

Research Article

Treating Tobacco Use Disorder in People Suffering from Serious Mental Disorders

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We know that tobacco consumption is a major global public health issue, but it disproportionately affects certain groups. One of these groups consists of people with severe mental disorders, who have a shorter life expectancy compared to the general population, largely due to tobacco use [1].

Patients with severe mental disorders start smoking at a younger age and develop a more severe addiction, which complicates treatment and worsens its outcomes [2]. The close relationship between tobacco use disorder and other mental disorders can be explained through several models: it is possible that there are common biological and social factors predisposing individuals to both disorders, but it is also possible that mental disorders facilitate the development of a tobacco addiction, in a sort of self-medication hypothesis, as we know that tobacco plays a very important role in affective and cognitive regulation.

This leads us to an important finding: the proper treatment of mental disorders reduces the risk of tobacco addiction and helps smokers quit [3]. The close relationship between tobacco use and mental health problems, combined with the challenges in addressing it, has led mental health professionals to neglect this issue for decades.

Fortunately, in recent years, a group of experts from the Spanish Society of Psychiatry and Mental Health and the Spanish Society of Dual Pathology have decided to begin raising awareness about the need to treat tobacco use disorder in people with severe mental disorders. As a result, a position paper has recently been published in the Spanish Journal of Psychiatry and Mental Health [4], and a Joint Statement has been published as a special issue in the *Actas Españolas de Psiquiatría* [5].

The key conclusions of these works are:

1. People with severe mental disorders are interested in quitting smoking.
2. Treatments used in the general population are also effective for people with severe mental disorders.
3. Treatments used in the general population are safe for people with severe mental disorders.
4. An integrative approach to treatment enhances therapeutic success.

5. In many cases, better results can be achieved by combining several active principles or extending the duration of treatment.
6. We must approach treatment from non-stigmatizing positions towards people with mental disorders.
7. For patients who cannot quit smoking, we need scientific evidence that evaluates, free from bias, the potential of alternative interventions based on harm reduction.

To improve the situation regarding tobacco use disorder in people with mental disorders, it is necessary to increase training projects and activities for mental health professionals. Additionally, it is desirable to increase the level of scientific evidence for the treatment of this addiction in these individuals, who are often excluded from clinical trials and more common studies.

References

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