

## Basic Frequently Asked Questions about NRT

To support your thinking through issues on prescribing NRT for parents and guardians of patients, we culled “expert advice” from the 2008 Public Health Services Treating Tobacco Use and Dependence, 2008 Update. The AMA, in a recent policy statement, supports the use of any available means by any clinician to treat tobacco use and dependence, as understood from the following:

*The AMA....supports efforts by any appropriately licensed health care professional to identify and treat tobacco dependence in any individual, in the various clinical contexts in which they are encountered, recognizing that care provided in one context needs to take into account other potential sources of treatment for tobacco use and dependence.*

*(CSA Rep. 3, A-04; Appended: Res. 444, A-05; Reaffirmed: BOT Rep. 8, A-08)*

### 1. If I don't have the time to learn all about the different NRTs, what should I focus on?

Patch and gum are the favorite choices for smokers, are available over the counter, and are safe.

### 2. Why don't parents just go buy NRT over the counter without a prescription from me?

The cost-savings of buying NRT with a prescription are significant, and especially so for people who have Medicaid.

### 3. What about pregnancy?

Pregnant women should first try to quit without using NRT. Using gum instead of each cigarette smoked will reduce harm to the baby compared to cigarettes.

### 4. What are the directions for use of the gum?

Chew it until you feel a tingle; park it between your cheek and gum until you are ready to chew again. Repeat the cycle for about 30 minutes. Use another piece when needed.

### 5. What do I need to know to prescribe patch and gum?

Is the person a light or heavy smoker? Use the low dose (2 mg) gum for <20 cigarettes per day and the low dose patch for <10 cigarettes per day.

### 6. What is most likely to go wrong for people trying to quit with the NRT gum and patch?

They are most likely to use too little gum and patch and get too little relief from nicotine cravings.

### 7. Is NRT really any good?

NRT can more than triple a person's chances of quitting successfully. The average of studies that used a combination of nicotine patch and ad libitum NRT gum reported an odds ratio of 3.6 successful quits compared with 1 for no treatment or placebo. At 6 months, the quit rate was just over 36%. Averages of studies using monotherapies reported odds ratios for successful quits of 2.3 (nasal spray or high-dose nicotine patch), 2.2 (long term nicotine gum), 2.1 (nicotine inhaler), and 1.5 (short-term nicotine gum. See *Treating Tobacco Use and Dependence: 2008 Update*.

See reverse for more detailed information.

## **NRT Advanced Topics**

### **What does nicotine do?**

The nicotine in NRT is replacing the nicotine in a cigarette. It doesn't have the 4,000 other chemicals and contains less nicotine than cigarettes. See the PDR or NRT package inserts for more details.

### **What are the side effects?**

Dizziness and nausea are associated with using too much nicotine. Lowering the dose will usually eliminate side effects.

### **Is NRT really safe?**

It is safer than cigarettes. It is commonly given out by telephone quitlines in special state campaigns.

### **Is NRT safe for people who are still smoking?**

Yes. You might think of it this way: smokers tolerate a very wide range of nicotine doses, depending on how many cigarettes they smoke. A cigarette pack's worth of nicotine in the form of NRT will be clear of the smoke toxins consumed in cigarettes.

### **Why should I take responsibility for my patients' parents' NRT?**

Your patients will benefit medically and developmentally from having smoke-free parents who are healthy and free of a costly tobacco habit. As their children's doctors, you are many parents' primary connection to the healthcare delivery system. Some parents do not have their own primary care doctor. You provide the best chance they have to quit smoking.

### **If parents really cared about protecting their children from secondhand smoke, why not just make their homes and cars smoke-free without any help from NRT?**

Most parents try to have smoke-free homes and cars, and they believe (incorrectly) that they can control smoking-related harms to their children.

### **What if I get sued for prescribing NRT?**

You would be the first. Nobody has ever been sued for prescribing NRT.

### **Don't I have too many other things to worry about without adding NRT to the list?**

Maybe there's more to worry about if you do nothing. Research shows patients expect their doctors to address their smoking and are more satisfied with visits that do so. It takes less than 3 minutes to ask about smoking, offer cessation assistance with NRT, and, if you like, refer smokers for several sessions of counseling to a free telephone quitline (which also works to help people quit).