

Severe mental illness, tobacco dependence and chronic obstructive pulmonary disease (COPD)

First line pharmacotherapy for smoking cessation table ^{13, 28, 29}

DRUG	ACTION	PRESENTATION FORM AND POSOLOGY	CONTRAINDICATIONS	SIDE EFFECTS
Nicotine Replacement Therapy (NRT)	<p>Reduce the need and craving for tobacco smoking by delivering nicotine without the harmful effects of combusting tobacco, which produces the smoke.</p> <p>Evidence indicates:</p> <ul style="list-style-type: none"> • More than four weeks of use is more likely to result in successful cessation and eight weeks of use is considered to be equally effective as longer durations of use, although patients experiencing withdrawal symptoms eight weeks after quitting may benefit from longer durations. • Current evidence does not support an association between long-term NRT exposure and serious adverse health effects. A longer period of NRT may help some people remain abstinent and it is far less harmful than tobacco smoking. This may especially be the case for people with serious mental illness. • Higher dose and combination NRT are often required in people with severe mental illnesses who are often highly nicotine-dependent. 	<p>Comes in a variety of forms based on its system of delivery and onset of action.</p> <p>Patch: 7 mg, 14 mg, 21 mg</p> <p>24 hour</p> <ul style="list-style-type: none"> • 20 cigarettes per day then use a 21mg patch for four weeks before moving to a lower strength patch. • 20 cigarettes per day then start with a 14mg strength patch for up to eight weeks before moving to a lower strength patch. <p>16 hour patch</p> <ul style="list-style-type: none"> • 20 cigarettes per day then use a 25mg patch for eight weeks before moving to a lower strength patch. • 20 cigarettes per day then start with a 15mg strength patch for up to eight weeks before moving to a lower strength patch. <p>Gum: 2 mg and 4 mg. Can be used every 2 hours alone to manage</p>	<ul style="list-style-type: none"> • Children aged <12 years • People with a known sensitivity to nicotine or any other component of the NRT product. • People weighing less than 45kg, who can use NRT but may require the lower dose (e.g., 14 mg/24-hour patch). • NRT should be used with caution for patients in hospital with acute cardiovascular events, but if the alternative is smoking, NRT can be still used under medical supervision. • NRT is safe to use for patients with stable cardiovascular disease, but should be used with caution in patients who have had a recent myocardial infarction, unstable angina, severe arrhythmias, or recent cerebrovascular events 	<ul style="list-style-type: none"> • Minor side effects are common with NRT use and are often associated with the formulation: • Patches: skin irritation, redness, itch, and rash, which are usually mild but can be treated with 1% hydrocortisone cream and rotating the site of application each day can reduce irritation. • People may experience insomnia or vivid dreams, but these may also be associated with other pharmacotherapies and psychopathology. Decreasing caffeine intake by half and avoiding caffeine after 4pm can reduce sleep disturbance. However, if sleep disturbance is severe and there by disrupting daily activities, patients can remove the patch at bedtime or a couple of hours before and re-apply a new patch in the morning. • Consider use of a faster-acting form of NRT in the morning, as it can take up to 3 hours for optimal

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	<ul style="list-style-type: none"> Continuing to smoke tobacco while using NRT may indicate the dose provided is too low, or NRT products are used incorrectly. Preloading with the use of NRT patches prior to reducing smoking, and not recommending tapering and longer-term use is recommended in heavy smokers. 	<p>withdrawal symptoms, or can be used as needed for stronger cravings when used in combination with the nicotine patch.</p> <p>Combing two forms of NRT (e.g., patch plus a faster-acting form, such as mouth spray, gum, inhalator, or lozenge) has been shown to be more efficacious than a single form of nicotine replacement. It is not appropriate for people with poor dentition.</p> <p>It is NOT like regular chewing gum. Slowly bite down on the gum (until tingling starts) and then keep the gum between cheek and gums for a minute without chewing to allow the nicotine to be absorbed. Repeat for around the next thirty minutes or until the tingling stops.</p> <p>Spray: At first, 1 spray in each nostril (1 milligram (mg)). Total dose is usually not more than 40 mg per day (40 sprays in each nostril). Reducing before stopping treatment.</p> <p>Nicotine oral inhaler: 6 cartridges per day for the first 3 to 6 weeks. (no more than 16 cartridges each day)</p> <p>treatment period:10-12 weeks</p> <p>Pregnant women: Offer to quit smoking with behavioural intervention alone, but clinicians may recommend NRT. Behavioural intervention and monitoring should also be provided.</p>		<p>nicotine levels to be reached after removal of a patch overnight.</p> <ul style="list-style-type: none"> For nicotine gum and lozenges: dyspepsia and nausea For nicotine inhalator or mouth spray: mouth and throat irritation can occur

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Varenicline	Nicotinic receptor partial agonist drug for smoking cessation that relieves symptoms of craving and withdrawal. The use of varenicline can more than double the chances of long-term quitting. Can be safely used for people who smoke with mental health problems but must be monitored during quit attempts. Patients should be advised to report unusual mood changes, depression, behaviour disturbance and suicidal thoughts, and stop using the medicine if these occur.	Dosage: Start one week before quit date: 0.5 mg for 3 days, 0.5 mg for 4 days, then 1mg from quit date for 12 weeks	For pregnant or breastfeeding women and adolescents.	Nausea which can be minimised if it is taken with food. Other side effects: sleep disturbance, drowsiness, headache, constipation, dizziness, and flatulence. Drink with full glass of water and meal to reduce nausea.
Bupropion	Non-nicotine oral therapy, approved for use as an antidepressant. Significantly increases cessation but compared with placebo the rates has been shown to be less effective than varenicline and NRT for smoking cessation.	Dosage: 150mg (1 tablet) a day for 3 days, then on day 4 – 150mg (1 tablet) (at least 8 hours apart). Then regularly 150 mg for 7- 12 weeks and in some cases up to 6 months	Patients with a history of seizures, eating disorders, and those taking monoamine oxidase inhibitors or pregnant/breastfeeding women. • Should be used with caution in people taking medications that can lower seizure threshold (e.g., other antidepressants, antipsychotics, antimalarials, oral hypoglycaemic agents).	Seizure, insomnia, headache, dry mouth, dizziness, anxiety, taste disturbance.

13. Jaén-Moreno, M., Feu, N., Redondo-Écija, J. *et al.* Smoking cessation opportunities in severe mental illness (tobacco intensive motivational and estimate risk — TIMER—): study protocol for a randomized controlled trial. *Trials* **20**, 47 (2019).
28. Campion J, Shiers D, Britton J, Gilbody S, Bradshaw T. Royal College of General Practitioners and Royal College of Psychiatrists; London: 2014. Primary care guidance on smoking and mental disorders — 2014 update
29. Hartmann-Boyce J, Lindson N, Butler AR, *et al.* Electronic cigarettes for smoking cessation. *Cochrane Rev* 2022. <https://doi.org/10.1002/14651858.CD010216.pub7>



This desktop helper appendix is advisory and is to be read in conjunction with IPCRG Desktop Helper no. 16 Severe mental illness, tobacco dependence and chronic obstructive pulmonary disease (COPD); it is intended for general use and should not be regarded as applicable to a specific case. More information is available at: <https://www.ipcr.org/DTH16>



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