

Nicotine replacement therapy

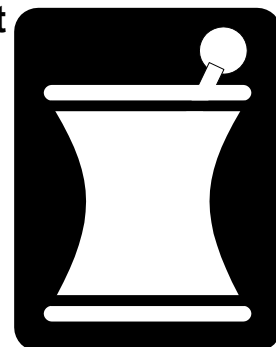
Patient information - Hillmorton Hospital Pharmacy

Why have I been prescribed Nicotine replacement therapy?

You may have been prescribed nicotine replacement therapy by your doctor or nurse when you were first admitted to hospital. This is because the hospital is smoke-free.

Nicotine is one of the ingredients found in cigarettes. It is the ingredient that causes smokers to become addicted to cigarettes. Nicotine replacement therapy is used to help people quit smoking.

Even if you do not want to quit smoking in the long-term, nicotine replacement therapy will help you to remain smoke free while you are in hospital.



When can I start Nicotine replacement therapy?

You don't have to wait to be admitted to hospital to try nicotine replacement therapy. You can start it at any time.

Speak to your doctor, nurse, case manager or community pharmacist about which options are best for you. They will point you in the right direction and support you in your journey to becoming smoke free.

What exactly is nicotine replacement therapy?

Nicotine replacement therapy is a way of getting nicotine into your bloodstream without smoking. It helps to relieve some of the unpleasant withdrawal symptoms as well as the desire to smoke.

Nicotine replacement therapies do not contain the other harmful substances that are normally present in cigarettes.

There are a number of different nicotine replacement products that you can choose from. It is important that you find a nicotine replacement product that works for you. If you do not like a particular product, it is worth trying another type. You may need to use a combination of products to prevent cravings, this is quite safe.

Nicotine patches: These are available in three different strengths; 7mg, 14 mg and 21 mg. These are applied to clean, dry and hairless skin and replaced daily. If you find your sleep is disturbed while wearing nicotine patches, you can remove the patch at night and apply a new one in the morning.

Most people require a 21mg patch to start, but as time goes on you can step down to the lower strength patches. Some people who smoke a lot may need more than one patch.

Nicotine Gum: This is available in 2mg and 4mg strengths. It is a good idea to use the nicotine gum regularly while you are trying to give up smoking. The 4mg strength gum should be used if you usually have your first smoke within an hour of waking.

It is easy to use nicotine gum. You should chew the gum until the taste becomes strong, then rest it between your cheek and gum. This is known as the 'chew and park' method. When the taste from the gum starts to fade you should chew and park your gum again. One piece of gum should last you for 30 minutes.

Nicotine lozenges: These are available in 1mg and 2mg strengths. Like the nicotine gum, nicotine lozenges can be used regularly while you are trying to give up smoking. The 2mg strength should be used if you usually have your first smoke within an hour of waking.

It is easy to use nicotine lozenges. You should suck the lozenge until the taste becomes strong, then rest it between your cheek and gum. This is known as the 'suck and park' method. When the taste from the lozenge starts to fade you should suck and park your lozenge again. One lozenge should last you for 30 minutes.

Nicotine inhaler: This can be used if you smoke more than 10 cigarettes a day. The amount of nicotine from 1 puff of the cartridge is less than that from your usual cigarettes. The nicotine inhaler can be used when you feel the desire to smoke, or you can use it to prevent cravings. You will need to use your nicotine inhaler more often than when smoking cigarettes.

You should be aware that this product is not funded in the community, however it is available to you while you are in hospital.

Nicotine mouth spray: This should be used when you have the urge to smoke. It works very quickly to relieve cravings.

You should be aware that this product is not funded in the community, however it is available to you while you are in hospital.

Is nicotine replacement therapy safe for me?

It is much safer to get nicotine from nicotine replacement therapy compared to cigarettes. Anyone who wants to quit smoking can use nicotine replacement therapy. It is not associated with increased risks of cancer or heart disease.

Even if you are pregnant, breastfeeding, have heart disease, or diabetes nicotine replacement therapy is a much safer option compared to smoking. It is still important to discuss with your doctor or nurse what nicotine replacement therapy is the best option for you.

What if I am still smoking but am using nicotine replacement therapy at the same time?

It is safe to use nicotine replacement therapy even if you are still smoking. Using nicotine

replacement therapy while smoking can help you cut down on the number of cigarettes you are smoking per day. This is a step in the right direction on your quit smoking journey.

What will happen to me when I am given nicotine replacement therapy?

Nicotine replacement therapy roughly doubles your chances of successfully quitting smoking in the long-term. It will help reduce most of the withdrawal symptoms and cravings that can occur when you give up smoking.

By the time you finish a course of nicotine replacement therapy your dependence on smoking will have decreased. You will also start to get used to not smoking at your usual times. It is important to understand that if you have been smoking for many years, this process may take longer.

Are there any side effects of nicotine replacement therapy?

Nicotine replacement therapy is usually well tolerated. Do not be alarmed if you experience side effects when you first start on nicotine replacement therapy, this is normal. Side effects usually resolve on their own.

- Irregular or fast heart beat - Tell your doctor
- Dizziness, headache, nervousness, trouble sleeping, strange dreams, stomach upset, sore mouth/throat, runny or blocked nose, muscle pain—Discuss with your doctor at your next appointment.
- Patch: Skin rash, redness or itch where patch has been applied—Remove the patch and discuss with your doctor.
- Gum, lozenge or inhaler: Increased saliva production, cough, hiccups, burping, jaw pain (only with gum)— Tell your doctor if troublesome.

What if I still have cravings?

If you are started on nicotine replacement therapy but find you are still experiencing cravings for cigarettes or you are experiencing unpleasant withdrawal symptoms, this may be a sign that you need to be on a higher strength product or a combination of different products. Ask your doctor or nurse about being prescribed more nicotine replacement therapy.

Are there any medications I should avoid or take care with?

As a general rule, nicotine replacement therapy is safe to use alongside your regular medications. However it is still important to let your doctor know what other medications you are on e.g. antipsychotics such as clozapine and olanzapine, as they may require a dose reduction when you give up smoking.

When I no longer have the desire to smoke can I stop nicotine replacement therapy?

Not using nicotine replacement therapy for long enough is usually more of a problem than using it for too long. Nicotine replacement therapy should be used for as long as you need to feel 100% sure that you can give up smoking.

A period of two weeks without cravings, withdrawal symptoms or strong temptations to smoke can be used as a guide to see if you are ready to stop nicotine replacement therapy. Some people may need to use nicotine replacement therapy for months, or even years in order to remain off cigarettes.

Remember, continuing to smoke is a much bigger problem than long-term nicotine replacement therapy.

Are there any other options for stopping smoking?

Bupropion, nortriptyline and varenicline (chamfix) are other alternatives to nicotine replacement therapy. They can be used to help you give up smoking. Bupropion and nortriptyline are both part of the anti-depressant family of medications. They both help to reduce the withdrawal symptoms you may experience when you give up smoking. Bupropion and nortriptyline should be started at least one week before your quit smoking date. You will need to take bupropion for at least 7 weeks and nortriptyline for at least 12 weeks. Varenicline (chamfix) reduces the urge to smoke as well as

the reward experienced from smoking. You should start varenicline at least one week before your quit smoking date. You will need to use it for 12 weeks. Although varenicline is effective in helping people quit smoking, it does have its risks. Varenicline has been associated with changes in behaviour, thinking, mood swings, anxiety, depression and suicidal thinking. If you are wanting to try one of these medications to help you quit smoking, it is important to discuss them with your doctor, as they are not suitable options for everyone.

What other supports are available to me when I give up smoking?

There are a number of other supports available to you as you start on your quit smoking journey. While you are in hospital you will receive ongoing support from your doctors, nurses and your peers. There are also quit smoking groups that you can attend.

Quitline is another option that can help you quit smoking for good. Quitline gives you free, ongoing support until you're a non-smoker. They offer a 12 month programme that includes:

- Phone support
- Text support
- Online support
- Nicotine replacement therapy

Research has shown that people who use Quitline are five times more likely to successfully quit than those who go it alone.

For more information on the services and supports Quitline offers you can contact them free of charge on 0800 778 778 or you can visit the Quitline website, www.quit.org.nz

Remember, leaflets like this can only describe some effects of medication. You may also find other books or leaflets useful.

Hillmorton Hospital Pharmacy,
Annex Road, Christchurch
Telephone: (03) 339 1169