Drug Treatment Must Be Flexible, British Study Finds

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Increasing numbers of drug users seeking ad-
diction treatment in one region in England have led to a decrease in the proportion of addicts who are discharged drug-free, Dr. Dakin and her colleagues plan to conduct follow-up research on smoking treatment in exchange for a lighter sentence or a decrease in the odds of smoking initiation by 16%.

Ask Blue-Collar Patients About Smoking

Tobacco use was significantly associated with increasing age, male gender, school performance, friend or parent smoking, and rebelliousness.

Clinical Inpatients + Cigarettes = Comorbidities

Nearly half of psychiatric inpatients with at least one medical comorbidity were smokers, based on data from 1,097 adults aged 18-93 years admitted to a psychiatric hospital over 10 months. Overall, 48% of the patients had multiple medical comorbidities, reported Cynthia L. Dakin, Ph.D., in a poster at a conference on tobacco control sponsored by the American Cancer Society.

Tobacco use data were available for 784 patients. Dr. Dakin and her associates at Northwestern University found that 55% of the smokers, and 66% of those who smoked at least one pack of cigarettes daily. Another 26% smoked between 17 and 20 cigarettes daily, and 8% smoked fewer than 15 cigarettes daily. Tobacco use was significantly associated with hypertension, diabetes, cancer, osteoporosis, and heart disease, and a history of stroke.

The most common DSM-IV diagnoses in the overall sample were major depressive disorder, substance intoxication, dependence, or abuse; bipolar disorder; and schizophrenia. This study did not review the associations between tobacco use and psychiatric diagnoses, but prior research has shown significant associations between smoking and psychiatric conditions. One study of 2,774 psychiatric patients (of whom 61% were smokers) found that bipolar disorder, schizoaffective disorder, and schizophrenia were independently related to smoking (Psychol. Addict. Behav. 2001;17:239-45).

Dr. Dakin and her colleagues plan to conduct follow-up research on smoking cessation efforts for psychiatric inpatients.

Ask Blue-Collar Patients About Smoking

Significantly fewer white-collar workers than blue-collar workers are smokers, according to the National Health Interview Survey data from more than 140,000 respondents. Pooling smoking data from 1997 to 2004 showed the highest reported rates among construction workers (39%), and the lowest reported rates among health professionals (5%), said David J. Lee, M.D., who presented the findings at a conference on tobacco control sponsored by the American Cancer Society.

“The overarching goal of Healthy People 2010 is to reduce health disparities in the U.S. population, and I think you’ll agree that we have a health disparity here with respect to smoking groups,” said Dr. Lee, who is with the epidemiology and public health department at the University of Miami.

Dr. Lee cited his study of 8-year smoking trends by occupational category based on NHIS data in which the 20 occupations with the highest smoking rates (all greater than 40%) were blue-collar jobs, and included bartenders, waiters, maintenance workers, truck drivers, and carpenters (J. Occup. Environ. Med. 2004;46:338-48).

“We saw some evidence of a smoking decline (among workers) who stepped on the list with a 58% smoking rate, but it was not statistically significant,” he said.

By contrast, the occupations with the 20 lowest smoking rates were classified as white-collar jobs, and ranged from 15% among airline pilots to 4% among clergy and physicians.

Despite evidence of declining smoking rates in some blue-collar professions, the findings suggest that blue-collar workers need more attention from their employers and health professionals if they are going to stop smoking. Workplace health and safety programs offer excellent opportunities to encourage smokers to quit, especially those who rarely see a physician in the office, Dr. Lee said. But office-based physicians who ask their blue-collar patients about smoking and assist those who want to quit are essential to reducing the occupational dis-

puter-based physicians who ask their blue-collar patients about smoking and assist those who want to quit are essential for a checkup, and clinicians can help.

An updated version of the government-sponsored publication, “Treating Tobacco Use and Dependence,” will be published in 2008, Dr. Michael C. Fiore said at a conference on tobacco control sponsored by the American Cancer Society.

“The guidelines will remain treatment-based; this will not be a soup-to-nuts rewrite,” said Dr. Fiore, a professor of medicine at the University of Wisconsin, Madison, and chair of the panel charged with writing the update.

The panel welcomes input from inside and outside the medical community on significant research in tobacco dependence treatment and issues that were not addressed in the current guidelines (published in 2000), Dr. Fiore said.

Topics submitted so far include the clinical efficacy of the “Five A’s” (a method of assessing willingness to change behavior), the effectiveness of telephone hotlines, and the safety and efficacy of combination drug therapies. The update will address counseling and pharmacotherapy for pregn-

narcotic medications are used for the treatment of opioid dependence in patients with a history of drug addiction. When using an agonist medication, it is important to understand the patient’s history of drug addiction and the medications that they have been prescribed in the past. In the case of methadone, it is important to determine the patient’s addiction profile and the medications that have been prescribed for their treatment. Methadone is a potent narcotic medication that is used to treat opioid addiction and is often used in conjunction with counseling and behavioral therapies.