



TOBACCO CESSATION MEDICATIONS

WHO SHOULD CONSIDER USING MEDICATION TO QUIT?

If any or all of the following apply to you, medications may help you beat the tobacco habit:

- Have tried several times without success.
- Smoke 1 pack per day or more.
- Are bothered by cravings for nicotine.

WHAT TYPES OF MEDICATIONS ARE THERE?

- Nicotine Replacement Medications: Start the gum, patch or nasal spray on your “quit day” to help decrease withdrawal cravings. Never smoke while using these products! It can cause nicotine overdose.
- Bupropion: The new “smoking cessation pill” is designed to be started about two weeks before you quit. Bupropion helps decrease cravings for nicotine before you quit and withdrawal symptoms after you quit.

NICOTINE GUM – (NICORETTE® OR GENERIC)

- The gum may be mostly for those who smoke at irregular intervals, want to control when and how much nicotine is used, and who want something that requires activity. The gum has also been a good strategy for those quitting dip or chew tobacco.
- The gum comes in 2-mg and 4-mg per piece doses. Use the 2-mg pieces unless you smoke over one pack per day and use a maximum of 24 pieces per day.
- Stop use of nicotine gum after 12 weeks. If the gum is still desired, contact physician.
- Read the directions carefully and learn the correct “chewing technique.”
- Chew until a peppery taste is released the “park” the gum in the side of your mouth. Intermittently chew and park the gum for 30 minutes.
- Don’t eat or drink for 15 minutes before and during use of the gum as it interferes with nicotine absorption.
- Taking at least 9 pieces/day for the first 6 weeks increases the chances of success.
- If you have heart problems, chronic medical problems or if you are pregnant or lactating, check with your health care provider first before using the gum.
- Dispose of gum in wrapper and out of access by pets or children.

NICOTINE PATCH – (NICODERM CQ® OR GENERIC)

- Research shows the patch has a higher success rate than the gum.
- The patch comes in three strengths. If you smoke 1 pack per day or more it is recommended that you start with the 21-mg patch for six weeks, then taper to the 14-mg for 2 weeks, and finally with 7-mg patch for 2 more weeks. If you smoke less than 1 pack per day, start with a lower patch strength.
- Apply the patch to a dry non-hairy area of skin on the upper arm, back or chest (above the level of the heart). Each morning remove the old patch and apply a new patch. Rotate the site and do not go back to the same site for 7 days.
- About 50% of patch users may develop some mild skin reactions like redness and itching. Wash with a cool rinse. Stop the patch and ask you health care practitioner if the skin reaction is severe. Don’t use the patch if you are allergic to tape.

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- If you have vivid dreams or sleep disruptions, try removing the patch at bedtime.
- Wash your hands after applying the patch and dispose of it properly. Nicotine is toxic to small children and animals. Cutting the patch can cause overdosing.
- Consult your healthcare provider if you have chronic medical problems, heart problems or are pregnant or lactating, or have skin problems.
- Discontinue use after 8 to 10 weeks.

NICOTINE NASAL SPRAY – (NICOTROL NS®)

- The nasal spray may be helpful because it doesn't just reduce the craving for nicotine. It actually mimics the pleasurable effects of nicotine.
- The spray often has significant side effects with initial use. It produces a peppery sensation in the nose and may cause tearing, sneezing, and a burning sensation.
- Prime the bottle as directed. Spray once in each nostril. Do not inhale. Do not blow your nose for 2 to 3 minutes.
- Do not use the spray more than 5 times in an hour OR 40 times in 24 hours.
- Do not use the spray for more than 3-6 months. Because nicotine is addictive, it is possible to become dependent on the nasal spray. It is important to only use it for as long as needed to overcome your tobacco habit.
- You should not use the spray if you have asthma, nasal allergies, nasal polyps or sinusitis.
- Consult your healthcare provider if you have medical problems, heart problems or are pregnant or lactating.
- Dispose with child-resistant cap in place and out of access by pets or children.

BUPROPION (ZYBAN® OR WELLBUTRIN SR®)

- Do not use if you are already on Wellbutrin for depression (because both Wellbutrin and Zyban contain the same medication).
- When taking twice a day, take the first dose early in the morning and the second dose in late afternoon (avoid taking near bedtime because it may interfere with sleep).
- Do not take doses less than 8 hours apart. (Risk for seizure increases on doses over 400 mg)
- Can be used alone or in conjunction with nicotine patch. Blood pressure needs to be monitored if you do this.
- Side effects occasionally may include sleep disturbance, anxiety, decreased appetite or dry mouth. Do NOT take if you have a history of seizure disorder, bulimia, anorexia or if you used medications MAO inhibitors. Do not use with any prescription drugs with lower seizure potential. Inform your health care provider of any medications you are currently taking.
- Like Wellbutrin for depression, Zyban is thought to work on dopamine and norepinephrine receptors in the brain to decrease both craving and withdrawal symptoms. Because of the way this medication works it is important to start the pills 10 to 14 days before you plan to quit, so plan ahead.
- You take one tablet once a day for the first 3 days, then the dose is increased to one tablet twice a day for next 7 – 14 days until your “quit date” reached. When you reach your “quit day” you stop smoking but continue one pill twice a day for the next 7 – 12 weeks.
- Swallow whole. Do not crush, divide, or chew.