

Common anxiety disorders make it tougher to quit cigarettes

October 25 2010

Researchers may have pinpointed a reason many smokers struggle to quit. According to new research published in the journal *Addiction*, smokers with a history of anxiety disorders are less likely to quit smoking. The study, conducted by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI), offered free coaching and medications to smokers in Madison and Milwaukee.

While overall quit rates for the study were high, participants with anxiety diagnoses were much less likely to quit smoking.

Study results also showed that anxiety diagnoses were very common among participants — more than a third of them met criteria for at least one anxiety diagnosis in their lifetime. Out of all 1,504 study participants, 455 had had a panic attack in the past, 199 social anxiety disorder, and 99 generalized anxiety disorder (some reported having more than one diagnoses). Other research has shown that up to 25 percent of the more than 50 million smokers in the U.S. had at least one anxiety disorder in their lifetime. And yet, very little research has addressed smoking in this population.

Lead author Megan Piper says it surprised her that the nicotine lozenge and patch — alone or in combination — failed to help patients with an anxiety history to quit smoking. In the general population, the lozenge and patch — especially when combined — have been very effective in helping patients quit smoking. Bupropion (Zyban) alone, or in combination with the nicotine lozenge, also did not increase cessation

rates among patients with a history of [anxiety disorders](#).

"Further research is needed to identify better counseling and medication treatments to help patients with anxiety disorders to quit smoking," Piper says.

Smokers in the study with anxiety disorders also reported higher levels of nicotine dependence and withdrawal symptoms prior to quitting. Smokers often experience craving, negative feelings and difficulty concentrating in the minutes or hours after finishing a cigarette, and those feelings can be heightened simply because the smokers know they're about to attempt to quit. In addition, participants with a history of panic attacks or social-anxiety disorder experienced more negative feelings on their quit day than did [smokers](#) in the study without this history.

These findings suggest that clinicians should assess anxiety-disorder status when helping patients quit smoking. While anxiety medications alone haven't boosted cessation rates, Piper is planning further research to test other [quit-smoking](#) counseling interventions and medications with patients who have had an [anxiety](#) diagnosis.

Provided by University of Wisconsin-Madison

Citation: Common anxiety disorders make it tougher to quit cigarettes (2010, October 25)
retrieved 2 May 2024 from
<https://medicalxpress.com/news/2010-10-common-anxiety-disorders-tougher-cigarettes.html>

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