Smoker type 3: Serious mental illness with attendance at in-patient service

Adam is 25 years old and has bipolar disorder for which he has been hospitalised previously. He has come to see you for a routine check because you as his GP have taken over prescribing of his mood stabiliser medication. He indicates his symptoms are under control and that he has had mild nausea and some tiredness but is happy to continue taking his medication. From his notes you see he has been a smoker since the age of 15. You decide to implement a VBA regarding smoking

ASK: "Are you smoking at the moment Adam?" **Yes, it keeps me calm and hopefully will stop me gaining weight on these meds. I'm OK right now and anyway I'm going to start using e-cigarettes and maybe quit like that.**

ADVISE: Great, I know a lot of people have found this a useful route to quitting. Have you got an e-cigarette yet? e-cigarettes can help people stop smoking but remember that there are a range of medications which can really help too and no matter what you use, support from a stop smoking advisor will improve your chances significantly"

Your ADVISE may also include informing Adam that support plus pharmacotherapy with varenicline or support plus 'triple therapy' consisting of a long-acting NRT (e.g nicotine patch) in addition to his e-cigarette may be more effective in helping him quit than his e-cigarette alone.

ACT: "Would you like to see an advisor who can help you?" **No thanks, I'll be OK with the vapes**

Record in Adam's notes that VBA was delivered, and that Adam intends to make a quit attempt using e-cigarettes. Prescribe varenicline or a long-acting NRT (for use alongside Adam's chosen short-acting NRT, the e-cigarette) depending on Adams preference and tell him that support is always available. Schedule a follow-up visit to continue support or repeat the VBA.

Key resources:

- https://www.nice.org.uk/guidance/cg90
- https://www.nice.org.uk/guidance/ph48
- http://www.ncsct.co.uk/publication_mental_health_briefing.php

Expert commentary:

Smoking rates are significantly higher among individuals with mental health conditions than among the general population. In England, the prevalence of smoking among adults with a serious mental illness is estimated at 27.8% for 2017/18 and 25.8% for adults with anxiety or depression.[22] **VBA** should be a routine part of consultations with patients with chronic mental health disorders.

Adam has indicated that he intends to attempt a quit using **nicotine** via e-cigarettes. According to PHE, e-cigarettes, although not risk free are substantially less harmful to health than smoking. He should be advised that his chances of stopping will be improved if he gets behavioural support whether he uses the established medications or e-cigarettes. Many patients who use e-cigarettes continue to smoke at least some cigarettes so all should be advised to stop smoking combustible tobacco completely to avoid continued harm.

If Adam does choose to use a stop smoking service, he should expect support which incorporates his e-cigarette use. He should be offered support plus pharmacotherapy (varenicline which is as safe in people with stable bipolar disorder and schizophrenia as in the general population,) or support plus 'triple therapy' consisting of varenicline along with both a long-acting NRT (e.g. a nicotine patch) and his short-acting NRT e-cigarette.

The Royal College of Psychiatrists (RCPsych) issued a position statement in December 2018 supporting the prescription of varenicline when clinically indicated to support patients with severe mental illness to stop smoking.[23] With regard to e-cigarettes, the RCPsych believe that patients should be advised that e-cigarettes may help them quit, especially when used alongside other smoking cessation treatments.[23]

PCRS Pragmatic Guides for Clinicians

Diagnosis and Management of Tobacco Dependency

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In partnership with: NCSCT National Centre for Smoking Cessation and Training; British Lung Foundation; ash action on smoking and health

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