



Mental health smoking assessment checklist

Smoking assessment checklist

Assess smoker status/nicotine addiction – Fagerström test (see page 3)	<input type="checkbox"/>
Inform patient of Smoke Free WA Health System Policy	<input type="checkbox"/>
Mental Health Exemption Criteria:	<input type="checkbox"/>
<ul style="list-style-type: none"> Involuntary mental health patient? 	<input type="checkbox"/>
<ul style="list-style-type: none"> Aged 18 years and over? 	<input type="checkbox"/>
<ul style="list-style-type: none"> Appropriate outdoor designated smoking area available? 	<input type="checkbox"/>
<ul style="list-style-type: none"> Smoking will not interfere with treatment regime? (see Table one, page 7) 	<input type="checkbox"/>
<ul style="list-style-type: none"> Smoking will not interfere with safe operation of the service? 	<input type="checkbox"/>
<ul style="list-style-type: none"> Appropriate observation in accordance with agreed patient/clinical management plan, is available for when the patient chooses to smoke? 	<input type="checkbox"/>
<ul style="list-style-type: none"> Patient has his/her own supply of tobacco/cigarettes? 	<input type="checkbox"/>

Mental health exemption

Criteria met/Exemption applied	<input type="checkbox"/>
Criteria not met/Exemption refused	<input type="checkbox"/>

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) <input type="checkbox"/>	Complete Nicotine Withdrawal Management Plan (see page 5) <input type="checkbox"/>
Assess effect of smoking on patient's medication (see Table one, page 7) <input type="checkbox"/>	Assess willingness to quit/Ask if patient wanting to quit smoking <input type="checkbox"/>
Assess willingness to quit/Ask if patient wanting to quit smoking <input type="checkbox"/>	Assess effect of stopping smoking on patient's medication (see Table one, page 7) <input type="checkbox"/>
Provide quit assistance (if appropriate)/Assist patient with cessation plan (see page 6) <input type="checkbox"/>	Provide quit assistance (if appropriate)/Assist patient with cessation plan (see page 6) <input type="checkbox"/>

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

Provide appropriate NRT for patient (see page 3)	<input type="checkbox"/>
Record supply of NRT in patient notes	<input type="checkbox"/>
Record any resulting alteration of patient's other medication in patient notes	<input type="checkbox"/>

Review

Review patient's Nicotine Withdrawal Management Plan (see page 5)	<input type="checkbox"/>
Review quit assistance/ Review patient cessation plan (if appropriate) (see page 6)	<input type="checkbox"/>

On discharge

Assess willingness to quit/Ask if patient wanting to quit smoking:	<input type="checkbox"/>
<ul style="list-style-type: none"> Review/Assist with patient cessation plan (see page 6) 	<input type="checkbox"/>
Offer referral to Quitline (13 7848)/Complete Quitline referral form (below)	<input type="checkbox"/>
Review patient's NRT needs/Provide discharge supply of NRT (if appropriate)	<input type="checkbox"/>
Record supply of NRT in patient notes (if appropriate)	<input type="checkbox"/>
Discuss follow up appointment with GP/consumer mental health professional (as appropriate)	<input type="checkbox"/>
Discuss longer term arrangements for managing nicotine withdrawal (e.g. continued NRT/other pharmacotherapies)	<input type="checkbox"/>
Discuss cessation plan with patient's family and/or carer (where appropriate)	<input type="checkbox"/>



Government of **Western Australia**
Department of **Health**



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 <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Breastfeeding <input type="checkbox"/>
What are the best days for Quitline to call?	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>
What is the best time for Quitline to call?	9am – 1pm <input type="checkbox"/>	1pm – 5pm <input type="checkbox"/>	5pm – 8pm <input type="checkbox"/>
Is it ok to leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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 <input type="checkbox"/> one box for each question	
How soon after waking do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/>	3
	5-30 minutes	<input type="checkbox"/>	2
	31-60 minutes	<input type="checkbox"/>	1
	60+ minutes	<input type="checkbox"/>	0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/>	0
	11 – 20	<input type="checkbox"/>	1
	21 – 30	<input type="checkbox"/>	2
	31 or more	<input type="checkbox"/>	3
Total Score			
Score	1–2 = very low dependence 3 = low to mod dependence	4 = moderate dependence 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 and *Lozenge or Gum: 2 mg or inhaler	Patches: 21 mg/24 hr or 15 mg/16 hr Inhaler: 6 –12 cartridges per day Lozenge: 4 mg Gum: 4 mg
Moderate	Patches: 21 mg/24 hr or 15 mg/16 hr and *Lozenge or Gum: 2 mg or inhaler	Patches: 21 mg/24 hr or 15 mg/16 hr Inhaler: 6 –12 cartridges per day Lozenge: 4 mg Gum: 4 mg
Low to moderate	Patches: 14 mg/24 hr or 10 mg/16 hr and *Lozenge or Gum: 2 mg or inhaler	Patches: 14 mg/24 hr patch or 10 mg/16 hr Inhaler: 6 –12 cartridges per day Lozenge: 2 mg Gum: 2 mg
Low		May not need NRT Monitor for withdrawal symptoms Patches: 7 mg/24 hr patch or 5 mg/16 hr Lozenge: 2 mg 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 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 15 mg/16 hr patch		
	Low to moderate	14 mg/24 hr patch or 10 mg/16 hr patch		
	Low	May not need NRT 7 mg/24 hr patch or 5 mg/16 hr patch		
Lozenge	High	4 mg lozenges 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. 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 1 lozenge every 1-2 hours		
	Low to moderate	2 mg lozenges 1 lozenge every 1-2 hours. Users should not exceed 15 lozenges per day		
Gum	High	4 mg gum 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 6 – 10 per day		
	Low to moderate	2 mg gum 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			



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:

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:

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 stroke greatly reduced.

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	<ul style="list-style-type: none"> Lower serum levels Less drowsiness and hypotension May need higher doses 	<ul style="list-style-type: none"> Increased serum levels May need lower doses
	Clozapine* more info below.	Moderate	<ul style="list-style-type: none"> Lower serum levels Will need higher doses 	<ul style="list-style-type: none"> Increased serum levels Will need lower doses Monitor closely for signs of toxicity
	Fluphenazine	Moderate	Serum levels may be lower	<ul style="list-style-type: none"> May increase serum levels Possible increased drowsiness or extrapyramidal side effects May need lower doses
	Haloperidol	Moderate	<ul style="list-style-type: none"> Lower serum levels Will need higher doses 	<ul style="list-style-type: none"> Increase serum levels May need lower doses Possible increased drowsiness, extrapyramidal side effects, hypotension
	Olanzapine	Moderate	<ul style="list-style-type: none"> Lower serum levels May shorten half-life 	<ul style="list-style-type: none"> Increased serum levels May need lower doses
Psychiatric Medication	Perphenazine	–	<ul style="list-style-type: none"> Lower serum levels 	<ul style="list-style-type: none"> May increase serum levels Monitor response 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 Aprazolam Chlordiazepoxide Clonazepam Diazepam Loprazolam Lorazepam Lormetazepam Nitrazepam Oxazepam Temazepam	Moderate	<ul style="list-style-type: none"> Lower plasma levels May need higher doses 	<ul style="list-style-type: none"> Possible increased sedation May need lower doses
	Zolpidem		<ul style="list-style-type: none"> May lower plasma levels Possible less hypnotic effect Heavy smokers may need higher doses 	<ul style="list-style-type: none"> Increased plasma levels Possible increased sedation May need lower doses
Lithium		Possible indirect effect	<ul style="list-style-type: none"> Smoking increases caffeine metabolism and significant changes in amount of caffeine may affect lithium levels 	<ul style="list-style-type: none"> Theoretically, could indirectly change lithium excretion Check levels especially if deterioration evident
NaSSAs	Mirtazapine	Clinical Significance unclear	<ul style="list-style-type: none"> Lower serum levels 	<ul style="list-style-type: none"> May increase serum levels
Opioids	Methadone	Moderate		<ul style="list-style-type: none"> Sedation and respiratory depression
SNRIs	Duloxetine		Lower plasma levels	<ul style="list-style-type: none"> Increased plasma levels Possible increased side effects May need lower doses
SSRIs	Fluvoxamine	Moderate	Lower serum levels	<ul style="list-style-type: none"> May increase serum levels
Tricyclic antidepressants	Amitriptyline Clomipramine Imipramine Nortriptyline	Moderate	Lower plasma levels Serum levels fall but free drug levels rise minimising clinical significance	<ul style="list-style-type: none"> May increase serum levels Monitor for side effects and consider dose adjustment if appropriate

Non-Psychotropic drugs		Degree of effect	Smoking	Smoking cessation
Analgesics	Codeine Dextropropoxyphene Pentazocine		<ul style="list-style-type: none"> Codeine unknown 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	<ul style="list-style-type: none"> Less effective May need higher doses 	<ul style="list-style-type: none"> Effectiveness may be enhanced Possible bradycardia and hypotension May need lower doses
	Quinidine	Minor to Moderate		Increased risk of adverse effects
Anticoagulants	Heparin Warfarin	Moderate	May need higher doses to achieve anticoagulation	<ul style="list-style-type: none"> INR/Prothromin time may increase Risk of bleeding Monitor closely Adjust dose according to INR/Prothromin time
Caffeine		Moderate May effect excretion of lithium	Clearance increased	<ul style="list-style-type: none"> Caffeine levels may increase Increased risk of side effects e.g tremor, nausea Advise patients to reduce caffeine intake when making a quit attempt
Insulin			<ul style="list-style-type: none"> May increase insulin resistance Insulin dependent smokers may need higher doses 	<ul style="list-style-type: none"> Insulin dependent diabetics may need lower doses Improved glycaemic control Monitor for hypoglycaemia Check blood glucose more frequently May need to adjust dose according to individual need
Respiratory medications	Theophylline	Moderate to high. Narrow therapeutic range, toxicity is possible with cessation	<ul style="list-style-type: none"> Increased clearance Shorter half life Need higher doses 	<ul style="list-style-type: none"> Increased plasma levels Risk of toxicity e.g palpitations, nausea 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 dose (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.