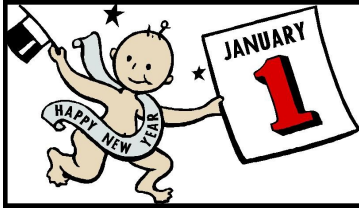


# Celebrating Cessation



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## Tobacco Cessation Program

Iowa/Nebraska Primary Care Association

### News

#### Depression and the Initiation of Cigarette Use Among Young Adults Age 18-25

Research has clearly demonstrated a strong association between mental disorders and substance use disorders. There is additional evidence that the relationship is bi-directional: depression may be associated with an escalation of substance use, and chronic substance abuse may be a factor in the development of depression. In a recent study from the Substance Abuse and Mental Health Services Administration, these linkages were explored in young adults aged 18 to 25.

The National Survey on Drug Use and Health includes questions both on major depressive episodes in a person's life and substance use in a person's life. Substances include cigarettes, alcohol, and illicit drugs.

Combined data for 2005 and 2006 suggest that 9.4%, or three million persons, experienced at least one major depressive episode (MDE) in the past year. Females in this age category were almost twice as likely as males to report a past year MDE. There were also racial/ethnic differences. Those reporting two or more races were most likely to report a past year MDE followed by Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Caucasians, African Americans, Hispanic/Latino, and finally Asians.

Combined data for 2005 and 2006 indicate that an estimated 943,000 18-25 year olds were past year initiates of cigarette use. For those who had not previously used cigarettes, those who experienced a past year MDE were more likely to have initiated cigarette use in the past year than those who had not experienced a past year MDE. Specifically, 12.7% of people experiencing a past year MDE had initiated cigarette use while only 7.8% who had not experienced a past year MDE had initiated cigarette use.

The research on this age cohort regarding cigarette use and the occurrence of a past year major depressive episode remind us of the importance of considering co-morbidities as a possible exacerbating effect on either a substance use or mental disorder. When treating patients with co-morbid mental health and substance use disorders we must ensure we are monitoring both.

### Newsletter Spotlight

#### Postpartum Depression and Relapse

A study published this month in the *American Journal of Preventive Medicine* examines the relationship between postpartum depression and smoking relapse. While there is much research that suggests depression is an important predictor of relapse in the general population and that many women who smoke pre-pregnancy relapse after giving birth, there is little research examining the relationship between postpartum depression and smoking relapse. The researchers in this study hypothesized that the presence of postpartum depressive symptoms would be associated with postpartum relapse.

Using the Pregnancy Risk Assessment Monitoring System and the data from the 16 states that included postpartum depressive symptom questions as part of the survey, and after controlling for confounding variables such as age, education, poverty level, physical abuse during pregnancy, and others, the researchers accepted their hypothesis. Specifically, 50.3% of women who quit smoking during pregnancy reported relapsing to smoking during the postpartum period. A statistically significant percentage of women who relapsed (23.4%) had depressive symptoms than those who did not relapse (14.1%). Not surprisingly, women who were less than 25 years old, had 12 or fewer years of education, were not married, were black non-Hispanic, were publicly insured, entered prenatal care in the second trimester of pregnancy, had an income  $\leq$ 185% FPL, smoke more than five cigarettes per day before pregnancy, and had three or more stressful events during pregnancy, were more likely to relapse.

The authors suggest screening for and treating postpartum depressive symptoms may be helpful in preventing postpartum relapse to smoking, but more research is needed in this area. Nevertheless, the authors cite additional articles that strongly suggest that there is insufficient evidence to support the use of any specific intervention to prevent relapse in postpartum women or in the public in general.

### Questions or Comments?

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