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.