

Medications

Stop-smoking medications are temporary aids to help relieve some of the withdrawal symptoms people experience when they quit smoking, without providing the tars and poisonous gases found in cigarettes. Studies have reported that one-fourth to one-third of smokers who use nicotine replacement or bupropion can quit for over six months. About 5-16% of people are able to quit smoking for at least 6 months without any medication to help.¹ Combining the nicotine patch with a self-administered form of NRT, such as gum or spray, or combining NRT and bupropion SR may be more efficacious than using a single form of NRT. However, combination NRT should be used only with patients unable to quit using one kind of NRT because of the increased risk of nicotine overdose and the excessive cost. Both NRT and Bupropion SR can help to postpone post-cessation weight gain.³

Except in special circumstances, all adult patients attempting to quit should be encouraged to utilize effective pharmacotherapies for tobacco dependence treatment. The use of pharmacotherapy will double or triple the patient's chance of quitting successfully, while making a quit attempt without the aid of pharmacotherapy usually offers no advantage to the patient.³

Nicotine Replacement Therapy (NRT)

- **Nicotine nasal spray delivers nicotine to the nasal membranes and reaches the bloodstream faster than any other NRT product.** It is available by prescription.¹
- **The nicotine inhaler consists of a plastic cylinder containing a cartridge that delivers nicotine when you puff on it.** The inhaler delivers nicotine into the mouth, not the lung, and enters the body much more slowly than the nicotine in cigarettes. The nicotine inhaler is available by prescription.¹
- **The nicotine patch releases a constant amount of nicotine in the body;** the nicotine dissolves right through the skin and enters the body. The patches are available over-the-counter in different shapes, sizes, and doses.¹
 - **Studies have shown that it is much easier to give up the patch than it would be to give up cigarettes.** First, with the patch, the nicotine level in the body stays relatively constant. There is not immediate satisfaction, so there is little craving for a patch. Second, since you apply the patch only once a day, you have less of a habit to break.¹
 - **Some side effects from wearing the patch can include:** headaches, dizziness, upset stomach, weakness, blurred vision, vivid dreams, mild itching, burning on the skin, and diarrhea.¹
- **Nicotine gum and Nicotine lozenge contain enough nicotine to reduce the urge to smoke,** and are available over-the-counter in two doses.^{1,2}

To be most effective, nicotine replacement therapy should be used with a behavior change program. Call the Utah Tobacco Quit Line at 1.888.567.TRUTH or visit utahquitnet.com for free help in quitting.¹

It is necessary with all types of nicotine replacement therapy to follow the doctor's orders and use these products only as prescribed and/or according to labeling. It is important not to smoke when using these products. Pregnant women should consult with a healthcare provider before using these products. Nicotine replacement therapies such as the patch and gum are not approved for use by those under 18 without a medical prescription.¹

Bupropion SR (Zyban)

Zyban (bupropion SR) is a non-nicotine pill that helps smokers quit by reducing symptoms of nicotine withdrawal. The drug, available by prescription only, is also sold as an antidepressant under the name Wellbutrin. This medication should not be taken by people with a history of seizures, anorexia, heavy alcohol use, or head trauma.¹ You can begin taking Bupropion SR prior to quitting, potentially preparing your body to deal with the stress of quitting.² Bupropion SR is an appropriate medication to use with depressed smokers trying to quit.³ A recent study showed that the use of Zyban (bupropion SR) tripled abstinence rates among depressed patients a year after cessation treatment, while NRT did not improve abstinence rates in this population.⁴

Varenicline (Chantix)

Varenicline is a prescribed non-nicotine pill that works in two ways, by providing some nicotine effects to ease the withdrawal symptoms and by blocking the effects of nicotine from cigarettes if patients resume smoking.⁵ Varenicline is only the second nicotine-free smoking cessation drug to gain Food and Drug Administration approval. Pfizer Inc. will market the twice-daily tablet as Chantix. To let Chantix build up in the body, smokers can begin taking the medicine 7 days before their quit date. The approved course of Chantix treatment is 12 weeks, a period that can be doubled in patients who successfully quit to increase the likelihood they will remain smoke free. The most common side effects of Chantix include, nausea, changes in dreaming, constipation, gas, and vomiting. Chantix has not been studied in pregnant women or in children under 18 years of age.⁶ In clinical trials, varenicline's short-term and long-term efficacy exceeded that of both placebo and bupropion SR.⁷

****Smoking deterrents, over-the-counter products that change the taste of tobacco, "stop smoking diets" that curb nicotine cravings, and combinations of vitamins have little supporting scientific evidence to support their claims**¹**

1. American Lung Association® Fact Sheet Nicotine Replacement Therapy (NRT) September 2000
2. http://www.public-health.uiowa.edu/itrc/quitline/NRT_Fact_Sheet_PDF.pdf Accessed August 2006.
3. Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. U.S. Department of Human Services, Public Health Service (PHS).
4. Smith, S.S., Jorenby, D.E., Leischow, S.J., Nides, M.A., Rennard, S.I., Johnston, J.A., Jamerson, B., Fiore, M.C. & Baker, T.B. (2003). Targeting smokers at increased risk for relapse: treating women and those with a history of depression. *Nicotine and Tobacco Research*, 5(1), 99-109.
5. <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01370.html> Accessed August 2006.
6. http://www.pfizer.com/pfizer/download/ppi_chantix.pdf Accessed August 2006.
7. Jorenby, D.E., Hays, J.T., Rigotti, N.A., et al. (2006). Efficacy of Varenicline, an $\alpha 4\beta 2$ Nicotinic Acetylcholine Receptor Partial Agonist, vs Placebo or Sustained-Release Bupropion for Smoking Cessation. *The Journal of the American Medical Association*.