

The treatment and epidemiology of smoking cessation in people with common mental disorders



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MY DISCLOSURES & FUNDING

No conflicts of interest

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WHAT I'M GOING TO TALK ABOUT

- The association between smoking cessation and mental health
- Integrating smoking cessation treatment into routine psychological services (IAPT) for people with common mental illness

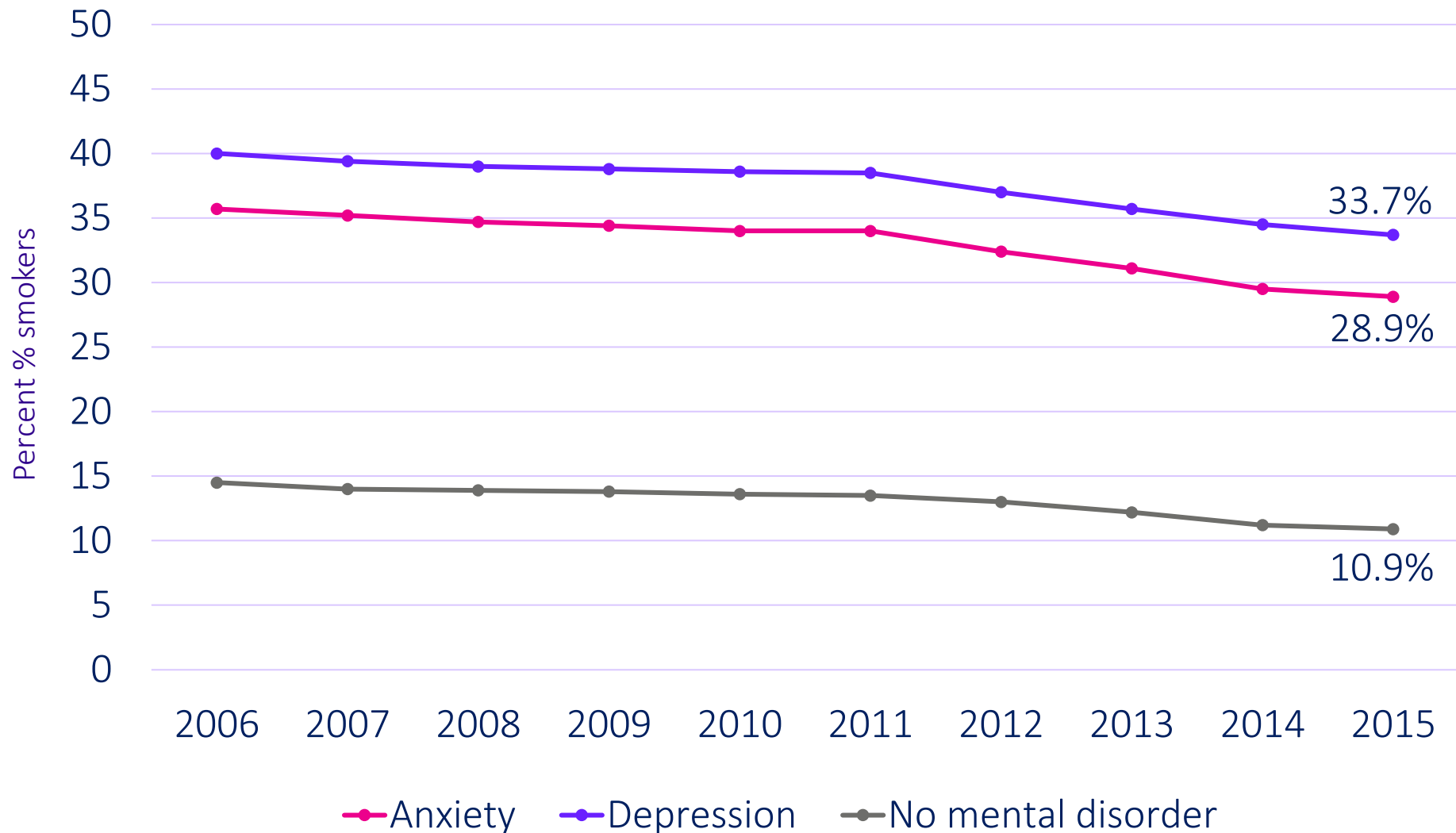


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WHY SMOKING & MENTAL HEALTH RESEARCH?



UK smoking prevalence in people with and without anxiety, and depression, years 2006 to 2015



WHAT HAPPENS TO MENTAL HEALTH AFTER QUITTING SMOKING?



BMJ




BMJ 2014;348:g1151 doi: 10.1136/bmj.g1151 (Published 12 February 2014)

Page 1 of 22

RESEARCH

Change in mental health after smoking cessation: systematic review and meta-analysis

 OPEN ACCESS

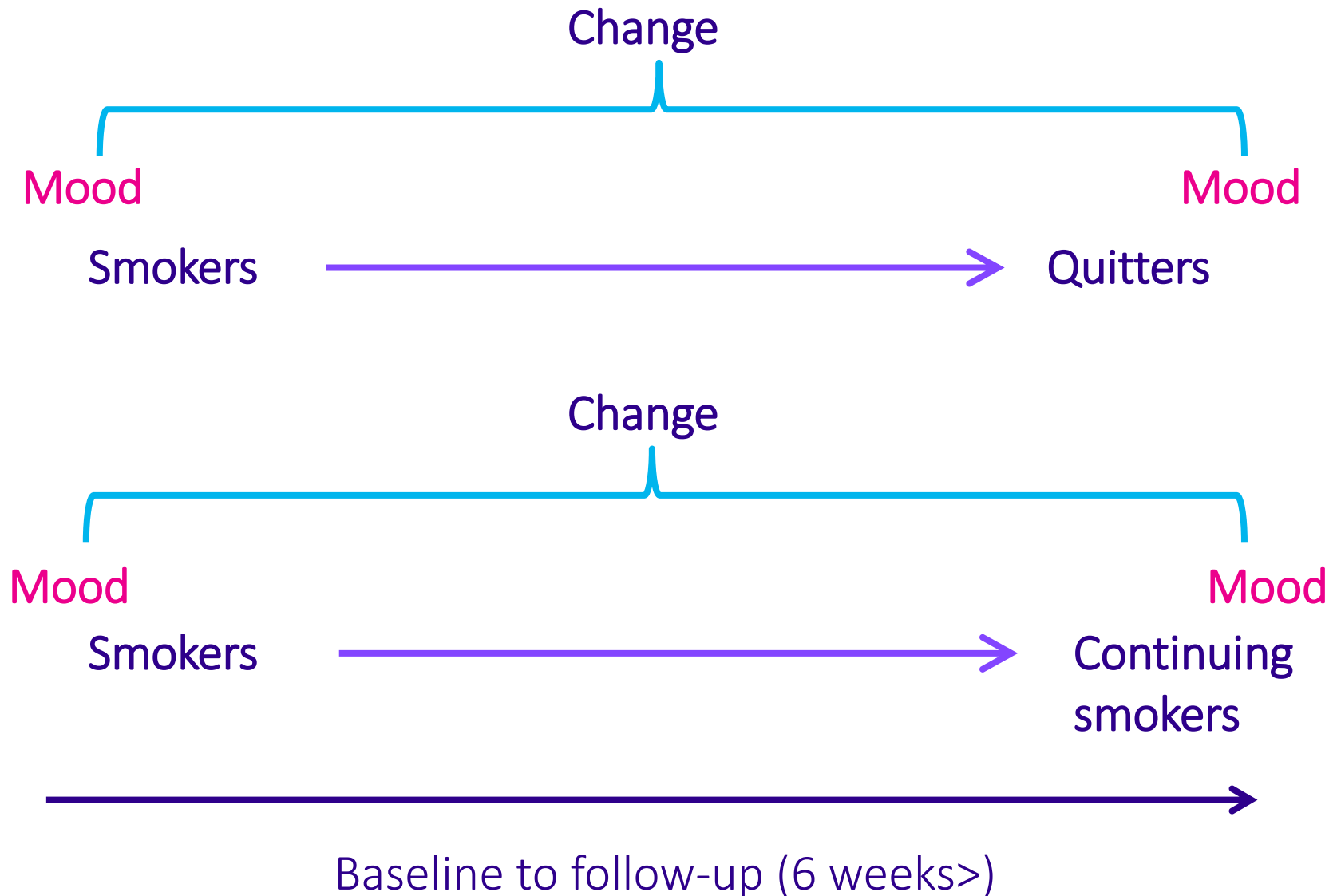
Gemma Taylor *doctoral researcher*^{1,2}, Ann McNeill *professor of tobacco addiction*^{2,3}, Alan Girling *reader in medical statistics*¹, Amanda Farley *lecturer in epidemiology*^{1,2}, Nicola Lindson-Hawley *research fellow*^{2,4}, Paul Aveyard *professor of behavioural medicine*^{2,4}



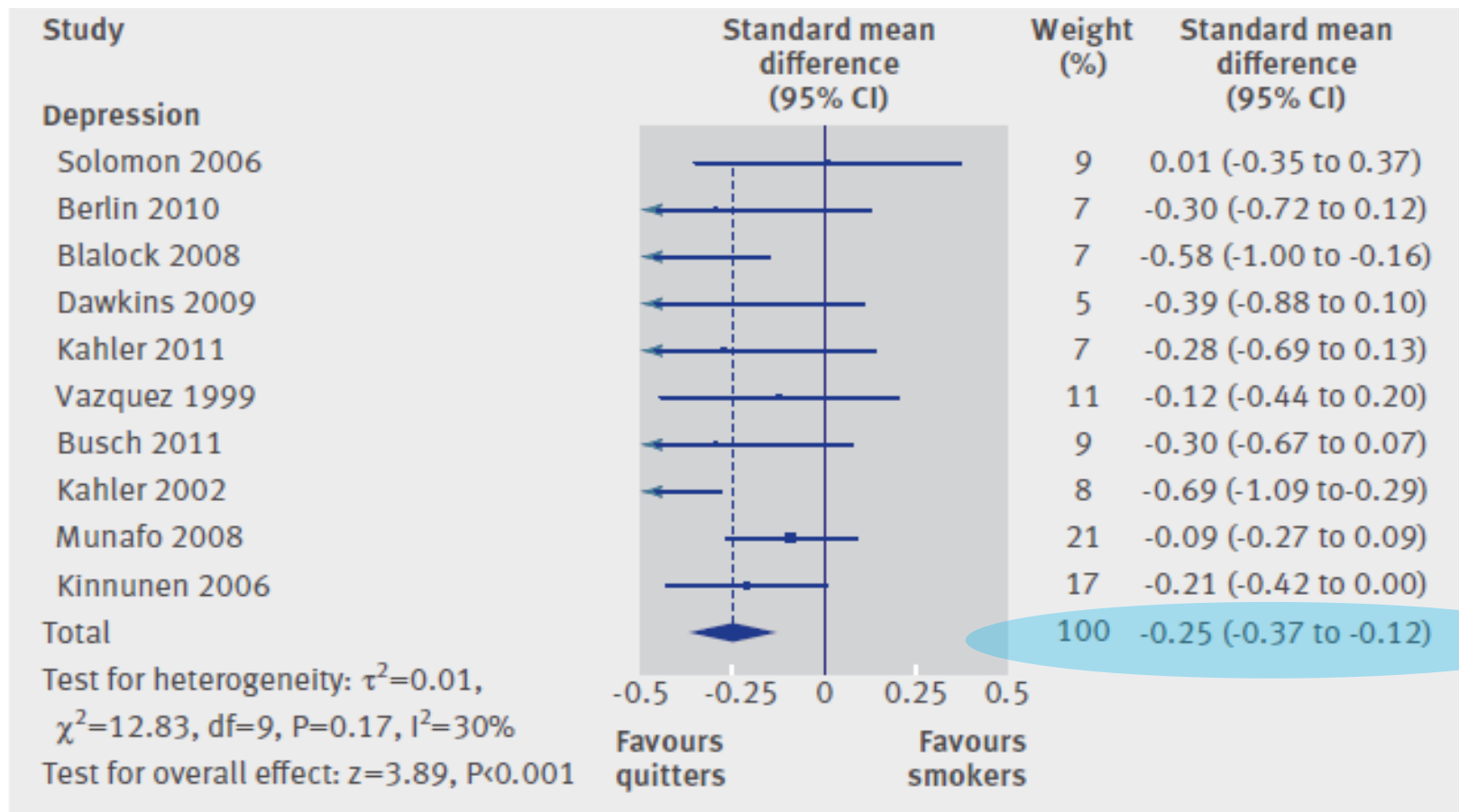
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CHANGE IN MENTAL HEALTH AFTER SMOKING CESSATION: A SYSTEMATIC REVIEW AND META-ANALYSIS



Standardised mean difference and 95% confidence intervals: the difference in change in depressive symptoms from baseline to longest follow-up in people who stopped smoking compared to continuing smokers



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QUITTING SMOKING COMPARED TO TAKING ANTIDEPRESSANTS

	Stopping smoking vs. continuing smoking	Antidepressant treatment vs. placebo
Outcome	Standardised mean difference (95% CI)	
Anxiety	-0.37 (-0.70 to -0.03)	Range: -0.23 (-0.32 to -0.14) to -0.50 (-0.77 to -0.23)
Depression	-0.25 (-0.37 to -0.12)	Range: -0.11 (-0.26 to -0.04) to -0.47 (-0.59 to -0.34)



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Cochrane
Library

Cochrane Database of Systematic Reviews

Smoking cessation for improving mental health (Protocol)

Taylor GMJ, McNeill A, Farley A, Lindson N, Aveyard P

CRUK POPULATION RESEARCHER FELLOWSHIP: THE ESCAPE TRIAL



Stage 1: Co-design a smoking cessation intervention for delivery across UK national mental health services (IAPT)

Stage 2: Test the intervention in a multi-centre randomised controlled pilot, feasibility and acceptability trial (**ESCAPE**)

INTERVENTION BASIC STRUCTURE



Parallel treatment of smoking and mental health, in IAPT.



Delivered by IAPT therapists during usual therapy sessions during individual sessions.



IAPT service users with depression and/or anxiety, who smoke daily.



5-15 minutes per therapy session, 6 sessions.

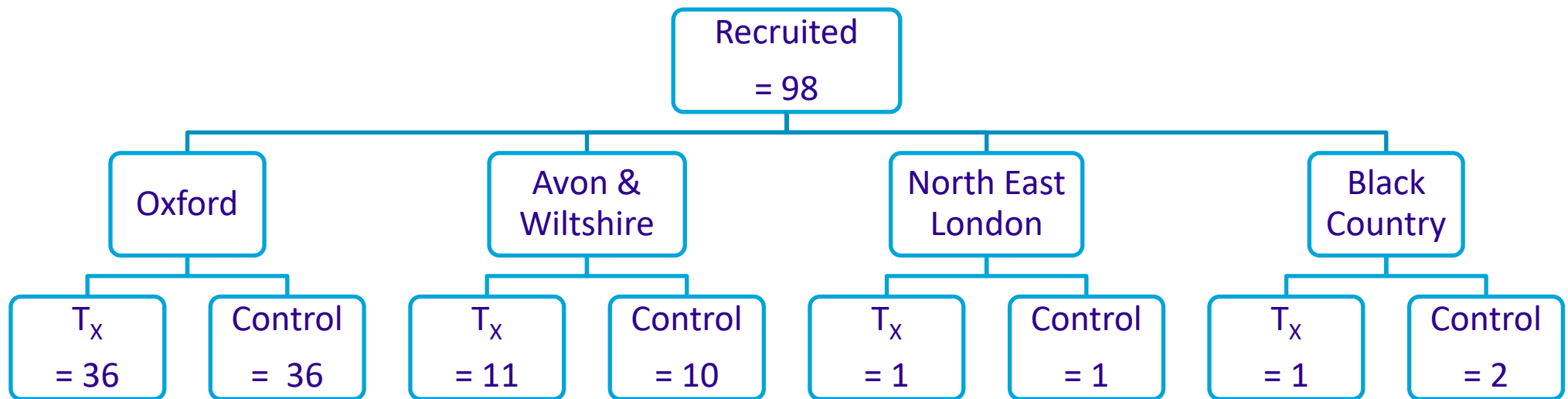


Smoking cessation medication + behavioural support.



TAU + delayed referral to smoking cessation services.

ESCAPE – RECRUITMENT TO DATE



ESCAPE PRELIMINARY RESULTS

3-month follow-up		
	Treatment A	Treatment B
Number of “do not attends”, M (SD)	1 (1)	1 (1)
Withdrawn from IAPT %	35% (12/34)	31% (11/36)
Self-report quit %	15% (3/20)	40% (10/25)
CO / saliva cotinine-verified quit %	0% (0/20)	24% (6/25)

PPI & DISSEMINATION

Public Health England

Health Matters

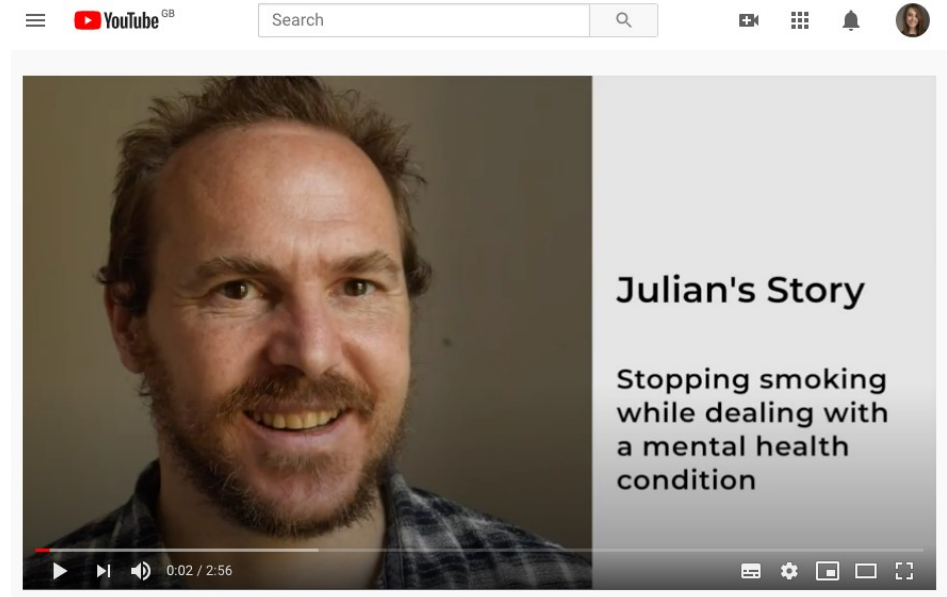
Benefits of stopping smoking for people with poor mental health

For people with a mental health condition, smoking cessation improves both physical and mental health and reduces the risk of premature death.



Stop smoking support is effective for people with poor mental health

Stopping smoking can be as effective as antidepressants & reduce the amount of psychiatric medication needed

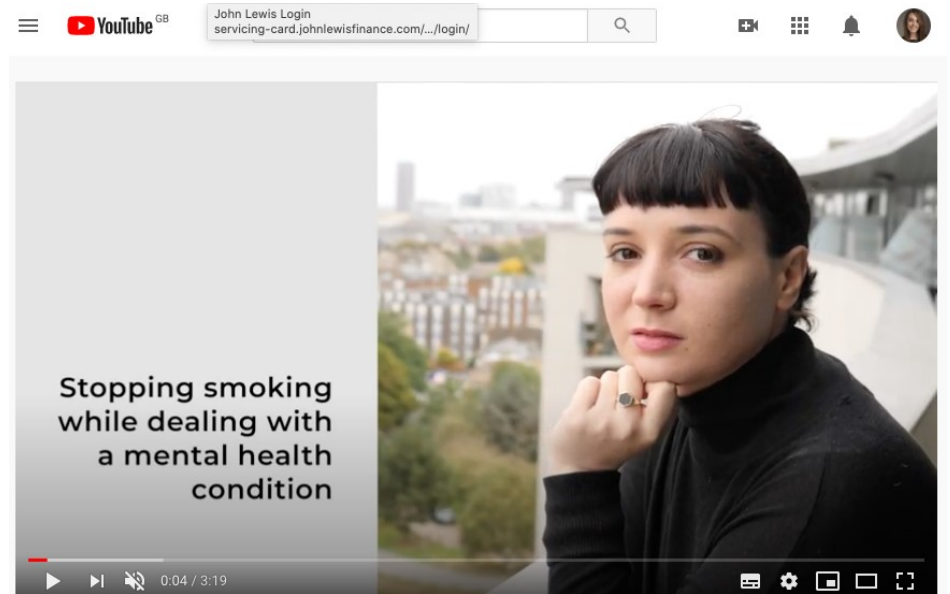


YouTube GB Search

Julian's Story

Stopping smoking while dealing with a mental health condition

0:02 / 2:56



YouTube GB

John Lewis Login
servicing-card.johnlewisfinance.com/.../login/

Stopping smoking while dealing with a mental health condition

0:04 / 3:19

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UKCTAS Smokers' Panel / Nicotine Discussion Panel

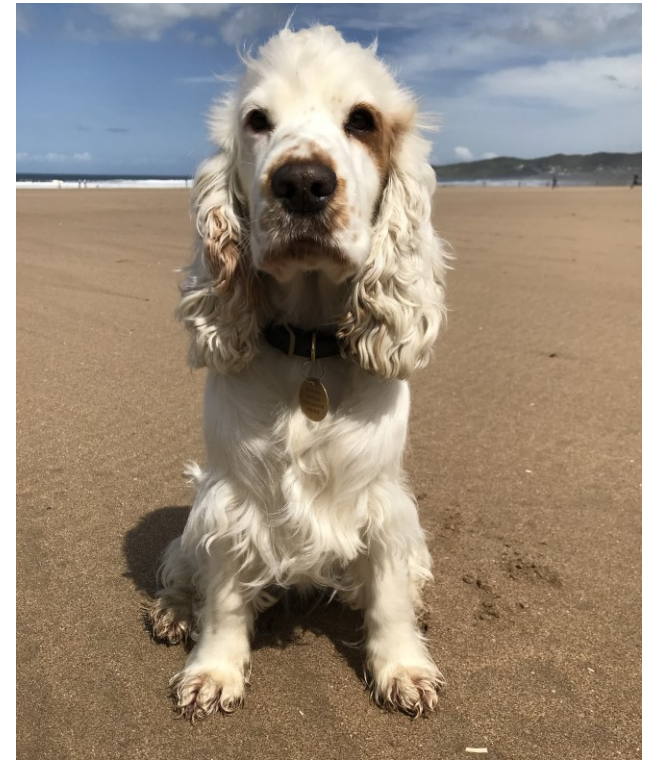
PWPs, & researchers involved in ESCAPE

Avon and Wiltshire Partnership Trust

North East London Foundation Trust

Oxford Health NHS Foundation Trust

Black Country Healthcare Partnership Trust



Questions?

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