Drug	Practical management
Psychiatric treatments which significantly interact with tobacco consumption	
Clozapine	The levels increase gradually after smoking cessation (1.5 times in 2-4 weeks). **1. Stable patients, smokers of >1pack a day who quit smoking with a long-term abstinence plan (voluntary cessation):** Assess reduction of the dose to 60-70% of the initial amount (e. g. 700 mg dose with tobacco = 425 mg without tobacco) in 2-4 weeks. **2. Patients admited with acute disorder and brief admission to a centre where smoking is not permitted:** Monitor possible adverse effects (hypersalivation, sedation, hypotension, tachycardia, seizures, agitation). Measure serum levels on admission and after 2 weeks, or earlier if adverse effects occur. **3. Stabilised non-smoking patients who resume / take up smoking >1 pack a day (e. g. when discharged from a smoke-free hospital):** Consider increasing the dose progressively to 1.5 times in 2-4 weeks and monitor levels and response.
Olanzapine	Blood drug levels increase after cessation of smoking (1.5-5 times increase between 4-10 days). The average correction factor of the dose to quit smoking is = 0.6-0.7 times. Widest therapeutic range. **1. Stable patients, smokers of > 1 pack a day who quit smoking with a long-term abstinence plan (voluntary cessation):** Assess reduction of the dose to 60-70% of the initial amount (e. g. 30 mg dose/day with tobacco = 20 mg without tobacco) in 4 days: Reduce the dose/day to 10% for 4 days (e. g. dose of 30 to 27-24-22-20). **2. Patients with acute disorder admitted in a smoke-free ward (short-term), when it is often necessary to increase the dose or start the treatment:** Monitor symptoms of intoxication and adverse effects (extrapyramidal signs and akathisia). **3. Stabilised non-smoking patients who resume / take up smoking >1 pack a day (e. g. when discharged from a smoke-free hospital):** Consider increasing the dose progressively to 1.5 times in 2 weeks and monitor the levels and response.
Other substances	
Caffeine	The concentrations of caffeine, when one does not smoke, are 3-4 times higher than those found when one smokes. The cessation of caffeine consumption produces decreased levels of certain medications (if there are changes in the dose of coffee of more than1-3 cups a day). **For example:** In clozapine the correction factor of the dose is 1.6 times if coffee consumption is ceased. The cessation of smoking in a hospital admission is partially offset by the cessation of caffeine consumption.
Interaction of tobacco / caffeine / lithium	Caffeine stimulates the excretion of lithium. **Example 1:** Outpatients who quit smoking but keep drinking coffe: cessation of smoking – increase in levels of caffeine = potencial increase in lithium elimination = risk of reducing lithemias on quitting smoking = monitor the levels. **Example 2:** Hospitalised patients who simultaneously quit smoking and coffee: potential mutual offset of effect.

People with severe mental disorders die about 25 years earlier than the general population, mainly due to diseases caused or aggravated by tobacco use.

For the best results in aiding smoking cessation, it is advisable to combine psychological (cognitive-behavioral and motivational strategies) and pharmacological (NRT, Varenicline and Bupropion) interventions.

More intensive interventions and more prolonged follow-up (up to one year) may be necessary.

First-line drugs for the treatment of tobacco use

Drug	Dosage	Main side effects	Contraindications
NRT (Nicotine replacement therapy)	Treatment of at least three months. Maximum efficacy with combined therapy: transdermal plus oral.	Patches: Insomnia, headache. skin reactions. Gums and lozenges: Insomnia, headache, nausea, dyspepsia and diarrhoea.	All contraindications are relative (risk/benefit assessment): recent myocardial infarction, unstable angina, cardiac arrhythmias, recent myocardial infarction, severe hypertension, pregnancy, lactation, digestive pathology.
Varenicline	Start of treatment one week before cessation. Staggered onset: 0.5 mg once a day (first 3 days), 0,5 mg twice a day (the following 4 days), to 2 doses of 1mg/day (at 12 hour intervals).	Nausea, flatulence, sleep disturbances (disorders). It is necessary to monitor the mental disorder.	Hypersensitivity to its components. Precautions in patients with severe kidney failure (halve the dose).
Bupropion	Treatment begins one or two weeks before smoking cessation. Staggered onset: typically 150 mg/day in the first week rising to two doses of 150 mg/day.	Difficulty sleeping, dry mouth, headache, nausea and skin reactions. It is necessary to monitor the mental disorder.	People at risk of seizures: epilepsy, brain tumors, head injuries, treatments with drugs that lower the seizure threshold (antidepressant, antypsychotics, theophylline, tramadol, systemic corticosteroids, antimalarials, quinolones, amantadine, levodopa, sedative antihistamines, hypersensitivity to the drug, pregnancy, history of anorexia or bulimia, bipolar disorder, severe liver cirrhosis, patients with alcohol dependence or treatment for addiction to alcohol or benzodiazepines.

How can I help my patients quit smoking?

A brief guide to clinical intervention for patients with mental disorders

Generalitat de Catalunya
Agència de Salut Pública de Catalunya
Xarxa Catalana Hospitals Sense Fum
ICO Institut Català d'Oncologia

Evaluation

Evaluation

Asses the nicotine dependence level*. Assess the willingness to quit.

Record

Clinical history of smoking: pattern of consumption, quit attempts, methods used, causes of relapse.

*Heaviness of Smoking Index:

1 How many cigarettes/day do you usually smoke?

(0) 10 or less
(1) 11 to 20
(2) 21 to 30
(3) 31 or more

2 How soon after you wake up do you smoke your first cigarette?

(3) Within 5 minutes
(2) 6 to 30 minutes
(1) 31 to 60 minutes
(0) More than 60 minutes

0 to 2: low dependence / 3 to 4: moderate dependence / 5 to 6: high dependence

Intervention

Awareness-raising

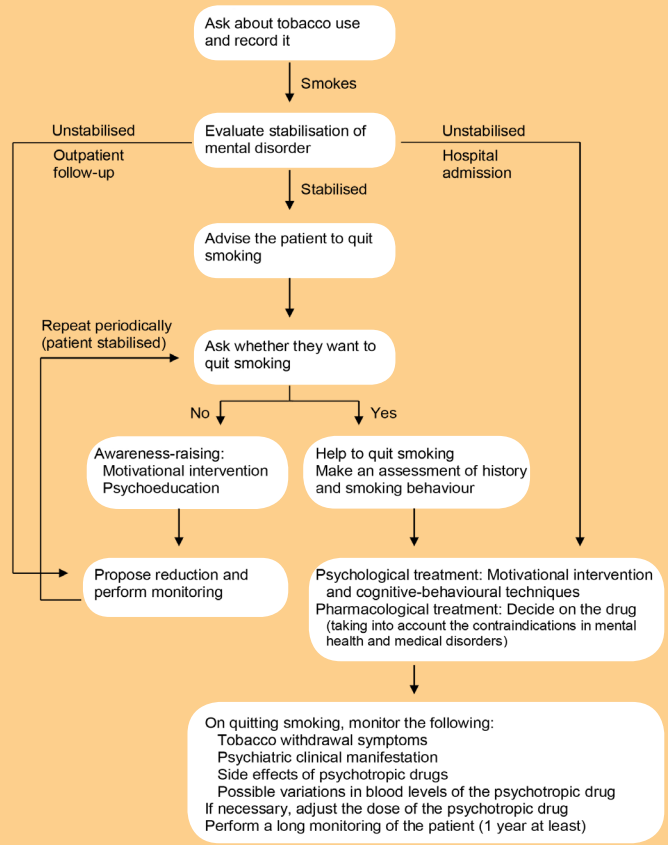
- "For what reason would you quit smoking?"
- "Do you see any risk or negative consequence on you in smoking?"
- "What advantages would you have if you quit smoking?"
- "What worries you about quitting smoking?"

Reduction

- Reduction of the number of cigarettes by 50%.
- Establish a reduction of the CO exhaled.
- How to reduce the consumption?
  - Hierarchical reduction: give up the more dispensable cigarettes.
  - Increase in time between cigarettes.
  - Set smoke-free areas to not smoke (e. g. in the car, at home, etc.).

Cessation

- Supression of tobacco use with psychological and pharmacological treatment.



Download the guide on the web: www.xchsf.cat

Indicative criteria to start NRT

Number cig./day	Time from waking to the first cigarette of the day	Recommended NRT
≤ 14	> 60 minutes	- Dispense gums or lozenges. - Small patch option: 7 mg (24 h) / Other equivalent.
15 - 19	30 - 60 minutes	- Medium patch: 14 mg (24 h) / 10 mg (16 h) / Other equivalent. - Supplement with gums or lozenges.
≥ 20	< 30 minutes	- Large patch: 21 mg (24 h) / 15 mg (16 h) / Other equivalent. - Supplement with gums or lozenges.

Hospital admission: management of the NRT during permits

Tobacco consumption during permits	Situation	Action
The patient will not smoke.	Good awareness of the disease, good treatment compliance, good motivational level.	Leave the same dose of NRT patches and gums/lozenges.
The patient will smoke less than before admission.	Reduction to approximately half the number of cigarettes.	Reduce the dose of NRT.
The patient will smoke the same amount as before admission.		Remove the NRT patch.