

NICOTINE REPLACEMENT THERAPY (NRT) WORKS - NOT BUTTS

- ▶ INFORM PEOPLE THAT NRT CAN DOUBLE THEIR CHANCE OF QUITTING
- ▶ PRESCRIBE SUFFICIENT NRT TO RELIEVE WITHDRAWAL SYMPTOMS
- ▶ REASSURE THAT NRT IS SAFER THAN SMOKING
- ▶ ADVISE THAT NRT CAN BE USED SAFELY WITH OTHER MEDICINES

Nicotine replacement therapy (NRT) aims to reduce withdrawal symptoms associated with stopping smoking by replacing some of the nicotine that smokers would have received from cigarettes,¹ thus making quitting more tolerable. The funded options of NRT are transdermal patches that deliver nicotine slowly, and chewing gum or lozenges that deliver nicotine faster than skin patches, but less rapidly than from smoking cigarettes. Other forms of delivery include an oral spray and inhalater which can be purchased at pharmacies and supermarkets.

INFORM PEOPLE THAT NRT CAN DOUBLE THEIR CHANCE OF QUITTING

All forms of NRT make it more likely that a quit smoking attempt will be successful; increasing the chances of stopping smoking by 50-70%.¹ Providing people with repeated courses can help with recovery from relapses and encourage new quit attempts.

ALWAYS PRESCRIBE SUFFICIENT NRT TO RELIEVE WITHDRAWAL SYMPTOMS

Most people who are attempting to quit smoking do not use enough NRT.² Full-strength patches, gum and lozenges are more effective than the lower-strength options for highly dependent smokers; some may require 2 patches. Combinations of NRT products, such as a patch and gum, are more effective than a single NRT product. If nausea develops, then the dose or frequency can be reduced.²

NRT should be continued for at least 8 weeks; the usual course of treatment is 12 weeks. NRT can be continued for longer than this if necessary.²

NRT can be used prior to quitting to reduce cigarette consumption. In this case, cigarette use should be reduced to half by 6 weeks, then stopped completely by 6 months.²

REASSURE THAT NRT IS SAFER THAN SMOKING

Everyone can use NRT, including people with cardiovascular disease and women who are pregnant or breastfeeding, if they would otherwise continue to smoke.³ NRT is much safer than continued smoking.

Even 'light' or 'occasional' smoking affects the health of the baby. Encourage women to be completely smoke-free as quickly as possible, preferably during the first trimester. The best outcomes in pregnancy are achieved with complete cessation, not reduction.³

Note: Pregnant women are usually advised to remove their nicotine patch at night.³

People with mental illness have higher rates of smoking than the general population. People who do stop smoking can improve their physical and mental health.³ Stopping smoking is associated with a reduction in depression, anxiety and stress, improved positive mood and quality of life.⁴

NRT is a useful option if people are unable to smoke while in smoke-free environments, such as hospitals. Smoking cessation also reduces the risk of post-operative complications³ and improves treatment outcomes for some conditions, particularly cancer therapies.³

ADVISE THAT NRT CAN BE USED SAFELY WITH OTHER MEDICINES

Regardless of whether or not NRT is being used, smoking cessation can affect the metabolism of some medicines, including clozapine, olanzapine, theophylline and warfarin.⁵ It may be necessary to adjust the doses of these medicines when people reduce or stop smoking. It is the constituents of the smoke, rather than nicotine itself that induces liver enzyme activity and increase the metabolism of these medicines.³

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KEY REFERENCES

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