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Smoking and the course of anxiety and depression

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Propositions accompanying the Ph.D. thesis ‘Smoking and the course of anxiety and depression’

Mumtaz Jamal

1. An early age at smoking onset is associated with an early age at onset of an anxiety disorder (this thesis)
2. Smoking is not associated with more severe symptoms of depression or anxiety, but heavy smoking is (this thesis)
3. The association of heavy smoking or nicotine dependence with depression or anxiety may depend on genetic makeup (this thesis)
4. Both smokers and non-smokers with low ‘attentional control’ are more vulnerable to the attention-capturing effects of smoking-related cues – and probably of any salient cue (this thesis).
5. Social anxiety disorder is an important risk factor for marijuana-related impairment (Buckner et al, 2008) and possibly for many types of addiction.
6. Alcohol dependence, but not alcohol abuse, is a significant risk factor for a course of depression or anxiety disorder (Boschloo et al, 2012). This mirrors our finding of the effect of nicotine abuse and dependence on symptom severity.
7. Smoking ban policies have been shown effective for the prevention of cardiovascular mortality. Their effect on psychiatric morbidity also deserves research attention.
8. Smoking ban policies in psychiatric hospitals without further counseling does not help patients to maintain abstinence after discharge (Prochaska et al., American Journal on Addiction, 2006).
9. In a relatively short time period, the public image of smoking has changed notably. Further targeting of smoker identity may be useful to prevent smoking escalation among adolescents (Hertel & Mermelstein (2012), Health Psychology 31, 467-475)
10. Discouragement does not always stop you to achieve your goals.