



Learning Objectives:

Describe principles in the use of pharmacotherapy and best practices in the use of first-line pharmacotherapies for smoking cessation. rmacotherapy

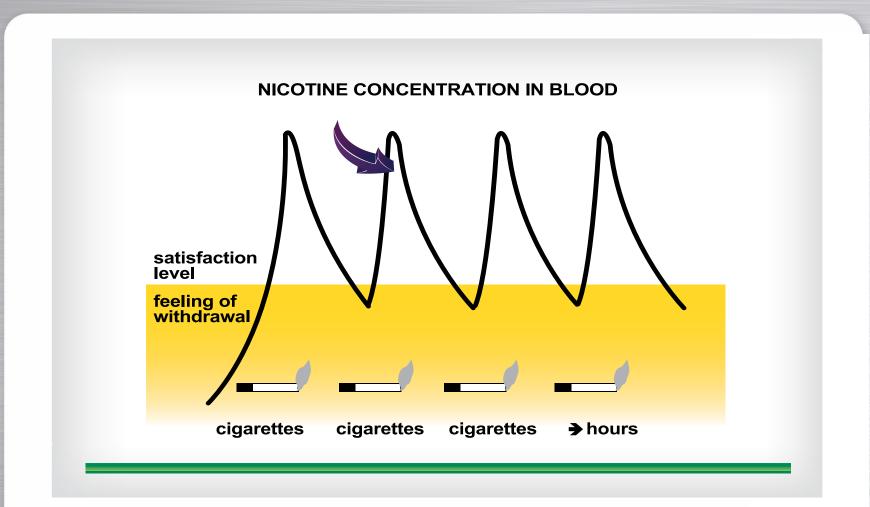
3 "Generations"
NRT
bupropion
varenicline

All smokers trying to quit, except in the presence of special circumstances, should receive pharmacotherapy for smoking cessation."

Nicotine Withdrawal Symptoms

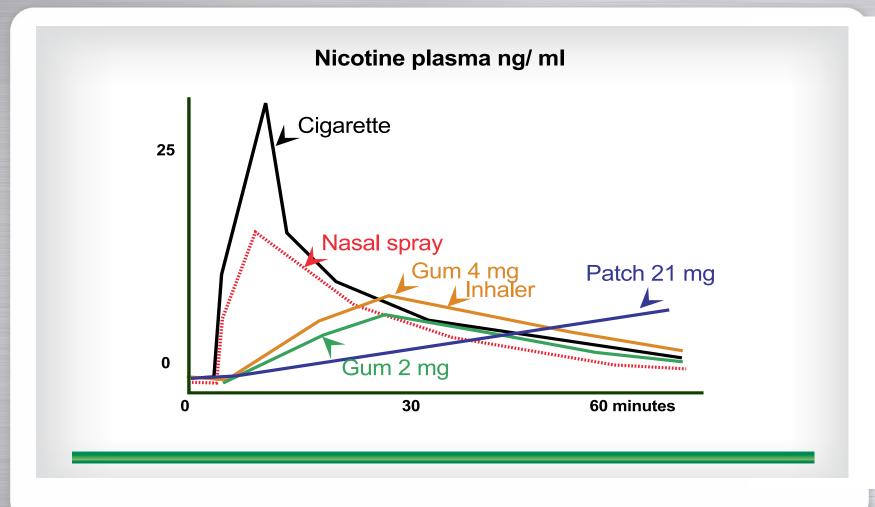
| Symptoms | Duration | Prevalence |
|---------------------------|------------|------------|
| Irritability / aggression | < 4 weeks | 50% |
| Depression | < 4 weeks | 60% |
| Restlessness | < 4 weeks | 60% |
| Poor concentration | < 2 weeks | 60% |
| Increase appetite | > 10 weeks | 70% |
| Light-headedness | < 48 hours | 10% |
| Night-time awakenings | < 1 week | 25% |
| Constipation | > 4 weeks | 17% |
| Mouth ulcers | > 4 weeks | 40% |
| Urges to smoke | > 2 weeks | 70% |







Kinetics of nicotine arterial blood after smoking a cigarette or NRTs

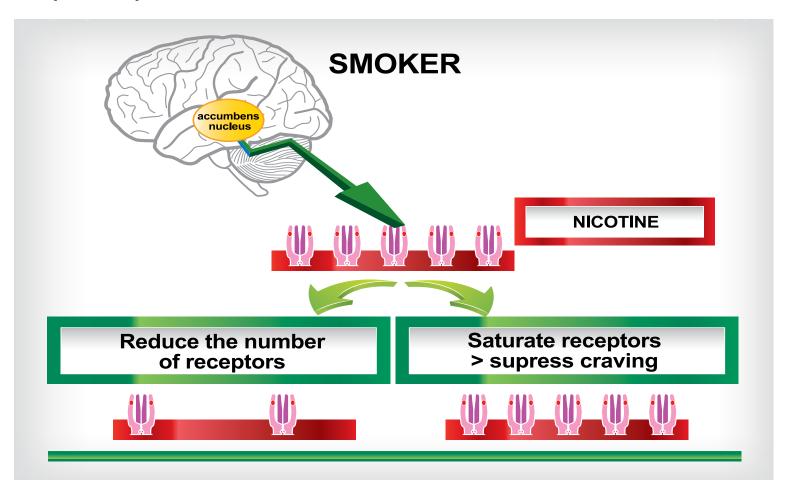




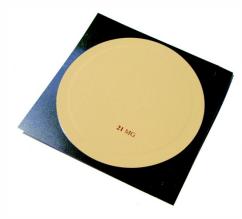
NRT vs. Nicotine

- Absorbed more slowly via venous system
- Much lower levels of nicotine
- Helps minimize withdrawal and cravings
- Attenuated sympathomimetic response
- Flat dose-response curve of nicotine & CV effects
- <u>NO</u> Carbon monoxide! <u>NO</u> oxidants!
- 4,999+ other chemicals/mutagens are <u>not</u> present!

Figure 13: The two objectives of nicotine replacement therapy: decrease withdrawal syndrome (acute) and reduce addiction by reducing the number of receptors (chronic)



Nicotine Replacement Therapy



Patch 20 mg, 15 mg, 10 mg



Gum 2mg, 4mg



Inhaler 10mg (per cartridge) 2mg (absorbed)



1mg per spray/dose





NRT - Patch

- :. Available in 10mg, 15mg, 25 mg
- :. Apply the patch to a clean, dry, non hairy area on the upper part of your body (arms, chest, back).
- :. Replace the patch with a new one every 24 hours.
- :. Remove the patch at bedtime, if you have difficulty sleeping





NRT - Inhaler

- :. Fast Acting to address urges or cravings.
 - Nicotine delivered to oral cavity, throat & upper respiratory tract (a small fraction reaches the lungs)
- :. Provides hand to mouth motion of smoking
- :. 10 mg nicotine per cartridge
 - 4 mg can be extracted per cartridge
 - Only 2mg systemically absorbed









NRT - Gum



- Use gum once or twice at approximately the same frequency you would take a drag on a cigarette.
- Chew slowly until you can taste the nicotine or feel a slight tingling in your mouth, then stop chewing.
- Place the gum between your cheek and gum. After one minute, repeat the process until cravings are resolved.
- Avoid eating or drinking 15 minutes before or during use.



NRT Mouth Spray



- 1mg nicotine/spray dose
- 1-2 sprays every 30 to 60 minutes prn
- Maximum dosage is 4 sprays/hour
- Contains at least 150 sprays





How to use Mouth Spray

- First use, prime the spray pump
- Point spray nozzle as close to open mouth as possible and release
- Do not inhale to avoid getting spray down throat
- Refrain from swallowing for a few seconds

Possible Side Effects:

 Headache, nausea, vomiting, changes in taste, tingling sensation of the mouth









NRT Combination Therapy

NRT Patch











Provides baseline dose of NRT throughout the day

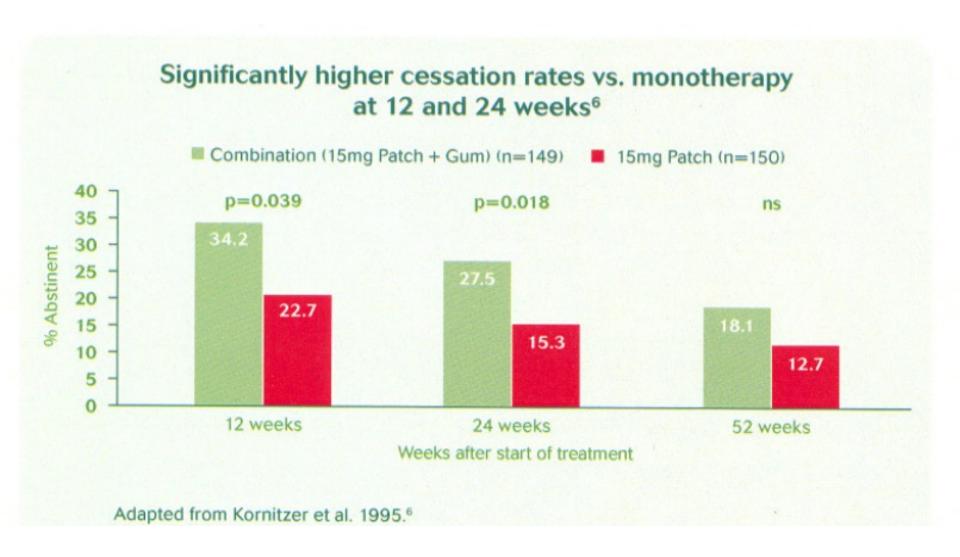
Provides rapid relief from cravings and other withdrawal symptoms







Combination Therapy



Assessing Nicotine Addiction

1. Number of Cigarettes smoked per day

2. Time to First Cigarette

3. Patient History





Choosing the right dose

| Smokes ≥ 30 minutes of waking | Smokes ≤ 30 minutes of waking | TREATMENT GUIDE |
|----------------------------------|----------------------------------|---|
| <10 | | :. 10 mg for 6 weeks OR; :. use gum, inhaler or spray alone |
| 10-19 | <10 | :. 15mg daily for 6 weeks then; :. 10mg daily for 2 to 4 weeks |
| 20-29 | 10-19 | 25mg daily for 6 weeks then; 15mg daily for 2 weeks then; 10mg daily for 2 weeks or longer |
| 30-39 | 20-29 | :. 25mg (25mg + 10 mg) daily for 6 weeks then; :. 25mg daily for 4 weeks then; :. 15mg daily for 2 weeks then; :. 10mg daily for 2 weeks or longer |
| | 30-40 | 35mg (25mg + 15mg) daily for 6 weeks then; 25mg daily for 4 weeks then; 15mg daily for 2 weeks then; 10mg daily for 2 weeks or longer |
| 40+ | | :. 40mg (25mg x 2) daily for 6 weeks then; :. 35mg (25mg + 10mg) daily for 2 weeks then; :. 25mg daily for 2 weeks then; :. 15mg daily for 2 weeks then; :. 10mg daily for 2 weeks or longer |
| | | WITH: |

WII I

Inhaler, gum, spray to be used as needed/required by the patient to manage cravings and withdrawal.

Heavy Smokers

- 20 or more Cigarettes
- Time to First Cigarette <u>less than 5 mins (or 30 mins)</u> from waking. Generally require higher doses of NRT

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Example: 2 ppd (40 cigs) = 2 \times 21 \text{ mg patches (42mg)}

30\text{-}40 \text{ cigs/day} = 35 \text{ mg}
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- Patch + Inhaler most often used
 - Inhaler used for breakthrough cravings

Titration of NRT

 If after initial application of Nicotine patch, withdrawal or cravings persist, add other forms of Nicotine Replacement Therapy (gum or inhaler to address cravings as necessary).

If after 24 hours, cravings continue to persist, may add
 7mg Nicotine patch (increase by 7mg increments only)



Remember...

Any patient who is likely to continue smoking is much 'safer' receiving NRT







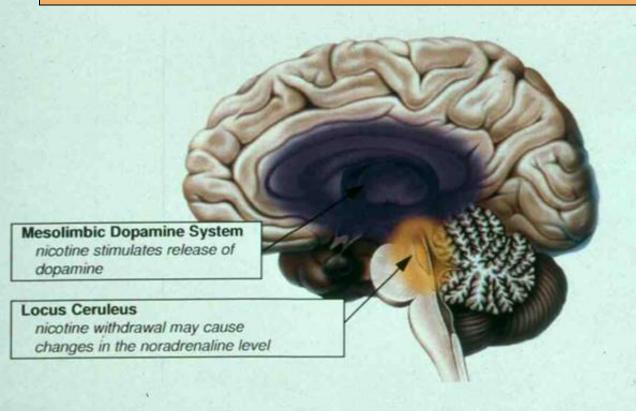
Bupropion – How it works

Helps to balance the chemicals in the brain

Reduces nicotine cravings and withdrawal



Bupropion and The Biology of Nicotine Addiction



Nicotine deprivation causes two reactions:

- 1. Psychological Craving
- Physiological Withdrawal Symptoms

Bupropion – Dosage and duration

- Begin taking at least 7 days before quit date
- **Day 1-3:** 150 mg daily
- Day 4 to Week 12: 150 mg at breakfast and dinner (or at least 8 hours between doses)
- **OPTION TO:** Remain at 150 mg daily as side effects are dose dependant
- The usual duration is 12 weeks, however, some people may continue to take it up to 24 weeks.
- Take with full glass of water.



Bupropion Side Effects

- Dry mouth
- Insomnia
- Dizziness
- Difficulty concentrating
- Nausea
- Anxiety
- Constipation
- Shakiness
- Skin rash
- "I don't feel right"



Bupropion - Side Effects

To address side effects:

- Ensure it is being taken properly with a full glass of water.
- May use OTC anti-nausea med. (eg. Ginger Gravol) if symptoms persist.
- Consider reducing dose by half (going back to 150mg twice a day) if symptoms are severe or intolerable.
- For severe mood changes assess and follow product monograph discontinuation may be advised.



Bupropion

Reduce dose from 150 bid to 150 mg/day

Side effects are dose dependent.







Varenicline

- How it works
- Contraindications
- Dosing
- Duration
- Side effects



New Medications and Approaches



Influences neurotransmitters and receptors Addresses the neurochemistry of addiction

Varenicline ...a selective partial agonist of the α4β2 nicotinic ACh receptor

Provides relief from craving and withdrawal – agonist effect

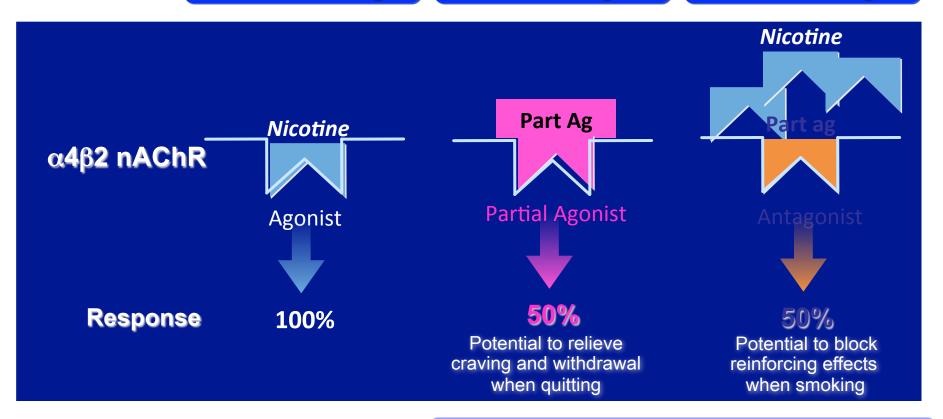
 Blocks satisfaction and rewarding effects of nicotine – antagonist effect



α4β2 nAChR Partial Agonists

Smoking No Partial Ag No Smoking Partial Ag

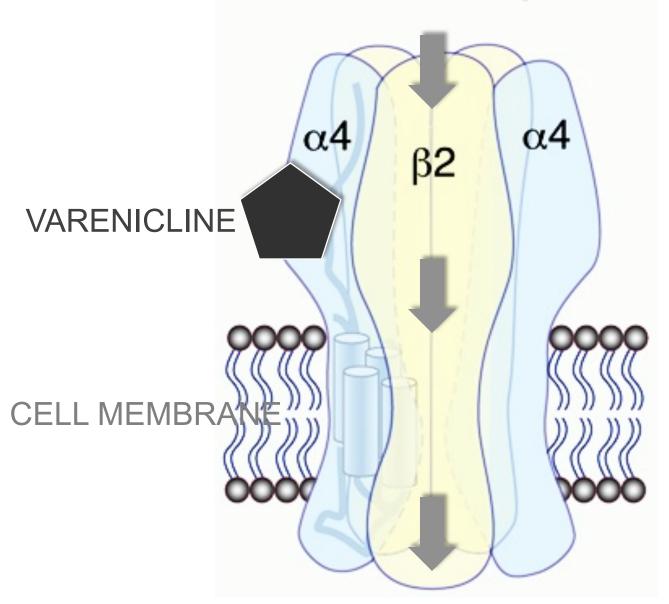
Smoking + Partial Ag



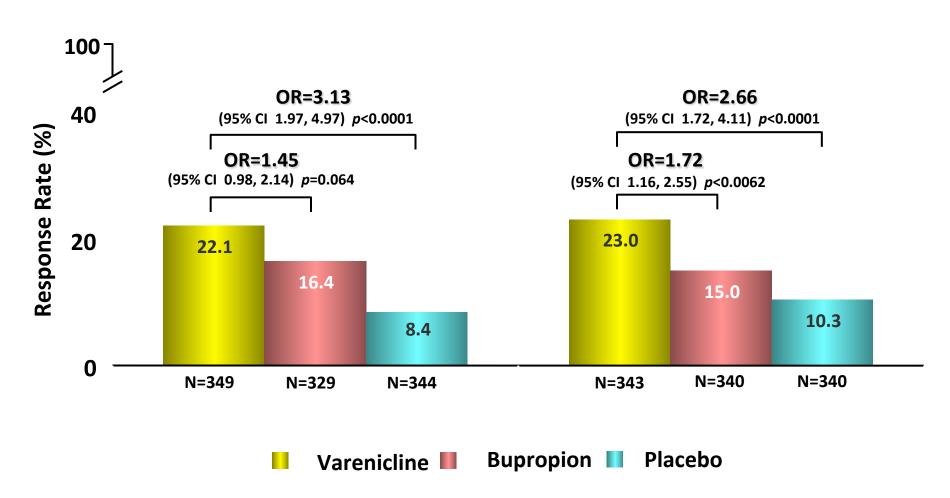
Dual action of a partial agonist

α4ß2 Receptor $\alpha 4$ $\alpha 4$ **NICOTINE** CELL MEMBRA TITAN CRETE (1)

α4ß2 Receptor

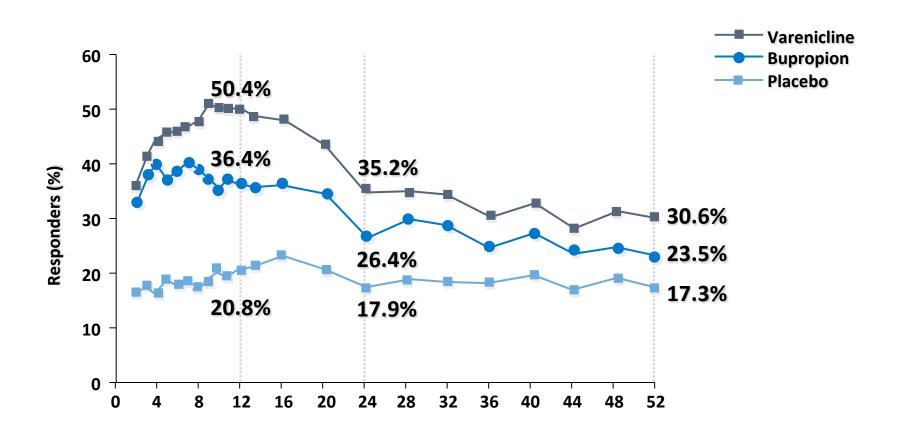


CO-Confirmed Continuous Abstinence - Wks 9-52



Quitting 'Trajectories'

36



7-Day PP of Abstinence

Varenicline - Contraindications

Do not use:

- If previous drug reaction to Varenicline
- If under age 18 yrs
- If pregnant or breastfeeding
- History of renal failure and is taking Cimetidine

Special Considerations (speak to MD)

- If using any form of NRT
- Recent history of nausea and vomiting in the past 2 months
- History of renal failure



Varenicline

- Begin taking 8 days before quit date
- **Day 1-3:** 0.5 mg daily
- Day 4-7: 0.5 mg at breakfast and dinner
- Week 2 to Week 12: 1 mg at breakfast and dinner
- **OPTION TO:** Remain at 0.5 mg at breakfast and dinner
- The usual duration is 12 weeks, however, some people may continue to take it up to 24 weeks.
- Take with full glass of water.



Varenicline – Side Effects

- :. Nausea (30%, 3% severe)
- :. vomiting
- :. trouble sleeping
- :. headache
- :. abnormal dreams
- :. constipation
- :. gas
- :. allergic reaction (rare)
- :. altered/depressed mood
- Avoid hazardous tasks until patients knows their reaction to medication



Varenicline - Side effects

To address side effects:

- Ensure it is being taken properly with a full glass of water.
- For sleep disturbances, suggest med is taken earlier in the evening (at least 8 hours after morning dose)
- May use Ginger Gravol if symptoms persist
- Consider reducing dose by half (going back to 0.5mg twice a day) if symptoms are sever or intolerable.
- For severe mood changes, refer to appropriate health care professional



Varenicline – Side Effects

- To address Nausea/Headache
 - Glass of Water
 - Dimenhydrinate
 - Consider reducing dose by half







Neuropsychiatric Adverse Events

May 2010 Product Monograph p. 15

| Psychiatric Disorders | Varenicline (N=3091) | Placebo (N=2005) |
|---|---|---------------------------------------|
| | % (n) | % (n) |
| Depressed mood disorders/disturbances Depression Depressed mood | 2.8 (88) 1.6 (51) 1.0 (32) | 1.9 (38) 1.2 (24) 0.6 (12) |
| Disturbances in thinking and perception Thinking abnormal | 0.4 (13) 0.2 (7) | 0.1 (2) (1) |
| Mood disorders and disturbances NEC Affect liability Mood swings Apathy | 2.4 (73) 0.6 (20) 0.3 (10) 0.2 (5) | 1.5 (30) 0.3 (6) 0.1 (2) (1) |
| Psychiatric disorders NEC | 0.5 (16) | 0.3 (6) |



Varenicline, Smoking Cessation, and Neuropsychiatric Adverse Events

Objective: In 2009, the U.S. Food and Drug Administration issued a black box warning for varenicline regarding neuropsychiatric events. The authors used data from randomized controlled trials and from a large Department of Defense (DOD) observational study to assess the efficacy and safety of varenicline.

Conclusions: This analysis revealed no evidence that varenicline is associated with adverse neuropsychiatric events. The evidence supports the superior efficacy of varenicline relative to both placebo and bupropion, indicating considerable benefit without evidence of risk of serious neuropsychiatric adverse events, in individuals with and without a recent history of a psychiatric disorder.

Gibbons R.D, and Mann J.J. Varenicline, smoking cessation, and neuropsychiatric adverse events. 2013. Am J Psychiatry 170(12): 1460-67.



Comparison of Monotherapy and Combination Therapies

| Pharmacotherapy | Estimated OR (95% CI) | Estimated Abstinent Rate (95% CI) | Cost Per Week |
|---|-----------------------|--------------------------------------|------------------|
| Placebo | 1.0 | 13.8 | - |
| Nicotine Patch | 1.9 (1.7-2.2) | 23.4 (21.3-25.8) | \$25-\$30 |
| High Dose Patch | 2.3 (1.7-3.0) | 26.5 (21.3-32.5) | \$25-\$30 |
| Nicotine Inhaler | 2.1 (1.5-2.9) | 24.8 (19.1-31.6) | \$40-\$80 |
| Nicotine Gum | 1.5 (1.2-1.7) | 19.0 (16.5-21.9) | \$42 |
| Bupropion | 2.0 (1.8-2.2) | 24.2 (22.2-26.4) | \$15-\$21 |
| Varenicline | 3.1 (2.5-3.8) | 33.2 (28.9-37.8) | \$36 |
| Patch + Inhaler | 2.2 (1.3-2.6) | 25.8 (17.3-36.5) | \$40-\$60 |
| Patch + Gum | 2.6 (2.5-5.2) | 26.5 (28.6-45.3) | \$40-\$60 |
| Patch (long-term; > 14 weeks) + ad lib NRT (gum or spray) | 3.6 (2.5–5.2) | 36.5 (28.6–45.3) | \$40-\$60 |
| Patch + Bupropion | 2.5 (1.9-3.4) | 28.9 (23.5-25.1) | \$40-\$51 |

¹ Fiore et. al. Treating Tobacco Dependence Clinical Practice Guidelines. USDHHS. 2008. 2 Ebbert et. al. Nicotine Tob Research 2009; 11 (5); 572-6. 3 Ebbert et. al. Nicotine and Tobacco Research 2009; 11 (3): 234-9.

Pharmacological Treatments for Smoking Cessation

CLINICAL QUESTION Among the 3 first-line smoking cessation treatments (nicotine replacement therapy [NRT], bupropion, and varenicline), which is most effective in helping people who smoke achieve and maintain abstinence from smoking for at least 6 months, and what serious adverse events are associated with each?

BOTTOM LINE Higher rates of smoking cessation were associated with NRT (17.6%) and bupropion (19.1%) compared with placebo (10.6%). Varenicline (27.6%) and combination NRT (31.5%) (eg, patch plus inhaler) were most effective for achieving smoking cessation. None of the therapies was associated with an increased rate of serious adverse events.

• Cahill K., Stevens S., and Lancaster T. Pharmacological treatments for smoking cessation. JAMA Clinical Evidence Synopsis. 2014 311(2):

COMBINATION THERAPIES

• NRTs - excellent1

NRT + Bupropion – good¹

NRT + Varenicline – emerging evidence²

Bupropion + Varenicline – emerging evidence³

1 Fiore et. al. Treating Tobacco Dependence Clinical Practice Guidelines. USDHHS. 2008. 2 Ebbert et. al. Nicotine Tob Research 2009; 11 (5); 572-6. 3 Ebbert et. al. Nicotine and Tobacco Research 2009; 11 (3): 234-9.



Problems with Pharmacotherapy

- Outdated concepts re: cessation
- "Myths" and "Misunderstandings"
- Rigid Application
- Inadequate Dosing Strategies
- Side effects

"Not a Magic Bullet!"



TITAN CRETE







OTTAWA MODEL
FOR SMOKING CESSATION
IN PRIMARY CARE
MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC
EN SOINS PRIMAIRES

