

TAYLOR HAYS: My name is Taylor Hays. I'm an associate professor of medicine at Mayo Clinic and one of the principal authors on the article "Residential Treatment Compared with Outpatient Treatment for Tobacco Use and Dependence" that will be published in the March 2011 volume of the *Mayo Clinic Proceedings*. The article will be available online in February 2011.

The study was one that compared a residential treatment approach to usual outpatient care for tobacco use amongst a large number of smokers. We had about 4,300 outpatients and about 225 patients treated in our residential program, which is an eight-day program housed in a residential unit. And what we found was that patients who were treated in the residential program were more likely to be more dependent. They smoked more heavily. They were more likely to have more co-morbidity, such as history of alcoholism treatment, history of depression treatment. And despite those differences that made them maybe tougher to treat, we found that residential treatment improved the odds of abstinence at six months by about 3 and 1/2 times over outpatient treatment.

Well, everyone in their clinical practice sees smokers. And they see smokers who have been unable to quit. And the reason they're unable to quit is because tobacco dependence is a chronic remitting and relapsing disorder, like other addictions. And so for those patients who you have that have defied other treatments, who've tried and failed before, or those people who have significant medical and psychiatric co-morbidity, residential treatment offers a next step alternative to continued outpatient treatment.

Well, what it means for patients is that they have a place that they can be, quote, "locked up." And I say that in humor, because some patients tell me that they feel that that's what they need to be able to quit smoking. And what we provide is not really a locked unit. But we provide a protected milieu where a patient can quit smoking. And after eight days, they leave with over one week of abstinence. And that first week of abstinence is really the hardest week for them.

So we treat, actively, their symptoms of withdrawal. We give them a number of tools so that when they leave, they have aftercare available. They have a number of tools they can draw on to deal with the urges and cravings, so they're much less likely to relapse. Our results show that about 52% of people are still not smoking 6 to 12 months after residential treatment, compared with about 26% in the outpatients. And with normal outpatient treatment, you usually see only a 15% to 20% one-year outcome, even in the best of hands.

The next step is to refine residential treatment and really get better at matching patients appropriately to the level of intensity that they need for treatment. We also need to subject residential treatment to a randomized controlled study to see whether or not, in a truly randomized trial, patients continue to perform better in terms of abstinence outcomes in residential treatment versus usual care. The take-home message is that there is a next step for patients who are smokers who have been unable to quit using other means and that residential treatment offers a reasonable alternative for that next step.

SPEAKER:

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