



## Study Questions & Answers

### Module 11: Pharmacotherapy for the Treatment of Tobacco Use Disorder

1. Which of the following nicotine replacement products are available without a prescription (circle only one):
  - a) gum, patch, inhaler
  - b) inhaler, nasal spray, patch, gum
  - c) patch, gum**
  - d) nasal spray, gum
2. What is the preferred initial therapy to support tobacco cessation for a person with diabetes?
  - a) all tobacco treatment medications**
  - b) patch or varenicline
  - c) varenicline or bupropion
  - d) behavioral therapy only
3. What is the preferred initial therapy to support tobacco cessation in a pregnant woman?
  - a) patch
  - b) gum or lozenge
  - c) bupropion
  - d) behavioral therapy only**
4. What pharmacotherapy options are acceptable for people with coronary artery disease?
  - a) It is best to start with a low-dose patch
  - b) Varenicline is preferred first choice
  - c) Bupropion should be avoided
  - d) Combination patch plus short acting NRT can be used**
5. List the major precautions for use of bupropion:  
**Seizure disorder or any condition that lowers seizure threshold such as an eating disorder, head injury or current binge drinking**
6. Persons taking varenicline (Chantix) should be monitored for evidence of behavior or mood changes. List at least four symptoms to watch for:  
**Agitation, depressed mood, suicidal ideation, aggression, worsening of pre-existing psychiatric condition**



7. How does nicotine replacement therapy work?
  - a) By completely replacing the levels of nicotine in the body normally achieved by smoking.
  - b) By reducing withdrawal symptoms.**
  - c) By replacing the pleasurable sensation of smoking.
  - d) By blocking all of the reinforcing effects of smoking.
8. Which form of NRT is absorbed most rapidly?
  - a) patch
  - b) gum
  - c) spray**
  - d) inhaler
9. What is evidence-based advice for someone who slips while using the nicotine patch?
  - a) Continuing use of patch will help prevent a full relapse**
  - b) Remove the patch immediately and review the treatment plan
  - c) Continue use of the patch while switching to varenicline
  - d) Stop all nicotine replacement and switch to bupropion or varenicline
10. List the initial dosing schedule for use of varenicline:
  - **Start 1-2 weeks before quit date, then:**
    - **One white tablet (0.5 mg) for 3 days**
    - **Then one white tablet (0.5 mg) twice a day for 4 days**
    - **Then one blue tablet (1.0 mg) twice daily for up to 12 weeks; recommended for another 12 weeks if person has successfully quit smoking.**



## Application Questions

11. Jane Smith is a 30 year old woman who has been smoking 1 pack a day for 15 years. She has a slight cough but is otherwise in good health. She has tried to quit at least 5 times over the past 10 years, but has never made it more than 2 days. The last time she quit she had severe withdrawal symptoms. She has never used NRT, Chantix or Zyban. She is ready to make another quit attempt but wants to better understand what is going on in her body when she quits and how she can cope better with withdrawal.

- a. What pharmacotherapy would you recommend, describe why?

### Key points:

- She needs something to help deal with severe withdrawal
- Varenicline could be first option since she has never tried medications and evidence indicates highest effectiveness. She could plan on up to one month before full abstinence to allow for gradual diminishing of withdrawal symptoms.
- If NRT is recommended she likely will need combination of patch plus short acting. Trial quit day with NRT may help her to experience how withdrawal symptoms will be relieved.
- Bupropion is acceptable with no obvious reason to choose this over varenicline or NRT

- b. What other issues need to be explored to refine the pharmacotherapy choice?

### Key Points:

- What if any financial issues need to be considered, e.g. financial coverage, availability of free NRT, ability to afford out-of-pocket costs?
- After reviewing all options what preferences are noted by Jane?
- Develop a plan for monitoring how well medication is helping, management of side effects and any changes that might need to be made.



12. Matt is a 58 yr old man who has been using chewing tobacco to quit smoking. He has been smoking since age 18 and prior to 1 month ago, he was smoking 2 ppd. In the last month, he has begun using chewing tobacco (1 tin over 2 days) during work hours and smokes a total of 1ppd before and after work. He feels like he is “really making progress” since he is “down” to 1ppd.

a. What pharmacotherapy would you recommend, describe why?

**Key Points:**

- **Combination patch plus short acting NRT may be the best choice. Consider 4 mg nicotine lozenge since it has been shown to be effective in quitting smokeless tobacco**
- **Varenicline also can be considered**

b. What other issues need to be explored to refine the pharmacotherapy choice?

- **Confirm that Matt wants to quit both tobacco products. Discuss risks of substituting smokeless for combustible tobacco.**
- **What if any financial issues need to be considered, e.g. financial coverage, availability of free NRT, ability to afford out-of-pocket costs?**
- **After reviewing all options what preferences are noted by Jane?**
- **Develop a plan for monitoring how well medication is helping, management of side effects and any changes that might need to be made.**