



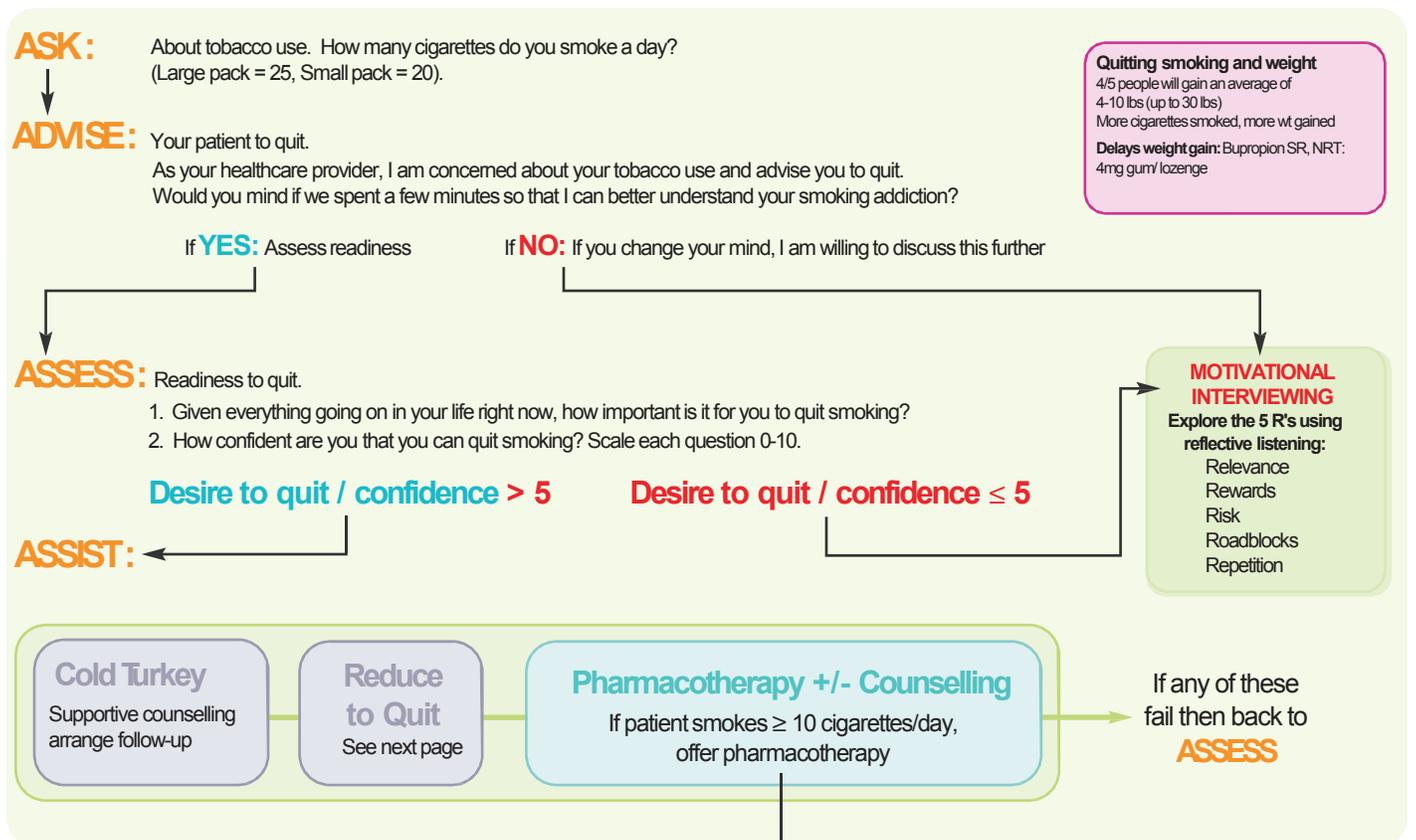
TOBACCO CESSATION TOOLKIT

Resources for healthcare professionals



Algorithm for Tailoring Pharmacotherapy in Primary Care Setting

Canada Version Created March 2012 –ed. Nov. 2013



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Selby P 2012,ed. Nov. 2013 CAN-ADAPTT Guide to Smoking Cessation www.canadaptt.net Additional references used to develop this algorithm are listed on Page 3



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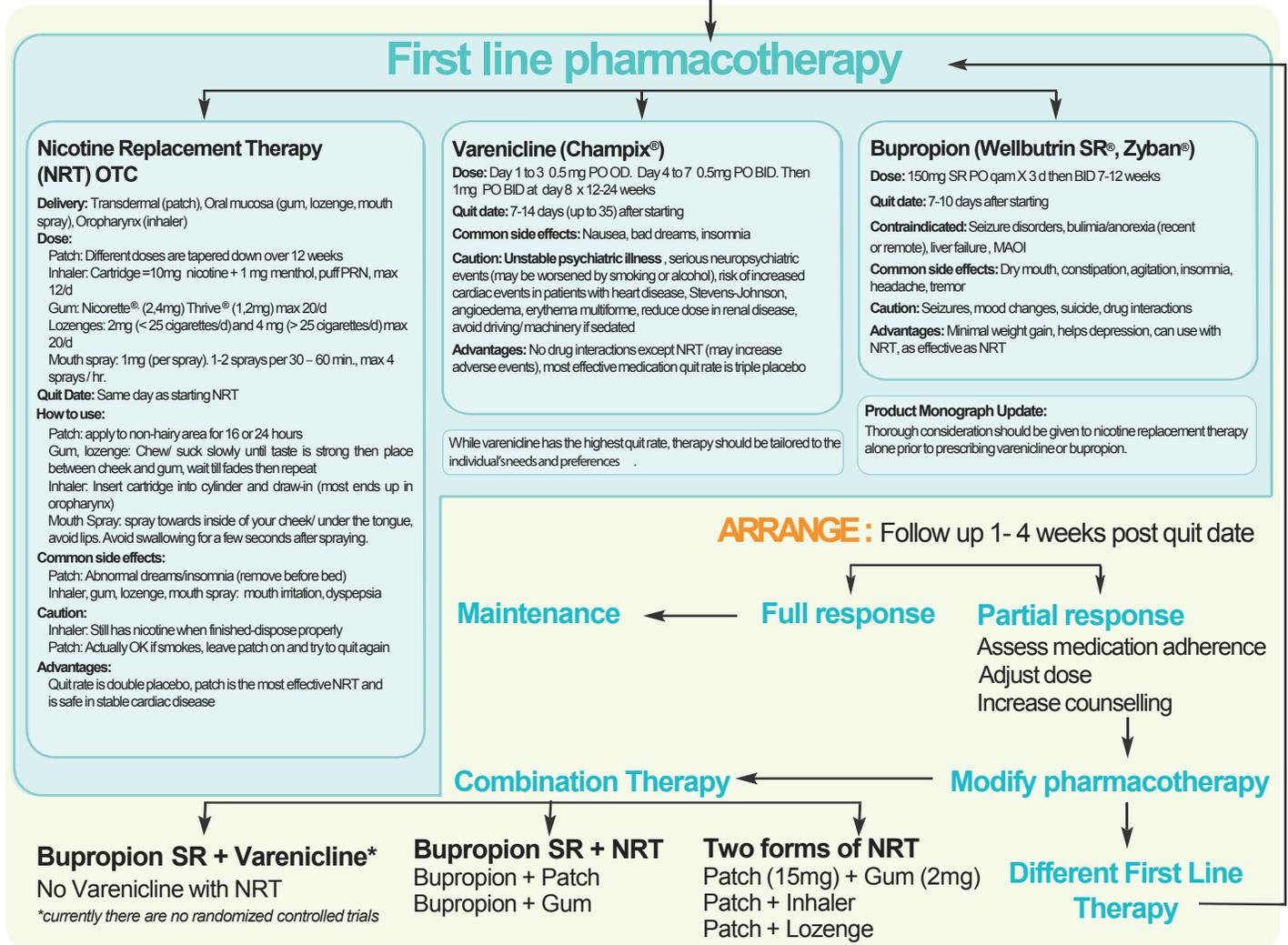




TOBACCO CESSATION TOOLKIT

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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

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 Guideline⁵

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)
12. 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.