

Name of product	Advantages	Disadvantages	Dosage	Treatment Duration	Cautions	Side Effects
Nicotine Gum	<ul style="list-style-type: none"> Available OTC Shown to reduce or delay weight gain Short acting allows for flexible dosing Nicotine replacement 	<ul style="list-style-type: none"> Difficult to use with dentures No acidic food/ beverages before or during use Must use proper chewing technique, chew and "park" between cheek and gums. 	<p>People who smoke 25 cigarettes per day or less should use 2mg</p> <p>Smokers who smoke more than 25 cigarettes per day should use the 4 mg dose</p> <p>Approximate Schedule: **Do not exceed 20 pcs / day</p> <ul style="list-style-type: none"> 1st month, 1 piece every hr 2nd month, 1 piece every 2 - 4 hr 3rd month, 1 piece every 4 hr 	Gradual withdrawal should be initiated after 2 month's usage and completed by 6 months	<p>Serious arrhythmias</p> <p>Serious or worsening angina pectoris</p> <p>Pregnancy Category D (evidence of risk)</p>	<ul style="list-style-type: none"> Dyspepsia Mouth soreness Hiccups Jaw ache
Nicotine Inhaler	<ul style="list-style-type: none"> Hand-to-mouth use mimics smoking action, providing a coping mechanism Available OTC Short acting allows for flexible dosing Nicotine replacement 	<ul style="list-style-type: none"> More frequent use required to obtain adequate nicotine levels Low nicotine levels similar to those achieved with gum 	<ul style="list-style-type: none"> 10 mg cartridges used over 20 minutes 6 to 12 cartridges daily up to 12 weeks Taper frequency of use over the last 6-12 weeks 	3 months	<p>Same as nicotine gum</p> <p>Pregnancy Category D (evidence of risk)</p>	<ul style="list-style-type: none"> Irritation of mouth and throat Coughing Rhinitis Hiccups Headache
Nicotine Patch (NicoDerm, Habitrol)	<ul style="list-style-type: none"> Gives a steady, slow release over the day Few side effects Available OTC 	<ul style="list-style-type: none"> Adhesive irritation Insomnia with 24 hour dosing Requires 30 to 60 minutes for maximum effect 	<p>Habitrol</p> <p>If >20 cigarettes per day</p> <ul style="list-style-type: none"> 21 mg - 3-4 wk 14 mg - 3-4 wk 7 mg - 3-4 wk <p>If <20 cigarettes per day</p> <ul style="list-style-type: none"> 14 mg - 6-8 wk 7 mg - 3-4 wk <p>1/2 pack = 12 cigarettes</p>	<p>NicoDerm</p> <p><1/2 pack/day: 14mg - 6 wk 7 mg - 2-4 wk</p> <p>>1/2 pack/day: 21 mg - 6 wk 14 mg - 2 wk 7mg - 2 wk</p>	<ul style="list-style-type: none"> Same as nicotine gum Pregnancy Category D (evidence of risk) Patch should be taken off at night to avoid insomnia 	<ul style="list-style-type: none"> Local skin reaction Insomnia Vivid dreams
Sustained-release Bupropion (Zyban)	<ul style="list-style-type: none"> May be used in combination with other NRT Beneficial for smokers with history of depression Delays weight gain Safely used in patients with cardiovascular disease Non-nicotine 	<ul style="list-style-type: none"> Contraindications: history of seizure, eating disorder Bipolar disorder Multiple drug interactions, esp. with anti-HIV meds 	<ul style="list-style-type: none"> 150 mg qam for 3 days, then 150 mg bid Start 1-2 weeks before quit date 	Start two weeks prior to anticipated quit date and continue 7-12 weeks	<ul style="list-style-type: none"> Pregnancy Category C (Risk can not be ruled out) Cannot use with alcohol People with head trauma Multiple drug interactions 	<ul style="list-style-type: none"> Insomnia Dry mouth Vivid Dreams Bad taste in mouth
Varenicline Champix	<ul style="list-style-type: none"> Pill form Works to reduce nicotine withdrawal systems and cravings. Some studies show it is more effective than Zyban. Non-nicotine Safely used in patients with cardiovascular disease 	<ul style="list-style-type: none"> Chantix has been cited for a wide number of troubling side effects. 	<p>Take after eating with a full glass of water to decrease nausea</p> <ul style="list-style-type: none"> One .5mg tablet daily for 3 day One .5mg tablet twice daily for the next 4 days One 1 mg tablet twice daily starting at day 7 until end 	1 - 2 weeks before quit date for 12 weeks total	<p>Pregnancy Category C (Risk can not be ruled out)</p>	<ul style="list-style-type: none"> Nausea Vivid/strange dreams Depressed mood, agitation, changes in behavior, suicidal ideation, and suicide have been reported



60 SECONDS TO SAVE A LIFE!

HELPING SMOKERS QUIT * A HEALTH PROFESSIONAL'S GUIDE

Half of all the long term smokers you treat will be killed by their tobacco addiction. Research shows that even relatively short interventions from a health care provider can prompt patients to make a quit attempt. Your efforts do matter!

ASK | ADVISE | ASSESS | ASSIST AND ARRANGE





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1 ASK.

Ask about tobacco use at every visit and label the chart or record.

2 ADVISE.

Advise all tobacco users to quit. Use clear, strong and personalized language. For example...

"I think it's important that you quit and I can help you."



3 ASSESS.

Assess readiness to quit. Ask every tobacco user if he/she is willing to quit at this time.

If willing to quit, provide resources and assistance (see Assist section).

If unwilling to quit at this time, help motivate the patient:

- Identify the reasons and benefits of quitting in a supportive manner.
- Build the patient's confidence about quitting.

"I'm here to help you quit when you're ready."

"Until you're ready, try to protect your family and friends from your smoking by not smoking in your home or car."

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4 ASSIST.

Assist tobacco users with a quit plan.

Assist tobacco users to:

- Set a quit date, ideally within 3 weeks.
- Review past quit attempts-what helped, what led to relapses.
- Help them to identify what "triggers" the tobacco user to smoke: drinking, friends, meals, stress?
- Anticipate challenges, particularly during the critical first weeks, including nicotine withdrawal.

"What strategies are you planning to use when you have strong urges to smoke?"

Be supportive by:

- Offering your support and optimistic coaching.
- Encouraging your patient to seek help from family and friends.
- Assuring your patient that slips and relapses are normal

Discuss Options for Medication:

- See chart in this brochure

Provide Resources

- Provide patient information on quitting.
- Refer patient to the toll-free NWT Quitline for more extensive counselling.

5 ARRANGE.

Arrange follow up visits.

- Arrange follow-up visits to review progress toward quitting, preferable within the first week after the stop date.
- If a relapse occurs, encourage a repeat quit attempt.
- Review circumstances that caused relapse. Use relapse as a learning experience.
- Review medication use (if applicable) and problems.
- Refer tobacco user to the NWT Quitline or initiate the process with patient's approval using the Quitline fax approval form.

Additional cessation resources including the Quitline fax referral form can be found at:

www.nwtquitline.ca

NWT
QUITLINE
1-866-286-5099