

Supporting smoking cessation: a guide for health professionals



Treatment algorithm

Assessment for need for pharmacotherapy

Assess nicotine dependence

Nicotine dependence can be briefly assessed by asking some questions:

- Minutes after waking to first cigarette?
- Number of cigarettes per day?
- Cravings or withdrawal symptoms in previous quit attempts?

Indications of nicotine dependence

- · Smoking within 30 minutes of waking.
- Smoking more than 10 cigarettes per day.
- History of withdrawal symptoms in previous guit attempts.

Also consider patient's previous experience and views on pharmacotherapy.

Nicotine dependent: pharmacotherapy

- Recommend use of pharmacotherapy to increase chance of successful cessation.
- Explain options for pharmacotherapy (nicotine replacement therapy, varenicline, bupropion).
- Specify therapy based on clinical suitability and patient preference.
- Explain that medicines can reduce desire to smoke, but do not eliminate it; they are only aids to quitting.
- Provide counselling in combination with pharmacotherapy.

Not nicotine dependent

Nonpharmacological support

Support quit attempt with nonpharmacological strategies.

- Counselling.
- Cognitive and behavioural coping strategies: delay, breathe deeply, drink water, do something else.
- Offer written information (eg. Quit Pack).
- Offer Quitline referral or other assistance.
- Arrange follow up visit, if appropriate.

Nicotine replacement therapy (NRT)

Clinical suitability

Can be used in all groups of smokers including adolescents. Use with caution in pregnant women and patients with unstable cardiovascular disease (check PI).

Patient choice

Reasons to prefer:

- OTC availability (all forms) and also PBS subsidy (patch)
- concerns about side effects of varenicline and bupropion
- can be used in pregnancy under medical supervision
- variety of dosage forms available.
- Discuss benefit of follow-up visits, especially if there are concerns about side effects, eg. skin irritation, sleep disturbance.
- Encourage use of support services.
- Encourage completion of at least 10 weeks of therapy.
- Consider combination NRT if withdrawal not controlled.
- Consider a further follow-up visit if patient needs extra support.

Varenicline

Clinical suitability

Not recommended in pregnancy and childhood. Caution with significant intercurrent psychological/psychiatric disease. Caution in cardiovascular disease. Nausea in 30% of patients. Reduce dose in severe renal impairment (check PI)

Not willing to use

pharmacotherapy

Patient choice

Reasons to prefer

- on current evidence, varenicline is the most effective pharmacotherapy
- PBS subsidy
- · lack of drug interactions.
 - Give initial 4-week script; arrange return for second script and discussion of progress.
- Encourage use of support services.
- At follow-up, review progress and problems: such as common adverse effects, nausea and abnormal dreams.
- Check for neuropsychiatric symptoms.
- Encourage completion of 12 weeks of therapy.
- If quit, further 12 weeks available on PBS to reduce relapse.
- Consider a further follow-up visit if patient needs extra support.

Bupropion sustained release

Clinical suitability

Absence of contraindications such as current or past seizures, concurrent monoamine oxidase inhibitors or pregnancy. Caution with other conditions or drugs that lower seizure threshold (check Pl).

Patient choice

Reasons to prefer:

- PBS subsidy
- oral non-nicotine preparation
- relapse in past using NRT
- evidence of benefit in chronic disease and depression.
- Give initial 2-week script; arrange return for second script and discussion of progress.
- Encourage use of support services.
- At follow-up, review progress and adverse effects; monitor allergy problems (skin rash) and insomnia.
- Encourage completion of at least 7 weeks of therapy
- Consider combination treatment if withdrawal not controlled.
- Consider a further follow-up visit if patient needs extra support.

Pharmacotherapy in special populations

Special group	Varenicline	Bupropion	Nicotine replacement therapy (NRT)
Pregnant and lactating women	ND	ND	√a
Children and adolescents	ND	ND	
(12–18 years)			
People with smoking-related diseases			
- Cardiovascular disease	√b	√	√c
- Chronic obstructive pulmonary disease		√	$\sqrt{}$
- Diabetes	ND	ND	√d
- Severe renal impairment	√e	√e	$\sqrt{}$
- Moderate to severe hepatic impairment	$\sqrt{}$	√e	$\sqrt{}$
People with mental illness	\sqrt{f}	√	$\sqrt{}$
- Depression	√f	√	$\sqrt{}$
- Schizophrenia	√f	V	$\sqrt{}$
People with substance use disorders	√a	√g	$\sqrt{}$
Contraindications	Yesh	Yes ^{h,i}	Yesh

Note: Quitting smoking can alter the metabolism of a number of medications (see p 68, Appendix 3 in the Guide).

√: Suitable.

X: Not to be used.

ND: Lack of safety data.

- There is currently insufficient evidence to determine whether or not NRT is effective or safe when used in pregnancy for smoking cessation. Intermittent dosing products are preferable with monitoring by a suitably qualified health professional.
- Caution is advised in patients with cardiovascular disease. There is some concern about the possible increase in risk of cardiovascular events when varenicline is used. While a recent systematic review is reassuring (Prochaska et al BMJ 2012: 344:e2856 doi, May 2012), a more comprehensive FDA-instigated review is underway.
- Caution is advised for people in hospital for acute cardiovascular events such as myocardial infarction,

unstable or progressive angina, severe cardiac arrhythmias or acute-phase stroke. NRT can be used under medical supervision, where the clinician should balance risk of using nicotine replacement against risk of smoking.

- Closely monitor blood sugar levels as insulin or other medication requirements may change.
- Dosing adjustment required.
- Close follow-up required. Check for any unusual or serious changes in mood or behaviour at the 2-to 3-week follow-up visit and after treatment is completed. Careful monitoring for mood changes, depression, behaviour disturbance and suicidal thoughts is required.
- Caution with alcohol abuse.
- h Hypersensitivity to the active substance or to any of the excipients.
- Contraindications seizures, anorexia, bulimia, CNS tumours, MAOI treatment within 14 days.