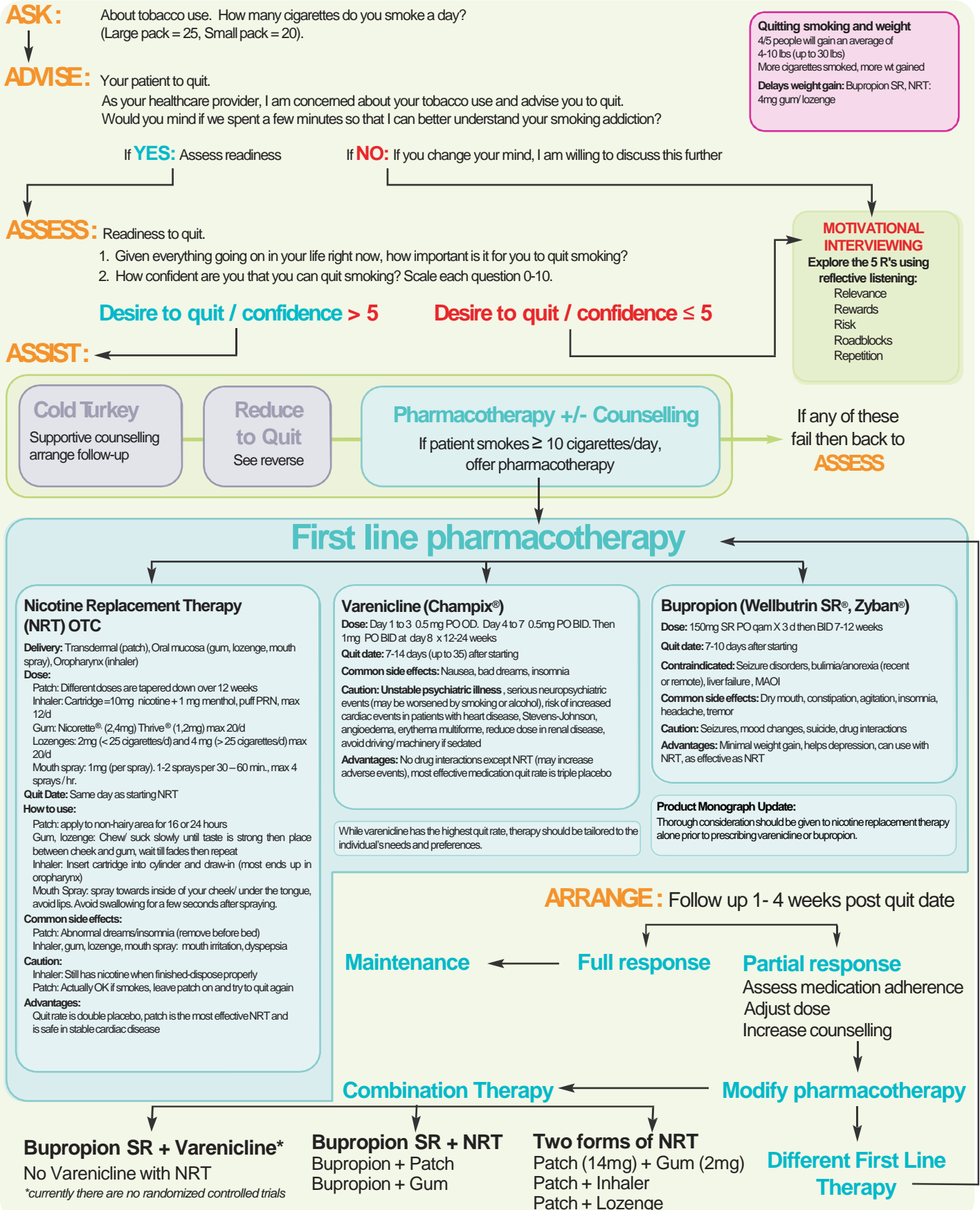


# Algorithm for Tailoring Pharmacotherapy in Primary Care Setting



# 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.

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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.
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