EDITORIAL

Smoking cessation improves anxiety and depression

AUTHOR
Dr Phillip Bland
BA BM BCh MRCGP DRCOG

GP with an interest in mental health, Dalton-in-Furness, UK

SMOKERS WITH A HISTORY OF ANXIETY, MOOD OR ALCOHOL USE DISORDERS ARE SIGNIFICANTLY more likely to be in remission three years later if they quit smoking, an American study has found.[1]

Data were obtained from the National Epidemiological Study of Alcohol and Related Conditions, a longitudinal survey of 43,093 nationally representative participants. Baseline interviews were conducted between 2001 and 2002, and follow-up interviews between 2004 and 2005.

Smokers were defined as those who had smoked daily during the previous 12 months. The analysis was restricted to those who attended for a follow-up interview and who had not increased their smoking by 10% or more compared with baseline.

Anxiety, mood, alcohol use and substance use disorders were diagnosed according to DSM IV criteria using a structured diagnostic interview.

Of the 4,853 smokers in the analysis, 1,915, around 40%, had a current or lifetime history of anxiety or mood disorder. Within this group, those who had quit smoking at follow-up had a significantly reduced risk of anxiety/mood disorder, adjusted odds ratio (OR) 0.6 (95% CI:0.4-0.9).

Just under half the sample, 2,299 participants, had a current or lifetime history of alcohol use disorder. Within this group, those who had quit smoking at follow-up had a significantly reduced risk of alcohol use disorder, adjusted OR 0.7 (95% CI:0.5-0.99).

Almost a quarter of the sample, 1,093, had a current or lifetime history of substance use disorder. For this group, quitting smoking was associated with a reduced risk of substance use disorder at follow-up, but this was not quite significant.

For those without a previous history of the outcome of interest, smoking cessation significantly reduced the risk of new onset in the case of substance use disorder only, adjusted OR 0.3 (95% CI:0.1-0.9).

Observational studies cannot determine the direction of causation. Smoking cessation may increase the likelihood of remission, but equally, those who recover may find it easier to quit smoking. A limitation of the study was the failure to determine which came first: smoking cessation or remission.

'Smoking cessation may increase the likelihood of remission but equally those who recover may find it easier to quit smoking'

It has been suggested that the aggressive promotion of smoking cessation should form a routine part of the care of those with depression or bipolar disorder.[2] This study suggests that this should also apply to those with anxiety or alcohol use disorders.

A number of arguments can be raised against this:

- Depressed patients are less likely to succeed
- Failure may have a detrimental psychological impact
- Success may increase the short-term risk of depression recurrence[3]
- FDA data has linked varenicline to suicide[4]

However, a meta-analysis suggested that, compared with smokers who were not depressed, depressed smokers were just as capable of stopping smoking;[5] studies such as the present one suggest that the increased risk of depression in the short term is outweighed by the long-term benefits; and a UK study has found no evidence that varenicline increases the risk of suicide.[6]

Personally, I do not think that we should adopt an aggressive approach to promoting smoking cessation in patients with anxiety, mood or alcohol use disorders. Rather we should present a balanced view of the potential benefits and risks of quitting smoking, and encourage those who decide to try.

REFERENCES

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