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Bandar Abbas



روش های نوین غیر دارویی وابستگی به نیکوتین



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توصیه های مشاوره و روانشناختی

۱. پرسش در مورد مصرف سیگار

۲. توصیه به ترک سیگار

۳. ارزیابی تمایل به ترک

۴. انجام مصاحبه انگیزشی

۵. کمک به ترک

مشاوره (حتی کوتاه مدت)، مشاوره گروهی یا فردی

مشاوره های تلفنی

۶. پیگیری و کنترل وسوسه



مصاحبه انگیزشی

Motivational Interview

مدل های تغییر رفتار:

- مدل سنتی.....Traditional

-مدل انگیزشی.....Motivational



رویکرد سنتي Traditional Approach

❑ در اثر رنج و ناراحتی، انگیزه تغییر ایجاد میشود.

❑ اگر بتوانید کاری کنید که افراد در مورد وضعیت خود، به اندازه کافی احساس ناراحتی کنند، تغییر خواهند کرد.

❑ افراد باید به “پایین ترین حد” برسند تا آماده تغییر باشند.



رویکرد انگیزشی Motivational Approach

□ انسان ها به دلیل **دودلي** خود به مصرف مواد ادامه میدهند.

□ برطرف کردن دودلي به نفع تغییر، جزئي اساسي از مصاحبه انگیزشي است.

□ انگیزه تغییر را میتوان با پذیرش، توانمندسازي و ایجاد فضاي امن پرورش داد.



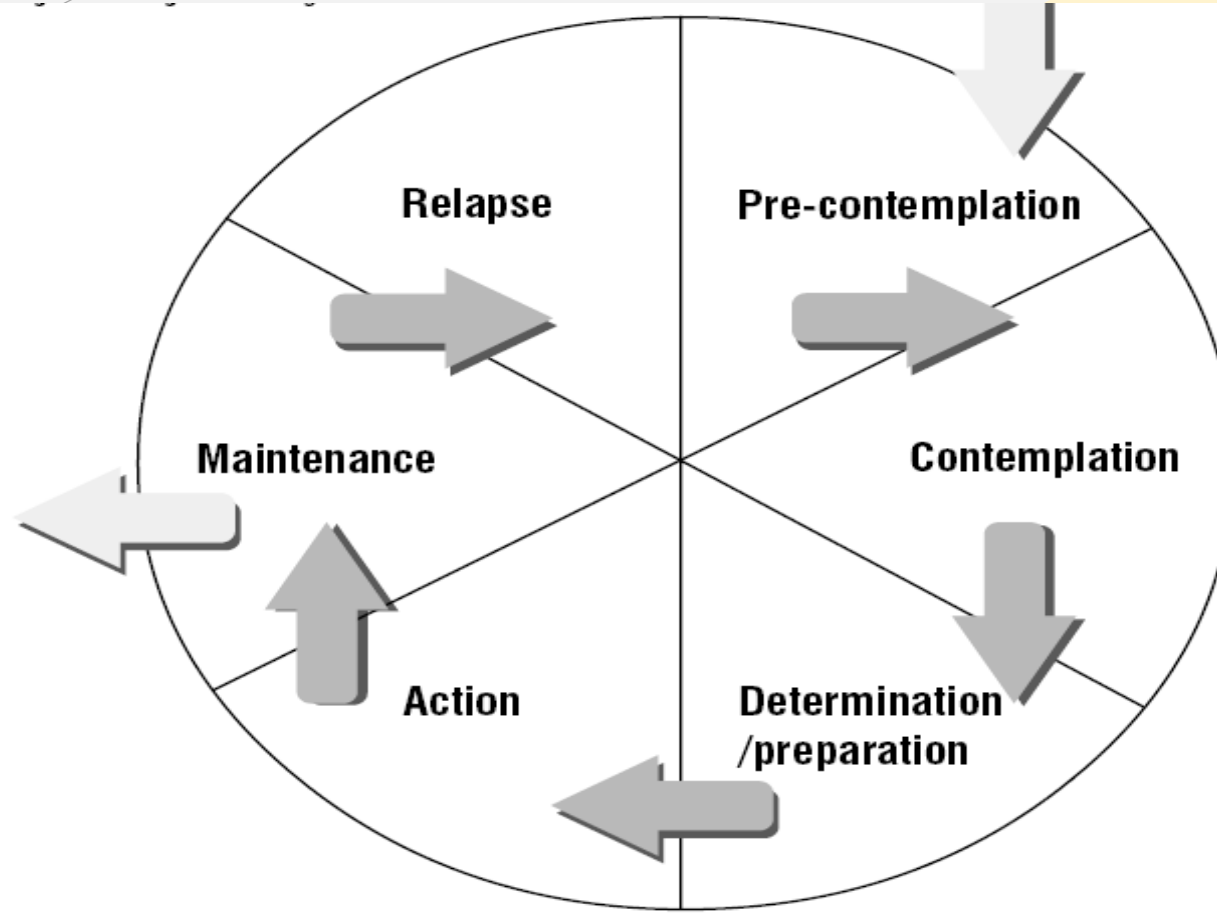
رویکرد انگیزشی Motivational Approach

شاکله اصلی مصاحبه انگیزشی بر این مفهوم بنا شده است که تغییر از بیرون به فرد تحمیل نمی شود بلکه باید از درون او نشأت بگیرد.

نقش کارشناسان سلامت روان در مصاحبه انگیزشی این است که بر اساس تصمیمات و انتخاب های خود مراجع انگیزه های درونی او را برای تغییر تقویت کند.

مراحل تغییر

Stages of Change



Adapted from Prochaska, J., & DiClemente, C. (1986). Towards a comprehensive model of change. In W. Miller & N. Heather (Eds), *Treating addictive behaviours: Process of change*. New York: Plenum Press.



پنج اصل اساسی مصاحبه انگیزشی که به عنوان راهبردهای شناخته می شوند DEARS

- ایجاد ناهمخوانی (Develop discrepancy)
- ابراز همدلی (Express empathy)
- خودداری از بحث کردن (Avoiding argument)
- کنار آمدن با مقاومت ها (Rolling with resistance)
- حمایت از خود کارآمدی (Support self efficacy)



Efficacy of non-invasive brain stimulation interventions in reducing smoking frequency in patients with nicotine dependence: a systematic review and network meta-analysis of random...

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Nicotine dependence develops quickly, and cessation is challenging.

More than 75% of smokers have attempted to quit, and approximately 40% attempt to quit each year.

Only a small percentage of smokers successfully quit without assistance, and approximately 90% relapse within 1 year



This may be because when a person smokes, nicotine reaches the brain within 15 s and affects the release of neurotransmitters by acting as an agonist at the nicotinic acetylcholine receptors.

It activates the dopaminergic pathway that extends from the ventral tegmental area to the cerebral cortex and the limbic system, which can be similarly influenced by cocaine and amphetamine.



one brain imaging study demonstrated that bilateral increases in glucose metabolism in the orbitofrontal cortex, dorsolateral prefrontal cortex (DLPFC) and anterior insula are associated with craving intensity in heavysmokers.



These findings regarding brain dysfunction and changes to neurotransmitters represent an opportunity for devising possible strategies for treating nicotine dependence with non-invasive brain stimulation (NIBS) techniques such as repetitive transcranial magnetic stimulation (rTMS) or transcranial direct current stimulation (tDCS)



In rTMS, magnetic fields induce focal electrical currents indirectly and enable focal stimulations of the target area,

whereas tDCS involves the alteration of neuronal membrane polarization without triggering action potentials .

These techniques have achieved promising results in treating substance use disorders by suppressing abnormal hyperactivity or activating abnormal hypoactivity in specific brain regions, such as the DLPFC, through various protocols.

Methods

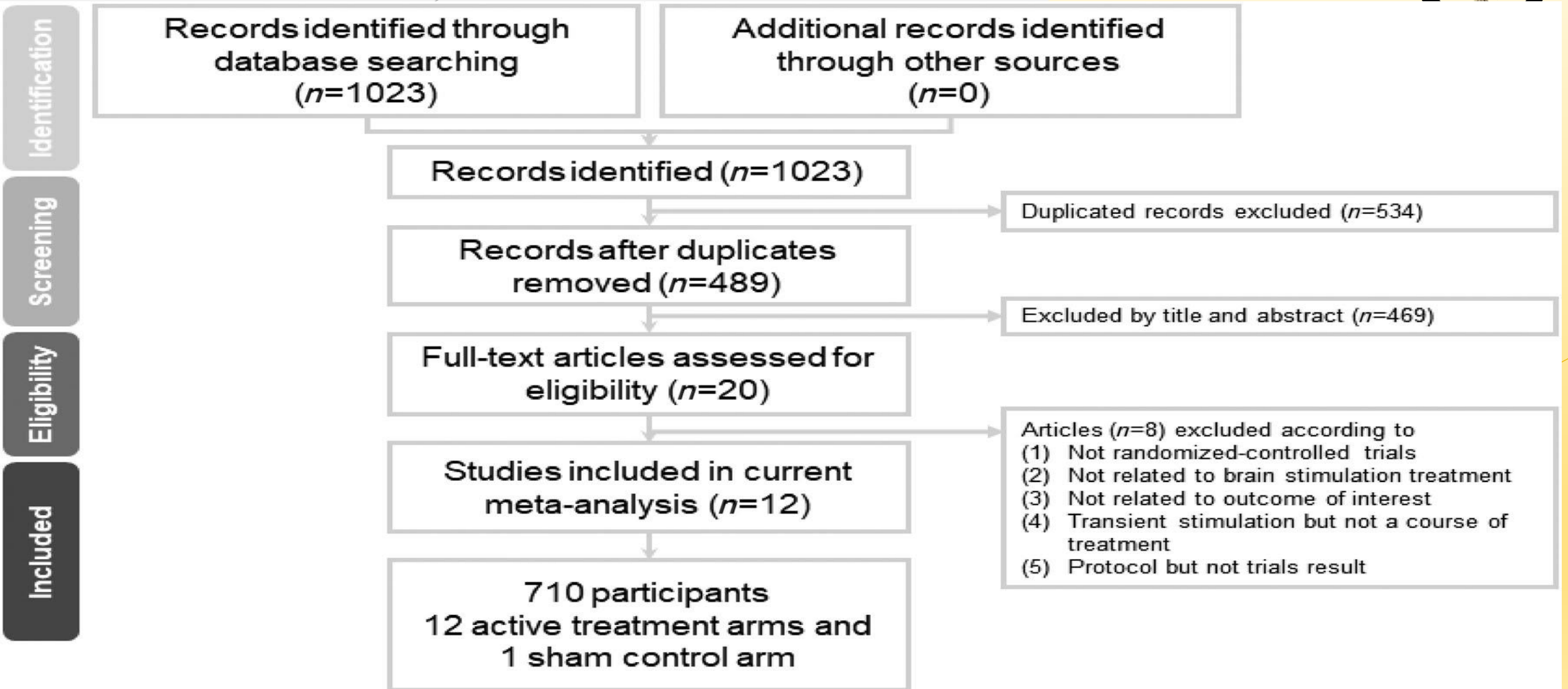


We conducted a systematic review to identify randomized controlled trials (RCTs) that investigated the efficacy of NIBS for smoking cessation.

The co-primary outcomes were :

- (1) the change in number of cigarettes smoked per day (change in frequency of smoking) in patients with nicotine dependence after NIBS
- (2) acceptability (the dropout rate).

The effect sizes for co-primary outcomes of change in frequency of smoking and acceptability were assessed according to standardized mean difference (SMD) and odds ratio, respectively.



Results



Twelve RCTs with 710 participants (mean age: 44.2 years, 31.2% female) were included.

Compared with the sham control, 10-Hz rTMS over the left dorsolateral prefrontal cortex (DLPFC) was associated with the largest changes in smoking frequency.

The 2-mA bifrontal tDCS and 10-Hz deep rTMS over the bilateral DLPFC with cue provocation were associated with a significantly larger decrease in smoking frequency versus the sham.

None of the investigated NIBSs was associated with dropout rates significantly different from those of the sham control groups.



Conclusion

Prefrontal non-invasive brain stimulation interventions appear to reduce the number of cigarettes smoked with good acceptability



Thank you for your attention

