



SOME MEDICATIONS ARE AFFECTED BY STOPPING SMOKING E.G. OLANZAPINE, CLOZAPINE AND THEOPHYLLINE. SHOULD WE BE WARY WHEN PATIENTS ARE ON MEDICATIONS LIKE THESE?

- There is a long list of medications than can be affected when stopping smoking.
- The effect on these drugs isn't due to the Nicotine; it is due to the other components of tobacco smoke which effect liver enzymes and metabolism which in turns means once smoking is stopped you would have higher levels of those drugs in your system.
- Many of the listed drug interactions are not clinically significant (insulin, warfarin, theophylline). Some caution is need with Olanzapine/Clozapine which can be approached by reducing dosage and rechecking, the Hiding in Plain Sight document references ways to approach these specific drugs which gives an evidence base to support the changes of these medications.
- Attempting to speak to the Psychiatric team is always vital to discuss dose changes and follow up with the patient to discuss these changes as if they have side effects it is critical they seek help. There are very few medications that have clinically meaningful interactions with stopping smoking, but these are outlined the Hiding in Plain Sight document.

SHOULD WE ALWAYS FOLLOW THE 3 MONTH MENTAL HEALTH STABILITY WHEN PRESCRIBING CHAMPIX

The 3 month stability follows the protocol used in the EAGLES study. It provides a safety net for the CURE to work in a standardised and agreed way. So it is important, particularly for a new service, to have clear pathways and protocols. However, knowing that there hasn't been any evidence linking mental health adverse events to varenicline, knowing that varenicline was the most effective treatment in those with mental health illness in the EAGLES study, knowing that stopping smoking is & knowing that 40-50% of people with mental health illness smoker then there is a very persuasive argument for using varenicline is any patient with mental health illness. That is easier for me to say as a consultant then as a nursing team in a new service and I would stress again the importance of protocols and standardisation. As the service evolves then perhaps this could be something that is reviewed. Ultimately any smoker that stops (with or without treatment) has a risk of developing mental health symptoms and the critical message is that warn all smokers about this and ensure they seek help if they are struggling.

- For a Specialist Nursing team this can be a difficult matter to intervene with, trusts need to ensure they have robust protocols in place to assist with patients of this cohort.
- The 3 month stability is there for a 'Safety Net'/Structure for practitioners to say that this is an envelope for prescribing which was also used in the Eagles Study Criteria which shows a good evidence base for this protocol.
- For patients who have had a hospital admission due to an overdose, the best thing to aid them would be stopping smoking with the best evidence based medications and support with structured follow up and contact information if they are struggling as it is vital patients contact teams if this is the case.



WOULD YOU RECOMMEND HAVING NRT STOCKS ON ALL WARDS ACROSS THE TRUST?

- Initially at Wythenshawe there were base wards with drugs stocks so colleagues knew there were areas to retrieve them to give patients the rapid access to NRT.
- It is a critical key to success to have increased stock wherever possible to give the patient the rapid access to NRT and start their quit journey ASAP. Discussions with pharmacy teams are critical throughout this project.

WOULD YOU RECOMMEND OFFERING NRT TO PATIENTS WITH MENTAL HEALTH ISSUES?

- Yes, NRT can be offered to patients with mental health issues.
- Conversations with these patients are vital around Anxiety, Stress and Depression as these symptoms can get worse initially but will improve over time. It is key that if these patients do feel they need support or are struggling that they seek that help that is readily available to them.

IS THERE ANY CLINICAL DATA REGARDING PROVIDING NRT AND OR CHAMPIX (VARENICLINE) TO PATIENTS WITH MENTAL HEALTH ISSUES?

- The Eagles Trial, this is the most important study in this area and provides a strong evidence base for prescribing NRT and Champix to patients. The data from this trial provides excellent data as it is a Randomised Control Trial and recruited to target in an adequately powered trial to detect if mental health side effects were associated with any particular treatment. This trial provides an evidence base for both Varenicline and NRT.
- Furthermore if there are further issues this may be due to education regarding medications, posting any colleague to the e-learning modules would assist with the understanding of the prescribing these medications.

SHOULD WE STOP NRT FOR PATIENTS THAT ARE ON CHAMPIX AT 2 WEEKS?

- Very individualised – some patients on Champix take much longer to reduce their smoking and be ready to set a quit date. Some need extra nicotine for longer than the first two weeks. So I would be guided by the patient as to whether they are still undergoing cravings for tobacco and are still turning to NRT despite the Champix.

WE ARE COMING UP AGAINST BARRIERS WITH PHARMACY REGARDING PGDs, ANY ADVICE?

- Clinical Leads are vital to these conversations; with supporting evidence from the nominated clinical lead from your trust it comes with a powerful voice to support the need for PGDs etc.
- NRT is one of the most cost-effective treatments available to patients and with supporting evidence from the Wythenshawe site to show that this assists with the success of the project.
- Finally having PGDs across GM for NRT will help with the standardisation of the CURE pathway offer.



HOW WOULD YOU STRUCTURE YOUR DAY?

- The day usually starts out by checking the referrals that have come in since the previous day, then deciding as a team who will visit each patient that day.
- Following this team meeting, ensuring all patients are seen ASAP is a critical part to the success of the project.
- Currently due to COVID pre-checks have to be made to understand if the patient needs to have a F2F or a telephone appointment.

SHOULD WE BE OFFERING NRT TO PATIENTS WITH RENAL PROBLEMS?

- For NRT there is no contraindication for renal function, there are no serious complications of using any NRT dosage that's too high.
- For patients with very low EGFR, be aware of symptoms such as Nausea and Light headedness which may lead to a need for reducing dosage. But in turn the biggest risk here is that patients would be under dosed and run the risk of relapse.
- For Champix there is Contraindication for dialysis Renal Failure patients with EGFR of less than 10, this is hopefully a rare situation.

