

Nicotine addiction refractory to treatment own experience

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It is commonly known worldwide how harmful for the health is cigarette smoking. This is evidently one of the most widespread addictions. Cigarette smoke alone contains about 4 000 carcinogenic substances. Nicotine causes blood vessel contraction which enhances coronary artery disease, myocardial infarction, Buerger's disease. Nicotine increases also hydrochloric acid secretion in the stomach which enhances gastroduodenal ulcer development. Cigarette smoke, that is carcinogenic substances contained in it, are the pathognomonic factor of pulmonary and laryngeal malignancies. Despite this, many people have problems with abandoning the smoking habit. Persons are frequently observed who stopped smoking but in situations of minor or greater stress return immediately to the addiction. Special antinicotine outpatient clinics have been even organized worldwide. Many methods are tried to break free from the addiction. Apart from individual psychotherapy, e.g. hypnosis is used and various drugs, such as Tabex, Nicotinel, Nicorette chewing gum and many other are administered.

Case report

Male patient H.R., aged 41 years, previously never received any psychiatric treatment. The patient was born after normal pregnancy and labour. His childhood was moderately good. His mother was quarrelsome, peremptory, overprotective, emotionally slightly cold. She never demonstrated any warm emotions towards the patient or his two younger brothers. She was rather irascible, dominant and was making family rows. The father was quiet but passively subordinated to the dominant mother of the patient. In primary school and technical secondary school the patient achieved very good results. In spite of this, he had no ambitions to continue education. After graduation from the secondary school, obtaining secondary school certificate he started to work in a design office where he has been working until now. In his work he is not quarrelsome and liked by co-workers. He failed to settle a family. He had a number of quite significant complexes. The pa-

tient thought he was not resourceful and active enough to keep a family. He is a recluse type and feels good as a bachelor.

No mental diseases occurred in the patient's family. He denied any head trauma and loss of consciousness. He never abused alcohol. In private life he has never had any girlfriend and he feels comfortable with it. But he is a typical heterosexualist. Until now he has satisfied his libido by masturbation. He reads much, frequently goes alone to the cinema or theatre. Detailed psychiatric examination has demonstrated only vegetative-anxiety neurosis of insignificant degree.

The only problem of the patient is his very advanced tobacco-smoking habit. Since eight years of age he has been smoking about 40 cigarettes a day. The patient many times has tried to abandon the addiction. He knows well the harmful effects of the addiction and has a very critical attitude to it. He is strongly motivated to abandon smoking. He has tried various methods, such as acupuncture, hypnosis. He has visited many specialists and used such drugs as Tabex, Nicotinel, Nicorette chewing gum and many others. Unfortunately, each attempt to abandon smoking caused strong fear attacks which were unbearable for the patient. He immediately backslided.

Laboratory tests:

- detailed laboratory blood and urine analyses gave normal results;

- ECG record was normal;

- EEG record was normal;

- chest radiogram was normal.

The author instituted intensive individual psychotherapy for the patient. In order to control fear attacks, Sertraline was administered in 50 mg oral daily doses. After abandoning the addiction, fear attacks did not occur and the patient reported no backsliding.

Discussion

Some authors [1, 2] used Sertraline in the treatment of

fear attacks with great success. In the described patient, the author diagnosed fear attacks by direct psychiatric examination. The diagnosis was confirmed by the author, similarly as in case of other authors [1, 2] with the following tests:

- Hamilton Anxiety Scale;
- Anxiety Attack Intensity Scale;
- Patient Global Evaluation (PGE) self-assessment scale.

It has been demonstrated that Sertraline is effective in reduction of the number of panic fear attacks, situational fear attacks, unexpected fear attacks, morning panic fear manifestations and reduction of time spent for bothering about possible development of another attack. No higher effectiveness of the drug was observed with doses exceeding 50 mg daily. Thus, Sertraline is an effective and safe drug in reducing the number of panic fear attacks and in short-term treatment of patients with attacks of fear.

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Բուժման հանդեպ ռեֆրակտեր նիկոտինային կախվածություն. անձնական փորձ

L.S. Ռոշ

Նկարագրված է սերտրալին դեղամիջոցի արդյունավետ կիրառման (50մգ օրեկան per os) դեպք նիկոտինային կախվածությամբ հիվանդի մոտ, որը

տառապում էր վախի մոպաներով ծխելու սովորությունից հետ վարժվելու շրջանում:

Никотиновая зависимость, рефрактерная к лечению: личный опыт

Л.Т. Рош

Описан случай успешного применения препарата сертралин в суточной дозе 50 мг, per os у больного с

никотиновой зависимостью, страдающего приступами страха в период отвыкания от курения.

References

1. Londborg P.D., Wokow R., Smith W.T. Sertraline in the treatment of panic disorder. A multi-site, double-blind, placebo-controlled, fixed-dose investigation. British Journal of Psychiatry, 1998 Jul, 173: 54.
2. Pollack M.H., Otto M.W., Worthington J.J. Sertraline in the treatment of panic disorder: a flexible-dose multicenter trial, Archives of General Psychiatry, 1998 Nov, 55 (11): 1010-6.