

Greetings STOP Practitioners,

Welcome to the launch of the STOP Program's new quality improvement – Mood Management – initiative! As a STOP practitioner, we are delighted to have you be a part of this exciting change to the STOP Program. As shared in a previous email and recent webinar series: *Integrating a Mood Intervention into Smoking Cessation Programming (part 1 and part 2)*, this quality improvement initiative is designed to promote the delivery of brief interventions, and provide access to educational resources, to help you address depression/depressive symptoms with new STOP patients.

Did you know that approximately **13%** of STOP patients report depressive symptoms, which range from minimal symptoms to major depression with severe severity? This can act as a barrier to smoking cessation and increase smoking-related morbidity and mortality. Our goal at STOP is to increase quit success rates among this patient population, by ensuring that treatment for depression is integrated into smoking cessation interventions.


In order to support you with implementing these changes into your practice, we will be sending you emails at the end of each month containing information, current literature and resources we feel will be helpful as you begin to provide brief mood management interventions to your patients.

As part of your first email, we thought it would be useful to share some background literature which supports the integration of mood interventions into smoking cessation programming. A 2013 Cochrane review by van der Meer et al. found that implementing a psychosocial mood management component into standard smoking cessation treatment **increased long-term quit success rates** among patients with current and past depression. For a summary of this Cochrane review and access to the full article please see the resource attached.

We look forward to communicating with you over the coming months! If you have any questions regarding Mood Management at any time, please do not hesitate to contact us at moodinitiative@camh.ca.

Happy Reading!

Mood Management Team

A sunset over a body of water. The sun is low on the horizon, creating a bright orange and yellow glow. The water is dark blue with many small ripples and bubbles. The sky is a mix of blue and orange.

SMOKING CESSATION INTERVENTIONS FOR SMOKERS WITH DEPRESSION

SUMMARY OF COCHRANE REVIEW

Full text article has been attached to the email.
Abstract can be found here: [PubMed link to Abstract \(Free\)](#)

OBJECTIVE OF THE REVIEW

- Assess the effectiveness of smoking cessation interventions in smokers with current or past depression

BACKGROUND

There is a need for tailored interventions for smokers with depression



- Smoking is strongly associated with depression
- The probability of being a smoker is twice as likely in people with depression ^{(1) (2) (3)}
- Smokers attempting to quit are more likely to fail if they are also depressed ^{(4) (5) (6) (7)}
- Smokers with depression have a higher chance of:
 - experiencing negative mood changes from nicotine withdrawal,
 - relapsing to smoking after a quit attempt,
 - smoking-related morbidity and mortality ^{(8) (9) (10) (11)}
- Several studies have evaluated smoking cessation interventions that involve either antidepressants or psychosocial mood management components ^{(12) (13) (14) (15)}

METHODS

- Systematic review which includes randomized controlled trials (RCTs) that compare smoking cessation interventions in smokers with current or past depression
- Comparisons were made between smoking cessation interventions with and without specific mood management components that addressed depression

RESULTS

Adding a brief mood management intervention to smoking cessation treatment helps smokers with current or past depression quit smoking



- Smoking cessation interventions with mood management components: (n=33)
 - Addition of mood management has a significant positive effect on smokers with current or past depression as show below: ⁽¹⁶⁾

Figure 1: Forest plot of comparison: Psychosocial mood management versus control for smokers with current depression. Abstinence at six months of greater follow-up.

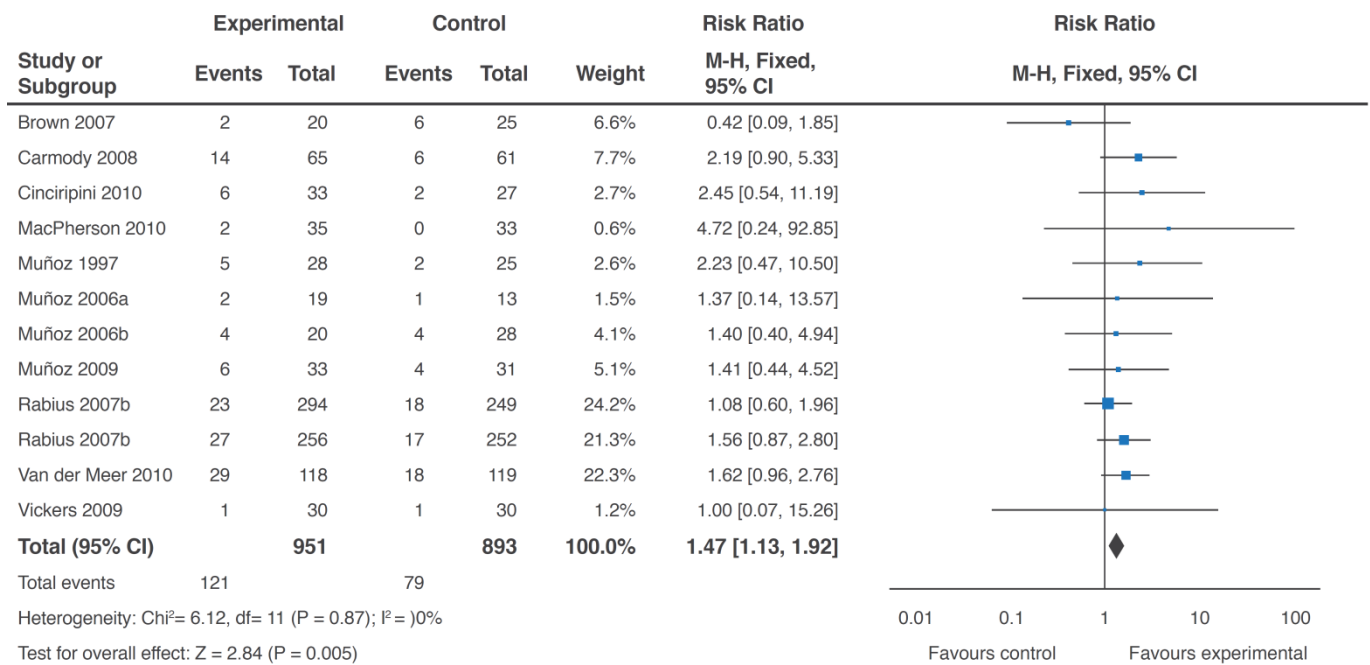
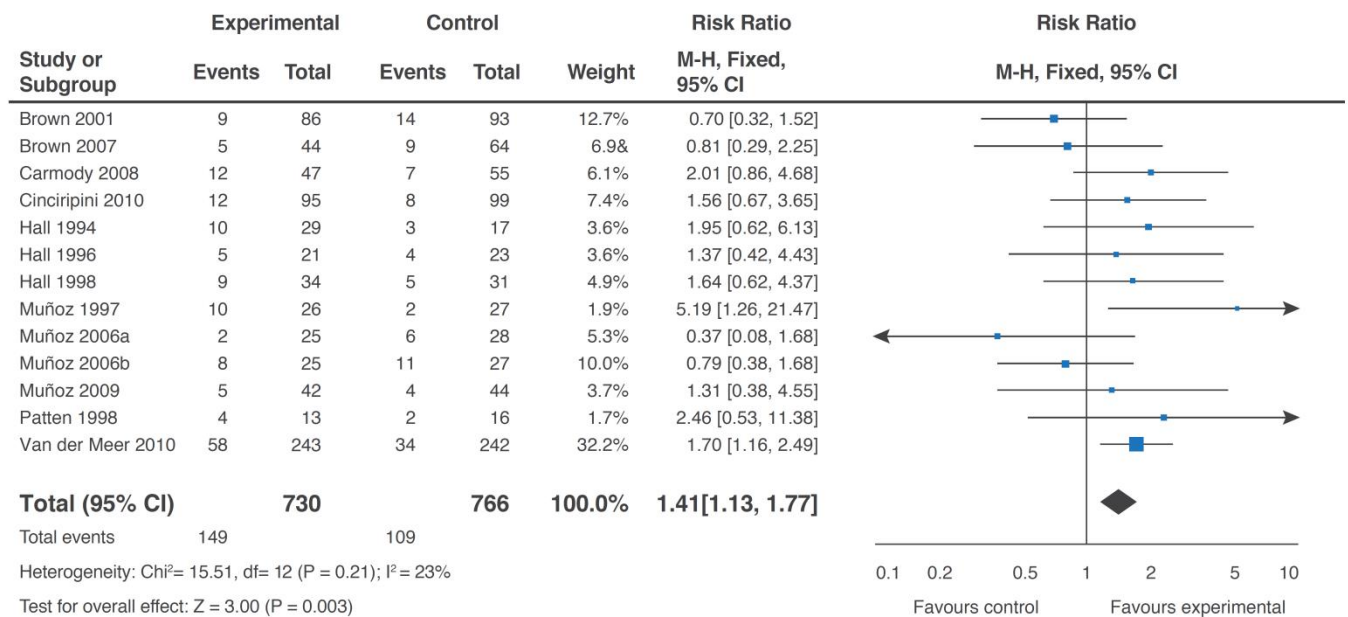


Figure 2: Forest plot of comparison: Psychosocial mood management versus control for smokers with past depression. Abstinence at six months of greater follow-up.



- Bupropion has a positive, but not significant effect on smokers with current depression
- Although evidence is weak due to the small number of trials, bupropion may increase long-term cessation in smokers with past depression ⁽¹⁶⁾

- Evaluation of the effectiveness of fluoxetine, nortriptyline, paroxetine, selegiline, and sertraline in smokers with current or past depression was not possible due to limited trial data ⁽¹⁶⁾
- Smoking cessation interventions without mood management components: ⁽¹⁶⁾
 - Not enough evidence to show that nicotine replacement therapy or standard smoking cessation interventions are beneficial to smokers with depression ⁽¹⁶⁾

CONCLUSION

- Combining a smoking cessation intervention with a mood management component increases long-term cessation in smokers with current or past depression
- Additional trials are required to evaluate the effectiveness of bupropion and other antidepressants on cessation rates in smokers with current or past depression



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