Background: People with serious mental illness (SMI; schizophrenia, severe mood and anxiety disorders) are more likely to smoke and less likely to quit than the general population. Combinations of intensive behavioral intervention and pharmacotherapy improve cessation outcomes, but most smokers with SMI try to quit without treatment, in part due to misinformation about treatments, but also due to lack of access to treatments. We have developed a line of appealing and usable web-based tools to provide scalable motivational and behavioral treatment to smokers with SMI. Here we will describe a recent RCT testing a web-based, interactive, motivational intervention compared to a computerized, static National Cancer Institute (NCI) patient pamphlet.

Methods: We conducted a randomized trial among 162 adult smokers with schizophrenia comparing two brief interventions adapted for people with cognitive impairments; an interactive motivational website, Let’s Talk About Smoking, vs. computerized, static, standard education from the NCI provided in a tailored format with audio. Participants were assessed at baseline for cognition and smoking characteristics, used their assigned intervention within two weeks, and were assessed again for smoking and breath carbon monoxide over the 6-month follow-up. All had access to standard cessation treatments.

Results: Participants (mean age 45.91±11.32 years) smoked 14.56±10.49 cigarettes per day. Over the 6-month follow-up, 38.9% of participants had used cessation treatment (not different between groups). 37.7% reported quit attempts, 4% had verified abstinence at the 6-month follow-up, and mean days of self-reported abstinence were 11.0 vs. 12.1, t=-.22, p=.82. In multivariate models, older age, higher education, and fewer positive symptoms predicted cessation treatment initiation. In turn, engaging in cessation treatment and level of cognition predicted days of total abstinence. Satisfaction and usability scores were higher for Let’s Talk About Smoking than NCI education (8.9±1.3 vs. 8.3±2.1, df=120.7, t=2.0, p=.045).

Conclusions: Brief, web-based, motivational interventions tailored for people with cognitive impairment can motivate smokers with schizophrenia to use cessation treatments, with outcomes that are similar or superior to in-person motivational intervention. Interactive, multimedia interventions are more appealing to smokers with schizophrenia than non-interactive interventions. More intensive interventions are needed to enable protracted cessation.

6.4 TRIAL OF INTEGRATED TOBACCO SMOKING CESSATION, EXERCISE AND WEIGHT MANAGEMENT IN PERSONS WITH SERIOUS MENTAL ILLNESS

Gail Daumit,1, Corinne Cather,1 Arlene Dal cin1, Faith Dickerson2, Nae-Yuh Wang1, Gerald Jerome1, Edgar Miller1, Lawrence Appel1, Una McC ann1, Joseph Gennusa1, Stacy Goldsholl1, Courtney Cook1, Anne Eden Evins2,3
1Johns Hopkins Medical Institutions; 2Massachusetts General Hospital; 3Sheppard Pratt; 4Towson University

Background: Tobacco smoking is the single largest contributor to cardiovascular disease and preventable death in persons with serious mental illness (SMI). The majority of smokers with SMI state they would like to quit. Combination pharmacotherapy and behavioral treatment increases abstinence rates in trials but has not been tested or widely used in community settings. In addition, almost all trials of cessation aids to-date in SMI target selected samples of those willing to quit right away, excluding the less motivated. Moreover, weight gain may accompany smoking abstinence, and obesity is already widespread in SMI. Combined health behavior change interventions relevant to a broad spectrum of SMI are urgently needed, especially in those who smoke.

The objective of this study is to develop and test an innovative, scalable intervention delivered in a community mental health organization setting that builds on smoking cessation interventions shown to be effective in trials, and aims to promote prolonged smoking abstinence, improved physical activity and weight control.

Methods: The TRIUMPH Trial is a community mental health organization-based, two-arm randomized clinical trial that will test the hypothesis that an 18-month comprehensive, practical tobacco smoking cessation program integrating exercise and weight counseling will be superior to a treatment as usual (TAU) control in achieving prolonged smoking abstinence, physical fitness and weight maintenance. Participants are adults with SMI attending community-based services.