

Thank so much for taking time out of your day to watch our Pharmacotherapy Webinar. Below you will find answers to the questions that were posed. Please do not hesitate to contact me if you have any further questions.

Best,

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a) Please speak to using NRT gum and patches while reducing to quit:

The following explanation can be found at:

<https://www.nicotinedependenceclinic.com/English/teach/resources/Visual%20Aids/Tobacco%20Algorithm%20updated%20Nov%202013.pdf>

- **Step 1:** (0-6 weeks) Smoker sets a target for number 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).

b) How significant is the interaction with insulin? What is the interaction?

- Please refer to the Drug Interaction with Smoking Sheet
- Cigarette smoking increases the risk of Type II Diabetes for all people (Foy et al., 2005; Houston et al., 2006; Carlsson et al., 2004; Sairenchi et al., 2004)
- Pregnant women who smoke may also be at an increased risk of developing gestational diabetes (England et al., 2004)
- Smoking aggravates insulin resistance. This means that the body is producing insulin but can't use it properly. The degree of insulin resistance is positively correlated with tobacco consumption, and the more a person smokes, the more severe their insulin resistance can be (Targher et al., 1997; Eliasson et al., 1997).
- Combo of smoking and diabetes appears to heighten the development of macro-vascular complications (Yudkin, 1993) including nephropathy, neuropathy, although not consistently, (Mehler et al., 1998) and retinopathy
- Cigarette smoking increases mortality rates among individuals with diabetes (Sherman, 2005; Al-Delaimy et al., 2001)

c) I've heard that Champix cannot be used while taking Cymbalta, what is the reason for this?

- I have never heard of this contraindication
- The following was directly extracted from the eCPS (Compendium of Pharmaceuticals & Specialties the Canadian Drug Reference for Health Professionals). The website is: www.e-therapeutics.ca
- Varenicline is contraindicated in those who are hypersensitive to Varenicline or to any ingredient in the formulation or component of the container.

d) Varenicline Crcl...avoid use if crcl is below ___?

- The following was directly extracted from the eCPS. The website is www.e-therapeutics.ca
- Risk of toxic reactions may be greater in patients with impaired renal function
- Elderly are more likely to have decreased renal function
- No dosage adjustment is necessary for clients with mild (estimated creatinine clearance >50 mL/min and ≤80 mL/min) to moderate (estimated creatinine clearance ≥30 mL/min and ≤50 mL/min) renal impairment. For patients who experience intolerable adverse events, dosing may be reduced.
- Clients with severe renal impairment, the recommended dose of is 0.5 mg twice daily. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 0.5 mg twice daily
- Due to insufficient clinical experience with Varenicline with end-stage renal disease, treatment is not recommended in this patient population

e) If cost or co-morbidities are not a barrier, how long may Varenicline be used for?

- Sometimes clients may continue with Varenicline up to 24 weeks because they have not quit. It's also important to address those environmental, behavioral and emotional triggers or any other roadblocks standing in the way of quit (relationship with cigarette, identity, other social determinants of health)
- In addition to the referenced information in the slide deck:

Cahill, K, Stead LF, Lancaster T. (2011). Nicotine receptor partial agonists for smoking cessation. *Cochrane Database of Systematic Reviews*, Feb 16; (2):CD006103.

Ebbert, J. O., Hughes, J. R., West, R. J., Rennard, S. I., Russ, C., McRae, T. D., ... & Park, P. W. (2015). Effect of varenicline on smoking cessation through smoking reduction: a randomized clinical trial. *JAMA*, 313(7), 687-694.

Tonstad, S., Tonnesen, P., Hajek, P., Williams, K.E., Billing, C.B., & Reeves, K.R.(2006). Effect of maintenance therapy with varenicline on smoking cessation: A Randomized controlled trial. *Journal of the American Medical Association*, 296(1), 64-71.