

- Some people use Bupropion, a non-nicotine medication to help them quit smoking. Bupropion can be used alone or in combination with nicotine replacement medications to improve your chances of quitting. It is usually a personal choice to use non-nicotine medications, some people use varenicline, others use non-nicotine medication to help them quit. Varenicline is effective at eliminating nicotine withdrawal and reduces the pleasure associated with smoking cigarettes. Some people are unable to take nicotine or prefer to take a pill medication to help them quit smoking.

## **Chapter 20: Which medications should I use? (Consumer's Handouts Section 5: Chapter 20)**

### **Objectives for this Chapter:**

- To provide group with information that will help them to decide which medications are best for them to use.

### **After reading this section, individuals will be able to:**

- Understand some key aspects of each of the tobacco treatment medications.
- Recognize which medications are available over the counter and which need a doctor's prescription
- New evidence suggests varenicline is more effective than the other medications.

### **Suggested Approach:**

- This group may require 2 sessions to cover all the medications information.
- Help group to understand that all medications are effective and that personal choice is a factor.
- Have group do a role play in which they request a prescription for nicotine inhaler, bupropion or varenicline from their doctor.
- See also Section 3 for more information on tobacco dependence treatment medications.

## **NOTES FOR INSTRUCTORS Descriptions of Various Medications**

### **Nicotine Patch:**

Patches provide a measured dose of nicotine through the skin. Over the course of weeks, by switching the patch to a lower strength, you can lower the doses of nicotine the

person receives. Slowly the tobacco user is weaned off nicotine. Patches can be purchased without a prescription. Several types and different strengths are available. Package inserts describe how to use the product as well as special considerations and possible side effects.

- The 24-hour patch provides a steady dose of nicotine, avoiding peaks and troughs. It helps with early morning withdrawal. However, there may be mild side effects such as disrupted sleep patterns and skin irritation.
- Depending on body size, most tobacco users should start using a full-strength patch (21 mg of nicotine) daily for 4 weeks, and then use a weaker patch (14 mg of nicotine) for another 4 weeks.
- The patch should be applied in the morning to a clean, dry area of the skin without much hair. It should be placed below the neck and above the waist - for example, on the arm, chest or back.
- The FDA recommends using the patch for 3 months.
- Side effects of the patch are usually limited to the skin where the patch is applied and are minor. The skin can appear mildly irritated and can feel itchy or have a slight burning sensation.
- Other possible but unusual side effects of the nicotine replacement patch include: dizziness, racing heartbeat, sleep problems, headache, nausea, vomiting and muscle aches.

### **Nicotine Gum:**

If you have sensitive skin, you may prefer the gum to the patch. Another advantage of nicotine gum is that it allows you to control the nicotine doses. The gum can be chewed as needed or on a fixed schedule during the day. The most recent data has shown that scheduled dosing is more effective. A schedule of 1 to 2 pieces per hour is common. On the other hand, with an as-needed schedule, you can chew more nicotine during a craving.

- If you smoke a pack or more per day, smoke within 30 minutes of rising, or have trouble not smoking in restricted areas, you may need to start with the higher dose (4 mg).
- No more than 20 pieces should be used in one day. Nicotine gum is usually recommended for 1 to 3 months, with the maximum being 6 months.
- Tapering the amount of gum chewed may help you stop using it.
- Some possible side effects of the gum: bad taste, throat irritation, hiccups, nausea, jaw discomfort, or racing heartbeat. Symptoms related to the stomach and jaws are usually caused by improper use of the gum, such as swallowing nicotine or chewing too rapidly.
- Long-term dependence is one possible disadvantage of nicotine gum. In fact, research has shown that 15% to 20% of gum users who successfully quit smoking continue using the gum for a year or longer. Although the maximum

recommended length of use is 6 months, continuing to use the gum is likely to be safer than going back to smoking. But since there is little research on the health effects of long-term nicotine gum use, most health care providers still recommend limiting its use to 6 months.

### **Nicotine Lozenge:**

These are the newest form of nicotine replacement on the market. As with nicotine gum, the nicotine lozenge is available in two strengths: 2 mg and 4 mg. Smokers determine which dose is appropriate for them based on how long after waking up they normally have their first cigarette. If they smoke within the first 30-minutes of awakening, start with the 4mg lozenge.

- The lozenge manufacturer recommends using it as part of a 12-week program. The recommended dose is one lozenge every 1-2 hours for 6 weeks, then one lozenge every 2-4 hours for 3 weeks, and finally, one lozenge every 4-8 hours for 3 weeks.
- Possible side effects of the nicotine lozenge include: insomnia (trouble sleeping), nausea, hiccups, coughing, heartburn and headache.

### **Nicotine Nasal Spray:**

The nasal spray delivers nicotine quickly to the bloodstream as it is absorbed through the nose. It is available only by prescription.

- The nasal spray immediately relieves withdrawal symptoms and offers you a sense of control over nicotine cravings. Because it is easy to use, smokers report great satisfaction.
- However, the Food and Drug Administration cautions that since this product contains nicotine, it can be associated with long term use.
- It recommends the spray be prescribed for 3-month periods and should not be used for longer than 6 months.
- The most common side effects last about 1 to 2 weeks and can include the following: nasal irritation, runny nose, watery eyes, sneezing, throat irritation and coughing.

### **Nicotine Inhaler:**

Introduced in 1998, inhalers are available only by prescription. The nicotine inhaler is a plastic tube with a nicotine cartridge inside. When you puff on the inhaler, the cartridge provides a nicotine vapor. Unlike other inhalers, which deliver most of the medication to the lungs, the nicotine inhaler delivers most of the nicotine vapor to the mouth. Behaviorally, nicotine inhalers are the closest thing to smoking a cigarette, which some smokers find helpful.

- The most common side effects, especially when first using the inhaler, include: coughing, throat irritation and upset stomach.

### **Bupropion:**

Bupropion SR (generic name) is EXACTLY the SAME medication as Wellbutrin SR or Zyban.

Bupropion SR (Zyban or Wellbutrin) is also an approved prescription treatment for major depression. Psychiatrists and other physicians have prescribed it for years to treat depression and it is a safe and effective medication. Bupropion SR was later discovered to help people quit smoking by reducing their craving for cigarettes and nicotine withdrawal.

- Bupropion can be used alone or together with nicotine replacement.
- This medication should not be taken if you have a history of seizures, bulimia (binge and purge eating disorder), or head trauma. It should not be taken with alcohol or other street drugs, since it can cause seizures in combination with these substances. If you have bipolar disorder or a history of manic episodes you may still be able to take Bupropion SR but you should first discuss it with your doctor.
- Bupropion SR can only be taken with a doctor's prescription and supervision. It is usually started about two weeks before the Quit date.
- Most people take a dose of 300mg per day of Bupropion SR.
- As with all medications, there is always the possibility of having some side effects. If you have any side effects, you should inform your doctor or clinician immediately.
- The most common side effects of Bupropion SR are dry mouth, insomnia (trouble sleeping) and headache. Many people do not experience side effects from taking Bupropion SR.
- It is recommended that you continue taking bupropion SR for at least 12 weeks (3 months) after you quit smoking. People who take bupropion SR for this length of time or longer experience less weight gain than people who take no medication (or a placebo or sugar pill) to quit smoking.
- Bupropion SR is not addicting or habit forming. Many people can stop taking it easily without a problem, however you should first discuss this with your doctor.
- Bupropion SR works to help all kinds of people quit smoking. It helps people who have a history of depression and those who do not. Sometimes it even helps people who have not been able to quit on it in the past. This means that a re-trial of Bupropion SR might be helpful to some people who have tried it before.

### **Varenicline (Chantix)**

Varenicline is a smoking treatment that does not contain nicotine and some studies have shown it is the most effective treatment currently available to help people stop smoking. Varenicline tricks your brain into thinking it is still getting nicotine which helps take away nicotine withdrawal. It also blocks the pleasure associated with smoking. Varenicline is not used in combination with nicotine medications. Varenicline can only be taken with a doctor's prescription. It is usually started one week before the Quit date. It is recommended that you continue taking varenicline for 3-6 months after you quit smoking.

This medication should not be taken if you have a serious kidney disease. Some people get nausea when they take varenicline but this will be less if you take the medication with food.