CBT Effective for Cannabis Users in Small Study

BY CAROLINE HELWICK

FROM THE ANNUAL CONGRESS OF THE EUROPEAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY

AMSTERDAM – A targeted cognitive-behavioral treatment program designed by German addiction specialists for cannabis use disorder promoted abstinence in 40% of subjects at 6 months, and significantly reduced global addiction severity and psychopathological symptoms.

The approach was described at the congress by Hans-Ulrich Wittchen, Ph.D., director of the Institute of Clinical Psychology and Psychotherapy at Technische Universität Dresden.

A good percentage of participants was abstinent 6 months after treatment, even when urine tests are done. "This is a remarkable finding that we did not expect at the beginning," Dr. Wittchen said.

For many individuals, cannabis is the primary drug of abuse. Regular heavy use is associated with a substantial risk of a cannabis-dependence syndrome and when this is combined with other substance-abuse and internalizing disorders, the result is often psychosocial, cognitive, and mental health problems.

"Cannabis use is regularly associated with a wide range of psychological symptoms, and the largest group has anxiety and depression. Patients with primary CUD [cannabis-use disorder] have become the largest group in substance-abuse centers in many European countries. These individuals have different profiles and treatment needs that are not being met in the current health care system. No clear interventional strategies have been developed," Dr. Wittchen said.

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"The patients tell us they do not feel well placed, sitting next to heroin users. In fact, that's how impressionable young people learn how to use other drugs."

CBT as the Foundation

Dr. Wittchen and his colleagues designed a treatment program (10 individual sessions of 90 minutes each) specifically related to CUD. Based on evidence that types of cognitive-behavioral therapy (CBT) can be effective (via motivational enhancement, cognitive restructuring, psychosocial problem solving), they used CBT as a foundation. Modular components include CBT, motivational enhancement, and psychosocial problem solving. Patients develop an individual change concept and set goals. There is "quit day" preparation and training in relapse prevention, cannabis refusal skills, and so forth.

A randomized, controlled trial was designed to assess the effect of the program, compared with a delayed-treatment group, which included individuals seeking help but who were asked to wait until there was availability within the program.

Two approaches were evaluated: a standardized approach and a variant tailored to the individual's specific needs that minimized components deemed unnecessary (such as less motivational work in patients who express high motivation at baseline).

Participants were aged 16-45 years with substantial current cannabis use and meeting criteria for DSM-IV CUD. They also had significant CUD-associated psychosocial problems and could have comorbid mental disorders (though no history of psychotic disorder, suicidal ideation, or phobias) as well as concomitant other drug use (though no other dependencies).

The campaign message was for 'everyone who wants to stop, reduce, or think about his or her cannabis use.'

DR. WITTCHEN

"Our entry criteria [were] meant to correspond to the most frequent and typical characteristics of this population," he said. "And our general campaign message was for 'everyone who wants to stop, reduce, or think about his or her cannabis use.' "

The typical patient was a male who used cannabis more than 20 times per week. Seventy percent met criteria for cannabis dependence, 78% reported lifetime use of other illicit drugs, and 38% had signs of dependency for those. Anxiety disorders were diagnosed in 40% and mood disorders in 38%. "We concluded that a severe chronic CUD sample of patients was included in the study," he said.

There were 51 subjects in the standardized treatment group, 39 in the targeted standardized treatment group and 32 in the delayed-treatment group, which served as controls. Assessments were made after 3 and 6 months to test the stability of the effects. The primary outcome measure was abstinence as measured by self-report and negative urine screen, cannabis use, addiction severity total score and domains, and severity of psychopathological symptoms.

The tailored treatment was found not to be superior to the standardized treatment; therefore, these two groups were combined for the analysis.

Trial Showed Robust Effect

At the end of treatment, approximately 50% of participants reported complete abstinence for at least 7 days and this remained stable at 3 months, dropping to approximately 40% at 6 months.

At all time points, urine screens were negative for approximately 40% of participants. In contrast, abstinence was reported by approximately 10% of the control group at the end of treatment.

Similarly, mean number of cannabis-use episodes per week was substantially decreased, according to the last-observation-carried-forward analysis. Mean use (past 7 days) at baseline was 27 for the active-treatment group and 21 for the delayed-treatment group.

After the intervention, this dropped to 7.4 per week with treatment but rose to 25 per week for the control group. At 6 months' follow-up, mean weekly use was 12 in the treatment group and 20 in the control group.

Scores on the Addiction Severity Index were significantly improved in all domains except for "satisfaction," which Dr. Wittchen attributed to the requirement that participants alter their social network, which in turn affected their quality of life.

Psychopathological symptoms also were significantly improved, but a reduction in alcohol use was not found.

All together, at 6 months, compared with baseline, stable continued abstinence was observed in 49%, and marked reduction or temporal abstinence was observed in 38%, while 11% had no change and 3% progressed to heavier use of cannabis.

More than 80% of participants reported that the therapy was "very helpful," Dr. Wittchen said. "They particularly liked the character of the program." For example, it was not a typical substance-abuse setting. Also, they appreciated the limited number of "dense" sessions and the short-term duration of treatment.

The researchers prepared a manual describing the program, which has procedural specifications of all elements, including diagnostic assessments. It is modular (to identify the core active components of the therapy) and highly structured (with scripts and verbatim descriptions of critical procedures). Specification and standardization are meant to enhance the ease of training, transfer, consistency of use, and reproducibility. The program also has just been evaluated in a 15-site translational study involving 450 persons, "with similarly impressive findings," Dr. Wittchen added. ■

Weight Concerns Prevail Among White, Black Smokers

BY SHARON WORCESTER

FROM ADDICTIVE BEHAVIORS

VITALS

Major Finding: Women had significantly higher mean scores than men on the specific measure of "drive for thinness" (mean of 4.3 vs. 1.8 and 4.0 vs. 2.2 for white and black participants, respectively), and on the specific measure of "body dissatisfaction" (mean of 10.2 vs. 5.0 and 10.9 vs. 5.5 for white and black participants, respectively), but the scores did not differ significantly between whites and blacks.

Data Source: An analysis of data from a clinical trial examining a combined pharmacologic and behavioral intervention for smoking cessation.

Disclosures: The main investigator reported that neither she nor her colleagues had relevant conflicts to disclose.

General and smoking-specific weight concerns were more common among white women than among white men and black men and women preparing to quit smoking, but weight concerns were prevalent in all of the groups, according to a study of 301 individuals enrolled in the Chicago STOP Smoking trial.

For example, black women had the highest scores for "body dissatisfaction," and their scores in regard to smoking-specific weight concerns were statistically similar to those of white women. Men also had substantial smoking-specific weight concerns, which were defined as the belief that smoking can be used for weight control and that quitting smoking leads to weight gain, Lisa A.P. Sánchez-Johnsen, Ph.D., and her colleagues in the department of psychiatry and behavioral neuroscience at the University of Chicago reported online in Addictive Behaviors.

The findings, some of which contradict conventional wisdom about cultural differences in weight and body image between black and white adults, suggest that both groups have specific concerns about weight and body image that could be important in the development of smoking-cessation programs, the investigators said.

Participants were 73 black women, 46 black men, 90 white women, and 92 white men. Overall, general weight concerns (defined by summated scores on the drive for thinness and body dissatisfaction subscales of the Eating Disorders Inventory–2, and the restraint factor of the Three-Factor Eating Questionnaire) were more common in white vs. black participants, and female vs. male participants, but no race by sex interactions were found, the investigators reported (Addict. Behav. 2010 Aug. 6 [doi:10.1016/j.addbeh.2010.08.001]).

Women had significantly higher mean scores (after controlling for age, body mass index, socioeconomic status, and cigarettes smoked per day) than did men on the specific measure of "drive for thinness" (mean, 4.3 vs. 1.8 and 4.0 vs. 2.2 on a 1-6 scale for white and black participants, respectively), and on the specific measure of "body dissatisfaction" (mean, 10.2 vs. 5.0 and 10.9 vs. 5.5 on a 0-21 scale for white and black participants, respectively), but the scores did not differ significantly between whites and blacks.

White women did, however, have significantly higher scores on the measure of "cognitive restraint," which refers to the degree to which people consciously monitor and control their food intake (9.5 vs. 5.6, 6.7, and 5.4 on a 0-21 scale for white men, black women, and black men, respectively). This measure might include a cognitive and behavioral component, unlike other dimensions of weight concerns measured in the study, the investigators reported.

Smoking-specific weight concerns also were highest in white women, but the differences were significant only between white women and white and black men (respective scores, 7.7, 6.0, and 6.3). Black women had substantial smoking-specific weight concerns (score, 6.8).

The findings could be key to the development of smoking-cessation programs that address weight concerns for black and white men and women, the researchers concluded. ■