

TO ALL STAFF



Please help us to deliver this life saving service and help smokers admitted to Wythenshawe Hospital to stop smoking.

Offering medications to relieve cravings and withdrawal is a critical part of the CURE project and the responsibility of all clinicians.

WHAT YOU DO WILL SAVE LIVES!

Nicotine replacement therapy provides the fastest and most effective relief of cravings when a smoker is admitted to hospital. **Remember to ask every patient you see if they smoke.**

Please provide the following brief advice to smokers:
The very best chance of stopping smoking is with the help of medications and specialist support; both are readily available at this hospital.

• Offer Nicotine Replacement Therapy to all smokers on admission

<p>Two simple questions to assess a smoker's level addiction:</p> <ol style="list-style-type: none"> How many cigarettes do you smoke a day? How long have you been awake before you smoke your first cigarette? 	<p>Low Level Addiction ≤ 10 Cigarettes/day</p> <p>First line:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nicotine lozenges 2mg as required <i>usual maximum 15 in 24 hours</i> <p>Options if patient would prefer an alternative short acting NRT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nicotine inhalator 15mg/cartridge <i>maximum 6 cartridges in 24 hours</i> <input type="checkbox"/> Nicotine microtabs 2mg as required <i>usual maximum 24 in 24 hours</i> <p>Discuss Varenicline with all smokers - see varenicline section</p>	<p>1 Prescribe a short acting nicotine replacement ("reach for" nicotine) Advise patients to use short acting nicotine frequently and when cravings occur</p> <p>Advice for patients on short acting nicotine</p> <p>Inhalator: The user 'puffs' on the device so the medication enters the mouth and is absorbed through the gums. It is not inhaled into the lungs.</p> <p>Lozenges: Suck like a sweet to release the nicotine which is then absorbed through the gums. If the patient suffers heartburn, nausea or hiccups (nicotine being swallowed) then try parking the lozenge between the lip and gum.</p> <p>Microtabs: Place under the tongue and allow to dissolve. They are not chewed, sucked or swallowed.</p>
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<p>Moderate Level Addiction 10-19 Cigarettes/day</p> <p>Prescribe a long acting nicotine patch AND CONSIDER adding a short acting "reach for" nicotine replacement.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nicotine Patches 14mg/24 hour <i>(Smokes within 30 minutes of waking)</i> <input type="checkbox"/> Nicotine Patches 15mg/16 hour <i>(Does NOT smoke within 30 minutes of waking)</i> <input type="checkbox"/> Short acting nicotine replacement <i>(As per low level addiction pathway)</i> <p>Advice for patients Patches</p> <p>Advise patients to use a clean & hairless area of skin to apply the patch. Skin irritation can occur but is generally mild</p> <p>24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.</p> <p>Discuss Varenicline with all smokers - see varenicline section</p>	<p>High Level Addiction ≥20 Cigarettes/day</p> <p>Prescribe a long acting nicotine patch AND a short acting "reach for" nicotine replacement. Discuss the following options with the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nicotine Patches 21mg/24 hour <i>(Smokes within 30 minutes of waking)</i> <input type="checkbox"/> Nicotine Patches 25mg/16 hour <i>(Does NOT smoke within 30 minutes of waking)</i> <input type="checkbox"/> Short acting nicotine replacement <i>(As per low level addiction pathway)</i> <p>Advice for patients Patches</p> <p>Advise patients to use a clean & hairless area of skin to apply the patch. Skin irritation can occur but is generally mild</p> <p>24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.</p> <p>Discuss Varenicline with all smokers - see varenicline section</p>
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• Discuss and offer varenicline (can be started alongside NRT)

VARENICLINE

Varenicline is a nicotine receptor agonist (relieves cravings by releasing dopamine in the brain) and antagonist (prevents the feeling of pleasure during smoking). It is a highly effective treatment for tobacco addiction. Additional nicotine is required in the first 1-2 weeks of varenicline. As an inpatient in a smokefree environment this can be given alongside nicotine replacement therapy.

- 0.5mg Day 1-3
- 0.5mg twice daily day 4-7
- 1mg twice daily day 8 – end of treatment (12 weeks)

Side effects include nausea (minimise by having with food and water), sleep disturbance and vivid dreams. Stopping smoking can exacerbate pre-existing mental health illness regardless of treatment used. Care should be taken with patients with a history of psychiatric illness and varenicline should only be used in patients with a Mental Health diagnosis who are on stable treatment (i.e. no dosage changes or commencement of new medications in the last 3 months).

TRAINING AVAILABLE



Insert how to access training here

Please remember to add all tobacco addiction pharmacotherapy to the discharge summary to ensure patients receive an appropriate supply in their discharge medications

