mindgardens Neuroscience Network

# Tobacco Treatment Framework

An intervention framework for people on psychotropic medication

**Brief advice at regular opportunities**
Use the 'Ask Advise Help' model

**1. ASK** | **2. ADVISE** | **3. HELP**

## Assess level of dependence

1. Time to first tobacco use <30 minutes from waking
2. >10 cigarettes/day or equivalent
3. History of withdrawal symptoms in previous quit attempts
4. >10ppm carbon monoxide (CO) reading

### Yes to 1 or more – Moderate to high dependence

Behavioural support using Cognitive Behavioural Therapy (CBT) or Motivational Interviewing (MI) should be offered in conjunction with pharmacological treatments and should be continued throughout

Consider varenicline therapy
(Contraindicated in adolescents, pregnant or lactating women, and end stage renal failure. See PI for more information)

**Yes** – Varenicline suitable

Prescribe initial 4 week supply:

Week 1 - Dose titration:
- Day 1-3: 0.5mg daily
- Day 4-7: 0.5mg twice daily
- Day 8+: 1mg twice daily

No instruction to change tobacco usage in first week (to allow adverse reactions identification)
Take baseline CO reading

Monitor for adverse reactions (confirm these are not nicotine withdrawal symptoms. If so, trial NRT concurrent therapy with varenicline)

No or mild adverse reactions reported

Continue varenicline therapy for weeks 2-4 at 1mg twice daily
During this period, it is not suggested to add any other pharmacological methods. If on the flexible approach, the person may sponateneously quit smoking during this time

Spontaneous reduction to <10 cigarettes/day OR a CO reading of <10ppm?

**Yes** – Continue varenicline for weeks 5-12 at same dose. Monitor tobacco use, CO levels and side effects

Encourage further 12 weeks of varenicline treatment for relapse prevention*
Continue to monitor for relapse and restart the framework if required

**No** – Varenicline not suitable, or consumer would prefer other treatment options

There are two equally effective quitting options with varenicline (RACGP p.40):
- **Fixed approach:** Where the person sets a quit date and starts taking varenicline one or two weeks before the quit date
- **Flexible approach:** Where the person starts taking varenicline and quits smoking between days 8 and 35 of varenicline commencement

Significant adverse reactions reported

**No** – Prescribe further 8 weeks of varenicline at the same dose and supplement with NRT

### No to all – No or low dependence

Offer behavioural support using Cognitive Behavioural Therapy (CBT) or Motivational Interviewing (MI)

If still smoking, commence Nicotine Replacement Therapy (NRT). (Behavioural support should be offered in conjunction with pharmacological treatments and should be continued throughout)

Prescribe one 21mg nicotine patch to be applied daily plus oral NRT dose to be prescribed in combination, based on the level of nicotine dependence. See Quick Guide to NRT for dosing based on dependence. Note: NRT is unsuitable for children under 12. People <45 kg may need a lower dose

Take CO reading (if available)

CO readings and level of dependence:
- 0-6ppm: Non smoker
- 7-20ppm: Light smoker
- 21-100ppm: Heavy smoker

Weekly review of withdrawal symptoms and adverse reactions

Smoking ceased or CO ≤6ppm

Assess for withdrawal symptoms

Smoking ceased with no withdrawal symptoms

Smoking ceased with withdrawal symptoms

Add short acting oral NRT if not prescribed at the start (e.g. lozenges, gum, spray, inhaler)

If smoking persists or oral NRT already prescribed

Add a second 21mg patch
(Note, if second patch has minimal impact, ensure the patch is being used correctly)

Smoking reduced to 5-10 cigarettes/day or a CO reading <50% of baseline

Smoking >10 cigarettes/day or a CO reading ≥50% of baseline

Continue NRT as required. May continue NRT after smoking ceased as a relapse prevention strategy. Note: if still experiencing withdrawal symptoms see NRT guide

Continue NRT for a minimum of 8 weeks, up to 24 weeks.
Reduce as indicated (reduce oral before patches)

If NRT is prescribed in conjunction with varenicline

Continue to monitor for relapse and restart the framework if required

* If relapse occurs during treatment, explore behavioural and environmental triggers, and consider adding or increasing NRT

Colour Key: Behavioural Support | Pharmacological | Assessment/Review | Outcome/Statement

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# Tobacco Treatment Framework

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## Brief advice at regular opportunities

**Use the 'Ask Advise Help' model**

### 1. ASK:

about smoking status (including what and how they are smoking) and document this in their medical record.

### 2. ADVISE:

all people who smoke to quit (note: a combination of smoking cessation medicine and counselling increases the chances of successfully quitting). Discuss the negative impacts of smoking on **physical** and **mental health**, and the additional benefits of quitting (e.g. financial, social).

### 3. HELP:

by offering all people who smoke an opt-out referral to behavioural support through **Quitline** (13 78 48), providing **behavioural support with CBT**, and by prescribing (or helping people to access) approved pharmacological treatments, such as nicotine replacement therapy (NRT) or varenicline.

The relationship with the person who is wanting to cease tobacco use is vital. The framework should be used as a guide for best practice, however, it should always be tailored to the individual's situation, preferences, and needs.

## Behavioural support

Behavioural support is important for exploring triggers for smoking and developing strategies to prevent relapse.

Behavioural support should be offered in conjunction with pharmacological treatments and should be continued throughout. This may include Cognitive Behaviour Therapy and Motivational Interviewing.

**Scan the QR code for online access to this guide and a complete list of references, or visit the link below**

mindgardens.org.au/KBIMResources

## Psychotropic medication interactions

Tobacco products can affect the metabolism of clozapine and olanzapine. Therefore, a reduction in smoking may lead to a significant rise in blood serum levels of these medications. If a person is prescribed clozapine or olanzapine, assess their current medication dosage and adherence and monitor for signs of higher serum levels. For clozapine, blood levels should be tested at the beginning of smoking cessation treatment and regularly throughout. NRT does not impact a person's blood serum levels.

**Signs of higher serum levels:**

- Sedation
- Hypersalivation
- Hypotension
- Tachycardia
- Seizures or other neurological effects
- Akathisia
- Prolonged QTc interval

Consider a dose reduction when the person completely ceases smoking or reduces to <7 cigarettes a day. A recommended dose reduction of 30% for olanzapine and 30-50% for clozapine is suggested (see the **clozapine, olanzapine and smoking cessation tool**). When making reductions, it is important to consider the steady-state trough levels of clozapine and conduct a thorough clinical risk-benefit evaluation.

If a person restarts smoking, their medication dose may need readjusting if it was previously reduced.

## Other interactions (including caffeine and alcohol)

A change in a person's level of smoking can impact the levels of other medications and may increase the risk of adverse reactions from these medications. Some of these other medications include:

- Benzodiazepines
- Beta blockers
- Chlorpromazine
- Clopidogrel
- Flecainide
- Fluvoxamine
- Haloperidol
- Heparin/Warfarin
- Imipramine
- Insulin
- Theophylline
- Methadone

Follow the **drug interactions with smoking cessation** tool to determine if any changes to dosage are required. If smoking has ceased, advise that smoking cessation causes caffeine and alcohol levels to rise, and due to this they may need to reduce caffeine and alcohol intake by 50% within one week.

## Expired Carbon Monoxide Monitoring (CO Monitoring)

Follow the guide to **Using a Carbon Monoxide Monitor** for instructions on use.

In people prescribed antipsychotic medications (e.g. clozapine or olanzapine), a significant drop in CO over a short period of time along with symptoms such as nausea may indicate changes in medication serum levels.

## MBS items and PBS NRT subsidies

There are a range of **Medicare Benefit Schedule Items** for Smoking Cessation that allow bulk billed consultations for people seeking GP services for nicotine and smoking cessation counselling.

If NRT is prescribed, it can be dispensed at a **PBS subsidised** charge for a specific period of time. This may reduce financial barriers to accessing NRT that are present if purchased over the counter.

## Use of NRT for harm minimisation

NRT can be used as a harm minimisation technique for people who want to continue smoking to reduce the amount of tobacco use even if they are continuing to smoke.

## Adverse reactions

Note that the reasons behind these adverse reactions can be complex and varied. Adverse reactions to NRT are usually minor. Refer to the **quick guide to Nicotine Replacement Therapy (NRT)** for advice on responding to adverse reactions.

Confirm that the potential adverse reaction symptoms are not nicotine withdrawal symptoms.

## Withdrawal symptoms

Nicotine withdrawal symptoms may occur in people who reduce or cease smoking. Symptoms are detailed in the **assessing nicotine dependence** tool.

The most common nicotine withdrawal symptoms include:

- Cravings
- Anxiety
- Restlessness
- Depressed mood
- Decreased heart rate
- Insomnia
- Irritability
- Frustration
- Difficulty concentrating
- Nausea
- Increased appetite
- Cough

If the person's smoking behaviour indicates morning cravings, prescribe the NRT patch to be applied at night to ensure peak nicotine release upon waking.

| Form of pharmacotherapy | Possible adverse reactions or problems | Strategies to manage the adverse reactions or problems |
|---|---|---|
| Nicotine patches | Skin rashes where the patch is applied | Rotate the patch site and try patches with alternative adhesive formulas or apply hydrocortisone 1% cream for skin irritation |
| | Patch keeps falling off – doesn't stick | Use adhesive tape over the patch |
| | Sleep disturbance (can be due to nicotine withdrawal, increased caffeine levels, or timing of the patch) | Check for other symptoms of nicotine withdrawal. Decrease caffeine intake by half. Apply the patch in the morning rather than at night. Remove the patch before sleep |
| Oral NRT products | Irritation of the mouth or throat, headaches, hiccups, indigestion, nausea, and coughing | Check for correct use of the oral product or change to a different oral product |
| Varenicline | Ensure that side effects are not better explained by nicotine withdrawals. Consider commencing on NRT pathway to address this. For varenicline side effects, refer to the **Pharmacotherapy for Smoking Cessation Guide** | |

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