



Cessation-related weight concern among homeless male and female smokers

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ABSTRACT

Concern about post-cessation weight gain is a barrier to making attempts to quit smoking; however, its effect on smoking cessation is unclear. In this study we examine cessation-related weight concern among the homeless, which hasn't been studied.

Homeless males (n = 320) and females (n = 110) participating in a smoking cessation RCT in the Twin Cities, Minnesota from 2009 to 2011 completed surveys on cessation-related weight concern, smoking status, and components from the Behavioral Model for Vulnerable Populations. Generalized estimating equations were used to examine baseline predictors of cessation-related weight concern at baseline, the end of treatment, and 26-weeks follow-up. Logistic regression models were used to examine the relationship between cessation-related weight concern and smoking status at the end of treatment and follow-up.

Females had higher cessation-related weight concern than males. Among males, older age, Black race, higher BMI, depression, and having health insurance were associated with higher cessation-related weight concern. Among females, nicotine dependence, greater cigarette consumption, indicating quitting is more important, older age of smoking initiation, and less support to quit from family were associated with higher cessation-related weight concern. In multivariate analyses, cessation-related weight concern decreased over time among females. Cessation-related weight concern wasn't associated with smoking cessation.

Although several types of characteristics predicted cessation-related weight concern among males, only smoking characteristics predicted cessation-related weight concern among females. Given the small proportion of quitters in this study (8% of males and 5% of females), further research on the impact of cessation-related weight concern on smoking cessation among the homeless is warranted.

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1. Introduction

Smoking cessation leads to a 4–5 kg mean increase in body weight at 12 months abstinence, with females gaining more weight than males (Williamson et al., 1991; Pisinger and Jorgensen, 2007; Aubin et al., 2012). Concern about post-cessation weight gain, that is cessation-related weight concern, is a barrier to making attempts to quit smoking (Rosenthal et al., 2013; Pomerleau et al., 2001; Tuovinen et al., 2015), and a reason for relapse (Donny et al., 2011). Approximately one quarter of daily smoking males and half of daily smoking females experience cessation-related weight concern (Meyers et al., 1997; Clark et al., 2006,

2004). However, the effect cessation-related weight concern has on smoking cessation during a quit attempt is unclear with some studies finding smokers with these concerns are less likely to quit (Meyers et al., 1997; Levine et al., 2010; Klesges et al., 1988; Schauer et al., 2013; Aubin et al., 2009), and other studies not finding an association between cessation-related weight concern and cessation (Pisinger and Jorgensen, 2007; Borrelli and Mermelstein, 1998; Jeffery et al., 2000; French et al., 1995; Landrau-Cribbs et al., 2015). Possible reasons for the mixed findings are studies focused on different populations (Veldheer et al., 2014) and cessation-related weight concern has been assessed using different measures (Jeffery et al., 2000; Veldheer et al., 2014; Luostarinen et al., 2013). For instance, some studies measured general weight concern (Pisinger and Jorgensen, 2007; French et al., 1995), as opposed to cessation-specific weight concern, which may be a better predictor of smoking cessation behavior (Jeffery et al., 2000).

As concern about post-cessation weight gain is a barrier to making quit attempts and reason for relapse, it's important to identify

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characteristics of smokers who experience these concerns in order to develop targeted smoking cessation interventions. Although there's been research on predictors of cessation-related weight concern, previous studies focused predominately on white, middle-to-upper socioeconomic status populations and there are few studies among vulnerable populations (Collins et al., 2009; Ludman et al., 2002; Sepinwall and Borrelli, 2004). None of these studies focused on homeless individuals.

The smoking prevalence among the homeless is 73%, which is over three times the national rate and homeless smokers face difficulty quitting and maintaining abstinence (Baggett and Rigotti, 2010; Shelley et al., 2010; Okuyemi et al., 2013; Businelle et al., 2012). Previous smoking cessation interventions (i.e., pharmacotherapy and counseling) haven't been successful at promoting high cessation rates among the homeless (Shelley et al., 2010; Okuyemi et al., 2013, 2006). Examining potential barriers to quitting and addressing identified barriers as part of homeless-targeted intervention efforts may improve cessation outcomes among the homeless. Cessation-related weight concern may serve as a barrier to quitting among the homeless since there is high prevalence of overweight and obesity in this population (Koh et al., 2012), an established correlate of cessation-related weight concern (Pomerleau et al., 2001; Tuovinen et al., 2015; Aubin et al., 2009; Jeffery et al., 2000; French et al., 1995; Luostarinen et al., 2013; Collins et al., 2009; Sánchez-Johnsen et al., 2005).

This study examines cessation-related weight concern among homeless smokers in the Twin Cities, MN. We examine cessation-related weight concern among males and females separately since weight concern differs by sex, with females having greater concerns and predictors of weight concern being sex-specific (Pisinger and Jorgensen, 2007; Clark et al., 2006, 2004; Aubin et al., 2009; Borrelli and Mermelstein, 1998). The aims of this study are to 1) describe cessation-related weight concern, 2) identify predictors of cessation-related weight concern, and

3) determine if cessation-related weight concern predicts smoking status.

The conceptual model guiding this study (Fig. 1) was informed by the Behavioral Model for Vulnerable Populations, which posits predisposing (i.e., characteristics that exist prior to the perception of illness), enabling (i.e., characteristics that facilitate or impede the performance of health practices), and need components (i.e., perceptions about health and physical illness) predict health behavior (Gelberg et al., 2000). Within each component, the traditional domain includes characteristics that are important for predicting health behavior among the general population and the vulnerable domain includes characteristics that are important for predicting health behavior among vulnerable populations. Previous studies that tested the model found vulnerable domain characteristics were important predictors of health behavior in homeless populations (Gelberg et al., 2000; Teruya et al., 2010; Stein et al., 2007, 2012).

2. Materials and methods

2.1. Study information

Study data were derived from the Power to Quit study, a randomized controlled trial of 430 homeless adult smokers that assessed the effectiveness of motivational interviewing (MI), a counseling approach, for smoking cessation (Okuyemi et al., 2013; Goldade et al., 2011). The design and outcomes of the parent study were previously described (Okuyemi et al., 2013; Goldade et al., 2011). Participants were recruited from eight homeless emergency shelters and transitional housing sites in Minneapolis/St. Paul, Minnesota from May 2009 to August 2010. Eligibility criteria included homelessness, (US Code, 2004) current

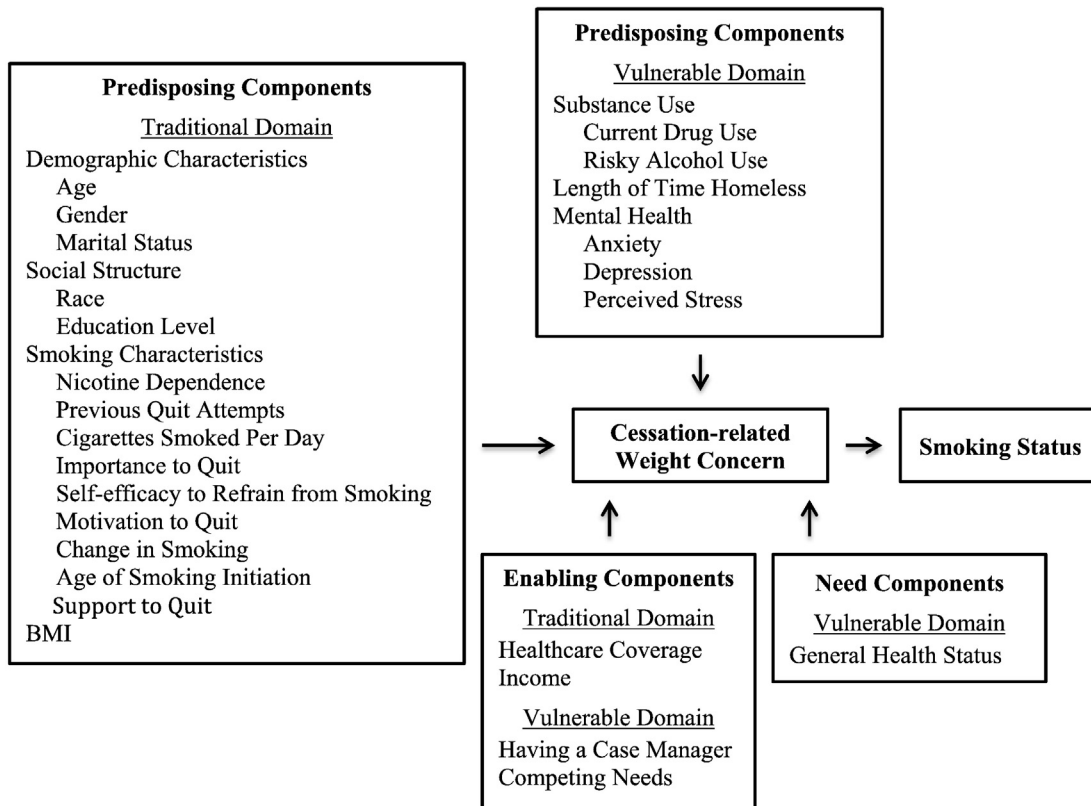


Fig. 1. Potential predictors of cessation-related weight concern: components of the Behavioral Model for Vulnerable Populations relevant to the Power to Quit study, which took place in the Twin Cities, Minnesota from 2009 to 2011. Description: This figure, which is informed by the Behavioral Model for Vulnerable Populations posits that traditional and vulnerable predisposing, traditional and vulnerable enabling, and vulnerable need components will be associated with cessation-related weight concern in this study. The model also posits that cessation-related weight concern will be associated with smoking status in this study.

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