

Quitting smoking especially difficult for select groups

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With the national trend toward quitting smoking flat, psychologists are finding some success with treatments aimed at helping smokers from underserved groups, including racial and ethnic minorities and those with psychiatric disorders.

In a special section of this month's issue of the [Journal of Consulting and Clinical Psychology](#), published by the American Psychological Association, researchers report on several effective treatments that may help these smokers in an effort to increase national [smoking](#) cessation rates. The percentage of American smokers rose from 19.8 percent in 2007 to 20.6 percent in 2008, after a 10-year steady decline in smoking rates, according to the latest figures from the [Centers for Disease Control and Prevention](#).

"One of the reasons smoking rates have remained stagnant is because these underserved groups of smokers have not been adequately targeted by research and treatment," said the special section editor, Belinda Borrelli, PhD, who is with the Centers for Behavioral and Preventive Medicine at Brown University Medical School. Underserved smokers include those who have a 10 percent higher smoking rate than the general population, have less access to treatments, and are more likely to be excluded from long-term treatments trials, according to Borelli.

In one article, researchers found that success in stopping smoking differed for different psychiatric disorders. For example, compared to smokers with no [psychiatric disorders](#), smokers who had an anxiety

disorder were less likely to quit smoking six months after treatment.

In the same article, researchers found that people's barriers to quitting were directly related to what type of psychiatric disorder they had. For example, smokers who had ever been diagnosed with an anxiety disorder reported a strong emotional bond with their cigarettes while smokers ever diagnosed with a substance use disorder reported that social and environmental influences were especially likely to affect their smoking. "This information may help clinicians gauge relapse risk and identify treatment targets among smokers who have ever had psychological illnesses," said lead author Megan Piper, PhD, from the University of Wisconsin School of Medicine and Public Health.

Evidence-based smoking cessation treatments are addressed in another article in this special section. Researchers from the University of Miami looked at the effect of intensive cognitive-behavioral therapy on African-American smokers. They placed 154 African-American smokers wearing nicotine patches into one of two six-session interventions. Participants in the group using cognitive-behavioral techniques were taught relapse prevention strategies and coping skills, along with other techniques. The other group participated in a health education series that explained general medical conditions that are associated with smoking, such as heart disease and lung cancer.

Compared with general health education, participation in cognitive-behavioral therapy sessions more than doubled the rate of quitting at a six month follow-up, from 14 percent to 31 percent the researchers found. "We know cognitive-behavioral therapy helps people quit, but few studies have examined this treatment's effect on African-American smokers," said the study's lead author, Monica Webb, PhD, of the University of Miami. "Hopefully, our findings will encourage smoking cessation counselors and researchers to utilize cognitive-behavioral interventions in this underserved population."

Borrelli, the section editor, examined another minority group—Latinos. She measured the amount of second-hand smoke in participants' homes and gave feedback to smokers about how much smoke their child with asthma was exposed to. For example, they were told that their child was exposed to as much smoke as if the child smoked 'x' number of cigarettes him- or herself during the week of the measurement - this was the experimental group. Smokers in the control group underwent standard cognitive-behavioral treatment for smoking cessation. Smokers in the experimental group were twice as likely to quit as the control group, Borrelli found. "The child's asthma problems may provide a teachable moment for parents whereby they become more open to the [smoking cessation](#) messages," Borrelli said. "Providing treatment that is focused on the health needs of the family, and delivered in a culturally tailored manner, has the potential to address health care disparities for Latino families."

More information: Special Section: "Smoking Cessation - Innovative Treatments and Understudied Populations," Section Editor: Belinda Borrelli, PhD, Brown University Medical School and Miriam Hospital; Journal of Consulting and Clinical Psychology, Vol. 78, No. 1.

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