

Table 9. Types of Nicotine Replacement Therapy

Type	Dosage	Comment	Side Effects
Nicotine Gum (OTC)	2 mg if <25 cig/d 4 mg if >25 cig/d 1 piece q1-2h for 1-3 mos (max. 24 pieces/d)	Chew until "peppery" taste then "park" between gum and cheek to facilitate absorption Continue to chew-park intermittently for 30 min	Mouth soreness Hiccups Dyspepsia Jaw ache Most SE's are transient
Nicotine Patch (OTC)	Use for 8 weeks 21 mg/d x 4 weeks 14 mg/d x 2 weeks 7 mg/d x 2 weeks	Start with lower dose if <10 cig/d Change patch q24h and alternate sides	Skin irritation Insomnia Palpitations Anxiety
Nicotine Inhaler (OTC)	6-16 cartridges/day for up to 12 weeks	Nicotine inhaled through mouth, absorbed in mouth and throat but not in lungs	Local irritation Coughing
Nicotine Nasal Spray (Rx)		Not available in Canada	

Nicotine Replacement Therapy for Smoking Cessation

Cochrane Database of Systematic Reviews 2008; Issue 1

This systematic review of 132 randomized trials compared NRT to placebo or no treatment or compared different NRT doses.

Reviewers' conclusions: All commercially available forms of NRT (gum, transdermal patch, nasal spray, inhaler and sublingual tablets/lozenges) are effective as part of a strategy to promote smoking cessation. They increase the rate of quitting by 50 to 70% regardless of setting and independent on the level of additional support provided to the smoker. Compared to a single form of NRT, combining a nicotine patch with a rapid delivery form of NRT may be more effective.

Table 10. Bupropion as Treatment for Smoking Cessation

Mechanism	Dosage	Prescribing*	Contraindications
Inhibits re-uptake of dopamine and/or norepinephrine	1. 150 mg qAM x 3 days 2. Then 150 mg bid x 7-12 wks 3. For maintenance consider 150 mg bid for up to 6 months	1. Decide on a quit date 2. Continue to smoke for first 1-2 wks of treatment and then completely stop (therapeutic levels reached in 1 wk)	Seizure disorder Eating disorder MAOI use in past 14 days Simultaneous use of bupropion (Wellbutrin®) for depression

*May be used in combination with nicotine replacement therapy

Antidepressants for Smoking Cessation

Cochrane Database of Systematic Reviews 2007; Issue 1

This systematic review of 66 randomized trials compared antidepressant medication to placebo or alternative pharmacotherapy for smoking cessation and where follow-up was longer than 6 months.

Reviewers' conclusions: The antidepressants bupropion and nortriptyline can aid smoking cessation and have a similar efficacy to NRT. Compared to bupropion, varenicline showed higher quit rates. Selective serotonin reuptake inhibitors (e.g. fluoxetine) or venlafaxine did not have a significant effect.

Table 11. Varenicline as Treatment for Smoking Cessation

Mechanism	Dosage	Prescribing*	Contraindications
Partial nicotinic receptor agonist, and partial competitive antagonist nicotinic receptor	1. 0.5 mg qAM x 3 days 2. Then 0.5 mg bid x 4 days 3. Continue 1 mg BID x 12 weeks plus ± additional 12 weeks as maintenance	Begin treatment 1 week before quit date, then stop smoking as planned	Caution with pre-existing psychiatric condition

*May be used in combination with nicotine replacement therapy

unwilling to quit

▪ motivational intervention (5 Rs) (see sidebar):

1. Risks of smoking

- ♦ short-term: SOB, asthma exacerbation, impotence, infertility, pregnancy complications, heartburn, URTI
- ♦ long-term: MI, stroke, COPD, lung CA, other cancers
- ♦ environmental: higher risk in spouse/children for lung CA, SIDS, asthma, respiratory infections

2. Rewards: benefits

- ♦ improved health, save money, food tastes better, good example to children

3. Road blocks: obstacles

- ♦ fear of withdrawal, weight gain, failure, lack of support

4. Repetition

- ♦ reassure unsuccessful patients that most people try many times before successfully quitting (average number of attempts before success is 7)

recent quitter

▪ highest relapse rate within 3 months of quitting

- ♦ minimal practice: congratulate on success, encourage ongoing abstinence, review benefits, problems
- ♦ prescriptive interventions: address problems of weight gain, negative mood, withdrawal, lack of support



The 2-3 Pattern of Smoking Cessation

- Onset of withdrawal is 2-3 hours after last cigarette
- Peak withdrawal is at 2-3 days
- Expect improvement of withdrawal symptoms at 2-3 weeks
- Resolution of withdrawal at 2-3 months
- Highest relapse rate within 2-3 months



The 5 Rs for Patients Unwilling to Quit

- Relevance to patient (health concerns, family/social situations)
- Risks of smoking
- Rewards of quitting
- Roadblocks to quitting
- Repetition of motivational intervention at each visit