

A Cluster Randomized Trial of Tailored vs Generic Knowledge Brokering to Integrate Mood Management into Smoking Cessation Interventions in Primary Care Settings in Ontario, Canada

Purpose:

Individuals with depression are almost twice as likely to be smokers, have lower long-term smoking abstinence, and experience greater addiction severity and negative mood when quitting smoking. In the STOP Program, 38% of smokers have current or past depression; their 6-month quit rates are significantly lower than patients without depression (33% vs. 40%). These rates have led practitioners in the STOP program to express the need for specialized clinical pathways for depressed smokers. This quality improvement initiative will implement an evidence-based approach to address depression and depressive symptoms in the STOP program.

Screening:

Patients' mood will be measured using the same screening tool that is currently administered as part of the STOP program: the PHQ-9 questionnaire.

Brief Intervention and Referral to Treatment:

Beginning next year, the STOP portal will offer a new feature – an automated prompt – to promote delivery of a brief intervention and educational resources to patients reporting risk of depression or depressive symptoms. These educational resources will be made available in addition to the existing resources on the STOP portal, addressing risky alcohol use, nutrition, physical activity, stress and sleep.

Knowledge Brokering:

Family health teams will receive additional support throughout this quality improvement initiative from a CAMH-based knowledge broker. The knowledge broker will be responsible for promoting health care practitioners' delivery of mood-related intervention to eligible patients.

Implications:

Given previous research findings, we are expecting that adding a depression intervention to the STOP program will increase patients' long-term quit rates by 12 to 20%.