

T. R\_ther<sup>1</sup>, J. Bobes<sup>2</sup>, M. De Hert<sup>3</sup>, T.H. Svensson<sup>4</sup>, K. Mann<sup>5</sup>, A. Batra<sup>6</sup>, P. Gorwood<sup>7</sup>, H.J. M<sup>1</sup>ller<sup>8</sup>

<sup>1</sup>Department of Psychiatry, Ludwig Maximilian University, Munich, Germany ; <sup>2</sup>Department of Medicine Psychiatry Area, University of Oviedo Centro de Investigación Biomédica en Red de Salud Mental Cibersam, Oviedo, Spain ; <sup>3</sup>Department Neuroscience KU Leuven, University Psychiatric Centre Catholic University Leuven Campus Kortenberg, Kortenberg, Belgium ; <sup>4</sup>Department of Physiology and Pharmacology Section of Neuropsychopharmacology, Karolinska Institute, Stockholm, Sweden ; <sup>5</sup>Central Institute of Mental Health, University of Heidelberg, Mannheim, Germany ; <sup>6</sup>Department of Psychiatry and Psychotherapy Section for Addiction Medicine and Research, University Hospital of Tübingen, Tübingen, Germany ; <sup>7</sup>Sainte-Anne Hospital (CMME), University Paris-Descartes, Paris, France ; <sup>8</sup>Department of Psychiatry, Ludwig Maximilian University Munich, Munich, Germany

---

Tobacco dependence is the most common substance use disorder in adults with mental illness. The prevalence rates for tobacco dependence are two to four times higher in these patients than in the general population. Smoking has a strong, negative influence on the life expectancy and quality of life of mental health patients, and remains the leading preventable cause of death in this group. Despite these statistics, in some countries smokers with mental illness are disadvantaged in receiving intervention and support for their tobacco dependence, which is often overlooked or even tolerated.

The statement from the European Psychiatric Association (EPA) systematically reviews the current evidence on tobacco dependence and withdrawal in patients with mental illness and their treatment. It provides seven recommendations for the core components of diagnostics and treatment in this patient group. These recommendations concern (1) the recording process, (2) the timing of the intervention, (3) counselling specificities, (4) proposed treatments, (5) frequency of contact after stopping, (6) follow-up visits and (7) relapse prevention. They aim to help clinicians improve the care, health and well-being of patients suffering from mental illness.