

Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation

Who should receive pharmacotherapy for smoking cessation?	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.
What are the first-line pharmacotherapies recommended in this guideline?	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.
What factors should a clinician consider when choosing among the five first-line pharmacotherapies?	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).
Are pharmacotherapeutic treatments appropriate for lighter smokers (e.g., 10-15 cigarettes/day)?	If pharmacotherapy is used with lighter smokers, clinicians should consider reducing the dose of first-line pharmacotherapies.
What second-line pharmacotherapies are recommended in this guideline?	Clonidine and nortriptyline.
When should second-line agents be used for treating tobacco dependence?	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.
Which pharmacotherapies should be considered with patients particularly concerned about weight gain?	Bupropion SR and nicotine replacement therapies (NRTs), in particular nicotine gum, have been shown to delay, but not prevent, weight gain.
Which pharmacotherapies should be considered with patients with a history of depression?	Bupropion SR and nortriptyline appear to be effective with this population.
Should nicotine replacement therapies be avoided in patients with a history of cardiovascular disease?	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.
May tobacco dependence pharmacotherapies be used long-term (e.g., 6 months or more)?	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.
May nicotine replacement pharmacotherapies ever be combined?	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:



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:



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:



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: _____



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?

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

Followup plan: _____

Other information: _____

Referral: _____

Clinician

Date