

Choice of treatment dependent on:

- Intention and motivation to quit and likelihood of compliance
- Availability of counselling or support

- Contraindications and potential for ADRs
- Personal preferences

Patient motivated to quit and target stop date discussed, has access to support services AND is requesting pharmacological support

Nicotine Replacement Therapy (NRT)

- Usual treatment length: 8-12 weeks. Length dependant on form prescribed.
- Preparations available include patches, gum, lozenge, microtabs, nasal spray or inhalator
- Patients may benefit from changes to preparations used during quit attempt
- Step down the strength of patch used as quit attempt progresses.
- There is evidence to support dual NRT therapy in heavily dependent smokers.

Caution in patients with severe/recent CHD/ CVD events, uncontrolled hyperthyroidism, diabetes, oesophagitis and peptic ulcers/ gastritis.

or

Varenicline (Champix®)

- Recommended treatment length: 12 weeks.
- Start 1-2 weeks before target stop date (up to max. of 5 weeks).
- Initially 500mcg OD for 3 days, increased to 500mcg BD for 4 days then 1mg BD for 11 weeks. See BNF/SPC for dosing in patients with cautions.

Contraindicated in pregnancy, breast-feeding, under 18 years and those with end-stage renal disease.

Caution in patients with a history of renal impairment, cardiovascular disease, predisposition to seizures (including conditions that may lower seizure threshold), diabetes, and psychiatric disorders. See note from MHRA below.

or

Bupropion (Zyban®)

- Maximum treatment length 7-9 weeks
- Start 1-2 weeks before target stop date.
- Initially 150mg OD for six days then 150mg BD with a minimum of 8 hours between doses. Elderly maximum: 150mg OD. See BNF/SPC for dosing in patients with cautions.

Contraindicated in patients with:

- * Current or history of seizures
- * Eating disorders
- * Alcohol/benzodiazepine withdrawal
- * Pregnancy or breast-feeding
- * Hepatic cirrhosis
- * History of bipolar disorder

Caution in patients on concomitant medicines which lower seizure threshold, alcohol abuse, previous head trauma or diabetes.

- Smokers should be offered advice and encouragement to aid their quit attempt.
- Access to a NHS Stop Smoking Service should be made available e.g. New Leaf CityCare (City) or Smokefree Life (County)
- Supply medication for 2 weeks following target stop date.
- Varenicline is available in Nottinghamshire County via Patient Group Direction (PGD).
- Patients on medications affected by smoking require monitoring. Examples include warfarin, clozapine, olanzapine, theophylline.
- Subsequent prescription/supply should only be given to people who have demonstrated a continued quit attempt.
- For advice on the use of smoking cessation therapy in pregnant patients please refer to a stop smoking specialist advisor
 - Smokefree Life Nottinghamshire: 0800 246 5343
 - New Leaf CityCare: 0800 561 2121
- NICE recommends that service providers discuss the risks and benefits of NRT with pregnant women. Prescribe NRT for pregnant women only if a smoking cessation attempt without NRT fails. Professional judgement must be used when deciding whether to offer a prescription to those who express a clear wish to receive NRT. ([see www.cks.nice.org.uk](http://www.cks.nice.org.uk))

MHRA Varenicline Advice for Healthcare Professionals (2008) outlines port-marketing reports of depression, self-harm and suicide: <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON087901>

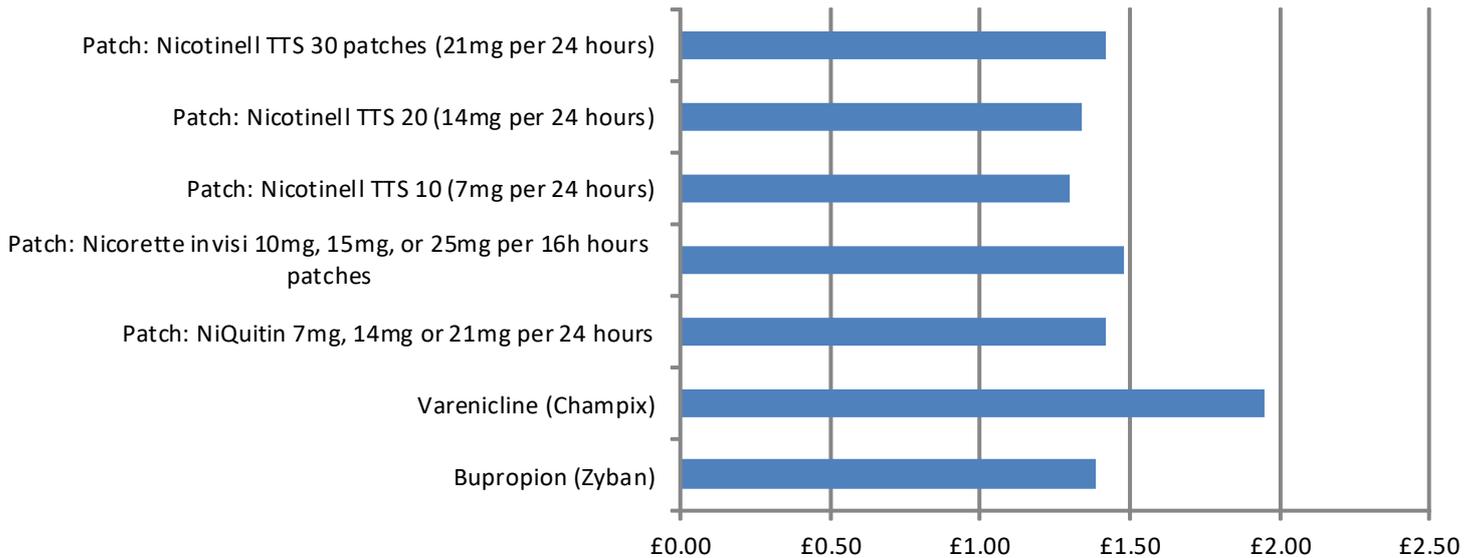
Further evidence suggest no link (see [BMJ article](#)), however the following remains part of NICE guidance:

- Patients and their family or care-givers should be made aware of the possibility that trying to stop smoking may cause symptoms of depression.
- Patients taking varenicline who develop suicidal thoughts or behaviour should stop their treatment and contact their doctor immediately.
- Varenicline should be discontinued immediately if agitation, depressed mood, or changes in behaviour are observed that are of concern for the doctor, patient, family, or caregiver.
- Patients with serious psychiatric illness did not participate in the premarketing studies of varenicline, and the safety and efficacy of varenicline in such patients has not been established. Care and close monitoring should be undertaken when prescribing varenicline to patients who have a history of psychiatric illness.

References

- NICE PH10 (2008) Stop smoking services. Updated November 2013. [Supersedes NICE TA 39: 'Guidance on the use of NRT and bupropion for smoking cessation']
- NICE PH26 (June 2010) Quitting smoking in pregnancy and following childbirth.
- NICE PH45 (June 2013) Tobacco: harm-reduction approaches to smoking. Issued: June 2013. Updated July 2013.
- NICE PH48 (November 2013) Smoking cessation in secondary care: acute, maternity and mental health services.
- NICE TA123 (July 2007) Varenicline for smoking cessation. [Accessed: February 2017]
- DH Local Stop Smoking Services: Service and delivery guidance 2014. [Accessed: February 2017]
- Clinical Knowledge Summaries www.cks.nice.org.uk [Accessed: February 2017]
- Thomas KH, et al. (2013) Smoking cessation treatment and risk of depression, suicide, and self harm in the Clinical Practice Research Data-link: prospective cohort study. *BMJ* 2013;347:f5704 [Accessed: February 2017]

Price Per Day of Regular Use Products (Feb 2017)



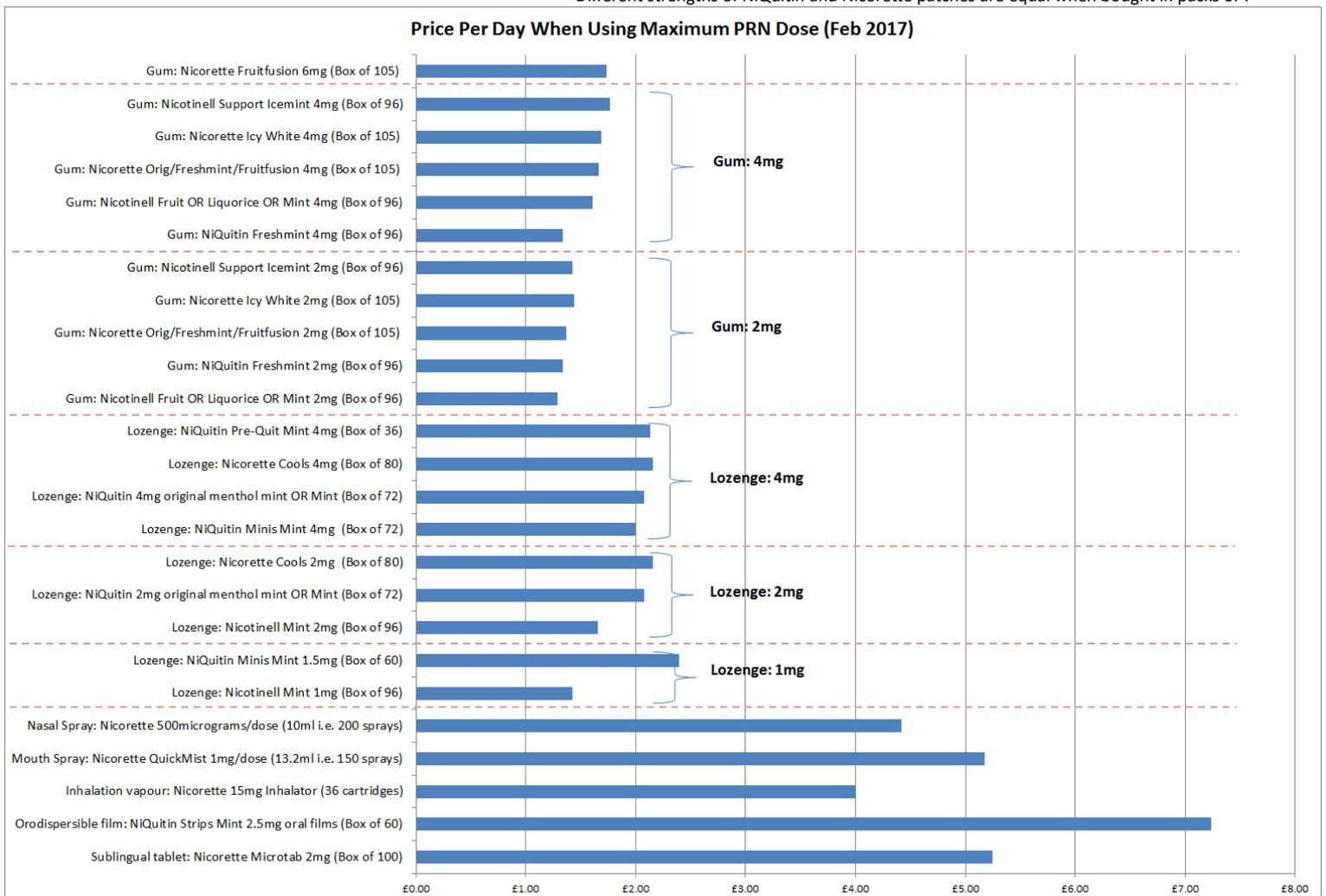
*Prices based on NHS Indicative Price in BNF

*Prices for patches when purchased in packs of 7. Highest strength patches can be purchased in packs of 14 at a lower cost per unit.

*Costs for Bupropion and Varenicline expressed at normal daily dose—not initial doses

*Different strengths of NiQuitin and Nicorette patches are equal when bought in packs of 7

Price Per Day When Using Maximum PRN Dose (Feb 2017)



*Prices based on NHS Indicative Price in BNF

Cost of PRN Choices:

- The least costly options at maximum PRN doses are either gum or lozenges
- Overall, gum costs less than lozenges at maximum PRN doses—the lowest cost brand depends on dose, form and packet size.
- Costs illustrated above change based on packet size