. 2017

## DOES SMOKING DECREASE STRESS?

**NE** – in the contrary!

Parrott AC. Does cigarette smoking cause stress? Am Psychol. 1999

Parrott AC, Murphy RS. Explaining the stress-inducing effects of nicotine to cigarette smokers. Hum Psychopharmacol. 2012



### **SMOKING AND STRESS**

- What helps:
  - -release of dopamine in nc. accumbens (but just for minutes)
  - -smoking ritual
- BUT: measure your heart rate before and after smoking a cigarette: may increase at mean by about 10/minute
  - = massive release of stress hormones like adrenalin

## 5 MYTHS ABOUT PSYCHIATRIC PATIENTS AND SMOKING

- They do not want to stop
- Their psych. disease may worsen
- Their other dependence may worsen
- They are nor able to stop
- Smke-free environment is not possible in psych. clinics

Pisinger, Ch.: Smoking cessation in psychiatry: Is there sufficient evidence to recommend smoking cessation activities? A review of the literature, Network of Health Promoting Hospitals in Denmark, Copenhagen, March 2007, 24 s.

### DSM 5 American Psych. Assoc.

Tobacco Use Disorder DSM-5 305.1 (Z72.0) (F17.200)

**DSM-5 Category: Substance Abuse Disorder** 

11 symptoms in 3 areas:

A: Tabák je užíván ve větším množství a déle než bylo plánováno

- B. Tolerance nikotinu
- C. Abstinenční příznaky po vysazení tabáku

#### MINNESOTA TOBACCO WITHDRAWAL SCALE

http://www.med.uvm.edu/behaviorandhealth/research/minnesota-tobacco-withdrawal-scale

Please rate yourself for the period for the last \_\_\_\_\_

0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

#### **DSM-5 Symptoms**

DI----!---! OI-----

<ol> <li>Angry, irritable, frustrated</li> <li>Anxious, nervous</li> <li>Depressed mood, sad</li> <li>Difficulty concentrating</li> <li>Increased appetite, hungry, weight gain</li> <li>Insomnia, sleep problems, awakening at night</li> <li>Restless</li> </ol>	0 0 0 0 0	1 1 1 1 1 1	2	3 3 3	4 4 4 4 4 4
Other Validated Symptom					
8. Desire or craving to smoke	0	1	2	3	4
Other Possible Symptoms					
<ul> <li>9. Constipation</li> <li>10. Coughing</li> <li>11. Decreased pleasure from events</li> <li>12. Dizziness</li> <li>13. Drowsy</li> <li>14. Impatient</li> <li>15. Impulsive</li> </ul>	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3	4 4 4 4 4 4

### THANKS FOR YOUR TIME THAT YOU SPENT WITH SMOKERS

### Eva Králíková





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