

Smokers With Psychiatric Co-Morbidity and/or Chemical Dependency

More than 430,000 deaths in the United States each year are attributable to tobacco use, making tobacco the number one cause of death and disease in this country.

Smokers with comorbid psychiatric conditions should be provided smoking cessation treatments found to be effective in the general population of smokers.

While psychiatric co-morbidity places smokers at increased risk for relapse, such smokers can be helped by smoking cessation treatments.

Currently there is insufficient evidence to determine whether smokers with psychiatric co-morbidity benefit more from specialized or tailored cessation treatments than from standard treatments.

Because bupropion SR and nortriptyline are effective at treating depression and are efficacious smoking cessation medications, they should be considered especially for use in depressed patients.

Some smokers may experience exacerbation of a comorbid condition upon quitting smoking, however, most evidence suggests that abstinence entails little adverse impact (e.g., little increase in aggression in inpatient treatment facilities).

Stopping smoking may affect the pharmacokinetics of certain psychiatric medications. Therefore, clinicians may wish to monitor closely the actions or side effects of psychiatric medications in smokers making a quit attempt.

The treatment of tobacco dependence can be provided concurrent to treating patients for other chemical dependencies (alcohol and other drugs).

Little evidence shows that patients with other chemical dependencies relapse to other drug use when they stop smoking. However, such patients should be followed closely after they stop smoking.

