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# **News Release**

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## **New Approach to Smoking Cessation Boosts Quit Rates for Veterans with PTSD**

WASHINGTON -- Smoking cessation treatment that is made part of mental health care for Veterans with Post Traumatic Stress Disorder (PTSD) improves quit rates, according to a Department of Veterans Affairs (VA) study published in the Dec. 8 *Journal of the American Medical Association*.

“The smoking cessation techniques used in this new approach will give Veterans an important step towards a better quality of life,” said VA Under Secretary for Health Dr. Robert Petzel. “Veterans will be at a lower risk for cardiovascular or lung disease if they do not smoke.”

On measures of smoking abstinence for shorter periods of time, researchers found that quit rates were as high as 18 percent for the integrated care group, versus 11 percent for those receiving usual care. When compared to usual care—referral to a standard smoking cessation clinic—the new, integrated approach nearly doubled the rate at which study volunteers stayed smoke-free for a year or longer, from 4.5 percent to almost 9 percent.

Importantly, Veterans in the study who quit smoking showed no worsening of symptoms of PTSD or depression. In fact, study participants averaged a 10-percent reduction in PTSD symptoms, regardless of which treatment they received or whether they quit smoking or not. The findings help dispel concerns that combining care for PTSD and smoking cessation detracts from PTSD treatment or makes it less effective.

Study leaders Miles McFall, Ph.D., and Andrew Saxon, M.D., say the results validate a promising new VA model of care that can make safe, effective smoking cessation treatment accessible to far more Veterans with PTSD. The new approach may also be effective for smokers receiving mental health care for other psychiatric illnesses, they add.

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Says McFall, “One of the most important things mental health providers can do to improve the quality and length of their patients’ lives is to help them stop smoking by using proven, evidence-based practices.”

McFall is director of PTSD Programs and Saxon is director of the Addictions Treatment Center at the VA Puget Sound Health Care System. Both are professors in the department of psychiatry and behavioral sciences at the University of Washington.

VA smoking cessation care generally involves a mix of group and individual counseling, typically in combination with nicotine replacement therapy or other medication prescribed by a VA health care provider. In VA’s study, Veterans in the integrated-care group worked with the same therapist on PTSD and smoking issues. Medication for smoking cessation, if used, was prescribed on an individual basis by the same medical provider managing pharmacologic treatment of the Veteran’s PTSD symptoms.

The study followed 943 Veterans at 10 VA medical centers nationwide. Prolonged abstinence from tobacco, as reported by participants, was confirmed using breath and urine tests to detect evidence of smoking. Using such “bio-verification” measures in combination with self-reports is considered the “gold standard” in smoking cessation research, says McFall.

Of some 400,000 Veterans being treated for PTSD in the VA health care system, roughly 30 to 50 percent are smokers, compared to a smoking rate of about 20 percent among VA enrollees and U.S. adults in general. Research shows, also, that those with PTSD smoke more heavily than smokers without PTSD and have an especially hard time quitting.

“We’ve come a long way in understanding that nicotine dependence for many Veterans with PTSD is a chronic, relapsing condition that responds best to intensive treatment extended over time,” McFall says. “These study findings will help us empower more Veterans with the resources they need to quit smoking. Single-shot, brief episodic care for nicotine addiction is no match for what is a chronic, relapsing disorder for many of our Veterans.”

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## **Smoking 3/3/3**

Based on the findings and evidence from prior research, VA has begun piloting the integrated smoking cessation approach as a standard of practice at six VA medical centers. The researchers say they hope to see the new approach further expanded over time.

McFall notes that while most of the participants in the study were Vietnam-era Veterans, integrated smoking cessation care may be especially beneficial for younger Veterans with PTSD, such as many of those returning from Iraq or Afghanistan, who stand to benefit greatly from quitting smoking relatively early in life.

Says McFall, “Ideally, we can help Veterans quit smoking before it becomes a chronic or intractable condition and causes irreversible health problems such as cardiovascular or lung disease.”

The study was conducted by VA’s Cooperative Studies Program. For more information on CSP, visit [www.csp.research.va.gov](http://www.csp.research.va.gov).

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