

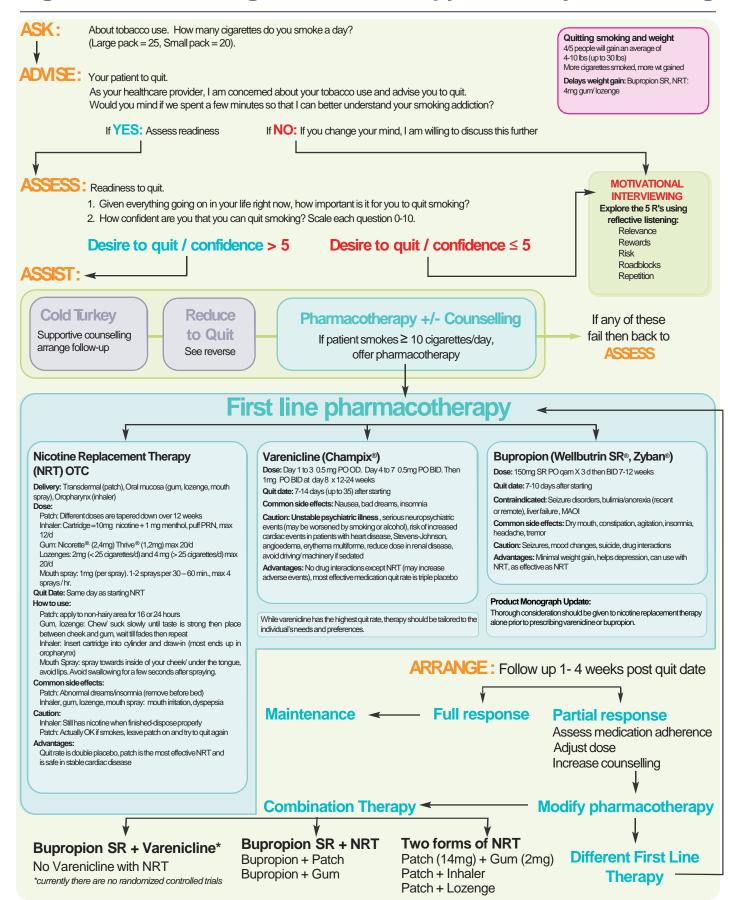








Algorithm for Tailoring Pharmacotherapy in Primary Care Setting



Additional material

Reduce to Quit

Step 1: (0-6 weeks) Smoker sets a target for no. of cigarettes per day to cut down (at least 50% recommended) and a date to achieve it by. Smoker uses gum to manage cravings.

Step 2: (6 weeks up to 6 months) Smoker continues to cut down cigarettes using gum .Goal should be complete stop by 6 months. Smoker should seek advice from HCP if smoking has not stopped within 9 months.

Step 3: (within 9 months) Smoker stops all cigarettes and continues to use gum to relieve cravings.

Step 4: (within 12 months) Smoker cuts down the amount of gum used, then stops gum use completely (within 3 months of stopping smoking).

CAN-ADAPTT Summary Statements

Counselling and Psychosocial Approaches⁴

 Combining counselling and smoking cessation medication is more effective than either alone, therefore both should be provided to patients/clients trying to stop smoking where feasible. (1A)

CAN-ADAPTT Pharmacotherapy Guideline5

- Offer efficacious pharmacotherapy to every patient who smokes 10 or more cigarettes daily and is willing to make a quit attempt. (1A)
- Health care providers should tailor smoking cessation pharmacotherapy to the patient's clinical needs and preferences. (1C)
- 3. Varenicline improves smoking cessation rates at 6 and 12 months compared to placebo. (1A)
- Bupropion improves smoking cessation rates at 6 months (1A) and may improve smoking cessation rates at 12 months (1B) compared to placebo.
- Nicotine patch improves smoking cessation rates at 6 and 12 months compared to placebo. (1A)
- Nicotine gum may improve smoking cessation rates at 6 and 12 months compared to placebo. (1B)
- Nicotine lozenge may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
- Nicotine nasal spray improves smoking cessation rates at 6 and 12 months compared to placebo. (2C)
- Nicotine oral inhaler may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
- Nicotine sublingual tablet may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
- There is insufficient evidence to make a recommendation regarding the use of Clonidine for smoking cessation. (C)
- There is insufficient evidence to make a recommendation regarding the use of Nortriptyline for smoking cessation. (C)

See Table 1 of the CAN-ADAPTT Guideline for Level of Evidence Summary Table

Glossary

BID: Twice a day

COPD: Chronic obstructive pulmonary disease

d: Days

Ibs: Pounds

LU: Limited use

NRT: Nicotine replacement therapy

MAOI: Monoamine oxidase inhibitor

Max: Maximum

ODB: Ontario drug benefit

OTC: No prescription needed

PO: By mouth

PRN: As needed

qam: Every morning

R: Requires a prescription

SR: Slow release

Wt: Weight

References

Information provided is evidence-based but may not be approved for use in certain regions. Refer to your local regulatory authority for approved indication, guidelines, and updated safety information.

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