EVIDENCE AROUND INCLUDING STOP SMOKING SUPPORT IN NHS TALKING THERAPIES

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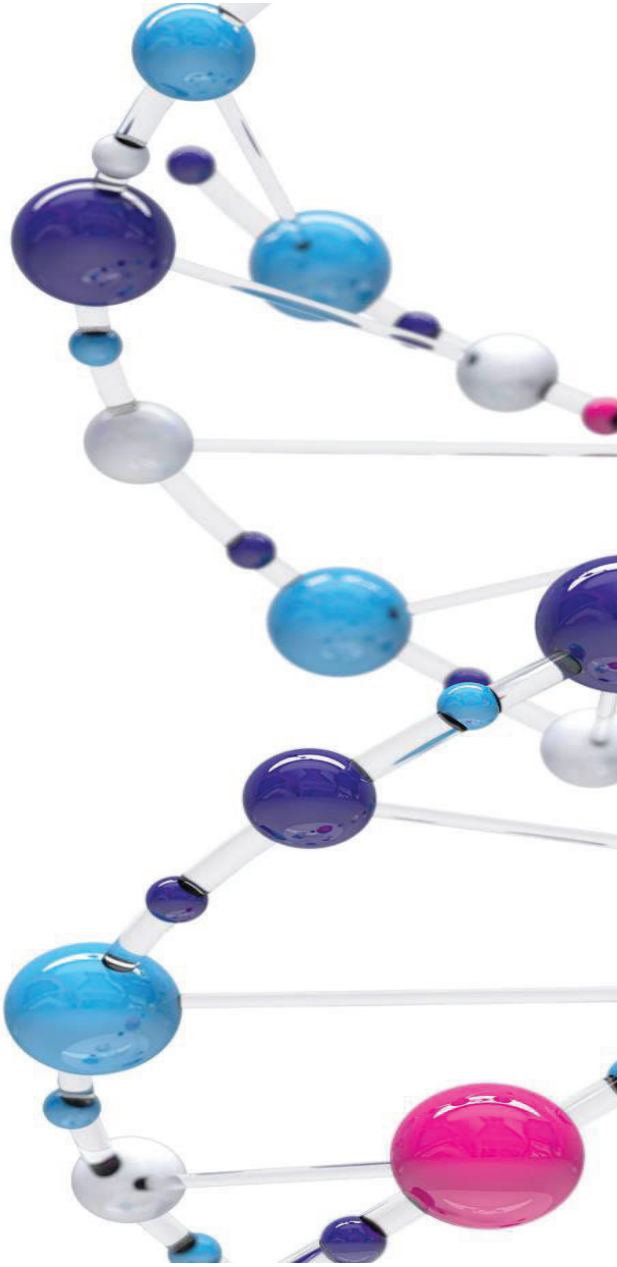

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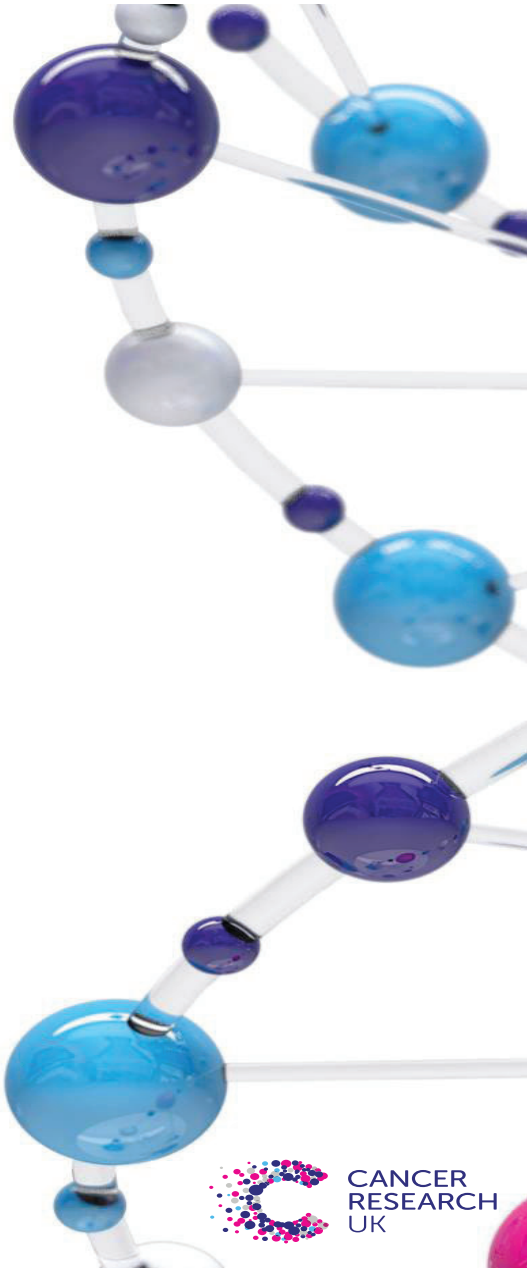

OVERVIEW

1) The link between smoking cessation and mental health.
2) Integration of smoking cessation treatment into psychological care via face-to-face and online platforms.

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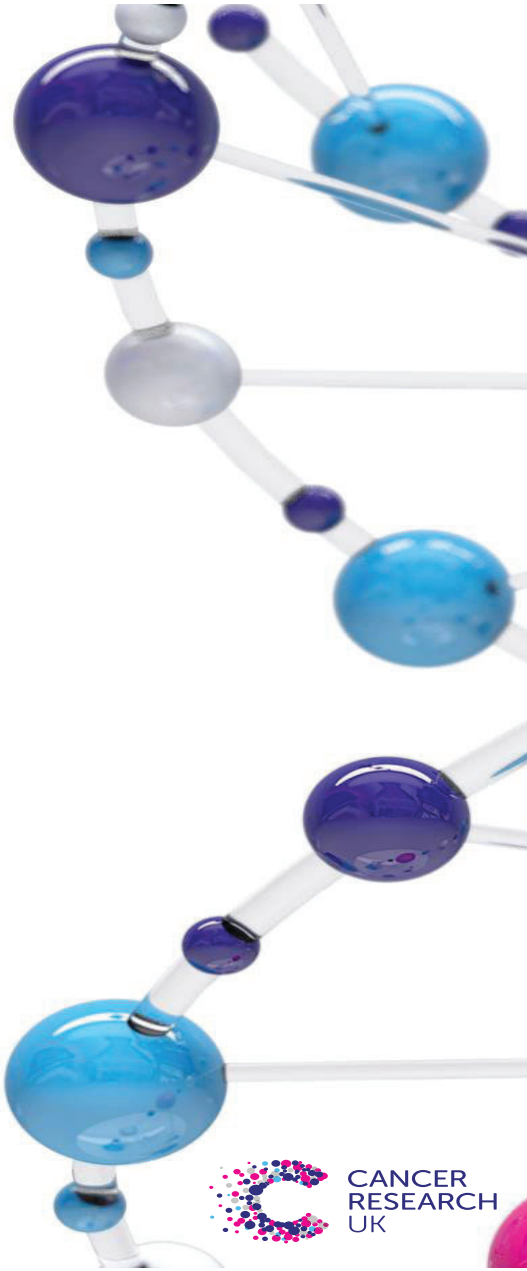

thebmj

BMJ 2014;348:g1151 doi: 10.1136/bmj.g1151 (Published 13 February 2014) Page 1 of 22

RESEARCH

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

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]

Cochrane Library

Cochrane Database of Systematic Reviews

Smoking cessation for improving mental health (Review)

Taylor GMJ, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, te Water Naudé R, Theodoulou A, King N, Burke C, Aveyard P

QUITTING SMOKING COMPARED TO TAKING ANTIDEPRESSANTS

RESEARCH REPORT

ADDICTION SSA

intEgrating Smoking Cessation treatment As part of usual Psychological care for dEpression and anxiety (ESCAPE): A randomised and controlled, multi-centre, acceptability and feasibility trial with nested qualitative methods

Gemma M. J. Taylor[1,2,3] | Katherine Sawyer[1] | Pamela Jacobsen[1,4] | Tom P. Freeman[1] | Anna Blackwell[1] | Shadi Daryan[1] | Chris Metcalfe[5] | David Kessler[6] | Marcus R. Munafò[7,8,9] | Paul Aveyard[2,10,11,12]

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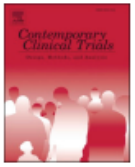

IntEgrating Smoking Cessation treAtment into usual online Psychological care for people with common mEntal illness: Protocol for an online randomised feasibility and pilot study (ESCAPE digital)

Anna K.M. Blackwell[a], Shadi Daryan[a], Deborah Roy[a], Daniel Duffy[b], Garrett Hisler[b], Katherine Sawyer[a], Ben Ainsworth[c], Derek Richards[b,d], Douglas Hiscock[b], Sophia Papadakis[e], Jamie Brown[f], Marcus R. Munafò[g], Pamela Jacobsen[a,*], Paul Aveyard[h], Gemma Taylor[a]

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IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

- “NHS Talking Therapies” aka. IAPT
- Treats common mental illness (depression, anxiety, OCD)
- Receive 1.2 million referrals each year
- 50% receive therapy
- Evidence based therapies (CBT, online CBT)

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-talking-therapies-for-anxiety-and-depression-annual-reports/2024-25

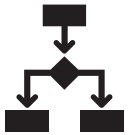
PICO (ESCAPE FACE-TO-FACE)

4 English regions and included 5 IAPT services. ISRCTN99531779.

Participants: Adults (≥18 yrs) with depression and/or anxiety (PHQ-9 ≥ 10 or GAD-7 ≥ 8), daily smokers for ≥1 year; other mental health comorbidities allowed; excluded if pregnant or clinically unwell.

Treatment: Integrated smoking cessation delivered within usual IAPT care – therapists provided parallel support for smoking and mental health during regular individual sessions (5–15 min per session, ≥6 sessions), combining behavioural support with smoking cessation medication.

Control: Usual IAPT care + delayed signposting to stop smoking services.



Outcome: IAPT treatment completion status.

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INTERVENTION CHECKLIST

Smoking cessation treatment session	Pre-quit	Quit day	Follow-up	Final
Task				
Discuss client beliefs about smoking and mental health	✓	✓	✓	✓
Inform client about the treatment programme	✓			
Assess current smoking	✓			
Assess past quit attempts	✓			
Explain how smoking dependence develops and assess nicotine dependence	✓			
Explain the importance of abrupt cessation and the 'not a puff' rule	✓	✓	✓	✓
Inform the client about withdrawal symptoms	✓			
Discuss stop smoking medications/products	✓			
Set the quit date	✓			
Prompt a commitment from the client	✓	✓		
Check on client progress			✓	✓
Confirm client readiness and ability to quit		✓		
Confirm that the client has a sufficient supply of stop smoking medication/products		✓	✓	✓
Give client NRT vouchers or refer to pharmacy/GP for varenicline	✓	✓	✓	✓
Enquire about medication use			✓	✓
Discuss withdrawal symptoms and cravings, and how to cope		✓	✓	
Advise on changing routine		✓		
Carbon monoxide (CO)-monitoring	✓	✓	✓	✓
Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt		✓		
Discuss any difficult situations experienced and methods of coping			✓	✓
Address any potential high-risk situations in the coming week		✓	✓	
Discuss plans and provide a summary	✓	✓	✓	✓

Taylor, G. et al (2020). Addressing concerns about smoking cessation and mental health: theoretical review and practical guide for healthcare professionals. British Journal of Psychiatry. 1, 11.

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INTEGRATED INTERVENTION CBT

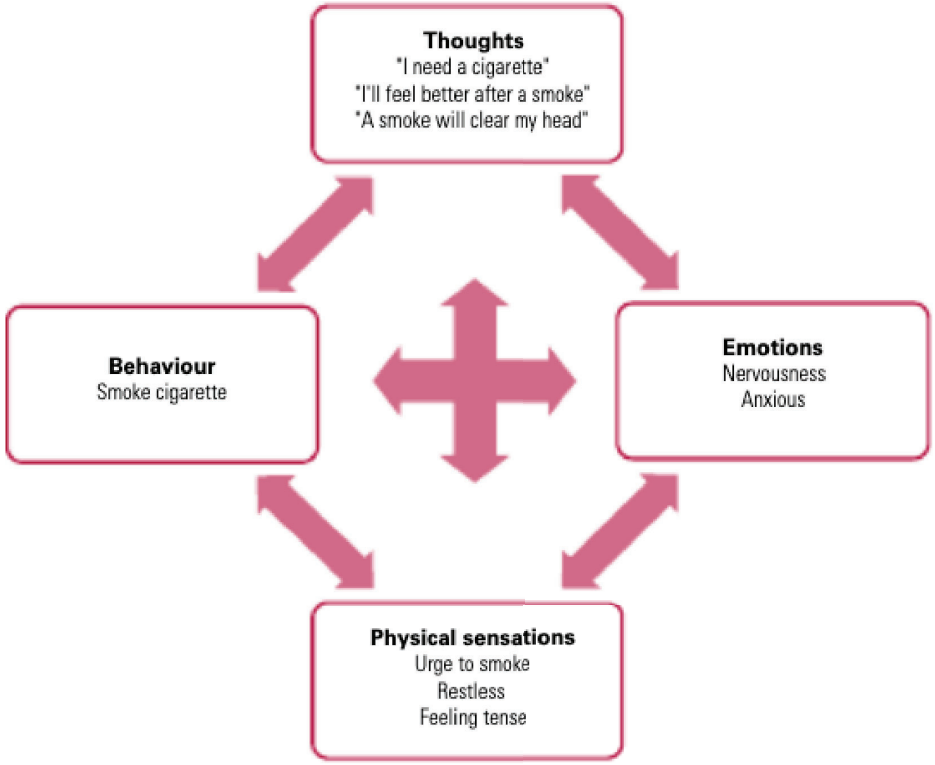

FIG 3 The anxiety cycle in smoking: the trigger is an anxiety-provoking event.

Taylor, G. et al (2020). Addressing concerns about smoking cessation and mental health: theoretical review and practical guide for healthcare professionals. British Journal of Psychiatry. 1, 11.

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STAKEHOLDER PERSPECTIVES

Reciprocal impact of smoking cessation and mental health treatment

*"Then actually with most of my patients as well, they often **recovered on the standard minimum dataset for anxiety and depression once they'd given up smoking**, which I thought was interesting. I think one of the reasons for that is because as they gave up, **it almost like gave them a confidence boost which then kick started their motivation and some of the behaviours that were maintaining the depression** side of things fell away"* - Female PWP, 4 years' experience, aged 29

Natural fit of cessation treatment into IAPT

*"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, 1-years' experience, aged 28

Value of the therapist–client alliance

*"She (the practitioner) knew the difficulties I was going through as well, so rather than it being somebody talking to me from[service] and then somebody talking to me about my smoking, having two separate people, because it was **the one person, she understood fully the struggles that life was bringing me, as well as trying to help me stop smoking**"* – Male participant, aged 40

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THE EFFECT OF RANDOM ALLOCATION TO INTERVENTION ON MAIN FEASIBILITY AND CLINICAL OUTCOMES AT 6-MONTHS. INTENTION TO TREAT. N=135

Logistic regression models	Control (N=67)	Treatment (N=68)	Unadjusted OR (95% CI)
IAPT treatment completion status, N completed (%)	22/67 (32.8%)	17/68 (25.0%)	0.68 (0.30 to 1.53), P=0.42
Bio-verified self-reported 7-day smoking abstinence, N quit (%)	4/67 (6.0%)	10/68 (14.7%)	2.70 (0.73 to 12.43)
Quit attempt, N attempted (%)	9/67 (13.4%)	16/68 (23.5%)	1.97 (0.75 to 5.53)
Linear regression models			Beta-coefficient (95% CI)
GAD-7, mean (SD)	9.7 (6.1)	8.4 (6.2)	0.10 (-2.13 to 2.33)
PHQ-9, mean (SD)	9.7 (6.7)	10.0 (7.2)	0.96 (-1.75 to 3.66)

CPD = Cigarettes per day, GAD-7 = Generalised Anxiety Disorder Questionnaire, HSI = Heaviness of Smoking Index, PHQ-9 = Patient Health Questionnaire

ESCAPE FACE-TO-FACE: SUMMARY

- Trial procedures acceptable and feasible.
- Intervention acceptable to participants and clinicians.
- Clinicians and participants engaged with the intervention.
- Evidence of intervention promise.

Taylor GM. J., Dalili MN, Semwal M, Civljak M, Sheikh A, Car J. Internet-based interventions for smoking cessation. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD007078. DOI: 10.1002/14651858.CD007078.pub5.

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TRANSLATION TO ESCAPE DIGITAL

Cochrane Library

Cochrane Database of Systematic Reviews

SilverCloud by Amwell

Internet-based interventions for smoking cessation

Taylor GMJ, Dalili MN, Semwal M, Civljak M, Sheikh A, Car J

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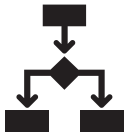
PICO – ESCAPE DIGITAL

17 services across 13 NHS trusts. ISRCTN10612149.

Participants: Adults (≥18 yrs) referred for supported online treatment for depression and/or anxiety, self-reported smokers; no exclusion criteria, not required to be motivated to quit to take part.

Treatment: TAU + codesigned smoking cessation programme. Received email information about mental health benefits of quitting, and how to access the online programme.

Control: TAU was access to self-guided internet-based CBT for anxiety and/or depression, which included approximately six reviews with a clinician over 6-12 weeks.



Outcome: Self-reported quit attempt.

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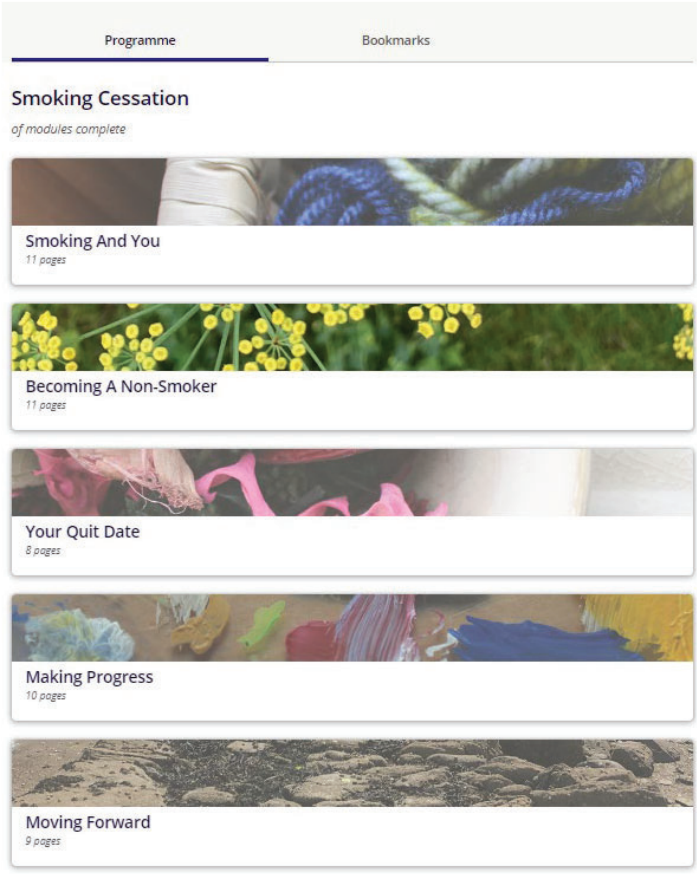
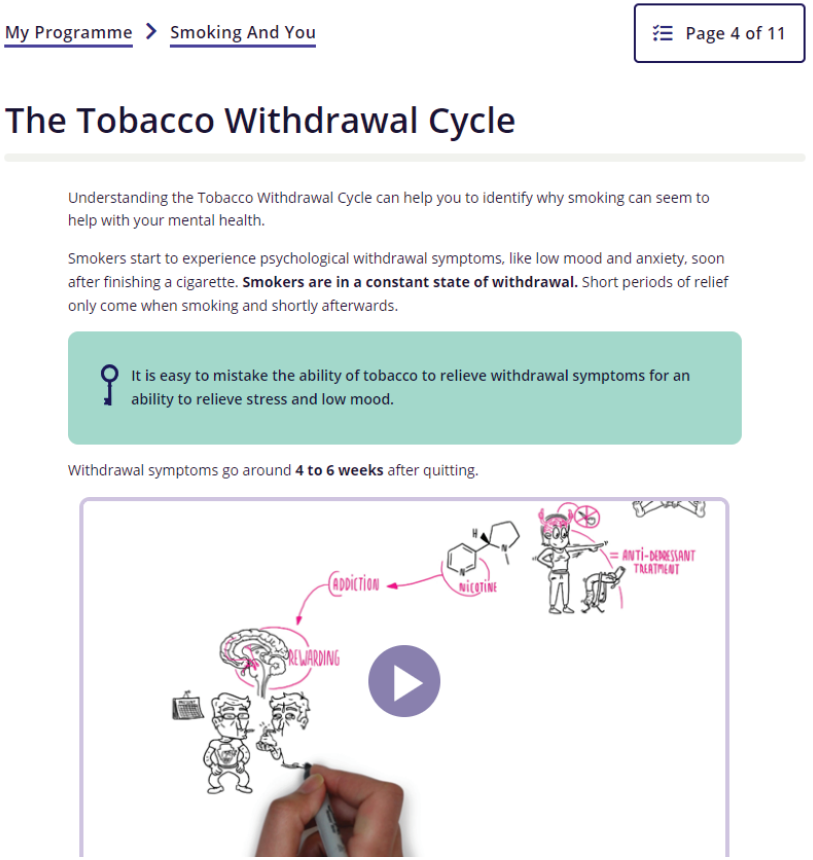
CO-DESIGNED INTERNET-BASED SMOKING CESSATION INTERVENTION





FEASIBILITY OUTCOMES

- 21% (309/1484) of eligible participants enrolled in the trial.
- 1 in 5 (31/154, 21%) viewed the stop smoking program.
- 18% (27/154) made quit attempts intervention arm.
- 21% (32/155) made quit attempts control arm.
- High missing data (70%)…
  - 50% of participants drop out of IAPT by 6-months.
  - Cochrane review 30% of studies had higher than 60% loss-to-follow-up.

Taylor GM. J., Dalili MN, Semwal M, Civljak M, Sheikh A, Car J. Internet-based interventions for smoking cessation. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD007078. DOI: 10.1002/14651858.CD007078.pub5.

THE EFFECT OF RANDOM ALLOCATION TO INTERVENTION ON CLINICAL OUTCOMES AT 3-MONTH FOLLOW-UP

		Intervention (n=154)	Control (n=155)	Coefficient (95% CI)
Self-reported abstinence	Complete case (N=89)	15/39 (38.5%)	16/50 (32.0%)	1.3 (0.6 to 3.2)
	ITT (N=309)	15/154 (9.7%)	16/155 (10.3%)	0.9 (0.5 to 2.0)
Bio validated abstinence	Complete case (N=89)	9/39 (23.1%)	3/50 (6.0%)	4.7 (1.2 to 18.8)
	ITT (N=309)	9/154 (5.8%)	3/155 (1.9%)	3.1 (0.8 to 11.9)
PHQ-9	Complete case (N=81)	17.3 (5.7)	19.9 (7.6)	-2.0 (-4.7 to 0.8)
	ITT (N=309)	19.0 (6.8)	20.0 (7.4)	-1.7 (-4.4 to 1.1)
GAD-7	Complete case (N=78)	14.1 (5.0)	15.8 (6.7)	-0.9 (-3.5 to 1.7)
	ITT (N=309)	16.5 (5.9)	16.1 (6.3)	-0.2 (-2.4 to 1.9)
EQ VAS	Complete case (N=87)	60.5 (20.7)	57.9 (20.4)	3.3 (-4.6 to 11.1)
	ITT (N=309)	56.4 (22.0)	59.1 (22.6)	2.6 (-6.2 to 11.4)

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THE EFFECT OF RANDOM ALLOCATION TO INTERVENTION ON CLINICAL OUTCOMES AT 6-MONTH FOLLOW-UP

		Intervention (n=154)	Control (n=155)	
Self-reported abstinence	Complete case (N=87)	23/47 (48.9%)	12/40 (30.0%)	2.2 (0.9 to 5.4)
	ITT (N=309)	23/154 (14.9%)	12/155 (7.7%)	2.1 (1.0 to 4.4)
Bio validated abstinence	Complete case (N=30)	3/17 (17.6%)	4/13 (30.8%)	0.5 (0.9 to 2.7)
	ITT (N=309)	3/154 (1.9%)	4/155 (2.6%)	0.8 (0.2 to 3.4)
PHQ-9	Complete case (N=79)	17.5 (6.3)	18.3 (7.6)	-0.6 (-3.5 to 2.2)
	ITT (N=309)	19.2 (6.7)	19.5 (7.4)	-0.2 (-3.7 to 3.4)
GAD-7	Complete case (N=78)	13.8 (4.8)	15.7 (6.9)	-1.5 (-3.9 to 1.0)
	ITT (N=309)	17.4 (6.5)	16.7 (7.0)	-0.9 (-3.7 to 1.8)
EQ VAS	Complete case (N=82)	64.6 (19.4)	58.7 (15.5)	6.1 (-1.7 to 13.9)
	ITT (N=309)	51.8 (24.3)	55.6 (20.6)	1.6 (-9.0 to 12.2)

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ESCAPE DIGITAL SUMMARY

- 20% of participants viewed the programme.
- Some evidence that the programme helped people to quit at 3 months, attenuated at 6-months.
- High drop out rates = reduced bio-verification.

CONCLUSION

- Strong evidence that smoking cessation improves mental health.
- Integrating smoking cessation treatment into IAPT services is acceptable and feasible and could help people to quit smoking.
- Next steps:
  - Full scale cost-effectiveness trial for face-to-face intervention.
  - Roll out of digital intervention in partnership with SilverCloud, and continued evaluation.
  - Develop NCSCT guidelines for smoking and mental health.

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Participants, PWPs & researchers involved in ESCAPE

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Rebecca Te Water Naude

Annika Thedoulou

Naomi King

Jamie Brown

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Katherine Sawyer

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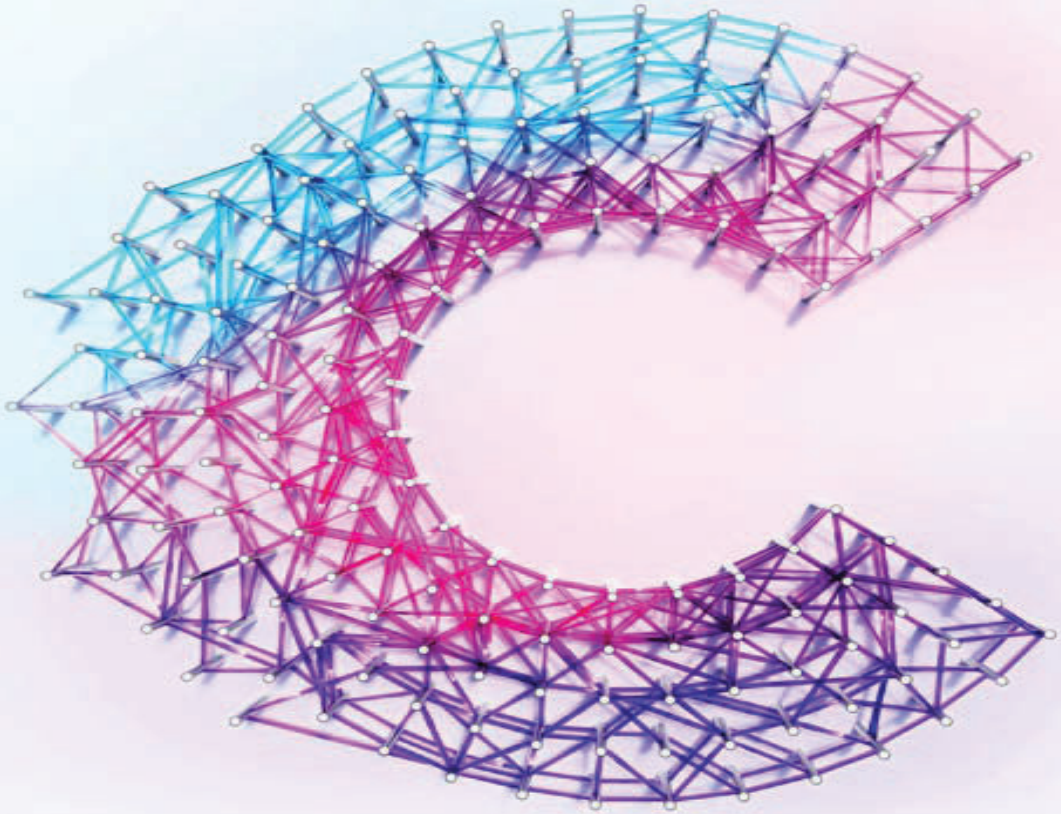
Oxford Health NHS Foundation Trust

Black Country Healthcare Partnership Trust



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