INESSS
LE SAVOIR PREND FORME

Interventions to quit smoking (or vaping)

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INTENDED USERS
Front-line health professionals.
This tool is provided for informational purposes only and is not a substitute for clinical judgment.

OBJECTIVE
To guide the choice of support and pharmacotherapeutic measures for smoking and nicotine vaping cessation.

POPULATION
Persons 12 years of age and older who use a tobacco or nicotine vaping product

EXCLUSIONS
Religious or ceremonial use of tobacco

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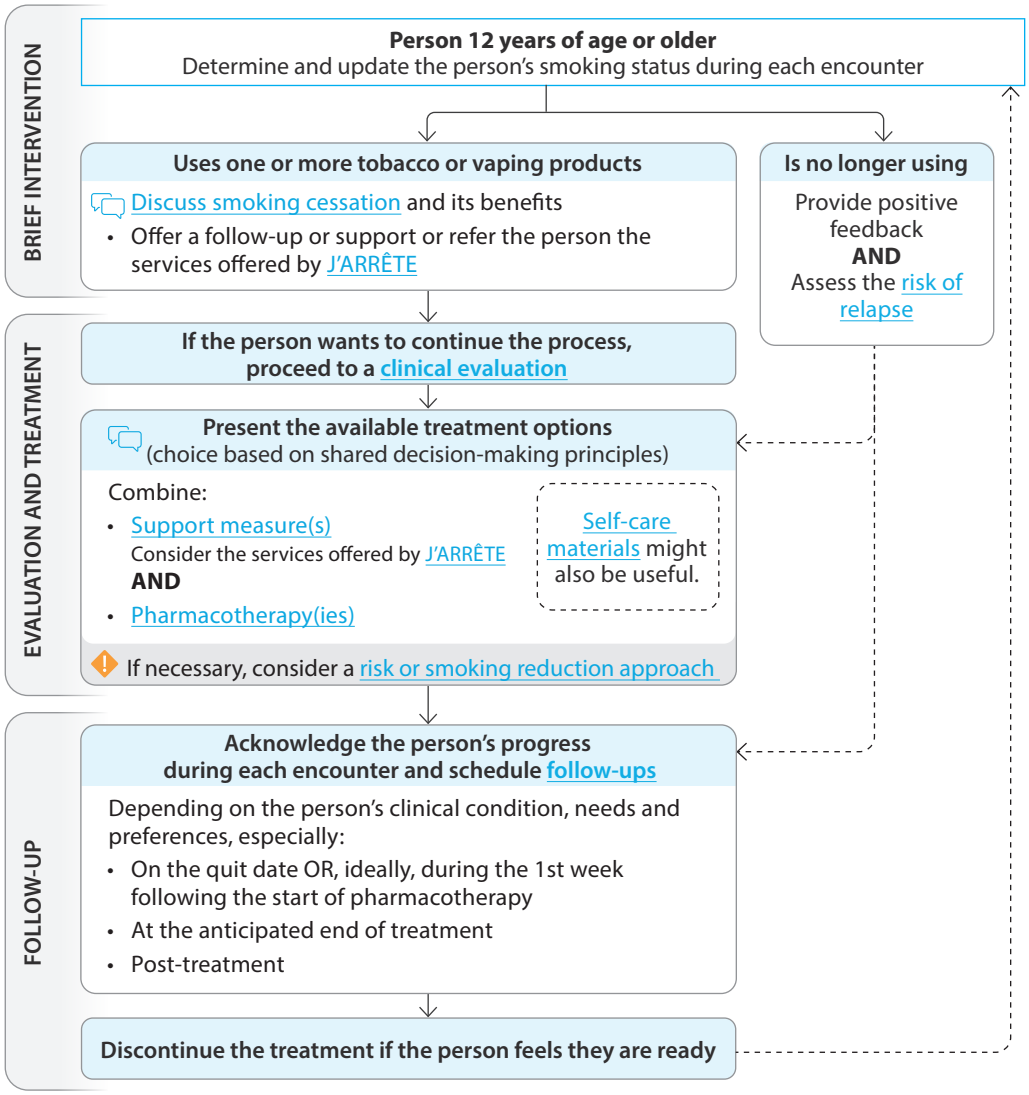
SUMMARY OF CLINICAL APPROACH

⚠ The clinical approach is similar, regardless of the product consumed (tobacco or nicotine) and its form. Interprofessional collaboration is an important component of this approach.



Legend

⚠ Caution	◆ Should be considered	✓ Should be preferred	ⓘ Further information
Discuss with person	--> If necessary	✗ Should be discouraged	

Click here to view all scientific publications on this topic.

Acronyms

HSI : *Heavy Smoking Index*
MAOI: Monoamine oxidase inhibitor
SSRI: Selective serotonin reuptake inhibitor
SNRI: Serotonin-noradrenaline reuptake inhibitor
OCT2: Organic cation transporter 2 inhibitor
NRT: Nicotine replacement therapy

Québec

GENERAL INFORMATION

→ Smoking, including vaping, leads to a dependence caused mainly by nicotine, which has a rapid, short-term effect that promotes compulsive use.

- Nicotine has other harmful health effects, especially on cognitive function and oral and dental health. However, most smoking-related health problems are due to other components of the smoke.

ⓘ Consult the Guide des bonnes pratiques en prévention clinique for the national recommendations and the online training modules for health professionals and for information capsules for the general public.

EVALUATION

⚠ At a minimum, everyone who uses a tobacco or vaping product should receive a brief intervention.

→ A clinical evaluation should be performed for a person who reports that they smoke on a daily or regular basis.

- The local name or everyday language should be used when referring to the product(s) consumed.

ITEMS TO CONSIDER	DETAILS AND EXAMPLES
Smoking history	Initiation age, number of years of smoking, products consumed, etc.
Quit attempts	Number of attempts, methods used, duration of abstinence, causes of relapse, etc.
Substance use	Coffee, alcohol and drugs (including cannabis) or non-prescription substances and medications.
Health status	Concurrent chronic illnesses or mental health problems, prescription drugs, etc.
Psychosocial environment	People around the individual who smoke, difficulty accessing services or pharmacotherapy, etc.
Motivation	• Consider the following two items: - The importance the person gives to quitting - Their confidence in their ability to quit Recommended interpretation: Scale of 0 to 10, where 8 to 10 = high
Level of dependence	• The *Heaviness Smoking Index* (HSI) questionnaire below could be used for those who smoke ordinary cigarettes. • Questionnaires for those who use e-cigarettes are listed here. INESSS is not expressing any opinion about the quality of these questionnaires.

***Heaviness Smoking Index* (HSI)**				
Time from waking to 1st cigarette	**Number of cigarettes smoked per day**			
	≤ 10	**11 to 20**	**21 to 30**	**≥ 31**
< 5 min	3	4	5	6
6 to 30 min	2	3	4	5
31 to 60 min	1	2	3	4
> 60 min	0	1	2	3

Recommended interpretation of the level of dependence: Low (0-1) Moderate (2-3) High (4 +)

TREATMENT PRINCIPLES

See Appendix 1

When quitting smoking:
- → Certain medications may needed to be adjusted.
- → Some individuals may experience severe psychological and psychiatric symptoms.

→ **A compassionate, person-centred approach should be used to facilitate shared decision-making, the individualization of the treatment and the therapeutic alliance.**

→ **A combination of support and pharmacotherapeutic measures should be provided to a person who consumes nicotine on a daily or regular basis, regardless of their personal consumption goal.**

- This combination could triple their chances of achieving abstinence.

For a person under the age of 18 years or a pregnant or breastfeeding woman, preference should first be given to support measures without pharmacotherapy.

→ Motivation is not an absolute condition for initiating treatment (pharmacological or otherwise). Furthermore, a risk or smoking reduction approach may be considered for a person with less motivation to quit.

- Although the health benefits of smoking reduction and temporary cessation are not clear, these strategies may increase the chances of abstinence.

→ A SMART goal with a close target date should be established with the person, if they agree to this.

- Good preparation and sustained support over time increase the chances of achieving abstinence.

Specific
Measurable
Attainable
Realistic
Time-bound

→ Relapses are frequent and are part of the process of change for a person seeking abstinence. They are learning opportunities.

- More than one attempt with a given treatment may be necessary.

The following items should be discussed with a person undertaking a process of change regarding their smoking:

1. The importance of quitting for themselves and their family
   - Quitting smoking or vaping is possible, and it is the best thing one can do healthwise
2. The available services and pharmacotherapies, including:
   - Their safety (when smoking or not smoking)
   - Their accessibility and costs See Appendix 3.1
3. The most common withdrawal symptoms:
   - Cravings to smoke, irritability, anxious and depressive symptoms, difficulty concentrating, headaches, insomnia, increased appetite, constipation

ENVIRONMENTAL CONSIDERATIONS

→ Quitting smoking or vaping reduces one's environmental footprint.

→ Although most of the smoking cessation methods used have an environmental impact, e-cigarettes produce plastic, electronic and hazardous waste (e.g., lithium batteries), whose environmental impact is not well documented.

SUPPORT MEASURES

⚠ A number of services are available to the public via J'ARRÊTE.

→ Different support measures, alone or in combination, including psychotherapies, may be effective. The type of measures, the manner in which they are applied and their intensity should be tailored to the individual's needs.

- They should be initiated as soon as possible and no later than a week after the quit or reduction date.

TYPES OF MEASURES TO CONSIDER	
Psychological education	Especially if little importance is given to quitting
Measures based on cognitive-behavioural approaches	Including cognitive-behavioural therapy (CBT)
Measures based on motivational interviewing	Including motivational interviewing, especially if the person has a low level of confidence in their ability to quit
Measures focused on adapting to one's environment and on problem-solving	Including psychoeducation and psychosocial intervention

- Several encounters (4 or more) should be scheduled during each quit attempt, whether in person (on an individual or group basis) OR remotely (telephone or texting).
  - Some individuals might benefit from more intense measures and being referred to specialized smoking cessation services (e.g., pregnant women, persons with a strong dependence [HSI > 4] and those with a mental health problem).
- The family's involvement may be helpful.

Support measures should lead to a discourse of change in the person, addressing the following items in particular:

1. Possible solutions and strategies for dealing with the obstacles encountered and the individual's concerns.
   - Focus on positive personal quitting or reduction experiences.
2. Their feelings, beliefs and values.
   - Lead the person to envision a future where their goal has been achieved (e.g., how will they feel when they are no longer smoking? In what exceptional circumstances would they quit?).

SELF-CARE MATERIALS

→ Support, with a web app or self-care materials, can be used to supplement the measures described above.

Apps and websites:	Preparation guides:	Infographic:
• SMAT • Aspire à mieux • Libair • NicoBar	• My Change Plan • Your Nicotine Treatment Addiction Plan • Quit Planner • Votre guide pour cesser de fumer • What to do before you quit	• CTFPHC

* These resources are suggested for informational purposes only. INESSS is not expressing any opinion about the quality of these tools and does not claim to be exhaustive in terms of the proposed content.

PHARMACOTHERAPIES

See Appendix 3.2

→ The following pharmacotherapies should generally be administered on a **first-line basis.**

DRUG	DOSAGE	DETAILS
Varenicline ✓	• D1 to D3: 0.5 mg daily • D4 to D7: 0.5 mg BID • D8 and after: 0.5 mg BID or 1 mg BID (as tolerated)	• One of the most effective. • Varenicline is generally initiated 1 to 2 weeks before the target quit date, but a more flexible quit date can also be chosen (up to the 12th week).
Combined NRTs ✓	**Long-acting NRT (daily) + Short-acting NRT (PRN)** The average nicotine consumption should be used to ESTIMATE[1] the initial patch dose: • Number of cigarettes/day (1 cigarette = 1 mg) * For vaping cessation: • Number of mg in the device[2]/ number of days of use	• One of the most effective. • Increase the dose of long-acting NRT by 7 mg/day IF withdrawal symptoms or frequent use of short-acting NRT. • Maintain the initial dose for at least 6 weeks, when deemed adequate. • Reduce the dose in increments of 7 mg/day every 2 weeks. • Opt for high strengths of short-acting NRT for individuals with a strong dependence (HSI > 4).
Bupropion	• D1 to d3: 150 mg daily • D4 and after: 150 mg BID	• Particularly in the presence of depressive symptoms or fatigue. • Bupropion is usually initiated 1 to 2 weeks before the target quit date. Consider switching to another treatment if the person has not stopped smoking by the 7th week.

EXAMPLES OF COMBINED NRT DOSAGES BASED ON THE HSI SCORE

Time from waking to 1st cigarette	NUMBER OF CIGARETTES SMOKED PER DAY			
	≤ 10	**11 to 20**	**21 to 30**	**≥ 31**
6 to 30 min	HSI = 2-3 7-14 mg patch and 4 mg short-acting NRT	HSI = 3-4 14-21 mg patch and 4 mg short-acting NRT	HSI = 4-5 21-35 mg patch and 4 mg short-acting NRT	HSI = 5-6 35 mg or higher patch and 4 mg short-acting NRT
31 to 60 min	HSI = 0-1 7-14 mg patch and 2 mg short-acting NRT	HSI = 1-2 14-21 mg patch and 2 mg short-acting NRT	HSI = 2-3 21-35 mg patch and 2 mg short-acting NRT	HSI = 3-4 35 mg or higher patch and 2 mg short-acting NRT

1. The amount of nicotine consumed can vary according to the substance and its compounds, the device and its setting, if any, and the person's consumption pattern.
2. If this amount is not directly indicated on the device, it can be determined in the following manner: concentration of substance (mg/ml) x total volume of liquid (ml). However, a cautious approach would be to introduce the initial dose of long-acting NRT below the amount of nicotine vaped daily.

→ The following pharmacotherapies may be administered as **alternative options**.

DRUG	DOSAGE	DETAILS
Cytisine[3]	• D1 to D3: 1.5 mg q 2 h (6 caps/day) • D4 to D12: 1.5 mg q 2.5 h (5 caps/day) • D13 to D16: 1.5 mg q 3 h (4 caps/day) • D17 to D20: 1.5 mg q 5 h (3 caps/day) • D21 to D25: 1.5 to 3 mg/day (1 or 2 caps/day)	• Particularly if the first-line options are contraindicated. • Nicotine consumption usually declines gradually until complete cessation by the 5th day.
Varenicline + NRT	• Standard dosages for each of the pharmacotherapies • Short- or long-acting NRT	• Particularly if the person has a strong dependence (HSI > 4) or has relapsed
NRT as monotherapy	• Depends on the different NRTs ⓘ See Appendix 3.2	• For occasional smokers OR those who are not/slightly dependent ⚠ For persons under 18 years of age and for pregnant or breastfeeding women, if the support measures prove inadequate (opt for short-acting NRT)

⚠ **In certain cases**, the following options[4] might also be considered[5]:
- Bupropion + NRT, especially if there is a partial response to bupropion
- Bupropion + varenicline

DURATION OF PHARMACOTHERAPY

→ The duration of pharmacotherapy should be individualized. Pharmacotherapy should be discontinued when the person feels that they are ready OR if the risk of relapse is low.

DRUG	GENERALLY RECOMMENDED DURATION
Varenicline and NRT	12 to 24 weeks
Bupropion	7 to 12 weeks – up to 52 weeks
Cytisine	25 days – up to 12 weeks[6]

3. Only use the formulations approved by Health Canada for smoking cessation.
4. These pharmacotherapies have complementary mechanisms of action. Use the standard dosages for each pharmacotherapy. For bupropion combined with NRT, add the NRT one week after the start of treatment or on the target quit date and gradually reduce the doses starting in the 8th week.
5. Nortriptyline is not approved by Health Canada for smoking cessation. However, the clinicians consulted feel that it could be considered by an experienced prescriber for a person with a stable mental health problem who has relapsed several times, after having tried all of the other pharmacological options.
6. Little scientific data is available on the efficacy and safety of cytisine beyond 25 days or on the use of a different dosage regimen from the one recommended by the manufacturer.

RISK REDUCTION

E-CIGARETTES

See Tabac et cigarette électronique (INSPQ)

→ Some people might wish to use an e-cigarette with nicotine to quit smoking. Although e-cigarettes are not approved by Health Canada for this purpose, one might be considered in certain situations, particularly in cases where there have been several unsuccessful quit attempts, after weighing the risks and benefits.

☒ E-cigarettes should be discouraged in pregnant women and persons under 18 years of age.

The following points should be discussed with a person who is considering using an e-cigarette:

1. E-cigarettes appear to be less harmful than tobacco cigarettes, but they are not without risks. Also, the long-term risks are poorly known.
2. The individual should quit smoking tobacco cigarettes completely to avoid developing a codependence and to reduce the risks to their health.
3. They should use an e-cigarette:
   - In combination with one or more support measures;
   - On a temporary basis, unless there is a risk of relapsing to tobacco cigarettes;
   - While minimizing the risks associated with it.

SOME WAYS TO MINIMIZE THE RISKS ASSOCIATED WITH E-CIGARETTES

- Use only devices and products approved for sale in Canada.
- Do not alter the devices or products.
- Follow the manufacturer's instructions and recommendations to avoid the risk of malfunction or accidental ingestion.

⚠ Do not use around an oxygen therapy cylinder.

SMOKING REDUCTION

→ The person should be supported when making a schedule detailing when and how they will reduce or quit smoking by the target date.

- Ideally, within 6 weeks after initiating support.

→ Pharmacotherapy should be provided:

- Preference should be given to short- or long-acting NRT (dosage based on the number of cigarettes to be eliminated per day) OR varenicline (standard dosage).

SOME WAYS TO REDUCE SMOKING

- Delay the first cigarette of the day
- Increase the interval between cigarettes
- Determine which cigarettes are the easiest to eliminate and gradually reduce the daily number
- Designate smoke-free zones and gradually increase their number (e.g., car)
- Choose times or occasions for complete abstinence

ALTERNATIVE METHODS

→ There is insufficient data to recommend the use of methods like hypnosis, acupuncture or mindfulness.

- A person who choses to use one of these methods should be encouraged to also use a combination of support and pharmacotherapeutic measures that are among those recommended.

☒ Aversion therapy should be discouraged.

FOLLOW-UP

- → Follow-ups should be scheduled at least according to the timetable below, with adjustments according to the person's clinical status, needs and preferences.
- → The person's progress and achievements should be acknowledged during each encounter in order to bolster their motivation and sense of pride. Remind them that relapses are part of the change process.

TIME POINT	FOLLOW-UP OBJECTIVES	CONSIDER DOING THE FOLLOWING
On the quit date OR during the 1st week after the start of pharmacotherapy	Assess: • The treatment's effectiveness • The person's tolerance to the pharmacotherapy • The person's level of confidence in achieving their goal	If the person has a low level of confidence in their ability to quit smoking or vaping: • Review the objective with them
At the anticipated end of treatment[7]	Assess: • The risk of relapse • The appropriateness of continuing or intensifying the treatment	If there is at least one relapse risk factor: • If necessary, continue the treatment ⓘ See Appendix 2 If relapse: • Review the treatment modalities
Post-treatment[7]	Prevent relapses in a person who has quit	

7. Pharmacotherapy OR support measures.

MANAGEMENT OF ADVERSE EFFECTS

⚠ Certain adverse effects can be mistaken for withdrawal symptoms.

→ Tell the person that the serious adverse effects of the pharmacotherapies indicated for smoking cessation are rare and that they should consult a health professional if they experience any persistent or severe adverse effects.

DRUG	ADVERSE EFFECTS	CONSIDER DOING THE FOLLOWING
Long-acting NRT	• Application site irritation	• Switch to another brand of NRT • Use a corticosteroid (pump, prior to application OR cream after removal – 1% hydrocortisone)
	• Sleep disturbances	• Remove the patch before bedtime
Short-acting NRT	• Mouth/throat irritation	• Review the instructions • Switch to another type of NRT
	• Gastrointestinal disturbances • Headaches and malaise	• If the adverse effects persist, reduce the daily dose or frequency
Varenicline	• Gastrointestinal disturbances (nausea) • Sleep disturbances • Headaches and malaise	• Review the instructions • Reduce the daily doses
Bupropion	• Hypertension	• Monitor, if combined with NRT
	• Sleep disturbances	• Take the 2nd dose 8 h before bedtime • Reduce the daily doses

This document was developed from guidance drawn up by INESSS using a systematic approach based on the scientific literature and the knowledge and experience of Quebec clinicians and experts. Stay up to date at inesss.qc.ca.

To consult the references, see INESSS's **report**.

For any questions regarding clinical tools, please write to **info-outils.cliniques@inesss.qc.ca**.

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Québec

APPENDIX 1. INTERACTIONS WITH TOBACCO SMOKE – PHARMACOKINETIC AND PHARMACODYNAMIC EFFECTS

⚠ Special attention should be given to certain drugs when a person quits smoking (see table below – list not exhaustive).

- → There is a risk of interaction with all drugs metabolized by P450 cytochromes, particularly CYP 1A2.
- → Tobacco use can decease the effect of many drugs, for example, by increasing their clearance and reducing their plasma concentration.
- → It is not advisable to routinely modify drug doses before or after a person has quit. The actual effects can vary from person to person.
- → A drug's effectiveness and adverse effects need to be assessed to determine whether the doses need to be adjusted.

SUBSTANCE	CONSIDER DOING THE FOLLOWING IF THE PERSON QUITS SMOKING
Caffeine	• Ask the person to reduce their caffeine intake by half.
Clozapine	• Monitor the drug's concentration, if possible, before and 2 weeks after smoking cessation. • Closely monitor for an increase in adverse effects. • Consult the professional treating the mental health problem. • Reduce the dose, if clinically relevant.
Erlotinib	• Encourage smokers to quit before the drug is administered. • Consult an experienced colleague. • Reduce the dose of this drug to the recommended initial dose.
Insulin	• Ask the person to watch for signs of hypoglycemia and to check their blood glucose level more often. • Reduce the dose, if clinically relevant.
Olanzapine	• Monitor for an increase in adverse effects (e.g., hypotension and drowsiness). • Reduce the dose, if clinically relevant.
Theophylline	• Ask the person to watch for signs of toxicity (e.g., palpitations, nausea and vomiting). • Monitor the drug's concentration. • Reduce the dose, if clinically relevant.
Warfarin	• Monitor the INR (international normalized ratio). • Reduce the dose, if clinically relevant.
Others	*Chlorpromazine, irinotecan, methadone, ropinirol and certain antithrombotics and antidepressants.* • Monitor for adverse effects (or signs of toxicity) and adjust the dose, if clinically relevant.

APPENDIX 2. RELAPSE RISK FACTORS

- → Frequent or severe withdrawal symptoms
- → Recent cessation or attempts (< 1 year)
- → Current or past history of mental health symptoms
- → History of strong dependence (HSI > 4)
- → Current stress or emotional event
- → Alcohol or drug use
- → Presence of chronic or uncontrolled pain
- → Low level of confidence in remaining abstinent
- → Living environment shared with a smoker
- → Limited social network or living alone

APPENDIX 3. ADDITIONAL INFORMATION ON PHARMACOTHERAPIES

3.1 ACCESS AND ESTIMATED COSTS

For further information: RAMQ coverage conditions

> ⚠ The RAMQ treats NRTs and drugs in tablet form (varenicline and bupropion) separately. Therefore, it is possible to obtain coverage for one or more NRTs and a drug in tablet form during the same year according to the conditions shown below.
>
> → Private insurers provide at least the same coverage conditions as those in the public prescription drug insurance plan.

PRODUCT		ACCESS	COSTS[1]	RAMQ[2]	DETAILS
NRTs	**Patches**	**Over-the-counter or prescription** (except mouth pouches: under supervision)	$ - $$	Eligible for coverage	• Covered for up to 24 weeks (168 days, **consecutive or not**) within a 12-month period (no maximum quantity limit) • For high doses, contact the RAMQ • Certain brands only
	Gums		$$		• Covered for up to 24 weeks (168 days, **consecutive or not**) within a 12-month period (1 680 pieces of gum or lozenges) • Certain brands, sizes and flavours only **Combined NRTs** • Coverage as stipulated above, if prescribed at the same time only
	Lozenges				
	Inhaler		$$$$	Not eligible for coverage	
	Sprayer				
	Mouth pouches		N/A		
Others	**Varenicline**	**With a prescription only**	$	Eligible for coverage	• Covered for up to 24 weeks (168 days, **consecutive or not**) within a 12-month period
	Bupropion		$$		• No maximum duration or quantity limits
	Cytisine	**Over-the-counter from the manufacturer**	$	Not eligible for coverage	• The person must complete the process themselves online (not available in pharmacies or stores in Québec)

1. Estimated costs for a 12-week course of treatment **using the maximum dosage** as monotherapy:

$: $100 or less; $$: 101-$500; $$$: 501-$1000; $$$$: $1001 or more; N/A: Not available

: Eligible for coverage; : Not eligible for coverage; : In pharmacies; www : Website

2. The duration of coverage is calculated from the date of purchase of the first prescription of the year. Any treatment extending (in quantity or duration) beyond the coverage conditions of the RPAM is at the person's expense.

3.2 INSTRUCTIONS, WARNINGS AND INTERACTIONS

⚠ Consult the package insert for each product for more complete information, in particular, regarding the precautions and contraindications.

❌ **Allergy to any of the product's ingredients.**

NICOTINE REPLACEMENT THERAPIES (NRTs) **NRTs are full agonists of nicotinic acetylcholine receptors (same mechanism of action as smoking). They generally have few adverse effects, if any, and those that do occur are minor.**		
Instructions	**Other considerations**	**Warnings OR interactions**
Long-acting NRTs (maximum dose: up to 42 mg/day may be considered[1])		
Apply on clean, dry skin on the upper body • Change the site of application every day • Remove before vigorous exercise • Person ≤ 45 kg: consider reducing the dose	• Very low risk of dependence • Certain transdermal patches can be cut, while others cannot	**Not recommended** • Eczema, psoriasis or systemic skin disease • Recent myocardial infarction or stroke[3] • Angina pectoris or serious arrythmia[3]
Short-acting NRTs		
Gums (maximum dose: 20 pieces/day)		
Chew until the taste becomes intense and park between the gums and cheek. Recommence chewing when the taste fades. Repeat these steps for about 30 min.	• Several flavours • Can help prevent overeating • More difficult to use properly (nicotine absorbed by the cheek mucosa)	**Not recommended** • Mandibular or oral/dental problems • Recent myocardial infarction or stroke[3] • Angina pectoris or serious arrythmia[3]
Lozenges (maximum dose: 15 to 25 lozenges/day, depending on the strength)		
Place the lozenge in the mouth and let dissolve completely. Do not chew or swallow.	• Discreet usage • Can help prevent overeating	
Inhaler[2] (maximum dose: 12 cartridges/day)		
Inhale in short puffs. After 20 min of use, the cartridge will be empty (1 cig. = 10 puffs).	• May satisfy hand-to-mouth and puffing motions	
Sprayer[2] (maximum dose: 2 sprays at a time and 4 sprays/h OR 64 sprays/day)		
Spray in the mouth without inhaling, avoiding the lips, and wait a few seconds before swallowing saliva.	• Fastest form of short-acting NRT: onset of action starting at 30 seconds	
Pouches[2] (maximum dose: 15 pouches/day)		
Place a pouch under the upper lip and keep in place for 60 min. Do not chew or swallow.	• **Therapeutic value not recognized** ⚠ Only use the formulations approved by Health Canada for smoking cessation.	

1. Although a maximum dose of 42 mg/day is generally recommended for persons with a strong dependence, the advisory committee's members feel that a maximum dose of 84 mg/day could be considered in certain cases. Caution should, however, be exercised when using doses higher than 42 mg/day.
2. Not recommended in persons under 18 years of age because of the risk of misuse.
3. NRTs could be used under medical supervision, especially if the alternative option is smoking.

DRUGS AND SUBSTANCES IN TABLET FORM Varenicline and cytisine are partial agonists of nicotinic acetylcholine receptors. Bupropion is a dopamine and noradrenaline reuptake inhibitor.		
Instructions	**Other considerations**	**Warnings OR interactions**
Varenicline (maximum dose: 2 mg/day)		
Swallow the tablets after meals with a large glass of water.	• Certain adverse effects possible – may be more pronounced if varenicline is combined with an NRT **Severe renal impairment** • 0.5 mg BID (maximum dose)	**Not recommended** • Pregnant or breastfeeding women • Persons under 18 years of age • End-stage renal disease **Severe renal impairment** • Avoid cimetidine and other OCT2 inhibitors
Cytisine (maximum dose: 9 mg/day)		
Swallow the capsules at regular intervals.	• Natural product • Few adverse effects	⚠ Little scientific data is available on the efficacy and safety of cytisine in certain populations, in particular, pregnant or breastfeeding women and persons under 18 years of age.
Bupropion (maximum dose: 300 mg/day)		
Swallow the tablets at the same time every day, with an interval of 8 h between doses, ideally with food. Do not chew, split or crush the tablets.	• Certain adverse effects possible • Could limit weight gain (vs. placebo) **Moderate or severe renal or hepatic impairment** • 100-150 mg/day (maximum dose) • Monitor for adverse effects	**Not recommended** • Pregnant or breastfeeding women • Persons under 18 years of age • Severe hepatic impairment • Epilepsy or seizure disorder • Glaucoma • Anorexia • Abrupt withdrawal from alcohol • Brugada syndrome • Use of a drug containing bupropion **MAOIs, tamoxifen and thioridazine** • Do no use concomitantly – provide a wash-out period of at least 14 days **SSRIs and SNRIs** • Prescribe the smallest possible dose **Antiretrovirals** • Increase the bupropion dose **Other drugs that may require a dose adjustment** • Antiplatelet agents, cardiotropic drugs, antiarthritics, quinolone antibiotics, tricyclic antidepressants, antimicrobials, antimalarials, antipsychotics, beta-blockers, oral hypoglycemics and insulin, dopamine precursors