

TOBACCO CESSATION AMONG PATIENTS WITH DEPRESSION

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The adverse health consequences of tobacco use have been well-known to the medical and lay community for the better part of the last 50 years. The first reports implicating cigarette smoking as a major risk factor for cancer of the lung were published in the 1950s^{16,44} and since then, voluminous research has demonstrated that tobacco use is a leading cause or contributor to other major causes of medical illnesses and death in Western society. Much less understood, however, have been the nonphysical implications of chronic tobacco use. In the past 10 years, this topic has drawn the attention of researchers in both areas of nicotine dependence and psychiatry. As late as 30 years ago, when smoking was socially acceptable for men and, in many circles, for women also, it would have been difficult to demonstrate a relationship between the regular use of tobacco and a psychiatric condition. When many smokers quit smoking or attempted to do so in response to the negative information about tobacco use, dramatic differences in the rates of smoking according to the presence of a psychiatric disorder, including major depression, anxiety, schizophrenia, attention deficit disorders, and alcoholism and other drug dependence disorders have become apparent. Most of the evidence to date has been on major depression and depressed mood.

This article presents research findings that have burgeoned during the past decade, indicating a complex association between depression and addiction to nicotine and tobacco. This literature has led to important new insights into the nature of chronic tobacco use. Drawing from the results of scientific investigations and clinical experience with several hundred

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addicted smokers, many of whom have been smokers with depressive disorders, this article also offers recommendations on how to treat nicotine dependence among patients with depression. This knowledge is important to primary care clinicians. Because nicotine dependence and depression are both highly prevalent conditions (estimated as 20% and 17%, respectively, in the adult population in the United States)^{4,6} that also carry considerable medical consequences,⁶ the primary care clinician is strategically positioned to provide the first line of medical care to those individuals who are dually afflicted by a severe addiction to smoking and a vulnerability to depressive disorder.

THE RESEARCH EVIDENCE

Persons with a vulnerability to depression are more likely to become regular smokers and to become dependent smokers compared with non-depressed individuals. In addition, depression-prone smokers experience considerable difficulties when they stop smoking. Their efforts at quitting are associated with a low success rate, they are at risk of severe symptoms during the nicotine withdrawal period, and they are at risk of experiencing severe depressions that may require treatment during the post-cessation period. These findings have been observed across multiple studies, with clinical and community-based samples, offering compelling evidence that smoking cessation treatment for the depression-prone smoker poses a special and complex challenge to the clinician.

Co-morbidity of Depression and Smoking

In 1988, Glassman et al²⁴ reported a 60% prevalence rate of prior major depressive disorder history in a sample collected for a smoking cessation trial. This was a striking observation, because this figure is several times higher than the 10% average rate of major depressive disorder that had been seen in community-based studies published up to that time.⁵ In a more recent epidemiologic survey, which used a more sensitive diagnostic instrument, the prevalence rate of major depression was 17%,⁶ still lower than the rate observed in the smoking clinic. Since then, prevalence rates of 35% to 41% for a history of major depression have been reported in other smoking cessation trials.^{25,34,35} Although lower than the initial observation in the study by Glassman,²⁴ those latter rates still indicate an over-representation of depressed individuals among individuals with the problem of nicotine dependence.

To control for effects of the *clinician's illusion*, an erroneous generalization of observations from clinic populations to the larger community,¹¹ The association between smoking prevalence and major depression in a community-based sample was examined. Subjects for this study had been seen in the St. Louis site of the psychiatric epidemiology study conducted by the National Institute of Mental Health.³⁹ Data from 3200 individuals

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