# Mental health smoking assessment checklist

## Smoking assessment checklist

| | |
|---|---|
| Assess smoker status/nicotine addiction – Fagerström test (see page 3) | ☐ |
| Inform patient of Smoke Free WA Health System Policy | ☐ |
| Mental Health Exemption Criteria: | ☐ |
| • Involuntary mental health patient? | ☐ |
| • Aged 18 years and over? | ☐ |
| • Appropriate outdoor designated smoking area available? | ☐ |
| • Smoking will not interfere with treatment regime? (see Table one, page 7) | ☐ |
| • Smoking will not interfere with safe operation of the service? | ☐ |
| • Appropriate observation in accordance with agreed patient/clinical management plan, is available for when the patient chooses to smoke? | ☐ |
| • Patient has his/her own supply of tobacco/cigarettes? | ☐ |

## Mental health exemption

| | |
|---|---|
| Criteria met/Exemption applied | ☐ |
| Criteria not met/Exemption refused | ☐ |
| Signed _____ Name _____ Position _____ | |

| Exemption criteria met | | Exemption criteria not met | |
|---|---|---|---|
| Complete Nicotine Withdrawal Management Plan for use when patient is unable to access designated smoking area (see page 5) | ☐ | Complete Nicotine Withdrawal Management Plan (see page 5) | ☐ |
| Assess effect of smoking on patient's medication (see Table one, page 7) | ☐ | Assess willingness to quit/Ask if patient wanting to quit smoking | ☐ |
| Assess willingness to quit/Ask if patient wanting to quit smoking | ☐ | Assess effect of stopping smoking on patient's medication (see Table one, page 7) | ☐ |
| Provide quit assistance (if appropriate)/Assist patient with cessation plan (see page 6) | ☐ | Provide quit assistance (if appropriate)/Assist patient with cessation plan (see page 6) | ☐ |

## Nicotine Replacement Therapy (NRT) as per Nicotine Withdrawal Management Plan

| | |
|---|---|
| Provide appropriate NRT for patient (see page 3) | ☐ |
| Record supply of NRT in patient notes | ☐ |
| Record any resulting alteration of patient's other medication in patient notes | ☐ |

## Review

| | |
|---|---|
| Review patient's Nicotine Withdrawal Management Plan (see page 5) | ☐ |
| Review quit assistance/ Review patient cessation plan (if appropriate) (see page 6) | ☐ |

## On discharge

| | |
|---|---|
| Assess willingness to quit/Ask if patient wanting to quit smoking: | ☐ |
| ▪ Review/Assist with patient cessation plan (see page 6) | ☐ |
| Offer referral to Quitline (13 7848)/Complete Quitline referral form (below) | ☐ |
| Review patient's NRT needs/Provide discharge supply of NRT (if appropriate) | ☐ |
| Record supply of NRT in patient notes (if appropriate) | ☐ |
| Discuss follow up appointment with GP/consumer mental health professional (as appropriate) | ☐ |
| Discuss longer term arrangements for managing nicotine withdrawal (e.g. continued NRT/other pharmacotherapies) | ☐ |
| Discuss cessation plan with patient's family and/or carer (where appropriate) | ☐ |

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Quitline 13 7848

# Mental health services smoking cessation referral form

Fax: 9442 5020 or Scan and email: ADIS@health.wa.gov.au

| **Referred by** | | |
|---|---|---|
| First name | Last name | |
| Health Service/Organisation | | |
| Telephone | Fax | Email |
| **Client details** | | |
| First name | Last name | |
| Tel (mobile) | (home) | (work) |
| Is the client? | Aboriginal ☐ Pregnant ☐ Breastfeeding ☐ | |
| What are the best days for Quitline to call? | Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun ☐ | |
| What is the best time for Quitline to call? | 9am – 1pm ☐ 1pm – 5pm ☐ 5pm – 8pm ☐ | |
| Is it ok to leave a message? | Yes ☐ No ☐ | |

**Client consent** I agree to this Quitline referral and understand that Quitline staff will call me during times indicated on this form. Tick if consent has been given by client. ☐

Client signature _____ Date _____

**Quitline use only:** To referrer, we have attempted to contact your client three times and have been unsuccessful. **Privacy warning:** This information is intended for Quitline only. If you are not the intended recipient you must not copy, distribute, take any action or disclose any of the information on this form to any other person or organisation. Tick ☐

# Fagerström Test for nicotine dependence

Use the following test to score a patient's level of nicotine dependence once they have been identified as a current or recent smoker:

| | | | |
|---|---|---|---|
| | | Please tick ☐ one box for each question | |
| How soon after waking do you smoke your first cigarette? | Within 5 minutes | ☐ | 3 |
| | 5-30 minutes | ☐ | 2 |
| | 31-60 minutes | ☐ | 1 |
| | 60+ minutes | ☐ | 0 |
| How many cigarettes a day do you smoke? | 10 or less | ☐ | 0 |
| | 11 – 20 | ☐ | 1 |
| | 21 – 30 | ☐ | 2 |
| | 31 or more | ☐ | 3 |
| | | **Total Score** | |
| **Score** | 1–2 = very low dependence<br>3 = low to mod dependence | 4 = moderate dependence<br>5+ = high dependence | |

## Offer appropriate level of NRT according to their level of dependence

- Remember to consider contraindications and precautions – refer to medical officer if appropriate.
- Patients previous quit attempts may also provide assistance in which products may be suitable.

| Dependence level | Combination Therapy | NRT Dosage |
|---|---|---|
| **High** | **Patches:** 21 mg/24 hr or 15 mg/16 hr<br>and<br>***Lozenge or Gum:** 2 mg or inhaler | **Patches:** 21 mg/24 hr or 15 mg/16 hr<br>**Inhaler:** 6 –12 cartridges per day<br>**Lozenge:** 4 mg<br>**Gum:** 4 mg |
| **Moderate** | **Patches:** 21 mg/24 hr or 15 mg/16 hr<br>and<br>***Lozenge or Gum:** 2 mg or inhaler | **Patches:** 21 mg/24 hr or 15 mg/16 hr<br>**Inhaler:** 6 –12 cartridges per day<br>**Lozenge:** 4 mg<br>**Gum:** 4 mg |
| **Low to moderate** | **Patches:** 14 mg/24 hr or 10 mg/16 hr<br>and<br>***Lozenge or Gum:** 2 mg or inhaler | **Patches:** 14 mg/24 hr patch or 10 mg/16 hr<br>**Inhaler:** 6 –12 cartridges per day<br>**Lozenge:** 2 mg<br>**Gum:** 2 mg |
| **Low** | | May not need NRT<br>Monitor for withdrawal symptoms<br>**Patches:** 7 mg/24 hr patch or 5 mg/16 hr<br>**Lozenge:** 2 mg<br>**Gum:** 2 mg |

*Maximum of 12 lozenges or gum per 24 hours, when combined with patch. Minimum recommended is 4 per 24 hours if experiencing breakthrough cravings 1.

# Nicotine Replacement Therapy product information

| Nicotine Replacement Therapy | Fagerström score (dependence level) | Dose | Directions for use | Contraindications |
|---|---|---|---|---|
| **Patch** | High | 21 mg/24 hr patch or<br>15 mg/16 hr patch | Do not use on adhesive or sensitive skin. Place on clean, non-hairy site on chest or upper arm. A new patch should be placed on a different site each day to prevent skin reaction. Ideally, patches should be placed on at night prior to sleep, as nicotine concentration reaches its peak after 8 hours. | Non-tobacco user; children (<12 yrs); hypersensitivity to nicotine; recent myocardial infarction; unstable or progressive angina pectoris; Severe cardiac arrhythmias; acute phase stroke. |
| | Moderate | 21 mg/24 hr patch or<br>15 mg/16 hr patch | | |
| | Low to moderate | 14 mg/24 hr patch or<br>10 mg/16 hr patch | | |
| | Low | May not need NRT<br>7 mg/24 hr patch or<br>5 mg/16 hr patch | | |
| **Lozenge** | High | 4 mg lozenges<br>1 lozenge every 1-2 hours | Place one lozenge in the mouth; periodically move from one side of the mouth to the other until dissolved (approx 20 – 30 mins). The lozenge should not be chewed or swallowed whole.<br>Users should not eat or drink while lozenge is in the mouth. | Non-tobacco user; children (<12 yrs); those with hypersensitivity to nicotine; phenylketonurics; recent myocardial infarction; unstable or progressive angina pectoris; Severe cardiac arrhythmias; acute phase stroke. |
| | Moderate | 4 mg lozenges<br>1 lozenge every 1-2 hours | | |
| | Low to moderate | 2 mg lozenges<br>1 lozenge every 1-2 hours. Users should not exceed 15 lozenges per day | | |
| **Gum** | High | 4 mg gum<br>6 – 10 per day | Chew slowly until the taste becomes strong (~1 min), then rest the gum between your cheek and gum. When the flavour fades, repeat the process. Continue for 30 minutes. | Non-tobacco user; children (<12 yrs); those with hypersensitivity to nicotine; recent myocardial infarction; unstable or progressive angina pectoris; Severe cardiac arrhythmias; acute phase stroke. |
| | Moderate | 4 mg gum<br>6 – 10 per day | | |
| | Low to moderate | 2 mg gum<br>8 – 12 per day | | |
| **Inhaler** | High | Self titrate dose according to withdrawal symptoms. A cartridge should be used when the user feels an urge for a cigarette. | Insert cartridge, close device to puncture. Do not use the inhaler while eating or drinking. Do not drink acidic beverages (such as coffee or soft drinks) for 15 minutes before using inhaler. | Non-tobacco user; children (<12 yrs); those with hypersensitivity to nicotine; hypersensitivity to menthol; recent myocardial infarction; unstable or progressive angina pectoris; Severe cardiac arrhythmias; acute phase stroke. |
| | Moderate | | | |

# Nicotine Withdrawal Management Plan

For use by Nurses, Midwives and Medical Officers following initial assessment, to dispense ongoing Nicotine Replacement Therapy.

Name: _____

Fagerström Test Score: _____

Nicotine Replacement Therapy (NRT) History: _____

_____

_____

_____

_____

Medical Assessment for NRT: _____

_____

_____

_____

_____

## Nicotine Withdrawal Management Plan

| Date | NRT Type (eg patch, lozenge, etc) | Review (eg good, medium, no effect) | Comments (eg side effects, etc) | Signature |
|---|---|---|---|---|
| | | | | |
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# Cessation plan

I _____

on the _____

have decided to cut down or quit smoking.

The reasons why I smoke are:

Physical:

Feelings:

Habit:

The reasons why I am quitting or cutting down:

My quit **goal** is:

**Never give up giving up! Smoking is a powerful addiction and you should not be discouraged if you have trouble staying quit! It can take smokers several times before they succeed in quitting so try again!**

Things I like about smoking:

Things I don't like about smoking:

What gets in my way and makes me want to smoke?

## Plan ahead

I know it might be hard to stay quit or cut down sometimes. I have a plan, this is what I will do.

When I am stressed or angry...
instead of smoking I will:

When I am bored or sad...
instead of smoking I will:

When someone offers me a cigarette...
instead of smoking I will:

When I just feel like smoking...
instead of smoking I will:

My support:

I am using quit medication
I am using NRT:

- ☐ Patches
- ☐ Gum
- ☐ Lozenges
- ☐ Inhaler

I will get my NRT from:

My Support people are:

I can talk to:

## Good news about quitting

What I have to look forward to:

- 8 hours excess carbon monoxide gone
- 5 days most nicotine gone
- 1 week your senses of taste and smell get better
- 4 weeks blood flow improving
- 3 months lungs are working better
- 12 months risk of heart disease is halved
- 5 years risk of stoke greatly reduced.

## Cravings pass in a few moments

Remember the 4 D's:

- Delay
- Deep breathe
- Drink water
- Do something else.

Who else can support me after I leave?

I am going to use the money I save from quitting on:

**Quitline is always there**
**13 7848**

**Every cigarette you DON'T smoke is doing you GOOD!**

# Medication interactions with smoking and smoking cessation

- Smoking interacts with both psychiatric and non-psychiatric medication commonly used by people with mental illness and medication levels can vary if someone starts or stops smoking.
- Some people may need dose adjustment when quitting or reducing smoking or when resuming smoking following abstinence.
- Interactions are caused by components of tobacco smoke – not nicotine – and nicotine replacement therapy will not affect changes in medication levels caused by smoking cessation.
- Interactions are often the result of tobacco smoke inducing cytochrome P450 enzymes in the liver, affecting absorption, distribution, metabolism or elimination of the medication.

## Table one: Medication interactions with smoking and smoking cessation

The following table summarises possible interactions between common medications and smoking or smoking cessation as described in guidance developed by the former Hunter New England Area Health Service, Mersey Care NHS Trust, UK and Regents University, California.

| Psychiatric Medication | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| **Antipsychotics** | Amisulpride | No effect | | |
| | Chlorpromazine | Moderate | ■ Lower serum levels<br>■ Less drowsiness and hypotension<br>■ May need higher doses | ■ Increased serum levels<br>■ May need lower doses |
| | Clozapine* more info below. | Moderate | ■ Lower serum levels<br>■ Will need higher doses | ■ Increased serum levels<br>■ Will need lower doses<br>■ Monitor closely for signs of toxicity |
| | Fluphenazine | Moderate | Serum levels may be lower | ■ May increase serum levels<br>■ Possible increased drowsiness or extrapyramidal side effects<br>■ May need lower doses |
| | Haloperidol | Moderate | ■ Lower serum levels<br>■ Will need higher doses | ■ Increase serum levels<br>■ May need lower doses<br>■ Possible increased drowsiness, extrapyramidal side effects, hypotension |
| | Olanzapine | Moderate | ■ Lower serum levels<br>■ May shorten half-life | ■ Increased serum levels<br>■ May need lower doses |
| **Psychiatric Medication** | Perphenazine | – | ■ Lower serum levels | ■ May increase serum levels<br>■ Monitor response<br>■ May need lower doses |
| | Quetiapine | No known effect | | |
| | Risperidone | No known effect | | |
| | Thioridazine | High | | Risk of Cardiotoxicity |
| | Ziprasidone | No known effect | | |
| | Zotepine | No known effect | | |

| Psychiatric Medication | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| **Anticonvulsants** | Carbamazepine | None to minimal effect | | |
| | Phenytoin | Moderate | Varying reports | Varying reports |
| | Valproate | Moderate | Varying reports | Varying reports |
| **Hypnotics and Anxiolytics** | Benzodiazepines<br>Aprazolam<br>Chlordiazepoxide<br>Clonazepam<br>Diazepam<br>Loprazolam<br>Lorazepam<br>Lormetazepam<br>Nitrazepam<br>Oxazepam<br>Temazepam | Moderate | ■ Lower plasma levels<br>■ May need higher doses | ■ Possible increased sedation<br>■ May need lower doses |
| | Zolpidem | | ■ May lower plasma levels<br>■ Possible less hypnotic effect<br>■ Heavy smokers may need higher doses | ■ Increased plasma levels<br>■ Possible increased sedation<br>■ May need lower doses |
| **Lithium** | | Possible indirect effect | ■ Smoking increases caffeine metabolism and significant changes in amount of caffeine may affect lithium levels | ■ Theoretically, could indirectly change lithium excretion<br>■ Check levels especially if deterioration evident |
| **NaSSAs** | Mirtazapine | Clinical Significance unclear | ■ Lower serum levels | ■ May increase serum levels |
| **Opioids** | Methadone | Moderate | | ■ Sedation and respiratory depression |
| **SNRIs** | Duloxetine | | Lower plasma levels | ■ Increased plasma levels<br>■ Possible increased side effects<br>■ May need lower doses |
| **SSRIs** | Fluvoxamine | Moderate | Lower serum levels | ■ May increase serum levels |
| **Tricyclic antidepressants** | Amitriptyline<br>Clomipramine<br>Imipramine<br>Nortriptyline | Moderate | Lower plasma levels<br>Serum levels fall but free drug levels rise minimising clinical significance | ■ May increase serum levels<br>■ Monitor for side effects and consider dose adjustment if appropriate |

| Non-Psychotropic drugs | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| **Analgesics** | Codeine<br>Dextropropoxyphene<br>Pentazocine | | ■ Codeine unknown<br>■ Dextropropoxyphene and pentazocine are less effective and smokers need higher doses | Improved analgesic response |
| **Anti-arrhythmic drugs** | Mexilitine | Minor to moderate | | Increased risk of adverse effects |
| | Beta blockers | Moderate | ■ Less effective<br>■ May need higher doses | ■ Effectiveness may be enhanced<br>■ Possible bradycardia and hypotension<br>■ May need lower doses |
| | Quinidine | Minor to Moderate | | Increased risk of adverse effects |
| **Anticoagulants** | Heparin<br>Warfarin | Moderate | May need higher doses to achieve anticoagulation | ■ INR/Prothromin time may increase<br>■ Risk of bleeding<br>■ Monitor closely<br>■ Adjust dose according to INR/Prothromin time |
| **Caffeine** | | Moderate<br>May effect excretion of lithium | Clearance increased | ■ Caffeine levels may increase<br>■ Increased risk of side effects e.g tremor, nausea<br>■ Advise patients to reduce caffeine intake when making a quit attempt |
| **Insulin** | | | ■ May increase insulin resistance<br>■ Insulin dependent smokers may need higher doses | ■ Insulin dependent diabetics may need lower doses<br>■ Improved glycaemic control<br>■ Monitor for hypoglycaemia<br>■ Check blood glucose more frequently<br>■ May need to adjust dose according to individual need |
| **Respiratory medications** | Theophylline | Moderate to high. Narrow therapeutic range, toxicity is possible with cessation | ■ Increased clearance<br>■ Shorter half life<br>■ Need higher doses | ■ Increased plasma levels<br>■ Risk of toxicity e.g palpitations, nausea<br>■ Need lower doses |

Adapted from: Hunter New England area health Service. Drug Interactions with Smoking. Hunter New England Area Health Service; July 2008.
Medicines Information Centre, Pharmacy Department, Smoking and Drug interactions, Mersey Care NHS Trust; June 2007.
Regents University of California, Rx for Change, Drug Interactions with Tobacco Smoke 2003.

## Clozapine and smoking cessation

It should be noted that smoking cessation can cause a rise in clozapine blood levels.
NOTE: It is the **tar** in cigarettes which affects clozapine metabolism NOT the nicotine.

On presentation, for all consumers currently prescribed clozapine, the following should occur:

1. Assess clinically
2. Record current clozapine dosage in notes
3. Record other medications and dosage in notes
4. Assess compliance with clozapine treatment
5. Take blood clozapine level on admission and record in notes
6. Ask if the consumer is a current smoker or recent quitter and record.

**For all consumers taking clozapine who stop or reduce smoking:**

Clinically monitor for side effects of higher serum levels such as sedation, hypersalivation, hypotension, seizures or other neurological effects, akathisia and prolonged QTc interval.

- If they are known to be taking clozapine regularly:
  - Consider a dose reduction of 30-50%
  - Note that blood levels of clozapine will start to rise within 24 hours of smoking cessation.
- Not taking clozapine regularly or stopped
  - Follow standard protocol for restarting clozapine.
  - It is likely that a reduced does (30%-50% lower than the previous dose) is indicated if the patient remains non-smoking.

Monitor and record clozapine levels and side effects and adjust dosage as appropriate

*At all times, clinical assessment overrides suggestions made in this guide*

## Clozapine and consumers who resume or might resume smoking

The following should be noted:

- consumers might return to smoking on discharge
- consumers who take clozapine need higher doses if they smoke
- If a consumer has been smoke-free while an inpatient their dosage may have been reduced
- Resumption of smoking may cause clozapine blood levels to drop.

On **discharge**, for all consumers currently prescribed clozapine, the following should occur:

1. Assess clinically
2. Record current clozapine dosage in notes
3. Record other medications and dosage in notes
4. Take blood clozapine level and record in notes. Ensure results are copied to the consumer's GP and/or Mental Health Professional
5. Ask the consumer about their intended smoking behaviour outside the facility and record in the notes and discharge notes
6. Discuss the impact of smoking on clozapine levels with the consumer
7. Discuss the consumer's intended smoking behaviour and its impact on clozapine dosage with their GP and/or Mental Health Professional, carer and family.

**Notes:** Blood levels of clozapine will begin to drop within days of resuming smoking. Blood results will come back after discharge so it is important to ensure a copy is sent to the consumer's GP and/or Mental Health Professional.

These clinical tools were adapted with kind permission from NSW Ministry of Health based on the Addressing Smoking in Mental Health project undertaken by NSW Health with the NSW Cancer Council.

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