

# Combined Pharm Tx Best for Smoking Cessation

BY HILLEL KUTTNER

BALTIMORE — Utilizing a nicotine patch or bupropion together with a nicotine lozenge was the most effective of five therapies tested for promoting smoking abstinence and avoiding a lapse or relapse into smoking, according to a prospective study of 1,504 smokers.

All five therapies were “significantly better than placebo in promoting initial abstinence,” Sandra Japuntich, Ph.D., reported at the annual meeting of the Society for Research on Nicotine and Tobacco.

The therapies also were effective at preventing relapse,

said Dr. Japuntich, a postdoctoral fellow at Massachusetts General Hospital’s Mongan Institute for Health Policy, Boston.

The study’s importance lies in its examination of the effects of each therapy closer to the smokers’ targeted quit dates, Dr. Japuntich said.

The placebo-controlled trial sought to identify the effects on smoking cessation milestones of five pharmacologic therapies: nicotine lozenge, nicotine patch, bupropion, bupropion with a nicotine lozenge, and nicotine patch with a nicotine lozenge.

The milestones were one period of 24-hour abstinence with-

in 2 weeks of a target quit date, lapsing with at least one cigarette, and relapsing into regular smoking for at least 7 consecutive days.

A total of 70% of smokers on placebo initially abstained, compared with 92% of those using a nicotine patch with a nicotine lozenge, 86% on bupropion with a lozenge, 81% on bupropion, 81% on a lozenge, and 88% on a nicotine patch.

Among those who initially abstained, 83% on placebo lapsed, compared with 70% of smokers who used a nicotine patch with a lozenge, 71% on bupropion with a lozenge, 74% on bupropion, 73% on a

lozenge, and 76% on a patch.

Of those who lapsed, 69% on placebo relapsed, compared with 61% using a nicotine patch, 64% on bupropion with a lozenge, 63% on bupropion, 62% on a lozenge, and 61% on a patch with a lozenge.

The study’s method provided understanding into the “more precise timing about when medications have effects,” Dr. Japuntich said. “That’s important, because it informs treatment.

“According to our study, the strongest treatment effects are happening in the first week or two,” she said. “We should know whether medication is working [by then]. If you get

past the first week or two on medication and you haven’t lapsed, then the medication is working.”

On the other hand, for those who do not stay abstinent, “it could be that lapsing and relapsing is an indication that the medication isn’t working, and that the patients might need to try something else,” she said.

Dr. Japuntich had no conflicts of interest to report. One of her coinvestigators, Timothy B. Baker, Ph.D., has served on research projects sponsored by pharmaceutical companies including Pfizer Inc., Glaxo Wellcome Inc., Sanofi Inc., and Nabi Pharmaceuticals Inc. ■

## Data Lacking on Use of Snus, Cigarillos, E-Cigarettes

BY HILLEL KUTTNER

BALTIMORE — Small cigars known as cigarillos, snus, and electronic nicotine delivery systems appeal to young people and are marketed to them, underscoring the need for far more data on their associated health risks, experts emphasized at the annual meeting of the Society for Research on Nicotine and Tobacco.

The lack of clarity in defining and classifying each product complicates government’s regulatory capability as

In a separate survey of 4,067 smokers conducted in eight cities, Lois Biener, Ph.D., senior research fellow at the Center for Survey Research at the University of Massachusetts, Boston, found that 29% of smokers aged 18-24 years used snus, teabag-like pouches of tobacco that are placed under the lip. Snus tend to appeal more to men than women and they appeal to young smokers, who are not planning to quit anytime soon, she observed.

“Snus may be old news for a lot of people, but we still don’t have a lot of information on them from a population standpoint,” Dr. Biener said. For example “we don’t know how many triers went on to regular or repeated snus use,” she said, so “we do need some targeted research on youth and the use of this product.”

Electronic nicotine delivery systems (ENDS), or e-cigarettes, contain a battery, heating element, and nicotine that is sometimes flavored, explained Dr. Nathan Cobb of the Schroeder Institute for Tobacco Research and Policy Studies, a part of the American Legacy Foundation. They deliver nicotine to the mouth and lungs when sucked and emit a mist that resembles smoke, he said.

E-cigarettes are imported primarily from China and are available online and at mall kiosks, he said. Refill solutions contain up to 36 mg of nicotine.

Dr. Cobb said that he has policy concerns over such terms as ENDS, electronic cigarettes, and e-cigarettes because manufacturers might be seeking to evade classification as cigarettes. Still, “we can’t assume that the risks and harms are the same” as for cigarettes, he said. There may be significant safety risks associated with exposure to chemicals, and it has yet to be seen whether e-cigarettes can be employed in ways to help people with smoking cessation. ■



About 29% of smokers, aged 18-24, used snus, according to a survey.

well as efforts to educate smokers on the risks, said Jennifer Cullen, Ph.D., director of research at the American Legacy Foundation in Washington, an outreach and education organization created and funded by the 1998 tobacco Master Settlement Agreement.

Cigar use showed a 0.75% increase annually during 2002-2007 among non-Hispanic whites aged 18-25-years, according to Dr. Cullen’s analysis of data from the National Survey on Drug Use and Health. Across all years in that age group, cigarillos were the most popular cigars. White and black non-Hispanic males showed the greatest prevalence of cigar smoking during the past 30 days. More research is needed on the factors that contribute to their popularity, she said.

## 44% of Preschoolers Had PTSD After a Traumatic Event

BY BETSY BATES

LOS ANGELES — Nearly half of preschool children meet age-adjusted criteria for posttraumatic stress disorder after experiencing a significant traumatic event, and some children are symptomatic even after relatively minor medical procedures, according to a researcher from Tulane University in New Orleans.

“Children under 6 years of age are particularly vulnerable to stressful experiences because of the rapid neural development they are undergoing,” Dr. Stacy S. Drury said at the International Conference on Pediatric Psychological Trauma.

In a study of 284 children aged 3-5 years who had been exposed to a traumatic event, 44% met full revised criteria for PTSD with discernable impairing symptoms, Dr. Drury said at the meeting, which was sponsored by the University of Southern California, Los Angeles, and the University of California, Irvine.

No statistically significant differences were seen in rates of PTSD based on the type of trauma children experienced: a single-incident trauma (a motor vehicle accident, burn, or fall) (38%), observed domestic violence (42%), or Hurricane Katrina (48%).

Children were diagnosed using the structured Preschool Age Psychiatric Assessment (PAPA), a validated instrument administered to caregivers.

The study utilized the Preschool PTSD Criteria, which is less reliant on verbalization and abstract thought than DSM-IV PTSD criteria for adults (J. Am. Acad. Child Adolesc. Psychiatry 2003;42:561-70).

A second study assessed PTSD in 69 preschool children seen at a hospital-based primary care clinic more than 12 months

VITALS

**Major Finding:** Of 284 children aged 3-5 years who had been exposed to a traumatic event, 44% met full revised criteria for PTSD with discernable impairing symptoms.

**Data Source:** Results on the Preschool Age Psychiatric Assessment (PAPA), a validated instrument administered to caregivers, and the Preschool PTSD Criteria administered in studies at Tulane University in New Orleans.

**Disclosures:** Dr. Drury reported no relevant financial disclosures.

after events that ranged from medical encounters that involved no procedures, procedures such as receiving stitches or getting a shot, nonmedical traumas such as motor vehicle accidents, and high-risk events such as abuse or neglect.

Dr. Drury showed that even “small things,” like stitches, had a lasting effect on some children. “Fifteen months after the event, these symptoms were recognizable to parents... and persistent,” she said.

Dr. Drury reviewed burgeoning neurobiological literature demonstrating that early stress results in changes within biocircuitry of the developing brain, altering the central nervous system, cortisol levels, and neurotransmitters.

“Altered neural circuits lead to lasting vulnerability,” she emphasized, adding that much more research needs to be done to pinpoint the timing of trauma and its ramifications on early brain development and behavior.

“Trauma at 1 year is very different than trauma at 3 or at 6 years old, in part because of what areas of the brain are developing most rapidly,” she said.

She and colleagues are developing cognitive behavioral therapies that can be delivered early to parents and children following symptoms of PTSD.

Dr. Drury reported no relevant financial disclosures. ■