

MANAGEMENT OF TOBACCO DEPENDENCE

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Nicotine present in Tobacco is a ganglionic cholinergic agonist and its repetitive exposure leads to neuroadaptation and dependence.

Heavy Nicotine consumption leads to both Psychic & Physical dependence.

BASIC PRINCIPLES IN MANAGEMENT OF NICOTINE DEPENDENCE

- Psychotherapy
- Pharmacotherapy

PHARMACOTHERAPY

(Effective when person is ready to quit)

AIM is to-

- ❖ Suppress the withdrawal syndrome.
- ❖ Prevent relapse and improve abstinence rate.

MANAGEMENT OF NICOTINE DEPENDENCE

FIRST LINE DRUGS

- ❖ **Nicotine Replacement Therapy
(NRT)**
- ❖ **Bupropion**
- ❖ **Verenicline**

NICOTINE CHEWING GUM

- ❖ 2 mg (Cigarettes <25/d)
- 4 mg (Cigarettes > 25/d)
- ❖ Taken when urge to smoke
- ❖ Not more than 24 pieces per day
- ❖ Duration – 12 weeks
- ❖ Avoid acidic food during intake.

NICOTINE NASAL SPRAY

**0.5 mg delivered to each nostril
minimum 8/day to maximum
40/d for 3-6 month. Than
gradually reduced in 3 months.**

NICOTINE TRANSDERMAL PATCH

- ❖ Applied as soon as person wakes up on quit day
- ❖ 21 mg – daily for 4 wks
- ❖ 12 mg – daily for 2 wks
- ❖ 7 mg – daily for 2 wks
- ❖ Applied over non hairy skin for 16-24 hrs

NICOTINE LOZENGE

2 mg – If person normally smoke first cigarette 30 min after awakening

4 mg – If person normally smoke first cigarette within 30 min after awakening.

Not more than 20 Lozenges/d

Duration of treatment – 12 weeks

BUPROPION

- ❖ **Blocks reuptake of dopamine and Noradrenaline.**
- ❖ **Started 2 Week before stoppage of smoking.**
- ❖ **150 mg once a day - 3 days, 150 mg twice a day - 7 to 12 Weeks may be continued for 6 months.**

VERENICLINE

- ❖ Partial agonist at Nicotinic Receptor
- ❖ Started 1 – 2 Week before stoppage of smoking.
- ❖ 0.5 mg daily - 3 days, 0.5 mg twice a day - 3 days, 1.0 mg twice a day - 12 weeks. May be continued for further 12 weeks.
- ❖ Concern – Psychiatric ADRs and Cardiovascular events.

SECOND LINE DRUGS IN MANAGEMENT OF TOBACCO DEPENDENCE

- ❖ **Clonidine (α_2 – Receptor Agonist)**
(.15 - .75 mg/d Orally)
(.1 - .2 mg/d Transdermally)
- ❖ **Nortriptyline**
(NA reuptake inhibitor)
25-100 mg/d for 12 weeks

NEWER DRUGS IN MANAGEMENT OF TOBACCO DEPENDENCE

- ❖ **Mecamylamine (Nicotinic Receptor Antagonist)**
- ❖ **Naltrexone (Opioid – Receptor Antagonist)**

MANAGEMENT OF NICOTINE DEPENDENCE DRUGS/METHOD OF UNCERTAIN EFFICACY

- ❖ **Buspirone**
- ❖ **Benzodiazepines**
- ❖ **Propranolol**
- ❖ **Cystisine**
- ❖ **Selegiline**
- ❖ **Silver acetate**
- ❖ **Citric acid inhaler**
- ❖ **Acupuncture**

TOBACCO DEPENDENCE

Vaccine

for prevention of smoking

relapse is under trial.

**TOBACCO DEPENDENCE
TREATMENT IS BOTH
CLINICALLY EFFECTIVE AND
COST-EFFECTIVE RELATIVE
TO OTHER MEDICAL AND
DISEASE PREVENTIVE
MEASURES.**

- ❖ **Good Political Commitment.**
- ❖ **Awareness and participation of public.**
- ❖ **Proper implementation of Health Programme.**
- ❖ **Policies to discourage Tobacco use and promote cessation.**

**ARE CORNERSTONE IN THE SUCCESS OF
TOBACCO CESSATION**



Thank You