

Update on Medications for Tobacco Cessation

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Nicotine Addiction – the good news (quitting)

- Substantial recovery of pulmonary symptoms and infections after 9 months
- Risk of MI decreased 50% after 1 yr
- 2 years after MI, mortality decreased 36%
- Risk of most cancers decreased 50% after 5 yrs
- Risk of lung CA decreased 50% after 10 yrs
- Almost all disease risk back to background after 15 yrs

Nicotine Addiction – the bad news (quitting)

- <6% quit attempts successful
- 50% quit attempts fail in the 1st week
- Only 1/3 quit attempters have ever sought assistance

The question

- How can I help patients quit?
- Ask about tobacco repeatedly, link to health goals
- Weigh the pro's and con's
- Give directive advice
- Mobilize motivation, build momentum

Extra active ingredients – engagement, relationship, monitoring

- Physicians (and other health care providers) have enormous impact on patients and families
- Important to set clear standard: our stance should be that tobacco use is unhealthy
- Longitudinal follow-up can hold up a mirror of dynamic change, both pos and neg

Role of medical professionals

- Problem: even if they say yes I don't know what to do (I'd rather not know)
- Solution: you've already done something (advancing motivation is an effective intervention)

Barriers to greater medical role

- Only half of smokers receive quit advice from physicians – WHY?
- Frustration at low success rates (lower in real world than in research)
- Time pressures in medical settings
- Concerns about medication side effects

Medical professionals Time constraints

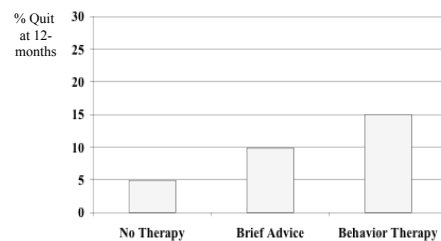
- Problem: doctors have no time
- Solution: the 3 questions approach
 - How much do you smoke?
 - Would you like to try to quit or cut down?
 - Why or why not?

Medications for Nicotine Dependence

Nicotine replacement therapy
Bupropion
Varenacline

Current treatments

Effectiveness of Non-Pharmacologic Treatments



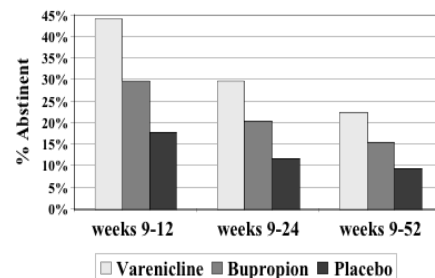
Lerman, Patterson, & Berritini, 2005.

Nicotine replacement therapy (NRT)

- Patches
- Gum
- Nasal spray
- Inhaler
- Lozenge
- [E-cigarettes??]

Nicotine – current (but under-utilized) treatments

Abstinence Rates Varenicline vs. Bupropion vs. Placebo



Nides et al. Am J Health Behav 32: 664-675, 2008

Use of medications – The basics

- Step #1: Enhance motivation
- Repeat step #1 endlessly until action stage
- Step #2: When in action stage, establish a plan
 - Set a quit date
 - Self-directed cutting down until then
- Step #3: Prescribe craving medication now, with plan to start 1-3 weeks before quit date
- Step #4: Start NRT on quit date
- Step #5: Stop meds 6-12 weeks when fixed

Use of medications – The advanced course

- The more monitoring the better, frequent visits and debriefing
- Add-on counseling if available (group, individual, telephone, on-line)
- Establish the *personal* link to health outcomes
- Encourage successes (even small)
- Encourage multiple quit attempts

Use of medications – The advanced course 2

- Don't wait for action phase or quit date, start anti-craving Rx now
- Start NRT before quit date (now), smoking on top of NRT not contraindicated

Use of medications – The advanced course 3

- Combine long acting NRT (patch) with short acting NRT (gum, lozenge, spray, inhaler)

Use of medications – The advanced course 4

- Consider *combining* bupropion + varenicline + NRT

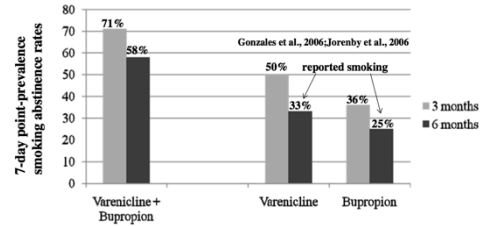
Use of medications – The advanced course 5

- Continue Rx for longer course, perhaps indefinitely

Use of medications – The advanced course 6

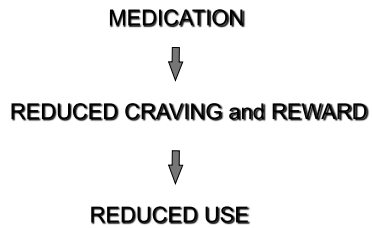
- No down side to trying again (or continuously)
- Partial reductions in use, and multiple quit attempts are valuable practice for future quitting, and valuable outcomes in themselves

Varenicline & Bupropion SR Combination Therapy for Smoking Cessation



Ebbert JO et al. *Nic Tobacco Research* 2009;11(3):234-239.

Medications and substance use: linear pharmacological model



Medications and stages of change: Potential positive feedback loop

