



The Effectiveness of Combined Nicotine Replacement Therapy for Smoking Cessation

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Introduction:

- Currently, NRT monotherapy in forms of nicotine gum, patch and inhaler are available in all SCCCs in HA.
- However, for patients who have stronger nicotine dependence, this may not be effective enough.
- Therefore, the SCCCs in HKEC introduced the use of combined NRT for indicated patients since October 2011.
- A long-acting NRT (patch) plus a short-acting NRT (gum or inhaler) for prn use would be prescribed.

Objectives:

- To assist smokers to quit tobacco use, thus decreasing their morbidity and mortality
- To review the effectiveness of combined NRT for patients with strong nicotine dependency.

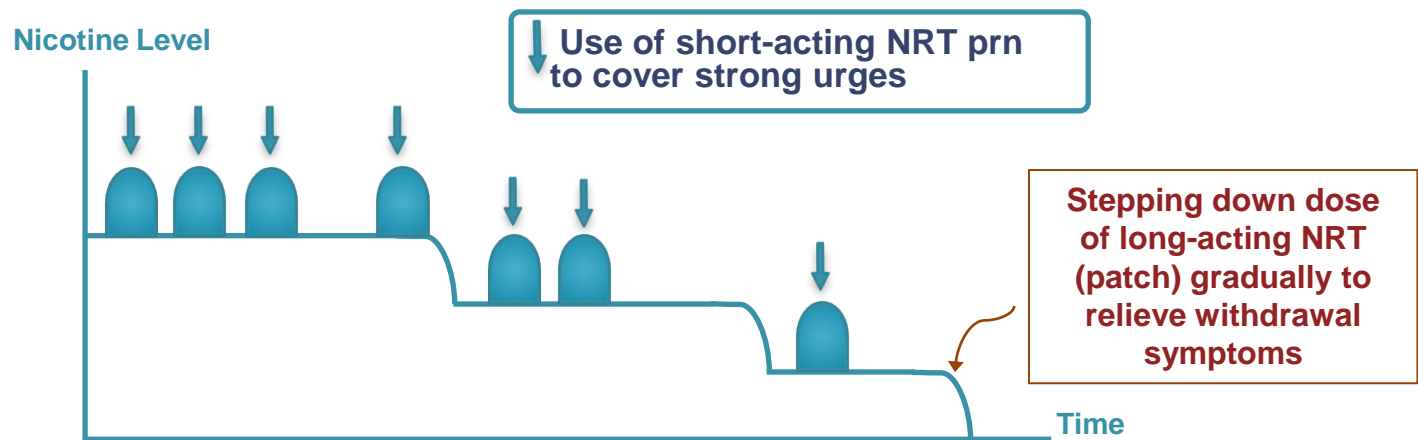
Methodology:

- The following information was collected and analysed: demographic data of smokers recruited to our SCCCs from October 2011 to September 2012, pattern of tobacco use, level of nicotine dependence using the Fagerstrom Tolerance Scale, types of medication given, and the quit rate at 1 month, 6 month and 12 month for those who had set a quit date.

Dosage recommendation of combined NRT

- a) 24-hour patch as charted
- b) Prescribe 2 mg gum or nicotine inhaler for prn use every 1-2 hours when withdrawal symptoms and urges occur
- c) Adjust dose of patch upward in 1-2 weeks if unusually frequent use of short-acting NRT is needed
- d) After 4-6 weeks of abstinence, taper every 2-4 weeks in 7-14 mg steps as tolerated.

Daily cigarette consumption	Starting dosage
Less than 10	14 mg/day
10-20	14-21 mg/day
21-39	28-35 mg/day
More than 40	42 mg/day



Results

- ✧ 1862 smokers attended SCCP
- ✧ 87.3% male, 12.7% female
- ✧ 88% taking ≤ 20 cpd



- ✧ 112 smokers were prescribed combined NRT
- ✧ Average cpd was 23
- ✧ Mean Fagerstrom score was 6.8 out of 10 (i.e. heavy nicotine dependency)

Indications of combined NRT:

- ✧ History of failed NRT monotherapy
- ✧ Moderate to heavy nicotine dependence
- ✧ Presence of withdrawal symptoms despite good compliance to monotherapy



Quit rate of these patients on combined NRT

1 month	6 month	12 month
54%	47.2%	37.5%

Conclusion:

The results of using combined NRT were very encouraging. The patients we selected were taking more cigarettes and have history of failing NRT monotherapy. They have greater difficulty in quitting smoking due to their nicotine dependence. We hope by introducing the use of combined NRT, we can increase the successfulness of smoking cessation for all our patients.