

Smoking Cessation Techniques for Women

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Do women have more difficulty quitting than men?

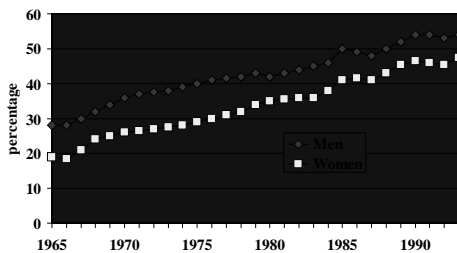
Population studies in countries where men's and women's rates are joining show no gender differences in the pattern of quitting

- From 1965-1987 in the US, quit ratios increased per year by 0.70% for men, by 0.76% for women.
- In both Denmark and Sweden, quitting rates by sex have been similar since the 1980s.
- Research in Australia found that gender differences are a by-product of social experiences, not gender per se, so aids equally valid to both sexes.

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Prevalence of Cessation, USA, 1965-1993, ≥ 18 years, by sex

Husten et al, 1996



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Do women need gender-specific cessation techniques?

- Similarities between men and women are much greater than differences in cessation attempts, maintenance and relapse.
- Cessation results are low for both sexes.
- Techniques that aid men also aid women, those that aid women also aid men.
- **but**, cessation programmes rarely show better results for women than for men, often the inverse.

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Areas of difference in cessation by men and women

- SOCIAL SUPPORT
- NEGATIVE AFFECT
- MOTIVATION
- DEPRESSION
- SENSITIVITY TO NICOTINE
- WEIGHT GAIN
- REPRODUCTIVE PROCESSES

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Social support

- Empathy, tolerance, encouragement are linked to the health status of both men and women, but for women, they also serve as a buffer to stress, and reinforce healthy behaviour.
- Among women, high social support is a predictor of successful quitting more so than for men.
- *Women are more likely than men to participate in cessation programmes.*

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Women at risk

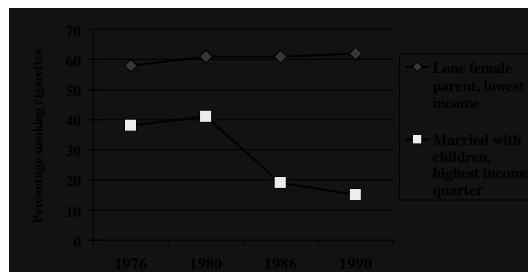
“Women in extraordinary circumstances of poverty, violence, severe depression, chronic stress, oppressive racial or sexual discrimination and other immobilising forces are in physical and emotional survival mode” which precludes cessation.

Christen & Christen, 1998

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Poor smokers

Marsh & McKay, 1994



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Techniques for social support

- In brief intervention, non-judgmental approach (negotiation with the smoker)
- In formal treatment, encourage group discussion to build sense of support;
- In community campaigns, a family-centred approach could encourage joint quitting
- For high risk smokers: Cessation programmes integrated into social services lessen effects of disadvantage and help people stop.

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Negative affect

Women, compared to men,

- smoke more for mood control, particularly to reduce high arousal negative affect: anxiety, anger, fear.
- use nicotine to cope with emotional arousal in negative situations (perceived relaxing muscle tension)

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Techniques for dealing with negative affect

- For all cessation programme participants, coping skills to manage negative affect
 - increased physical activity for affect regulation;
 - women seem to need a larger repertoire of strategies, because of greater cue response.
 - NRT; also, clonidine or bupropion seem promising as external aids.

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Motivation

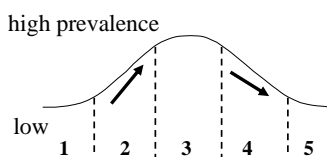
Women who enter treatment are, compared to men, more likely to

- be more tentative about cessation,
- intend to cut down rather than to quit,
- perceive fewer benefits to cessation.

In the general population, women are more likely to be found in earlier stages of readiness to change.

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A model prevalence curve



1. Low uptake, low cessation
2. High uptake, low cessation
3. High uptake, high cessation
4. Declining uptake, high cessation
5. Low uptake, high ex-smoker rate

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Techniques to build motivation

- Aid the smoker to examine ambivalence about smoking, elicit, guide and reinforce perception of benefits of cessation.
- Help the smoker find her own responses to all feared consequences of cessation, particularly stress and weight gain.
- Help her see prior relapse as learning, not failure.

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Depression

- There is significantly more major depression or history of major depression among smokers than non-smokers.
- Smokers with a history of depression or current depression suffer more intense withdrawal.
- There are 2x more women than men with depression.

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Techniques for smokers with current or past clinical depression

- Highly recommend expert-aided cessation effort;
- Provide pharmacological aids if available:
 - high dose NRT
 - bupropion, possibly clonidine, if she is not already using an anti-depressant;
- Long-term and regular follow-up.

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Sensitivity to nicotine

Women, compared to men,

- appear to be less sensitive to physiological effects of nicotine, yet more sensitive to effects in reducing negative affect and body weight;
- may experience greater effect of the same dose of nicotine due to slower clearance.

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Sensitivity to nicotine

Women, compared to men,

- experience greater satiety (greater anorectic effect)
 - perceive greater blockage of muscle tension
- For both men and women*
- *nicotine raises metabolic rate, so even though smokers eat more sugars and fats than non-smokers, their weight is lower.*

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Sensitivity to nicotine

Women, compared to men,

- respond more to environmental cues associated with smoking
- give greater importance to smoking-related influences independent of nicotine

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Techniques regarding NRT

- In all forms of NRT, women may need stronger doses than men.
- Women are much more likely to have previously tried nicotine replacement than men, and to lack confidence that it can help:
- Information about psychological dependence puts in perspective what to expect from NRT.

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Weight gain

- Women are more concerned about weight gain than men (in Western countries), and their concern is well-founded: they gain more and for a longer period of time upon abstinence.
- Weight gain for both men and women is consistently a predictor of success.
- Including a weight control (dietary restraint) programme attracts women into cessation treatment, but does not increase success rate, nor limit weight gain.

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Female weight control smokers

re: Pomerleau et al, 1993

- Up to 40% of US women smokers use tobacco and dietary restriction to control weight.
- Nicotine masks and abstinence unmasks disordered eating: abstinence leads to episodes of disinhibited or binge eating.
- ***Caloric restriction in the context of smoking cessation may increase reinforcement of nicotine.***

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Techniques to limit weight gain upon abstinence

- Increased physical activity, not dieting, seems the best way to immediately limit weight gain. (and it helps regulate moods).
- Eating may indeed assist quitting: make sure what one eats is non-caloric.
- NRT can delay the problem so that new eating and increased physical activity patterns can be acquired after confirmed cessation. (Long-term NRT anorectic effect may dissipate)

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Reproductive processes

- Commonly reported symptoms of menstrual distress are similar to withdrawal: Women may perceive withdrawal more intensely during this phase (luteal).
- Pregnant women stop more for external reasons than because of readiness to change: baby's health, nausea, social pressures and norms.

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Reproductive processes

- Hormonal changes during menopause can exacerbate negative mood, weight control, negative body image. Cessation at this time is often more difficult.

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Techniques related to reproductive processes

- A woman may have less intense initial withdrawal if she sets her quit date during the follicular stage of the menstrual cycle: 1st to 15th day of cycle.
- Women appreciate and cope better if they know about potential hormonal effects on cessation side-effects and withdrawal.
- Reinforce external reasons for quitting in pregnancy with motivational (internal) strategies for continued cessation.

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Women and cessation

Smoking cessation and relapse reflect social norms, and the social situations of men and women may reinforce change differently.

- Women quitters appear to need more social support, but are less likely than men to be reinforced by spouse for stopping;
- Social inequalities and learned helplessness make negative affect reduction the only perceived coping mechanism for some women.

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Women and cessation

“Not all women are worse off than men, but in most societies the male is valued more highly than the female” L. Doyal

This can affect cessation:

- Among the disadvantaged, women are less likely to quit or to quit successfully than men.
- Lack of education and/or isolation usually means lack of autonomy, which strongly impedes behaviour change among women.

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Women and cessation

Gender roles or social situations may cause differences in cessation, but basic psychological or physiological differences do not.

- If smoking has a high social value among women, women smokers will be less motivated to stop and will receive little environmental support, regardless of what men are doing.
- If both men's and women's prevalence rates are similar, cessation rates are similar as well.

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Conclusions

- Current techniques particularly useful for women are those that also help men: NRT etc, coping strategies, increased physical activity, social support and motivating information.
- Research of factors in cessation patterns by sex and of any related needs is scanty and sorely lacking.

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