Artikler der handler om unge og fysisk afhængighed (1-14)

Reference List

Abstract: OBJECTIVE: To examine how science is advancing in order to address adolescent tobacco use cessation. METHODS: Review of the published scientific literature from 1995 to September 2000 and National Cancer Institute youth tobacco cessation research portfolio. RESULTS: Because of methodological limitations, results of behavioral interventions are inconclusive. Two studies have been published evaluating the nicotine patch for adolescent smoking cessation, though neither employed a randomized, placebo-control design. Both of these studies found the nicotine patch to be ineffective. CONCLUSIONS: Although much is known about youth tobacco use, additional research is needed to find answers to best help youth to quit smoking

Abstract: This paper reviews the empirical literature on adolescent nicotine dependence, withdrawal, and their associated features. Data documenting nicotine dependence scores, diagnoses, and individual features among adolescents are reviewed in detail and compared to observations based on adult smokers. These data are derived from a broad variety of sources, including national surveys, school-based surveys, and smoking cessation studies. Overall, results indicate that one to three out of five adolescent smokers is dependent on nicotine, with some adolescent groups clearly at higher risk for dependence (those who are incarcerated, in vocational schools, daily smokers, and/or heavy smokers). Across studies, data consistently indicate that a large majority (two-thirds or more) of adolescent smokers report experiencing withdrawal symptoms during attempts to quit or reduce their smoking. Craving or strong desire to smoke was the most commonly reported withdrawal symptom in every study reviewed. Although analyses of concurrent validity generally support the dependence and withdrawal findings among adolescents, data on the predictive validity of measures used are needed. Moreover, studies of adolescent tobacco withdrawal rely almost exclusively on retrospective self-report data. Recommendations for enhancing methodology and advancing our understanding of adolescent nicotine dependence and withdrawal are offered

Abstract: OBJECTIVES: To determine the efficacy of nicotine patch therapy in adolescents who want to stop smoking and to assess biochemical markers of smoking and nicotine intake. DESIGN: Nonrandomized, open-label trial using a 15 mg/16 h patch. SETTING: Two midwestern cities. SUBJECTS: One hundred one adolescents aged 13 through 17 years
smoking at least 10 cigarettes per day (cpd). INTERVENTION: Six weeks of nicotine patch therapy and follow-up visits at 12 weeks and 6 months. MAIN OUTCOME MEASURES: Self-reported smoking abstinence verified by expired-air carbon monoxide (CO) level of no more than 8 ppm, nicotine withdrawal symptoms, and plasma cotinine level. RESULTS: Forty-one participants were female (mean [+/- SD] age, 16.5 [+/- 1.1] years). Median baseline smoking rate was 20.0 cpd (range, 10-40 cpd). Biochemically confirmed point prevalence smoking abstinence was 10.9% (11/101) at 6 weeks and 5.0% (5/101) at 6 months. The mean (+/- SD) plasma cotinine level at baseline was 1510.9 +/- 732.7 nmol/L; for nonsmoking subjects at weeks 3 and 6, 607.8 +/- 386.2 and 710.0 +/- 772.5 nmol/L, respectively. Plasma cotinine levels were correlated with CO levels at baseline (r = 0.27; P = .006), week 3 (r = 0.34; P = .004), and week 6 (r = 0.26; P = .03) and with mean cigarettes smoked per day during weeks 3 (r = 0.24; P = .04) and 6 (r = 0.30; P = .02). Mean smoking rates decreased significantly during the study, an effect that lessened at 12 weeks and 6 months. CONCLUSIONS: Nicotine patch therapy plus minimal behavioral intervention does not appear to be effective for treatment of adolescent smokers. Plasma cotinine and CO levels appear to be valid measures of smoking rates during the cessation process, but not at baseline. Smoking rates were reduced throughout the study. Additional pharmacological and behavioral treatments should be considered in adolescent smokers.

Abstract: This is the first controlled prospective study of the effects of nicotine deprivation in adolescent smokers. Heart rate and subjective withdrawal symptoms were measured over an 8-hr period while participants smoked normally. Seven days later, participants were randomized to wear a 15-mg (16-hr) nicotine patch or a placebo patch for 8 hr, and they refrained from smoking during the session. Those wearing the placebo experienced a decrease in heart rate across sessions and an increase in subjective measures of nicotine withdrawal. Those wearing the active patch also reported significant increases for some subjective symptoms. Expectancy effects were also observed. The findings indicate that adolescent smokers experience subjective and objective changes when deprived of nicotine. As in previous research with adults, expectancies concerning the effects of nicotine replacement also influenced perceptions of withdrawal.

Abstract: Cigarette smoking is the greatest cause of preventable death and disability in the United States. More than 3,000 children in the United States begin smoking each day. Smokers experience withdrawal symptoms that can be ameliorated by pharmacological interventions. These interventions include Zyban (Bupropion HCl), Nicorette gum, Habitrol patch, Nicoderm patch, Nicotrol inhaler, and Nicotrol NS spray, along with their generic counterparts. This article reviews each of these agents, the time course of nicotine withdrawal symptoms, and the Fagerstrom Tolerance Questionnaire and presents a framework for assisting the nicotine-addicted student in smoking cessation.

Abstract: The aims were to explore adolescent smokers' understanding and their physiological and psychological experience of addiction to nicotine and to assess the content validity of the Hooked on Nicotine Checklist (HONC), a 10-item measure of nicotine dependence in youth. Six focus group interviews were conducted with male and female smokers recruited by school staff from among known smokers at one English and two French high schools in Montreal. Participants were 64 high-school students aged 14-17 years. Measurements were focus group discussion of smoking patterns and levels for self and others; feelings and sensations while smoking; physical and mental experiences of urges, feelings and sensations when smoking is prohibited; the physical, psychological, and social meanings of being hooked, dependent, or addicted; levels of dependence, desire to quit, and quit attempts. Participants readily identified nicotine dependence as relevant to their smoking experience. Dependence was described as the need to smoke, sometimes experienced as sensations of emptiness in the chest or blood and sometimes as a feeling in the mind. Smoking urges were often situationally determined and associated with hunger. With the exception of feeling sad, blue, or depressed on smoking withdrawal, participants endorsed almost all the symptoms in the HONC as relevant to their experience of dependence and identified several other symptoms as well. Adolescents are able to provide self-reports of symptoms of dependence that are consistent with a theoretically driven conceptualization of nicotine dependence. The HONC demonstrates content validity among adolescents but could be improved through removal of the item related to depression on withdrawal and possibly addition of items related to stress and appetite


Abstract: OBJECTIVE: To evaluate the tobacco use outcomes and baseline characteristics of adolescents treated for nicotine dependence. DESIGN: Retrospective cohort study. SETTING: Mayo Clinic Nicotine Dependence Center, Rochester, Minn. PATIENTS: Ninety-six adolescents (60 boys, 36 girls) receiving clinical services for treatment of nicotine dependence between January 1, 1988, and November 30, 1997. Their mean age was 15.6 years (range, 11-17 years), and 91.7% were white. INTERVENTION: The Nicotine Dependence Center intervention involves a 45-minute consultation with a nicotine dependence counselor. A treatment plan individualized to the patient's needs is then developed. Telephone follow-up is conducted at 6 and 12 months. As part of this study, a long-term follow-up was conducted by telephone at a mean of 5.3 years (range, 1.6-10.6 years) following the intervention. MAIN OUTCOME MEASURES: Self-reported 7-day point-prevalence abstinence from tobacco at 6 and 12 months, and 30-day point-prevalence tobacco abstinence at the long-term follow-up. RESULTS: The tobacco abstinence rates were 17.7% (17/96 patients) at 6 months, 7.3% (7/96 patients) at 12 months, and 11.5% (11/96 patients) at the long-term follow-up. A high proportion of the sample had smoking-related medical morbidity and psychiatric diagnoses documented in the medical record prior to or at the time of the intervention. CONCLUSIONS: Adolescents utilize the medical community to seek treatment for nicotine dependence. The 6-month tobacco abstinence rate is higher than the estimates of the natural history of smoking cessation in adolescents. Medical and psychiatric diagnoses are common in this population

Abstract: In the present study we tested our hypothesis that because of the higher prevalence and greater intensity of cigarette smoking among vocational-technical students (N = 110; 51.8% males; mean age 17 years), adolescents might demonstrate the nicotine dependence patterns comparable to those measured in a similar fashion in a group of adult smokers (N = 173; 50% males; mean age 42 years). A modified version of the Fagerstrom Tolerance Questionnaire (FTQ) utilized in the adolescent sample was coded to make it comparable to the original FTQ used in the adult sample. The tests of item structure and internal consistency of the modified FTQ for adolescents were satisfactory; the overall mean FTQ score correlated significantly with the intensity and duration of smoking. Although the FTQ values were generally lower in the adolescent sample, 20% of students had an overall FTQ score of 6 and above, indicating substantial nicotine dependence (compared to 49% in adults). Reasons for failure of the existing adolescent smoking cessation programs as well as the rationale for adding a nicotine replacement option to the behavioral smoking cessation treatment for a subset of high-risk nicotine-dependent adolescents are discussed.


Abstract: This study was conducted to gain evidence of validity for a nicotine dependence measure for adolescent smokers. We hypothesized that the individual item responses and the total Fagerstrom Tolerance Questionnaire (FTQ) score would be positively correlated with cotinine values. We examined the relationship between a seven-item modified FTQ and saliva cotinine among 131 adolescent volunteers in a smoking cessation program. As anticipated, the total FTQ score was related to saliva cotinine (r = .40, p < .01), as were six of the seven individual FTQ items (p < .05). Our findings provide preliminary evidence that the modified FTQ scale is valid and applicable to adolescent smokers.


Abstract: The purpose of this study was to characterize nicotine dependence and nicotine withdrawal symptoms among adolescent smokers and to investigate associations between these key factors and adolescents' readiness to quit smoking. A total of 5624 high school students participated in a school-based survey. Of 1111 adolescents who were current or former smokers, the following stage-of-change distribution for smoking cessation was observed: precontemplation, 52.5%; contemplation, 16.0%; preparation, 7.5%; action, 13.2%; and maintenance, 10.8%. Among current smokers, 18.1% were substantially dependent on nicotine, 45.2% had moderate dependence, and 36.7% had no dependence. Higher proportions of current smokers than successful quitters reported withdrawal symptoms with their most recent quit attempts. Precontemplators exhibited significantly higher mean nicotine dependence scores than did students in the contemplation or preparation stages (F(2,837) = 12.03; p < 0.0001). A similar trend was observed for withdrawal-symptom scores across the stages of change. The nicotine dependence and withdrawal-symptom scores were significantly correlated (r = 0.44, p < 0.001). Nicotine dependence and nicotine withdrawal appear to interfere with adolescents' abilities and readiness to quit smoking, suggesting a potential role for nicotine replacement therapy in the treatment of tobacco use and dependence among adolescents.

Abstract: OBJECTIVE: To assess nicotine dependence among adolescents to determine whether quitting smoking is associated with the emergence of nicotine withdrawal symptoms and craving, and to identify the factors associated with these symptoms. DESIGN: Cross-sectional survey. PARTICIPANTS: We studied 2197 10th-grade students in 6 San Jose, Calif, high schools. MAIN OUTCOME MEASURES: Smoking status; history of quitting smoking; Modified Fagerstrom Tolerance Questionnaire (mFTQ) scores; subjective nicotine withdrawal symptoms from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; Center for Epidemiologic Studies Depression Scale (CES-D); and saliva cotinine levels. RESULTS: Of the 485 participants who reported having smoked during the past 30 days, 249 reported previous attempts to quit smoking. Among the participants who had attempted to quit, the self-reported frequencies of subjective withdrawal symptoms were a strong need to smoke (45.4%), nervous and tense (31.8%), restless (29.4%), irritable (28.7%), hungry (25.3%), unable to concentrate (21.7%), miserable and sad (15.3%), and trouble sleeping (12.8%). The total number of withdrawal symptoms was correlated with the mFTQ score (Spearman r = 0.51; P < .001). In a stepwise linear regression analysis, the mFTQ score and the CES-D score accounted for approximately 35% of the variance in total number of withdrawal symptoms (R2 = 0.35; P < .001). Males smoked significantly more and had significantly higher mFTQ scores than did females, while female smokers had significantly higher CES-D scores than did their male counterparts. CONCLUSIONS: Considerable levels of nicotine dependence were present among adolescent smokers. Use of mFTQ scores; withdrawal symptoms including nicotine craving; CES-D scores; and saliva cotinine levels may be helpful in designing cessation programs targeted to nicotine-dependent adolescents.


Abstract: OBJECTIVES: To compare perceived reasons for continued smoking and withdrawal symptoms between current smokers and quitters in an inner-city adolescent population. To examine the relationship of nicotine dependence, stress, and coping methods between smokers and quitters and, using the Transtheoretical Model of Change, among adjacent smoking cessation stages. DESIGN: A cross-sectional study using a self-administered questionnaire. PARTICIPANTS: The study comprised 354 clinic patients between the ages of 12 and 21 years who reported past or present smoking. MAIN OUTCOME MEASURES: Demographic characteristics, smoking status, perceived reasons for continued smoking, attempts to quit, and withdrawal symptoms, as well as standardized scales assessing nicotine dependence, stress, and coping methods. RESULTS: The overall prevalence of smoking in this population was 26%. Smokers were significantly more likely to report smoking more cigarettes per day as well as higher levels of physical addiction (P<.01), greater levels of perceived stress (P<.02), and less use of cognitive coping methods (P<.02) than quitters (P<.005). However, comparison of consecutive stages revealed a significant difference only between precontemplation and contemplation in cognitive coping methods (P<.01). Three of 20 withdrawal symptoms (cravings, difficulty dealing with stress, and anger) were reported more frequently among current smokers who had attempted to quit in the last 6 months than among former smokers (P<.01). CONCLUSION: Interventions for inner-city adolescents who smoke should be designed to target those with the highest levels of nicotine.
dependence, stress, and decreased use of cognitive coping methods because they are the least likely to quit on their own, rather than developing stage-specific models.

(13) Smith TA, House RFJ, Croghan IT, Gauvin TR, Colligan RC, Offord KP et al. Nicotine patch therapy in adolescent smokers. Pediatrics JID - 0376422 1996; 98(4 Pt 1):659-667. Abstract: OBJECTIVE: To evaluate the safety, tolerance, and efficacy of 24-hour nicotine patch therapy in adolescent smokers who were trying to stop smoking. DESIGN: Nonrandomized, open-label, 6-month clinical trial. SETTING: Five public high schools in the Rochester, MN, area. SUBJECTS: Twenty-two adolescent smokers, aged 13 through 17 years, with current smoking rate of 20 or more cigarettes per day (cpd). INTERVENTION: Daily nicotine patch therapy for 8 weeks (22 mg/d for 6 weeks followed by 11 mg/d for 2 weeks). Weekly individual behavioral counseling and group support continued for 8 weeks with follow up visits at 3 and 6 months and a mailed survey at 1 year. MAIN OUTCOME MEASURES: Self-reported smoking abstinence verified by expired air carbon monoxide of 8 ppm or less, nicotine withdrawal symptoms, adverse experiences, and blood cotinine levels. RESULTS: Subjects had a mean +/- SD smoking rate of 23.3 +/- 5.0 (range, 20 to 35) cpd at study entry and 2.6 +/- 1.6 years of smoking; the mean age was 15.9 +/- 1.2 (range 13 through 17) years, and 68% were girls. Of the 22 participants, 19 (86%) completed patch therapy, 3 (14%) had biochemically validated smoking cessation at week 8, and 1 continued to be smoke free at 3 and 6 months after patch initiation. There was a significant decrease from baseline in the mean nicotine withdrawal scores for days 4 and 7 of week 1 and the mean for weeks 2 through 8. Skin reactions were the most common adverse event. As the worst skin reactions, 55% had erythema only, 5% had erythema and edema, and 9% had erythema and vesicles, whereas 32% had no skin reactions. Other reported adverse events were headaches (41%), nausea and vomiting (41%), tiredness (41%), dizziness (27%), and arm pain (23%). None of these were considered serious, life threatening, or led to the discontinuation of patch therapy. In adults with comparable smoking rates, we found that the adolescents had lower blood cotinine levels. Those smoking 20 to 25 cpd had cotinine levels of 146 +/- 84 (adolescents) vs 260 +/- 98 (adults) ng/ml, and those smoking 26 to 35 cpd had levels of 169 +/- 73 vs 276 +/- 110 ng/ml, respectively. CONCLUSION: Nicotine patch therapy seems safe in adolescent smokers. Placebo-controlled trials are needed to establish the efficacy of nicotine patch therapy in adolescents.

(14) Stanton WR. DSM-III-R tobacco dependence and quitting during late adolescence. Addict Behav JID - 7603486 1995; 20(5):595-603. Abstract: Previous studies of tobacco dependence have tended not to examine adolescent samples. In a cohort of 18-year-olds, the 12-month prevalence rate of dependence based on DSM-III-R criteria was found to be 19.3%. Cotinine levels in saliva were positively related to level of cigarette consumption but not to tobacco dependence and may not be a suitable measure of dependence. Measures of behavioral and psychological aspects of smoking supported the utility of DSM-III-R criteria for tobacco dependence among young smokers. As a large number of young smokers are dependent on tobacco, the results support the development of treatment programmes for youth that take into consideration their degree of dependence.