SMOKING CESSATION FOCUS | CLINICAL

## Assess need for pharmacotherapy Assess nicotine dependence by asking: minutes after waking to first cigarette number of cigarettes per day cravings or withdrawal symptoms in previous quit attempts Non-pharmacological support Not nicotine Nicotine dependence indicated if: dependent Support quit attempts with smoking within 30 minutes of waking non-pharmacological strategies smoking more than 10 cigarettes per day Counselling history of withdrawal symptoms in previous quit attempts Cognitive and behavioural coping Consider patient's prior experience and views on strategies - delay, deep breathe, drink pharmacotherapy water, do something else Offer written information Not willing to use Offer Quitline referral or other assistance pharmacotherapy Arrange follow-up visit, if appropriate Nicotine dependent: Pharmacotherapy Recommend use of pharmacotherapy Explain options for pharmacotherapy **Bupropion sustained release** NRT, varenicline, buproprion Specify therapy based on effectiveness, clinical suitability and patient preference Absence of contraindications such as Explain that medicines can reduce urge to smoke, current or past seizures, concurrent but not eliminate them monoamine oxidase inhibitors, pregnancy Provide counselling in combination with pharmacotherapy Caution with other conditions or drugs that lower seizure threshold - check PI Not suitable for Patient preferences **NRT** or varenicline Most effective pharmacotherapy PBS subsidy Oral non-nicotine preparation Evidence of benefit in chronic disease and depression NRT Varenicline Clinical suitability Clinical suitability Suitable for many smokers, including Not recommended in adolescents pregnancy, childhood Follow up and monitor Combination NRT patch plus oral preferred Nausea in 30% of patients Give initial two-week script Caution in patients with recent Reduce dose in severe Arrange for second script cardiovascular event - check PI renal impairment -At follow up, review progress, and check PI May be suitable as a last resort in adverse effects pregnant women Consider using in Monitor allergy problems (eg skin rash) combination with NRT and insomnia **Patient preferences** Monitor for neuropsychiatric symptoms Patient preferences OTC availability (all forms) and PBS subsidy (patch, gum, lozenge) On current evidence, **Encourage and support** Concerns about side effects of varenicline is the most Encourage use of support services varenicline and bupropion effective single form of Encourage completion of at least Variety of forms available pharmacotherapy seven weeks of therapy PRS subsidy Possible option in pregnancy under Consider a follow-up visit if patient medical supervision Lack of drug interations needs extra support Follow up and monitor Follow up and monitor · Discuss benefit of follow-up GP visits, · Give initial four-week script; arrange for return for second script and discussion of progress especially if there is concern about medications, common adverse effects such as skin irritation, sleep At follow up, review progress and problems - common adverse effects are nausea and abnormal dreams Monitor for neuropsychiatric symptoms if high risk Monitor for neuropsychiatric symptoms if high risk Support and review **Encourage and support** · Encourage use of support services Encourage use of support services Encourage completion of at least 10 weeks of therapy Consider an additional course and further follow-up Encourage completion of 12 weeks of therapy consider further 12 weeks to reduce relapse Follow-up visit if support needed visit if patient needs extra support

## Figure 3. Pharmacotherapy treatment algorithm

GP, general practitioner; NRT, nicotine replacement therapy; OTC, over the counter; PBS, Pharmaceutical Benefits Scheme; PI, product information Reproduced with permission from The Royal Australian College of General Practitioners, Supporting smoking cessation: A guide for health professionals, 2nd edn, East Melbourne, Vic, RACGP, 2019, p. 34.