

Unanswered Questions from Lunch & Learn July 23, 2014

Tobacco Interventions for Patients with Mental Illness- Dr. Nadia Aleem

1. **Would it be advisable for each person who has mental health/addiction who wants to quit smoking to talk to a doctor first? (The question came up for me when you mentioned clozapine. So I wondered if there might be any other medications which would be dangerous to combine with smoking cessation).**

No other medications need to be monitored as closely as clozapine however it is always a good idea to have medical involvement early if the client has a known psychiatric illness

2. **Is there a difference / use precautions using Varenicline? Simply because of the high rates of suicide in older men.**

There are no age related risks regarding suicide and varenicline outside of dosing according to medical comorbidity including liver and renal function.

3. **How do you manage a patient with Schizophrenia who has been smoke free for 6 months but is now dependent on nicotine spray?**

Use standard methods of smoking cessation. Screen for OCD to ensure that it is not compulsive behavior.

4. **Is aging a factor in use of Varenicline?**

There are no age related risks regarding suicide and varenicline outside of dosing according to medical comorbidity including liver and renal function.

5. **I was wondering if the delivery of large doses of nicotine via NRT could possibly have any negative implications with any psychiatric or medical medication?**

There are none known

6. **What would be reasonable schedule of measuring clozapine levels be when someone is stopping tobacco use?**

Should monitor weekly to biweekly while cessation is occurring and effects should stabilize 4-6 weeks post cessation