

Tobacco cessation in patients with psychiatric diagnoses

A 55-year-old woman has schizoaffective disorder with a prior suicide attempt. Her psychotic symptoms manifest as auditory hallucinations and persecutorial delusions. She takes aripiprazole and citalopram, and is currently stable psychiatrically, including not actively psychotic or suicidal. She routinely sees a psychiatrist (not you) for her medication management. She smokes more than two packs of cigarettes daily, and you notice that her right index and middle fingers are stained yellow from smoking. She uses no other substances. She is ambivalent about quitting tobacco but acknowledges it would improve her health to quit.

Questions

When would you recommend that she attempt to quit tobacco?

Is tobacco reduction (rather than quitting) an appropriate option for her?

Which tobacco pharmacotherapy would be best for her? Would you avoid any of the tobacco pharmacotherapy options for her – and why?

If you offer her nicotine replacement therapy (NRT), which products and doses would you recommend for her? What should she do with her NRT if she decides to smoke?

What role if any does vaping nicotine play in helping her avoid tobacco use?