

E. Medical history

- Cardiovascular disease, diabetes, and hepatic or renal impairment. If nicotine replacement therapy (NRT) is the chosen strategy, the person's doctor should be involved in the process.
- The presence of skin disorders, gastrointestinal disease, oral or pharyngeal inflammation, chronic throat disease, asthma, phenylketonuria or dentures may affect the form of NRT if NRT is the chosen quit strategy.

Select appropriate action

F. The need to refer

There are several triggers for referral⁴:

- The person has cardiovascular disease, diabetes, hepatic or renal impairment. NRT may be used but, because of the potential risks, the person's doctor should be involved in the process.
- The person is pregnant. For women unable to quit on their own, NRT may be recommended; the potential risks and benefits must be explained and understood and the doctor should be consulted.
- The person is <12 years of age.
- NRT is contraindicated or unsuitable and the person wishes to use an anti-smoking prescription medication (bupropion, varenicline). Contraindications for NRT include hypersensitivity to nicotine and age <12 years.

Recommend quit strategy

G. Consider options^{1,2,4,5}

For NRT currently available in Australia, a Fagerström test score of:

- 1–3 = NRT may not be required (may consider 2 mg gum, lozenge or microtab)
- 4–5 = 2 mg gum, lozenge or microtab, patch or inhaler
- 6–7 = 4 mg gum, lozenge, microtab (x2) or patch
- 8+ = 4 mg gum, lozenge, patch or microtab (x2).

Patient characteristics influencing selection:

- *Pregnancy.* Oral forms of NRT are preferred; patches may be used if patient is suffering from nausea, but they should be removed at night.
- *Breastfeeding.* NRT can be used, but patches are not recommended; women should breastfeed just before using NRT.
- *Adolescents.* All forms of NRT can be used by smokers aged 12–18 years; pharmacist should check that the person is sufficiently nicotine dependent to warrant use of NRT, is committed to stopping smoking, and is willing to accept counselling. Maximum recommended duration of treatment is 12 weeks.
- Nicotine lozenges or sublingual tablets may be recommended for people who prefer an oral form of NRT but who cannot or do not wish to use nicotine gum.
- A nicotine inhaler may be useful for smokers who miss the hand-to-mouth action of smoking. Nicotine is absorbed through the oral mucosa, not the respiratory tract. Inhalers are contraindicated in people hypersensitive to menthol.

Medical conditions influencing selection:

- skin disorders (e.g. psoriasis, chronic dermatitis, urticaria)—patches are contraindicated
- gastrointestinal disease—swallowed nicotine may exacerbate symptoms of oesophagitis, gastric or peptic ulcers; patches may be preferred
- oral or pharyngeal inflammation—avoid nicotine gum
- chronic throat disease or asthma—avoid nicotine inhaler
- phenylketonuria—avoid nicotine lozenges, which contain aspartame (metabolised to phenylalanine)
- dentures—avoid nicotine gum.

Provide counselling supported by written information

H. Plan quit strategy^{1,3}

- Pick a suitable quit date, ideally within the next two weeks.
- Practice quitting (e.g. quit for a day) try not smoking at the usual times, such as at the pub or during work breaks.
- Plan behavioral strategies to deal with cravings and withdrawal symptoms:
 - Avoid major triggers for smoking in the early stages of the quit attempt (e.g. alcohol, coffee, friends who smoke).