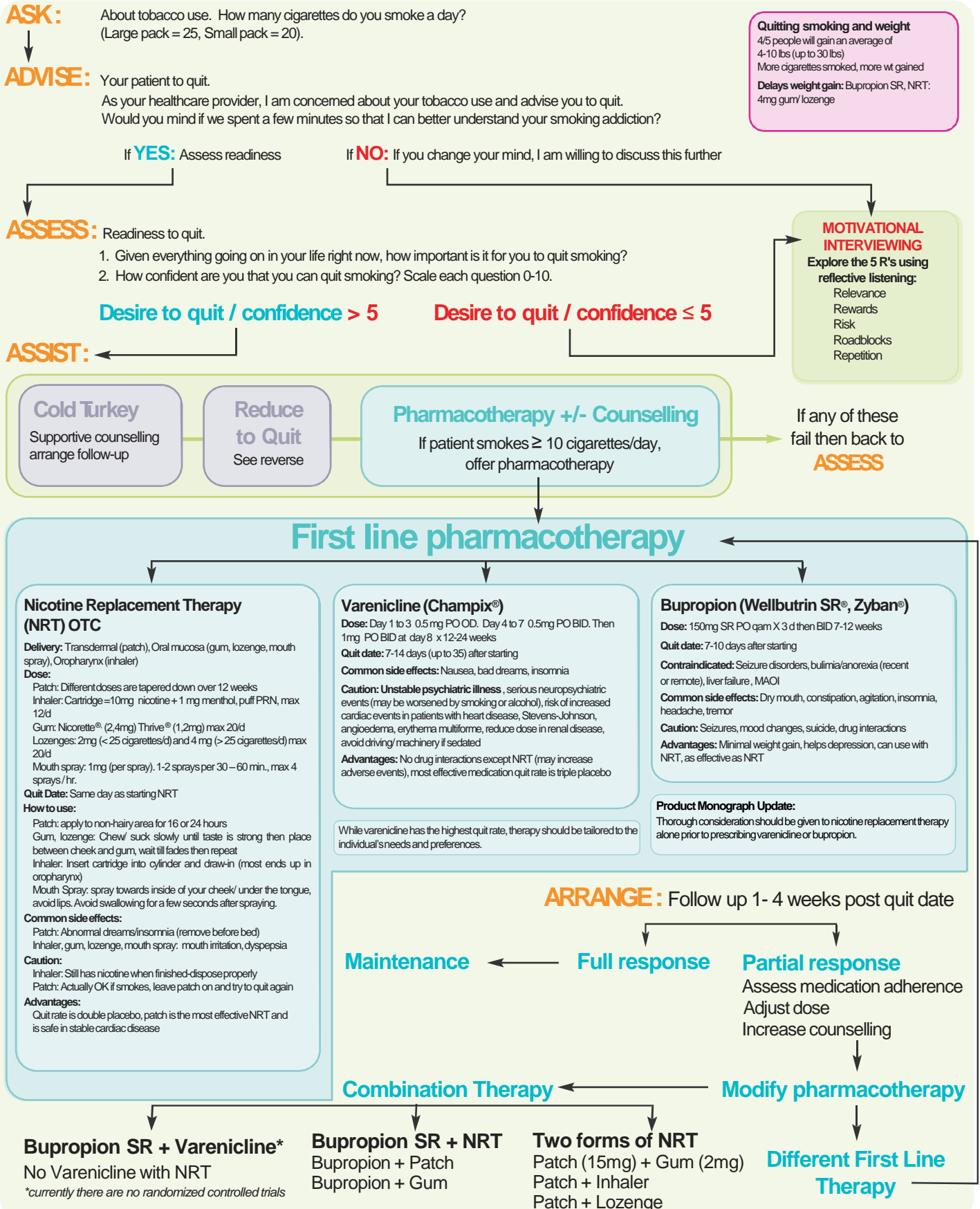


# Algorithm for Tailoring Pharmacotherapy in Primary Care Setting



# 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 Approaches<sup>4</sup>

1. **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 Guideline<sup>5</sup>

1. **Offer efficacious pharmacotherapy to every patient who smokes 10 or more cigarettes daily and is willing to make a quit attempt. (1A)**
2. **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)
4. **Bupropion** improves smoking cessation rates at 6 months (1A) and may improve smoking cessation rates at 12 months (1B) compared to placebo.
5. **Nicotine patch** improves smoking cessation rates at 6 and 12 months compared to placebo. (1A)
6. **Nicotine gum** may improve smoking cessation rates at 6 and 12 months compared to placebo. (1B)
7. **Nicotine lozenge** may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
8. **Nicotine nasal spray** improves smoking cessation rates at 6 and 12 months compared to placebo. (2C)
9. **Nicotine oral inhaler** may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
10. **Nicotine sublingual tablet** may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
11. There is insufficient evidence to make a recommendation regarding the use of **Clonidine** for smoking cessation. (C)
10. 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  
**lbs:** 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.

1. Bader P, McDonald P, Selby P. An algorithm for tailoring pharmacotherapy for smoking cessation: results from a Delphi panel of international experts. *Tobacco Control*. 2009 Feb;18(1):34-42.
2. Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. A clinical practice guideline for treating tobacco use and dependence: 2008 update. A U.S. Public Health Service report. *Am J Prev Med*. 2008 Aug;35(2):158-76.
3. Gray, J, editor. *Therapeutic Choices*. 6th ed. Ottawa; Canadian Pharmacists Association, 2011. Chapter 10:p. 153-67. Chapter 10: 153-167
4. CAN-ADAPTT. Canadian Smoking Cessation Clinical Practice Guideline. Toronto: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health; 2011.
5. CAN-ADAPTT. Canadian Smoking Cessation Clinical Practice Guideline: Pharmacotherapy section. Toronto: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health; 2012.

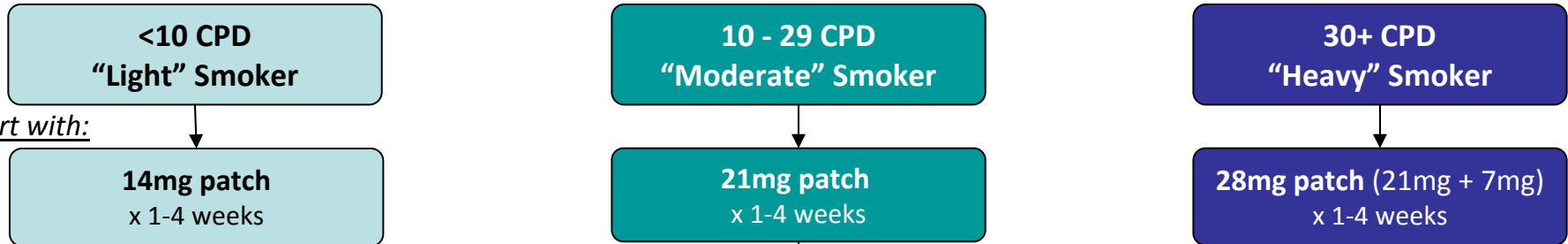
# STOP Program: Sample Nicotine Replacement Therapy (NRT) Algorithm



**ASK:** How many Cigarettes do you smoke Per Day (CPD)?

**ADVISE/ASSESS:** Instruct the client to quit smoking on their target quit date, or reduce CPD by 50% by the next visit (if no quit date).

**ASSIST:**



Start with:

**ARRANGE:** Follow up 1-4 weeks post quit date

Assess smoking and adjust NRT dose if necessary:

- **If still smoking 10+ CPD:** Add a 21mg patch to current dose
- **6-9 CPD:** Add a 14mg patch to current dose
- **1-5 CPD:** Add a 7mg patch to current dose
- **If smoking 0 CPD:** Continue on current dose [x1-4 weeks]

+ Choose one short-acting NRT (gum, lozenge or inhaler) for breakthrough cravings as needed

Subsequent visits:

Continue with the above guidelines (adding patches if necessary). Note: Maximum is 84mg patch (4 x 21mg)

**When client is ready to reduce NRT:**

- Reduce by 7mg patch every 1-2 weeks until off patches
- Then reduce short-acting NRT (gum, lozenge or inhaler) until no longer needed

*These are only guidelines. Practitioners should use their clinical judgment on a case-by-case basis. Maximum length of treatment is 26 weeks through the STOP Program.*