

Tobacco Treatment Resource: Evidence Guide

This Evidence Guide is intended to be read in conjunction with the Tobacco Treatment Resource. The Evidence Guide summarises key information sources, including public health advice and academic literature, on which the recommendations in the Resource are based

People living with a serious mental illness have a 15-year mortality gap and poorer physical health outcomes when compared to the general population. While there are multiple reasons for this (see <u>here</u> for a summary), smoking is the biggest lifestyle risk factor for premature mortality. Smoking rates in people taking psychotropic medications are up to six times higher compared to the general Australian population.

Smoking cessation interventions have been shown to be successful in people taking psychotropic medication. People in this category may require an extra layer of support to assist them on their quit journey. The **Tobacco Treatment Resource** guides health professionals in safely supporting smoking cessation in individuals who are receiving psychotropic medications. It promotes personcentred care, fostering shared decision-making between consumers and clinicians by providing evidence-based guidance for structured, individualised conversations.

The Resource supports <u>Priority 5 of the Fifth National Mental Health and Suicide</u> <u>Prevention Plan</u> and the <u>Equally Well Consensus Statement</u> and <u>Roadmap</u> for improving the physical health outcomes of people living with mental illness and reducing early mortality.



Scan the QR code to view the full suite of Keeping the Body in Mind(gardens) resources on the Mindgardens Neuroscience Network website, including the Tobacco Treatment Resource.

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Evidence for the interventions in the Resource

The Resource recommends established health interventions, supported by multiple expert organisations and authors. Links to key evidence for these interventions, including clinical guidelines and consensus statements, are listed here by category.

mindgardens Neuroscience Network Tobacco Treatment Resource An intervention framework for people on psychotropic medication							
Brief advice at regular opportunities Use the 'Ask Advise Help' model	1. ASK) (2.	ADVISE	\supset	3. HELP	
Assess level of dependence 1 Time to first tobacco use 310 cigarettes/day or 2 or equivalent or equi							
Yes to 1 or more - Moderate to high dependence No to all - No or low dependence							
Bahavioural support using cognitive behavioural therapy (CBI) or mativational interviewing (MI) should be offered in conjunction with pharmacological treatments and should be continued throughout			Offer behavioural support using cognitive behavioural therapy (CBT) or motivational interviewing (Mi) \checkmark				
Consider varenicline therapy (Contrandcated in advecents, pregnant or lactating women, and end stage renal failure. See PI for more information)			If still smoking, commence Nicotine Replacement Therapy (NRT), Behavioural support should be offered in conjunction with pharmacological treatments and should be continued throughout)				
Yes – Varenicline suitable	No – Varenicline not suitable, or consumer would prefer other treatment options	would prefer other treatment options Note: NRT is unsuitable for children under 12. People <45 kg may need a lower dose					
There are two equally effective quitting options with varenicline (RACGP p.40): • Fixed approach: Where the person sets a qui date and starts taking varenicline one or two weeks before the quit date	For both approaches, 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	Weskly review of withdrawal symptoms and adverse reactions. Take CO reading (if available). CO readings and level of dependence: - 0-5ppm: Non smoker - 7-20ppm: Light annoker - 21-100ppm: Heavy smoker					
 Flexible approach: Where the person starts taking varenicline and quits smoking between days 8 and 35 of varenicline commencement 	No instruction to change tobacco usage in first week (to allow adverse reactions identification) Take baseline CO reading		Smoking ceased	5-10 cigarettes/day or		Smoking >10 cigarettes/day or a CO reading ≥50% of baseline	
Monitor for adverse reactions (confirm these are not nicotine withdrawal symptoms. If so, trial NRT concurrent therapy with varenicline)			Assess for withdr	Smoking ceased with withdrawal	of baseline		
No or mild adverse reactions reported	Significant adverse reactions reported	þ	no withdrawal symptoms	symptoms	-	•	
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		*****			g oral NFT if not prescribed I famoking persists or oral NFT after prescribed		
Spontaneous reduction to <10 cigarettes/day OR a CO reading of <10ppm				Continue NRT as required. May continue NRT after smoking ceased as a relapse prevention strategy. Note: if still experiencing withdrawal symptoms see NRT guide			
Yes – Continue varenicine for weeks 5-12 at same dose. Monitor tobacco use, CO levels and side effects at the same dose and supplement with NRT				▼ ▼			
Encourage further 12 weeks of varenicline treatm Continue to monitor for relapse and restart the fit		Continue NRT for a minimum of 8 weeks, up to 24 weeks. Reduce as indicated (reduce oral before patches)					
* I religne cours during treatment, explore behavioural and environmental triggers, and consider adding or increasing NRT							
	Colour Key: Behavioural Support Pharmaco	ological	Assessment/Revie	w Outcome/Stat	tement		

Brief Advice

 The <u>Ask, Advise, Help model</u> is a tool to help clinicians support smoking cessation.
 Ouit Victoria, 2023

Level of Dependence

- <u>Assessing Nicotine Dependence</u>
 - New South Wales Ministry of Health, 2016

Behavioural Support

- Addressing concerns about smoking cessation and mental health: theoretical review and practical guide for healthcare professionals is an evidence based guide to providing behavioural support for smoking cessation
 - o Taylor, G. et al, BJ Psych Advances, 2021

Varenicline Dosing

<u>Pharmacotherapy for smoking cessation</u>
 o Royal Australian College of General Practitioners, 2021

Varenicline Safety

 Prescribing Prevalence, Effectiveness, and Mental Health Safety of Smoking Cessation Medicines in Patients With Mental Disorders
 Taylor, G. et al, Nicotine & Tobacco Research, 2020

Nicotine Replacement Therapy

<u>Pharmacotherapy for smoking cessation</u>
 o Royal Australian College of General Practitioners, 2021

Other topics

The reverse page of the Tobacco Treatment Resource includes additional advice, drawn from the following expert source:

<u>Tools for health professionals to manage nicotine dependence</u>
 NSW Health, 2023

Other useful resources

- How to quit smoking and vaping
 - Australian Government Department of Health and Aged Care
- Quit smoking: Quitting will benefit your health
 - Cancer Council
- <u>Stopping smoking | NSW Government</u>
 - NSW Health
- <u>Quitline</u>
 - o Quit Victoria
- iCanQuit | Quit Smoking NSW | Learn How to Quit Smoking
 Cancer Institute NSW
- Clinical Tools & Guidelines
 - 。 Quit Victoria
- <u>Keeping the Body in Mind(gardens) resources</u>
 - Mindgardens Neuroscience Network

Additional references

As well as the health guidelines listed above, the Resource has drawn extensively from peer-reviewed academic literature, including the following publications.

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