



# Guide For The Management of Nicotine Dependent Inpatients

*It is intended that this guide be followed during the admission process before the patient has been admitted by the treating doctor. This guide is based on the 5A's for brief intervention.*

### 1 Ask - Identify every tobacco user on admission

- Never smoked
- Ex smoker - congratulate and encourage continued abstinence
- Current smoker follow steps 2 - 5

### 2. Advise

- All smokers should be advised to quit in a clear, personalized but non confrontational way

### 3 Assess nicotine dependence and withdrawal risk

- Inform patient of organisation's policy
- Assess nicotine dependence. Use Fagerstrom Test for Nicotine Dependence and score
- Every smoker is at risk of suffering nicotine withdrawal

### 4. Assist

- Discuss options for management of nicotine dependence and withdrawal symptoms while in hospital such as:
  - Abstaining supported by brief intervention
  - Abstaining supported by NRT and brief intervention
  - Continuing to smoke but outside the boundaries of the hospital
  - Offer or encourage patients to try nicotine replacement therapy (patches or lozenges) based on the Bittoun algorithm (attached)
- Record eg sticker or post it note "nicotine dependent" in notes, type and dose of NRT on medication chart
- Monitor withdrawal symptoms
- If patient is still experiencing withdrawal symptoms review dose /product as patient may benefit from combined therapy (patch and oral)

### 5 Arrange follow up on discharge

- Ask all smokers - "Do you intend to smoke when you go home?"

#### "Yes"

Encourage a future quit attempt ie "The best thing you can do for your health is to stop smoking. When you are ready talk with your doctor, pharmacist or local smoking cessation service." Contact Lung Health Promotion Centre for current list of designated services in Victoria. Quitline 131 848.

#### "No"

Arrange up to 4 weeks NRT post discharge. Encourage patient to seek cessation advice from their doctor, pharmacist or local smoking cessation service. Contact Lung Health Promotion Centre for current list of designated services in Victoria. Quitline 131 848. Include treatment summary in discharge plan. Provide written information to reinforce positive message. The more support they get early on the more likely they will be to succeed.

## Assessing nicotine dependence

Nicotine is the drug in tobacco that causes dependence. Nicotine dependence/addiction is now seen as a chronic relapsing disease which deserves medical treatment like any drug dependence or chronic disease. Nicotine dependence can be assessed and scored using the Fagerstrom Test for Nicotine Dependence (FTND). A score of 0 -2 is low and 8 -10 is very high.

## Nicotine withdrawal symptoms

Symptoms may include:

- Cravings
- Depressed mood
- Insomnia
- Irritability
- Frustration or anger
- Anxiety
- Difficulty in concentrating
- Restlessness
- Decreased heart rate
- Increased appetite or weight gain, within 24 hours of smoking cessation

These symptoms cause clinically significant distress and are not due to a general medical condition not due to another mental disorder (DSM-IV).

## Contraindications to use of NRT

<i>Gum</i>	Non smokers, hypersensitivity to nicotine, < 12 years
<i>Patch</i>	Non smokers, recent cardiac event < 48 hours < 12 years, generalized skin disorder
<i>Inhaler</i>	Non smokers, hypersensitivity to nicotine, < 12 years
<i>Microtab</i>	Non smokers, hypersensitivity to nicotine, < 12 years
<i>Lozenge</i>	Non smokers, hypersensitivity to nicotine, < 12 years, Phenylketonuria
<i>Mini lozenge</i>	Non smokers, hypersensitivity to nicotine, <12 years,

## Dose

Use the Bittoun algorithm as a guide.

<i>Patch</i>	21mg patch daily
<i>Gum</i>	maximum 40mg daily
<i>Inhaler</i>	6 -12 cartridges per day
<i>Microtab</i>	2mg 8 -12 tablets per day to max of 40 per day
<i>Lozenge</i>	2mg and 4mg, 1 – 2 hourly to a maximum of 15 per day
<i>Mini lozenge</i>	1.5mg, as required up to 20 per day,4mg as required up to 15 per day

## How to use NRT

**Gum:** Place one piece of gum into your mouth and chew slowly until you feel a slight tingling sensation (approximately 10 chews) Place the gum between your cheek and gum until the tingling has gone.

Bite again another 4-5 times until the tingling returns then place the gum in another position in the cheek. Continue to do this for approximately 30 minutes then discard the gum.

Use liberally (at least 1 per hour)

Do not eat or drink when gum is in the mouth

**Patch:** Place on clean, non-hairy site on chest or upper arm each night. Rotate site each day.

**Inhaler:** When you have a craving take a shallow puff about every 2 seconds or take 4 deep puffs very minute. Continue for 20 minutes. Replace the cartridge

**Microtab:** Press out a sublingual tablet and place it under the tongue, allow to dissolve slowly; do not chew, suck or swallow the microtab

Do not eat or drink while the microtab is in the mouth

Use liberally to suppress craving/urges

**Lozenge:** Place lozenge in the mouth between tongue and cheek, allow to dissolve slowly.

Do not suck, chew or swallow the lozenge. Move from one side of the mouth to the other until completely dissolved.

Do not eat or drink while the lozenge is in the mouth.

Use liberally to suppress cravings/urges to smoke

**Mini lozenge:** Place lozenge in the mouth and allow to dissolve slowly, do not suck, chew or swallow the lozenge. Move from one side of the mouth to the other until lozenge completely dissolved.

Do not eat or drink while the lozenge is in the mouth.

Use liberally to suppress cravings/urges to smoke

## **Nicotine replacement therapy**

NRT provides lower nicotine levels than those achieved by smoking. It is used to relieve withdrawal symptoms and so helps resist the urge to smoke. Delivery of nicotine via the oral mucosa (gum/inhaler) and transdermally (patch) is slower than delivery by smoking.

NRT medications do not contain other toxic substances found in cigarettes such as carbon monoxide and tar. They do not produce dramatic surges in blood nicotine levels and they do not produce strong dependence.

Stopping smoking may cause increased plasma levels of some medications.

Monitor closely the actions or side effects of any prescribed medications and drugs such as caffeine

Advise patient to reduce or halve their caffeine intake. Symptoms of caffeine toxicity are similar to symptoms of nicotine withdrawal

**All of the evidence indicates that nicotine administered as medication is  
always safer than that obtained by smoking.**

(Benowitz 1998)

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Updated December 2010

Acknowledgement to NSW Health and Queensland Health