

Nicotine withdrawal monitoring guide

This document is intended as general guidance for monitoring the most common nicotine withdrawal symptoms.

Points to note:

- There is no widely accepted nicotine withdrawal monitoring tool.
- It is important to monitor withdrawal symptoms in consumers quitting or reducing smoking and to offer effective treatments to manage withdrawal.
- Many people who quit smoking develop nicotine withdrawal symptoms.
- It can be difficult to separate nicotine withdrawal symptoms from symptoms of mental illness.
- Some nicotine withdrawal symptoms are common to withdrawal from other drugs of addiction.
- Some nicotine withdrawal symptoms are common to symptoms of physical illness.

See the tool 'Interventions for smoking cessation in people with mental illness'.

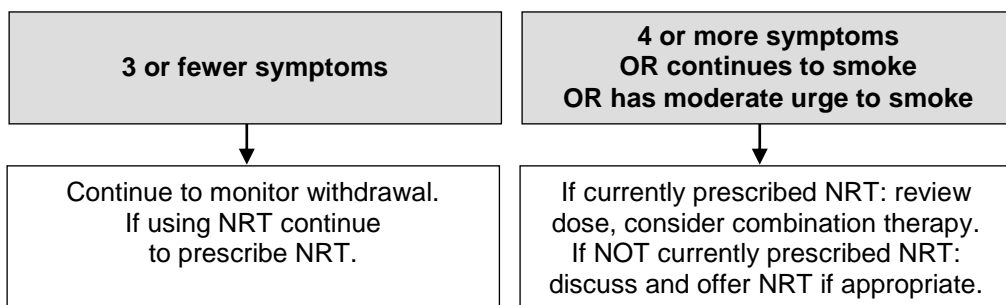
Complete collaboratively with all consumers who were smokers on admission.

Withdrawal monitoring is an ongoing process; monitor symptoms once a day at minimum.

Consumer name:

Use another sheet to continue for the duration of the patient's admission.

	Baseline	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
NRT (Y/N)															
type															
dose															
Urge to smoke (Y/N)															
Mood/affect (Y/N)															
Sadness/depression															
Anxiety/panic															
Irritable/frustrated/angry															
General symptoms (Y/N)															
Light-headedness															
Constipation															
Mouth ulcers															
Night time awakening															
Increased appetite															
Difficulty concentrating															
Restlessness															
Cough															
Tingling extremities															
Did consumer smoke in the last 12 hours?															
Total symptoms															



Background: Common nicotine withdrawal symptoms

- Symptoms are usually most severe in the first 48 hours then gradually reduce over weeks or months.
- Most symptoms take approximately four weeks to abate. Increased appetite and decreased heart rate may persist for more than 10 weeks. Urges to smoke may remain for much longer.
- Persistence and severity varies by individual and level of nicotine dependence.
- Some people experience strong symptoms which make it difficult to function normally.
- Excess caffeine intake can worsen withdrawal symptoms, especially night time awakening.

The first two weeks after stopping smoking are the most critical to success. Even one cigarette will restart the withdrawal syndrome.

Symptom	Approximate duration	
Urges to smoke	>2 weeks	
Mood/affect	Sadness/depression	<4 weeks
	Anxiety/panic	<4 weeks
	Irritable/frustrated/angry	<4 weeks
General symptoms	Light-headedness	<2 days
	Difficulty concentrating	<2 weeks
	Restlessness	<4 weeks
	Night time awakening	<4 weeks
	Constipation	>4 weeks
	Mouth ulcers	>4 weeks
	Cough	>4 weeks
	Tingling extremities	>4 weeks
	Increased appetite	>10 weeks

Managing withdrawal symptoms

- Most symptoms are reduced by adequate nicotine replacement therapy.
- With the consumer, identify smoking triggers and make a plan to combat these. Include this in the Consumer Wellness Plan.
- It is recommended that consumers cut down their caffeine use to lessen irritability and sleeplessness.
- Other activities can help consumers cope with withdrawal. These include:
 - physical exercise
 - distraction
 - participating in other activities offered in the facility.

Sources

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders DSM-IV, American Psychiatric Association; 1994

Hughes JR. Tobacco Withdrawal in Self-Quitters, Journal of Consulting and Clinical Psychology, 1992(60):689-697

NSW Health. Guide for the management of nicotine dependent inpatients – Summary of evidence (GL2005_036). NSW Department of Health; 2002