

## Summary Guidance for Smoking Cessation in Tayside

To be used in conjunction with the [British National Formulary \(BNF\)](#)

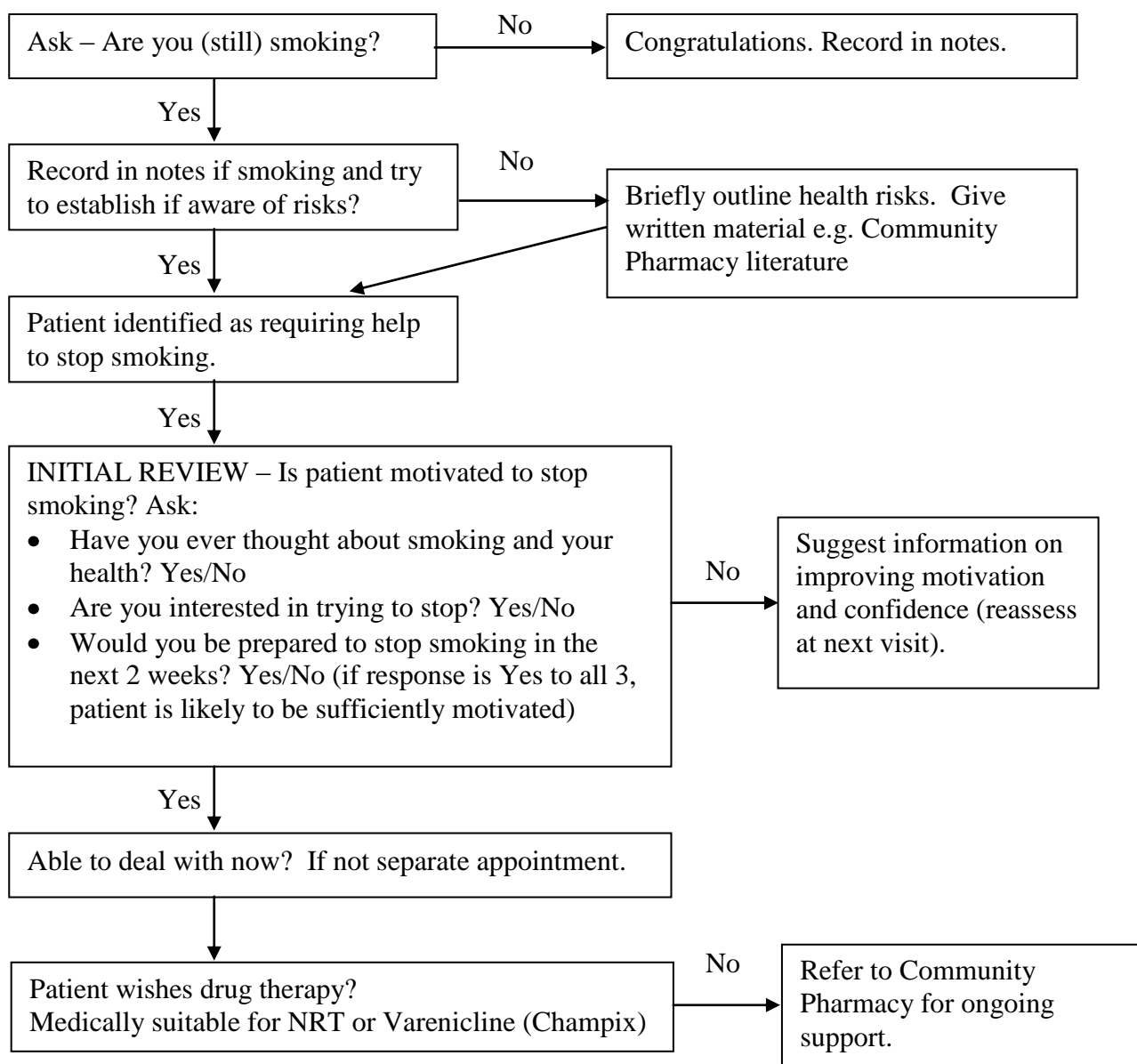
This NHS Tayside Smoking Cessation Guidance provides information for staff on medicines and services, when undertaking smoking cessation interventions. It is aimed at all practitioners involved in smoking cessation support in NHS Tayside.

1<sup>st</sup> line choice: Nicotine replacement therapy (NRT) + behaviour support\*  
Patches, Inhalator, Nasal Spray, Lozenges, Sublingual Tablets, Oral Spray, Oral film.

2<sup>nd</sup> line choice Varenicline + behaviour support\*\*

\* For NRT + behaviour support = Community Pharmacy, local GP, Non-Medical Nurse Prescriber.

\*\* For Varenicline + behaviour support = Community Pharmacy, local GP, Independent Prescriber



## **NHS Tayside Smoking Cessation Guidance**

### **Therapeutic Notes**

#### **Introduction**

- NICE recommends that Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix) are options for smoking cessation, as appropriate, and should normally be prescribed as part of an abstinence-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular target date.
- Due to the risks of serious side effects with Bupropion, NRT or Varenicline are preferred as the most clinically appropriate treatments of choice for smoking cessation within NHS Tayside.
- Smokers should be offered advice, encouragement, and where possible, access to an evidence-based smoking cessation service for behavioural support.

#### **Nicotine Replacement Therapy**

- NRT, in conjunction with a behavioural support programme, may be offered to all service users for the relief of nicotine withdrawal symptoms.
- The use of nicotine replacement products in an individual who is already accustomed to nicotine introduces few new risks and is widely accepted that there are no circumstances in which it is safer to smoke than to use NRT.
- NRT may also be used to assist smokers to temporarily abstain from smoking, while admitted to hospital.
- NRT reduces the urge to smoke and prevents nicotine withdrawal symptoms.
- A variety of nicotine replacement products are available, including nicotine-containing gum (2mg and 4mg), transdermal patches (various strengths) inhalator/inhaler, nasal spray (0.5mg per dose), sublingual tablet/strips, mouth-spray and lozenges.
- There is little evidence of difference in efficacy between formulations.
- The choice of NRT preparation should be tailored to the individual and must consider personal preference, compliance, motivation, cigarettes smoked per day, the time to the first cigarette of the day, level of dependence, desired speed of nicotine delivery, ability to adjust and titrate nicotine dose as required and ease of use. Availability of counselling and support, previous experience of attempts to stop smoking, contraindications, interactions and adverse effects of the products should also be considered.
- Practitioners should consider using dual NRT products. Where steady nicotine levels are supplied via slow release patch, with occasional use of faster delivery products (gum, inhalator, lozenges to counteract withdrawal symptoms).
- Ideally, cigarette smoking should stop completely before starting nicotine replacement therapy. Smoking while using a nicotine patch is not advised.
- The duration of use of NRT in people maintaining abstinence from cigarettes is usually 12 weeks, depending on the form and initial dose of NRT used, followed by a gradual reduction in dose. Some people, in particular those who are more dependent on nicotine, may need higher doses of NRT for a longer duration to reduce the risk of relapse. Insufficient dose of nicotine-containing product is associated with quit attempt failure.

- If an attempt to stop smoking completely has not been reached within 6 months after the beginning of treatment, it is recommended to consult a healthcare professional. Service users should be provided with behavioural support to meet the target stop date.
- Information should be provided on available treatments and the benefits and side effects should be discussed with all service users, including young people, pregnant or breast-feeding women and people with cardiovascular disorders.
- The risks and benefits of using NRT should be discussed with young people aged from 12 to 17, pregnant or breastfeeding women, and people who have unstable cardiovascular disorders.
- If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the nicotine dose should be reduced or discontinued.
- The combination use of NRT with Varenicline or Bupropion should not be undertaken without specialist advice.
- Cigarette smoking increases the metabolism of some medicines by stimulation of the hepatic enzyme CYP1A2. **When smoking is discontinued, the dose of these drugs, in particular Theophylline, Ropinirole, Methadone, Coumarins, including Warfarin and some antipsychotics (including Clozapine, Olanzapine, Chlorpromazine and Haloperidol) may need to be reduced.** Regular monitoring of adverse effects is advised.
- Smoking is associated with poor glycaemic control in patients with diabetes. If a patient with insulin-dependent diabetes stops smoking their dose of insulin may need to be reduced. Advise the patient to be alert for signs of hypoglycaemia and to test their blood glucose more frequently.
- E-cigarettes are electronic inhalers that vaporise a nicotine-containing liquid into an aerosol mist, in a way that mimics the act of smoking tobacco. NICE guidance advises that e-cigarettes are not currently licensed as a medicine and therefore their effectiveness, safety and quality cannot be assured. E-cigarettes should not be advocated as a lower risk option for smoking cessation until further evidence is available. According to NICE guidelines, people who are already using an unlicensed nicotine-containing product (such as an e-cigarette) should be encouraged to switch to a licensed NRT product.
- Manufacturer's information on various NRT products is available from [www.medicines.org.uk](http://www.medicines.org.uk)

### Relevant NICE guidance

- Smoking cessation Services (PH10) <http://guidance.nice.org.uk/PH10>  
Published February 2010.
- Varenicline for smoking cessation <http://publications.nice.org.uk/varenicline-for-smoking-cessation-ta123>
- Smoking cessation in secondary care: acute, maternity and mental health services <http://www.nice.org.uk/guidance/ph48>

## Smoking Cessation

<b>First Line</b>	
<p><b>Nicotine Replacement Therapy (NRT)</b>            Patch            Inhalator            Gum            Nicotine sublingual tabs            Oral films            Mouth spray            Nasal spray</p>	<ul style="list-style-type: none"> <li>• Choice of product should depend on the service user's history, taking into account previous personal experience and preferences.</li> <li>• Treatment should be initiated at a dose appropriate to the number of cigarettes used.</li> <li>• People unable to tolerate one type of NRT may benefit from an alternative NRT preparation.</li> <li>• Inhalator simulates cigarette smoking but may cause local irritation of the mouth and throat.</li> <li>• S/L tablets may be useful for those who have difficulty chewing gum or if gum is not allowed.</li> <li>• Highly dependent smokers may benefit from the 4mg gum compared with 2mg gum.</li> </ul>
<p><b>Combinations of NRT products</b>            Patch and fast acting</p>	<ul style="list-style-type: none"> <li>• Combination therapy with different types of NRT (e.g. patches with inhalator or chewing gum etc.) can be tried as a means of increasing efficacy, especially to people who show high level of dependency or for whom some forms of NRT have been inadequate.</li> </ul>
<b>Second Line</b>	
<p>Varenicline</p>	<ul style="list-style-type: none"> <li>• Varenicline should be considered when the patient has tried NRT combinations previously and should normally be prescribed as part of a programme of behavioural support (evidence from patient not required)</li> <li>• The Varenicline SPC is still annotated with a black triangle (▼). The MHRA asks that all suspected reactions (including those not considered to be serious) are reported through the Yellow Card Scheme.</li> </ul>

Not Recommended	
Bupropion	Should not be prescribed to people with:- a history of seizures, (BPAD/psychosis can precipitate mania), depression or suicidal thoughts, a tumour of the central nervous system, eating disorders; symptoms of withdrawal from alcohol or benzodiazepine or used concurrently with other drugs that can cause seizures such as tricyclic antidepressants and antipsychotics. Discontinue if abstinence not achieved by the seventh week.
Combination of NRT + Varenicline / Bupropion	Do not offer NRT, Varenicline or Bupropion in any combination.

**Nicotine Replacement Therapy** (consult with individual product SPC. [www.medicines.org.uk](http://www.medicines.org.uk))

NRT type	Brand/Strength	Dose	Directions	Side Effects
NRT		Depends on level of dependence. Adults who use NRT beyond 9 months are recommended to seek additional help and advice from a health care professional.	The choice of preparation should be tailored to the individual.	Smoking cessation can affect levels of medication. Dose adjustments may be necessary. Palpitations may occur with nicotine replacement.
Patches available in different strengths; Designed to be worn for 16 or 24 hours	Nicotinell 24hr: '30 patch' 21 mg '20 patch' 14mg '10 patch' 7 mg	Nicotinell 24hr: One patch daily; remove after 24 hrs. >20 cigarettes daily, initially 21mg patch. <20 cigarettes daily, initially 14mg patch. Withdraw gradually, reducing dose over 3-4 weeks	Apply to clean, dry intact areas of hairless skin, e.g. on the hip, upper arm, or chest.  Remove after the specified time.	NRT general:- Dizziness, headache, gastrointestinal discomfort, nausea, vomiting, dry mouth. Palpitations, chest pain and rarely arrhythmia. Sweating, arthralgia and myalgia, irritability, anxiety.
	NiQuitin 24h '21mg' patch '14mg' patch '7mg' patch	NiQuitin 24hr: One patch daily; remove after 24 hrs. >10 cigarettes daily, initially '21mg' patch daily for 6 weeks then '14 mg' patch daily for 2 weeks then '7mg'	Rotate sites daily.  Avoid broken, red or irritated skin.	Patch:- Redness, itching, swelling

		patch daily for 2 weeks; <10 cigarettes daily, initially '14mg' patch daily for 6 weeks then '7mg' patch daily for 2 weeks	If patients experience strong cravings for cigarettes on waking, a 24- hour patch may be more suitable.	or a burning sensation at the application site. Abnormal dreams (removal of the patch before bed may help).
	Nicorette (invisi patch 10mg, 15mg and 25 mg)	Nicorette 16hr: One patch daily; apply on waking and remove at bedtime (approx. 16 hrs). >10 cigarettes daily, initially '25mg' patch daily for 8 weeks then '15mg' patch daily for 2 weeks then '10mg' patch daily for 2 weeks <10 cigarettes daily, initially '15mg' patch daily for 8 weeks then '10mg' patch daily for 4 weeks.		
Gum	2mg; 4mg	Sufficient pieces of gum should be used, usually 8-12 daily, up to a maximum of 15 pieces daily.  20 cigarettes or less daily – start with 2mg strength; 20 cigarettes daily or require more than 15 pieces daily of the 2mg – use 4-mg strength.	When the urge to smoke occurs, chew one piece of gum slowly until taste becomes strong, then rest chewing gum between cheek and gum; when taste fades start chewing again – repeat for approximately 30 minutes.	Irritation of the throat, unpleasant taste; increased salivation, indigestion, heartburn, nausea and hiccups. The gum may stick to and damage dentures. Avoid acidic beverages, such as coffee or fruit juice 15 minutes before use.
Inhalator	15mg/cartridge	Initially replace all cigarettes with the Inhalator up to a maximum 6 cartridges daily then reduce number of cartridges used.	Inhale when required, to relieve the urge to smoke. Each cartridge can be used for approximately eight 5- minute sessions, with each cartridge lasting approximately 40 minutes of intense use.	Local irritation of the mouth and throat; nasal congestion; coughing; dizziness, headache. Very rarely reversible atrial fibrillation. Caution in patients with COPD, chronic throat

				disease or bronchospastic disease. Avoid acidic beverages, such as coffee or fruit juice 15 minutes before use.
Nasal Spray	500micrograms per metered spray.	1 spray in each nostril when the urge to smoke occurs, up to twice every hour for 16 hours daily as required (Maximum 64 sprays daily).	Initially 1 spray should be used in both nostrils but when withdrawing from therapy, the dose can be gradually reduced to 1 spray in 1 nostril.	Local nasal irritation – sneezing or runny nose, watery eyes, epistaxis, coughing; Gastrointestinal discomfort, nausea, vomiting, dizziness, headache, palpitations.
Lozenge	1mg, 1.5mg, 2mg, and 4mg	Abrupt cessation or temporary abstinence, initially one lozenge every 1 to 2 hours; gradual cessation of smoking, one lozenge when strong urge to smoke; Usual daily dose is 8 to 12 lozenges – maximum daily dose of 30 of the 1-mg lozenges or 15 lozenges for all higher strengths; 20 – 30 cigarettes per day, Initially 1 or 2mg strength lozenges; > 30 cigarettes per day, initially 2 or 4mg strength lozenges up to a maximum of 15 lozenges daily.	Suck 1 lozenge every 1-2 hours when urge to smoke occurs between smoking episodes, gradually reduce the number of lozenges used.	Irritation of the throat, increased salivation, indigestion, heartburn, hot flushes, dry mouth, cough, palpitations. Constipation, dysphagia, oesophagitis, gastritis, mouth ulcers, bloating, flatulence, and less commonly taste disturbance, thirst, gingival bleeding, and halitosis. Avoid acidic beverages, such as coffee or fruit juice 15 minutes before use.
Sublingual Tablets	2mg	1 or 2 tablets sublingually every hour, increased to a maximum of 40 tablets daily if necessary. <20 cigarettes per day, initially, 1 tablet each hour, increased to 2 tablets each	Each tablet should be placed under the tongue and allowed to dissolve.  The treatment should be	Sore mouth or throat, dry mouth, burning sensation in the mouth, rhinitis. Gastrointestinal discomfort, hiccups,

		hour if necessary;  >20 cigarettes per day initially 2 tablets each hour. Maximum 40 tablets (80 mg) daily.	stopped when the daily consumption is down to one or two tablets.	nausea, coughing, dizziness, headache, palpitation.  Avoid acidic beverages, such as coffee or fruit juice 15 minutes before use.
Oral spay	QuickMist nicotine 1mg/metered dose	1-2 sprays in the mouth when the urge to smoke occurs or to prevent cravings. Individuals should not exceed 2 sprays per episode (up to 4 sprays every hour), and a maximum of 64 sprays daily.	If using the spray for the first time, or if unit not used for 2 or more days, prime the unit before administration. Release spray into the mouth, avoiding the lips. Do not inhale while spraying and avoid swallowing for a few seconds after use.	Paraesthesia, irritation of the throat, increased salivation, watery eyes and blurred vision. Nausea, vomiting, dyspepsia, hiccups, ulcerative stomatitis dry mouth, abdominal pain, flatulence, sweating, myalgia and taste disturbance. Rarely arrhythmia and chest pain. Avoid acidic beverages, such as coffee or fruit juice 15 minutes before use.
Oral films	2.5mg	Initially 1 nicotine film every 1 to 2 hours for 6 weeks, maximum of 15 films per day.	Place film on the tongue, and press the tongue gently to the roof of the mouth until film dissolves (3 mins). Do not chew or swallow the film.	Sore mouth or throat, dry mouth, burning sensation in the mouth, rhinitis. Gastrointestinal discomfort, hiccups, nausea, coughing, dizziness, headache, palpitations. Avoid acidic beverages, such as coffee or fruit juice 15 minutes before use.



## Varenicline

Tablet	0.5mg and 1mg film coated	<p>Patient should set a date to stop smoking and commence Varenicline 1-2 weeks before this date.</p> <p>Days 1 – 3 500 mcg (white tablets) once daily</p> <p>Days 4 – 7 500 mcg tablets twice daily</p> <p>Day 8 to end of the treatment: 1mg (blue tablets) twice daily for 11 weeks. (Reduce to 0.5mg twice daily if not tolerated).</p> <p>Maximum single dose 1mg Maximum daily dose 2mg</p>	Tablets should be swallowed whole with plenty of water and can be taken with or without food.	Nausea, sleep disorders/abnormal dreams, headache, appetite changes, dry mouth, taste disturbances, drowsiness, dizziness
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## References

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2. Martindale: The Complete Drug Reference: Available at: <https://www.medicinescomplete.com/mc/>
3. NHS Tayside Smoking Policy. Available at: <http://staffnet.tayside.scot.nhs.uk/OurWebsites/NHSTaysideSmokingPolicy/index.htm>
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