

„Between Relief and Burden: Nicotine Dependence in the Context of Mental Disorders“

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Structure:

- **Department of Psychosomatic Medicine**
(90 inpatients)
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- **Department of Addiction Medicine**
(alcohol-dependent and prescription drug-dependent patients)
(180 inpatients)



Deutsche Netz Rauchfreier Krankenhäuser &
Gesundheitseinrichtungen e.V. (DNRfK)

Member of the “Global Network for Tobacco Free Healthcare
Services” repeatedly awarded Gold-Level recognition since 2010

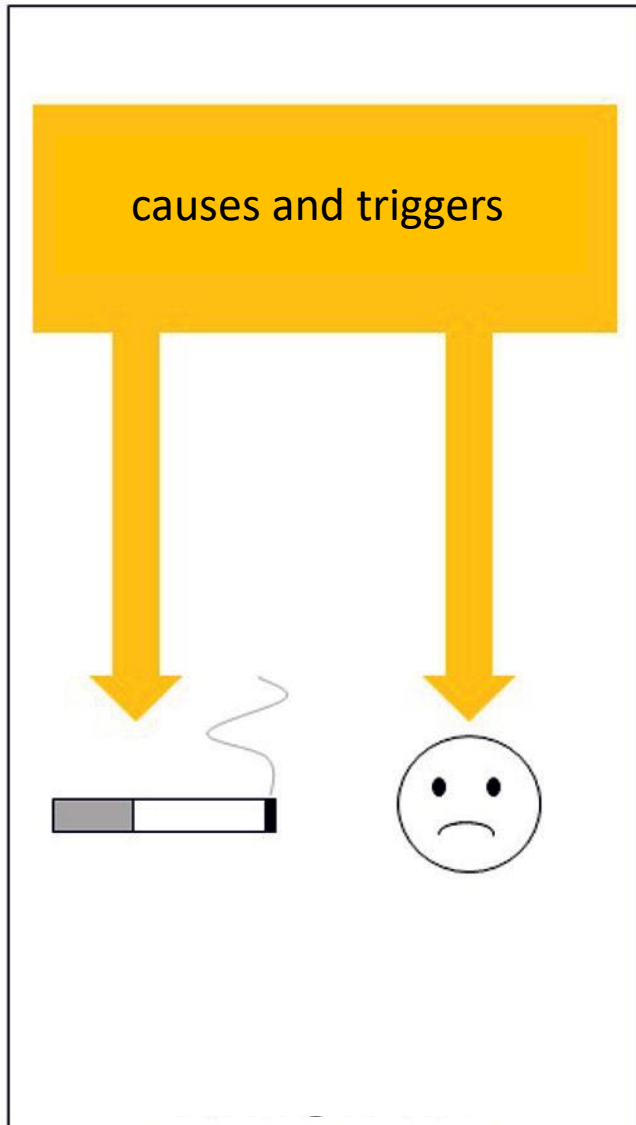
Smoking/Vaping-rate

👉 General population: 21.8%

👉 Psychosomatic medicine inpatients: 41.1%

👉 Addiction medicine inpatients: 81.3%

Pathogenesis I: A Common Cause

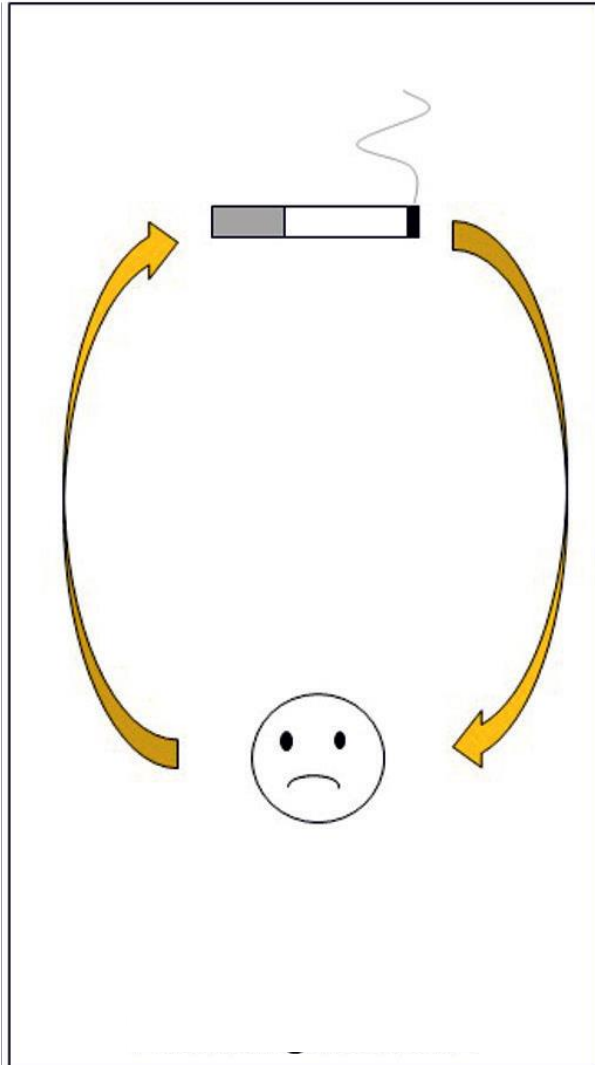


- Neurobiological factors
- Personality factors
- Environmental factors

e.g. smoking and alcohol-related disorders (permissive attitudes toward legal addictive substances, genetically mediated differences in substance effects and tolerance, and epigenetic influences)

e.g. depression and smoking (shared genetic factors)

Pathogenesis II: Smoking as an Interaction with a Mental Disorder



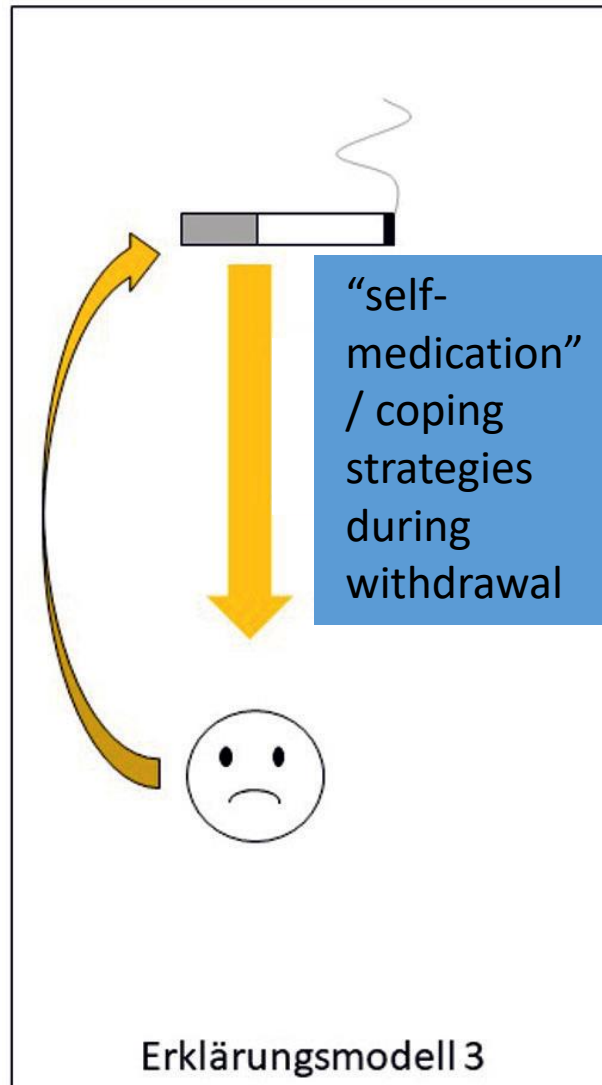
e.g. anxiety disorders such as panic disorder and agoraphobia in relation to smoking (providing temporary relief from anxiety symptoms and increasing the risk of panic attacks)

e.g. smoking and PTSD (nicotine-modulated cortisol release during stress reaction)

e.g. nicotine and alcohol (the use of one substance may reinforce or mitigate the aversive effects of the other)

e.g. smoking and depression (due to compensatory neurophysiological changes or increased vulnerability to peer influence and positive expectations associated with smoking)

Pathogenesis III: The Mental Disorder Prevents Quitting Pre-existing Nicotine Use



- withdrawal symptoms in nicotine-dependent smokers are temporarily alleviated by smoking
- symptoms may be exacerbated in the context of mental illness

e.g. anxiety sensitivity, frequent and/or strong negative affect, low distress tolerance, and attention deficits in the context of mood /anxiety disorders

e.g. impaired self-confidence and low self-efficacy in depressed smokers

e.g. reduced antipsychotic effect or side effects on people with schizophrenia

Conclusions

- Motivation for smoking cessation is high even in psychiatric populations
- Most patients recognize smoking harm and have quit attempts
- Participation in smoking cessation programs can be substantial
- Smoking cessation improves mental health outcomes
- There is no negative impact on addiction treatment outcomes
- Effective treatment is possible with adapted approaches

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- **Thank you for listening!**

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