

# Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation

<b>Who should receive pharmacotherapy for smoking cessation?</b>	All smokers trying to quit except in the presence of special circumstances. Special consideration should be given before using pharmacotherapy with selected populations: those with medical contraindications, those smoking less than 10 cigarettes/day, pregnant, and adolescent smokers.
<b>What are the first-line pharmacotherapies recommended in this guideline?</b>	All five of the FDA-approved pharmacotherapies for smoking cessation are recommended including bupropion SR, nicotine gum, nicotine inhaler, nicotine nasal spray, and the nicotine patch.
<b>What factors should a clinician consider when choosing among the five first-line pharmacotherapies?</b>	Because of the lack of sufficient data to rank-order these five medications, choice of a specific first-line pharmacotherapy must be guided by factors such as clinician familiarity with the medications, contraindications for selected patients, patient preference, previous patient experience with a specific pharmacotherapy (positive or negative), and patient characteristics (e.g., history of depression, concerns about weight gain).
<b>Are pharmacotherapeutic treatments appropriate for lighter smokers (e.g., 10-15 cigarettes/day)?</b>	If pharmacotherapy is used with lighter smokers, clinicians should consider reducing the dose of first-line pharmacotherapies.
<b>What second-line pharmacotherapies are recommended in this guideline?</b>	Clonidine and nortriptyline.
<b>When should second-line agents be used for treating tobacco dependence?</b>	Consider prescribing second-line agents for patients unable to use first-line medications because of contraindications or for patients for whom first-line medications are not helpful. Monitor patients for the known side effects of second-line agents.
<b>Which pharmacotherapies should be considered with patients particularly concerned about weight gain?</b>	Bupropion SR and nicotine replacement therapies (NRTs), in particular nicotine gum, have been shown to delay, but not prevent, weight gain.
<b>Which pharmacotherapies should be considered with patients with a history of depression?</b>	Bupropion SR and nortriptyline appear to be effective with this population.
<b>Should nicotine replacement therapies be avoided in patients with a history of cardiovascular disease?</b>	No. Nicotine replacement therapies are safe and have not been shown to cause adverse cardiovascular effects. However, the safety of these products has not been established for the immediate post-MI period or in patients with severe or unstable angina.
<b>May tobacco dependence pharmacotherapies be used long-term (e.g., 6 months or more)?</b>	Yes. This approach may be helpful with smokers who report persistent withdrawal symptoms during the course of pharmacotherapy or who desire long-term therapy. A minority of individuals who successfully quit smoking use ad libitum NRT medications (gum, nasal spray, inhaler) long-term. The use of these medications long-term does not present a known health risk. Additionally, the FDA has approved the use of bupropion SR for a long-term maintenance indication.
<b>May nicotine replacement pharmacotherapies ever be combined?</b>	Yes. There is evidence that combining the nicotine patch with either nicotine gum or nicotine nasal spray increases long-term abstinence rates over those produced by a single form of NRT.

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT—

# You Can Quit Smoking

SUPPORT AND ADVICE  
FROM YOUR CLINICIAN

A PERSONALIZED QUIT PLAN FOR: \_\_\_\_\_

## WANT TO QUIT?

- ▶ Nicotine is a powerful addiction.
- ▶ Quitting is hard, but don't give up.
- ▶ Many people try 2 or 3 times before they quit for good.
- ▶ Each time you try to quit, the more likely you will be to succeed.

## GOOD REASONS FOR QUITTING:

- ▶ You will live longer and live healthier.
- ▶ The people you live with, especially your children, will be healthier.
- ▶ You will have more energy and breathe easier.
- ▶ You will lower your risk of heart attack, stroke, or cancer.

## TIPS TO HELP YOU QUIT:

- ▶ Get rid of ALL cigarettes and ashtrays in your home, car, or workplace.
- ▶ Ask your family, friends, and coworkers for support.
- ▶ Stay in nonsmoking areas.
- ▶ Breathe in deeply when you feel the urge to smoke.
- ▶ Keep yourself busy.
- ▶ Reward yourself often.

## QUIT AND SAVE YOURSELF MONEY:

- ▶ At \$3.00 per pack, if you smoke 1 pack per day, you will save \$1,100 each year and \$11,000 in 10 years.
- ▶ What else could you do with this money?



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# FIVE KEYS FOR QUITTING

# YOUR QUIT PLAN



## 1. GET READY.

- ▶ Set a quit date and stick to it—not even a single puff!
- ▶ Think about past quit attempts. What worked and what did not?

## 1. YOUR QUIT DATE:

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## 2. GET SUPPORT AND ENCOURAGEMENT.

- ▶ Tell your family, friends, and coworkers you are quitting.
- ▶ Talk to your doctor or other health care provider.
- ▶ Get group, individual, or telephone counseling.

## 2. WHO CAN HELP YOU:

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## 3. LEARN NEW SKILLS AND BEHAVIORS.

- ▶ When you first try to quit, change your routine.
- ▶ Reduce stress.
- ▶ Distract yourself from urges to smoke.
- ▶ Plan something enjoyable to do every day.
- ▶ Drink a lot of water and other fluids.

## 3. SKILLS AND BEHAVIORS YOU CAN USE:

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## 4. GET MEDICATION AND USE IT CORRECTLY.

- ▶ Talk with your health care provider about which medication will work best for you:
- ▶ Bupropion SR—available by prescription.
- ▶ Nicotine gum—available over-the-counter.
- ▶ Nicotine inhaler—available by prescription.
- ▶ Nicotine nasal spray—available by prescription.
- ▶ Nicotine patch—available over-the-counter.

## 4. YOUR MEDICATION PLAN:

Medications: \_\_\_\_\_

Instructions: \_\_\_\_\_

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## 5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS.

- ▶ Avoid alcohol.
- ▶ Be careful around other smokers.
- ▶ Improve your mood in ways other than smoking.
- ▶ Eat a healthy diet and stay active.

## 5. HOW WILL YOU PREPARE?

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**Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.**

Followup plan: \_\_\_\_\_

Other information: \_\_\_\_\_

Referral: \_\_\_\_\_

\_\_\_\_\_  
Clinician

\_\_\_\_\_  
Date