Annexe 3 :Traitement pharmacologique d’abandon du tabac chez les patients qui ont subi un AVC/AIT

Le tableau présente un résumé des caractéristiques pharmaçothérapeutiques, des effets secondaires, des interactions médicamenteuses et d’autres renseignements importants relatifs aux médicaments actuellement disponibles au Canada. Le tableau a pour but de servir de guide de référence pour les professionnels de la santé qui doivent choisir un médicament pour un patient particulier. Ce choix doit tenir compte de l’observance par le patient, des préférences du patient ou de ses tentatives antérieures, des effets secondaires et des interactions médicamenteuses, ainsi que d’autres renseignements sur le médicament indiqués dans le tableau ou provenant d’autres sources.

<table>
<thead>
<tr>
<th>Nichoté patch</th>
<th>Nichoté gum</th>
<th>Nichoté inhaler</th>
<th>Nichoté Lozenge</th>
<th>Bupropion</th>
<th>Varenicline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Treatment Length</td>
<td>8-12 weeks</td>
<td>4-36 weeks</td>
<td>12-24 weeks</td>
<td>4-24 weeks</td>
<td>7-12 weeks</td>
</tr>
<tr>
<td>Time to Peak Effect</td>
<td>Requires 2-3 days to get maximal serum levels</td>
<td>After 20-30 min of chewing</td>
<td>Within 15 minutes after forced inhalation for 20 minutes</td>
<td>After 20-30 min of sucking</td>
<td>1-2 weeks</td>
</tr>
<tr>
<td>Indications</td>
<td>As an aid to smoking cessation</td>
<td></td>
<td></td>
<td>As an aid to smoking cessation, major depressive disorder, seasonal affective disorder</td>
<td>As an aid to smoking cessation</td>
</tr>
<tr>
<td>usual Dosing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Hour patch: 21 mg for 3 to 6 weeks, then 14 mg for 2 to 4 weeks then 7 mg for 2 to 4 weeks. 16 Hour patch: 15mg for 6 weeks then 10mg for 2 weeks then 5mg for 2 weeks</td>
<td>&lt;25 cig/d or smokes &gt;30 min upon waking: 2 mg. &gt;25 cig/d or smokes &lt;30 min upon waking: 4 mg. Week 1-6 ; 1 piece q1-2h (at least 9/d) Weeks 7-9: 1 piece q2-4h Weeks 10-12: 1 piece q4-8h Stop when reduced to 1-2 per day Max. 20-30 pieces per day</td>
<td>Weeks 1-12: 6-12 cartridges per day then gradually reduce as able. (min 6/d for first 3-6 weeks) Stop when reduced to 1-2 per day Max. 12 cartridges per day</td>
<td>Polacrilex: Smokes &gt;30 min upon waking: 2 mg. Smokes &lt;30 min upon waking: 4 mg. Bitartrate: &lt; 20 cig/d: 1 mg. &gt; 20 cig/d: 2 mg. Week 1-6 ; 1 lozenge q1-2h Weeks 7-9: 1 piece q2-4h Weeks 10-12: 1 piece q4-8h Stop when reduced to 1-2 per day Max. 30 mg/day</td>
<td>150 mg once daily x 3 days then 150 mg BID x 7-12 weeks. Begin 1-2 weeks prior to selected quit date</td>
<td>0.5 mg once daily x 3 days then 0.5 mg BID x 4 days then 0.5-1 mg BID x 12 weeks. Begin 1-2 weeks prior to selected quit date</td>
</tr>
</tbody>
</table>
### Special Dosing Notes

Smokers are precise in the way they titrate their smoking to maintain nicotine levels, and dosing should be titrated and personalized accordingly. A common issue is under dosing NRT in heavier smokers. Dosing guide: 1 cigarette = 1 mg nicotine. E.g., if smoke 2 packs per day, offer 2 x 21mg patches plus gum or inhaler for cravings. In the “Reduce to Quit” approach, patients may continue to smoke while on the patch as they are receiving nicotine via the patch/gum/lozenge/inhaler and should be smoking fewer cigarettes, which is the goal.

**Must titrate dose when discontinuing**

Upward titration to reduce nausea from drug

### Side Effects

<table>
<thead>
<tr>
<th>Nicotine patch</th>
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<th>Bupropion</th>
<th>Varenicline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache, GI upset, dizziness, nausea, disturbed sleep, rash at site</td>
<td>Headache, GI upset, hiccups, disturbed sleep, sore jaw</td>
<td>Irritation of throat and nasal passages, sneezing, coughing especially in those with bronchospastic disease, hiccups</td>
<td>GI upset, mouth/throat soreness, hiccups</td>
<td>Dry mouth, insomnia, agitation, vivid dreams, unease. Risk of seizure is 1/1000 (risk factors include those with seizure or eating disorders)</td>
<td>Nausea, insomnia, abnormal/vivid dreams. Health Canada warning for psychiatric effects</td>
</tr>
</tbody>
</table>

### Effect of Food and Other Administration Notes

Do not cut patch, causes rapid evaporation rendering product useless. Rotate patch site to avoid skin irritation.

Recent food and beverage impairs release of nicotine. Avoid food and drink 15 min before or while using gum (30 min for caffeine/acidic products). Not regular chewing gum; use bite, chew, park technique.

Recent food and beverage impairs release of nicotine. Avoid food and drink 15 min before or while using lozenge.

Sustained release product; do not crush or chew.

Nicotine itself is not subject to cytochrome P-450 interactions. Tobacco smoke however leads to potent induction of CYP1A1 and 1A2. When smoking is discontinued, the substrate drug may require a dosage decrease over a period of several days. CYP1A1, 1A2 substrates include: theophylline, clozapine, olanzapine, fluvoxamine, TCAs (partial substrate).

Inhibits CYP2D6, 2B6 substrate. Avoid with MAOI

Increased adverse effects if combined with NRT

### Drug Interactions

Life-threatening arrhythmias, severe angina, atopic/eczematous dermatitis or other skin conditions (e.g. psoriasis)

Life-threatening arrhythmias, severe angina

Life-threatening arrhythmias, severe angina

Seizure disorder, anorexia, bulimia, use of MAOI in 14 days, patients undergoing abrupt discontinuation of alcohol, sedatives and benzodiazepines

Depression, suicidal ideation, schizophrenia, bipolar other major depressive disorders

*See Note below
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<tr>
<td>Cardiovascular/Stroke Patients: Demonstrated safety in stable cardiovascular disease (possible exceptions are unstable angina, recent MI, unstable arrhythmia, acute heart failure). Commonly used in many inpatient settings as symptoms of nicotine withdrawal can begin within 1 hour. It is considered by many experts as far safer than continued smoking.</td>
<td>Can use with oral agents, gum, inhaler or lozenges. Evidence suggests better abstinence rates with combination over monotherapy.</td>
<td>Can use with oral agents or patch. Evidence suggests better abstinence rates with combination over monotherapy.</td>
<td>May be used in pregnant women, especially those with depression. May be considered in adolescents or breastfeeding women. Requires dose adjustment in renal/hepatic disease.</td>
<td>Data not available in pregnancy/lactation. May be considered in adolescents. Requires dose adjustment in renal disease (if CrCl&lt;30mL/min, max 0.5 mg BID).</td>
<td></td>
</tr>
<tr>
<td>Pregnancy/Breastfeeding/Adolescents: While data are limited in pediatrics and pregnant/breastfeeding women, NRT is generally considered safer than smoking in these populations and should be considered. Offer the lowest effective dose of a short-acting nicotine product to minimize nicotine exposure.</td>
<td>Can use with oral agents or patch. Evidence suggests better abstinence rates with combination over monotherapy.</td>
<td>Can use with varenicline or NRT (nicotine replacement therapy). Addition of patch significantly increases long term cessation compared with patch alone. Monitor for treatment emergent hypertension when NRT is combined with bupropion.</td>
<td>Can use with bupropion or NRT (although increased adverse effects with NRT).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mechanism of Action**

- Partially replaces nicotine delivered by cigarettes
- Not fully understood. Likely due to inhibition of dopamine and norepinephrine uptake.
- Partial agonist at nicotinic acetylcholine receptor, causing decreased dopamine release and activation of mesolimbic reward system.

**Approximate $ per month**

- Nicotine patch: $100 (6-20 pieces/d)
- Nicotine gum: $75-200 (6-12 cartridges/d)
- Nicotine inhaler: $175-350 (6-12 cartridges/d)
- Nicotine Lozenge: $100-250 (6-12 lozenges/d)
- Bupropion: $60
- Varenicline: 125 $

*Note: on September 14, 2016, a joint meeting of the U.S. Food and Drug Administration’s (FDA) Psychopharmacologic Drugs Advisory Committee and Drug Safety Risk Management Advisory Committee reviewed data from EAGLES (Evaluating Adverse Events in a Global Smoking Cessation Study) evaluating the neuropsychiatric safety of Champix® (varenicline) to determine whether the findings support changes to the product labeling in the US. By a majority vote, the Advisory Committee recommended to remove the boxed warning regarding serious neuropsychiatric adverse events from the labeling. At the time of publication of these recommendations, Canadian product monographs have not changed.*