

‘Stopping starts here’

Manchester University NHS Foundation Trust Tobacco Addiction Outpatient Treatment Pathway

Generic Prescribing advice:

- Smokers are **four times** more likely quit with the help of medications and specialist support. **Recommend referral to specialist stop smoking services to all smokers (telephone 5030)**
- **Provide medications in conjunction with specialist support but if such support is refused/not available this should not preclude prescription of varenicline or nicotine replacement therapy**
- Both varenicline and nicotine replacement therapy can be commenced prior to stopping smoking. Recommend smokers aim to gradually reduce smoking planning to stop at two weeks into treatment. However, the ‘quit date’ can be at anytime in the 12 weeks of treatment
- Both varenicline and nicotine replacement should be prescribed for 12 weeks though both can be extended to 24 weeks

Consider extending the course to 24 weeks in the following scenarios:

- ✓ Patient was smoking beyond the first six weeks of treatment
- ✓ ≥ 2 quit attempts in the previous 12 months
- ✓ Previous successful 12 weeks treatment but subsequent relapse

Note: There is no increased risk of moderate to severe neuropsychiatric adverse events with varenicline or nicotine replacement therapy (EAGLES study 2016, The Lancet). The act of stopping smoking carries a small risk of moderate to severe neuropsychiatric events and this is regardless of the treatment used. The risk is higher in those with a history of psychiatric illness (5%) versus those without (2%). **Advise patients to seek help in the event of a neuropsychiatric event.** In the long term, stopping smoking improves mental health disease, e.g. stopping smoking is more effective than antidepressants in treating depression.

First Line: **Varenicline** Nicotinic receptor agonist and antagonist (relives cravings and reduces pleasure of smoking)

- 0.5mg OD Day 1-3 Side effects include:
- 0.5mg BD Day 4-7 **nausea** (advise to take with food/water) & **vivid dreams / sleep disturbance**
- 1mg BD Day 8+ Reduce dose to 0.5mg BD if intolerable side effects

Second line: **Nicotine Replacement Therapy**

When prescribing nicotine replacement therapy ask two simple questions:

- ✓ How many cigarettes do you smoke?
- ✓ How long have you been awake before you smoke your first cigarette?

Always use clinical judgement and opt for a higher level of NRT treatment if you suspect a higher level of addiction. Remember nicotine does not cause serious adverse events and must be given in adequate doses to alleviate cravings.

Low level addiction <10 cigarettes per day	Prescribe a short acting nicotine according to patient preference
Moderate level addiction 10-19 cigarettes per day	Prescribe a long acting nicotine replacement therapy 14mg/24hr patch (smokes within 30 minutes of waking) 15mg/16hr patch (does NOT smoke within 30 minutes of waking)
High level addiction >20 cigarettes per day	Prescribe both short acting and long acting nicotine replacement 21mg/24hr patch (smokes within 30 minutes of waking) 25mg/16hr patch (does NOT smoke within 30 minutes of waking)

Side effects:

- **Sleep disturbance**
- **Skin reaction** (Patches)
- **Dyspepsia**
(if short acting nicotine swallowed not absorbed via buccal membrane)

Short acting nicotine

Nicotine inhalator	15mg/cartridge	Nicotine microtabs	2mg (max15/24hrs)
Nicotine chewing gum	2mg (max15/24hrs)	Nicotine nasal spray	2 sprays/nostril (max 15x/24hrs)
Nicotine lozenge	2mg (max15/24hrs)		