

# What Do You Know About Smoking-Cessation Aids?

Nicotine is an addictive drug. But if you're a smoker, your chances of quitting for good have never been better, thanks to smoking-cessation aids. Learn more about these aids by taking this quiz, based on information from the National Cancer Institute (NCI) and the American Cancer Society (ACS).

**1. Most medications that ease withdrawal symptoms do so by supplying some of the nicotine smokers formerly got from tobacco.**

True

False



Answer: True. People trying to quit smoking use nicotine replacement therapy to decrease withdrawal symptoms and their craving for nicotine. Smokers should use such drugs in smaller and smaller amounts for a few months, then finally stop using them. The nicotine is supplied through means other than smoking. Because it is the smoke that contains the chemicals that harm the lungs, a smoker's health begins to improve, even while using nicotine replacement treatment.

**2. Talk to your doctor before using any nicotine replacement therapy if you're pregnant, breast-feeding, have high blood pressure, unstable angina or have recently had a heart attack.**

True.

False.

Answer: True. Agency for Healthcare Research and Quality (AHRQ) guidelines say that smoking cessation aids are fine for everyone except for those in these categories.

**3. Nicotine replacements come in several forms.**

True.

False.

Answer. True. Nicotine replacement therapy is available as a patch, gum, nasal spray, inhaler and lozenge. There is also a smoking-cessation aid that does not contain nicotine—the antidepressant bupropion. All but bupropion are available without a prescription. Choosing the one that best fits your lifestyle and your need for nicotine will increase your chances of successfully quitting smoking. Other help is available, as well: counseling, hypnosis and acupuncture.

The Food and Drug Administration (FDA) advises health care providers, patients, families and caregivers

of adults and children that they should closely monitor all patients beginning therapy with antidepressants and when doses are either increased or decreased for worsening depression and suicidal thinking. The FDA also advises that these patients be observed for certain behaviors associated with these drugs, such as anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, severe restlessness, hypomania and mania, and that physicians be particularly vigilant in patients who may have bipolar disorder.

The FDA issued a warning in September 2004 that antidepressants cause some children and teenagers to become suicidal. Children and teens who take antidepressants are twice as likely as those given placebos to become suicidal. Still, the overall risk for suicide is low. If 100 patients are given the drugs, two or three more will become suicidal than would have had they been given placebos.

**4. Inhaler therapy helps you satisfy your psychological need for nicotine while you ease your craving for it.**

True.

False.

Answer: True. Through a cartridge inside the cigarette-like inhaler, you can draw a small amount of nicotine into your mouth with each puff. The nicotine does not end up in your lungs, as it does in smoking, but is absorbed by the mucus membranes in the mouth and throat.

**5. Nasal-spray cessation aids supply a dose of nicotine directly into the nasal passage, where the nasal membranes absorb it quickly.**

True.

False.

Answer: True. Each spray contains a pre-measured dose of nicotine. The nasal spray is not recommended for people with nasal or sinus conditions, allergies or asthma, nor is it recommended for young tobacco users, the NCI says.

**6. Nicotine patches are adhesive patches you leave on for 16 to 24 hours, during which they slowly release nicotine through your skin.**

True.

False.

Answer: True. The over-the-counter patches come in different strengths. As treatment progresses, the amount of nicotine in the patch is slowly reduced. People with skin problems or allergies to adhesive tape probably shouldn't use this method, the NCI says.

**7. With nicotine gum, nicotine is released whenever users start chewing the gum.**

True

False.

Answer: True. Quick absorption and variable doses make this option a good choice for people who need fast oral gratification. It is available in 2 mg and 4 mg strengths. People who have temporomandibular joint disease (TMJ), gum disease or peptic ulcer disease, or who have dentures or bridges may not want to use this method, the NCI says. Nicotine gum also can be used in combination with the nicotine patch.

**8. Zyban, a prescription antidepressant, helps ex-smokers cope with anxiety, craving and other withdrawal symptoms.**

True.

False.

Answer: True. Zyban, or bupropion, reduces nicotine withdrawal symptoms and the urge to smoke, but does not contain nicotine. Common side effects of this medication are dry mouth, difficulty sleeping, dizziness and skin rash, the NCI says. People should not use this drug if they have a seizure disorder, and eating disorder or if they take other medicines that contain bupropion hydrochloride.

**9. It's safe to smoke while using nicotine-replacement therapy.**

True.

False.

Answer: False. You could overdose on nicotine.

**10. Combining a nicotine-replacement method with counseling can significantly increase your chances of quitting successfully.**

True.

False.

Answer: True. You can obtain smoking cessation counseling from a doctor, dentist, pharmacist or other health provider. Also, the Department of Health and Human Services is working to establish a national network of "quitlines" to help smokers quit. A quitline is a toll-free number that connects the caller to a telephone counselor.