Smoking cessation

If you’re trying to quit smoking and are having some trouble, don’t give up and don’t despair: You’re not alone, and help is right around the corner!

Some people find that that nicotine replacement therapy or other therapy can help minimize withdrawal symptoms while they’re kicking the habit, and that support groups give them that extra moral support they need. Here’s more information about each of these options.

Nicotine replacement therapies

Nicotine replacement therapies have helped many people to stop smoking and many products are available in both prescription and over-the-counter (OTC) form. However, nicotine is a powerful and sometimes dangerous substance that can raise both blood pressure and heart rate. Keep the following in mind before beginning any form of nicotine replacement therapy:

- Do not use any NRT product if you plan to continue smoking or using other tobacco products. A double dose of nicotine can cause overdose.
- Do not begin NRT without your doctor's approval if you have heart disease or any other chronic condition, such as diabetes, kidney or liver disease.
- Do not use NRT if you are pregnant. While you should not smoke during pregnancy, it's better to quit without it. Nicotine in any form poses risks to the fetus. If you feel you cannot quit without NRT, talk to your doctor; some physicians believe a very low dose of NRT outweighs the risks posed by smoking.
- Before beginning NRT, talk to your healthcare provider or pharmacist about any other medications you take, including OTC drugs, vitamins and herbal supplements. NRT may change the way some medications work.

NRT is most effective when combined with counseling programs, which are available through the American Lung Association, the American Heart Association, the National Cancer Institute, and a number of local groups and hospitals. Without continued psychological support, NRT may be only slightly effective long-term.

If, after considering all these issues, you decide that NRT can help you to stop smoking, a number of products are available. You may choose from any of the following:

Nicotine gum
Nicotine gum (Nicorette, Nicotrol) is available OTC and is most successful when used by smokers heavily addicted to nicotine who are motivated to kick their habit.

Signs of heavy addiction include:

- Smoking more than 25 cigarettes a day
- Smoking your first cigarette within 30 minutes of waking up
- Smoking cigarettes with a high nicotine content
- Inhaling frequently and deeply
- Smoking even when you're sick

If you decide nicotine gum is appropriate for you, it’s important that you:

- Taper down to 20 cigarettes (one pack) a day before completely quitting.
- Stop smoking before starting to use the gum. At the outset, patients should chew at least one piece of gum an hour, whether or not they have withdrawal symptoms. Most patients use seven to 15 pieces of gum a day.
- Chew the gum slowly (each piece should last 30 minutes). Chew until you feel the gum sting, then stop and hold it between your cheek and jaw until the tingling goes away. Then start chewing again.
- Don’t drink coffee or other beverages immediately before or while chewing the gum. Doing so decreases absorption of nicotine.
- This medication may cause heartburn or gastrointestinal irritation.
- Carry the gum at all times and chew a piece before you get into situations where you run a high risk of relapsing.
- Use the gum for at least three months before beginning to taper usage, but remember that the gum is not recommended for longer than six months. Nicotine gum is not a long-term substitute for smoking.

**Nicotine patch**

The nicotine patch is designed to help smokers wean themselves off nicotine and minimize their withdrawal symptoms (such as irritability and intense cravings for cigarettes) in the process.

The patch is waterproof and can be applied to the skin where neither hair nor perspiration will prevent it from adhering properly (usually somewhere below the neck and above the waist). The patch contains a multilayered gel or reservoir that includes nicotine as its active ingredient. Small amounts of nicotine are slowly absorbed through the skin and enter the bloodstream, replacing the dose of nicotine the smoker would normally be inhaling. You should attach it to a different area each time to help prevent skin irritation.

Over a three-month period, the dose of nicotine is gradually reduced so that by the end of the program the user should no longer be physically dependent on nicotine.

**Nicotine lozenge**

The federal Food and Drug Administration (FDA) has approved a nonprescription form of NRT, which is available in two strengths: 2 mg and 4 mg. The nicotine lozenge (Commit) comes with a package insert that describes how best to use the product. An indicator called "Time to First Cigarette" can help you determine the proper dosage for you. This measurement, which defines
how soon you crave a smoke after you wake up in the morning, is a strong indicator of your level of nicotine dependence. If you crave a cigarette within 30 minutes of waking up, the 4 mg dose is most appropriate. Those who can wait longer than 30 minutes before smoking may be good candidates for the 2 mg lozenge.

Sucking the lozenge releases nicotine into the blood stream through the lining of the mouth. The lozenge should remain in the mouth for about 30 minutes; it is most effective at releasing nicotine when it is sucked until the flavor becomes strong. Lozenges should not be chewed. The lozenge is designed to be part of a 12-week smoking cessation program. The goal is to use them only when nicotine cravings are strong and to use fewer and fewer lozenges throughout the program until you are able to stop using them completely.

**Nicotine spray**

Nicotine spray, available by prescription only, is recommended for individuals who are highly addicted to nicotine. The spray is inhaled in each nostril when the urge to use tobacco is the greatest. It can be used several times per day.

**Nicotine inhaler**

An inhaler, also available by prescription only, contains a mouthpiece that individuals use, similar to smoking a cigarette. The nicotine is absorbed through the mouth and very little gets into the lungs. The dose can be adjusted so individuals get lower amounts as they wean off nicotine.

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**Frequently asked questions**

**Who might benefit from NRT?**

People who smoke more than a pack a day, are highly motivated to quit, and are willing to take part in counseling are the best candidates for NRT. It is especially appropriate for people who have not been able to quit because of withdrawal symptoms. It is not meant to be used as a long-term substitute for cigarettes.

**May I use NRT and smoke, too?**

No! If you smoke while you’re on NRT, the excess nicotine in your system may increase your blood pressure and heart rate to dangerous levels—symptoms of a nicotine overdose.

**Are there side effects?**

On rare occasions the patch results in mild skin irritation, insomnia, a dry mouth or nervousness. On the other hand, the patch is easier to use than nicotine gum and does not cause stomach distress.

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**Other options**
Tobacco smokers have shown a significantly higher rate of depression than non-smokers. The FDA has approved an antidepressant medication for tobacco cessation called bupropion (Zyban SR). Tobacco users are advised to take the medication for a week before quitting so that the medication has a chance to build up in the bloodstream. It is available by prescription only. It may also help prevent weight gain attributed to tobacco cessation.

Support groups

Nicotine replacement products should be used in conjunction with a support program. Several organizations provide support programs designed for smokers who are trying to quit. For information about support groups in your area, contact your local chapter of the American Lung Association or the American Cancer Society.