Frequently asked questions about stop smoking treatment

Q: What is the most effective way to stop smoking?

A: The Stop Smoking National Clinical Guideline recommends that people who smoke should be identified during clinical care contacts and that they should be offered support (behavioural & pharmacological) to stop smoking. Combined pharmacotherapy & behavioural support is up to four times more effective when compared with quitting unaided.

Q: What is the most effective pharmacological treatment and what should we recommend?

A: There are three approved medications to help with stopping smoking:

- Varenicline alone or in combination with NRT should be first line of treatment (two forms of NRT - patch plus fast acting NRT product).
- Combination NRT (two forms of NRT - patch plus fast acting NRT product) should be used as first line if varenicline is not suitable.
- Single forms of NRT or bupropion (alone or in combination with NRT) can be used but not as first line.

These medications are most effective in combination with intensive behavioural support delivered by a trained stop smoking advisor.

Adapted from the original NCSCT document: Frequently asked questions about stop smoking treatment

Q: What is combination NRT?

A: Combination NRT involves the use of a nicotine patch with a second faster acting NRT product (e.g. gum, spray, inhaler or lozenge). There is strong evidence that combination NRT is more effective in helping increase rates of successful quitting when compared to using just a single NRT product.

Combination NRT provides smokers with additional control over 'urges to smoke' and withdrawal symptoms. The NRT patch provides a steady supply of nicotine throughout the day and the faster-acting NRT product can be used by patients to meet their specific needs for additional nicotine. This may be a response to breakthrough urges to smoke, withdrawal symptoms of quitting and at times or in settings, where these urges or withdrawal symptoms might be predicted to occur.

One of the biggest mistakes in helping someone stop smoking is to use insufficient dose and/or formulation of NRT to treat the person's nicotine addiction. This is a clinical risk, since it will mean that treatment will not be successful and the client will leave with a negative view of NRT for future quit attempts. NRT is safe and effective.

Q: How do the different stop smoking medications work?

A: NRT provides smokers with less than half of the nicotine that they would normally get from smoking cigarettes, but without the tar, carbon monoxide and other harmful chemicals contained in cigarette smoke. This therapeutic nicotine helps with the withdrawal symptoms that smokers suffer from when they quit and significantly improves their chances of quitting successfully.

Varenicline is a partial agonist acting on the nicotinic receptors. It blocks the nicotine from binding to these receptors, reducing the satisfaction, taste and enjoyment of smoking. It also releases lower levels of dopamine, reducing withdrawal symptoms and cravings.

Bupropion has a number of actions that are thought to contribute to its ability to help smokers quit. These include inhibition of neuronal reuptake of dopamine and noradrenaline, non-competitive inhibition of nicotinic acetylcholine receptors and effects on serotonin reuptake. From a clinical perspective, it helps smokers by reducing the severity of withdrawal symptoms, including urges to smoke.

Q: What treatment side effects do I need to know about?

A: Continuing to smoke is associated with bleak risks to health - one in two will die; 10-15 years of life lost; increased risk of cancer, heart disease, stroke and lung disease.

Stop smoking care is lifesaving. Stopping smoking with help from stop smoking medicines is always safer than continuing to smoke.

Like any medicines, some care is needed when using stop smoking medicines.

The main side effects of using NRT are localised reactions (such as skin irritation with the patch and sore throat with the oral products). The patient normally gets used to these within several days if they use their NRT regularly. NRT is generally well tolerated with any side effects being mild to moderate.

Varenicline is also generally well tolerated. The most common side effects when using varenicline are nausea, headache, sleep disturbance and vivid dreams. There is no proven causal link with suicidal ideation. Most side effects can typically dissipate over the first two weeks of medication use and are tolerable. Nausea occurs in about 30% of varenicline users and only about 3% of users experience serious nausea with the rest being mild to moderate. To address nausea, it can be helpful to ensure patients are taking the medication with/after a meal and anti-emetics can be taken if the nausea persists. For those experiencing abnormal/vivid dreams there is the option to take the dose earlier in the evening.

Bupropion has a number of potential side-effects. The most common side effects when using bupropion are dry mouth, headache, dizziness, concentration disturbance, confusion, tremor, taste disorders, difficulty sleeping, nausea or vomiting, sweating and rash. Hypersensitivity reactions such as urticaria are also common. There is also an increased risk of seizures when using bupropion. The frequency of seizures is 1/1000.

Q. Are these medications associated with an increased risk of psychiatric events or suicide?

A: No. As with any medications, care should be taken with patients with a history of severe psychiatric illness and patients should be advised and monitored accordingly. The possible risks of taking these medications should be weighed against the risks of continuing to smoke.

The use of varenicline in smokers with or without a history of psychiatric disorder has not been associated with an increased risk of serious neuropsychiatric adverse events compared with placebo.

Practitioners should be aware of the possible emergence of serious neuropsychiatric symptoms in smokers attempting to quit with or without treatment.

Q: What about treating people with depression?

A: Problems with mood, including anxiety and depression, are more likely among people who smoke. Smoking does not help people's mood and stopping smoking does not cause mood disorders or make these worse. In fact, stopping smoking has been shown to improve this for most people.

The SPC for varenicline advises that monitoring should take place for people with a history of psychiatric illness. People with depression should be closely monitored when stopping smoking and should be advised to stop taking varenicline or bupropion and see their healthcare practitioner if they experience any anxiety, depression or suicidal ideation or behaviour.

Q: For how long should stop smoking medications be used?

A: A course of varenicline lasts 12 weeks (with the option of a further 12 weeks if you or your patient think that it is needed to maintain their abstinence) and should start at least a week before the quit date.

Typically for NRT, a course lasts for 8–12 weeks and can be prescribed according to this

ratio: 2-2-4-4 weeks or 2-4-4-2 weeks. There is the option to continue for a further 12 weeks.

A course of bupropion lasts 7–9 weeks and should start at least a week before the quit date.

All stop smoking medications (varenicline, NRT and bupropion) can be safely used beyond the standard 8–12 weeks if you think that this will maintain abstinence from smoking.

It is always safer and better for someone who has quit with NRT to continue using NRT rather than to stop using the product and relapse. Some patients will benefit from extended use of these products (for six months or longer) and it is safe. While not common, some patients may wish to use an NRT product for extended periods of time, possibly for the rest of their lives. This is usually intermittent use of the faster acting NRT products (gum, lozenge, mouth spray or inhaler). These are most often individuals who were previously heavily dependent smokers and who are at high risk of returning to smoking. Again, this is safe and our priority is to ensure patients do not relapse to smoking.

Q. What is the main reason people do not stop smoking when using NRT?

A: The main reason people do not stop smoking when they use NRT is that they do not use enough, and they do not use it for long enough. Likewise, many of the side effects that may be experienced are due to incorrect use. Providing patients with information on correct use and inappropriate dose/formulation can assist with improving patient experience as well as outcomes.

Q. How do I decide what type of NRT to use?

A: Combination NRT is best (the patch to give a background dose of nicotine and one of the faster acting products, such as lozenge, gum, inhaler or mouth spray, to deal with the breakthrough urges to smoke). There isn't a great deal of difference in efficacy between the individual NRT faster-acting products. Therefore the type of NRT chosen should be based largely on patient choice, taking into consideration: the patient's past experiences, their pattern of smoking throughout the day and the patient's lifestyle.

Q: How do I decide what dose of NRT to use?

A: It is important for individuals making a quit attempt to use enough NRT to address their withdrawal symptoms and urges to smoke. It is always best to start with a higher dose of NRT and reduce, than to start with a lower dose and then increase because someone is experiencing unpleasant withdrawal and strong urges to smoke, which may put them at risk of relapsing to smoking.

The initial dose of NRT can be guided by use of the Heaviness of Smoking Index (number of cigarettes per day and time to first cigarette in the morning) or the Fagerstrom test for nicotine dependence. Smokers who are more dependent generally benefit from higher doses of NRT. Past experience with urges to smoke and withdrawal symptoms when quitting can also be useful for determining the initial dose of NRT. Individual experience of withdrawal symptoms and urges to smoke can be used to guide the need to adjust the initial dose. Both the dose of NRT patch and the frequency of using the faster-acting NRT can be

increased as needed to address withdrawal symptoms and urges to smoke.

As a simple guide, in addition to a long-acting patch, a fast acting product can be recommended for use 'on the hour every hour' for at least the first 1-2 weeks, although this time frame can be extended to 3-4 weeks in the first instance depending on the patient's smoking history, experience of quitting and response to NRT.

Q. What NRT dose is recommended for heavily dependent smokers?

A: All heavily dependent smokers should be using varenicline in combination with NRT or high dose combination NRT (21mg or 25mg patch + faster acting NRT product).

In some heavily dependent smokers, higher doses of NRT (>42mg) have been shown to be more effective than standard doses (21mg or 25mg) in reducing withdrawal symptoms and urges to smoke. High dose NRT has been found to be well tolerated and safe among more-dependent smokers. The use of two NRT patches and a faster acting NRT product may serve as a more feasible method for achieving a higher nicotine dose.

Q. Can you become addicted to NRT?

A: Transferred dependence from tobacco to NRT is not common. The mode of delivery of nicotine with NRT is both less addictive and easier to break than tobacco dependence. When it does occur, it is often in people who were previously heavily dependent upon tobacco and long-term use of NRT is preferable than returning to smoking.

Q. Is it safe to smoke while using NRT?

A: This is not a safety issue. If someone is smoking after their quit date then their chances of achieving and maintaining abstinence is seriously impaired. There are no safety issues but adherence to the 'not-a-puff' rule which is advised by HSE stop smoking advisors from the quit date, should be revisited.

Q: What about treating pregnant and breast-feeding women?

A: Smoking in pregnancy is very harmful and in order to reduce risk to the foetus it is important to quit smoking as early as possible in the pregnancy. Pregnant women should always receive brief advice on smoking and be offered help to stop through referral to HSE stop smoking services. All healthcare professionals should recommend that combination NRT be used during pregnancy and breastfeeding following a discussion of the potential benefits and risks. Support the woman to make an informed choice regarding her stop smoking plan, ensuring respect for her preferences.

Q: What should happen in a follow up consultation during a quit attempt?

A: The patient's progress should be assessed, including withdrawal symptoms experienced and how they are managing them, smoking status (verified by carbon monoxide monitoring if possible) and medication usage. There should be discussion about any difficult situations encountered and how the patient dealt with them. Also consider any forthcoming high-risk situations and how they plan to manage them. The patient should be reassured and have their motivation to continue with the attempt (including the 'not a puff' rule) reinforced, and

should be given access to further medication. While this is routinely done by stop smoking advisors as part of the behavioural support offered to clients, reinforcement and support from HCPs is also beneficial.

Q: How should I react to patients who don't succeed in a quit attempt and go back to smoking?

A: Many patients (up to 70%) will go back to smoking within 12 months of their quit date – smoking is a chronic relapsing addictive disorder. Reassure them that some patients do make a number of quit attempts before they stop smoking for good. Ask the patient to consider what led them back to smoking and advise them to give themselves the best possible chance of quitting in the future by attending the local stop smoking service and using effective medication. There is no set number of attempts that people need to make before they manage to stop smoking for good. Many people take several attempts, but some stop on their first attempt. Each time a person attempts to quit, even if it is unsuccessful, they learn about what worked and didn't work well for them. This is information that can add to the success of future quit attempts.

Q: What can we do if someone keeps relapsing back to smoking?

A: Accept that it may take a number of quit attempts for this patient to stop for good, but that it is still worth supporting these quit attempts. Keep on encouraging the patient and make sure they get help from a stop smoking advisor and use varenicline and/or combination NRT.

As mentioned above, in patients who are heavily dependent or who have struggled with withdrawal or urges to smoke on previous quit attempts it is likely that varenicline or high-dose combination NRT will provide superior management of withdrawal symptoms and 'urges to smoke'. Extended use of these products may also be an option to consider in patients with multiple unsuccessful quit attempts.

Smoking reduction using a stop smoking medication may be considered for patients who are unable to stop smoking. If this is being offered as an alternative to abrupt quitting the period of reduction should be done over a two-week period, but can extend to up to four weeks, with a clear Quit Date identified as part of the stop smoking support programme. Please see link to the Quality Assurance Standards for the delivery of stop smoking services.

Q: What about weight gain on stopping smoking?

A: It is possible to stop smoking and maintain weight.

Some people gain weight when they quit smoking and some people do not. In fact, some people have lost weight after quitting smoking. Most of the weight gained after quitting smoking is due to eating more food and the wrong types of food.

Advise patients to plan ahead and have healthy snacks to hand. If they do gain a few pounds, advise them not to pick up a cigarette. Weight gain from quitting smoking is often temporary.

Remind them that the hazards of smoking – lung disease, heart disease and cancer will affect their health a lot more than temporary weight gain.

Q: What about e-cigarettes, should I recommend these as a stop smoking aid?

A: We have reviewed the studies of vaping as a stop smoking aid. Compared to the evidence-based stop smoking medications (varenicline, NRT and bupropion) that we recommend, we are not confident that the use of e-cigarettes is a safe and effective way to stop smoking. There is insufficient evidence that e-cigarettes are effective in helping people quit and therefore the Stop Smoking National Clinical Guideline does not recommend this as a treatment.

Q. What if a person decides to use an e-cigarette in their quit attempt?

A: Some people may choose to use an e-cigarette to support them in their quit attempt or may consider switching from smoking to using an e-cigarette.

However, it is important to note:

- That e-cigarettes are consumer products. There is some regulation in place to protect consumers of e-cigarettes but not the same quality and safety system as would be in place for a licensed drug or medical device.
- People who do not smoke or use e-cigarettes should not start.
- For people who smoke and want to quit, advise them that there are a range of recommended and accessible support options with well-established effectiveness and safety profiles.
- Smoking tobacco is extremely dangerous and, compared to this, e-cigarettes are likely to be less harmful. They are not harm-free and there is some uncertainty at the moment regarding their health impact.
- Evidence regarding the effectiveness and safety profile of e-cigarettes as a stop smoking support is evolving.
- To reduce the harm from smoking, dual use of tobacco and e-cigarettes should be avoided.

Q. What if my patient wants to quit vaping, can they get support?

A: Yes, the HSE stop smoking services can provide behavioural support to those who wish to quit vaping and become nicotine free. The priority of the stop smoking services, however, is to support those who wish to quit smoking.

Q: Are Hypnotherapy or Acupuncture effective in helping people to quit smoking?

A: There is no evidence that Hypnotherapy or Acupuncture are effective in helping people quit and therefore the Stop Smoking National Clinical Guideline does not recommend these supports as a treatment. Effective behavioural support from your local stop smoking services works and these services are free.

Q: What about recommending the use of Allen Carr's "Easy way to stop smoking" as a support to stop smoking?

A: Evidence on the effectiveness of the Allen Carr Method is mixed but it does not appear to be more effective than intensive support offered free of charge by specialist stop smoking services.

Q: What about people who are adamant that they wish to quit without using any medication i.e. quitting 'cold turkey'?

A: Some people are afraid of using products or medication and fear they will become 'addicted to something else'. A minority of people who quit 'cold turkey' will succeed, but most will relapse to smoking early on, and have a negative experience. They should be encouraged to understand that the use of stop smoking medication is safe and has been shown repeatedly to increase success in quit attempts. Tobacco addiction is a complex physical, emotional and psychological addiction which needs medication and behavioural support to overcome.

Q: What about contraindications and side effects of the medications?

A: As with all medications, there may be some contraindications and/or side effects. For more information on these, you should refer to the HPRA website. It should be noted that continued smoking poses a far greater risk to your patients (whatever their condition) than use of medications to help them stop.

For more information about stop smoking supports and treatments, see TFI resources page for Healthcare Practitioners.