Smoking cessation in severe mental illness: challenges and opportunities in the COVID-19 times

Dejar de fumar en el trastorno mental grave: desafíos y oportunidades en tiempos de la COVID-19

Fernando Sarramea*, **, *****, Maria Jose Jaén-Moreno*, **, Vicent Balanzá-Martínez******, ******.

*Instituto Maimónides de Investigación Biomédica de Córdoba (IMIBIC), Córdoba, Spain;
**Hospital Universitario Reina Sofía (Córdoba, Spain). Unidad de gestión clínica de Salud Mental;
***Universidad de Córdoba. Área de Psiquiatría. Departamento Ciencias Morfológicas y Sociosanitarias, Córdoba, Spain;
****Centro de Investigación Biomédica en Red de Salud Mental, Oviedo, Spain;
*****Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain;
******Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Instituto de Salud Carlos III (ISCIII), Madrid, Spain.

Currently, global public health is threatened by the coronavirus disease (COVID-19), which has spread rapidly from the Chinese region of Wuhan to the rest of the planet. Although most cases recover without sequelae, in the most severe patients it is associated with a pro-inflammatory reaction that leads to high morbidity and mortality rates (Yi, Lagniton, Ye, Li & Xu, 2020).

Available evidence suggests that tobacco use and previous history of metabolic, cardiovascular, and respiratory diseases are independently associated with an increased risk of lung failure, ICU admission, and death (Wang, Ruo-bao, Zhong & Huang, 2020; Vardavas & Nikitara, 2020). Because of this, the pandemic threatens to hit vulnerable populations with greater intensity, including individuals with severe mental illness (SMI).

Indeed, people with an SMI already have a high risk of premature morbidity and mortality, reducing their life expectancy by 10 to 20 years. In this population, cardiovascular and respiratory diseases are 2-3 times more frequent and have an earlier onset and more severe outcomes (De Hert et al., 2011). Of note, smoking is the major preventable risk factor for both comorbidities (Rüther et al., 2014).

Smoking with high levels of dependency, in a population with a higher level of social isolation and a lower opportunity for preventive care, further perpetuates this problem. Urgent measures of social and medical awareness are needed, which may ease access to safe and effective treatments aimed at smoking cessation.

Pandemic-related confinement has been associated with substantial changes in lifestyle behaviors, including smoking and substance misuse (Balanzá-Martínez, Atienza-Carbonell, Kapczinski & De Boni, 2020; García-Álvarez, de la Fuente-Tomás, Sáiz, García-Portilla & Bobes, 2020). After progressive de-escalation, the priority is now focused on preventive measures. This can be a golden opportunity to more strongly promote messaging regarding smoking cessation. The challenge now is to ensure that pandemic response and treatment represent an opportunity to include people with an SMI, who are more vulnerable due to their social position and unequal access to health services.

Although the patients with a SMI are usually less aware of the health risks associated with long-term tobacco use, up to 70% of this population has ever considered the need to quit (Prochaska et al., 2011). As with the majority of smokers, simply asking the patient about their smoking habits mobilizes motivation to quit. In multi-component approaches, the level of motivation to quit smoking achieved is decisive in significantly reducing consumption, as a previous step to abstinence (Sarramea et al., 2019a;
Sarramea Crespo et al., 2019b). Moreover, specific and individual information about respiratory risks and chances for prevention could help increase a smoker’s willingness to quit (Sarramea et al., 2019c).

With health services overwhelmed due to the pandemic, mental health professionals will need to adapt to new healthcare models, an increase in patient demand, and new patient needs. In this context, a paramount risk consists of constraining again the therapeutic approaches for SMI to clinical stability and preventing admissions, thus leaving apart among others, a more overarching aim of addressing the mental and physical health of patients with an SMI. In turn, this approach takes into account the prevention of environmental risk factors, such as smoking, which are major determinants of high rates of premature morbidity and mortality worldwide.

In sum, the current pandemic may be an opportunity to value both health and disease prevention. A major challenge is to identify the most vulnerable groups and protect their healthcare needs despite current, pressing emergencies due to COVID-19. In order to prevent premature morbidity and mortality, a comprehensive and coordinated approach to mental and physical health is more necessary than ever. This is especially important for patients with SMIs, who are ready to receive a clear message regarding the risk factors for smoking and available solutions to help them quit.

**Conflict of interest**

Author VBM has been a consultant, advisor or Continuing Medical Education (CME) speaker over the last 5 years for the following companies: Angelini; Ferrer; Lundbeck; Nutrición Médica; and Otsuka.

All other researchers report no biomedical financial interests or potential conflicts of interests.

**Funding**

The authors received no financial support for the research, authorship, and/or publication of this editorial.

**References**


