



LEAVE THE PACK BEHIND

Campus-Based Brief Tobacco Intervention

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Special Interest:

- Depression need not be a reason to forego cessation support
- Case management for smokers with current depression
- OHIP billing codes for cessation

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Depression & Smoking Cessation

Using ASK-ADVISE-ASSIST-ARRANGE With Depressed Smokers

Young adult students are in a transition stage of their lives during which they are developing skills and readiness to take on adult roles. Being a post-secondary student is a very enriching experience; however, this experience is not without stressors that can contribute to mental health issues such as depression. Health professionals in campus clinics frequently see students who are depressed. Aspects of the student lifestyle that are associated with depression may include:

- poor sleep habits
- exam & study pressures
- poor diet & exercise habits
- alcohol or drug use
- problems with romantic & sexual relationships
- eating disorders
- 'coming out'
- friendship dramas

Self-medicating with nicotine? In spite of what health professionals may feel about smoking being detrimental to health, smokers may perceive their smoking as having positive effects. Physiologically, nicotine enhances the release of neurotransmitters nor-epinephrine, dopamine and serotonin in the brain. This leads to stimulation of relaxed and pleasurable feelings and reduction of negative affect states such as anxiety, anger and depression (Johnson, Macdonald, Reist & Bahadori, 2006). Thus, students dealing with depression may discover that, in the short run, smoking alleviates some depressive symptoms. Along with mood improvements, smoking can also improve attention

and cognition, which can be very important for students trying to attend to lectures and study long hours. These actions of nicotine are enough to keep many students smoking!

College students with a history of depression are seven times more likely to use tobacco than students with no such history (Lenz, 2004). Students who are depressed may initiate smoking as a way to cope with symptoms. Those with a longer history of depression may be more dependent on nicotine and as a result may be smoking heavier than the norm for this age group. In either case, their health is in jeopardy and it is imperative to offer support for smoking cessation.

The 4 As. Professionals encountering young adults with depression may think it is not a good time to **ASK** about tobacco use and **ADVISE** cessation. However, this just isn't so! In fact, smoking may be contributing to the depression socially and physiologically. There are very good treatment options that can have successful outcomes on both fronts. The first step is to get a little more history of this person's smoking, and then to tailor smoking cessation interventions to patients' needs. It is important to control the symptoms of depression during the cessation process using the appropriate pharmacotherapy (**ASSIST**) and to **ARRANGE** supportive counselling through both follow-up phone calls and clinic visits. **See Case Management information on page 2.**

Depression & Smoking Cessation: Case Management

ASSESS Smoking and Quitting History

How much do you smoke daily?

(to estimate the level of nicotine dependence)

How does smoking make you feel?

(to find out if they use it to relieve anxiety, anger or depression)

When did you begin to smoke cigarettes?

(to anticipate level of difficulty in quitting and need for continued support)

Have you quit smoking before and for how long?

(to explore fear of failure and/or successful experience with quitting)

What method(s) did you use?

(to explore attitudes to various quit aides)

Smoking Cessation for Patients with Current Depression

When you **ASSIST** depressed patients, a cessation intervention of choice can be Bupropion SR (Zyban). Bupropion is an anti-depressant as well as cessation aide. In two Bupropion trials, smokers with a past history of depression did not have significantly different cessation outcomes compared to smokers with no depressive history (Brook & Schuster, 2004). If nicotine withdrawal symptoms are still evident, the nicotine patch or gum may be used along with Zyban.

An alternate anti-depressant that can have utility in treating symptoms of smoking cessation is Nortriptyline. Whatever the choice of medication, therapy with depressed patients may need to be continued longer

than the usual 12 weeks to prevent relapse of both smoking and depression.

The good news is: depression need not be a reason to avoid quitting smoking! In fact, it may present an opportunity for successful cessation.

Conclusion: It is very important to **ASK** all students with signs of depression whether they use tobacco, **ADVISE** them to quit, **ASSIST** them with cessation, and **ARRANGE** follow-up support.

References

1. Johnson J, MacDonald S, Reist D & Bahadori K. (May1 2006). Tobacco Reduction in the Context of Mental Illness and Addiction: a Review of the Evidence. Provincial Health Services Authority.
2. Lenz BK (2004). Tobacco, depression, and lifestyle choices in the pivotal early college years. J Am Coll Health, 52(5), 213-219.
3. Brook JS, Schuster E. (2004). Cigarette smoking and depressive symptoms: A longitudinal study of adolescents and young adults. Psyc Reports, 95, 159-166.

OHIP Billing Codes for Cessation

Fee for Service Model

E079:

applies to first time ASK-ADVISE-ASSIST
applies to any smoker at any visit
can be used once per patient per year
can bill with any code, e.g., A003, A007

K039:

applies to return smoking cessation visit
must be *same* physician who billed E079
can be used twice per patient per year
must bill with A007