



Patient details:

CURE Specialist Assessment and Treatment Plan

Did the patient agree to a specialist consultant? Yes No

Date of Assessment: ____/____/____

Time of Assessment: _____

How many years has the patient smoked for?

Does this patient want to continue abstinence from smoking post discharge? Yes No

How many times has this patient tried to stop smoking before?

Previous quit attempt methods:

- No Medication
- Single agent NRT - short acting
- Single agent NRT - patches
- Combination NRT
- Varenicline
- Bupropion
- E-cigarettes

Long term treatment plan

- Single agent NRT - short acting
- Single agent NRT - patches
- Combination NRT
- Varenicline
- Bupropion
- E-cigarettes

Signposting & Support

- Greater Manchester Telephone Helpline
- CURE team contact details
- Smartphone Apps
- Written Information

Follow-up

- CURE team telephone follow-up 1-2 weeks
- CURE OP clinic appointment follow-up 4 weeks
- CURE OP clinic appointment _____ weeks
- No follow-up

Specific instructions & information for the ward team & GP

NRT advice & instructions for healthcare professionals

Nicotine replacement therapy helps to alleviate the brain's cravings for nicotine. It is difficult to match the highly effective and substantial delivery of nicotine to the brain achieved through smoking a cigarette. It is therefore important that NRT is used at a high enough dose and for long enough to have the maximal benefit. NRT should

be used for 8-12 weeks. Short-acting nicotine can be used 'on the hour every hour' particularly in the early stages of abstinence. Nicotine is NOT a harmful drug in excess. It may cause light-headedness or nausea but is not dangerous in overdose. Encourage your patients to use the NRT at the prescribed dose and frequently.

Varenicline advice & instructions for healthcare professionals

Varenicline is a nicotine receptor agonist and antagonist. It relieves cravings through its agonist effect by binding to the nicotinic receptors in the brain and stimulating dopamine release. Varenicline then remains bound to the nicotinic receptors and prevents nicotine from cigarettes binding to these receptors. This prevents the release of dopamine as a result of smoking and a reduction in the positive reinforcement and feeling of calmness or pleasure during smoking. It is the most effective therapy for treating tobacco addiction.

Dose:

- 0.5mg Once daily Day 1-3
- 0.5mg twice daily day 4-7
- 1mg twice daily day 8+
- 12 weeks total treatment

Common side effects include nausea (advise patient to take tablets with food/water), sleep disturbance and vivid dreams. These side effects are minor in comparison to the enormous health benefits from smoking cessation. **The dose can be reduced to 0.5mg if intolerable side effects**

There have been concerns raised in the past about an association with varenicline and severe neuropsychiatric events e.g. suicidal ideation. **There is no increased risk of moderate to severe neuropsychiatric adverse events with varenicline (EAGLES study 2016, The Lancet)**. The act of stopping smoking carries a small risk of moderate to severe neuropsychiatric events and this is regardless of the treatment used. The risk is higher in those with a history of psychiatric illness (5%) versus those without (2%). Advise patients to seek help in the event of a neuropsychiatric event. In the long term, stopping smoking improves mental health disease, e.g. stopping smoking is more effective than antidepressants in treating depression.

In the outpatient setting, varenicline is started prior to a quit date. This quit date is ideally within 1-2 weeks of starting varenicline but can be at any time within the 12 weeks of treatment. Whilst the course length is 12 weeks it can be extended to 24 weeks. Further courses of varenicline in the event of relapse are appropriate. In the inpatient setting varenicline is prescribed alongside nicotine replacement therapy with the aim of stopping NRT at a subsequent date (equivalent to the 'quit date' in the outpatient setting).

Bupropion advice and instructions for healthcare professionals

Bupropion is will only be prescribed under the guidance of the CURE team

Bupropion is a nicotine receptor antagonist and helps reduce any positive reinforcement or pleasure during smoking through its antagonist effect and preventing the release of dopamine from smoking. Bupropion is an effective smoking cessation medication. However it has a number of drug interactions and side effects such that it should only be prescribed following multiple unsuccessful quit attempts with varenicline or NRT and under the guidance of a specialist tobacco addiction treatment service.

Dose:

- 150mg OD day 1-6
- 150mg BD day 7+ (treatment course 7-9 weeks)
- 150mg OD in the elderly, renal impairment, hepatic impairment or any of the following medications: anti-psychotics, anti-depressants, anti-malarials, tramadol, theophylline, corticosteroids, quinolones, anti-histamines.

Side effects include **seizures**, mania, insomnia and hypertension (**weekly BP monitoring if given with NRT**). Contraindications include acute alcohol withdrawal, acute benzodiazepine withdrawal, bipolar disorder, CNS tumour, eating disorders, history of seizures and severe hepatic cirrhosis. Due to seizure risk avoid in patients with the potential for lowered seizure threshold e.g. alcohol abuse, diabetes with hypoglycaemic episodes, head trauma. Avoid prescription with tamoxifen – reduced serum levels of tamoxifen.

Treatment course = 7-9 weeks. Discontinue if abstinence not achieved at 7 weeks

There is no increased risk of moderate to severe neuropsychiatric adverse events with bupropion (EAGLES study 2016, The Lancet). The act of stopping smoking carries a small risk of moderate to severe neuropsychiatric events and this is regardless of the treatment used. The risk is higher in those with a history of psychiatric illness (5%) versus those without (2%). Advise patients to seek help in the event of a neuropsychiatric event. In the long term, stopping smoking improves mental health disease, e.g. stopping smoking is more effective than antidepressants in treating depression.