NTS Handbook for Stop Smoking Medicines

A guide for stop smoking practitioners
Contents

Background 4

Medicines Datasheets 4

Terminology 5

Generic name and trade names
Indications for use
Dosage and administration
Contraindications
Precautions
Interactions with other medicines
Adverse effects
Overdose
Packaging and storage conditions
Other information you are likely to see 7

General Information About Stop Smoking Medicines 7

Stop smoking medicines increase quit rates
Figure 1: Efficacy of stop smoking medicines compared to placebo 8
Although stop smoking medicines work, they are not magic cures 9

Nicotine Replacement Therapies (NRT) 9

Table 1: Things you should know about NRT 10

Nicotine Patch 12

Table 2: Things you should know about the nicotine patch

Nicotine Gum 15

Table 3: Things you should know about nicotine gum

Nicotine Lozenges 18

Table 4: Things you should know about nicotine lozenges

Nicotine Inhalator 21

Table 5: Things you should know about the nicotine inhalator
Nicotine Mouth Spray 24
Table 6: Things you should know about nicotine mouth spray

How To Help Your Clients Choose Which Product To Use 27
Frequently asked questions
References 28

Bupropion (Zyban) 29
Table 7: Things you should know about bupropion
Frequently asked questions 31
References 32

Varenicline (Champix) 33
Table 8: Things you should know about varenicline
Frequently asked questions 36
References

Nortriptyline 37
Table 9: Things you should know about nortriptyline
References 38

Supporting Your Clients To Use A Medicine 39

Finding Datasheets For Medicines 41
Background

This Handbook contains information that will help you to:

- Describe the range of stop smoking medicines available in New Zealand.
- Understand how each medicine helps people to stop smoking.
- Understand which medicines may not be suitable for certain clients.
- Give information to your clients who wish to use these medicines.
- Help your clients access these medicines.
- Help your clients to use stop smoking medicines correctly.
- Address concerns that clients may have regarding stop smoking medicines.

Medicines Datasheets

Before medicines can be used in New Zealand they must be approved by MedSafe, the agency that regulates medicines in New Zealand.

MedSafe keeps a library of information on each approved medicine on its website. Each approved medicine has a datasheet, which contains detailed information about what the medicine should be used for (its indication), how the medicine works, how well it works (its efficacy), who can and cannot use it (contra indications and cautions), how to use it, and adverse effects (side effects).

Sometimes indications, adverse effects, and warnings change and so the pharmaceutical companies will update their datasheets when needed.

These datasheets can be daunting to read at first, but when you know a bit of the terminology and what you're looking for it becomes a bit easier.

We have used information from these datasheets in developing this Handbook so you don't have to refer to the datasheets themselves. However, you should know how to find these and refer to them when needed. At the back of this Handbook you will find instructions on how to search for each of the stop smoking medicines. (See page 41).
Terminology

Before going through each medicine in detail you should know a little about the terminology that is often used in medicines data sheets.

Generic name and trade names

- All medicines have a generic name and often they will have a trade name by which they are more commonly known. Trade names are given by the pharmaceutical company that produces and markets the medicine. Some examples are given below.
- Throughout this course you will see medicines referred to by their generic name. When writing prescriptions doctors are taught to use generic names so that any brand of product can be provided by the pharmacist.
- When writing Quit Cards or communicating with doctors and other health care professionals you should also get into the habit of using generic names.
- Your clients on the other hand will probably use the trade name, as that’s what’s usually written on the packet and trade names are often easier to pronounce. So you should be comfortable in using both names.

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Trade name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine patch</td>
<td>Habitrol patch</td>
</tr>
<tr>
<td></td>
<td>Nicorette patch</td>
</tr>
<tr>
<td></td>
<td>NiQuitin patch</td>
</tr>
<tr>
<td>Nicotine mouth spray</td>
<td>Nicorette QuickMist</td>
</tr>
<tr>
<td>Bupropion</td>
<td>Zyban</td>
</tr>
<tr>
<td>Nortriptyline</td>
<td>Norpress</td>
</tr>
<tr>
<td>Varenicline</td>
<td>Champix</td>
</tr>
</tbody>
</table>

Indications for use

This is what the medicine is licensed to be used for. It is obvious that the medications that are described in this Handbook are indicated for stop smoking treatment. However nicotine replacement therapy can be used for more than just stop smoking treatment. It can be used for:
• Reducing cigarette consumption prior to stopping smoking – cut down then quit approach.
• Temporary abstinence – this is where you would use NRT in situations where you cannot smoke (e.g. on an aeroplane).
• Reducing cigarette consumption with no intention of stopping smoking – this would be an approach used for harm reduction.

Dosage and administration
This gives information on what dose to take, how often, and any special instructions on how to use.

Contra indications
These are reasons why people should not use particular medicines. For example, a known allergy to the drug is a common contra indication.

Precautions
These are reasons where the medicine needs to be used with care. For example care should be taken when using varenicline in people with mental illness. It does not mean that such people cannot use it, however you would want to monitor the person's progress closely.

Interactions with other medicines
Some medicines can affect the metabolism and actions of other medicines. This is called an interaction. You do not need to know the details of drug interactions, but you should be aware of the medicines that do interact with other medicines.

Adverse effects
These are more commonly known as side effects. They are typically divided into common and uncommon effects. You should know some of the most common adverse effects associated with each medicine.

Overdose
Information is usually provided on what symptoms can be expected in the case of overdose (or using too much medicine).

Packaging and storage conditions
This tells you how the medicine is packaged and how it should be stored. In some datasheets this information might be listed under 'Pharmaceutical Precautions'.
Other information you are likely to see

**Pharmacokinetics** – This, put simply, is what the body does with the drug. How quickly it is absorbed into the blood, what the maximum blood levels are after a single dose, and how quickly the drug is removed from the body.

**Pharmacodynamics** – This, put simply, is what the drug does to the body. For example NRT acts on nicotinic acetylcholine receptors to reduce tobacco withdrawal symptoms.

**General Information About Stop Smoking Medicines**

Before we get into the detail there are some commonalities of all stop smoking medicines that you need to know.

**Stop smoking medicines increase quit rates**

All stop smoking medicines increase the chances of stopping smoking for good.

Smokers should be encouraged to use one of the licensed stop smoking medicines to aid them in stopping smoking.

Studies usually test the efficacy of the medicine with a placebo. A placebo is essentially a dummy treatment. It looks and feels like the real thing but it does not contain the active ingredient.

The efficacy of the medicine is how much better than the placebo it is. The graphs on the next page give you an idea of the efficacy of each medicine compared to placebo.

Below each graph is the Risk Ratio (RR), with the 95% confidence interval. The RR gives you an indication of how much more effective the medicine was than the placebo, and the confidence interval gives you the range of where the real effect might lie. For example, the gum RR=1.49 (95% CI 1.40-1.60). This means that almost 1.5 times as many people stop smoking using the gum compared to the placebo, but that the real increase in quit rates could be as low as 1.40 times and as high as 1.60 times.
Figure 1: Efficacy of stop smoking medicines compared to placebo

Nicotine gum

RR = 1.49 (95% CI: 1.40 – 1.60)

Nicotine patch

RR = 1.64 (95% CI: 1.52 – 1.78)

Nicotine inhalator

RR = 1.90 (95% CI: 1.36 – 2.67)

Nicotine lozenge

RR = 1.95 (95% CI: 1.61 – 2.36)

Nicotine Mouth Spray

RR = 2.48 (95% CI: 1.24 – 4.94)

Bupropion

RR = 1.69 (95% CI: 1.53 – 1.85)

Nortriptyline

RR = 2.03 (95% CI: 1.48 – 2.78)

Varenicline

RR = 2.27 (95% CI: 2.02 – 2.55)
Although stop smoking medicines work, they are not magic cures

It’s important to convey the message that although stop smoking medicines are effective, they are not magic cures. All stop smoking medicines work by alleviating tobacco withdrawal symptoms, but they do not stop people from picking up a cigarette.

You can use phrases like this to communicate this important point.

"These stop smoking medicines are not a magic cure; yes they will help to reduce the urge to smoke and other withdrawal symptoms making it easier for you to manage not a single puff from your set Quit Date, but you’re the one in the driving seat, controlling your stop smoking journey and you have to be fully committed to giving it the best start possible by doing whatever it takes not to have a single puff".

Nicotine Replacement Therapies (NRT)

The following nicotine replacement therapies are available in New Zealand:

- Nicotine gum.
- Nicotine patch.
- Nicotine lozenge.
- Nicotine inhalator.
- Nicotine mouth spray.
- Nicotine mints.

Currently only the gum, patch and lozenge are subsidised by the Government. However all products can be purchased in a pharmacy or supermarket.

The table on the following pages provides general information that is relevant to all NRT products. Following the table is specific product information.
Table 1: Things you should know about NRT

| How does it work? | NRT replaces some of the nicotine that a smoker would have otherwise got from their tobacco smoke.  
|                  | It works by alleviating tobacco withdrawal symptoms that people experience when they stop smoking making stopping easier. |
| Evidence of efficacy | There is good evidence from over 100 studies showing that all NRT products increase the chances of stopping smoking.  
|                    | There is good evidence that using a combination of NRT products (e.g. patch and gum) further increases the chances of stopping.  
|                    | When discussing NRT with your clients you should recommend that they use a combination of products. |
| Contraindications | There are no absolute contraindications to using NRT. There are however some reasons as to why you would not use certain products. For example:  
|                   | Nicotine gum is not suitable for people with dentures.  
|                   | Nicotine patches are not suitable for people who are allergic to sticking plaster, or for those that have had reactions to the patch in the past. |
| Cautions | NRT needs to be used with some caution in pregnancy, as nicotine can have adverse effects on the developing baby. For example nicotine exposure in pregnancy has been linked to learning difficulties in childhood.¹  
| Drug interactions | There are no drug interactions with NRT.  
|                  | There are, however, a number of other medicines that are affected by stopping smoking. |
| Adverse effects | The most commonly reported adverse effect with the patch is local skin reaction.  
|                  | Some skin redness is common, and users usually notice this when the patch is removed.  
|                  | Itchiness is often reported. |

¹ The New Zealand Guidelines for Helping People to Stop Smoking recommend a risk benefit assessment.  
If you think logically about this, you are giving smokers something that they are already receiving in their tobacco smoke.  
NRT products typically deliver less nicotine, and less rapidly, than smoking, and of course without the toxins contained in cigarette smoke.¹
Some people who use the patch on their arm describe a slight aching in their arm.

- People who use the oral products will often report the following symptoms:
  - Bad taste.
  - Hiccups.
  - Heartburn.
- Hiccups and heart burn are often a sign that they are swallowing too much nicotine and should signal to you that you need to check their technique.
- You can reassure people that they will get used to the bad taste over time and will probably come to like it eventually.

### Additional information

- If you are supplying NRT via the Quit Card scheme you should also refer to the guidance available at this web link: http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking

### Things to tell your clients

- NRT is not a magic cure, but it will make stopping easier.
- Using NRT is not like smoking. NRT is safe to use in people who smoke.
- Use enough of it and for at least 8 weeks.
- The oral products don't taste pleasant initially, but people will get used to the taste in a short time.

### What to say to clients?

"Nicotine replacement therapies (or NRT) work by providing some of the nicotine you would have otherwise got from your cigarette smoke. However these products typically deliver a lower dose of nicotine that is more slowly absorbed compared to your cigarettes, but it's enough to help lessen urges to smoke and other withdrawal symptoms. It's important to remember that nicotine does not cause cancer or heart and lung disease."

"There are three different products I can offer you patch, gum and lozenge. I would like to recommend that you use the patch and the gum or lozenge. I'll go over how to use these products so you can choose the ones that suit you best."

"These are subsidised products which means the cost for these medicines are low. There are however three other products that are available in supermarkets and pharmacies that I can also tell you about if you are interested."
Nicotine Patch

Table 2: Things you should know about the nicotine patch

| How does it work? | • The nicotine patch provides some of the nicotine that the smoker would have otherwise received from tobacco.  
• The patch provides nicotine through the skin, slowly over the course of the day.  
• The nicotine it provides reduces the severity of urges to smoke and other withdrawal symptoms. |
| Evidence of efficacy | • The Cochrane systematic review of nicotine replacement therapy shows that use of nicotine patches for 8-12 weeks significantly increases long-term quit rates compared with placebo (16% vs. 10%, Risk Ratio = 1.64, 95% CI: 1.52-1.78).  
• Patches come in two different preparations: (1) 24 hour patch and (2) 16 hour patch. Both are effective, and there is no difference in efficacy between them. |
| Dose of medicine | • The patch comes in three strengths (high, medium and low). In general smokers should start with the high dose patch.  
• The medium and low strength patches are used mainly for ‘weaning’ people at the end of treatment, although this is not strictly needed. |
**How to take the medicine**

- Following removal of the backing, the patch should be immediately applied to a clean, non-hairy, dry area of skin.
- Hold the patch in position for 10-20 seconds with the palm of the hand to ensure it sticks to the skin.
- The patch should be removed the next morning (if it is a 24 hour patch) or at night before going to bed (if it is a 16 hour patch).
- Apply the patch to a different site each day.
- The full strength patch should be used for 8-12 weeks. If the medium and low strength patches are used for weaning then the medium strength patch can be used during weeks 9 and 10, and the low strength during weeks 11 and 12.

**Contraindications**

- Children under the age of 12.
- Patches are not advised in people who have had a previous allergic reaction to patches.

**Cautions**

- Pregnancy. (See page 28).

**Drug interactions**

- There are no drug interactions.

**Adverse effects**

- Redness on skin.
- Itchiness under patch.
- Aching in arm.

**Additional information**


**Things to tell your clients**

- The patch provides some of the nicotine that a person would otherwise get from their tobacco. However it delivers less nicotine, and less rapidly.
- It works by alleviating urges to smoke and other tobacco withdrawal symptoms, making stopping easier.
- It is not enjoyable like smoking.
- It is no magic cure; some effort in stopping smoking is still required.
- The nicotine patch is safe.
- The common side effects are redness and itchiness of the skin under the patch.
- Apply a new patch each day in a different spot.
- Use for 8-12 weeks.
- Don't stop using it if you slip and have a smoke.
| What to say to clients? | “The nicotine patch works by providing some of the nicotine you would have otherwise got from your cigarette smoke. However it delivers a lower dose of nicotine that is more slowly absorbed compared to your cigarettes, but it’s enough to help reduce urges to smoke and other withdrawal symptoms.”

“Remember though it’s no magic cure and some effort on your part will still be required.”

“The patch is easy to use and each morning you can apply it on a clean dry, and hairless area of skin. It can be kept on overnight and removed the next day, when you apply a new patch to a different area of skin.”

“You will probably notice a little bit of redness under the patch, and it might be a bit itchy at times – this is normal.”

“I’d like you to use your patches for at least 8-12 weeks. Even if you slip and smoke, don’t stop using the patch.”

“It’s important to remember that nicotine does not cause cancer or heart and lung disease. The patch is safe to use.” |
## Nicotine Gum

### Table 3: Things you should know about nicotine gum

| **How does it work?** | • The nicotine gum provides some of the nicotine that the smoker would have otherwise received from tobacco.  
• The gum provides nicotine through the lining of the mouth.  
• Most of the nicotine will be absorbed from the gum over 30 minutes of use.  
• The nicotine it provides reduces the severity of urges to smoke and other withdrawal symptoms. |
|----------------------|-------------------------------------------------------------------------------------------------|
| **Evidence of efficacy** | • The Cochrane systematic review of nicotine replacement therapy shows that use of nicotine gum for 8-12 weeks significantly increases long-term quit rates compared with placebo (16% vs. 10 %, Risk Ratio = 1.49, 95% CI: 1.40-1.60).  
• Gum comes in two different strengths: (1) 2mg and (2) 4mg. The 4mg gum is more effective than 2mg gum in more highly dependent smokers. |
| **Dose of medicine** | • People who smoke their first cigarette of the day within 60 minutes of waking should use the 4mg gum.  
• Those who smoke after 60 minutes of waking can start on the 2mg gum, but can increase the dose if 2mg is not enough. |
| **How to take the medicine** | • Advise people to use the gum regularly. Suggest using a piece an hour to start with.  
• Advise people on how to use the gum correctly:  
  1. One piece of gum should be chewed until the taste becomes strong.  
  2. The nicotine gum should be rested between the gum and cheek.  
  3. When the taste fades, chewing should commence again.  
  4. The chewing routine should be repeated for 30 minutes.  
• Advise to avoid eating and drinking whilst using the gum.  
• Advise to use the gum for 8-12 weeks. |
| **Contraindications** | • Children under the age of 12. |
| **Cautions** | • Pregnancy. (See page 28). |
| **Drug interactions** | • There are no drug interactions. |
| **Adverse effects** | • Nicotine from chewing gum may sometimes cause a slight irritation of the mouth and throat and increase salivation at the start of treatment.  
• Excessive swallowing of dissolved nicotine may, at first, cause hiccups. |
| **Additional information** | • Copy this link into your web browser: The New Zealand Guidelines for Helping People to Stop Smoking – http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking |
| **Things to tell your clients** | • The gum provides some of the nicotine that a person would otherwise get from their tobacco. However it delivers less nicotine and less rapidly.  
• It works by alleviating urges to smoke and other tobacco withdrawal symptoms, making stopping easier.  
• It is not as enjoyable as smoking.  
• It is no magic cure; some effort in stopping smoking is still required.  
• The nicotine gum is safe.  
• The common side effects are irritation of the mouth and throat.  
• Advise clients on the technique for chewing the gum.  
• Use the gum regularly (advise one piece an hour).  
• Use for 8-12 weeks. |
<table>
<thead>
<tr>
<th>What to say to clients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The nicotine gum works by providing some of the nicotine you would have otherwise got from your cigarette smoke. However it delivers a lower dose of nicotine that is more slowly absorbed compared to your cigarettes, but it’s enough to help lessen urges to smoke and other withdrawal symptoms.”</td>
</tr>
<tr>
<td>“Remember though it’s no magic cure and some effort on your part will still be required.”</td>
</tr>
<tr>
<td>“The gum is easy to use, but there is a technique to chewing it. First, chew a piece of gum until you get a strong (sometimes hot and peppery) taste. When this appears, stop chewing and rest it between your cheek and gums. This gives time for the nicotine to be absorbed across the lining of your mouth. When the taste starts to fade you should start chewing the gum again. You can keep chewing it in this way for around 30 minutes. After 30 minutes you can spit the gum out and have a break.”</td>
</tr>
<tr>
<td>“For the first few weeks I would like you to use one piece of gum every hour. Using it regularly is better than waiting until you have a craving.”</td>
</tr>
<tr>
<td>“You might notice that the gum irritates your mouth and throat at first, but you will get used to this over time. Some people also find that they swallow a lot of saliva when chewing the gum. Don’t worry – this is not dangerous, but it might give you a bit of heartburn or hiccups. If you experience these, try chewing less and parking more in the side of your mouth.”</td>
</tr>
<tr>
<td>“I’d like you to use the gum for at least 8-12 weeks. Even if you slip and smoke, don’t stop using the gum.”</td>
</tr>
<tr>
<td>“It’s important to remember that nicotine does not cause cancer or heart and lung disease. The gum is safe to use.”</td>
</tr>
</tbody>
</table>
**Nicotine Lozenges**

Table 4: Things you should know about nicotine lozenges

<table>
<thead>
<tr>
<th>How does it work?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The nicotine lozenge provides some of the nicotine that the smoker would have</td>
<td>otherwise received from tobacco.</td>
</tr>
<tr>
<td>• The lozenge provides nicotine through the lining of the mouth.</td>
<td></td>
</tr>
<tr>
<td>• Most of the nicotine will be absorbed from the lozenge over 30 minutes</td>
<td>use.</td>
</tr>
<tr>
<td>• The nicotine it provides reduces the severity of urges to smoke and</td>
<td>other withdrawal symptoms.</td>
</tr>
<tr>
<td>Evidence of efficacy</td>
<td></td>
</tr>
<tr>
<td>• The Cochrane systematic review of nicotine replacement therapy shows that</td>
<td>use.</td>
</tr>
<tr>
<td>that use of nicotine lozenges for 8-12 weeks significantly increases long-</td>
<td>19% vs. 8%, Risk Ratio = 1.95, 95% CI: 1.61-2.36.</td>
</tr>
<tr>
<td>term quit rates compared with placebo (19% vs. 8%, Risk Ratio = 1.95, 95%</td>
<td></td>
</tr>
<tr>
<td>CI: 1.61-2.36).</td>
<td></td>
</tr>
<tr>
<td>• Lozenges come in two different strengths: (1) 1mg and (2) 2mg. The 2mg</td>
<td>Lozenges come in two different strengths: (1) 1mg and (2) 2mg.</td>
</tr>
<tr>
<td>lozenge is more effective than 1mg lozenge in more highly dependent smokers.</td>
<td>The 2mg lozenge is more effective than 1mg lozenge in more highly</td>
</tr>
<tr>
<td>Dose of medicine</td>
<td>dependent smokers.</td>
</tr>
<tr>
<td>• People who smoke their first cigarette of the day within 60 minutes of</td>
<td>People who smoke their first cigarette of the day within 60</td>
</tr>
<tr>
<td>waking should use the 2mg lozenge.</td>
<td>minutes of waking should use the 2mg lozenge.</td>
</tr>
<tr>
<td>• Those who smoke after 60 minutes of waking can start on the 1mg lozenge,</td>
<td>Those who smoke after 60 minutes of waking can start on the 1mg</td>
</tr>
<tr>
<td>but can increase the dose if 1mg is not enough.</td>
<td>lozenge, but can increase the dose if 1mg is not enough.</td>
</tr>
</tbody>
</table>
### How to take the medicine
- Advise people to use the lozenge regularly. Suggest using a lozenge every hour to start with.
- Advise people on how to use the lozenge correctly:
  1. One lozenge should be sucked until the taste becomes strong.
  2. The lozenge should be rested between the gum and cheek.
  3. When the taste fades, suck the lozenge again.
  4. This routine should be repeated for 30 minutes.
- Advise to avoid eating and drinking whilst using the lozenge.
- Advise to use the lozenge for 8-12 weeks.

### Contraindications
- Children under the age of 12.

### Cautions
- Pregnancy. (See page 28).

### Drug interactions
- There are no drug interactions.

### Adverse effects
- Nicotine from lozenges may sometimes cause a slight irritation of the mouth and throat and increase salivation at the start of treatment.
- Excessive swallowing of dissolved nicotine may, at first, cause hiccupping.

### Additional information
- Copy these links into your web browser:

### Things to tell your clients
- The lozenge provides some of the nicotine that a person would otherwise get from their tobacco. However it delivers less nicotine and less rapidly.
- It works by alleviating urges to smoke and other tobacco withdrawal symptoms, making stopping easier.
- It is not enjoyable like smoking.
- It is no magic cure; some effort in stopping smoking is still required.
- The nicotine lozenge is safe.
- The common side effects are irritation of the mouth and throat.
- Advise clients on the technique for using the lozenge.
- Use the lozenge regularly (advise one piece an hour).
- Use for 8-12 weeks.
<table>
<thead>
<tr>
<th><strong>What to say to clients?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“The nicotine lozenge works by providing some of the nicotine you would have otherwise got from your cigarette smoke. However it delivers a lower dose of nicotine that is more slowly absorbed compared to your cigarettes, but it’s enough to help lessen urges to smoke and other withdrawal symptoms.”</strong></td>
</tr>
<tr>
<td><strong>“Remember though it’s no magic cure and some effort on your part will still be required.”</strong></td>
</tr>
<tr>
<td><strong>“The lozenge is easy to use, but there is a technique to using it. First, suck a lozenge until you get a strong (sometimes hot and peppery) taste. When this appears, stop sucking and rest it between your cheek and gums. This gives time for the nicotine to be absorbed across the lining of your mouth. When the taste starts to fade you should start sucking the lozenge again. You can keep using it in this way for around 30 minutes. After 30 minutes you can spit the lozenge out (if there is any left) and have a break.”</strong></td>
</tr>
<tr>
<td><strong>“For the first few weeks I would like you to use one lozenge every hour. Using it regularly is better than waiting until you have a craving.”</strong></td>
</tr>
<tr>
<td><strong>“You might notice that the lozenge irritates your mouth and throat at first, but you will get used to this over time. Some people also find that they swallow a lot of saliva when sucking the lozenge. Don’t worry – this is not dangerous, but it might give you a bit of heartburn or hiccups. If you experience these, try sucking less and parking more in the side of your mouth.”</strong></td>
</tr>
<tr>
<td><strong>“I’d like you to use the lozenge for at least 8-12 weeks. Even if you slip and smoke, don’t stop using the lozenge.”</strong></td>
</tr>
<tr>
<td><strong>“It’s important to remember that nicotine does not cause cancer or heart and lung disease. The lozenge is safe to use.”</strong></td>
</tr>
</tbody>
</table>
Nicotine Inhalator

Table 5: Things you should know about the nicotine inhalator

<table>
<thead>
<tr>
<th>How does it work?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The nicotine inhalator provides some of the nicotine that the smoker would have otherwise received from tobacco.</td>
<td></td>
</tr>
<tr>
<td>• The inhalator provides nicotine through the lining of the mouth, and not to the lungs.</td>
<td></td>
</tr>
<tr>
<td>• The nicotine it provides reduces the severity of urges to smoke and other withdrawal symptoms.</td>
<td></td>
</tr>
<tr>
<td>• The inhalator consists of a small plastic tube containing a replaceable nicotine cartridge. This method may provide more behavioural replacement than the other products (some people miss the hand-to-mouth action of smoking when they stop). This need might be reflected in that fact that this product is a popular choice for many smokers.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of efficacy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Cochrane systematic review of nicotine replacement therapy shows that use of the nicotine inhalator for 8-12 weeks significantly increases long-term quit rates compared with placebo (17% vs. 9%, Risk Ratio = 1.190, 95% CI: 1.36-2.67).</td>
<td></td>
</tr>
</tbody>
</table>
| **Dose of medicine** | • The cartridges that are used in the inhalator contain 15 mg of nicotine.  
• The dose of nicotine from a puff of the inhalator is much less than that of a cigarette. Use about 10 times as many puffs as when smoking a cigarette (if a cigarette is smoked in 10 puffs, 100 puffs on the inhalator substitutes for one cigarette).  
• People should aim to use around 3-6 cartridges per day. |
| **How to take the medicine** | • Despite its name, nicotine from this device is not inhaled into the lungs, but is deposited on the oral mucosa (lining of the mouth) through which it is absorbed.  
• To achieve sufficient blood nicotine levels, the user should puff on the inhalator for 20 minutes each hour.  
• ‘Shallow’ or deep ‘puffing’ results in similar nicotine absorption  
• In cold weather, it is advisable to keep the inhalator warm so that the nicotine vapour can be released from the cartridge.  
• Advise to use the inhalator for 8-12 weeks. |
| **Contraindications** | • Children under the age of 12. |
| **Cautions** | • Pregnancy. (See page 28). |
| **Drug interactions** | • There are no drug interactions. |
| **Adverse effects** | • Nicotine from inhalator may sometimes cause a slight irritation of the mouth and throat and cough. |
| **Additional information** | • Copy these links into your web browser:  
The New Zealand Guidelines for Helping People to Stop Smoking –  
| **Things to tell your clients** | • The inhalator provides some of the nicotine that a person would otherwise get from their tobacco. However it delivers less nicotine and less rapidly.  
• It works by alleviating urges to smoke and other tobacco withdrawal symptoms, making stopping easier.  
• It is not as enjoyable as smoking.  
• It is no magic cure; some effort in stopping smoking is still required.  
• The nicotine inhalator is safe.  
• The common side effects are irritation of the mouth and throat and cough.  
• Advise clients on the technique for using the inhalator.  
• Use the inhalator regularly (every hour).  
• Use for 8-12 weeks. |
<table>
<thead>
<tr>
<th>What to say to clients?</th>
</tr>
</thead>
</table>
| "The nicotine inhalator works by providing some of the nicotine you would have otherwise got from your cigarette smoke. However it delivers a lower dose of nicotine that is more slowly absorbed compared to your cigarettes, but it's enough to help lessen urges to smoke and other withdrawal symptoms."

"Remember though it's no magic cure and some effort on your part will still be required."

"The inhalator is easy to use, but you need to puff on it much more than your regular cigarettes."

"For the first few weeks I would like you to use the inhalator for around 20 minutes every hour. Using it regularly is better than waiting until you have a craving. You can of course use it more frequently if you want."

"You might notice that the inhalator irritates your mouth and throat at first, but you will get used to this over time."

"I'd like you to use the inhalator for at least 8-12 weeks. Even if you slip and smoke, don't stop using the inhalator."

"It's important to remember that nicotine does not cause cancer or heart and lung disease. The inhalator is safe to use."
Nicotine Mouth Spray

Table 6: Things you should know about nicotine mouth spray

| How does it work?                      | • The nicotine mouth spray provides some of the nicotine that the smoker would have otherwise received from tobacco.  
|                                          | • The mouth spray provides nicotine through the lining of the mouth.  
|                                          | • The nicotine it provides reduces the severity of urges to smoke and other withdrawal symptoms. |
| Evidence of efficacy                    | • The Cochrane systematic review of nicotine replacement therapy shows that use of nicotine mouth spray for 8-12 weeks significantly increases long-term quit rates compared with placebo (14% vs. 6%, Risk Ratio = 1.248, 95% CI: 1.24-4.94). |
| Dose of medicine                        | • Each spray contains 1 mg of nicotine.  
|                                          | • Up to 4 sprays an hour can be used. |
| How to take the medicine                | • Advise people to use the mouth spray regularly.  
|                                          | • Most smokers will require 1-2 sprays every 30 minutes to 1 hour.  
|                                          | • Use 1 or 2 sprays when cigarettes normally would have been smoked, or if cravings emerge. If, after a single spray, cravings are not controlled within a few minutes, a second spray should be used.  
|                                          | • Advise people on how to use the mouth spray correctly:  
|                                          | 1. Prime the mouth spray by giving it a few squirts. It should spray a fine mist. |
2. Point the spray nozzle as close to the open mouth as possible.
3. Spray towards the side of the cheek or under the tongue, avoiding the lips. Do not spray directly into the throat.
4. Do not inhale while spraying.
   - For best results, do not swallow for a few seconds after spraying.
   - Advise to avoid eating and drinking for 30 minutes after using the mouth spray.
   - Advise to use the mouth spray for 8-12 weeks.

<table>
<thead>
<tr>
<th>Contraindications</th>
<th>• Children under the age of 12.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cautions</td>
<td>• Pregnancy. (See page 28).</td>
</tr>
<tr>
<td>Drug interactions</td>
<td>• There are no drug interactions.</td>
</tr>
<tr>
<td>Adverse effects</td>
<td>• Nicotine from mouth spray may sometimes cause a slight irritation of the mouth and throat and increase salivation at the start of treatment.</td>
</tr>
<tr>
<td></td>
<td>• Excessive swallowing of dissolved nicotine may, at first, cause hiccupping.</td>
</tr>
</tbody>
</table>

| Additional information | • Copy these links into your web browser: The New Zealand Guidelines for Helping People to Stop Smoking – http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking |

| Things to tell your clients | • The mouth spray provides some of the nicotine that a person would otherwise get from their tobacco. However it delivers less nicotine and less rapidly. |
|                            | • It works by alleviating urges to smoke and other tobacco withdrawal symptoms, making stopping easier. |
|                            | • It is as enjoyable as smoking. |
|                            | • It is no magic cure; some effort in stopping smoking is still required. |
|                            | • The nicotine mouth spray is safe. |
|                            | • The common side effects are irritation of the mouth and throat and hiccups. |
|                            | • Advise clients on the technique for using the mouth spray. |
|                            | • Use the mouth spray regularly (advise one spray an hour). |
|                            | • Use for 8-12 weeks. |
| What to say to clients? | “The nicotine mouth spray works by providing some of the nicotine you would have otherwise got from your cigarette smoke. However it delivers a lower dose of nicotine that is more slowly absorbed compared to your cigarettes, but it’s enough to help lessen urges to smoke and other withdrawal symptoms.”  

“Remember though it’s no magic cure and some effort on your part will still be required.”  

“The mouth spray is easy to use, but there is a technique to using it. Point the spray nozzle close to your mouth. Open your mouth wide and give one spray towards the cheek or under the tongue, avoiding the lips. Try not to breathe in whilst spraying and for best results, do not swallow for a few seconds after spraying.”  

“If one spray was not enough to relieve your craving, give another spray.”  

“The mouth spray can relieve craving relatively quickly, but it’s still nothing like smoking. For the first few weeks I would like you to use one mouth spray every hour. Using it regularly is better than waiting until you have a craving.”  

“You might notice that the mouth spray irritates your mouth and throat at first, but you will get used to this over time. Some people also find that they swallow a lot of saliva when using the mouth spray. Don’t worry – this is not dangerous, but it might give you a bit of heartburn or hiccups. If you experience these, try not to swallow too soon after spraying.”  

“I’d like you to use the mouth spray for at least 8-12 weeks. Even if you slip and smoke, don’t stop using the spray.”  

“It’s important to remember that nicotine does not cause cancer or heart and lung disease. The mouth spray is safe to use.” |
How To Help Your Clients Choose Which Product To Use

In general smokers should be free to decide what products will suit them best once you have described what you can offer. However you will also need to provide some guidance on dosage. Here is a general guide to help you that is based on the number of cigarettes smoked per day.

Be aware that some clients may have recently cut down. Don't base your recommendation on their recent change in cigarette consumption, but instead on what they used to smoke. If someone smokes loose tobacco then you can ask how many ‘roll your owns’ (RYO) they smoke per day. On average people use around 0.5g of tobacco per RYO cigarette, so they can get 60 RYO cigarettes from 30g of tobacco.

The New Zealand Guidelines for Helping People to Stop Smoking –

Frequently asked questions

How does the efficacy of NRT compare to other medications for stopping smoking?
NRT is equally effective as bupropion and nortriptyline in helping people to stop smoking. Varenicline has been shown to be more effective than single dose NRT in achieving short-term abstinence, but not long-term.

Are there any drug interactions with NRT?
No, there are no drug interactions with NRT. The metabolism of some drugs (e.g. clozapine, olanzapine) can decrease following stopping smoking. This is not an effect of nicotine.

Is combination NRT more effective than single product NRT?
Yes, there is good evidence to show that combining two NRT products is more effective than single product use. Most smokers should be recommended to use a patch with a faster acting NRT product (e.g. gum or lozenge).

Can NRT be used in pregnancy?
NRT use can be considered to help pregnant women who smoke to stop smoking. NRT use in pregnancy is not without risk, however it is generally accepted that any risk is outweighed by the risks of continuing to smoke tobacco. Patches or oral NRT can be considered for use in pregnant women who smoke. However, **If a patch is the preferred treatment these should be removed overnight.**
Can people with cardiovascular disease use NRT?
Yes, NRT can be used by people with cardiovascular disease.

References

Bupropion (Zyban)

Table 7: Things you should know about bupropion

| How does it work?                                                                 | • Bupropion *(Trade Name: Zyban)* is an anti-depressant type medicine that has been found effective for aiding stopping smoking.  
|                                                                               | • It works by reducing the severity of withdrawal symptoms, thereby increasing the chances of stopping smoking long-term. |
| Evidence of efficacy                                                           | • A Cochrane systematic review shows that use of bupropion for 7-12 weeks significantly increases long-term quit rates compared with placebo (19% vs. 11%, Risk Ratio = 1.69, 95% CI: 1.53-1.85). |
| Dose of medicine                                                               | • Bupropion 150mg tablets.  
|                                                                               | • Bupropion is a prescription only medicine and so clients need to see their GP to get a prescription.  
|                                                                               | • There are no special criteria that clients have to meet to get this medicine. |
| How to take the medicine                                                       | • Bupropion should be started at least 1 week prior to the target Quit Date.  
|                                                                               | • Days 1-3: one tablet daily.  
|                                                                               | • Day 4 onwards: take one tablet twice daily, keeping at least 8 hours between each dose.  
|                                                                               | • Clients should be treated for at least 7 weeks. |
| Contraindications                                                               | • Current seizure disorder or any history of seizures.  
|                                                                               | • A known central nervous system (CNS) tumour.  
|                                                                               | • Abrupt alcohol or sedative withdrawal.  
|                                                                               | • Use of Monoamine Oxidase Inhibitors (these can be used to treat depression or Parkinson’s Disease) within the last 14 days.  
|                                                                               | • Allergy to bupropion.  
|                                                                               | • A history of bulimia or anorexia nervosa (these are eating disorders).  
|                                                                               | • Age less than 18.  
|                                                                               | • Pregnant and breastfeeding women. |
### Cautions
- Bupropion should be used with caution in patients with liver and kidney disease, and in these cases your client's doctor might prescribe a reduced dosing.
- Bupropion should not be used in patients with predisposing risk factors for seizures unless there is a compelling clinical justification for which the potential medical benefit of stopping smoking outweighs the potential increased risk of seizure. In these patients, a maximum dose of 150mg should be considered for the duration of treatment.
- Predisposing risk factors for seizures include:
  - use of medicines known to lower the seizure threshold (e.g. antipsychotics, antidepressants);
  - excessive use of alcohol or sedatives;
  - history of head trauma;
  - diabetes treated with blood sugar-lowering tablets or insulin.

### Drug interactions
- There are a number of drug interactions that your client's GP will need to consider. You do not need to know the details of all of these.

### Adverse effects
- Common side effects include:
  - Dry mouth.
  - Insomnia.
  - Headache.
  - Rash.
- Seizure has been rarely reported. The risk of seizure (1 in 1000 people) is similar to other antidepressants.

### Additional information
- Copy these links into your web browser:

### Things to tell your clients
- It's not a magic cure, but it will make stopping easier.
- Smoke as normal for the first week, then aim not to have a single puff from your Quit Day (day 8) onwards.
- Headache, dry mouth, and difficulty sleeping are the most common side effects, but are usually tolerable.
- Some people have become depressed when using bupropion. You should advise your clients to report any change in mood or depression to you.
- Advise clients that bupropion may impair their ability to react quickly, and so care should be taken when operating machinery or driving a car.
What to say to clients?

“Bupropion works by reducing the urge to smoke, and other withdrawal symptoms, that many people experience when stopping smoking. In doing so it makes your quit attempt easier and will increase your chances of success. However like all other stop smoking medications it is not a magic cure.”

“Bupropion is only available on prescription so you will need to make an appointment with your GP. It is not suitable for everyone so your GP will check to make sure that it is right for you.”

“Bupropion is easy to take. You will need to start this at least a week before your Quit Date, as it needs some time to start working. You will start with just one tablet once a day for the first 3 days and then on to one tablet twice a day. Don’t take your evening tablet too close to bedtime as this might keep you awake. There needs to be at least 8 hours between each tablet, so if you take one at 8am you could take your next one at 4pm.”

“Bupropion is an anti-depressant type medicine and so it does have some common side effects that include headache, difficulty sleeping and dry mouth. These are mostly mild. There some more serious side effects [e.g. severe allergic reaction, risk of having a seizure] but these are uncommon.”

“Some people have found they have experienced mood changes when using this medicine. It is not common, but if you experience changes in your mood or are depressed please let me or your doctor know.”

Frequently asked questions

How does the efficacy of bupropion compare to other medications for stopping smoking?

- Bupropion is equally effective as nicotine replacement therapy and nortriptyline in helping people to stop smoking.
- Varenicline has been shown to be more effective than bupropion.

Can bupropion be used in people that are taking other anti-depressants?

- The datasheet recommends that bupropion should not be used in patients with predisposing risk factors for seizures unless there is a compelling clinical justification for which the potential medical benefit of stopping smoking outweighs the potential increased risk of seizure. The concurrent use of anti-depressants is a predisposing risk factor for seizures.
Is bupropion the best choice of stop smoking treatment for people with a history of depression?

- There is no evidence to suggest that the use of bupropion will protect against depression following stopping smoking. Choice of stop smoking product should be guided by patient preference and any contraindications or cautions.
- People with a history of depression should be monitored for depressed mood following stopping smoking.

References

Varenicline (Champix)

### Table 8: Things you should know about varenicline

<table>
<thead>
<tr>
<th>How does it work?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Varenicline <em>(Trade name: Champix)</em> was developed specifically to help people stop smoking.</td>
<td>• It works in a similar way to nicotine by acting on nicotinic acetylcholine receptors in the brain and relieving urges to smoke and other symptoms of tobacco withdrawal.</td>
</tr>
<tr>
<td>• It also helps to reduce the ‘reward’ associated with smoking. This happens when varenicline is occupying the nicotinic acetylcholine receptors and nicotine from tobacco smoke cannot attach to the receptors. Your clients are likely to notice this effect most during the first week of taking varenicline, when they are still smoking. They might describe this effect as cigarettes not as enjoyable, or tasting unusual.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of efficacy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A Cochrane systematic review shows that use of varenicline for 12 weeks significantly increases long-term quit rates compared with placebo (28% vs. 12%, Risk Ratio =2.27, 95% CI: 2.02-2.55).</td>
<td>• There is also added benefit of using an additional 12 weeks of varenicline, compared to placebo, in enhancing 1-year quit rates, although extended use is not currently subsidised.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dose of medicine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Varenicline 0.5mg and 1mg tablets.</td>
<td>• Varenicline is a prescription only medicine and so clients need to see their GP to get a prescription.</td>
</tr>
<tr>
<td>• Varenicline is fully funded in New Zealand as a stop smoking treatment, subject to Special Authority criteria, for patients who have previously had two trials of NRT or a trial of bupropion or nortriptyline.</td>
<td>• Varenicline is fully funded in New Zealand as a stop smoking treatment, subject to Special Authority criteria, for patients who have previously had two trials of NRT or a trial of bupropion or nortriptyline.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to take the medicine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Varenicline should be started at least 1 week prior to the target Quit Date. However you can be flexible with the length of time that varenicline is used prior to stopping (clients can begin varenicline dosing and then stop smoking between days 8 and 35 of treatment).</td>
<td>• Treatment is started with 0.5 mg daily for the first three days increasing to 0.5 mg twice daily for the next four days and then continued at a dose of 1 mg twice daily for a total of 12 weeks.</td>
</tr>
<tr>
<td>• People should be followed up regularly to check on progress and adverse events.</td>
<td>• People should be followed up regularly to check on progress and adverse events.</td>
</tr>
</tbody>
</table>
### Contraindications
- Varenicline should not be used in people who have experienced an allergic reaction to it.
- Aged less than 18.
- Pregnant and breastfeeding women.

### Cautions
- Clients with severe kidney disease.
- Varenicline should be used with caution in people with mental health illness.
- People with mental health illness may experience worsening of their pre-existing psychiatric illness while taking varenicline and should be monitored closely.

### Drug interactions
- There are no known clinically meaningful drug interactions. This means that varenicline will not affect other medicines your clients might be on.

### Adverse effects
- Commonly reported adverse events are:
  - Nausea.
  - Headache.
  - Insomnia.
  - Abnormal dreams/nightmares.
- More serious adverse events, such as depression, suicidal ideation, and suicide have also been reported.
- Clients and their families should be advised to stop taking varenicline and contact a health care professional immediately if changes in behaviour, agitation or depressed mood, that are not typical for the patients are observed, or if the patient develops suicidal ideation or suicidal behaviour.

### Additional information
- Copy these links into your web browser:
### Things to tell your clients

- Varenicline works by reducing craving for cigarettes, making stopping smoking a bit easier, and increases the chances of stopping for good. However it's no magic cure and effort is still required.
- You need to start varenicline 1-2 weeks prior to your Quit Date. You can smoke as normal prior to your Quit Date and then you should aim not to have a single puff from then on.
- Nausea, insomnia and vivid dreams are common side effects, but are usually mild to moderate. Taking the tablet with food can reduce the nausea.
- Some people have experienced changes in their mood when using varenicline and stopping smoking; it is very important to let me know if this happens to you.

### What to say to clients?

"Varenicline works by reducing the urge to smoke, and other withdrawal symptoms that many people experience when stopping smoking. In doing so it makes your quit attempt easier. However like all other stop smoking medications this is not a magic cure."

"Varenicline is only available on prescription so you will need to make an appointment with your GP. It is not suitable for everyone so your GP will check to make sure that it is right for you."

"Varenicline is easy to take and you essentially follow the instructions on the packet. You need to start taking this medicine at least a week before your Quit Date to give it time to start working. You can smoke as normal right up until your Quit Date and then aim not to have a single puff afterwards."

"It is best that you use the whole 12-week course of varenicline, and not stop using it too soon."

"Varenicline is associated with some common side effects that include nausea, insomnia, and vivid dreams. These are mostly mild and should disappear over time. Make sure you take you tablets with food, as this will limit the nausea."

"There some more serious side effects, such as a severe allergic reaction, but these are uncommon."

"There's one more important issue that I'd like to discuss with you and that is that some people have experienced changes in their mood and some have become seriously depressed. This is not a common symptom but one that we take seriously so it is important that you let me know if you experience, or others notice, any changes in your mood."
Frequently asked questions

How does the efficacy of varenicline compare to other medications for smoking?

- Varenicline has been shown more effective than bupropion, but NRT, at helping people stop smoking long-term. There are no data comparing varenicline with nortriptyline.

Can varenicline be used in people taking anti-depressants?

- Yes, varenicline can be used in people taking anti-depressants. There are no clinically relevant drug interactions with varenicline.
- However, smokers with a history of depression should be followed up regularly and be advised to report any change in their mood to their GP. There have been reports of depression and suicidal ideation in people using varenicline.

Can varenicline be combined with other stop smoking medicines?

- There is no evidence to suggest that combining varenicline with other stop smoking medicines increases long-term abstinence rates, so clients can be reassured that varenicline alone should be OK.
- Furthermore one of the conditions of varenicline on special authority is that it is not to be used with other stop smoking medicines.

Can varenicline be used in people with cardiovascular disease?

- Yes, varenicline can be used in people with cardiovascular disease.

References


# Nortriptyline

## Table 9: Things you should know about nortriptyline

| How does it work?          | • Nortriptyline is the only other anti-depressant that has been found effective in aiding stopping smoking.  
                             | • It acts to reduce the severity of withdrawal symptoms and roughly doubles the chances of stopping smoking long-term. |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Evidence of efficacy       | • A Cochrane systematic review shows that use of nortriptyline for 10-12 weeks significantly increases long-term quit rates compared with placebo (20% vs. 10%, Risk Ratio =2.03, 95% CI: 1.48-2.78). |
| Dose of medicine           | • Nortriptyline 25 mg tablets.  
                             | • Used 3 or 4 times daily, depending on the daily dose prescribed by the client's GP.  
                             | • Nortriptyline is a prescription only medicine and so clients need to see their GP to get a prescription.  
                             | • There are no special criteria that clients have to meet to get this medicine. |
| How to take the medicine   | • Clients will usually start with just one tablet once a day, increasing slowly to 3 or 4 tablets a day 2-4 weeks before their Quit Date. Some GPs might vary how quickly they increase the dose, so you will need to check the label on the medicine bottle.  
                             | • The course of treatment is 12 weeks.  
                             | • The dose should be slowly reduced at the end of treatment to avoid withdrawal symptoms that may occur if it is stopped abruptly. |
| Contraindications          | • Allergy to nortriptyline.  
                             | • Use of Monoamine Oxidase Inhibitors (these can be used to treat depression or Parkinson’s Disease) within the last 14 days.  
                             | • Your client has had a recent heart attack.  
                             | • Aged less than 18.  
                             | • Pregnant and breastfeeding women. |
| Cautions                   | • There are a number of cautions that your client's GP will check before prescribing this medicine. Many of these precautions are similar to those for bupropion. |
| Drug interactions          | • There are a number of other medicines that can interact with nortriptyline. You do not need to know all of these and your client's GP will check before prescribing this medicine. |
**Adverse effects**

- Common side effects include:
  - Drowsiness.
  - Dry mouth.
  - Constipation.
- Like all antidepressant drugs there is a low risk of depression and seizure when using this medicine.

**Additional information**

- Copy these links into your web browser:

**Things to tell your clients**

- Nortriptyline works by reducing craving for cigarettes, making stopping smoking a little easier, and increases the chances of stopping for good. However it’s no magic cure and effort is still required.
- You need to start nortriptyline prior to your Quit Date to give it time to start working. You can smoke as normal prior to your Quit Date and then you should aim not to have a single puff from then on.
- Dry mouth and increased sleepiness and constipation are common side effects, but are usually mild to moderate.
- Advise clients that nortriptyline may impair their ability to react quickly, and so care should be taken when operating machinery or driving a car.

**What to say to clients?**

“Nortriptyline works by reducing the urge to smoke, and other withdrawal symptoms, that many people experience when stopping smoking. In doing so it makes your quit attempt easier, in fact it will double your chances of stopping. However like all other stop smoking medications this is not a magic cure.”

“*This medication is started by increasing your dose slowly so you will also need to start nortriptyline 1-2 weeks before stopping.*”

“Nortriptyline has some common side effects. These include feeling sleepy and having a dry mouth.”

**References**

Supporting Your Clients To Use A Medicine

Although most medicines come with instructions on how to use it, these are sometimes difficult to grasp and some clients don’t read the instructions and labels at all. You have an important role to help people understand the stop smoking medicines that they will be using. This checklist will help you to do this.

☐ Check that the name on the medicine label is that of your client.
  – This is just to make sure that they have not been given, or have not picked up, someone else’s medicine by mistake.

☐ Read and interpret the written instructions on the medicine label.
  – The instructions on the label should be written in plain English and not contain any abbreviations.

☐ How to take it.
  – Using the summary sheets above you should give clear information on how to use the medicine.

☐ How many times a day to take the medicine.
  – Nicotine patch – once a day.
  – NRT oral products – use regularly (e.g. hourly).
  – Bupropion – one tablet once a day for the first 3 days, then one tablet twice a day.
  – Nortriptyline – the instructions can vary, but this will usually be one tablet 3 or 4 times a day.
  – Varenicline – one tablet once a day for the first 3 days, then one tablet twice a day.

☐ Any other instructions for taking the medicine (e.g. with food, keep at least 8 hours between each dose).
  – NRT oral products – avoid eating and drinking when using the products.
  – Bupropion – keep at least 8 hours between each dose.
  – Varenicline – take with food.

☐ Advise on common side effects.
  – Using the summary sheets above you should give clear information on what common side effects might be expected.
☐ Advise on any cautions and things to watch out for.
  – Watch out for any changes in mood (e.g. depression) when using the prescription medicines.

☐ Advise on how to store the medicine.
  – Medicines should be stored in a cool and dark place out of the reach of children.

☐ Advise on what to do if they miss a dose of medicine, or take it at the wrong time.
  – For all of the prescription medicines, if a dose is missed clients should carry on using the medicine as normal at the next scheduled time (i.e. they don’t have to make up for a missed dose).

☐ Advise on what to do with unused medicine.
  – Unwanted medicine should be returned to a local pharmacy.

☐ Monitor and record use of medicine in accordance with organisation’s policies.
  – You should record medication use, side effects, and any advice you have provided in your client’s record.

☐ Monitor and record any changes in the client’s condition and report any changes in accordance with organisation’s policies.
  – You should record any change in your client’s condition and any advice you have provided in your client’s record.
Finding Datasheets For Medicines

If you would like to find a datasheet on a particular medicine then you can do this on the MedSafe website. Here are some simple steps to follow

1. Copy this link into your web browser:

2. Type the name of the medicine you are looking for in the search box
   a. Type nicotine for NRT
   b. Type bupropion for Zyban
   c. Type varenicline for Champix

3. Click search
4. This will bring up a list of the currently licensed products in New Zealand

5. When you search for nicotine you will see a large range of different brands. You can click on the web links (underlined) and that will take you to the datasheet for that product.
New Zealand Datasheet

Name of Medicine
HABITROL® Step 1 (nicotine 21 mg/24 hours)
HABITROL® Step 2 (nicotine 14 mg/24 hours)
HABITROL® Step 3 (nicotine 7 mg/24 hours)
Nicotine transdermal patches

Presentation
HABITROL patch is a round, flat, matrix-type transdermal therapeutic system designed for the continuous delivery of (S)-nicotine following application to an intact area of skin. (S)-nicotine penetrates the skin by diffusion and thus becomes directly bioavailable to the systemic circulation. The following 3 systems are available as shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>HABITROL STEP 1</th>
<th>HABITROL STEP 2</th>
<th>HABITROL STEP 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average dose (mg) of (S)-nicotine delivered in vivo during 24 hours</td>
<td>21</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Content of (S)-nicotine (mg)</td>
<td>52.5</td>
<td>35.0</td>
<td>17.5</td>
</tr>
<tr>
<td>Drug releasing area (cm²)</td>
<td>30</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Printed code (on backing film)</td>
<td>EME</td>
<td>FEF</td>
<td>CWC</td>
</tr>
</tbody>
</table>