



Primary Care Respiratory Society Get Winter Wrapped

Tobacco dependency is a long-term relapsing condition that usually starts in childhood

Knowing how to use Very Brief Advice to instigate a quit attempt and supporting smokers who are ready to quit is the business of every healthcare professional

Treating tobacco dependency systematically and effectively will have a significant impact on the triple aim of: (1) improved individual health outcomes and quality of life; (2) equitable socioeconomic and geographical distribution of healthcare resources; and (3) improved long-term population health outcomes including reducing health inequalities. A range of evidence-based pharmacological treatments exist to support smokers facing the difficulty of behaviour change and breaking nicotine addiction. Stop smoking support, across the board, has been shown to be a clinically and highly cost-effective long-term intervention for people with smoking-related long-term disease.

30 seconds to save a life

Tobacco VBA is a basic healthcare competency that has to be learned – it is not a chat – it is an evidence-based intervention. You can find more information and resources on how to deliver VBA, and how not to deliver it, on the last page of this article.

Patients expect to be asked about their smoking by a GP. 72% of smokers consider quitting and 30% try, but only a tiny fraction (5–8%) of smokers use an evidence-based intervention each year.

Make sure you have accessible information backed up by trained reception staff or counter assistance staff in pharmacies who facilitate access to the right stop smoking interventions and healthcare professionals who are trained and confident to help those ready to quit.

Very Brief Advice

ASK

and record smoking status

Is the patient a smoker, ex-smoker or non-smoker?

ADVISE

on the best way of quitting

The best way of stopping smoking is with a combination of medication and specialist support

ACT

on the patient's response

Build confidence, give information, refer, prescribe
Patients are up to four times more likely to quit successfully with NHS support

Are you prepared for supporting your patients to quit?

Be ready with Very Brief Advice, a simple and powerful approach designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker.

ASK-ADVISE-ACT

Have the tools you need on your desk and in your room:

- Examples of stop smoking medicines – demonstrate their use and consider them as treatments
- A health and wealth wheel
- Details of online resources and local stop smoking services where available. The SMOKEFREE campaign website is a good place to start: <https://www.todayistheday.co.uk/>

Treatments available

Smoking cessation treatment options, both pharmacological and advisory, are inexpensive and judged by NICE to be highly cost-effective in terms of life years gained.¹ Behavioural support alongside a stop smoking drug and nicotine replacement therapy (NRT) and is the most effective approach for most people wishing to quit. When using NRT, ensure you are prescribing enough to manage the nicotine withdrawal symptoms. The best way to do this is often by giving more than one delivery system – ideally a long-acting combined with a short-acting form – so patients can fit it in to their daily life. Like inhaler devices coaching on technique is important and ideally should be done face to face if and when it is safe to do so or via a video consultation. NICE recommends that combination NRT should be considered as a viable option for smokers wanting to quit.²

Nicotine replacement therapy (NRT)

- NRT is available in dermal patch, gum, lozenge, sublingual tablet, inhalator, mouth spray and nasal spray. The most recent addition to the NRT family is the nicotine-aerolised inhaler – VOKE (www.voke.com), although its important to note that this device contains a propellant – HFA-134a).
- Discuss patient preference, highlighting the benefits and disadvantages of each option. The patch is easy to use and available in different strengths but does not offer replacement activity for smoking whereas the gum, inhalator, lozenge, microtabs and nasal spray can all be titrated to nicotine needs and offer a replacement activity for smoking. The microtabs can taste unpleasant and the nasal spray is more difficult to use and may cause watery eyes and sneezing.
- The degree of nicotine addiction and therefore the required dosage of NRT is best decided by asking how long after waking the first cigarette is smoked, the so called “Time To First Cigarette” (TTFC). If the TTFC is less than 30 minutes, the maximum dose should be used.
- Localised reactions can occur depending on the form taken (e.g. skin irritation with patches).
- NRT can be prescribed in pregnancy, breastfeeding and in children from the age of 12 years.
- Swallowed nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastritis or peptic ulcers and oral NRT preparations should be used with caution in these conditions.³



Bupropion (Zyban®)



- Bupropion works as a dopamine re-uptake inhibitor, reducing the need for the next cigarette because of the fall in dopamine levels.
- Side effects include insomnia, headache, dry mouth and nausea. It is reported to cause seizures in one per 1,000 people.³
- Some patients express a preference for bupropion if they have used it before or if it has been recommended by a friend.

Varenicline tartrate (Champix®)

- Varenicline tartrate is the most effective of the smoking cessation drugs.
- It has long-term quit rates of 22.5% compared with 15.7% for bupropion and 9.4% for placebo.⁴
- Varenicline tartrate has no known clinically meaningful drug interactions (for full details please see summary of product characteristics at <http://emc.medicines.org.uk>). The main side effect is nausea which affects about a third of patients, so warning of this before prescribing is a good idea. It often occurs as the dose goes up on days 4 and 8, usually lasts for about an hour after taking the tablet for the first two or three weeks, and is mild to moderate with 97% of patients tolerating it. Taking treatment with drink or food can help, and if it becomes difficult to tolerate then anti-emetics such as prochlorperazine can be used for a short period or the dosage may be reduced from 1 mg b.d. to 0.5 mg b.d.
- Varenicline tartrate is contraindicated in the under 18s, people who have had a hypersensitivity reaction to the drug, pregnant or lactating women and those with end-stage renal disease.
- Varenicline can be used in people with mild, moderate and severe mental illness.⁵ It has very few if any clinically significant drug interactions.⁶
- The act of stopping smoking itself may alter the liver metabolism of insulin and warfarin, for example. Psychoactive medication requirements may change for the same reason, so extra monitoring is usually required in those with more serious mental health problems and with certain drugs.



References

1. PCRS Pragmatic Guides for Clinicians. Diagnosis and Management of Tobacco Dependency. <https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide>
2. Combination therapy - NCSCCT http://www.ncsct.co.uk/publication_combination_nrt_briefing.php
3. Prescribing Information for smoking cessation products available at <https://www.medicines.org.uk/emc/medicine/20534> (change the searches for different products)
4. Gonzales DH *et al.* Presented at 12th SRNT, 15th-18th Feb 2006, Orlando, Florida, Abstract PA9-2
5. Anthenelli RM, Benowitz NL, West R, *et al.* Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. *Lancet* 2016;**387**:2507-20.
6. <https://www.drugs.com/monograph/varenicline-tartrate.html>

Manufacturers have had the opportunity to comment on the factual accuracy of the information about their product or equipment

Electronic nicotine delivery systems

- Based on the current evidence PCRS supports electronic nicotine delivery systems, including e-cigarettes, as a positive option available to support people to quit tobacco smoking.
- According to NICE, e-cigarettes are far less harmful than smoking, but are not risk free. The hazard to health arising from vapour inhalation from e-cigarettes when used to support a quit attempt is considered to be substantially less harmful than smoking tobacco.
- The available evidence to date indicates that e-cigarettes are being used almost exclusively as safer alternatives to smoked tobacco, by confirmed smokers who are trying to reduce harm to themselves or others from smoking, or to quit smoking completely.
- Supported by Public Health England, RCP and RCGP.



References

- PCRS Position Statement on E-Cigarettes, February 2020. <https://www.pcrs-uk.org/resource/e-cigarettes-pcrs-position>
- RCGP Position Statement on the use of non-combustible inhaled tobacco products, November 2016 <http://www.rcgp.org.uk/policy/rcgp-policy-areas/e-cigarettes-non-combustible-inhaled-tobacco-products.aspx>
- Public Health England E Cigarettes Evidence Review <https://www.gov.uk/government/news/phe-publishes-independent-expert-e-cigarettes-evidence-review>

Very Brief Advice

VBA can be delivered by any professional. Each VBA delivered correctly can trigger a quit attempt, although it is highly unlikely that every delivery of VBA will result in a quit attempt the key to success is repeated, routine delivery of VBA to all patients. Every VBA should include **ASK : ADVISE : ACT** even if the act is to simply record your VBA and the outcomes in the medical record so that it is immediately available to the next healthcare professional who encounters the patient. This may make it more likely the next health care professional, not only uses the VBA approach, but also builds on the previous conversation. The next encounter at which VBA is undertaken may be the one that triggers a quit attempt. It can be delivered by both prescribers and non-prescribers.

For more information on how to deliver effective VBA visit the NCSCT website:
http://elearning.ncsct.co.uk/vba-stage_1.

You can also access online training materials via the Medthority learning portal:
<https://www.medthority.com/very-brief-advice-for-to-bacco-dependency-learning-zone/ipcrg-meet-the-faculty/>.



ASK and record smoking status

What it is...

- Are you still smoking?
- Do you smoke at all?
- How's the stopping smoking going?



What it is not...

- Do you want to stop smoking?
- How much do you smoke?
- Why are you still smoking?
- What do you smoke?



It is important not just to ASK but to record smoking status so that if someone says they are smoking they can be given VBA when they are seen again.

ADVISE on how best to stop

What it is...

- Did you know the most effective way to stop smoking is with a combination of support and medication? Both are available on the NHS, and this combination makes you much more likely to succeed in quitting



What it is not...

- You need/have to stop smoking
- If you don't stop it will kill you!



The ADVISE part does not involve advising smokers to stop. Instead it is simply advising HOW best to stop i.e. with behavioural support and medical treatment.

ACT to signpost best available support and treatment

Your patient does not want to take action...

- OK that's fine. If you do change your mind at any time don't forget we are always ready to help you quit



Your patient does want to take action...

- That's great news! All you need to do is book an appointment with my colleague who can give you all the treatment and support you need to help you quit



The ACT part is to direct the smoker to the best available support and treatment to help them quit. Ideally this would be from a stop smoking service or trained stop smoking advisor. If this is not available locally you can recommend that they make a dedicated appointment with yourself or an appropriate member of the practice team. You or they can then go through treatment options provide prescriptions and help support them with a few appointments while they quit.

Useful Stop Smoking Resources

- Visit the PCRS Tobacco Dependency resource page to access our pragmatic guide and a range of resources to help you support patients who wish to quit: <https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide>
- Visit the Public Health England Resources page and search for 'smoking' to access a range of downloadable materials including the 'Health and Wealth Wheels': <https://campaignresources.phe.gov.uk/resources/>

