

Helping Patients Stop Smoking



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advise

assess

assist

arrange

In America today, tobacco stands out as the agent most responsible for avoidable illness and death. Its use brings premature death to almost half a million Americans each year and it contributes to the disability and pain of many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.

Current treatments for tobacco dependence offer clinicians a great opportunity to lessen the loss of life, health, and happiness caused by this chronic condition.

Outlined below are the recommendations found in the newly released U.S. Public Health Service-sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence*.¹ The guideline is sponsored by a consortium

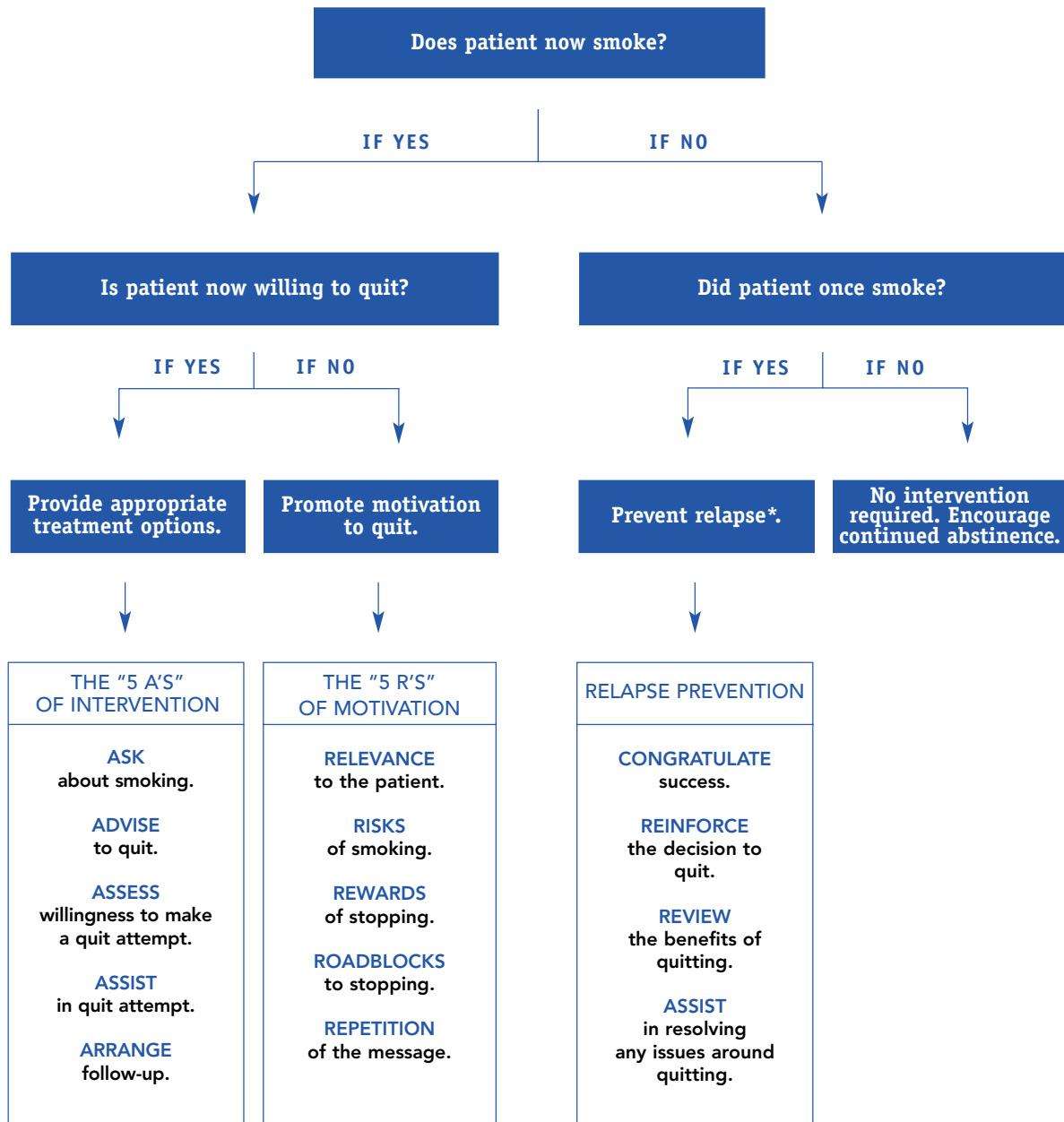
of seven Federal Government and nonprofit organizations including: the Agency for Healthcare Research and Quality; Centers for Disease Control and Prevention; National Cancer Institute; National Heart, Lung, and Blood Institute; National Institute on Drug Abuse; Robert Wood Johnson Foundation; and the University of Wisconsin Medical School's Center for Tobacco Research and Intervention.

In brief, the key findings and recommendations are:

- 1] Tobacco dependence is a chronic condition that often requires repeated intervention.**
- 2] Because effective tobacco dependence treatments are available, every patient who uses tobacco should be offered at least one of these treatments:**
 - Patients *willing* to try to quit should be provided treatments identified below as effective.
 - Patients *unwilling* to try to quit tobacco use should be provided a brief intervention to increase their motivation to quit.
- 3] Clinicians and health care delivery systems should consistently identify, document, and treat every tobacco user seen in a health care setting.**
- 4] Every patient who uses tobacco should be offered at least brief treatment.**
- 5] There is a strong relationship between the intensity of tobacco dependence counseling and its effectiveness.**
- 6] Three types of counseling and behavioral therapies have been found to be especially effective and should be used with all patients attempting tobacco cessation:**
 - Provision of practical counseling (problem solving/skills training);
 - Provision of social support as part of treatment;
 - Help in securing social support outside of treatment.
- 7] For smoking cessation, one form of tobacco dependence, numerous effective pharmacotherapies now exist. Except in the presence of contraindications, these should be offered to all patients attempting to quit smoking.**

Five first-line pharmacotherapies were identified as effective aids to smoking cessation treatment:	Two second-line pharmacotherapies were identified as efficacious and may be considered if first-line therapies are not effective:
<ul style="list-style-type: none"> • Bupropion SR • Nicotine gum • Nicotine inhaler • Nicotine patch • Nicotine nasal spray 	<ul style="list-style-type: none"> • Clonidine • Nortriptyline
<ul style="list-style-type: none"> • Over-the-counter nicotine patches are effective and their use should be encouraged. 	

Treatment Algorithm¹



* Relapse prevention interventions are not necessary in the case of the adult who has not smoked for many years.

Pharmacotherapy Options ^{2,3}

Pharmacotherapy options should be considered in all initial discussions about smoking cessation. Since patients' belief in the efficacy of their therapy plays an important role in their compliance, practitioners should give patients a choice of treatment options. Please use the information below to help your patients select the right therapy for them.

Nicotine-free Medicine

ZYBAN[®] (bupropion HCl) Sustained-Release Tablets 150 mg – ZYBAN is a nicotine-free pill used to aid those trying to stop smoking. ZYBAN helps reduce the urge to smoke. Your patients start taking ZYBAN and set a date to stop smoking during the second week. Then they should stop smoking and continue taking ZYBAN as recommended by you. Most people should take ZYBAN for at least 7 to 12 weeks. ZYBAN should be used as part of a comprehensive program.

ZYBAN is not for everyone. There is a risk of seizure associated with ZYBAN, which is increased in certain patients.

ZYBAN should not be taken by those who have or have had a seizure disorder; are already taking WELLBUTRIN[®], WELLBUTRIN SR[®] or any other medicines containing bupropion HCl; have or have had an eating disorder; or are currently taking or have recently taken a monoamine oxidase (MAO) inhibitor. ZYBAN should be used with extreme caution in patients with severe liver disease; in these patients a reduced frequency of dosing may be required. ZYBAN is not recommended for women who are pregnant or breast-feeding.

Nicotine Replacement Methods³

Nicotine replacement uses nicotine in patches, gum, and other forms to make up for the nicotine no longer being taken in by smoking. This method gradually diminishes the body's urge for nicotine. If a patient chooses this form of treatment, they must stop smoking immediately.

It is recommended that counseling be part of each of these treatment options:

■ Patch ■ Gum ■ Nasal Spray ■ Nicotine Inhaler

Nicotine Patch

The nicotine patch adheres to the skin and releases nicotine into the bloodstream. There are different strengths of patches. Some come in different levels of nicotine and are usually worn on the skin for 16 to 24 hours a day. Many users have experienced redness, itching, or burning of the skin with patches, causing some to discontinue use.

Nicotine Gum

Nicotine gum is chewed briefly to release nicotine and then rests in the mouth. The released nicotine is absorbed into the blood through the mouth and gums. Nicotine gum can cause nausea and upset stomach.

Nicotine Nasal Spray

A nicotine spray allows the user to spray doses of nicotine into the nasal passages, reducing the urge for nicotine. This form of therapy is available by prescription. Many patients using the nicotine nasal spray reported moderate to severe nasal irritation at the outset of usage. Other common side effects that

have been reported are runny nose, throat irritation, watering eyes, sneezing, and cough.

Nicotine Inhaler

A nicotine inhaler allows the user to breathe in dosages of nicotine through the mouth. This medication is available by prescription. Inhaler users may experience mouth and throat irritation, cough, runny nose, and upset stomach.

If the treatment the patient selects fails, the practitioner should talk with the patient about what happened and help the patient select another treatment. Practitioners should also look for poor medication compliance and co-morbid psychiatric problems, especially alcohol abuse or depression, which might be interfering with cessation.

References:

1. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: A Clinical Practice Guideline*. Rockville, Md: US Dept of Health and Human Services. A Public Health Service Report. June 2000.
2. Hughes JR, Goldstein MG, Hurt RD, et al. Recent advances in the pharmacotherapy of smoking. *JAMA*. January 6, 1999; 281(1):72-76.
3. *Physicians Desk Reference*[®] 54th ed. Montvale, NJ: Medical Economics Data Production Company; 2000.

Please consult accompanying complete Prescribing Information for ZYBAN.



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