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Depressed Smokers Less Likely to Stay Tobacco Free

Depressed smokers want to quit the nicotine habit just as much as non-depressed smokers, but a new study suggests that depression can put a kink in their success.

The study, which appears online and in the January 2011 edition of the American Journal of Preventive Medicine, showed that about 24 percent of surveyed callers to the "California Smoker's" Helpline currently suffered from major depression and 17 percent of callers had mild depression. Over half the surveyed callers, depressed or not, made at least one attempt to quit after calling the helpline.

At the two-month mark, however, the success rate of those with major depression was much lower than that of mildly depressed or non-depressed callers. Nearly one in five callers with major depression reported success, but of others, nearly one in three was able to remain smoke-free.

Most quitlines do not assess smokers for depression, even though mild depression already is known to reduce the success of quitting. This study suggests that major depression reduces the success rate even farther.

This is important because the California quitline receives a high number of calls from heavy smokers and smokers on Medicaid; two circumstances associated with depression. Since more than 400,000 smokers call U.S. quitlines every year, the authors believe that up to 100,000 depressed

smokers nationally are not getting the targeted treatment they need.

"Assessing for depression can predict, if a smoker will quit successfully, but the assessment would be more valuable if it were linked to services," said lead study author Kiandra Hebert, Ph.D., of the University of California at San Diego.

Hebert said an integrated health care model is a potential solution. Depressed smokers could have better quitting success if they receive services that address both issues. Quitlines, which are extremely popular, are in a good position to offer such services to a large number of depressed smokers and to pass on the services they develop to quitlines across the country.

Treatment programs, including quitlines, report that a growing number of callers have other disorders, such as depression, said Wendy Bjornson, co-director of the Oregon Health & Science University Smoking Cessation Center. "The results of this study are important. They show the scope of the problem and point to the need for protocols that can lead to better outcomes."

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