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Title: What about treating smoking to improve survival and depression? Reply to Mulick et al (2018)

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Comment:

Mulick and colleagues report long-term follow-up data from two randomised controlled trials (RCTs) of depression treatment for people with comorbid depression and cancer[1]. The main trials, SMaRT Oncology-2 for people with good prognosis cancers, and SMaRT Oncology-3 for patients with poor prognosis cancers, aimed to determine whether "Depression Care for People with Cancer" (DCPC) reduced depression symptoms. In their analysis of the follow-up data, the researchers aimed to identify whether DCPC also improved survival rates. Across the two RCTs 642 patients were recruited and randomised to receive DCPC, or treatment as usual.

Much of the association between depression and cancer can be explained by high smoking prevalence among people with depression[2]. We know that people with depression are about twice as likely to smoke, and are more heavily addicted compared with the general population[3]. These inequalities contribute to a reduction in life-expectancy of almost 14 years for people with depression compared to those without depression[2], even though they are motivated to stop smoking[3]. Given this, we were surprised that: 1) participants' smoking status was not reported, and 2) the comorbid association between mental illness and smoking was not discussed. Smoking is the leading cause of cancer, and stopping smoking after diagnosis of cancer can improve prognostic outcomes[4]. Moreover, stopping smoking is also associated with improvements in mental health, even in people with psychiatric conditions[5]. There is therefore a strong case for offering parallel treatment of smoking and depression; by not offering smokers with depression help to quit we may be worsening both their mental and physical health.

We are currently investigating the implementation of smoking cessation treatment alongside routine psychological care for smokers with depression and/or anxiety. The preliminary qualitative work that we have conducted suggests that psychological therapists have the proficiency to deliver such an intervention and feel that part of their role is to help willing clients to make healthy lifestyle changes. In addition, we have identified the potential for a similar intervention to be tested in other primary or secondary care settings for smokers with comorbid mental-illness and smoking-related conditions, such as cancer or COPD. Due to the enormous beneficial impact that stopping smoking has on health outcomes, smoking cessation interventions are some of the most cost-effective treatments available to health services. Our research provides preliminary evidence that there are missed-opportunities to deliver such treatments in NHS services, and potentially in similar health care settings worldwide.

Reference:

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