Weight Gain

Drugs:
- Tobacco – all forms
- CHAMPIX
  - 150, 300mg tab
- Bupropion
- Nicotine Lozenges
- NICORETTE Inhaler (g; sugar free; Flavors 2)
  - USA: nasal inhaler; Strength & forms: 2mg, 4mg gum; smoking cessation; 1-800-489-8424
  - Generic (USA: nasal inhaler)
- Rimonabant
  - (10, 25mg cap)
  - Also available: nasal inhaler (10, 25mg cap)
  - Dry mouth, dizziness, drowsiness, weight;
  - SWE: nausea, constipation, headache, nausea
  - Note: an orexigenic effect
  - No difference based on SE's, CI's & patient preferences

NRT: in abstinence rates by 30-80% compared to Pl; NNT-10

[Abstinence rate vs Pl @12 months: N ≤11% vs 5.5% NNT-14; N =17% vs 9%; NNT-11; G =22% vs 16.5% NNT-9.]

No statistical difference between formulations. Choose specific formulation based on SE's, CI's & patient preferences.

Combus: NRT+ Bupropion may be better than either alone

Convenient once daily dosing, slow constant release rate, more tolerable SE; fewer CV events, option after MI if no response in 4wks, stop, reassess, reinitiate

Smoking with patch may not offer nicotine risks, but not CI

Quick delivery via buccal mucosa; Park & Chew Strategy – chew gum few times, then hold in mouth x 1min, repeat

Patient compliance: unpleasant taste; but high abstinence rate

Not advised for risk of cardiac pts

30 minute chew: peak level 5–10mg/ml (for the 2mg – 4mg gum)

Reduce to quit smoking 50% between 6-fewer or stop quit after 3months + 2½ gum or liquids

Quick delivery of high dose convenient for severe cravings habitual hand-to-mouth motion (max absorption with ~20min short continuous frequent placing) Flexible dosing schedule

Not recommended for high risk cardiac patients

Abstinence Rate at 12 months: 18.5% vs 6.6% Pl, NNT-8

(Observational study found 21% abstinent @12mo; 29% stopped due to SE's)

May combine bupropion & NRT in patients with cravings/withdrawal symptom.

No significant difference between 150mg & 300mg/d at 12 mo.

Slower onset (1-2 weeks) option in concomitant depression

May delay weight gain & cravings-post smoking cessation

Not in CI pts with hs of cardiovascular disease or on SSRIs

Bupropriion XR = B

ZYBAN
- 150mg tab (Indication: smoking cessation); 1,000-481-6424

WEILSTREIN (not officially indicated for smoking cessation)

100, 150mg SR tab * N= 100, 150mg SR tab X 2

150, 300mg XL X 4

SE: insomnia, agitation, tremor, appetite & GI upset, dry mouth, seizures *1000 at 300mg/d personal/family hx of seizures, risk for seizures (eg, eating disorders); head trauma, pts on MAO inhibitors within 14 days

[X] Zybolan not covered for smoking cessation in S.K.

Varenicline X
- CHAMPIX
  - 2mg (Starter Pack); 2mg (Continuous Pack)

SE: nausea, sleep/perturbation, taste, distraction, aggression

{Weight: @12weeks: Pl vs NRT, bid x2 vs Pl, less NRT requiring DO Cessation.}

Dx: NRT-nausea. CI: ?? healthy adults studied, suicidal

Nortryptiline

AVENTYL (10, 25mg cap) (Full formulary in SK)

Dx: dry mouth, dizziness, drowsiness, weight;

SWE: nausea, constipation

Note: an orexigenic effect

EG abnormalities: suicidal/seizure risk

SMOKING / Tobacco – all forms

Quitting advice from a clinician, even brief, can increase cessation rates by 30%.

Some attempt 10 x before successfully quitting!

[Smoking Hx: 20mg/d SE: nausea, depression, anxiety & weight]

Shedding of renal dysx

Non-form X

New Drugs

Rimonabant

Aromabolism (not yet in Canada) cannabinoid receptor 1 blocker; 36% complete smoking cessation in final 10 wks vs placebo

Dose: 20mg/d SE: nausea, depression, anxiety & weight

Harms/Reasons to stop

Leading cause of preventable death

(45,000 CND/y); ~50% of long-term smokers die prematurely from cancer, heart, stroke & lung disease. Smokers die ~10yrs younger than non-smokers.

Quitting gives a 36% relative reduction in total mortality & cardiac death in CI pts by ~50%.

Cost: 1pk/d cost ~$360/yr. Other: impotence, osteoporosis & SIDS sudden infant death syndrome

Weight Gain

2kg/y; ~ exercise to lessen; health benefits persist despite weight gain (RIR 15-61% in mortality after MI)

Consider strategies to avoid weight gain as part of the “Quit Plan”.

5A’s to Smoking Cessation

ASK – about tobacco use at every visit, ADVISE – to quit, ASSESS – willingness to quit, ASSIST – implement plan, ARRANGE – follow-up visits, phone, & cessation counseling.