



Smoking Cessation Guide (pharmacotherapy)

Note to doctor: Please write the chosen regimen on usual prescription form & carbon copy
Also, discuss with your patient non-pharmacological aids and behavioral support, for example:
<http://iQuitnow.qc.ca/> (<http://jarrete.qc.ca/>) or <http://www.defitabac.qc.ca/en>.

Start Nicotine Transdermal Patch. Patient should stop smoking completely once nicotine replacement therapy is initiated. The patch should be applied each morning to non-hairy, clean, dry, intact skin on the upper arm or torso. A fresh skin site should be used for each application. If insomnia/nightmares occur, the patch may be removed at bedtime and a new patch reapplied in the morning. The patient can use a short acting nicotine replacement (example: gum) for early morning cravings. Treatment can be prolonged to 12 weeks.

- IF > 20 cigarettes/day**
 - 21mg patch daily x 6 weeks
 - 14mg patch daily x 2 weeks
 - 7mg patch daily x 2 weeks
- IF > 10 or < 20 cigarettes/day, any patient with current Acute Coronary Syndrome (ACS) or the patient weighs less than 45kg**
 - 14mg patch daily x 6 weeks
 - 7mg patch daily x 2 weeks
- IF < 10 cigarettes/day**
 - 7mg patch daily x 6 weeks

If cravings persist, or if patient desires additional short-acting nicotine replacement, patient may choose to use the nicotine gum:

- Nicorette Gum 2mg**
 - Use 1-2 pieces q 1-2 hrs PRN, up to 12 weeks (*max 10 pieces/day if used in addition to patch; max 24 pieces/day if used as monotherapy*)
 - Instruct patient to 'chew and park' the gum between cheek and gums until the tingling taste disappears, and to repeat this cycle for up to 30min.

Upon the discretion of the physician, Bupropion (Zyban) or Varenicline (Champix) may also be started:

- The addition of bupropion or varenicline to nicotine replacement therapy increases the chance of success.
- Bupropion is not recommended in patients with conditions predisposing to seizure, history of seizure or severe hepatic impairment. This medication is not recommended for pregnant/breastfeeding women.
 - No clinical experience established regarding the safety of bupropion in patients with a recent history of myocardial infarct or unstable heart disease (considered safe in stable coronary disease).
 - Avoid Varenicline if patient has important psychiatric history, or coronary artery disease.
- Bupropion (Zyban, Wellbutrin SR) 150 mg (if started as out patient: start 1 week before target quit date)**
 - 1 tab 150mg daily PO days 1, 2 and 3
 - then 1 tab 150mg PO bid for ____ weeks (usually 12 weeks)
 - (decreased elimination in patients with kidney failure; use caution/decrease frequency to once daily)
 - OR
 - Varenicline (Champix) 0.5mg (start 1 week before target quit date; avoid if pt has psych or coronary artery disease history)**
 - 1 tab 0.5mg PO daily days 1, 2 and 3
 - then 1 tab 0.5mg PO bid days 4 to 7
 - then 1 tab 1mg PO bid for 12 or 24 weeks (usually 12 weeks; consider 24 weeks to decrease relapse risk) (max 0.5mg bid if CrCL <30; max 0.5mg daily if hemodialysis patient)

References:

Uptodate.com, Pharmacotherapy for smoking cessation in adults, Accessed February 2013;
Cornwall Hospital Smoking Cessation Protocol, Oct 2008