CARDIOVASCULAR CENTER POCKET GUIDE
Guidelines for the Use of Nicotine Replacement Therapy (NRT) and Bupropion Hydrochloride (Wellbutrin SR, Zyban) With Acute Coronary Syndrome (ACS) Patients

Nicotine Replacement Therapy can be administered to ACS Patients as soon as it can be determined that the patient is:
2. Exhibits little risk of cardiac ischemia.
3. Has been revascularized and that the balloon or stent resulted in good revascularization.
4. Nicotine replacement products should be withheld in patients with unstable arrhythmia, vasospastic conditions, uncontrolled congestive heart failure or unstable angina.

Administration of NRT:
1. Advise patients that nicotine is not risk free and assess ability to quit "cold turkey".
2. Consider Bupropion Hydrochloride as an alternative to NRT.
3. Consider NRT as an addition to Bupropion Hydrochloride if the patient is unable to refrain from smoking during the 2 week period required for Bupropion to reach therapeutic levels.
4. In cases were the patient is adamant that they will continue to smoke without the help of pharmaceutical aids, weigh the benefits of nicotine replacement therapy against the risk of continued smoking.

Administration of Bupropion Hydrochloride can be started as soon as it can be determined that:
1. The blood pressure is stabilized.
2. Administration of drug at 1/2 normal dose for three days does not result in treatment emergent HTN, orthostatic hypotension, other side effects.
3. There are no conditions present that could result in a lowered seizure threshold such as alcoholism, traumatic head injury, and other medication (e.g. systemic steroids, theophylline, etc.).
4. Heart rate can be followed in patients on beta blockers, bupropion may inhibit metabolism of some beta blockers including metoprolol and carvedilol.
5. Cimetidine (Tagamet®) is avoided due to possibility of increasing bupropion concentrations.
6. Over the counter stimulants are avoided.

Suggested NRT Dosing for ACS Patients

<table>
<thead>
<tr>
<th>For Patients who smoke</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 cigarettes/day</td>
<td>None</td>
</tr>
<tr>
<td>5-10 cigarettes/day</td>
<td>14 mg qd</td>
</tr>
<tr>
<td>11-20 cigarettes/day</td>
<td>21 mg qd</td>
</tr>
<tr>
<td>21-40 cigarettes/day</td>
<td>21 mg nicotine patch plus nicotrol inhaler, prn, 1-16 cartridges max, qd.</td>
</tr>
</tbody>
</table>

### Medication Aids for Smoking Cessation

<table>
<thead>
<tr>
<th>Agent</th>
<th>Dosages/Cost</th>
<th>Dosing</th>
<th>Instructions</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transdermal nicotine patch</td>
<td>Over The Counter Nicoderm CQ 21, 14, 7 mg/24 hr, 5/16 are 4/24 patch. Nicoderm 15 mg, 16 hr 5/16 patch. Nicoderm 21, 14, 7 mg, 5/16 patch</td>
<td>&gt;10 ggs per day, start with highest dose of given brand. 5-10 ggs per day use moderate dose.</td>
<td>8 wks</td>
<td>No smoking while on patch. Rotate to new hand-wash skin site each day. Remove before bed if insomnia. May consider supplement with 2 mg gum first 48 hrs while plasma levels build up.</td>
</tr>
<tr>
<td>Nicotine Nasal Spray</td>
<td>1 mg = 1 spray nasal 1.6 mg spray = 541.</td>
<td>Spray q 20-60 minutes pm craving. Maximum 40 doses/day</td>
<td>2-3 mths</td>
<td>Careful instruction on spray technique (see patient education handout). Skin reactions including pruritus, edema, rash; sleep disturbance.</td>
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<tr>
<td>Nicotine Inhaler</td>
<td>10 mg nicotine inhaler cartridge with 10 mg nicotine</td>
<td>60 puffs = 1 mg Requires 3-4 puffs/minute for 20-30 minutes. Use pm or q 1 hour. Each cartridge good for approx. 20 minutes of continuous puffing.</td>
<td>2-3 mths</td>
<td>Must puff frequently than cigarettes. Nasal irritation / rhinorrhea (86% of pts), sneeze, cough. Decreased severity of effects after first week.</td>
</tr>
<tr>
<td>Bupropion hydrochloride</td>
<td>Prescription</td>
<td>150 mg in the morning for 3 days, then increase to 150 mg 2 times a day (MAX dose 300 mg/day)</td>
<td>7-12 wks</td>
<td>Start 1 week before quit date. Insomnia, dry mouth, nausea, and seizures (1 in 1000). Containindictions: Seizure disorder, major head trauma, eating disorder, or on Wellbutrin® or MAO inhibitors.</td>
</tr>
<tr>
<td>Bupropion hydrochloride SR (Zyban®)</td>
<td>Prescription</td>
<td>150 mg/day for 3 days, then 150 mg daily or BID</td>
<td>7-12 wks</td>
<td>Start 1 week before quit date. Insomnia, dry mouth, nausea, and seizures (1 in 1000). Containindictions: Seizure disorder, major head trauma, eating disorder, or on Wellbutrin® or MAO inhibitors.</td>
</tr>
<tr>
<td>Varenicline (Chantix®)</td>
<td>Prescription</td>
<td>Start with 0.5 mg for three days, then 0.5 mg BID for four days, then 1 mg BID</td>
<td>12 wks</td>
<td>Start 1 week before quit date. Take after eating, with a full glass of water. Nausea, insomnia, and unusual dreams.</td>
</tr>
</tbody>
</table>

For information on nicotine gum or nasal spray or to make a referral: QuitSmoking@med.umich.edu • http://www.med.umich.edu/mtff/tobacco/Referral.htm.

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