FAFP2 Pharmaceutical care II

Seminar:

Pharmacist's role in quitting smoking

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Learning outcomes of today

- Pharmacist interventions
 - 3A: ask, advice assist
- Withdrawal symptoms
- Signs of addiction
- Varenicline
- Bupropion
- Nicotine Replacement Theraphy (NRT)

3A: ASK, ADVISE, ASSIST

Pharmacist interventions

3 A's	Action	Strategies for implementation
Ask - Systematically identify all tobacco users at every visit.	 Ask ALL of your patients at every encounter if they use tobacco and document it. Make it part of your routine. 	 Tobacco use should be asked about in a friendly way – it is not an accusation. Keep it simple, some sample questions may include: "Do you smoke cigarettes?" "Do you use any tobacco products?"

3A: ASK, ADVISE, ASSIST

Pharmacist interventions

3 A's	Action	Strategies for implementation
Advise - Persuade all tobacco users that they need to quit	Urge every tobacco user to quit in a clear, strong and personalized manner.	Advice should be: • Clear – "It is important that you quit smoking (or using chewing tobacco now, and I can help you." "Cutting down while you are ill is not enough." "Occasional or light smoking is still dangerous."
		 Strong – "As your doctor, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. We are here to help you."
		 Personalized – Tie tobacco use to: Demographics: For example, women may be more likely to be interested in the effects of smoking on fertility than men. Health concerns: Asthma sufferers may need to hear about the effect of smoking on respiratory function, while those with gum disease may be interested in the effects of smoking on oral health. "Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health." Social factors: People with young children may be motivated by information on the effects of second-hand smoke, while a person struggling with money may want to consider the financial costs of smoking

3A: ASK, ADVISE, ASSIST

Pharmacist interventions

3 A's	Action	Strategies for implementation
Assist - Help the patient with a quit plan	Help the patient develop a quit plan Provide practical counseling Provide intra-treatment social support Provide supplementary materials, including information on quit lines and other referral resources Recommend the use of approved medication if needed	 Use the STAR method to facilitate and help your patient to develop a quiplan: Set a quit date ideally within two weeks. Tell family, friends, and coworkers about quitting, and ask for support Anticipate challenges to the upcoming quit attempt. Remove tobacco products from the patient's environment and make the home smoke free. Practical counseling should focus on three elements: Help the patient identify the danger situations (events, internal states, or activities that increase the risk of smoking or relapse). Help the patient identify and practice cognitive and behavioral coping skills to address the danger situations. Provide basic information about smoking and quitting Intra-treatment social support includes: Encourage the patient in the quit attempt Communicate caring and concern Encourage the patient to talk about the quitting process Make sure you have a list of existing local tobacco cessation services (quit lines, tobacco cessation clinics and others) on hand for providing information whenever the patient inquires about them. The support given to the patient needs to be described positively but realistically.

Withdrawal symptoms

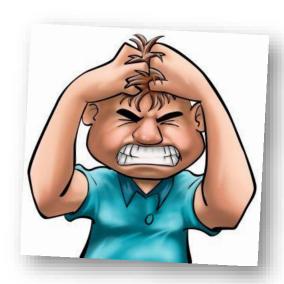
The psychological symptoms of nicotine withdrawal include:

- a strong desire or craving for nicotine
- irritability or frustration
- low mood
- difficulty concentrating
- anxiety
- mood swings

Withdrawal symptoms

The physical symptoms of nicotine withdrawal include:

- headaches
- sweating
- restlessness
- tremors
- difficulty sleeping
- waking at night
- increased appetite
- abdominal cramps
- digestive issues, including constipation
- difficulty concentrating





Your last cigarette.

Congratulate yourself. Making the decision to quit is something to be proud of. O.5 HOURS

Withdrawal symptoms can begin as early as 30 minutes after your last cigarette, so it's important you are prepared right from the start.

2-3 DAYS

The symptoms
reach their peak,
but remember,
even when they
are hard to deal
with, they are a
sign that your
body is recovering
from the nicotine
addiction - try to
stay focused on
that.²

TIME +1-2 WEEKS

You've made it.
You survived the hardest part of quitting³ and will start to feel better with time.
While the worst of it is over, there will be some symptoms that continue and that you'll need to overcome to stay quit.

Signs of addiction

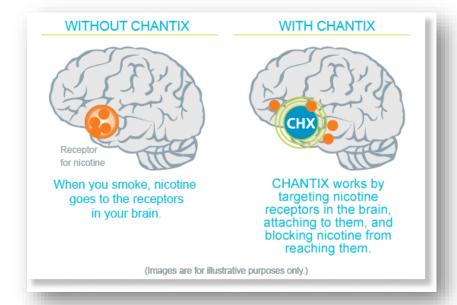
- cannot stop smoking or chewing, despite attempts to quit
- has withdrawal symptoms when they try to quit (shaky hands, sweating, irritability, or rapid heart rate)
- must smoke or chew after every meal or after long periods of time without using, such as after a movie or work meeting
- needs tobacco products to feel "normal" or turns to them during times of stress
- gives up activities or won't attend events where smoking or tobacco use is not allowed
- continues to smoke despite health problems

brand names





pharmacology



- agonist at nicotinic receptors
- acts on mesolimbic dopamine system associated with nicotine addiction, where it prevents nicotine stimulation
- stimulates nicotine activity but to lesser degree than nicotine does

side effects

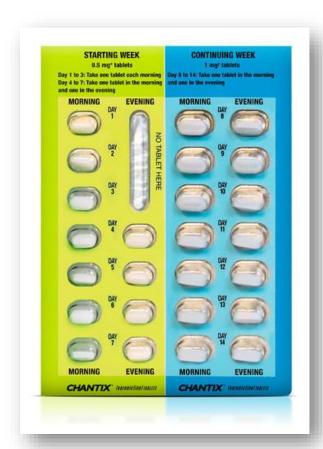
- Insomnia
- Nausea
- Vomiting
- Headache
- Nasopharyngitis
- Application site pruritus



dosage and usage

- Take dose after eating with full glass of water
- Days 1 to 3: 0.5 mg orally once a day
- Days 4 to 7: 0.5 mg orally 2 times a day
- Days 8 to end of treatment:
 - 1 mg orally 2 times a day

Duration of therapy: 12 weeks



dosage and usage

- The patient should set a date to stop smoking.
- Dosing should start 1 to 2 weeks before this date OR the patient may begin treatment and quit smoking between Days 8 and 35.
- In smoking cessation therapy, risk for relapse to smoking is elevated in the period immediately following the end of treatment.

contraindications

- Documented hypersensitivity or skin reactions to drug or components of formulation
- Nonsmokers
- There are no controlled data in human pregnancy.





drug interactions

Tafenoquine:

increases the level of effect of varenicline



Cimetidine:

increases levels of varenicline by decreasing renal clearance



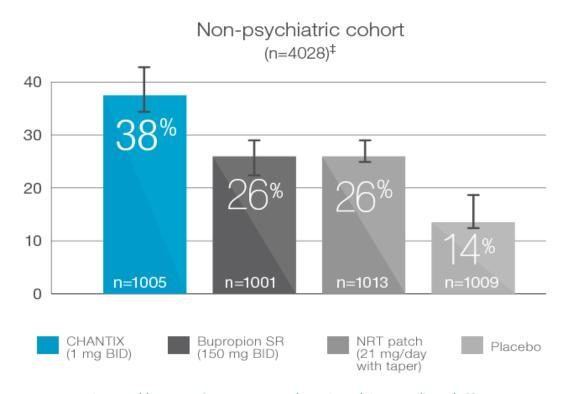
statistic

 The most common reasons given for discontinuing the medication were the side effects. No significant difference was determined between the groups in respect of the sideeffects observed

http://www.tobaccoinduceddise ases.org/A-comparison-of-theefficacy-of-varenicline-andbupropion-and-an-evaluationof-the,69719,0,2.html Studies confirmed that varenicline is more efficacious than bupropion for smoking cessation

https://www.ncbi.nlm.nih.gov/p
mc/articles/PMc4824380/

statistic



https://www.pfizerpro.com/product/chantix/hcp/efficacy

brand names

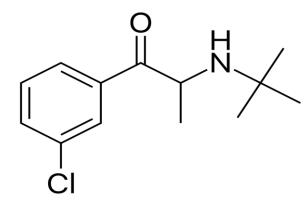








phamacology



- antidepressant medication used to treat major depressive disorder and seasonal affective disorder
- used to help people stop smoking by reducing cravings and other withdrawal effects
- structurally unrelated to SSRIs, TCAs, MAOIs
- does not inhibit the activity of monoamine oxidase or the reuptake of serotonin
- norepinephrine dopamine reuptake inhibitor; may act through dopaminergic or noradrenergic pathways

side effects

dosage and usage

for smoking cessation

Zyban: 150 mg PO qDay for 3 days

THEN

Increase to 150 mg q12hr

- should continue treatment for 7-12 weeks
- if patient successfully quits after 7-12 weeks, consider ongoing maintenance therapy based on individual patient risk/benefit

Dosing considerations (Smoking Cessation)

- Begin therapy 1 week before target quit date (usually second week of treatment)
- May be used in combination with nicotine patch (NRT)

contraindications

- Hypersensitivity to bupropion or other ingredients
- History of anorexia/bulimia; patients undergoing abrupt discontinuation of ethanol or sedatives including anticonvulsants, barbiturates, or benzodiazepines
- Coadministration of any other medications that contain bupropion, because seizures are dose dependent
- Pregnancy category: C
- Lactation: enters breast milk; use caution

drug interactions

- eliglustat: bupropion increases levels of eliglustat by affecting hepatic enzyme CYP2D6 metabolism.
 Contraindicated.
- isocarboxazid: and bupropion both increase dopaminergic effects. Contraindicated.
- phenelzine: and bupropion both increase dopaminergic effects. Contraindicated.
- **pimozide**: bupropion increases levels of pimozide by affecting hepatic enzyme CYP2D6 metabolism. Contraindicated.
- rasagiline: and bupropion both increase dopaminergic effects. Contraindicated.
- **selegiline:** and bupropion both increase dopaminergic effects. Contraindicated.
- selegiline transdermal: and bupropion both increase dopaminergic effects. Contraindicated.
- tranylcypromine: and bupropion both increase dopaminergic effects. Contraindicated.

what does it use for?

- Nicotine Replacement Therapy
- a medication that provides a low level of nicotine, without the tar, carbon monoxide and other poisonous chemicals present in tobacco smoke.

mechanism

- Binds to central nervous system (CNS) and peripheral nicotine cholinergic receptors
- Works by reducing physical craving for nicotine
 - Allows patient to focus on behavioral and psychological aspects of tobacco cessation

Nicotine replacement Therapy (NRT)

Smaller amounts of Nicotine

Bind to nicotinic acetylcholine receptors

Release of Dopamine

Reduced cravings for cigarettes & other tobacco products

•NRT products still contain nicotine, which is harmful and addictive, but they deliver smaller amounts than cigarettes and without any of the other harmful substances in tobacco, such as tar and carbon monoxide.

precautions

- Recent myocardial infarction (MI) within past 2 weeks
- Serious arrhythmia
- Unstable angina

side effects

- Mouth soreness
- Dyspepsia
- Hiccups

Not recommended:

- Smokeless tobacco users
- Smokers using fewer than 10 cigarettes per day
- Adolescents
- Pregnancy

dosage and usage

Nicotine gum

Amount

- > 25 cigarettes per day: 4 mg, 1 piece every 1-2 hours for first 6 weeks
- < 25 cigarettes per day: 2 mg, 1 piece every 1-2 hours for first 6 weeks, then begin tapering

Directions for chewing

- Chew slowly
- Stop chewing after noticing peppery taste or tingling sensation
- Store in between cheek and gum



Cost: \$\$\$

NRT Nicotine gum

https://www.youtube.com/watch?v=I4HiTBAxzq0

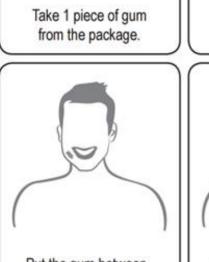


Nicotine gum

Advantages and disadvantages

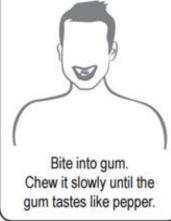
- Allows good control of nicotine dose
- Some people do not like the taste
- Unsuitable for people with dentures

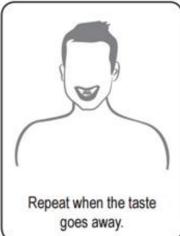




Put the gum between your cheek and teeth.









dosage and usage

Nicotine lozenges

Amount

- Based on time of first cigarette of day
- If cigarette within 30 minutes of waking, use 4-mg lozenge
- Dosing forms 2 mg and 4 mg

Directions

 Use every 1-2 hours for first 6 weeks, then tapering to every 2-4 hours

Cost: \$\$\$



Nicotine lozenges

https://www.youtube.com/watch?v=4m-t0VaPdBE



Nicotine lozenges

Advantages and disadvantages

- Discreet and flexible, good control
- Nicotine is absorbed through the lining of the mouth, offering good control



dosage and usage

Nicotine sublingual tablet

Amount

• You can use one or two tablets each hour (one if you normally smoke 20 or fewer cigarettes a day, two if you normally smoke more than this amount).

Directions

- Place the sublingual tablet under your tongue and allow it to dissolve slowly.
 This allows the nicotine from the tablet to be absorbed into your bloodstream from the lining of your mouth.
- Do not chew or swallow the tablets.
- Do not use more than 40 tablets each day. If you are trying to quit smoking completely, use the tablets for around three months before you gradually reduce using them.

Nicotine sublingual tablet

Side effects:

 nausea, vomiting, drowsiness, dizziness, confusion, constipation, dry mouth, headache, tired feeling, or white patches or sores inside your mouth or on your lips.

Nicotine sublingual tablet

Advantages and disadvantages

- Discreet and flexible, good control
- Nicotine is absorbed through the lining of the mouth, offering good control



dosage and usage

Nicotine nasal spray

Amount

Start with 2 sprays, one squirt in each nostril

Directions

One squirt in each nostril, using 1-2 doses every hour, (maximum dosing - 5 doses per hour)

Side effects

- Hot peppery taste
- Sneezing , Cough
- Watery eyes
- Runny nose



Cost: \$\$\$

Nicotine nasal spray

https://www.youtube.com/watch?v=kWak4pc2qyo



Nicotine nasal spray

Advantages and disadvantages

- Fast acting, rapid delivery of nicotine similar to cigarettes
- Good for heavy smokers
- Can cause nose and throat irritation, coughing, and watering eyes



dosage and usage

Nicotine inhaler

Amount

Delivers 4 mg of nicotine

Directions

- Start with 6 cartridges daily for first 3-6 weeks
- Maximum: 16 cartridges daily
- Recommended for up to 3 months

Side effects:

Cough, Headache, Rhinitis, Dyspepsia, Mouth irritation



Cost: \$\$\$

Nicotine inhaler

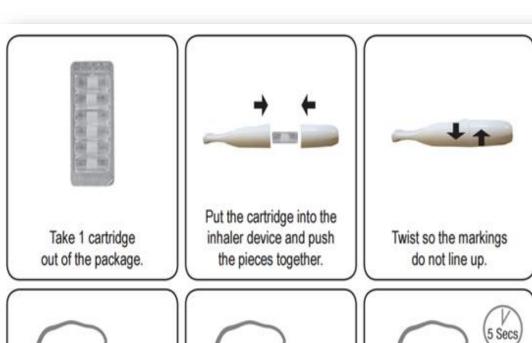
https://www.youtube.com/watch?v=aoAvKh0Rc3c

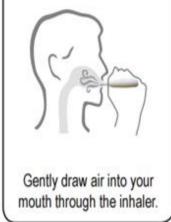


Nicotine inhaler

Advantages and disadvantages

 Good for people who miss the ritual of smoking







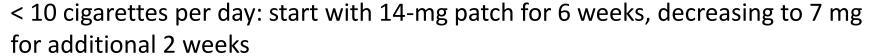


dosage and usage

Nicotine patch

Amount

Dosing forms: 7, 14, and 21 mg



> 10 cigarettes per day: start with 21-mg patch for 6 weeks, reducing to 14 mg for 2 weeks, and 7 mg for 2 weeks

Directions

Apply to upper body/upper outer part of arm

Side effects:

Localized itching burning and tingling, abnormal dreaming



Cost: \$\$

Nicotine patch

https://www.youtube.com/watch?v=mznlQQFAsiM



Nicotine patch

Advantages and disadvantages

- Discreet and easy to use
- Sustained release can provide extended coverage
- May help with early morning cravings
- 24 hour patches may disturb sleep
- Does not mimic the highs and lows associated with nicotine



