**Suggestions for the Clinical Use of Pharmacotherapies for Smoking Cessation**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Contraindications</th>
<th>Adverse Reactions</th>
<th>Drug Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nicotine replacement products</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transdermal Nicotine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy dependence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 24 cigarettes/day—High dose (21 mg) for 6 weeks, then intermediate dose (14 mg) for 2 weeks, then low dose (7 mg) for 2 weeks</td>
<td>Allergy, pregnancy (Risk Category D)</td>
<td>Sleep disturbances, skin irritations</td>
<td>No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs</td>
</tr>
<tr>
<td>Mild dependence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 24 cigarettes/day—Intermediate dose (14 mg) for 6 weeks, then low dose (7 mg) for 2 weeks</td>
<td>One piece of gum q 1 to 2 hr for 6 weeks</td>
<td>Naso/oral, dyspepsia, jaw pain, dependency</td>
<td>No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs</td>
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<tr>
<td>Polacrilex Nicotine</td>
<td></td>
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<td>&gt; 25 cigarettes/day; 4 mg strength</td>
<td></td>
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<td>≤ 25 cigarettes/day; 2 mg strength</td>
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<td>One piece of gum q 1 to 2 hr for 6 weeks</td>
<td>Allergy, pregnancy (Risk Category C)</td>
<td>Nausea, dyspepsia, jaw pain, dependency</td>
<td>No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs</td>
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<td>Taper over 6 weeks</td>
<td></td>
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<tr>
<td>Nasal Spray Nicotine</td>
<td></td>
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<tr>
<td>8 to 40 mg/day (average 15 mg) for 8 weeks</td>
<td>Allergy, pregnancy (Risk Category D)</td>
<td>Nasal and/or throat irritation, dependence</td>
<td>No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs</td>
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<tr>
<td>6 to 16 cartridge/day for 12 weeks (each cartridge is 4 mg)</td>
<td>Allergy, pregnancy (Pregnancy Category D)</td>
<td>Mouth and throat irritation, dependence</td>
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| Non-Nicotine Tobacco Cessation Product     |                   |                   |                   |
| Bupropion SR                               |                   |                   |                   |
| 150 mg qd for 3 days, then 150 mg bid for 7 to 12 weeks | Seizure disorders, predisposition to seizures, MAOIs, allergy (Pregnancy Category B) | Sleep disturbances, dry mouth | Selected antidepressants (MAOIs, norepinephrine re-uptake inhibitors), drugs metabolized by CYP2B6 and CYP2D6 |

**VA/DoD Clinical Practice Guideline for Management of Tobacco Use**

1. Person currently smoking
2. Assess readiness to quit
   - Advise quitting
3. Is person willing to quit?
   - Y: Is intensive cessation program available and person is willing to attend?
5. Address co-morbid conditions
   - Determine medical/psychosocial risk of continued use
   - Address co-morbid conditions
   - Refer to intensive tobacco cessation program, if no contraindication
6. Follow-up 2 weeks after quitting date
7. Is person still using tobacco?
   - Y: Consider alternative medication or refer to tobacco cessation program
8. Address co-morbid conditions
9. Initialize/reinforce relapse prevention
   - Follow-up in 3 months
10. Address co-morbid conditions
    - Refer to intensive tobacco cessation program, if no contraindication

**Nicotine replacement products**

- **Transdermal Nicotine**
  - **Heavy dependence**
    - > 24 cigarettes/day—High dose (21 mg) for 6 weeks, then intermediate dose (14 mg) for 2 weeks, then low dose (7 mg) for 2 weeks
  - **Mild dependence**
    - ≤ 24 cigarettes/day—Intermediate dose (14 mg) for 6 weeks, then low dose (7 mg) for 2 weeks

- **Polacrilex Nicotine**
  - > 25 cigarettes/day; 4 mg strength
  - ≤ 25 cigarettes/day; 2 mg strength
  - One piece of gum q 1 to 2 hr for 6 weeks
  - Taper over 6 weeks

- **Nasal Spray Nicotine**
  - 8 to 40 mg/day (average 15 mg) for 8 weeks
  - Taper over 6 weeks

- **Oral Vapor Nicotine-Inhaler**
  - 6 to 16 cartridge/day for 12 weeks (each cartridge is 4 mg)
  - Taper over 6 to 2 weeks

**Non-Nicotine Tobacco Cessation Product**

- **Bupropion SR**
  - 150 mg qd for 3 days, then 150 mg bid for 7 to 12 weeks
  - Seizure disorders, predisposition to seizures, MAOIs, allergy (Pregnancy Category B)
**Pharmacotherapies for Smoking Cessation**

**Nicotine replacement products**

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**VA/DoD Clinical Practice Guideline for Promotion of Tobacco Use Cessation (TUC)**

**Screening for tobacco use in any health care setting**

For person not using tobacco:
1. Assess risk for starting or risk for relapse
2. If at risk: initiate brief intervention and relapse prevention
3. Congratulate and encourage continued abstinence

**1. Person currently smoking?**

- Is intensive cessation program available and person is willing to attend?
  - Yes: Consider alternative medication or refer to tobacco cessation program
  - No: Initiate/reinforce relapse prevention

**2. Assess readiness to quit?**

- Advise quitting

**3. Is person willing to quit?**

- Person is willing to quit
  - Address co-morbid conditions
  - Refer to intensive tobacco cessation program, if no contraindication

**4. N** Is person willing to quit?

- No: Is intensive cessation program available and person is willing to attend?
  - Yes: Consider alternative medication or refer to tobacco cessation program
  - No: Initiate/reinforce relapse prevention

**5. N** Is intensive cessation program available and person is willing to attend?

- No: Initiate/reinforce relapse prevention

**6. Follow-up in 3 months**

- Consider alternative medication or refer to tobacco cessation program

**7. Y** Is person still using tobacco?

- Yes: Reassess readiness to quit

**VA access to full guideline: [http://vaww.oqp.med.va.gov](http://vaww.oqp.med.va.gov)**


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Tips for Brief Clinical Interventions

Develop patient’s intention to change.
- Give basic advice: “As your _____, I need to stress the importance of stopping.”
- Ask “Have you ever tried to quit?”
- Discuss availability of effective cessation treatment. Provide self-help materials on risks and benefits.
- Ask patient: “What benefits do you see in quitting?” “What concerns do you have about quitting?” “How do you feel about quitting?”
- Help them understand the importance of skillpower -- that is what they do -- not willpower: “What would you say if I ask you whether you have the willpower to drive? You would say that it is a silly question. It is also the wrong question with stopping tobacco use. It is not the willpower that is important; it is what you do -- skillpower!
- About half of all people who ever smoked have now quit.

Suggest actions to help patient quit.
- Develop a plan for quitting.
- Set a quit date – ideally within 2 weeks.
- Tell family, friends, and coworkers about quitting and request support and understanding.
- Remove tobacco products from your environment. Before quitting, avoid smoking in places where you spend a lot of time (e.g., car, home, and work).
- Abstain from use of all tobacco products.
  Example: “Not even a single puff after the quit date.”
- Consider limiting/abstaining from alcohol while quitting. Alcohol can cause relapse.
- Encourage others in household either to quit with them or not to smoke in their presence.
- Obtain additional social support.
- Consider hormonal or other triggers; e.g., women should not set quit date within 7 days of onset of menses.
- Anticipate challenges, especially during the first few weeks. Include nicotine withdrawal symptoms: anger, anxiety, insomnia, impatience, frustration, irritability, restlessness, depressed mood, difficulty concentrating, decreased heart rate, weight gain or increased appetite.
- Review past quit attempts by identifying both the positive and negative influences.
- Offer pharmacotherapy.

Follow-up with patient attempting to quit.
- Mail follow-up card with an encouraging statement, perhaps offering additional resources. (e.g., telephone numbers of local support groups).
- Arrange phone call from health care team members who can offer support and referral to additional resources.

The 4 R’s

Relevance Provide motivational information relevant to patients:
- Age, gender
- Health concerns
- Disease risk or status
- Family or social situation
- Personal barriers to quitting, i.e., weight gain

Risks Discuss negative impact of tobacco use:
- Acute: SOB, exacerbation of asthma, harm to pregnancy, impotence, infertility, increased carbon monoxide
- Long term: Cancers, long-term disabilities, pulmonary and cardiovascular diseases
- Environmental: Increased risk of pulmonary and cardiovascular diseases to spouse and children
- On children: Increased risk of LBW, SIDS, asthma, middle ear and respiratory diseases in children, and increased risk of tobacco use by children

Rewards Identify potential benefits of quitting:
- Save money
- Improve health
- Reduce wrinkling/aging
- Set good example for children
- Improve sense of smell and taste
- Perform better in physical activities
- Have healthier babies and children
- Improve smell of home, car, clothing and breath

Repetition Repeat R’s each time user visits health care setting:
- Inform relapsed users that most people make repeated attempts to quit before becoming successful
Tips for Brief Clinical Interventions

Develop patient’s intention to change.
- Give basic advice: “As your _____, I need to stress the importance of stopping.”
- Provide information on benefits of quitting at any age.
- Ask “Have you ever tried to quit?”
- Discuss availability of effective cessation treatment. Provide self-help materials on risks and benefits.
- Ask patient: “What benefits do you see in quitting?” “What concerns do you have about quitting?” “How do you feel about quitting?”
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</tr>
<tr>
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<tr>
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