This NHS Fife Stop Smoking Guidance provides information for staff on medicines and services, when undertaking stop smoking interventions. It is aimed at all practitioners involved in stop smoking support in NHS Fife. See also Nicotine Dependence section 4.10.2 of Fife Joint Formulary [www.fifeadtc.scot.nhs.uk/](http://www.fifeadtc.scot.nhs.uk/)

| 1st line choice: | Nicotine replacement therapy (NRT) + specialist support* |
| 1st line:       | Patches |
| 2nd line:       | Gum, Inhalator, Lozenges, Oral spray |
| 2nd line choice:| Varenicline + specialist support** |

* For NRT, specialist support = NHS Fife stop smoking services, community pharmacists, specialist GP clinics.
** For varenicline, specialist support = NHS Fife stop smoking services, specialist GP clinics

---

### INITIAL REVIEW - Is patient motivated to stop smoking? Ask:
- Have you ever thought about smoking and your health? Yes/No
- Are you interested in trying to stop? Yes/No
- Would you be prepared to stop smoking in the next 2 weeks? Yes/No
  (If response is Yes to all 3, patient is likely to be sufficiently motivated)

---

- Able to deal with now? - if not set separate appointment

- Patient wishes drug therapy?
  - Medically suitable for NRT or Varenicline (Champix®)
  - Prescribing interval since last quit attempt assessed as appropriate – prescribing at discretion of health professional (guided by answers to questions re motivation)

---

**Drug therapy options - see page 2**

---

If client consents, they should **always** be referred to specialist services for behavioural support.

- Each CHP has a specialist stop smoking service offering intensive support, either on a one to one or group basis
  - Kirkcaldy & Levenmouth CHP
  - Dunfermline & West Fife CHP
  - Glenrothes & North East Fife CHP
  - 0800 0253000
- All community pharmacies offer a stop smoking service which consists of a programme of individual support and advice and NRT.
- Quit 4 Life is for pregnant women and their partners. The service offers ongoing support before and during pregnancy and after the baby is born (telephone 07765 897165 or 07766 028893).
- Support from GP practices - many GP practices offer support for people who want to stop smoking.
NHS Fife Stop Smoking Guidance

NRT 1st line

Varenicline 2nd line

Drug therapy options

NRT Prescribing (see also page 3)
- Review formulary product choice, form and strength
- Can be used in patients aged over 12 years
- Prescribing sufficient for 1 month of therapy
- Consider instructing “Dispense either weekly or fortnightly” to avoid potential waste
- NRT dose is determined by previous level of smoking related nicotine
- See SPC* for contraindications, cautions, interactions, adverse effects

Varenicline Prescribing
- Week 1: Prescribe “Treatment Initiation Pack” (contains 2 weeks supply) - Set target stop date within the first two weeks of treatment, preferably in the second week.
- Week 3: Prescribe “Varenicline 1mg twice daily” 28 Tabs (2 weeks supply)
- Thereafter varenicline should be prescribed as 4 week prescriptions, consider annotating “Dispense Fortnightly”.
- Normal Dose - 0.5mg daily on days 1-3, 0.5mg twice daily on days 4-7, 1mg twice daily for 11 weeks (Review SPC* for exceptions)
- Patients should be advised to discontinue treatment and seek prompt medical advice if they develop agitation, depressed mood, paranoid or suicidal thoughts. Monitor closely those with a history of psychiatric illness.
- Varenicline is a ‘black triangle drug’ therefore all adverse drug reactions should be reported to the MHRA, not just serious events.
- Varenicline should not be used in patients under 18 years old or in those that are pregnant or breastfeeding.
- See SPC* for full list of contraindications, cautions, interactions and adverse effects.

1 month post quit date
Has patient stopped smoking?

No

Re-assess motivation to quit.
- NRT
  - Lapse (puff or less than 5 cigarettes) continue with treatment and reinforce need to remain smoke free when using NRT
  - Re-lapse - return to regular smoking - discontinue immediately.
- Varenicline - discontinue therapy

- Not managed to quit - reassess at subsequent visits. NB Often clients will take numerous quit attempts before being successful. Perseverance is needed
- NHS Fife does not support “cutting down to quit”.
- Advise the patient that if they start smoking again, and are thinking about a further quit attempt, make another appointment or self refer to stop smoking services
- Patients who have had numerous quit attempts over the previous 12 months; reassess & refer to specialist service

At subsequent appointments ask about smoking status

Yes

NRT 1st line
- Review progress and side effects
- Prescribe next supply

- Normal course length is 10-12 weeks
- If longer course anticipated refer to specialist service

Varenicline 2nd line
- Normal course length is 12 weeks
- Scottish Medicines Consortium do not recommend a further 12 week course

Action
Where possible support should continue until the end of the course

No

Review & record
Managed to stay stopped?

Yes

At subsequent appointments ask about smoking status

General Prescribing Notes
- Physiological changes resulting from stopping smoking, with or without treatment, may alter the metabolism of some medicines, for which dosage adjustment may be necessary – the most important examples are theophylline, olanzapine, clozapine and warfarin. In such cases GPs to be informed that patient is undergoing a quit attempt.
- When NRT and varenicline have been tried and failed or are unsuitable, bupropion can be considered. Bupropion can also be considered in patients that have previously undergone a successful quit attempt with bupropion. See SPC* for full prescribing details for bupropion.

* Summary of Product Characteristics

2 of 3
NICOTINE REPLACEMENT THERAPY FORMULARY CHOICES

- The nicotine patch should be considered the 1st line choice in clients with a stable smoking pattern.
- Patch formulation is suitable for clients who prefer a continuous dose of nicotine throughout the day. Other formulations may be suitable for individuals who prefer to self-dose when urge to smoke occurs or when the patch is unavailable.
- Clients/patients with a high level of nicotine dependence or those who have failed with NRT previously may benefit from using a combination of a patch & an immediate release NRT formulation.
- Combination therapy should be reviewed at least every 4 weeks post-quit date to see if both products are still required. Combination therapy should not be continued long-term. If a second product is required the maximum recommended dose should be reduced.
- The use of immediate release NRT, as monotherapy, in patients with high nicotine dependence (>20 cigs./day) can be relatively expensive.
- Ideally, pregnant women should stop smoking without using NRT but if this is not possible, NRT may be recommended to assist a quit attempt as it is considered that the risk to the fetus of continued smoking by the mother outweighs any potential adverse effects of NRT. The decision to use NRT should be made following a risk-benefit assessment in consultation with the pregnant woman as early in pregnancy as possible. The aim should be to discontinue NRT use after 2-3 months. Intermittent forms of NRT are preferable during pregnancy although a patch may be appropriate if nausea and/or vomiting are a problem. If patches are used would recommend a 16 hour patch only and should be removed at night. Referral to Quit 4 Life is recommended.
- NRT can be used by women who are breastfeeding. The amount of nicotine the infant is exposed to from breast milk is relatively small and less hazardous than the second-hand smoke they would otherwise be exposed to if the mother continued to smoke. If possible, patches should be avoided. NRT products taken intermittently are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby, to minimize the amount of nicotine in the milk. Referral to Quit 4 Life is recommended.
- For details on doses, adverse effects, cautions and contra-indications of individual products refer to the Summary of Product Characteristics (www.emc.medicines.org.uk).

<table>
<thead>
<tr>
<th>1st Line</th>
<th>2nd Line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nicotine patch</strong></td>
<td><strong>Nicotine gum</strong></td>
</tr>
<tr>
<td>Discreet and easy to use.</td>
<td>Available in different strengths and flavours.</td>
</tr>
<tr>
<td>Available in different strengths, lasting 16 or 24 hours.</td>
<td>Nicotine is absorbed through the lining of the mouth therefore discourage constant chewing by “chew/park/chew” technique for around 30 minutes.</td>
</tr>
<tr>
<td>24 hour patch – for those who smoke within half an hour of waking.</td>
<td>Can taste slightly peppery at first.</td>
</tr>
<tr>
<td>16 hour patch – useful for those who suffered sleep disturbance during a previous quit attempt with 24 hour patches or do not smoke within 30 minutes of waking.</td>
<td>Can irritate the mouth and throat, increase salivation and aggravate stomach ulcers.</td>
</tr>
<tr>
<td>Supplies nicotine continuously throughout the day (helps relieve withdrawal symptoms and physical cravings).</td>
<td>Gum is not recommended in denture wearers.</td>
</tr>
<tr>
<td>Rotate the patch site to avoid itching, redness or skin dryness under the patch.</td>
<td><strong>Nicotine inhalator</strong></td>
</tr>
<tr>
<td><strong>Nicotine lozenge (including minis)</strong></td>
<td><strong>Nicotine oral spray</strong></td>
</tr>
<tr>
<td>Discreet, flexible and offers good dose control.</td>
<td>It is discreet, works quickly, &amp; offers good dose control.</td>
</tr>
<tr>
<td>An effective alternative to gum and available in several strengths and flavours; mint flavour may be more palatable.</td>
<td>The spray dispenser may require priming before use.</td>
</tr>
<tr>
<td>One lozenge is used every 1-2 hours for the first few weeks reducing the number gradually each day and over the next few weeks until they are not required.</td>
<td>Avoid spraying on the lips. Do not inhale while spraying.</td>
</tr>
<tr>
<td>Do not chew/swallow. Use “suck/park/suck” technique.</td>
<td>Do not swallow for a few seconds after spraying.</td>
</tr>
<tr>
<td><strong>Nicotine inhalator</strong></td>
<td>May experience a strong taste sensation after spraying.</td>
</tr>
<tr>
<td>The inhalator is helpful if the smoker misses the ritual of smoking.</td>
<td><strong>Nicotine oral spray</strong></td>
</tr>
<tr>
<td>The inhalator looks like a cigarette holder, inside which a cartridge containing nicotine is placed.</td>
<td>It is discreet, works quickly, &amp; offers good dose control.</td>
</tr>
<tr>
<td>Nicotine is taken into the mouth and the back of the throat by a short suck on the inhalator when craving a cigarette.</td>
<td>The spray dispenser may require priming before use.</td>
</tr>
<tr>
<td>Patients with obstructive lung disease may find use of the inhalator difficult.</td>
<td>Avoid spraying on the lips. Do not inhale while spraying.</td>
</tr>
<tr>
<td><strong>Nicotine oral spray</strong></td>
<td>Do not swallow for a few seconds after spraying.</td>
</tr>
<tr>
<td>May experience a strong taste sensation after spraying.</td>
<td><strong>Nicotine oral spray</strong></td>
</tr>
</tbody>
</table>