

Assessment and Treatment

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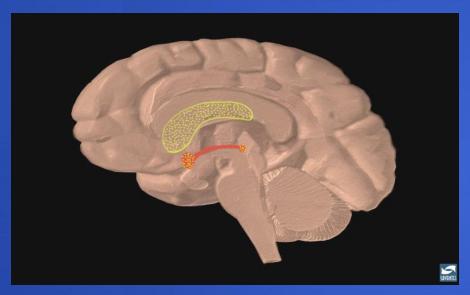
Learning Objectives

At the end of the presentation participants will be able to

- Identify medications approved by FDA for treating tobacco dependence
- Identify tools for assessing tobacco dependence
- Apply Mayo Model of Treatment into everyday applications
- Practice skills & continue discussion of challenges among mental health consumers

- The cigarette is the most efficient delivery device that exists for nicotine
 - More efficient than intravenous delivery

A Brain disease

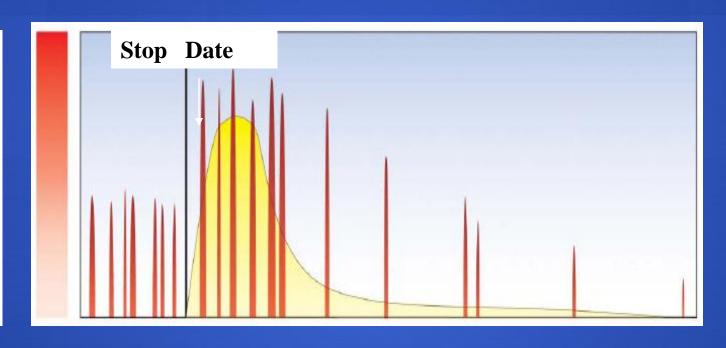




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Withdrawal & Craving

Intensity of craving and withdrawal



Time

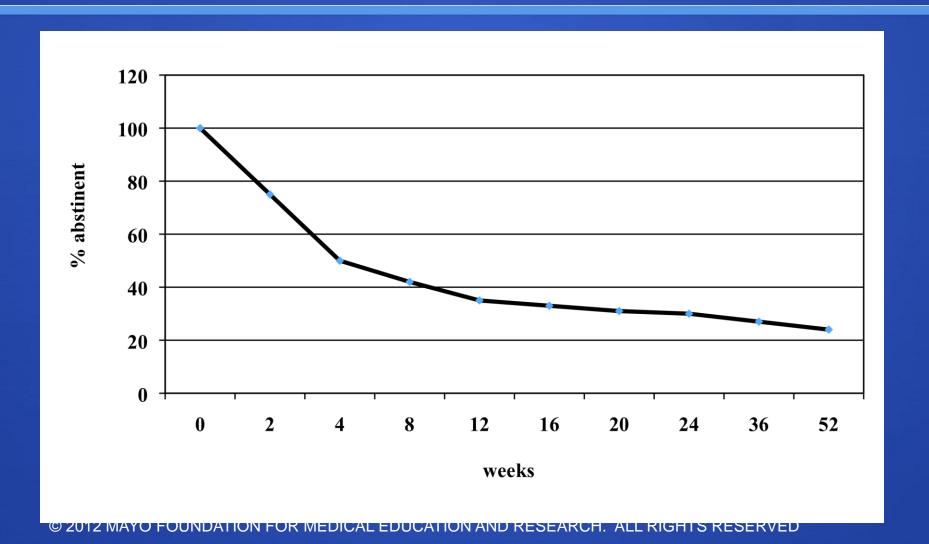
Withdrawal

- Irritability
- Anxiety
- Poor or lower concentration
- Hunger
- Constipation
- Depression

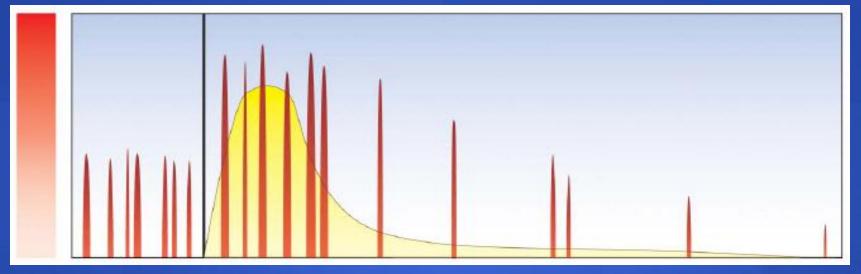
Craving

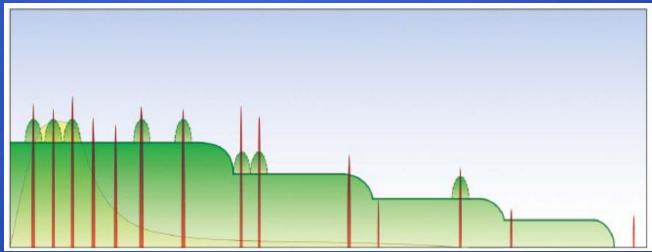
- Powerfully reinforced cue or trigger
 - Stress
 - Boredom
 - Food, coffee, getting in the car, break time
 - Being social
 - Alcohol

Relapse after cessation



Medication: To manage withdrawal & urges

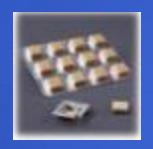




Pharmacotherapy Give patient and provider options

Over the counter medications







And prescription medications









Pharmacotherapy: A number of options



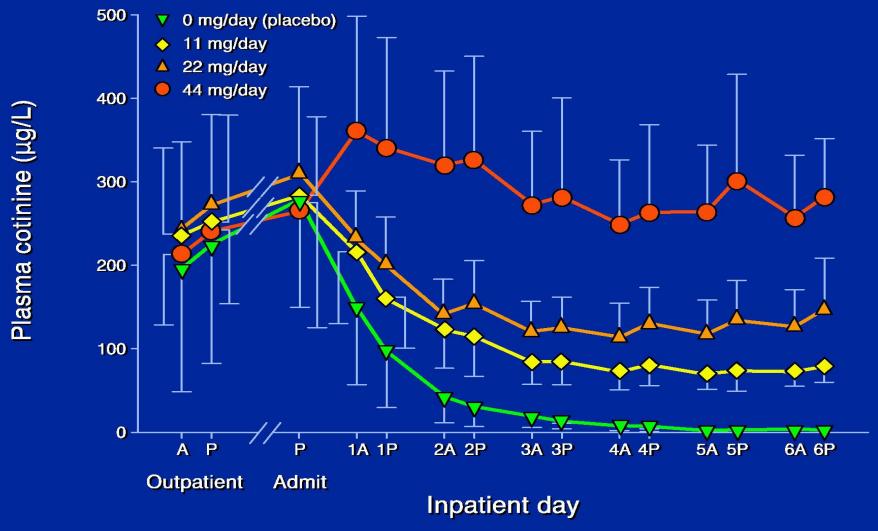


Nicotine replacement therapy

- Nicotine patch
 - Provides a steady state of nicotine to manage withdrawal and reduce the intensity of craving

- Nicotine gum, lozenge, inhaler, nasal spray
 - Provides short acting dose of nicotine
 - Helps address cravings as needed

Cotinine (nicotine metabolite) levels while using cigarettes and different dose nicotine patches



Dale, 1995

Nicotine Patch Dose

Based on Smoking Rate

<10 cpd 7-14 mg/d

10-20 cpd 14-21 mg/d

21-40 cpd 21-42 mg/d

>40 cpd 42+ mg/d

Nicotine patch use

- Use appropriate dose
- Apply once daily and wear 24 hrs
- Common adverse effects: patch site reaction; nausea; vivid dreams

Short-acting nicotine replacement

- Nicotine gum, lozenge and inhaler
 - Buccal mucosal absorption
 - Peak absorption in 15-20 min.
- Nicotine nasal spray absorbed through nasal lining
 - peak absorption in 5-10 min.
- Taken as needed for cravings and urges
 - Up to maximum dose

Using gum and lozenge

- Gum and lozenge come in 2 and 4 mg doses
 - Absorption affected by PH



 Park to encourage absorption through the buccal mucosa

Using the inhaler

- Place cartridge in holder
- Puff as needed
 - Hold vapor in mouth
- Lasts 20 minutes active puffing
- PH dependent



Using nicotine nasal spray

- Spray once in each nostril while holding breath
 - direct spray toward outside nasal lining
- Wait 2 or 3 minutes before blowing nose
- May irritate at first but this should improve with continued use





Common side effects

- Nicotine gum and lozenge
 - Nausea, hiccups, heartburn, and sore mouth for gum
- Inhaler
 - Mouth or throat soreness or dryness
- Nasal spray
 - Watering eyes and runny nose
 - Burning in nose, irritated throat
 - Sneezing and coughing
- Risks of excess nicotine
 - nausea, rapid heart beat, cold sweats

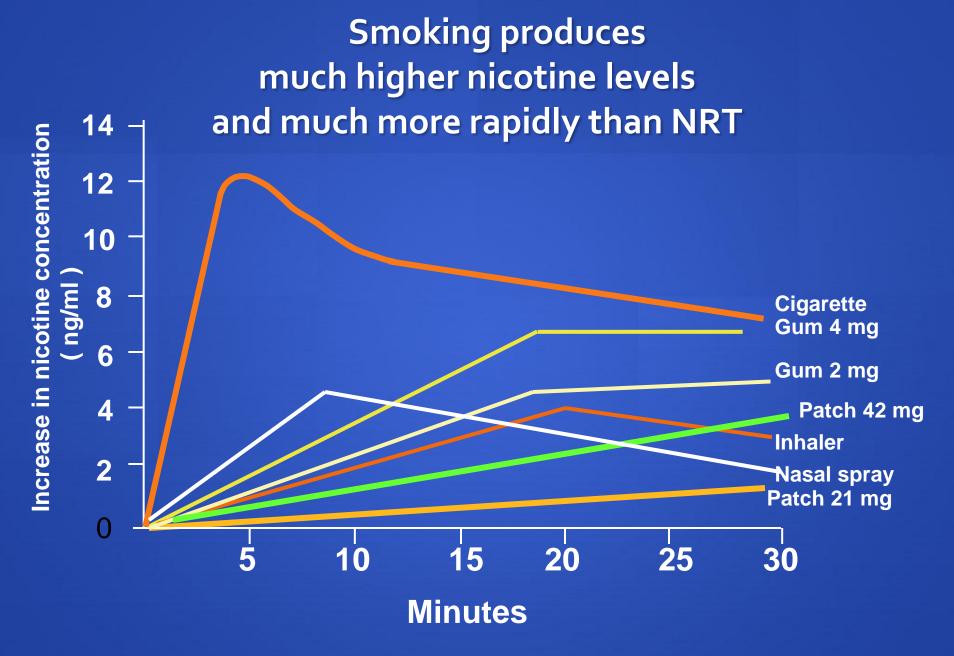
Medication considerations

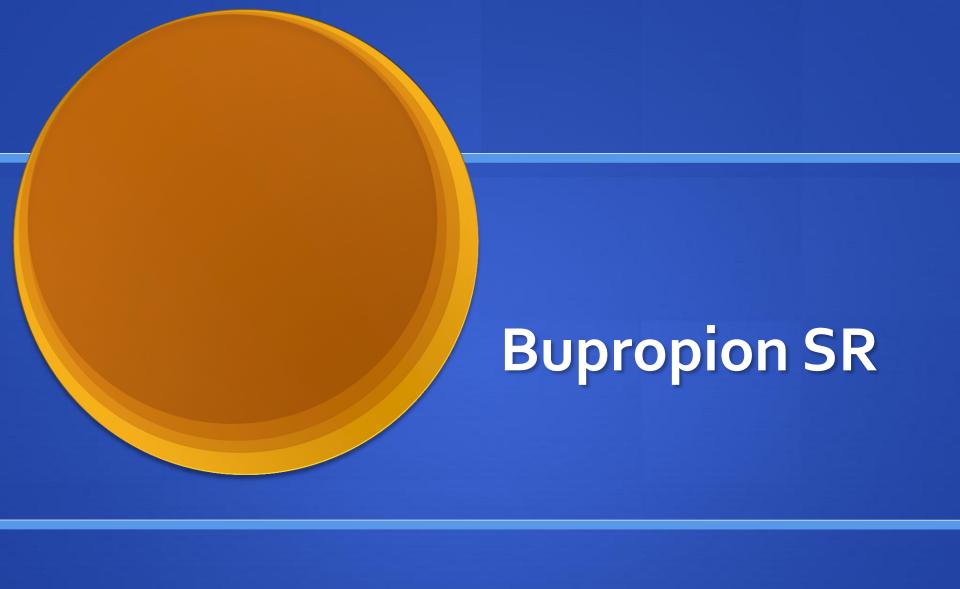
- When <u>stopping smoking</u> some medications may require dose adjustments
 - E.g. common anti-psychotics

 NRT in place of smoking substantially reduces the number of substances being ingested

Combination NRT







Bupropion SR prescribing

- Set target quit date 1 week from start of medication
- Begin with 150 mg daily for 3 days
- Increase to 150 mg twice daily at least 8 hrs apart
- Evening dose before 6PM
- Treat for 8-52 weeks

Side effects

- Common
 - Dry mouth, difficulty sleeping, headache, dizziness, nausea
- Less common
 - Anxiousnes, shakiness, decreased appetite, sweating, high blood pressure
- Rare
 - Skin rash, allergic reaction, seizure

Bupropion: FDA Warning

All patients being treated with bupropion should be observed for neuropsychiatric symptoms including changes in behavior, agitation, depressed mood, suicidal ideation, and suicidal behavior. These symptoms, as well as worsening of pre-existing psychiatric illness, have been reported in patients attempting to quit smoking while taking bupropion...

Bupropion/Patch Combination

Abstinence at 12 mos...

- Placebo 15.6%
- NP alone 16.4%
- Bupropion 30.3%
- Bupropion plus NP 35.5%

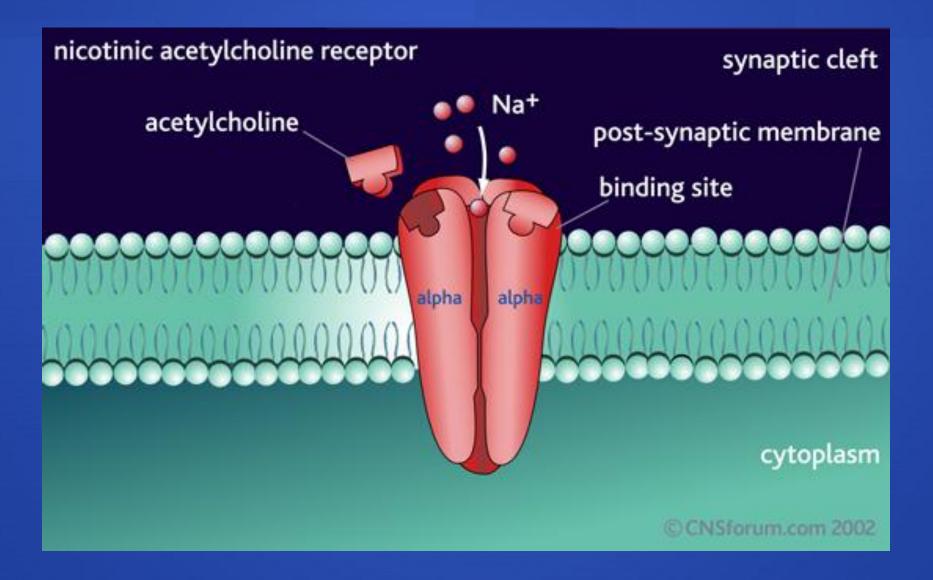
The better paradigm

Treat tobacco dependence as a chronic illness

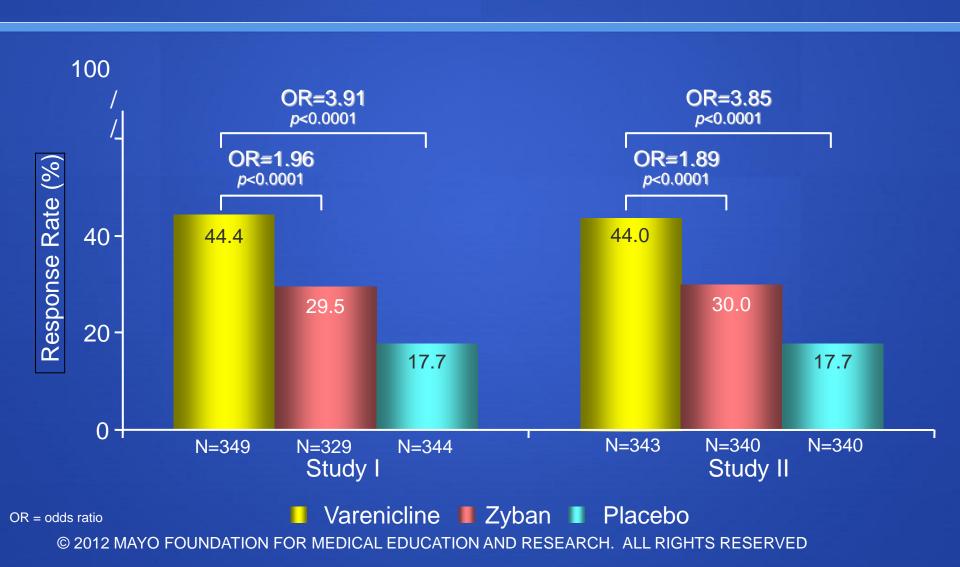
Educate patients about true nature of tobacco dependence

Establish systems changes to support chronic disease management

Varenicline

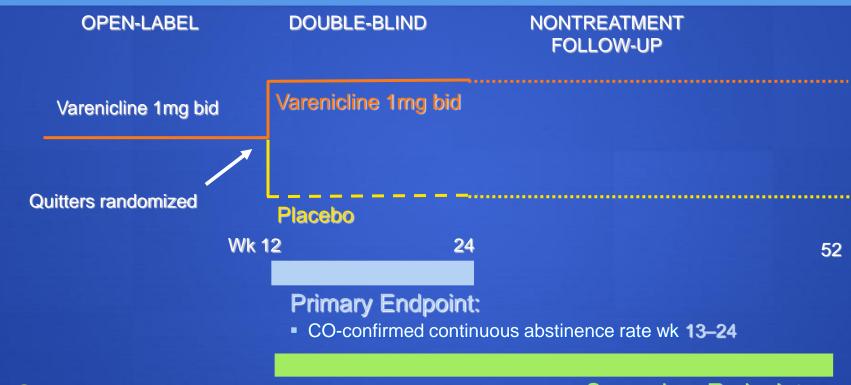


Pivotal Trials: CO-Confirmed Continuous Abstinence Rates Wks 9–12



Maintenance of Abstinence: Study Design

Tonstad et al. JAMA 2006;296:64-71



Subjects

- Male or female outpatient cigarette smokers
- 18-75 yr old, motivated to quit smoking
- Average of ≥10 cigarettes/day during past year
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Secondary Endpoint:

 CO-confirmed continuous abstinence rate wk 13–52

Common Adverse Events in Clinical Trials (%)

	Varenicline	Placebo
Nausea	35.8	11.2
Insomnia	22	12.7
Abnl dreams	14.4	5
Headache	16.8	14.3
Other GI	22.5	11.8
Discontinued	12	8.1

Varenicline: FDA Warning

All patients being treated with Chantix should be observed for neuropsychiatric symptoms including changes in behavior, agitation, depressed mood, suicidal ideation, and suicidal behavior. These symptoms, as well as worsening of pre-existing psychiatric illness, have been reported in patients attempting to quit smoking while taking Chantix...

Varenicline prescribing

- Use in combination with behavioral treatment
- Start medication 1 week prior to target quit date

- Take with food
- Treat for 3 to 6 months

Summary

- Varenicline is efficacious for the treatment of tobacco dependence
- Side effects have been generally mild and welltolerated
- Varenicline is as effective as other first-line treatments for tobacco dependence
- Until additional information is available, monitor patients for new neuropsychiatric symptoms while on therapy