Nicotine Use and Patient Directed Discharge Rate in Psychiatric Inpatients

INTRODUCTION

- Tobacco dependence interventions are mandated in psychiatric facilities by the Joint Commission
- Psychiatric patients who smoke are twice as likely to initiate patient directed discharge (PDD) leading to worse therapeutic outcomes
- Previous work suggested that nicotine replacement therapy (NRT) may normalize PDD rates in patients that smoke but sample sizes were limited
- The comparative effect of individual smoking cessation treatments has never been investigated
- The purpose of this study was to determine the association between individual pharmacotherapies and PDD rates in psychiatric inpatients

METHODS

- This is a Retrospective analysis of a random sample of 30,000 adult patients admitted to inpatient psychiatry enterprise wide from 2017-21
- Exclusionary criteria: medical discharge, administration of electroconvulsive therapy, hospital stay > 29 days, and patients with indeterminant demographics and smoking status
- Binary logistic regression with a Firth correction was use to determine the association between PDD and smoking status, cessation treatments, demographic variables, comorbidities, and use patterns

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RESULTS



Figure 1: Patient population selection process following random selection of 30,000 patients for the database

Age *	0.984	
Female *	0.796	
African American	0.86	
Hispanic *	0.671	
Other Race	0.748	1
Charity	0.816	1
Commercial	1 1 9 6	1
nsurance	1.100	1
Medicaid *	1.496	1
Medicare	1.008	0
Other Insurance	0.357	0
Depression *	0.619	0
Psychosis *	0.357	0
Substance Use Disorder *	1.622	U.
Bipolar Disorder *	0.52	
GAD*	0.657	

Table 2: Odds ratio of PDD by demographic * p > 0.05

Likelihood of PDD	χ ²	p-value	OR
Current	<u>/</u>	·	
Smokers			
Raw	49.42	< 0.0001	2.155
Current			
Smokers			
Controlled	21.5	< 0.0001	1.741
Smoking			
Intervention	4.43	< 0.05	0.78
NRT*	8.16	< 0.01	0.71
Bupropion		> 0.05	
Varenicline		> 0.05	

Table 1: Statistical analysis showingassociation between PDD and treatmentstatus among patients that smoke.Bupropion and varenicline were notsignificantly associated with likelihood ofPDD

* Patients received at least 1 nicotine patch



Figure 2: Odds ratio of PDD for patients who smoke by treatment relative to patients who do not smoke

CONCLUSION

- •54.5% of patients smoked with an average use of 1.18 packs per day (SD=1.5)
- Smoking status is significantly associated with PDD (OR = 2.15)
- •NRT alone was associated with decreased likelihood of PDD
- Likelihood of PDD remained elevated following treatment relative to patients who did not smoke (χ2 = 22.02, p < 0.0001, OR = 1.86)
- Proactive cessation strategies may be underutilized in this population
 AUTHORS & DISCLOSURES

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1: Authors have nothing to disclose

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