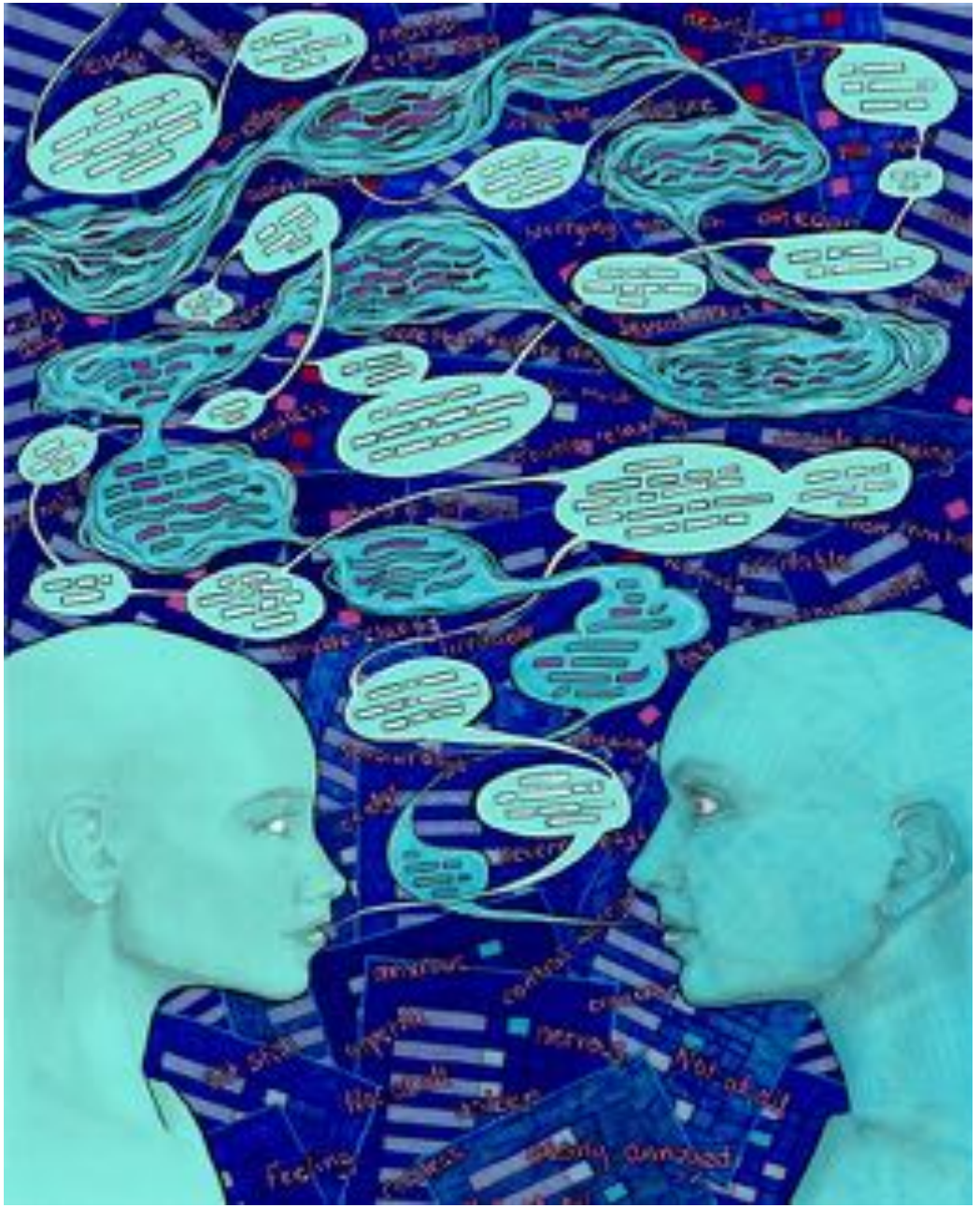

Smoking cessation treatment for people with depression & anxiety

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MY DISCLOSURES

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Department of Health Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.

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WHAT I'M GOING TO TALK ABOUT

I'll talk about two pieces of work today:

1. Qualitative work with IAPT Psychological Wellbeing Therapists (PWPs) and patients integrating smoking cessation treatment into IAPT.
2. Integrating smoking cessation treatment into IAPT usual care (ESCAPE): A pilot and feasibility RCT.

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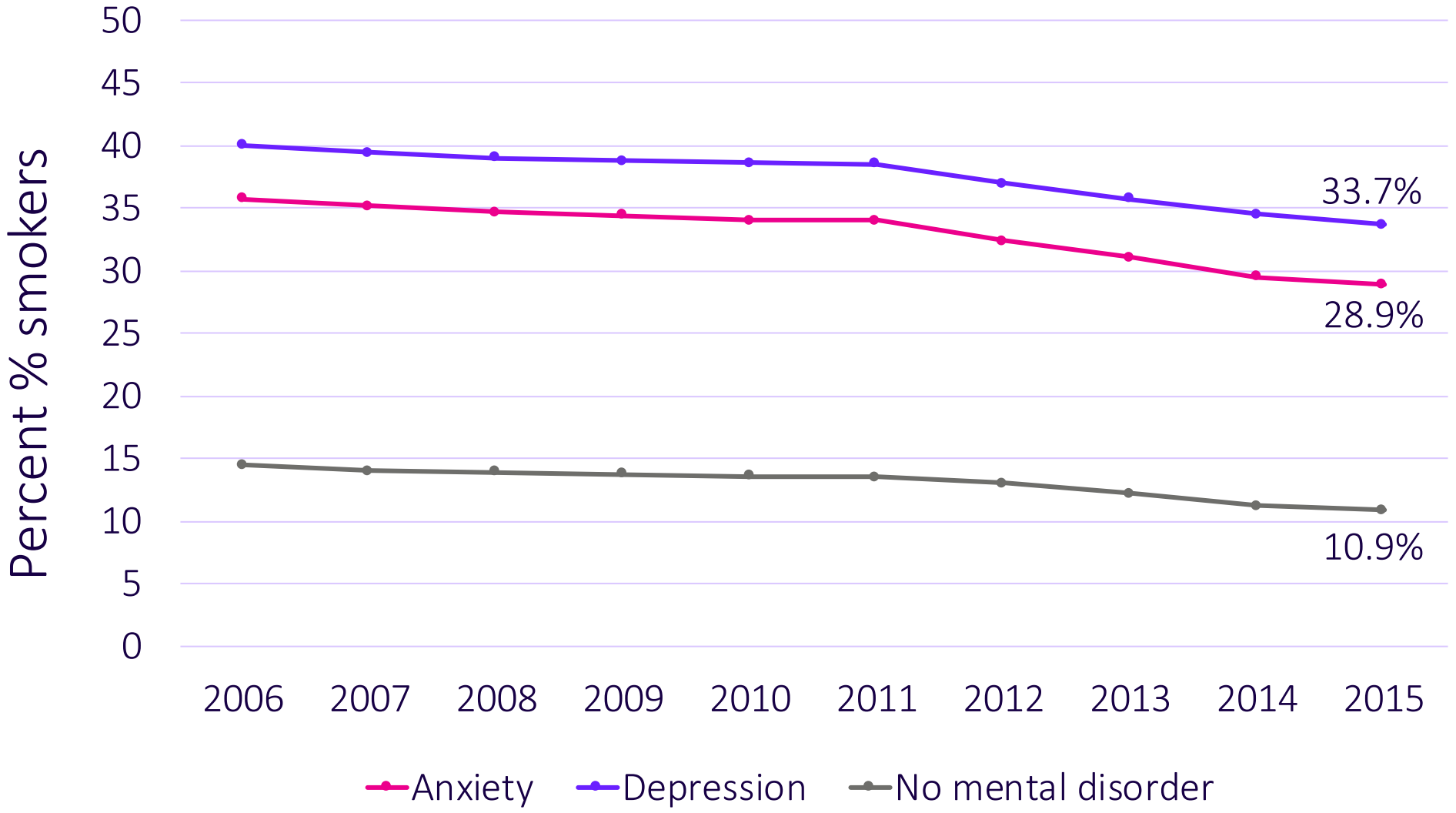
UK SMOKING PREVALENCE IN PEOPLE WITH AND WITHOUT MENTAL DISORDERS, YEARS 2006 TO 2015



Taylor G., et al (2019). Nicotine & Tobacco Research. ntz072, https://doi.org/10.1093/ntr/ntz072

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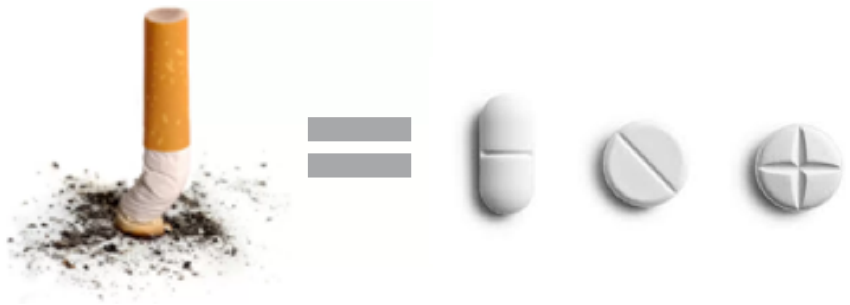
DOES QUITTING WORSEN MENTAL HEALTH?

A study of 17,060 smokers, with 8-year follow-up

Increased

Psychological quality of life	Depression
Happiness	Anxiety
	Stress

Decreased



Taylor et al. BMJ 2014; 348:bmj.g1151

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INTERVIEWS WITH IAPT PATIENT & PWPS, & STOP SMOKING ADVISORS

1. Understand views about treatments for tobacco addiction and common mental illness
2. Understand views about integrating smoking cessation treatment in IAPT
3. Collect data to inform a smoking cessation intervention for integration into IAPT

Interviewee	Number interviewed
IAPT psychological wellbeing practitioners (PWPs)	11
IAPT service users	6
Stop smoking advisors	6

Taylor, G et al (2020). Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: a multi-perspective qualitative study. medRxiv 2020.02.18.20024596; doi: https://doi.org/10.1101/2020.02.18.20024596

STAKEHOLDER "BUY-IN"

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IAPT patient 'buy-in'

*"**Stopping smoking as a treatment for mental health would make me more likely to want to do it (quit smoking).** I think if it was framed more as like quitting smoking can actually help your mental health, not like they just wanna like shoehorn it in …"*

– Female IAPT patient, aged 26-years, social phobia

IAPT PWP 'buy-in'

*"I think it's a really good idea… We work on sleeping. We work on eating. We work on exercise. We work on caffeine. We work on all the elements of somebody's wellbeing and the only thing we don't really touch is smoking, which is – we even work on alcohol use so to have treatment with us, you have to be below the alcohol limits… **Smoking seems to be the only one we don't really touch, so that's – I think it would sit really nicely in the IAPT service."***

– Female PWP, aged 28-years, 1-years' experience

Taylor, G et al (2020). Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: a multi-perspective qualitative study. medRxiv 2020.02.18.20024596; doi: https://doi.org/10.1101/2020.02.18.20024596

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WHAT ABOUT WITHDRAWAL?

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Risk management

"if (patients) are feeling worse (mentally), then it's a safe place for them to tell us. We assess their ***risk every single session****, we ask if they have any thoughts of suicide, any action taken, any plans to end their life; we look at thoughts of self-harm, any action taken, that kind of stuff, so essentially check how risky they feel…"*

– Female PWP, aged 30-years, 4-years' experience

*"****As long as (patients) are aware that they will potentially feel worse and that they will have those withdrawals and it will be difficult but we're here to support them.*** *The key part is making them aware and then it's their choice what they do. I don't think there's a problem with us doing that to someone or encouraging someone to (quit smoking) when they're in mental health support. Because…* ***the end goal is still to get them to feel better in the long-term… and if they can do that whilst they're in our support I think that's probably better…"***

– Female PWP, aged 30-years, 4-years' experience

Taylor, G et al (2020). Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: a multi-perspective qualitative study. medRxiv 2020.02.18.20024596; doi: https://doi.org/10.1101/2020.02.18.20024596

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TRAINING AND SERVICE REQUIREMENTS

Training

*"**I think we've got the skill base, it's just that sort of research and evidence base**."*

– Female PWP, aged 32-years, 3-years' experience

Service requirements

*"One big problem that we have is sort um too many people in not the right step of the Step Care model because of cuts made in the psychological services and complex needs services, … so then **we might need to have longer session or more sessions or treat them for longer** or um, it might get more complex so um, that's a major um barrier."*

– Female PWP, aged 32-years, 3-years' experience

***"(we can fit in smoking cessation treatment) if we're offering longer appointments or having treatment for a bit longer, it maybe that we aren't then seeing as many people** as we would before because we're holding onto those people for a bit longer so that could maybe implement the service in terms of numbers of people accessing treatment."*

– Female PWP, aged 30-years, 1-years' experience

Taylor, G et al (2020). Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: a multi-perspective qualitative study. medRxiv 2020.02.18.20024596; doi: https://doi.org/10.1101/2020.02.18.20024596

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INTEGRATED INTERVENTION BASIC STRUCTURE

Parallel treatment of smoking and mental health, in IAPT.

Delivered by IAPT therapists during 1:1 sessions, over the telephone or face-to-face.

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

5-15 minutes per therapy session, 6 sessions.

Smoking cessation medication + behavioural support + focus on mental health benefits of smoking cessation.

Taylor, G et al (2019). intEgrating Smoking Cessation treatment As part of usual Psychological care for dEpression and anxiety (ESCAPE): protocol for a randomised and controlled, multicentre, acceptability, feasibility and implementation trial. Pilot and Feasibility Studies. 5, 16. https://doi.org/10.1186/s40814-018-0385-2

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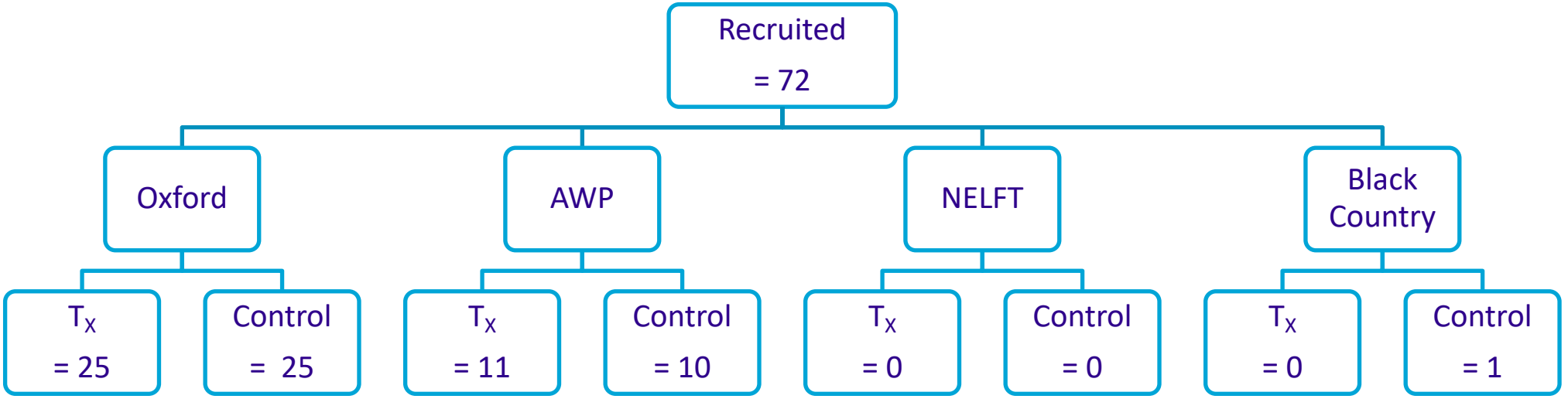
PILOT CLINICAL TRIAL – RECRUITMENT TO DATE



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BASELINE CHARACTERISTICS

Baseline characteristics		
	Treatment A (N=34)	Treatment B (N=34)
Male %	32% (11/34)	35% (12/34)
Age, M (SD)	33 (11)	36 (13)
White %	94% (32/34)	97% (33/34)
PHQ-9, M (SD)	15 (6)	14 (6)
GAD-7, M (SD)	14 (5)	12 (5)
HIS, M (SD)	2 (1)	3 (2)

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PRELIMINARY RESULTS

3-month follow-up		
	Treatment A (N=31)	Treatment B (N=31)
Number of DNAs, M (SD)	1 (1)	1 (1)
Withdrawn from study %	3% (1/31)	16% (5/31)
Withdrawn from IAPT %	16% (5/31)	16% (5/31)
Self-report quit %	10% (3/31)	26% (8/31)
CO-verified quit %	0% (0/31)	16% (5/31)

Taylor, G et al (2019). intEgrating Smoking Cessation treatment As part of usual Psychological care for dEpression and anxiety (ESCAPE): protocol for a randomised and controlled, multicentre, acceptability, feasibility and implementation trial. Pilot and Feasibility Studies. 5, 16. https://doi.org/10.1186/s40814-018-0385-2

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PILOT CLINICAL TRIAL – STUDY UPDATES

Data collection started…

- Interviews with IAPT PWPs and participants – feedback so far is positive
- Intervention implementation

Recruitment is ending August 2021

COVID has had some impact on recruitment, and procedures

Taylor, G et al (2019). intEgrating Smoking Cessation treatment As part of usual Psychological care for dEpression and anxiety (ESCAPE): protocol for a randomised and controlled, multicentre, acceptability, feasibility and implementation trial. Pilot and Feasibility Studies. 5, 16. https://doi.org/10.1186/s40814-018-0385-2

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North East London Foundation Trust
Oxford Health NHS Foundation Trust
Blackcountry Healthcare Partnership Trust

Questions?

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