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POS2-53

DEVELOPMENT OF A BRIEF MOTIVATIONAL INTERVENTION TO FACILITATE ENGAGEMENT OF SMOKING CESSATION TREATMENT AMONG INPATIENT DEPRESSED SMOKERS

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The overall objective of this research program is to develop a smoking cessation intervention for psychiatric inpatient cigarette smokers with depression. Using a motivational interviewing (MI) intervention we intend to facilitate engagement in an outpatient treatment for nicotine dependence with demonstrated efficacy. The two-phase project includes: Phase 1: Treatment Development; Phase 2: Pilot Randomized Trial comparing MI to provision of resource information only. We report on results from Phase 1. Fifteen smokers with depression (46.7% Female; mean age = 44.5) who were receiving inpatient psychiatric services completed the MI protocol and provided ongoing feedback regarding their experiences and perceptions of the intervention. Iterative feedback along with the recommendations of the hospital and study staff, was used to modify and refine a new single session MI protocol. Qualitative and quantitative evaluations supported the Acceptability of the MI intervention and excellent therapist Adherence to the MI protocol. Smoking Outcomes. Upon admission, smokers on averaged consumed 19.97 cigarettes per day and presented with a moderate level of nicotine dependence (mean FTND=6.07). Prior to the MI intervention, smokers presented with a range of motivation to make changes in their smoking with a majority reporting intentions to smoke the same or reduce the amount they smoke. On self-report assessments of barriers to cessation, smokers ranked concern with weight gain highest followed by difficulty managing urges, given past experiences quitting. We observed positive shifts towards intentions to quit smoking after the MI intervention. Upon discharge, 46.7% reported interest in cessation treatment and 13% engaged in our 8-week counseling and nicotine patch treatment within one-month. During the 6-month follow-up period, 40% of MI participants made an attempt to quit smoking and an additional 27% reduced the amount that they smoked. We expect that as a result of this project, we will have developed a brief intervention that will dramatically increase utilization of smoking cessation programs among this high-risk population.

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POS2-54

EFFECTIVENESS OF VARENICLINE COMBINATION THERAPY IN REAL LIFE SETTING: PAF DATABASE STUDY

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Varenicline is a licensed drug for smoking cessation in many countries worldwide. Nevertheless, there are few studies showing its performance in real life setting, in particular in association with other drugs usually prescribed in this clinical scenario. The aim of this study was to evaluate the effectiveness of varenicline mono- or combined-regimen in a sample of patients from a specific cardiovascular smoking cessation service in São Paulo city- Brazil.

Methods: We investigated continuous abstinence rate (CAR) after 12 months from starting varenicline. Varenicline users were identified from the records of the "Programa de Assistência a Fumantes" PAF Database (Heart Institute - São Paulo, Brazil). Varenicline was prescribed to 408 patients in our program. 351 patients agreed to use the medication and had follow-up information for 52 weeks. The investigated variables were gender, age, nicotine dependence, clinic and psychiatric comorbidities. Use of combination therapy of varenicline with antidepressants or bupropion (or both) was also analyzed.

Results: Overall abstinence rate at 52 weeks was 42.7%. Patients on varenicline monotherapy (229) presented CAR of 38.7%; patients on both varenicline and antidepressive (53) presented a CAR of 45.3% (p=0.05; OR (95%CI) 1.9 (1.0-3.7)); patients on varenicline + bupropione (49) presented a CAR of 55.1% (p=0.01; 2.3 (1.2-4.4)) and patients on a three drug regimen (20) presented a CAR of 70% (p=0.002; 5.4 (1.9-15.4)). Use of combination therapy was still significantly associated with a higher CAR even after adjustment for age, gender, previous depression diagnosis and Fagerstrom score.

Conclusion: The prescription of varenicline for smokers in real life settings proved to be safe and effective. These results are better than those from all varenicline trials. The combined therapy with bupropion or other antidepressants drugs seems to improve the abstinent rates. Our results suggest the necessity to perform randomized clinical trials to test this hypothesis.

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POS2-55

UP IN SMOKE? COGNITIVE-BEHAVIORAL MOTIVATIONAL ENHANCEMENT +/- NICOTINE REPLACEMENT THERAPY FOR ADOLESCENT SMOKERS

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Cigarette smoking is a worldwide health concern, with smoking behaviors typically emerging during adolescence. Although considerable research has evaluated prevention strategies to keep adolescents from initiating smoking, less work has focused on developing therapies for adolescent smokers. Of available treatments, psychosocial interventions, such as motivational enhancement (ME) and cognitive behavioral therapy (CBT), are effective in reducing adolescent smoking. Nicotine replacement therapy (NRT) in combination with CBT (group therapy) modestly increase abstinence rates (Moolchan et al., 2004), but information on treatments that incorporate NRT into psychosocial interventions is limited. We therefore assessed the early efficacy of a smoking cessation program tailored to adolescents (ages 14-21). Six sessions of one-on-one cognitive behavioral motivational enhancement (CBME) were provided in conjunction with an optional, four-week treatment of open-label NRT (NicoDerm CQ). The CBME program combined motivational enhancement techniques, cognitive behavioral therapy, youth-oriented materials and peer-to-peer delivery. From 163 inquiries regarding the study, 41 youth consented to participate and 34 initiated study procedures (71% male, 29% female, avg. age = 18.8 years old). The average number of cigarettes smoked per day at entry was 12.7 (s.d. 7.9), and 94% of the participants were daily smokers. Participants attended an average of 4.3 counseling sessions. 81% accepted NRT and 73% provided data for the final session. Significant declines were oberved in nicotine dependence ($p < .001$) on the Cigarette Dependence Scale (CDS-12; Etter et al., 2003) and nicotine withdrawal on the Minnesota Nicotine Withdrawal Scale (M-NWS; Hughes and Hatsukami, 1986) by the end of the intervention period. Initial efficacy results suggest that a treatment combination of CBME and NRT is effective in reducing nicotine dependence in adolescents.

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POS2-56

IS TREATMENT OF TOBACCO USE ASSOCIATED WITH PSYCHIATRIC RE-HOSPITALIZATION?

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Beliefs exist in the clinical, research, and public arenas that tobacco use serves as a form of self-medication for persons with psychiatric disorders. If true, one would expect psychiatric symptoms to worsen and mental health service use to increase following treatment of tobacco use. In a randomized controlled trial, we tested this hypothesis in a sample of 224 smokers (59% male, age M= 40 yrs, 63% Caucasian) recruited from an inpatient psychiatry unit. All patients were offered nicotine replacement during hospitalization to manage withdrawal. Treatment participants also completed