SMOKING AND VAPING

RCGP LEARNING

BACKGROUND

Smoking prevalence over time

- 10% ♂/14% ♀, ↓ from 51%/41% respectively in 1972.
- 9% of pregnant women, ↓ from 16% 2006/7.
- Age 11-15; 2% ♂, 4% ♀.

Who is more likely to smoke?

- Those with serious mental illness.
- Those aged 25 – 34 (≥64 lowest prevalence).
- Unemployed > employed.
- Lower socioeconomic class.

Vaping

- 5.1 million in GB vape regularly (5.2%) or occasionally (3.9%).
- ♂ > ♀ (11% / 8.5%).
- Age 15 – 24 most common (16%).
- Greatest increase is in ♀ 16 – 24.

WHY DOES IT MATTER?

Smoking harms to the smoker

- Lung, mouth, throat, bladder, kidney, pancreas, stomach liver and cervical cancers all linked.
- Surgery: ↑ infections, admission repeat/length, delayed wound healing, ↓ survival.
- ↑ risk MS, CVD, cataracts, cognitive impairment, macular degeneration, stomach/duodenal ulcers, ♂/♀ infertility, erectile dysfunction, retinopathy, nephropathy, dental disease, meningococcal disease.

Smoking harms to other people

- Passive smoking:
  - Asthma exacerbations, lung cancer, CVD.
  - Age <1 ↑ SIDS, otitis media, pneumonia, meningitis and asthma.
- Smoking in pregnancy harms:
  - ↓ birth wt, head circumference.
  - ↑ congenital abnormality, stillbirth, cleft lip, infant mortality, diabetes/obesity in later life, learning difficulties, attention issues/hyperactivity.

Vaping harms

- More long-term research needed.
- Carcinogens and biomarkers for CVD higher than in non-users.
- Known to cause addiction in non-smokers.
- No clear data on any ↑ inflammation/oxidative stress.
- Can be difficult to separate effects of vaping on lungs from that of prior smoking.
- Limited evidence ↑ cough/wheeze in adolescents who vape but have never smoked.

WHAT CAN WE DO IN PRIMARY CARE?

Very Brief Advice (< 1 minute, evidence based)

- **Ask** if the person smokes.
- **Advise** on the most effective way of quitting (specialist support + medication).
- **Act** on response i.e. refer/signpost if interested, leave door open for future chat if not interested.

Prescribing of nicotine replacement therapy (NRT)

- Stop smoking services often don't have a prescriber so GP prescribes (check local commissioning).
- Usually available on NHS for limited time.
- Success more likely with combination rather than single product (e.g. patch and faster acting product).

OTHER PRESCRIBING

Varenicline

- Licensed version unavailable UK 2021 – 24 (precaution due to trace amounts of a carcinogen); generic version now available.
- Start 2/52 before quit date, ↑ dose at day 4 & 8, use for 12 – 24 weeks.
- Absolute CI – pregnancy, end-stage renal failure.
- Nausea s/e usually self-limiting or can ↓ dose or use anti-emetics.

Bupropion

- Modifies dopamine levels and noradrenergic activity.
- Start 1-2/52 before quit date, ↑ dose day 7, use 7-9/52.
- Commonest s/e insomnia, dry mouth, nausea, headache.
- Absolute CI – history of seizure, eating disorder, bipolar disorder, CNS tumour, alcohol/benzo withdrawal, severe cirrhosis, pregnant/breastfeeding.
- SPC recommends against if predisposing factors for seizures, e.g. drugs that affect seizure threshold (antidepressants, antipsychotics, antimalarials, tramadol, theophylline, oral steroids, sedating antihistamines), alcohol abuse, past head trauma, DM meds, stimulant use.

Cytisinicline

- New in UK Jan 2024.
- ↑ dopamine to ↓ withdrawal symptoms and blocks receptors to ↓ reward from smoking.
- Start 5/7 before quite date.
- Reduces craving and reward from smoking.
- On formulary in Wales and some ICBs in England, not in NI/Scotland.
- The generic used to be called cytisine; now Cytisine is a brand and cytisinicline is the generic.