LMU KLINIKUM DER UNIVERSITÄT MÜNCHEN | KLINIK FÜR PSYCHIATRIE UND PSYCHOTHERAPIE | SPEZIALAMBULANZ FÜR TABAKABHÄNGIGKEIT

Bipolare Störung und Tabakabhängigkeit

11. Jahrestagung der Schweizerischen Gesellschaft für Bipolare Störungen
Zürich

23.10.2015

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Ludwig-Maximilians-Universität München

Interessenskonflikte

Unternehmen // Beziehung

- Johnson & Johnson // Vorträge, advisory boards, Schulungsprogramm für Hausärzte
- Janssen Cilag // Vorträge, Schulungen
- Pfizer // Reisekosten, Vorträge, advisory boards, klinische Auftragsstudien (PI)

Weitere potentielle Interessenkonflikte:

- Kath. Stiftungsfachhochschule München // Dozent des Masterstudiengangs Suchthilfe
- Bayerische Landesärztekammer ,Curricula „Tabakabhängigkeit" und „Suchtmedizinische Grundversorgung" // Autor, Dozent und Prüfer
- Swiss Re und Stadtsparkasse München // Betriebliche Tabakentwöhnung
- Deutsche Gesellschaft für Suchtmedizin (DGS) // Vorstand
- AWMF-S3-Leitlinie Tabakabhängigkeit // Mitautor

Keine Kontakte zu Tabakindustrie, E-Zigaretten Hersteller/Vertrieb

50% aller regelmäßigen Raucher sterben an den Folgen des Rauchens.
Davon 50% vor dem 70. Lebensjahr.

Doll, BMJ, 1996

Global risk factor ranks for all ages and sexes combined in 1990 and 2010,

1990		2010		
Mean rank (95% UI)	Risk factor	Risk factor	Mean rank (95% UI)	% change (95% UI)
1·1 (1–2)	1 Childhood underweight	1 High blood pressure	1·1 (1–2)	27% (19 to 34)
2·1 (1–4)	2 Household air pollution	2 Smoking (excluding SHS)	1·9 (1–2)	3% (−5 to 11)
2·9 (2–4)	3 Smoking (excluding SHS)	3 Alcohol use	3·0 (2–4)	28% (17 to 39)
4·0 (3–5)	4 High blood pressure	4 Household air pollution	4·7 (3–7)	−37% (−44 to −29)
5·4 (3–8)	5 Suboptimal breastfeeding	5 Low fruit	5·0 (4–8)	29% (21 to 34)
5·6 (5–6)	6 Alcohol use	6 High body-mass index	6·1 (4–8)	82% (71 to 95)
7·4 (6–8)	7 Ambient PM pollution	7 High fasting plasma glucose	6·6 (5–8)	58% (41 to 73)
7·4 (6–8)	8 Low fruit	8 Childhood underweight	8·5 (6–11)	−61% (−66 to −55)
9·7 (9–12)	9 High fasting plasma glucose	9 Ambient PM pollution	8·6 (7–11)	−7% (−13 to −1)
10·0 (9–14)	10 High body-mass index	10 Physical inactivity	9·9 (8–12)	0% (0 to 0)
13·1 (9–15)	11 Iron deficiency	11 High sodium	11·2 (8–15)	33% (27 to 39)
13·3 (9–17)	12 High sodium	12 Low nuts and seeds	12·9 (10–17)	27% (18 to 37)
13·9 (10–19)	13 Low nuts and seeds	13 Iron deficiency	13·5 (11–17)	−7% (−11 to −4)
14·3 (11–17)	14 High total cholesterol	14 Suboptimal breastfeeding	13·8 (10–18)	−57% (−63 to −51)
16·2 (9–18)	15 Sanitation	15 High total cholesterol	15·2 (12–17)	3% (−13 to 19)
16·7 (13–21)	16 Low vegetables	16 Whole grains	15·3 (13–17)	39% (32 to 45)
17·1 (10–23)	17 Vitamin A deficiency	17 Low vegetables	15·8 (12–19)	22% (16 to 28)
17·3 (15–20)	18 Low whole grains	18 Low omega-3	18·7 (17–23)	30% (21 to 35)
20·6 (13–29)	19 Zinc deficiency	19 Drug use	20·3 (18–23)	57% (42 to 77)
20·6 (17–25)	20 Low omega-3	20 Occupational injury	20·4 (18–23)	17% (−22 to 58)
20·8 (18–24)	21 Occupational injury	21 Occupational low back pain	21·2 (18–25)	22% (11 to 35)
21·7 (14–34)	22 Unimproved water	22 High processed meat	22·0 (17–31)	22% (2 to 44)
22·6 (19–26)	23 Occupational low back pain	23 Intimate partner violence	23·8 (20–28)	0% (0 to 0)
23·3 (19–29)	24 High processed meat	24 Low fibre	24·4 (19–33)	23% (13 to 33)
24·2 (21–26)	25 Drug use	25 Lead	25·5 (23–29)	160% (143 to 176)
	26 Low fibre	26 Sanitation		
	30 Lead	29 Vitamin A deficiency		
		33 Zinc deficiency		

Global Burden of desease Study, Lancet 2012 Dec 15;380(9859):2224-60 (Disability-Adjusted Life Years, DALY)

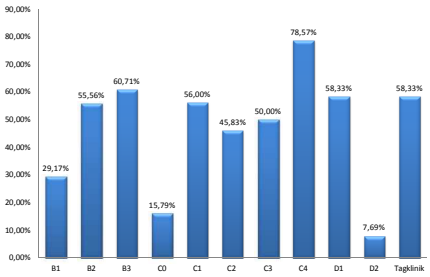
Epidemiologie von Bipolaren Störungen und Tabakabhängigkeit

✓ 51 Studien
✓ 16 Länder

- 45% der Patienten mit Bipolarer Störung raucht aktuell (48% Männer, 40% Frauen)
- Im Vergleich zur Allgemeinbevölkerung: OR 3.5; 95%CI 3.39-3.54

Jackson, J.G., et al., *A combined analysis of worldwide studies demonstrates an association between bipolar disorder and tobacco smoking behaviors in adults*. Bipolar Disord, 2015.

Punktprävalenz stationärer rauchender Patienten LMU München, 29.KW 2012

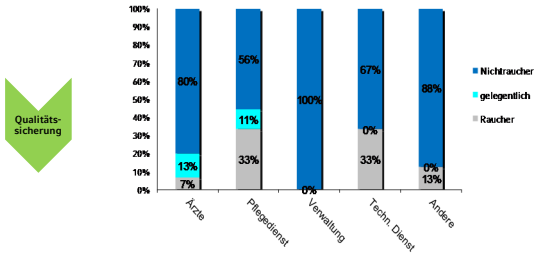


Station

Patienten auf allen Stationen: 236
Rauchende Patienten: 116 (49,15 %)

Weltzer, Linhardt,2013

Punktprävalenz Rauchstatus Personal LMU, 51.KW 2012



N= 274 Beschäftigte; Rücklauf n = 72 (entspricht 26%)

44-46 % Marktanteil

„Fast jede zweite Zigarette wird in USA von Menschen mit einer psychiatrischen Erkrankung geraucht"*

*Lasser K. et al. JAMA, 2000

Rauchen bei psychiatrischen Erkrankungen

- Führende vermeidbare Todesursache bei psychiatrischen Erkrankungen *
- Verlust von 25 Lebensjahren (vs.10 ohne psych. Komorbidität) **
- Starke Reduktion der Lebensqualität **
- Prädiktor für Suizidalität, auch bei Kontrolle möglicher confounder****

*British J.Psy., 2000
**Prev Chronic Dis. 2006
*** J Affect Disord. 2008

Important Psychotropic medications with smoking-induced metabolism

Antidepressants	Antipsychotics	Anxiolytics	Other
Agomelatine	Aripiprazole	Alprazolam	Carbamazepine
Amitriptylline[v]	Chlorpromazine	Clonazepam	Chlordiazepoxide[v]
Clomipramine	Clozapine	Diazepam	Propranolol
Duloxetine	Fluphenazine	Lorazepam	
Fluvoxamine	Haloperidol	Oxazepam	
Imipramine	Olanzapine	Triazolam	
Mirtazapine	Zotepine		
Nortriptylline[v]	Tiotixene		
Reboxetine			
Sertraline			
Trazodone			

v = variable.

Rüther et al., 2014

Tabakabhängigkeit bei Bipolarer Störung

- Rauchbeginn meist mit ca. 15-18 Jahren
- Dauerhafte Veränderungen der Neurophysiologie als Resultat von Tabakgebrauch kann eine zugrundeliegende Vulnerabilität für affektive Störungen – bipolare Störung eingeschlossen – hervorrufen.
- Die Beziehung zwischen Tabakrauchen und Bipolarer Störung ist bidirektional, komplex und multifaktoriell, kein zwingender kausaler Schluss

Jackson, J.G., et al., Bipolar Disord, 2015.

Auswirkungen des Rauchens bei Bipolar Erkrankten

Raucher mit Bipolarer Erkrankung haben signifikant häufiger:

- Früheren Beginn der ersten depressiven oder manischen Episode
- Mehr Suizidversuche in der Vergangenheit
- Angsterkrankung, komorbid
- Substanzmißbrauch, komorbid
- Längere Krankheitsdauer mit schwereren Symptomen (längere Hospitalisierung)

Jackson, J.G., et al., Bipolar Disord, 2015.

Auswirkungen des Rauchens bei Bipolar Erkrankten

In manchen Studien korrelierte Tabakrauchen auch mit

- rapid cycling
- Mehr affektive Episoden
- Erhöhtes Risiko für psychotische Episoden

Jackson, J.G., et al., Bipolar Disord, 2015.

Motivation zum Rauchstopp psychiatrischer Patienten

…mit „psychisch gesunden“ Rauchern vergleichbar!

…auch bei Suchtpatienten!

Psychol Med. 2005;35:395-408.
Schizophr Bull. 2004;30:459-68.
Am J Addict. 2001;10:159-66.
Am J Addict. 2006;15:15-22.

Substanzabhängigkeit : Klinische Bewertung

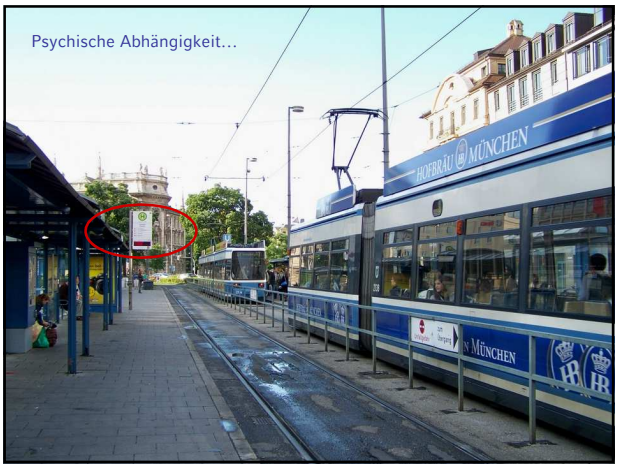
Verstärkung / Belohnung :

Kokain > Heroin > Alkohol > **Nikotin** > Marihuana

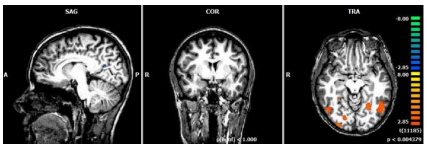
Schwierigkeiten hinsichtlich Abstinenz:

Nikotin > Heroin > Kokain > Alkohol > Marihuana

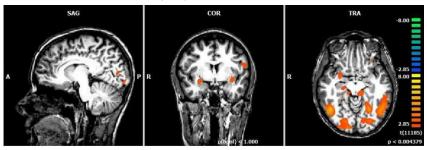
Hennigsfield und Benowitz,98



Unterschiede in neuronaler Verarbeitung von sucht-assoziierten Cues bei Rauchern und Nichtrauchern



Differenzen der neuronaler Aktivität zwischen Rauchern **nach Nikotinkonsum** und Nichtrauchern (fixed effects analysis; p<0,005, T = 2,850)

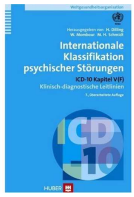


Differenz der neuronalen Aktivität zwischen Rauchern **im Nikotinentzug** und Nichtrauchern (fixed effects analysis; p<0,005, T=2,850)

Klemme,...,Rüther, 2013

Tabakabhängigkeit: Diagnostische Kriterien

F17.2



Therapie der Tabakabhängigkeit: Leitlinien

Therapieform	Studienarme	OR	Abstinenzquote
Keine Anweisung	**9**	**1,0**	**7,9**
Ärztl. Anweisung	**10**	**1,3 (1,1-1,6)**	**10,2 (8,5-12,0)**

Jeder Arzt sollte seinen rauchenden Patienten dringend raten, den Tabakkonsum aufzugeben (Evidenz A)

Fiore et al,2008
(US Guidelines)

Therapie der Tabakabhängigkeit: Kurzintervention hilft!

Table 6.8. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various intensity levels of session length (n = 43 studies)[a]

Level of contact	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
No contact	30	1.0	10.9
Minimal counseling (< 3 minutes)	19	1.3 (1.01–1.6)	13.4 (10.9–16.1)
Low-intensity counseling (3-10 minutes)	16	1.6 (1.2–2.0)	16.0 (12.8–19.2)
Higher intensity counseling (> 10 minutes)	55	2.3 (2.0–2.7)	22.1 (19.4–24.7)

Fiore et al,2008
(US Guidelines)

Tabakentwöhnung: Medikation

Table 6.22. Meta-analysis (2008): Effectiveness of and estimated abstinence rates for the combination of counseling and medication vs. medication alone (n = 18 studies)[a]

Treatment	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
Medication alone	8	1.0	21.7
Medication and counseling	39	1.4 (1.2–1.6)	27.6 (25.0–30.3)

Fiore MC, et al. *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. US Department of Health and Human Services. Public Health Service; May 2008. Available at: www.surgeongeneral.gov/tobacco/default.htm

Vorteile der Raucherentwöhungung

Effekte ≥ Antidepressiva

Taylor G. et al., Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014

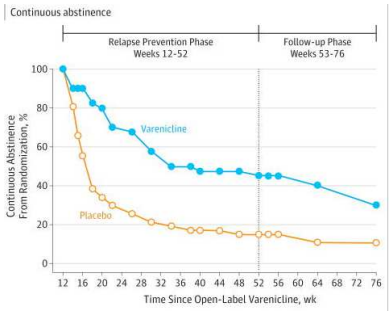
Randomisierte Fall Studie (Evins et al., 2014)

- randomisiert
- Doppel-blind
- Placebo-kontrolliert
- Parallelgruppen
- Rückfallprävention

- N= 247 Raucher mit der Diagnose Schizophrenie oder Bipolare Störung
- Nach 12 Woche randomisiert: wer 7 Tages Punktprävalenz
- N = 87

Evins, A. E., Cather, C., Pratt, S. A., Pachas, G. N., Hoeppner, S. S., Goff, D. C., . . . Schoenfeld, D. A. (2014). Maintenance treatment with varenicline for smoking cessation in patients with schizophrenia and bipolar disorder: a randomized clinical trial. *JAMA, 311*(2), 145-154. doi: 10.1001/jama.2013.285113

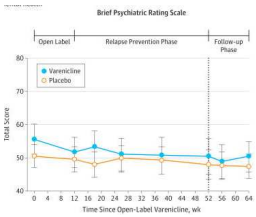
Randomisierte Fall Studie (Evins et al., 2014)

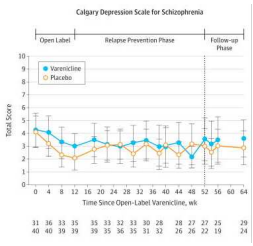


Evins, A. E., Cather, C., Pratt, S. A., Pachas, G. N., Hoeppner, S. S., Goff, D. C., . . . Schoenfeld, D. A. (2014). Maintenance treatment with varenicline for smoking cessation in patients with schizophrenia and bipolar disorder: a randomized clinical trial. *JAMA, 311*(2), 145-154. doi: 10.1001/jama.2013.285113

Randomisierte Fall Studie (Evins et al., 2014)

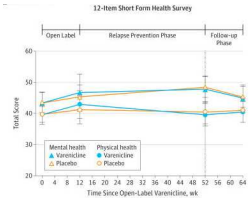
Auswirkungen auf Mental Health

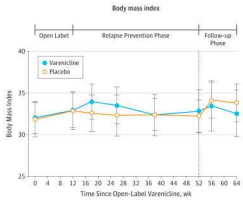




Randomisierte Fall Studie (Evins et al., 2014)

Auswirkung auf General Health





EPA - the main association representing psychiatry in Europe

EPA has 36 National Society Members from 33 countries, representing over 77,000 psychiatrists:

Austria
Azerbaijan
Belarus
Belgium
Bosnia-Herz.
Croatia
Czech Rep.
Denmark
Finland
France
Germany
Greece
Hungary
Ireland
Israel
Italy
Latvia
Lithuania
Malta
Netherlands
Norway
Poland
Portugal
Romania
Russia
Serbia
Slovakia
Slovenia
Spain
Sweden *(intention to join)*
Switzerland
Turkey
Ukraine
UK

European Guidance Project (EGP)

…by giving our colleagues

clear simple understandable instructions

EPA

European Psychiatric Association

Our mission is to improve Psychiatry and Mental Health Care in Europe

EPA Guidance 2014

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Original article

EPA Guidance on tobacco dependence and strategies for smoking cessation in people with mental illness

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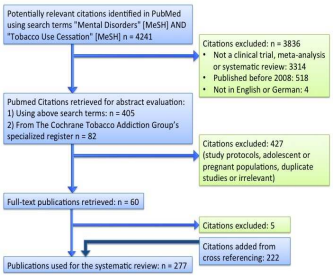
Methods: European Guidance Project[1]

Guidelines were developed

- by means of a systematic literature search
- with expert experience and consensus
- in accordance with the international guidelines on tobacco withdrawal.

The systematic literature search inclusion criteria:

- Listed as a meta-analysis, randomized controlled trial or systematic review under publication type
- Published in English or German
- Published between January 2008 and March 2013.



1 Gaebel W, Becker T, Janssen B, Munk-Jorgensen P, Musalek M, Rossler W, et al. EPA guidance on the quality of mental health services. Eur Psychiatry 2012;27:87–113

7 Practical recommendations

Recommendations of the EPA

1. Record the smoking status

- Smoking status should be evaluated and documented for every psychiatric patient and the degree of dependence should be documented (preferentially with the FTND).

2. Set the time of the intervention

- The best time for cessation would be when the patient is in a stable phase, with no recent or planned changes in medications and no urgent problems take precedence.

Recommendations

3. Give counselling

- At least a minimum amount of counselling should be performed (psychoeducation, formation of a therapeutic alliance, clinician advice, setting a quit day, additional help)

4. Offer drug treatment

- Drug treatment with a first-line product (NRT, varenicline, bupropion) should be given for even a mild degree of tobacco dependence.

Recommendations

5. Contact within first days after quit day

- Because the risk of relapse is highest within the first days after stopping smoking, renewed contact (either in person or by telephone) is recommended

6. Perform follow-up visits

- Almost all studies show that follow-up visits after quit day increase the quit rate; these follow-ups can also be conducted by telephone

Recommendations

7. Relapse prevention and management

The patient should be made aware that lapses and relapses are not catastrophes, and a new attempt with different procedures (e.g. psychotherapy, medication) should be discussed with the patient.

…rauchfreien Dank!

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Klinik für Psychiatrie und Psychotherapie
Spezialambulanz für Tabakabhängigkeit

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