

Section 1B: Medication Recommendations

1. General

SUMMARY: Use of pharmacological agents with regular follow up should be encouraged for patients attempting to quit or who have relapsed.

US: Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment, except where contraindicated or for specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents). (Strength of Evidence = A)

FR: Prolonged follow up of patients using pharmacotherapy is necessary; patient should be seen repeatedly over a 6 month period, but more prolonged follow ups are encouraged. (Grade A)

FR: It may be useful to reintroduce a pharmacological treatment after relapse, even after prolonged periods of smoking cessation. (Professional consensus)

OMA: Highly dependent smokers who are unable or unwilling to quit completely should use NRT to help them substantially reduce their cigarette consumption. Over time, these smokers should, ideally, replace more and more of the tobacco they use with NRT. (No Grade)

2. First-Line Medications

i. Bupropion SR (Sustained Release)

SUMMARY: Bupropion is an effective smoking cessation treatment that patients should be encouraged to use.

US: Bupropion SR is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

NZ: Bupropion can be offered as an effective medication for people who want to stop smoking. (Grade = A)

NZ: Bupropion can be used by those with stable cardiovascular and respiratory diseases. (Grade = A)

NZ: The decision to use bupropion should be guided by the person's preference and contraindications and precautions for use. (Grade = √)

FR: The recommended duration of treatment with bupropion LP is 7-9 weeks. (Grade A)

ii. Nicotine Replacement Therapies (NRTs)

SUMMARY: NRT should be recommended for a minimum of 6 weeks for as long as is required for a successful quit. Patients should choose which type they would like and dosages tailored to their needs (using multiple therapies or patches as required for heavy smokers) and tapered down over the course of treatment.

NZ: Offer NRT routinely as an effective medication for people who want to quit smoking tobacco. (Grade = A)

NZ: The choice of NRT product can be guided by individual preference. (Grade = B)

NZ: Use NRT for at least 8 weeks. (Grade = A)

NZ: Combining two NRT products (for example, patch and gum is a popular combination) increases abstinence rates. (Grade = A)

NZ: NRT can be used to encourage reduction prior to quitting. (Grade = B)

NZ: People who need NRT for longer than 8 weeks (for example, people who are highly dependent) can continue to use NRT. (Grade = C)

NZ: NRT can be provided to people with cardiovascular disease. However, where people have suffered a serious cardiovascular event (for example, people who have had a myocardial infarction or stroke) in the past 2 weeks or have a poorly controlled disease, treatment should be discussed with a physician. Oral NRT products are recommended (rather than longer-acting patches) for such patients. (Grade = B)

NZ: NRT can be used by pregnant women after they have been informed of and have weighed up the risks and benefits. Intermittent NRT (for example, gum, inhaler, microtab and lozenge) should be used in preference to patches. (Grade = C)

NZ: NRT can be used by young people (12-18 year of age) who are dependent on nicotine (that is, it is not recommended in occasional smokers such as those who smoke on weekends only) if it is believed that the NRT may help stopping smoking. (Grade = C)

FR: NRT is recommended as an effective smoking cessation aid for dependant patients. (Grade = A)

FR: Dose of the NRT should be adjusted when there are clinical signs of overdose (diarrhea, nausea, insomnia, palpitations) or insufficient dosage (persistence of severe withdrawal signs: irritability, restlessness, anxiety, increased appetite, depressed mood). (Professional consensus)

FR: Highly dependent patients may benefit from the use of several patches applied simultaneously on the skin or the use of higher dosage 4 mg gum, instead of 2 mg gum. This strategy may be recommended for highly dependent patients or for patients who show high withdrawal symptoms with only one form of NRT (Grade = B)

FR: Usually, the dosage of NRT is decreased progressively over 8-12 weeks. (Professional consensus)

FR: The recommended duration of treatment with NRT is at least 6 weeks to up to 6 months. (Grade = A)

UK: (For primary care teams) Recommend smokers who want to stop to use NRT and provide accurate information and advice on NRT. (Strength of Evidence = A)

UK: Smokers should be encouraged to use NRT as a cessation aid. It is effective and safe if used correctly. (Strength of Evidence = A)

UK: Health professionals who deliver smoking cessation interventions should give smokers accurate information and advice on NRT. (No Grade)

OMA: As with other drugs, NRT dosage should be modified to suit the smoker's needs. Use of the appropriate combination of products is also necessary. (No Grade)

OMA: Smokers should be encouraged to individualize their NRT dosage to meet their nicotine needs. (No Grade)

OMA: Smokers should be encouraged to use NRT for as long as needed to maintain or prolong tobacco abstinence. Periodic assessments to evaluate the continued use of nicotine should be offered to the patient. (No Grade)

OMA: Highly dependent smokers who are unable or unwilling to quit completely should use NRT to help them substantially reduce their cigarette consumption. Over time, these smokers should, ideally, replace more and more of the tobacco they use with NRT. (No Grade)

Nicotine Gum

US: Nicotine gum is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

US: Clinicians should offer 4 mg rather than 2 mg nicotine to highly dependent smokers (Strength of Evidence = B)

OMA: The recent approval by Health Canada of nicotine gum for the purpose of reducing consumption in those who continue to smoke should be extended to all forms of NRT. (No Grade)

Nicotine Inhaler

US: The nicotine inhaler is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

Nicotine Lozenge

US: The nicotine lozenge is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = B)

Nicotine Nasal Spray

US: Nicotine nasal spray is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

Nicotine Patch

US: The nicotine patch is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

iii. *Varenicline*

SUMMARY: Varenicline is an effective smoking cessation treatment that patients should be encouraged to use.

US: Varenicline is an effective smoking cessation treatment that patients should be encouraged to use. (Strength of Evidence = A)

NZ: Varenicline can be routinely offered as an effective medication for those who want to stop smoking. (Grade = A)

NZ: The decision to use varenicline should be guided by the person's preference and after discussing the contraindications and precautions for use with a clinician. (Grade = √)

OMA: Physicians should consider prolonging varenicline therapy for patients for at least 24 weeks if they are not smoking 12 weeks after they have started the medication. (No Grade)

iv. *Interaction of first-line tobacco use medications with other drugs*

US: No formal recommendations made.

3. Second-Line Medications

a. Clonidine

US: Clonidine is an effective smoking cessation treatment. It may be used under a physician's supervision as a second-line agent to treat tobacco dependence. (Strength of Evidence = A)

b. Nortriptyline

SUMMARY: Nortriptyline is an effective smoking cessation treatment that can be offered to patients to use.

US: Nortriptyline is an effective smoking cessation treatment. It may be used under a physician's supervision as a second-line agent to treat tobacco dependence. (Strength of Evidence = A)

NZ: Nortriptyline can be offered as an effective medication for people who want to stop smoking. (Grade = A)

NZ: The decision to use nortriptyline should be guided by the person's preference in conjunction with discussing the risks associated with a clinician. (Grade = √)

4. Combination Medications

SUMMARY: Smokers should be encouraged to use NRT products in combination, combining bupropion as needed.

US: Certain combinations of first-line medications have been shown to be effective smoking cessation treatments. Therefore, clinicians should consider using these combinations of medications with their patients who are willing to quit. Effective combination medications are:

- i. long-term (>14 weeks) nicotine patch + other NRT (gum and spray)
- ii. the nicotine patch + the nicotine inhaler
- iii. the nicotine patch + bupropion ST (Strength of Evidence = A)

OMA: Smokers should be encouraged to consider use of the various NRT products concurrently, and/or in combination with bupropion as needed, to control their withdrawal symptoms. (No Grade)

5. Use of Over-the-Counter Medications

US: Over-the-counter nicotine patch therapy is more effective than placebo, and its use should be encouraged. (Strength of Evidence = B)