

Guide for management of tobacco addiction in patients known to have mental illness presenting at Emergency

Patient in ED waiting for admission to psychiatric unit

- Inform patient that hospital is Smoke Free
- Ask - *Do you smoke?*
- Ask - *How many cigarettes per day?* >10/day patient eligible for NRT
- Offer glucose or barley sugar to alleviate withdrawal symptoms (unless patient diabetic or fasting)
- Explain - *This hospital is Smoke Free. We can give you a safe form of nicotine to help you feel better while waiting.*
- Say - *If you have enough safe nicotine, you won't feel the need to smoke*
- Offer behavioural distraction (playing cards or game)

Many people with mental illness express interest in quitting smoking. They should receive the same help and encouragement offered to patients who do not have MI.

Evidence shows that glucose alleviates withdrawal. We are giving them something as well as telling them they cannot smoke.

Patients sometimes fear NRT, not understanding that it delivers less nicotine than tobacco + is safer without the 4000 chemicals in smoke.

Be aware patient may have been in police custody + may need food or drink. Attend to basic needs. Behavioural distraction useful for long waits.

Patient interested in NRT

- Offer nicotine lozenge, inhaler, microtab or 21 mg patch
- Offer combination Rx of Patch + Inhaler, Lozenge, or Microtab if pt continues to have nicotine withdrawal
- Inform psych unit staff of NRT when the patient is transferred

MO, or nurse-initiated (Guideline for Management of Nicotine Dependent Inpatients).

Most MH patients will be titrating a very high dose of nicotine via their smoking (draw deeper, more often). The patch will take hours to achieve a low dose. Lozenge and inhaler will boost plasma levels faster.

Patient not interested in NRT, is agitated, and you make a clinical judgement to allow them to smoke

- Escort patient to Risk Management zone for one cigarette.

This is an exceptional circumstance that overrides Smoke Free policy. This zone is for harm-minimisation and should not be used as a general smoking area. Last resort only.

Patient triaged but in waiting room

- Ask: *Do you smoke?*
- Offer glucose tablet or barley sugar to help alleviate withdrawal symptoms (unless patient diabetic or fasting)
- Explain: *The grounds of this hospital are Smoke Free. If you decide to smoke, please walk to the hospital boundary to have your cigarette*

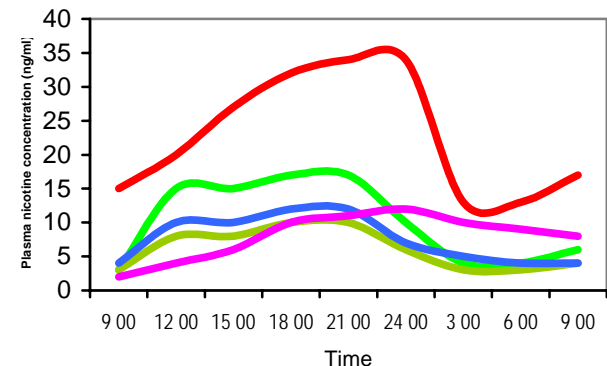
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NRT	Dosage	Directions for use
Nicotine Inhaler	Nicotine is absorbed through oral mucosa. Encourage patient to self-titrate dose. Single therapy: 6-12 cartridges per day. This population is known to titrate high doses of nicotine from smoking behaviour. Patients with MI are likely to require 12 cartridges per day to deliver sufficient nicotine to alleviate withdrawal.	Insert cartridge, close device to puncture. Each cartridge will deliver approximately 80 puffs before depleted. Inhale air through cartridge. Hand-to-mouth action of Inhaler appeals to people with MI, or who are agitated or confused.
Nicotine Lozenges	Encourage patient to self-titrate dose. When used as a single therapy: 9-15 lozenges/day. Time to First Cigarette: TTFC <30 mins use 4mg TTFC >30mins 2mg use 2mg	One lozenge placed in the mouth, periodically moved from one side of the mouth to the other until dissolved (20-30mins). Do not chew or swallow whole. Do not eat or drink while the lozenge is in the mouth (nicotine can irritate oesophagus and stomach).
Patch	21mg patch will deliver maximum of 12ng/mL. Patients with mental illness are likely to be titrating >35ng/mL. Plasma levels rise slowly and patient may need additional NRT via Inhaler, Lozenge or Microtab.	Do not use on adhesive-sensitive skin. Place on a clean, non-hairy site on chest or upper arm. Patch may be less suitable in ED due to slow rise in plasma nicotine levels
Microtab 2mg	Self titrate dose according to symptoms. Low dependent TTFC >30min: 1 tab every 1-2 hrs, 8-12 daily High dependent TTFC <30min or failure on 2mg: 2 tabs every 1-2 hrs: max 40 daily	Allow tablet to dissolve under tongue over 30 mins. Avoid chewing or swallowing the tablet.

Symptoms of nicotine withdrawal = cravings to smoke, plus 4 or more of the following

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|--------------------------|----------------------|----------------------|
| Anxiety | Irritability | Insomnia |
| Restlessness | Frustration or anger | Increased appetite |
| Difficulty concentrating | Depressed mood | Decreased heart rate |

Indicative plasma nicotine levels over 24 hrs (ng/ml)



- Most patients with mental illness will be titrating well above 35 ng/ml via their smoking behaviour
- 4mg Lozenge levels are similar to those achieved by 4mg gum
- 2mg lozenge levels are similar to those achieved by 2mg gum
- Patch is 21mg 24hr
- Inhaler typically delivers 1/3 levels achieved by smoking.

Concurrent smoking with NRT

Evidence shows that concurrent use of NRT with smoking appears to be safe. Smokers are expert at titrating their dose of nicotine and will adjust their smoking behaviour to get the plasma level they seek. If a patient wants to smoke while on the patch, this indicates they require combination therapy of patch plus intermittent NRT.