



Hypnotherapy is more effective than nicotine replacement therapy for smoking cessation: Results of a randomized controlled trial

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Summary

Background: The efficacy of pharmacotherapy for smoking cessation is well documented. However, due to relapse rates and side effects, hypnotherapy is gaining attention as an alternative treatment option. The aim of this one-center randomized study was to compare the efficacy of hypnotherapy alone, as well as hypnotherapy with nicotine replacement therapy (NRT), to conventional NRT in patients hospitalized with a cardiac or pulmonary illness.

Methods: We evaluated self-reported and biochemically verified 7-day prevalence smoking abstinence rates at 12 and 26 weeks post-hospitalization. Patients ($n = 164$) were randomized into one of three counseling-based treatment groups: NRT for 30 days (NRT; $n = 41$), a 90-min hypnotherapy session (H; $n = 39$), and NRT with hypnotherapy (HNRT; $n = 37$). Treatment groups were compared to a "self-quit" group of 35 patients who refused intervention.

Results: Hypnotherapy patients were more likely than NRT patients to be nonsmokers at 12 weeks (43.9% vs. 28.2%; $p = 0.14$) and 26 weeks after hospitalization (36.6% vs. 18.0%; $p = 0.06$). Smoking abstinence rates in the HNRT group were similar to the H group. There was no difference in smoking abstinence rates at 26 weeks between "self quit" and participants in any of the treatment groups. In multivariable regression analysis adjusting for diagnosis and demographic characteristics, H and HNRT were over three times more likely than NRT participants to abstain at 26-weeks post-discharge (RR = 3.6; $p = 0.03$ and RR = 3.2; $p = 0.04$, respectively).

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Conclusion: Hypnotherapy is more effective than NRT in improving smoking abstinence in patients hospitalized for a smoking-related illness, and could be an asset to post-discharge smoking cessation programs.

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Introduction

Cigarette smoking remains the leading cause of morbidity and mortality in the US, and is well recognized as the most remedial global health hazard.^{1–3} Currently 45 million Americans continue to smoke, and about two thirds of smokers have expressed a desire to stop.⁴ Smoking cessation programs have been among the most cost-effective measures to improve health and decrease mortality in the general population.^{5–7} They have been greatly enhanced by the rapid gains in understanding the psychopharmacology of nicotine, and recognition of nicotine addiction.⁸ However, the highly addictive nature of nicotine continues to pose a significant challenge to quitting.^{9,10}

The process of self-regulation and developing the motivation to stop smoking is complex. Life events may develop that may help motivate patients. Nearly four million smokers are hospitalized each year, and hospitalization for a smoking-related illness ranks high as a “teaching moment” when barriers are reduced and motivational counseling and modalities are accessible, thus enhancing treatment acceptance.^{11,12} Most medications for smoking cessation double the odds of achieving abstinence after hospital discharge^{13,14}; however, the use and acceptance of pharmacotherapy can be limited by common side effects.^{15,16}

Complementary therapies that supplant the practice of conventional medicine are increasing being sought, and hypnotherapy continues to be viewed with great interest among smokers considering treatment options.^{17,18} Through suggestion during intense attention, hypnotherapy may help abstinence by building self-motivation and regulation.^{19,20} Although hypnosis has been claimed to be effective, current evidence for its efficacy has been inconclusive.^{21,22}

We studied the role of hypnotherapy in a behavioral counseling-based smoking cessation program for patients hospitalized with a cardiac or a pulmonary illness and compared it to conventional treatment with nicotine replacement therapy (NRT). We hypothesized that the suggestive powers of hypnosis may encourage behavioral coping mechanisms to further enhance motivation and increase the likelihood of smoking cessation after hospitalization for a smoking-related illness.

Methods

The study was a randomized controlled trial limited to one center. It was conducted at the North Shore Medical Center in Salem, Massachusetts between October 2006 and May 2009. The Institutional Review Board at the North Shore Medical Center and Partners Healthcare organization approved the protocol, and patients provided written consent before participating.

Settings and participants

All current smokers between the ages of 18 and 75 years admitted with a cardiac or pulmonary illness were electronically identified. Patients with a terminal illness, history of substance abuse, or a major psychiatric disorder were excluded. Psychiatric diagnoses were identified from the medical history and included schizophrenia, bipolar and personality disorders. We also excluded patients who were pregnant, patients who could not be followed after hospital discharge due to cognitive or language barriers, and patients who received hypnotherapy or NRT within the past six months (Fig. 1).

Nicotine dependence was assessed according to number of cigarettes smoked daily, pack-years of smoking, and prior quit attempts. Hospital discharge summaries were reviewed to determine the diagnosis responsible for the hospital admission. We used a smoking-specific self-efficacy measure via questionnaire to assess patients’ sense of the importance of quitting, as well as their confidence in their ability to stop smoking.

Intervention

We randomized participants to one of three treatment groups: NRT only (NRT), hypnotherapy only (H), and a group receiving both hypnotherapy and NRT (HNRT). Treatment modalities are described in detail below. Randomization assignments were performed in permuted blocks of three (ratio 1:1:1) with assignments sequentially numbered, and schedule was maintained independent of the study by the project coordinator. Randomized assignments were concealed from both patients and research staff until patients had signed the informed consent document and were enrolled in the study. Eligible patients who did not wish to receive hypnotherapy or NRT were not randomized, but were observed as a fourth “self-quit” group.

All enrolled patients received self-help materials and counseling during their hospitalization. The self-quit group received the standard counseling given to all admitted patients, and received no further contact until 26 weeks post-hospitalization. Treatment groups receiving hypnotherapy and/or NRT had intensive counseling for 30 min in the hospital and had five follow-up telephone calls with additional counseling at 1, 2, 4, 8, and 12 weeks after hospital discharge. Telephone counseling sessions were standardized and usually lasted 15 min. During these calls, counselors enforced abstinence and assessed NRT adherence. Due to the nature of the intervention conditions, counselors could not be blinded to the modality of intervention.

Nicotine replacement therapy

Patients receiving NRT were given a free one-month supply of nicotine patches with the initial dose based on the number of cigarettes they smoked prior to hospitalization. For

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