V Jornada Societat Catalana pel Control i Tractament del Tabaquisme

Jacobo Sellarés Torrés

Cessació tabàquica amb ioga

SCATT
Societat Catalana pel Control i Tractament del Tabaquisme

L'Acadèmia

Índice

- El drama del tabaquismo
- ¿Yoga y ciencia?
- ¿Cómo el yoga puede ser útil en el tratamiento del tabaquismo?
- Trabajos científicos publicados
- Mi experiencia

El tabaquismo es una enfermedad

adictiva crónica recurrente, que necesita

diagnóstico y tratamiento

Cuadro 15. Porcentaje de fumadores en los distintos estadios de cambio en distintos países europeos y Estados Unidos

País	Precontemplación	Contemplación	Preparación
Suiza	73.6%	22.3%	4.1%
Países Bajos	71.0%	23.0%	7.0%
Finlandia	57.6%	29.4%	13.0%
España	68.0%	25.1%	6.9%
Estados Unidos	41.1%	38.7%	20.1%

Font: Becoña, 2004

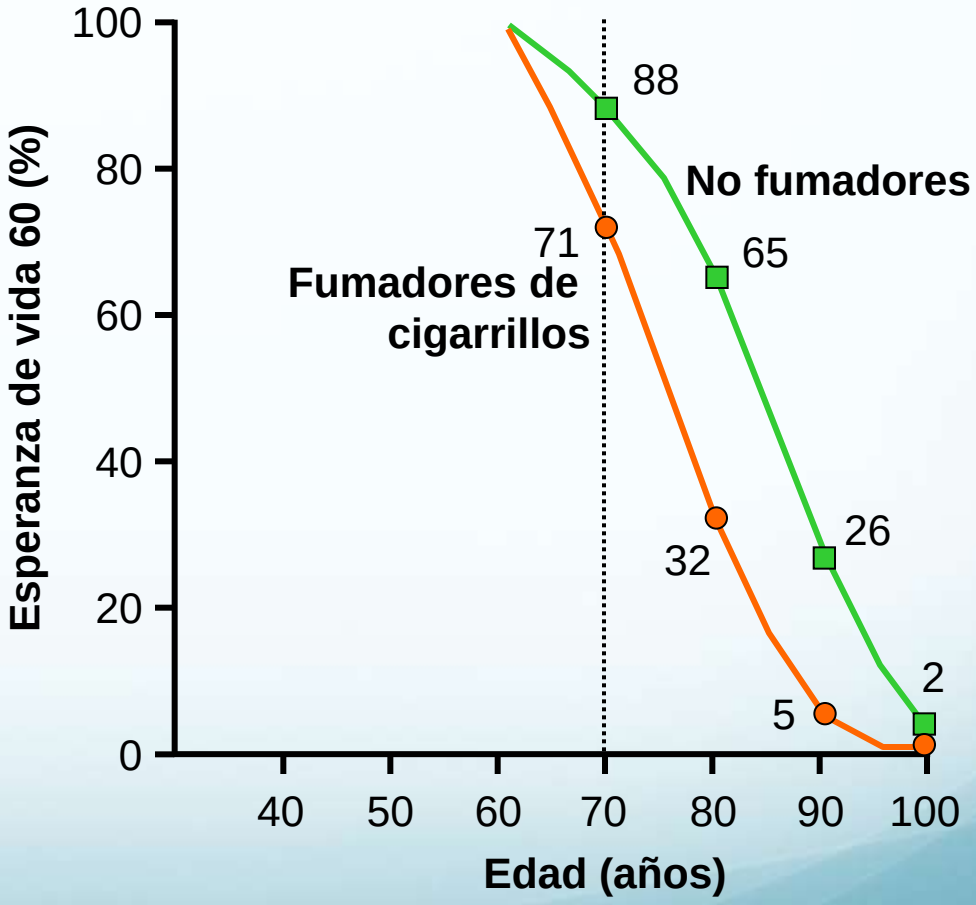
MORTALIDAD ANUAL ATRIBUIBLE AL TABACO

- Mundo ≅ 5.000.000.
- España > 56.000

  150 muertes al día.
- Tres cuartas partes de las muertes debidas al consumo de tabaco se producen sólo por cuatro enfermedades: cáncer de pulmón, EPOC, cardiopatía isquémica y enfermedad cerebrovascular.

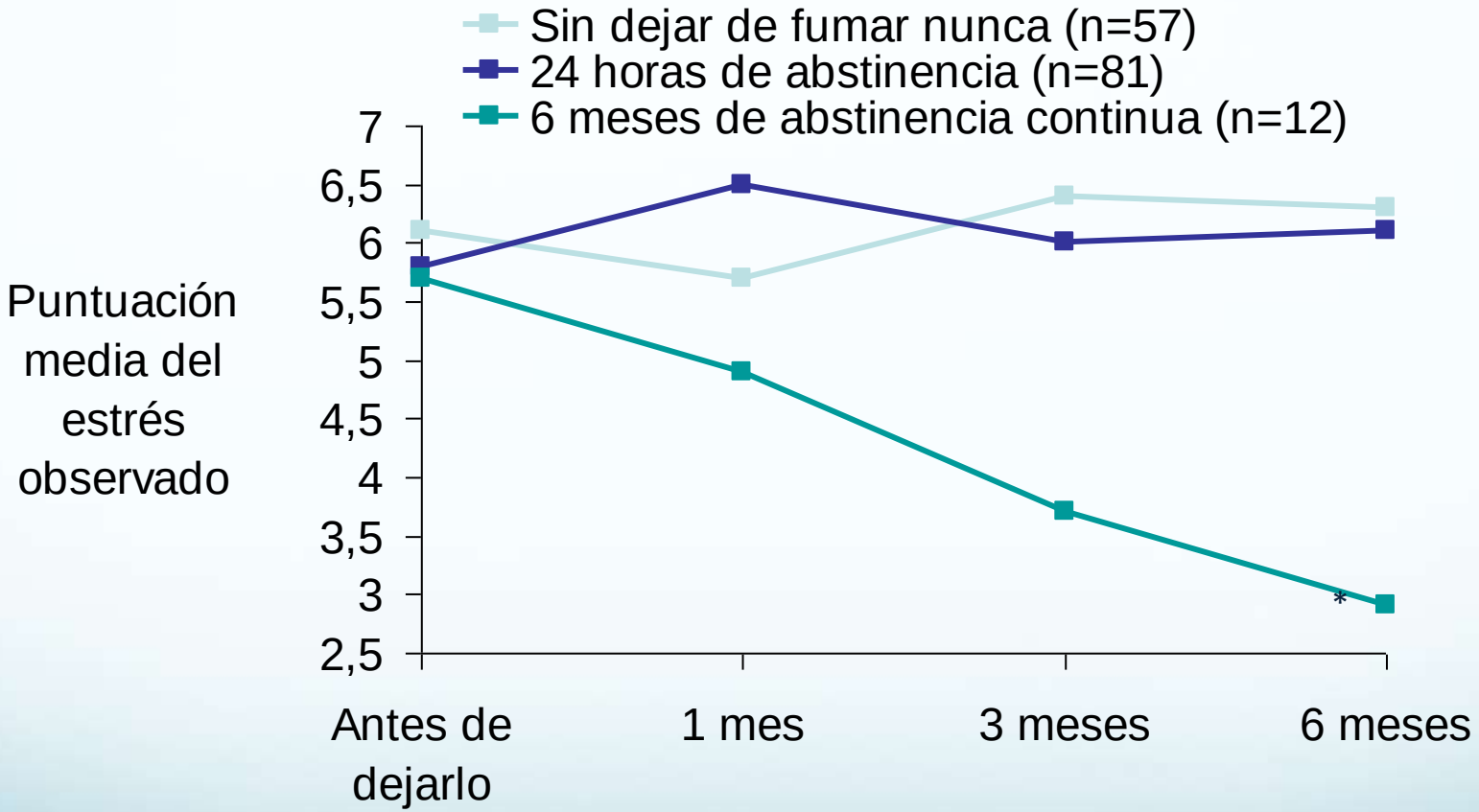
Fumar: reducción de la esperanza de vida

- El consumo de tabaco durante un período de tiempo largo reduce la esperanza de vida unos 10 años.
- Dejar de fumar a la edad de 60, 50, 40 ó 30 años, incrementa la esperanza de vida 3, 6, 9 ó 10 años, respectivamente.



Doll et al. *BMJ.* 2004;328:1519-1527.

Estrés en abstinencia y en fumadores

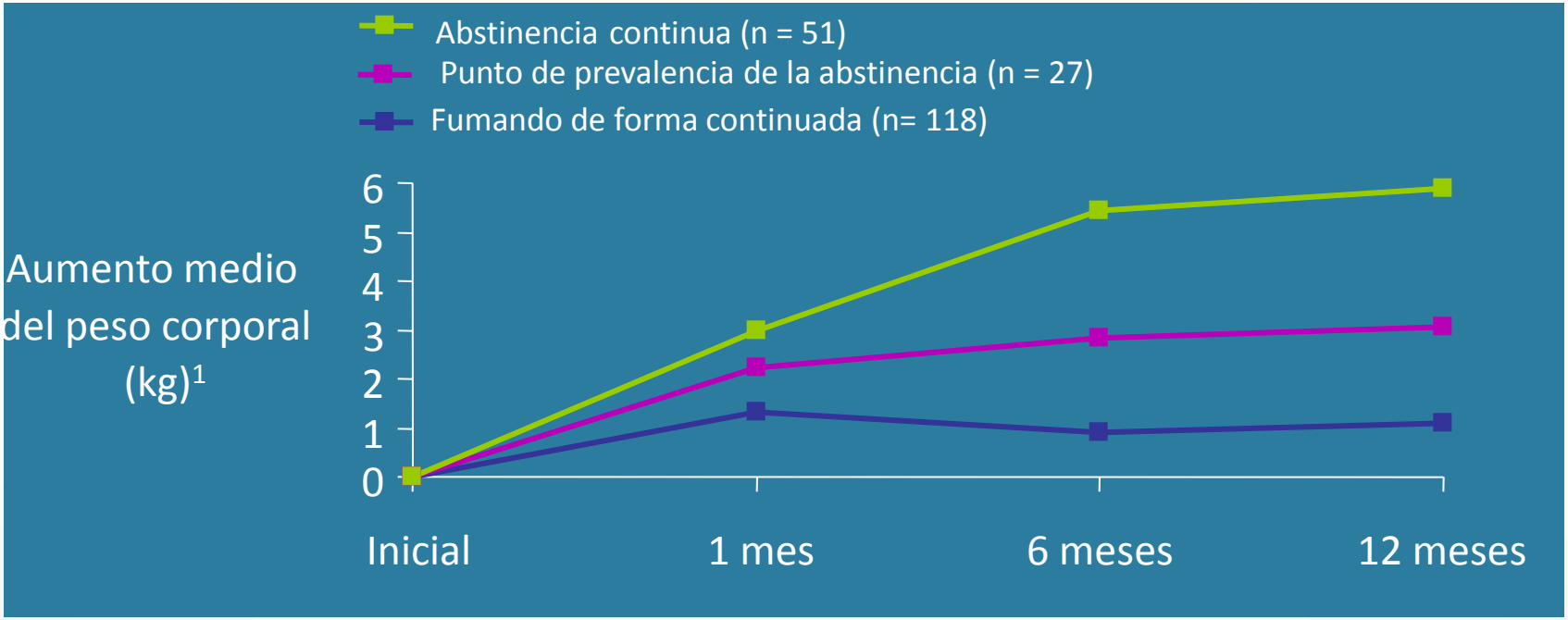


N = 150

*$P < 0{,}01$

1. Cohen S, Lichtenstein E. *Health Psychology*. 1990;9:466-478.

Quitting smoking and weight gain



- Dieting and exercising can prevent increased weight[2]
  - May result in more patients want to quit smoking[2]

1. Klesges RC et al. *J Consult Clin Psychol*. 1997;65:286-291.
2. Filozof C, Fernández Pinilla C, Fernández-Cruz A. *Obesity Rev.* 2004; 5:95-103.

Treating Tobacco Use and Dependence: 2008 Update

Table 6.26. Meta-analysis (2008): Effectiveness and abstinence rates for various medications and medication combinations compared to placebo at 6-months postquit (n = 83 studies)[a]

Medication	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
Placebo	80	1.0	13.8
Monotherapies			
Varenicline (2 mg/day)	5	3.1 (2.5–3.8)	33.2 (28.9–37.8)
Nicotine Nasal Spray	4	2.3 (1.7–3.0)	26.7 (21.5–32.7)
High-Dose Nicotine Patch (> 25 mg) (These included both standard or long-term duration)	4	2.3 (1.7–3.0)	26.5 (21.3–32.5)
Long-Term Nicotine Gum (> 14 weeks)	6	2.2 (1.5–3.2)	26.1 (19.7–33.6)
Varenicline (1 mg/day)	3	2.1 (1.5–3.0)	25.4 (19.6–32.2)
Nicotine Inhaler	6	2.1 (1.5–2.9)	24.8 (19.1–31.6)
Clonidine	3	2.1 (1.2–3.7)	25.0 (15.7–37.3)
Bupropion SR	26	2.0 (1.8–2.2)	24.2 (22.2–26.4)
Nicotine Patch (6–14 weeks)	32	1.9 (1.7–2.2)	23.4 (21.3–25.8)
Long-Term Nicotine Patch (> 14 weeks)	10	1.9 (1.7–2.3)	23.7 (21.0–26.6)
Nortriptyline	5	1.8 (1.3–2.6)	22.5 (16.8–29.4)
Nicotine Gum (6–14 weeks)	15	1.5 (1.2–1.7)	19.0 (16.5–21.9)
Combination therapies			
Patch (long-term; > 14 weeks) + *ad lib* NRT (gum or spray)	3	3.6 (2.5–5.2)	36.5 (28.6–45.3)
Patch + Bupropion SR	3	2.5 (1.9–3.4)	28.9 (23.5–35.1)
Patch + Nortriptyline	2	2.3 (1.3–4.2)	27.3 (17.2–40.4)
Patch + Inhaler	2	2.2 (1.3– 3.6)	25.8 (17.4–36.5)

El puzzle de l'addicció del tabaquisme

Física

Psicològica

Gestual

Social

Espiritual

Should your patient be doing yoga?

Yoga has been suggested as a treatment for disorders ranging from anxiety to multiple sclerosis. The scientific evidence regarding its benefits, however, is weak. But does this mean yoga should be ignored as a potentially useful complementary therapy? And what might be the pitfalls awaiting the physician who prescribes it? Adrian Burton investigates.

A man with intense anxiety visits his doctor in a provincial town somewhere in a Western country. Following national treatment guidelines, the doctor believes her patient might benefit from therapy with anxiolytic drugs. The patient, however, is clearly reticent about taking any medication. Despite her misgivings, the doctor wonders whether a complementary therapy might be more suitable. "What about yoga?", she ventures. Indeed, studies report yoga to be of benefit in the treatment of anxiety (including in caregivers), stroke prevention and rehabilitation, epilepsy, multiple sclerosis, Alzheimer's disease, peripheral nervous system disorders, pain, and other conditions. But what do the doctor and patient actually understand by the term "yoga"? How much yoga should her patient do? For how long? And does the doctor have enough knowledge of her patient's personality and belief system to make the following of a yoga strategy worthwhile? Prescribing yoga might be a bit more complicated than anyone thought.

The difficulties associated with recommending yoga stem from the low quality of the scientific evidence available regarding its effects. Oddly, this lack of evidence is partly due to a common failure among researchers to define what they have actually studied. "You soon become aware that [research papers] very often do not define what is meant by yoga", says Shri Mishra (University of Southern California, Los Angeles, CA, USA). "There are four traditional schools of yoga—Jnana, Bhakti, Karma, and Raja—each with subdivisions. They differ greatly in what they demand in terms of physical strength, depth of meditation, breathing control, and spiritual component. Yet it's very common for reports not to define which type was used in a study. This not only makes it hard to compare results between studies, it also makes it very hard to translate any findings to the bedside." Mishra explains: "Imagine this. A doctor reads a paper on the possible benefits of yoga for a patient's condition. The patient then goes off and joins a yoga class. But this is not the sort of yoga that was practised in that research paper. It's vital that researchers understand that you cannot just talk about yoga when describing an experiment, and it's important that doctors understand this when looking for clinical results for their patients."

Further, although some randomised clinical trials of the effects of yoga have been performed, most of the research is subject to the limitations commonly seen in studies on complementary therapies: no treatment masking, small sample size, no randomisation, and no, or poor, control of confounders. "This leaves us with relatively low-quality evidence upon which to make any claims", continues Mishra. "That also means you can't really do any good meta-analysis. Again, this is something researchers and physicians should be aware of."

Although recruiting more patients and randomising treatment might be possible, masking such studies is not: the participants, at least, would always know which group they were in. And controlling for confounders could be a nightmare, leaving it difficult to discern whether it is the yoga, some component of it, or something else entirely, that is responsible for any observed effect. "Is it the yoga that brings about a noticed effect, or the exercise component of that yoga?" asks Alejandro Lucia (European University of Madrid, Spain). "There is plenty of evidence that exercise can be beneficial in many health conditions, including neurological disorders. And it may not be surprising that yoga, which involves a series of poses, postures, movements, and breathing patterns that could improve balance, muscle strength, and flexibility, should be found beneficial to patients with, say, multiple sclerosis. We would need to add appropriate controls to experiments to determine whether it's the yoga or the exercise having the effect."

Although some studies have tried to control for the effect of exercise, it might be harder to deal with confounders such as socialisation. Yoga usually involves going to classes. So does just breaking routine, getting out, and meeting other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For more on **yoga and treatment of anxiety** see *Can J Occup Ther* 2013; 80: 150–70

For more on **yoga and treatment of depression and anxiety in caregivers** see *Indian J Psychiatry* 2013; 55 (suppl 3): S385–89

For more on **yoga and treatment of neurological disorders** see *Ann Indian Acad Neurol* 2012; 15: 247–54

For more on **yoga and treatment of lower back pain** see *Pain Res Manag* 2013; 18: 267–72

For more on **yoga and treatment of neurological and psychiatric problems** see *J Neuropsychiatry Clin Neurosci* 2012; 24: 152–64

For a **study controlling for the effect of exercise** see *Iran Red Crescent Med J* 2013; 15: 449–454

¿Yoga y deshabituación tabáquica?

- Técnicas que utilizan el ejercicio físico, la respiración y la meditación para una mejor salud y mayor bienestar interno.
- ¿Cómo puede el yoga ayudarme a dejar de fumar?
  - El control de los síntomas de abstinencia
  - Manejo del Estrés
  - Método alternativo para relajarse
  - Mejorar la respiración
  - Identifique los patrones mentales asociados con el tabaquismo
  - Control de peso después de dejar de fumar.

PubMed yoga

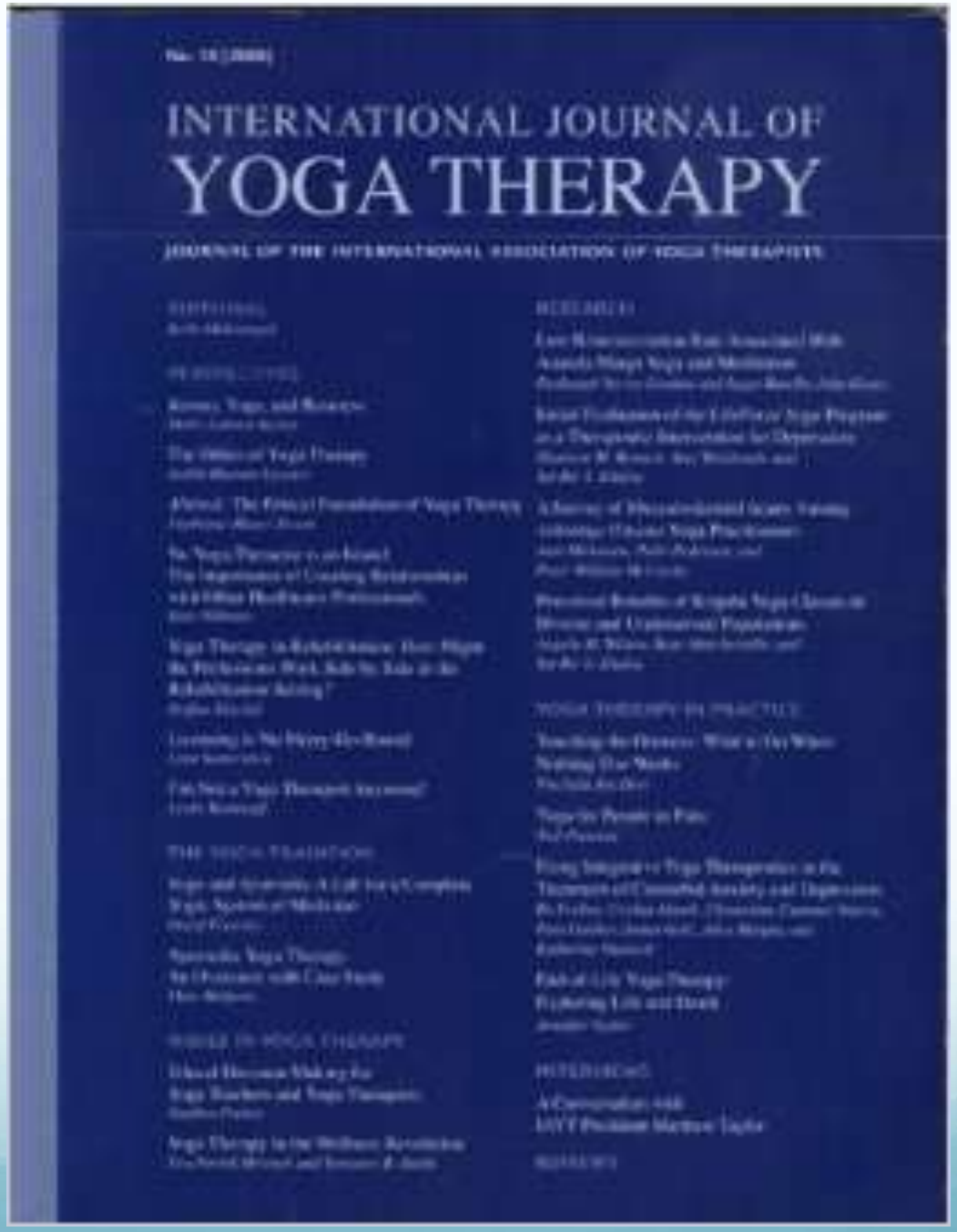
Display Settings: Summary, 20 per page, Sorted by Recently Added

Results: 1 to 20 of 2892

1. "I Just Start Crying for No Reason": The Experience of Stress and Depression in Pregnant, Urban, African-American Adolescents and Their Perception of **Yoga** as a Management Strategy.
   Kinser P, Masho S.
   Womens Health Issues. 2015 Jan 31. pii: S1049-3867(14)00136-4. doi: 10.1016/j.whi.2014.11.007. [Epub ahead of print]
   PMID: 25648492 [PubMed - as supplied by publisher]

2. Accepted Common Interest Community (CIC) Proposals.
   [No authors listed]
   Int J **Yoga** Therap. 2014 Sep;24:48-59.
   PMID: 25645135 [PubMed - in process]

3. Accepted scientific research works (abstracts).
   [No authors listed]
   Int J **Yoga** Therap. 2014 Sep;24:18-38


INTERNATIONAL JOURNAL OF
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JOURNAL OF THE INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

Health Psychology Review

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http://www.tandfonline.com/loi/rhpr20

How does yoga reduce stress? A systematic review of mechanisms of change and guide to future inquiry

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Accepted author version posted online: 03 Jan 2015.

Table 2. Indirect Measures of Stress and Anxiety

- Blood Pressure
- Heart Rate
- Respiratory Function
  - Forced Expiratory Volume in 1 second (FEV1)
  - Respiratory Rate
  - Oxygen Consumption

Table 3. Biochemical Indicators of Stress and Anxiety.

Indicator	Effect with Stress or Anxiety
Stress Hormones	
• Cortisol	↑
• DHEA	↑
Neurotransmitters	
• Melatonin	↓
• GABA	↓

The Effects of Yoga on Anxiety and Stress

Amber W. Li, PharmD and Carroll-Ann W. Goldsmith, DSc

Table 4a. Summary of Studies Included in this Review

First Author	Design	Duration	Study Population	Results
Ando[24] (2009)	Non-randomized, non-controlled	2 weeks	n = 28 (meditation, yoga, and breathing); cancer patients in treatment	Significant decreases in HADS scores after intervention
Banjeree[16] (2007)	Randomized, controlled	6 weeks	n = 68 (35 yoga, 33 control);post-op breast cancer patients	Significant decrease from baseline in HADS and PSS scores in yoga, but not control, group
Beddoe[26] (2009)	Non-randomized, non-controlled	7 weeks	n = 17 (mindfulness-based yoga); pregnant women	Significant decrease from baseline in STAI state-anxiety scores and near significant decrease in PSS scores after invention; no effects on salivary cortisol concentrations
Bosch[25] (2009)	Non-randomized, controlled, pilot	10 weeks	n = 16 (9 yoga, control); postmenopausal women with RA	Significant decreases from baseline in HAQ disability, BDI depression, and pain scores in yoga vs. control groups; no difference in salivary cortisol concentrations
Carlson[41] (2004)	Non-randomized, controlled, blinded, pilot	1 week	n = 59 (meditation and gentle yoga); breast and prostate cancer patients	No differences from baseline after meditation in SOSI scores, levels of salivary melatonin, levels of salivary cortisol
Chatta[43] (2008)	Randomized, controlled	8 weeks	n = 120 (60 yoga, 60 physical exercise); perimenopausal women	Greater decline in PSS scores in yoga vs. exercise group
Cohen[47] (2008)	Randomized, controlled, pilot	10 weeks	n = 24 (12 yoga, 12 control); adults with metabolic syndrome	No significant changes, though trends toward significant declines in blood pressure and PSS scores in yoga vs. control group
Cowen[49] (2010)	Non-controlled, non-randomized	4 yoga classes over 6 weeks	n = 77 (yoga); firefighters	Significant decrease in PSS scores after yoga intervention

Bock et al. BMC Complementary and Alternative Medicine 2010, 10:14
http://www.biomedcentral.com/1472-6882/10/14

BMC Complementary & Alternative Medicine

STUDY PROTOCOL Open Access

Yoga as a complementary treatment for smoking cessation: rationale, study design and participant characteristics of the Quitting-in-Balance study

Beth C Bock*[1], Kathleen M Morrow[1], Bruce M Becker[2], David M Williams[3], Geoffrey Tremont[2], Ronnesia B Gaskins[4], Ernestine Jennings[1], Joseph Fava[1] and Bess H Marcus[3]

Program duration: 8 weeks
Vinyasa yoga
Class structure:

- 5 min-Pranayama
- 45 min- Dinamically Linked Asana
- 10 min-Closing Postures
- Final meditation

- 2 Groups:
  - CBT+yoga
  - CBT+ wellness program

(1) Exhale
Plank Inhale

(2) Exhale
Chaturanga
Dandasana

(2a Modification)
Chaturanga
Dandasana

(3) Inhale
Urdhva Mukha
Svanasana

(3a Modification)
(Variation)
Bhujangasana

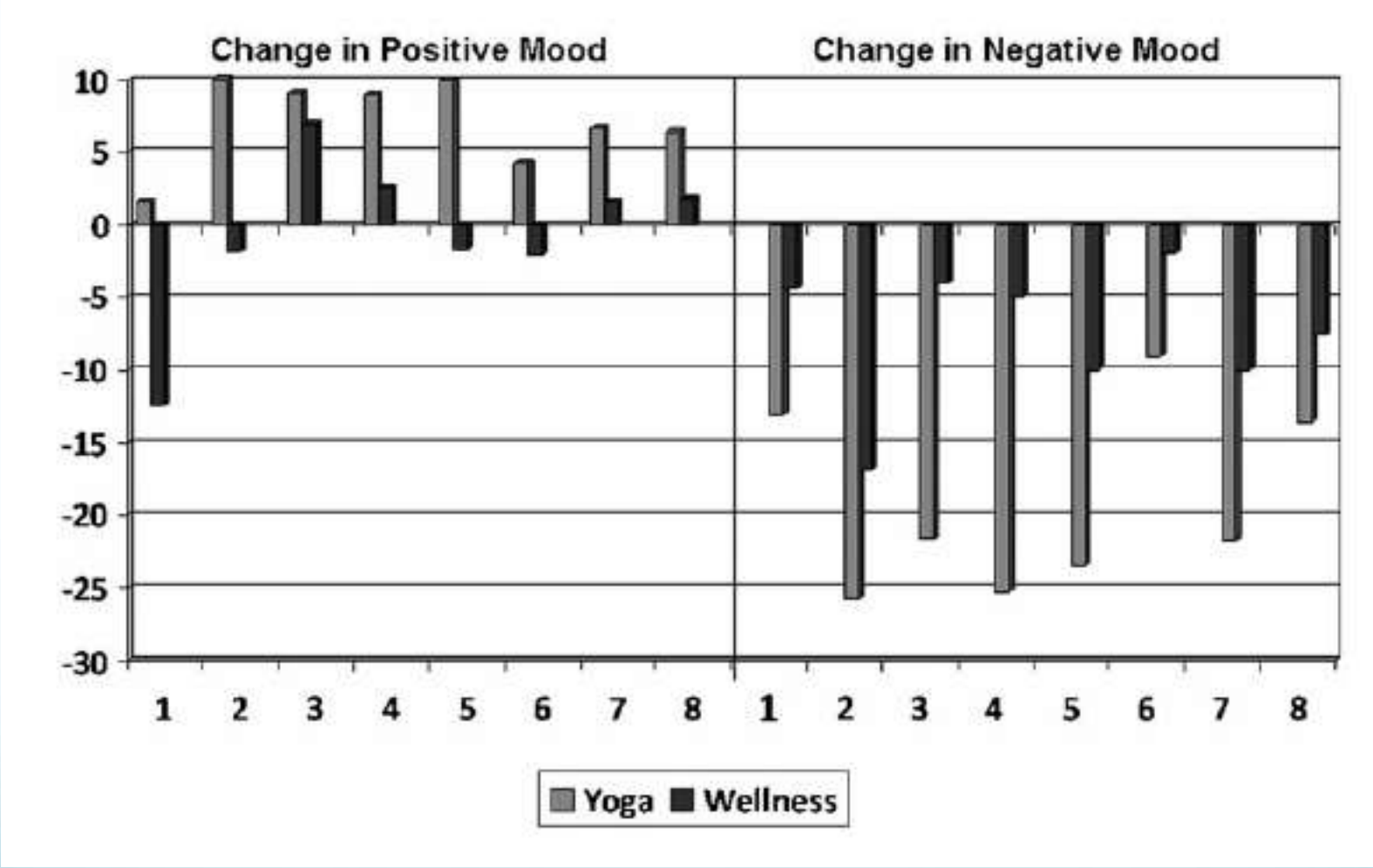
(4) Exhale
AdhoMukha
Svanasana

(4a Modification)
AdhoMukha
Svanasana

(4a Modification)
(Variation)
Balasana

TABLE 2. SMOKING OUTCOMES BY TREATMENT GROUP

	Yoga	*Wellness*	*Odds ratio*	*Confidence interval*	p *value*
	Summary 7-day quit using intention to treat (ITT) outcomes				
8 weeks ($N=55$)	40.6% (13/32)	13.0% (3/23)	4.56	1.12–18.57	0.03
3 months ($N=55$)	21.9% (7/32)	8.7% (2/23)	2.94	0.55–15.70	0.21
6 months ($N=55$)	18.8% (6/32)	13.0% (3/23)	1.54	0.34–6.92	0.57
	Summary 24-hour quit using intention to treat (ITT) outcomes				
8 weeks ($N=55$)	46.9% (15/32)	17.4% (4/23)	4.19	1.16–15.11	0.03
3 months ($N=55$)	21.9% (7/32)	8.7% (2/23)	2.94	0.55–15.70	0.21
6 months ($N=55$)	21.9% (7/32)	13.0% (3/23)	1.87	0.43–8.16	0.41


Change in Positive Mood
Change in Negative Mood
10
5
0
-5
-10
-15
-20
-25
-30
1
2
3
4
5
6
7
8
1
2
3
4
5
6
7
8
Yoga
Wellness

Topical Review Article

Between Inhale and Exhale: Yoga as an Intervention in Smoking Cessation

Journal of Evidence-Based Complementary & Alternative Medicine
2014, Vol. 19(2) 144-149

DOI: 10.1177/2156587214524580
cam.sagepub.com

Chia-Liang Dai, MS[1] and Manoj Sharma, MBBS, MCHES, PhD, FAAHB[1]

Abstract

The current study provided a review of evidence-based yoga interventions' impact on smoking cessation. The researchers reviewed articles obtained from MEDLINE (PubMed), EBSCOHOST, PROQUEST, MEDINDIA, CINAHL, Alt HealthWatch, and AMED databases. Inclusion criteria were as follows: (*a*) study published between 2004 and 2013, (*b*) study published in English language, (*c*) study used yoga-based interventions, (*d*) study involved smokers with varying level of smoking, (*e*) study used any quantitative design, and (*f*) study had physiological and/or psychological outcomes. A total of 10 studies met the inclusion criteria. Designs were 2 pre–post tests and 8 randomized controlled trials. Majority of the interventions were able to enhance quitting smoking rates in the participants under study. Yoga-based interventions hold promise for smoking cessation. Some of the limitations include short follow-up measurements and short duration of intervention.

Barcelona Programs (pilots)

1) Short program:
    1) 3 classes of 1h30min
    2) Primary Care Center
    3) As a part of Group Therapy to Quit Smoking
    4) Objectives: To give techniques to help:
        1) Respiration
        2) Stress
        3) Meditation
    5) Dietetic counseling
    6) 40 days meditation

Barcelona Programs (pilots)

1) Long program:
    1) 13 classes of 1h30min
    2) Golden Temple Yoga School
    3) Yoga as the only therapy
    4) Objectives: Initation to yoga
    5) Dietetic counseling
    6) Weekly meditation
    7) Structure: Introduction+kriya+relaxation+meditation
    8) 40 days meditation

Percepciones

- El principal factor es la adherencia y continuidad
- Aplicación intermedia
- Utilidad:
  - Fármacos + yoga
  - En pacientes que no quieren utilizar fármacos
- Reforzar con pranayama momentos de “craving”
- Fase de diseño de estudio

!!!!MUCHAS GRACIAS!!!

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