

Of the first-line medications, there is no convincing evidence that any is preferred over the others. A variety of patient factors may be important in making recommendations.

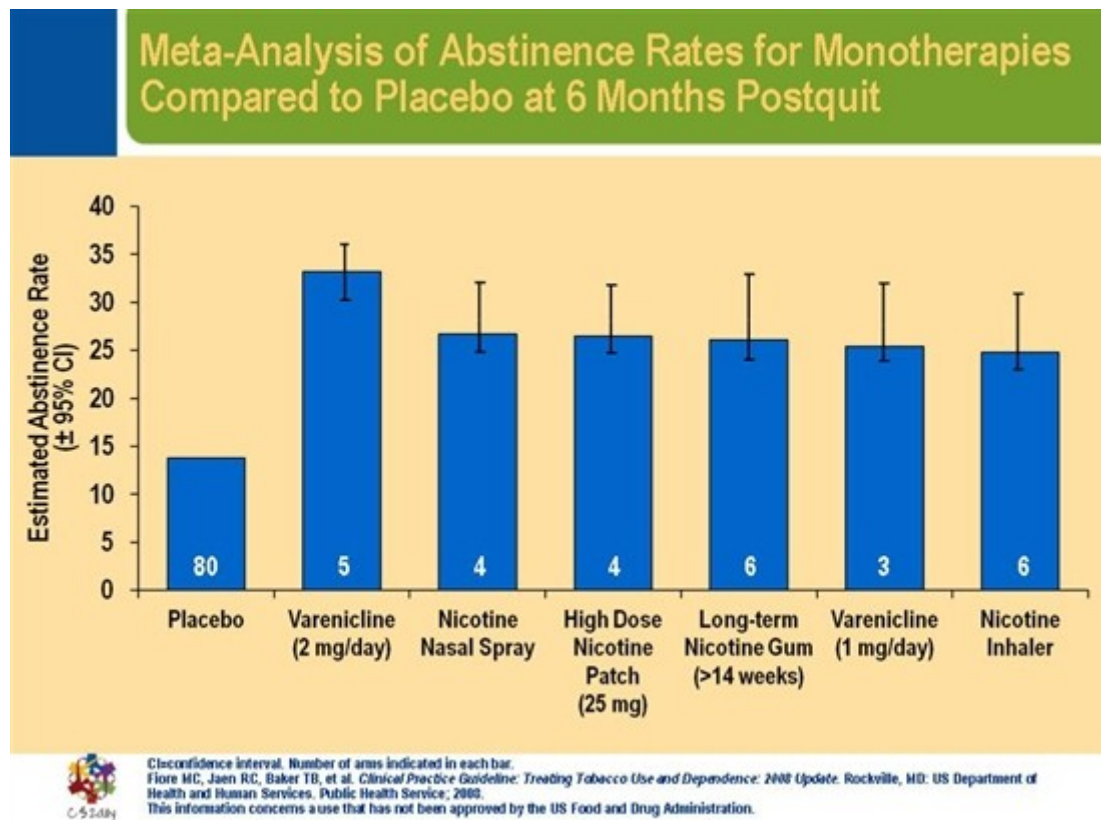


Figure 1.

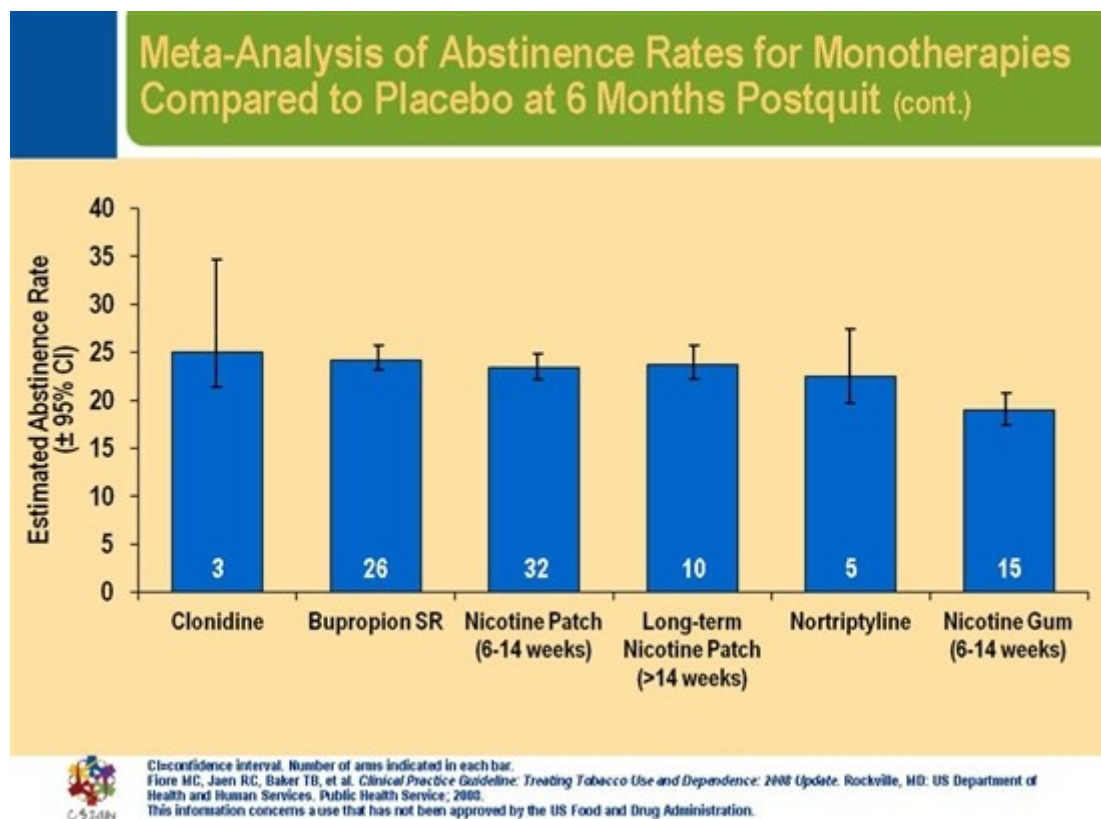
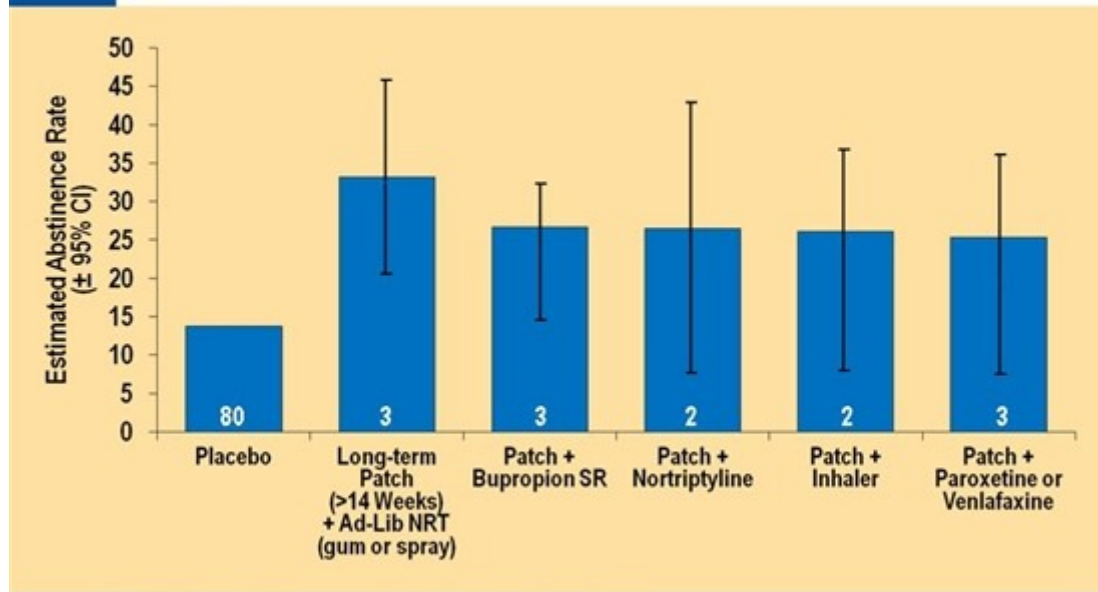


Figure 2.

Meta-Analysis of Abstinence Rates for Combination Therapies Compared to Placebo at 6 Months Postquit



Ad-Lib=as needed, AD=antidepressant. Number of arms indicated in each bar.
 Fiore MC, Jaen RC, Baker TB, et al. *Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008.
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Figure 11. -

Even though these combinations have proven effective in decreasing withdrawal symptoms and increasing quit rates, they may not be appropriate for all patients. Combinations of medications may increase side effects and may increase costs. Thus, patient preferences must be taken into consideration, as should payment issues.

Dosing and Use of Nicotine Gum, Inhaler, and Nasal Spray Therapy		
Medication	Dosage	Use
Nicotine gum (2 mg or 4 mg)	<ul style="list-style-type: none"> 1 piece every 1-2 hours If ≤ 24 cigarettes per day: 2 mg If ≥ 25 cigarettes per day or chewing tobacco: 4 mg 	Up to 12 weeks or as needed
Nicotine inhaler	<ul style="list-style-type: none"> 6-16 cartridges per day Inhale 80 times per cartridge May save partially used cartridge for next day 	Up to 6 months; taper at end
Nicotine nasal spray	<ul style="list-style-type: none"> 1 "dose" = 1 squirt per nostril 1-2 doses per hour 8-40 doses per day Do NOT inhale 	3-6 months; taper at end



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Figure 3.

Dosing and Use of Nicotine Lozenge and Patch Therapy		
Medication	Dosage	Use
Nicotine lozenge (2 mg or 4 mg)	<ul style="list-style-type: none"> 2 mg: if smoking after first 30 minutes patient is awake 4 mg: if smoking within first 30 minutes patient is awake Weeks 1-6: 1 every 1-2 hours Weeks 7-9: 1 every 2-4 hours Weeks 10-12: 1 every 4-8 hours 	Up to 12 weeks
Nicotine patch	<ul style="list-style-type: none"> One patch per day If ≥ 10 cigarettes per day: 21 mg for 4 weeks, then 14 mg for 2 weeks, then 7 mg for 2 weeks If < 10 cigarettes per day: 14 mg for 4 weeks, then 7 mg for 4 weeks 	6-8 weeks



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Figure 4.

Cautions and Common Side Effects Associated With Nicotine Replacement Therapy

Medication	Cautions	Side Effects
Nicotine gum	<ul style="list-style-type: none"> ▪ Caution with dentures ▪ Don't drink acidic beverages during use 	<ul style="list-style-type: none"> ▪ Mouth soreness ▪ Stomachache
Nicotine inhaler	<ul style="list-style-type: none"> ▪ May irritate mouth/throat at first (but improves with use) ▪ Don't drink acidic beverages during use 	<ul style="list-style-type: none"> ▪ Local irritation of mouth and throat
Nicotine nasal spray	<ul style="list-style-type: none"> ▪ Not for patients with asthma ▪ May irritate nose (improves over time) ▪ May cause dependence 	<ul style="list-style-type: none"> ▪ Nasal irritation
Nicotine lozenge	<ul style="list-style-type: none"> ▪ Do not eat or drink 15 minutes before or during use ▪ One lozenge at a time ▪ Limit 20 in 24 hours 	<ul style="list-style-type: none"> ▪ Hiccups ▪ Cough ▪ Heartburn
Nicotine patch	<ul style="list-style-type: none"> ▪ Do not use if you have severe eczema or psoriasis 	<ul style="list-style-type: none"> ▪ Local skin reaction ▪ Insomnia



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Figure 5.

Nicotine Replacement Therapy and Cardiovascular Disease

- Nicotine replacement therapy is not an independent risk factor for acute myocardial events
- Nicotine replacement therapy should be used with caution in the following cardiovascular patient groups:
 - Those in the immediate (within 2 weeks) postmyocardial infarction period
 - Those with serious arrhythmias
 - Those with unstable angina pectoris



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Figure 6.

Dosing and Use of Bupropion SR 150 and Varenicline

Medication	Dosage	Use
Bupropion SR 150	<ul style="list-style-type: none"> Days 1-3: 150 mg each morning Days 4-end: 150 mg twice daily 	Start 1-2 weeks before quit date; use 2-6 months
Varenicline	<ul style="list-style-type: none"> Days 1-3: 0.5 mg every morning Days 4-7: 0.5 mg twice daily Day 8-end: 1 mg twice daily 	Start 1 week before quit date; use 3-6 months



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Figure 7.

Cautions and Common Side Effects Associated With Bupropion and Varenicline

Medication	Cautions	Side Effects
Bupropion SR 150	<ul style="list-style-type: none"> Not for use if your patients Currently use a monoamine oxidase (MAO) inhibitor Use bupropion in any other form Have a history of seizures Have a history of eating disorders 	<ul style="list-style-type: none"> Insomnia Dry mouth
Varenicline	<ul style="list-style-type: none"> Use with caution in patients With significant renal impairment With serious psychiatric illness 	<ul style="list-style-type: none"> Nausea Insomnia Abnormal dreams Neuropsychiatric symptoms



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Figure 8.

Dosing and Use of Second-Line Medications

Medication	Dosage	Use
Clonidine	<ul style="list-style-type: none"> 0.10 mg bid PO 0.10 mg/day TTS, increasing 0.10 mg/day per week if needed 	3-10 weeks
Nortriptyline	<ul style="list-style-type: none"> 25 mg/day Increase gradually to 75-100 mg/day 	3-6 months



TTS=transdermal therapeutic system. bid=twice daily. PO=orally.
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Figure 9.

Cautions and Common Side Effects Associated With Second-Line Medications

Medication	Cautions	Side Effects
Clonidine	<ul style="list-style-type: none"> Monitor blood pressure Taper dose gradually over 2-4 days to avoid rebound hypertension, agitation, confusion, and/or tremor 	<ul style="list-style-type: none"> Dry mouth Drowsiness Dizziness Sedation Constipation
Nortriptyline	<ul style="list-style-type: none"> Avoid operating machinery or driving car Use with caution in patients with cardiovascular disease Use with caution in patients who currently use a monoamine oxidase (MAO) inhibitor 	<ul style="list-style-type: none"> Sedation Dry mouth Blurred vision Urinary retention Light-headedness Shaky hands



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Figure 10.