

date (which is called your 'target stop date'). Healthcare professionals should offer you advice and encouragement to help you quit. Ideally, your first prescription of NRT or bupropion should only be enough to last until 2 weeks after your target stop date. Normally, this will be 2 weeks for NRT. For bupropion it will be 3–4 weeks, because bupropion should be taken for about 1 week before your target stop date. You should only be given a second prescription for NRT or bupropion if you can show that you are still trying to stop smoking.

It is recommended that if you are under the age of 18 years, pregnant or breastfeeding, or you have unstable heart conditions, you should discuss the use of NRT with a doctor or nurse before starting treatment.

Bupropion is not recommended for smokers under the age of 18 years, because it is not licensed for use by people in this age group. Women who are pregnant or breastfeeding should not use bupropion.

If your attempt to quit is unsuccessful, your healthcare professional should not usually prescribe NRT or bupropion for another attempt within 6 months. However, if external factors interfere with your initial attempt to stop smoking, it may be reasonable to try again sooner. (For example, if a

particularly stressful event occurred after you had started your initial attempt to quit.)

There is currently not enough evidence to recommend the use of NRT and bupropion together.

In deciding which of the available therapies to use and in which order they should be prescribed, your doctor should take the following factors into account:

- Your intention and motivation to quit, and how likely it is you will follow the course of treatment as prescribed.
- Whether counselling and support are available to help you quit.
- Whether you have used treatments to attempt to stop smoking in the past.
- Whether there are medical reasons why you should not be prescribed NRT or bupropion, and whether you are likely to experience adverse effects with either treatment.
- Which treatment you would prefer to use.

If you smoke, or someone you care for smokes, then you can discuss this advice with your doctor.

Yes. The guidance will be reviewed in March 2005.

Further information

Further information on NICE, and the full guidance issued to the NHS is available on the NICE website (www.nice.org.uk).

The guidance can also be requested from 0870 1555 455, quoting reference N0082.

If you have access to the Internet and would like to find out more about giving up smoking visit the NHS Direct website: www.nhsdirect.nhs.uk. If you would like to speak to NHS Direct, please phone 0845 46 47.

This leaflet is also available in Welsh, (Ref no. N0085).

Mae'r daflen hon hefyd ar gael yn Gymraeg (rhif cyfeirnod N0085).

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Web: www.nice.org.uk

ISBN: 1-84257-198-2
Published by the National Institute for Clinical Excellence
March 2002

N0084 10k 1P Aug 02 (ABA)

What should I do?

Will NICE review its guidance?

Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation

What is NICE guidance?

The National Institute for Clinical Excellence (NICE) is a part of the NHS. It produces guidance for both the NHS and patients on medicines, medical equipment, diagnostic tests and clinical and surgical procedures and where they should be used.

When the Institute evaluates these things, it is called an appraisal. Each appraisal takes around 12 months to complete and involves the manufacturers of the drug or device, the professional organisations and the groups who represent patients.

NICE was asked to look at the available evidence on nicotine replacement therapy (NRT) and bupropion and provide guidance that would help the NHS in England and Wales decide where they should be used to help people to give up smoking.

In 1997, in the UK there were more than 11 million regular tobacco smokers – this represents about 27 people in every 100. The numbers of men and women who smoke are about the same. Over the past 5 years, the number of smokers has stabilised or may even be going up, as about 25 out of every 100 15 year olds are regular smokers.

It is estimated that about 4 million smokers a year attempt to quit but that only 3 to 6 out of 100 of these succeed.

What are nicotine replacement therapy and bupropion?

Half of all smokers die early because of a smoking-related illness. This represents about 120,000 deaths each year. Smoking causes lung cancer, heart disease, and lung diseases such as chronic obstructive pulmonary disease, including bronchitis and emphysema. It costs the NHS about £1500 million a year to treat patients who have a smoking-related disease.

Stopping smoking has major health benefits. Smokers who quit before the age of about 35 can expect to live very nearly as long as people who have never smoked. Even stopping smoking in middle age improves health and substantially reduces the risk of an early death. Quitting at any age provides both immediate and long-term health benefits.

Inhaled nicotine is strongly addictive, and so people who stop smoking can have a craving to smoke and suffer withdrawal symptoms. The main disease-causing part of cigarettes is 'tar', a dark fluid formed from tobacco smoke, which contains at least 4000 different chemicals, including over 50 known cancer-causing agents and poisons. Other components of tobacco smoke that cause disease include carbon monoxide, oxides of nitrogen and hydrogen cyanide.

Nicotine replacement therapy (NRT)

NRT aims to replace the nicotine a smoker gets from cigarettes in other ways, for example through

nicotine-containing patches, chewing-gum, lozenges, tablets, inhalators or nasal spray. NRT provides a small amount of nicotine that reduces craving and withdrawal. There are several NRT products currently licensed in the UK.

NRT products are available either 'over-the-counter' from the chemist or on prescription through the NHS. They are available to smokers aged over 18 years of age, and to smokers under 18 years on the recommendation of a healthcare professional. People with conditions such as heart disease, over active thyroid, diabetes, severe kidney or liver disease and stomach ulcers are advised to use NRT only after they have carefully considered the risks and benefits of the treatment and after discussion with a healthcare professional. Similar advice applies to women who are pregnant or breastfeeding.

Bupropion

Bupropion (also known as Zyban) is only available on prescription. Bupropion affects some of the chemical messages in the brain and it is thought to work on the parts of the brain involved in addiction and withdrawal.

Smokers aged over 18 years should take one 150 mg tablet for the first 6 days, followed by two tablets every day for the following 6 to 8 weeks. They should not stop

smoking until 7 to 8 days after starting treatment, because the drug needs this time to be working at its best.

The most important side effects associated with bupropion are seizures (fits), which occur in about 1 in 1000 patients. Bupropion must not be prescribed for smokers who have a current seizure disorder (for example epilepsy) or any history of seizure. Smokers who are at risk of seizures must not be prescribed bupropion unless the benefits of smoking cessation are likely to outweigh the risks of taking the drug. There are other factors that may increase the risk of seizures in people taking bupropion, including taking other drugs that are known to increase the risk of seizures, alcohol abuse, or head injury. People with diabetes who are using glucose-lowering drugs or insulin and people who are using drugs to treat anorexia may also have a higher risk of seizures with bupropion.

NICE has made the following recommendations.

It is recommended that NRT and bupropion should be available to you on prescription if you are a smoker who has said that you want to quit smoking.

NRT or bupropion should normally only be prescribed when you have made a commitment to stop smoking on or before a certain

What has NICE recommended about the use of NRT and bupropion?

About smoking

