



## Fax Referral for Wyoming Quit Tobacco Program (WQTP)

**FAX COMPLETED FORM TO: 1-800-390-4726**

### **Useful Information about Health Consequences of Nicotine Replacement Therapy Use for Patients with Contraindications**

#### **Nicotine Replacement Therapy**

The Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence states: Nicotine replacement therapy (NRT) is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with unstable angina pectoris.<sup>1</sup> Nicotine can increase heart rate and blood pressure. It is also recommended that tobacco users with diabetes or stomach ulcers be monitored closely.

#### **Medication and Patient Monitoring**

Tobacco users are advised to consult with their health care provider before using NRT if they are taking prescription drugs for depression or asthma or using a non-nicotine stop-smoking drug. Polycyclic aromatic hydrocarbons (PAHs), some of the lung carcinogens found in tobacco smoke are inducers of the hepatic cytochrome P-450 (CYP) system and quitting may affect drugs metabolized by this system. Plasma levels may be higher after a patient quits smoking. Dosage adjustments may be needed for drugs such as warfarin, olanzapine, fluvoxamine, clozapine, theophylline, verapamil and tacrine. Others may also be affected. Please consult with a pharmacist for possible dosage adjustments and monitor your patient closely. It is also important to monitor blood glucose levels carefully in patients with diabetes during the quitting process due to possible effects from stopping smoking and tapering nicotine dosages.<sup>2,3</sup>

#### **Pregnancy and Breastfeeding**

Smoking can cause spontaneous abortion, premature births, low birthweight babies, SIDS and many other health risks for a woman and her child. Quitting smoking at any time during pregnancy decreases the risk of adverse effects. Quitting without medication is the preferred method, however in some women unable to quit otherwise, the potential benefit of medication may outweigh the possible risks on the fetus. There is no conclusive evidence that NRT helps pregnant women quit smoking. Some trials have raised concerns about safety, partially explained by other factors. Although exposure to nicotine likely has adverse effects on the fetus, smoking also exposes it to numerous other harmful chemicals. Relatively little human research with pure nicotine has been done in pregnant smokers.<sup>1</sup> Benowitz and colleagues, while recognizing that animal studies have shown risk of neuro-developmental defects with high doses of nicotine, feel there is low to minimal risk to the human fetus associated with judicious NRT use and recommend NRT be considered for pregnant women who are otherwise unable to quit. They also advise that NRT can be used post-partum, however small amounts of nicotine are absorbed by breast-fed infants.<sup>4</sup> The quitline is unable to provide NRT to pregnant or breastfeeding women without the approval of their physician (or other licensed healthcare provider). Therefore, if you would like your patient to receive NRT as part of her treatment for quitting tobacco, please discuss this with her and sign the authorization on the front of this form.

The FDA has not approved the use of over-the-counter nicotine medications for pregnant women who smoke. Nicotine gum is rated as a category C. (Animal studies have shown an adverse effect and there are no adequate and well-controlled studies in pregnant women. or No animal studies have been conducted and there are no adequate and well-controlled studies in pregnant women. Drugs should be given only if the potential benefit justifies the potential risk to the fetus.) The lozenge is not rated since it was designed to be an OTC product. Prescription NRTs and the nicotine patch are rated as a category D. (Studies, adequate well-controlled or observational, in pregnant women have demonstrated a risk to the fetus. However, the benefits of therapy may outweigh the potential risk

1 Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence:2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. [http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)

2 Kroon, L. Clinical Review: Drug Interactions with Smoking. Am J Health-Syst Pharm. 2007; 64:1917-21.

3 Schaffer, S., Yoon, S. and Zadezensky, I. A review of smoking cessation: potentially risky effects on prescribed medications. Journal of Clinical Nursing. 2009; 18: 1533-1540.

4 Benowitz NL, Dempsey DA. Pharmacotherapy for smoking cessation during pregnancy. Nicotine and Tobacco Research. 2004; 6:sup 2: 189-202.



HEALTHWAYS

**For Information about the Wyoming Quit Tobacco Program,  
please visit [www.wy.quitnet.com](http://www.wy.quitnet.com) or call 1-800-QUIT-NOW.**