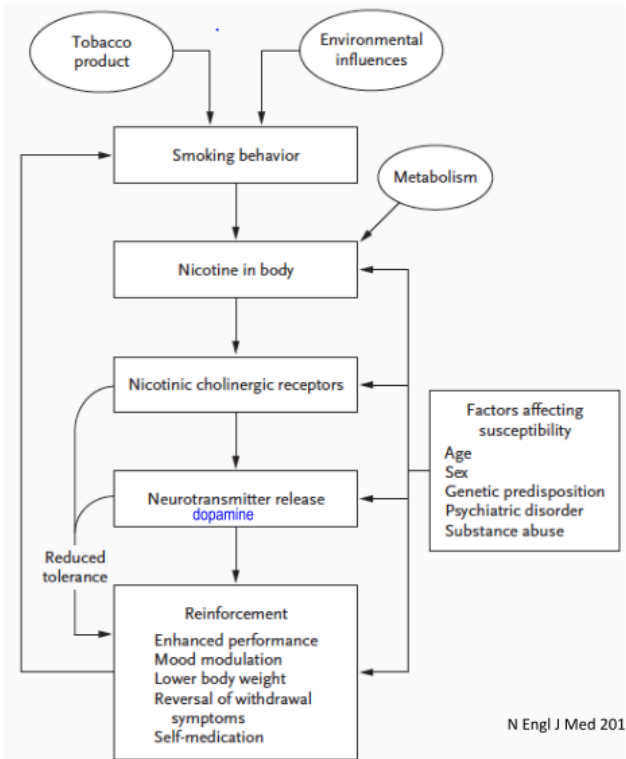


SMOKING ADDICTION:



SMOKING CESSATION:

- Even brief 3 min counselling to urge a smoker to quit results in smoking cessation rates of 5-10%
- Tobacco dependence is a chronic disease and relapse is common and reflects the chronic nature of dependence and addiction, not failure
- If effective resources and time are dedicated to smoking cessation, 25% long-term quit rates can be achieved

ALGORITHM FOR PHARMACOTHERAPY:

1. Ask: ask every patient their tobacco-use status
2. Advise: strongly urge all tobacco users to quit
3. Assess: ask if they are willing to make a quit attempt
4. Assist: aid the patient in quitting
5. Arrange: schedule follow-up contact either in person or via telephone

S/S OF NICOTINE WITHDRAWAL:

- Craving to smoke
- Irritability
- Frustration
- Anger
- Anxiety
- Difficulty concentrating
- Lightheadedness
- Headache
- Restlessness

HOW TO HELP YOUR PATIENT BE SUCCESSFUL...

- Set a quit date
- Initiate an exercise program before quitting
- Plan reward events for quitting (small & frequent)
- Join a support group
- Tell friends and family that you are quitting
- Find an alternative item to put in your hand
- Avoid places that trigger a craving to smoke
- Request/arrange for follow-up

PACK YEAR: one cigarette pack = 20 cigarettes
 # of packs x # of years smoking

ex// 20 cigarettes/day for 50 years = 50 ppy

FAGERSTROM TEST FOR NICOTINE DEPENDENCE:

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION	
How soon after waking do you smoke your first cigarette?	Within 5 minutes <input type="checkbox"/> 3 5-30 minutes <input type="checkbox"/> 2 31-60 minutes <input type="checkbox"/> 1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
Which cigarette would you hate to give up?	The first in the morning <input type="checkbox"/> 1 Any other <input type="checkbox"/> 0
How many cigarettes a day do you smoke?	10 or less <input type="checkbox"/> 0 11 - 20 <input type="checkbox"/> 1 21 - 30 <input type="checkbox"/> 2 31 or more <input type="checkbox"/> 3
Do you smoke more frequently in the morning?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
Do you smoke even if you are sick in bed most of the day?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
Total Score	
SCORE	1- 2 = low dependence 5 - 7 = moderate dependence 3-4 = low to mod dependence 8 + = high dependence

REDUCE TO QUIT:

- Step 1 (0-6 weeks):
 - Set target for cigs/day (at least 50% ↓)
 - Use gum for cravings
- Step 2 (6 wks up to 6 months)
 - Cut down cigarettes using gum
 - Target complete cessation by 6 months
- Step 3 (within 9 months)
 - No cigarettes
 - Gum for cravings
- Step 4 (within 12 months)
 - Stops gum within 3 months of stopping smoking

CLINICAL PEARLS:

- Max dose for NRT patch: 21 mg/patch (off label 42 mg/patch)
- 4-5 kg gain within first 1-2 months (minority will gain up to 11 kg)
 - > However, need to gain 100 lbs to have same negative effects for continuing smoking
- Smoking cessation products used in CV dose because it is worse to continue smoking than use NRTS

NICOTINE REPLACEMENT THERAPY:		
	Dosing	Adverse effects
Nicotine patch <ul style="list-style-type: none"> Nicoderm: 7, 14, 21 mg/d Habitrol – 7, 14, 21 mg/d 	<ul style="list-style-type: none"> <10 cig/d, < 45 kg, CHD: 14 mg/d x 6 wks, 7 mg/d x 2 wks > 10 cigs/d: 21 mg/d x 6 wks, 14 mg/d x 2 wks, 7 mg/d x 2 wks > 20 cigs/d: 21 mg/d x 3-4 wks, 14 mg/d x 3-4 wks, 7 mg/d x 3-4 wks 	Skin irritation, headache, insomnia, nightmares
Nicotine gum <ul style="list-style-type: none"> Nicorette – 2 mg, 4 mg Thrive – 2 mg, 4 mg 	<ul style="list-style-type: none"> 1 piece/hr PRN MAX: 20 pieces/day ≥ 15 cigs/d: use higher dose of 4 mg May use prn while on patch 	Cough, throat irritation CONTRAINDICATED: dental problems, TMJ
Nicotine oral inhaler <ul style="list-style-type: none"> Nicorette inhaler 	<ul style="list-style-type: none"> 6-12 cartridges/d x 12 weeks, then taper over 6-12 weeks 10 puffs = 1 puff from cigarette; each cigarette has 20 min continuous puffing Once punctured cartridge is good for 24 h 	Throat irritation, cough, rhinitis, dyspepsia
Nicotine Lozenges <ul style="list-style-type: none"> Nicorette 2,4 mg Thrive 1,2 mg 	<ul style="list-style-type: none"> 1 lozenge q-1-2 hrs x 6 weeks, q 2-4 hrs x 3 wks, q 4-8 hrs x 3 weeks MAX: 15 x 2 mg lozenge 	Soreness in gums, teeth, throat, hiccups and heartburn/ indigestion
Bupropion	<ul style="list-style-type: none"> 150 mg SR daily x 3 days, then 150 mg SR BID x 7-12 weeks Begin ≥ 1 week before quit date 	Insomnia, agitation, tremor, decreased appetite, GI upset, dry mouth Decreases seizure threshold
Varenicline	<ul style="list-style-type: none"> 0.5 mg once daily on days 1-3; 0.5 mg twice daily on days 4-7; 1 mg twice daily starting on day 8 If SCr <30 mL/min reduce dose to 0.5 mg daily Duration 12 to 24 weeks 	Nausea, insomnia, abnormal dreams, neuropsychiatric symptoms (agitation, depressed mood, suicidal ideation, worsening of pre-existing psychiatric illness, unexplained alterations in consciousness of visual disturbances)

COMBINATION THERAPY:

Consider combination pharmacotherapy based on:

- Failed attempt with monotherapy
- Breakthrough cravings
- Level of dependence
- Multiple failed attempts
- Experiencing nicotine withdrawal

Choose the following combinations:

- Two or more forms of NRT
 - Patch (15 mg) + gum (2 mg)
 - Patch + inhaler
 - Patch + lozenge
- Bupropion + form of NRT
 - Bupropion + patch
 - Bupropion + gum

NOTE: no varenicline with NRT

SMOKING CESSATION IN PREGNANCY

- Smoking cessation should be encouraged for all pregnant, breastfeeding and postpartum women
- During pregnancy and breastfeeding, counselling is recommended as first line of treatment for smoking cessation
- If counselling is found ineffective, intermittent dosing nicotine replacement therapies (lozenges, gum) are preferred over continuous dosing of the patch (risk-benefit analysis)
 - Depression during pregnancy is a common occurrence and the use of bupropion may be appropriate to treat both smoking and depression (no evidence of benefits, but no harm found)
- Partners, friends, and family members should also be offered smoking cessation interventions (remove second hand and environmental smoke)