

Please ensure that any prescribed treatment is recorded in the patient's medical records or that a label is printed.

	NRT	Champix/varenicline (POM)	Zyban/bupropion (POM)	
Must not be used	Under 12 years old.	Under 18 years old. Pregnant or breastfeeding. End stage renal failure. Adverse reactions.	Under 18 years old. Pregnant or breastfeeding. Epilepsy or any seizure disorder. Liver disorder. Acute symptoms of alcohol or benzodiazepine withdrawal.	Eating disorder. Bipolar affective disorder/ depression. Adverse reactions. Monoamine oxidase inhibitors (MAOIs).
Extreme caution			Antipsychotics, antidepressants, theophylline, systemic steroids.	Head trauma. Brain tumour.
Caution	Heart or circulatory problems. Prescription medication. Liquorice gum in pregnancy.	Depression/mental illness/ epilepsy: close monitoring is essential; discuss with patient's GP. Severe renal failure (reduce dose to max 1mg per day).	Alcohol abuse. Withdrawal from tranquilizer use. Diabetes. Stimulants or anorectic products. Elderly patients (the dose should generally be 150mg per day).	Levodopa. Liver or kidney dysfunction (the dose should generally be 150mg per day). Use of any medication which may interact with Zyban.

All pharmacists must ensure they stay up to date with the therapeutics and the prescribing of pharmacotherapy support associated with smoking cessation.⁵

Patients are **4 times more likely to quit** with NHS support from Wandsworth Stop Smoking Service.

Benefits of referring patients to the Stop Smoking Service are:

- FREE confidential, expert advice
- Group or individual appointments in the daytime or evening
- Nicotine replacement therapy available via the voucher scheme
- Tips on how to handle cravings and staying Smokefree
- Specialist support for pregnant women and their families throughout their pregnancy

Key tips to achieve quits:

1. Ask the **WWHAM** questions (Who is the patient? What are their symptoms? How long have they had them? Action taken so far? Medication already prescribed?) and then:
2. Did you chose this format for a particular reason?
3. Have you tried to stop before?
4. Why did you lapse?
5. What will you do differently this time?
6. Always start client on highest strength NRT patch and then titrate down in line with clinical guidance.
7. Combination therapy should be recommended to clients to combat breakthrough cravings.
8. Encourage client to stay in touch, regardless of quit or lapse.

Call Smokefree on freephone **0800 389 7921** office **0208 812 7794**
 Email stopsmoking.team@wpct.nhs.uk
www.wandsworthsmokefree.co.uk
 for free advice and more tips.

Because life's better smokefree.

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Stop Smoking Treatment Guide

Freephone 0800 389 7921



in partnership with NHS Wandsworth



Treatment options

Please ensure that any prescribed treatment is recorded in the patient's medical records or that a label is printed.
Please also refer to the PCT pharmacotherapy for stop smoking policy, 2009.

KEY: TTFC—Time To First Cigarette CPD—Cigarettes Per Day
OD—Once daily BD—Bi daily (twice)

Product	Patch 16 hour	Patch 24 hour	Inhalator	Gum	Nasal spray for highly dependent smokers	Microtab	Lozenge	Champix (varenicline)	Zyban (bupropion)
Dosage	25mg/15mg/10mg	21mg/14mg/7mg	10mg	4mg/2mg	10mg	2mg	1mg/2mg/4mg	0.5mg/1mg	150mg
Treatment period	12 weeks	8–12 weeks	12 weeks	Recommended withdrawal after 3 months.	12 weeks	At least 12 weeks. Maximum treatment duration 6 months.	At least 12 weeks. Maximum treatment duration 6 months.	12 weeks	7–9 weeks
Regime	<p>>10 CPD Nicorette Invisi Patch 25mg for 8 weeks, then 15mg for 2 weeks, then 10mg for 2 weeks.</p> <p><10 CPD Nicorette Invisi Patch 15mg for 8 weeks, then 10mg for 4 weeks.</p>	<p>>10 CPD Nicotinell 21mg for 3–4 weeks, then 14mg for 3–4 weeks, then 7mg for 3–4 weeks. NiQuitin CQ 21mg for 6 weeks, then 14mg for 2 weeks, then 7mg for 2 weeks.</p> <p><10 CPD Nicotinell 14mg for 6–8 weeks, then 7mg for 3–4 weeks. NiQuitin CQ 14mg for 6 weeks, then 7mg for 2 weeks.</p>	6–12 cartridges per day for 8 weeks, then reduce the number of cartridges used by half over the next 2 weeks, then reduce use to zero by the last day. (1 cartridge = 20 mins use).	<p>Nicorette 4mg > 20 CPD 2mg < 20 CPD Max 15 pieces per day. NiQuitin CQ 4mg TTFC < 30 mins 2mg TTFC < 30 mins Max 15 pieces per day. Nicotinell 4mg > heavy smokers 2mg > light smokers Max 25 pieces per day.</p>	One spray in each nostril when urge to smoke occurs. Max 1 spray in each nostril twice per hour. Max 64 sprays per day. Reduce dose gradually after 8 weeks.	4mg (2 tabs) hourly for > 20 CPD 2mg (1 tab) hourly < 20 CPD Max 80mg (40 tabs) per day. Reduce dose gradually after 12 weeks.	<p>NiQuitin CQ 4mg TTFC < 30 mins 2mg TTFC > 30 mins 1.5mg < 20 CPD 1 lozenge every 1–2 hrs on urge to smoke. Max 15 per day. Nicotinell 2mg > 30 CPD (strong nicotine dependence). 1mg (medium nicotine dependence). 1 lozenge every 1–2 hrs on urge to smoke. Max 2mg = 15 daily; Max 1mg = 30 daily. Reduce dose gradually after 12 weeks.</p>	0.5mg OD days 1–3, 0.5mg BD days 4–7, 1mg BD day 8 to end of treatment.	150mg OD days 1–6, then 150mg BD day 7 to end of treatment.
Advantages	Easy to use; semi-transparent patch with excellent safety/tolerability profile.	Easy to use; all brands have good tolerability profile.	Helps to keep hands/mouth busy; could help to prevent overeating; a safer alternative to smoking.	Easy to regulate dose; could prevent overeating; helpful with cravings.	Fast onset of action; easy to adjust dose.	Can be used discreetly; easy to adjust dose; very few side effects.	Can be used discreetly; easy to adjust dose; very few side effects.	Can block nicotine receptors. Acts as a partial agonist, helping to reduce cravings and the satisfaction derived from smoking.	Acts upon neurotransmitters to increase noradrenaline and dopamine.
Disadvantages	Not orally gratifying; local itching may occur but tends to be transient.	24 hr patch may cause sleep disturbance; not orally gratifying.	Coughing/throat irritation.	Difficult with dentures; jaw ache; gastric upset; hiccups.	May cause some nasal irritation initially but settles after a few days.	Gastric upset; stinging mouth; hiccups; localised irritation.	Gastric upset; stinging mouth; hiccups; localised irritation.	Nausea occurs in 30% of cases ¹ ; drowsiness; headaches; difficulty sleeping.	Dose related risk of seizures (1/1000); caution when taking other medications; can cause dry mouth; urticaria; blood pressure monitoring.

16 hr and 24 hr patch - points to consider:

- 15mg and 21mg patches have been shown to be equally effective.²
- 25mg Invisi Patch has been shown to be more effective than 15mg patch.³
- 25mg patch gives 87% nicotine substitution compared to 57% from the 15mg patch.⁴
- 16 hr patches are designed to mimic the average smoker's daily habit, minimising the risk of sleep disturbance. The manufacturers state that the 24 hr patch optimises the effect against morning cravings; however, studies have shown that a higher percentage of relapses occur in the afternoon/evening and not in the morning. If morning urges are an issue, consider a fast acting oral product.

References:

- 1 Stapleton et al (2007), 'Varenicline in the routine treatment of tobacco dependence: a pre-post comparison with nicotine replacement therapy and an evaluation in those with mental illness'. Addiction.
- 2 Lancaster et al (2000), 'Effectiveness of interventions to help people stop smoking': findings from the Cochrane library BMJ.
- 3 Tonnesen et al (1999), 'Higher dosagenicotine patches increase one-year smoking cessation rates: results from the European CEASE trial.
- 4 NHS Stop Smoking Services: Service and Monitoring Guidance 2009/10.
- 5 National prescribing centre: http://www.npci.org.uk/therapeutics/resp/smoking/workshops/workshop_60minute_elearn_event_smoking_part3.php

Combination therapy

- Always use 2 NRT products from day 1 unless assessment indicates otherwise.
- In trials, a combination of two different NRT products (eg patch + another format) was in general more effective than a single NRT product.
- To relieve early morning and break-through cravings, use the **fastest** acting format available.

See back page for cautions

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