

Management guide for GPs



1

Identify smokers

Many people with schizophrenia smoke and smoke heavily, resulting in significant health and lifestyle problems. Smoking reduction and cessation is complicated because smoking may alleviate some of their psychiatric symptoms and lessen the side-effects of some antipsychotics.

Endorsed by the
Royal Australian College of General Practitioners
and
Royal Australian and New Zealand
College of Psychiatrists

2

Assess readiness to quit (stage-of-change cycle)

Motivation to quit can be increased by discussing the specific costs of smoking (such as health and lifestyle issues) for that person and the benefits of quitting, as well as acknowledging the difficulties associated with quitting. A smoking history, including any past quit attempts, is useful.



3

Assess risks of smoking reduction and cessation

Precipitation or exacerbation of psychotic symptoms

It is important to know the usual signs of relapse in that person.

Development of clinical depression

Be aware of past history or family history of depression.

Change in medication effects

Smoking alters liver metabolism of some antipsychotic medications.

Developed by
SANE Australia
and

the University of Melbourne,
Department of Psychiatry

sane
AUSTRALIA



4

Write an individual plan

If the patient is psychiatrically stable and wishes to commence smoking reduction and cessation, a written plan using the Guidelines available at www.health.vic.gov.au/mentalhealth/publications/smoke is important, as people with schizophrenia may have cognitive deficits.

5

Use nicotine replacement

Nicotine withdrawal symptoms usually occur and can be very distressing. Use of nicotine replacement therapy has been shown to increase successful cessation. At present, bupropion (Zyban) should only be used with extreme caution in this group because it carries the risk of provoking psychosis or seizures.

6

Recommend group support

Involvement with a specialised group program (for example, a SANE SmokeFree Program) will increase reduction in smoking and quit rates, as well as assisting in maintenance of smoking cessation.

7

Monitor frequently

Frequent review initially after quitting is very important, especially with respect to mental state and medication. The person should be seen 1 to 3 days after quitting and then weekly for one month, and then monthly for six months.

8

Congratulate on any progress

Smokers, on average, take 5-7 attempts before they successfully cease. It is important to give credit for any gains made.

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Department of
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Smoking reduction and cessation for people with schizophrenia

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Bob's story

Bob has schizophrenia, is 39 years old and has been trying to quit smoking, on and off, for the last five years. He is in regular contact with a GP and community health service. He has trouble with dizziness and is worried about weight gain if he quits (he has a family history of diabetes). A year ago, he took part in a SANE SmokeFree Program with support from his GP and psychiatrist. He now hasn't smoked for two months, with help from nicotine gum. (He put on nearly 2 kg in the first few weeks after giving up, but is now exercising more and is only 0.5 kg above his starting weight.) He tells everyone how great he feels, and how much money he is saving, now that he has finally quit.

Challenging but possible

People with schizophrenia can quit smoking, but they may need some extra support and time. You can help by using these Guidelines to move your patient closer to their smokefree goal.

In Australia, tobacco smoking is the largest single preventable cause of death and disease. One in two lifetime smokers will die from diseases caused by tobacco, and half of these deaths will occur in middle age.

Smoking rates in people with schizophrenia are up to three times those of the general population. People with schizophrenia die younger, even when factors related to their illness (such as suicide) are taken into account. They also have increased morbidity – rates of cardiovascular and respiratory disease are up to three times higher than age-matched controls.

General practitioners see about 80% of this population each year and are in a unique position to improve their quality of life. The management principles outlined on the front of this sheet are most effectively used in conjunction with the full Guidelines: *Smoking reduction and cessation for people with schizophrenia: Guidelines for general practitioners* (see Resources for details).

Further information

SANE Australia ■ 1800 18 SANE ■ www.sane.org
Quitline ■ 131 848

Contact your local mental health or community health service for more information about support for people wishing to quit.

Resources

Guidelines

Copies of the Guidelines in pdf format available at:
www.health.vic.gov.au/mentalhealth/publications/smoke

SANE SmokeFree Zone

A kit specially designed for people with a mental illness who want to reduce and stop smoking – includes guides for the quitter and a supporting friend or health professional, plus useful aids to quitting.

SANE SmokeFree Kit

A kit specially designed for health professionals, including extensive information on smoking and mental illness, a 10-session group program and the resources needed to run it.

To order

Available from the Bookshop at www.sane.org or call 1800 688 382 for further information.