

PHARMACOTHERAPY

Bupropion SR (Zyban)

Dose: 150 mg q AM for 3 days, then 150 mg bid 7-12 weeks. Begin 1-2 Weeks before quit date

Contraindications: History of seizures, eating disorder; current use of bupropion (Wellbutrin SR) or other antidepressants; use of MAO inhibitor in past 14 days.

Nicotine polacrilex (nicotine gum)

Dose: 2 mg and 4 mg (per piece), at least 1 piece every 1-2 hours, no more than 24 pieces per day, for 1-3 months. Recommend 4 mg gum for smokers of >25 cigarettes per day.

Patient Instructions: Chew slowly until a tingling sensation appears, then “park” between cheek and gum. Avoid eating or drinking acidic beverages (i.e. coffee, soda, wine) 15 minutes before or during chewing.

Nicotine transdermal patch

Dose: Various doses according to manufacturer. Heavier smokers should start with higher-dose patches. Treat for 6-8 weeks. Rotate placement of patch site. Do not cut the patch.

Nicotine polacrilex lozenge (Commit)

Dose: 2 mg and 4 mg (per lozenge), at least 1 lozenge every 1-2 hours, no more than 20 lozenges per day, for 1-3 months. Recommend 4 mg lozenge if tobacco is used within 30 minutes of walking.

Patient Instructions: Allow the lozenge to slowly dissolve (20-30 minutes). Minimize swallowing. Do not chew or swallow lozenge. Do not eat or drink 15 minutes before or during use.

Nicotine inhaler (Nicotrol Inhaler)

Dose: 4mg cartridges, 6-16 cartridges per day for up to 6 months. Taper dosage over 3 months. Dispense: 3 month supply (168 cartridge pack = 1 month supply).

Nicotine nasal spray (Nicotrol NS)

Dose: 0.5 mg to each nostril, 1-2 times per hour; Max. of 5 times per hour, for 3 months. 10 mg/ml. Dispense: 1 10ml bottle (1 month therapy = 4 bottles).

Varenicline (Chantix)

Dose: 0.5 mg per day for 3 days, then 0.5 mg twice per day for 4 days, then 1 mg per day for 11 weeks.

Patient Instructions: If quit at 12 weeks, consider another 12 weeks; Eat and drink full glass of water.

Precautions for all Nicotine Replacement Therapy: Use caution in patients within 2 weeks post-MI, arrhythmias, or serious or worsening angina pectoris. Studies show nicotine replacement therapy is safe and effective in post-MI patients.

Combinations of patch, gum, and nasal spray are generally safe and effective. Combination of bupropion and nicotine replacement is more effective than either alone.

Who Should Receive Pharmacotherapy?

Pharmacotherapy can be a valuable adjunct to cessation treatment for most patients making a quit attempt.

The exceptions to this recommendation include, but are not limited to:

- Patients with medical contraindications, such as an MI or stroke within the last 2 weeks
- Women who are pregnant or breastfeeding

The efficacy of these drugs has not been established for use with adolescents.

Generally, pharmacotherapy is not indicated in individuals who use less than 10 cigarettes in one day.

Information presented here is in summary and is not a substitute for the full U.S. Public Health Service “Clinical Practice Guideline – Treating Tobacco Use and Dependence” or the prescribing information from the manufacturers.

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TOBACCO CESSATION

ASK

Tobacco use (current, former, never) is a vital sign.
Chart patient response.

ADVISE

Give clear, strong, personalized advice to quit.
“**Quitting tobacco is the most important thing you can do for your health. I will help.**”

ASSESS

Is the tobacco user willing to make a quit attempt at this time?
“**Are you ready to try to quit tobacco?**”

- **Yes** – Help the patient create a quit plan
- **No** – Enhance the patient’s motivation to quit.

ASSIST

Help create a quit plan

- ✿ Set a quit date within two weeks
- ✿ Review past quit attempts
- ✿ Avoid other tobacco users
- ✿ Tell family and friends
- ✿ Remove tobacco from home, work, and car
- ✿ Avoid Alcohol

Recommend or prescribe pharmacotherapy

Enhance motivation to quit

- ✿ **Relevance** – Ask the patient why quitting is personally relevant
- ✿ **Risks** – As the patient to identify consequences of tobacco use
- ✿ **Rewards** – Ask the patient to identify benefits of quitting tobacco
- ✿ **Roadblocks** – As the patient to identify barriers to quitting and ways to circumvent them
- ✿ **Repetition** – Enhance motivation at every visit

Refer to tobacco counselor, telephone quitline for help.

ARRANGE

Schedule in-person or phone follow-up, offering reinforcement and encouragement.

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Clinical Practice Guideline
Treating Tobacco Use and Dependence
www.surgeongeneral.gov/tobacco/

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