

## P-21 - THE ROLE OF DEPRESSIVE PHENOTYPE IN SMOKING CESSATION

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Withdrawal symptoms during smoking cessation are proven to be related to depression. The aim of our study was to analyze the role of depressive phenotype in smoking cessation.

We recruited 255 smokers from 15 Hungarian Quitting Centers. Cessation was supported by varenicline (n=164) or only by psychoeducation (n=91). Treatment protocol consisted of 4 consultations within 3 months (0, 2, 4, 12 w). Fagerstrom Test for Nicotine Addiction (FTND), Minnesota Nicotine Withdrawal Scale-Self report (MNWSS) and Zung Self Rating Depression Scale (ZSDS) were completed at each consultation. Quantity of smoking was monitored by breath CO measuring. Parental Bonding Instrument (PBI) was used for detecting early childhood experiences.

We found that persons with low ZSDS<sub>0w</sub> score had 1.6-fold higher chance to quit smoking ( $p=0.038$ ); while elevated MNWSS<sub>2w</sub> score almost doubled the risk of quitting failure ( $p=0.43$ ). By the end-point of treatment ZSDS decreased in total sample ( $p=0.001$ ) and in subgroup of successfully treated patients ( $p=0.005$ ) but not in that of relapsers. Higher ZSDS score at baseline predicted consequently higher MNWSS scores ( $p$ -values  $< 0.0001$ ). ZSDS score was determined by maternal 'affectionless control' according to PBI ( $p=0.004$ ).

Baseline depression, influenced by early life experiences, seems to have a greater effect on quitting outcome via influencing withdrawal symptoms than quantity of smoking, level of nicotine dependence or type of therapy. Thus, adequate treatment of depression before quitting attempt is strongly recommended and, inversely, successful treatment of nicotine addiction can help the elimination of depression.

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