

T O B A C C O 1 0 1

A TOBACCO AND NICOTINE TUTORIAL

By John Slade, M.D.

A different subject is featured in this column in each issue of The Nicotine Challenger. Please send questions or suggestions for topics to Dr. Slade at Addressing Tobacco...

Bupropion as an Adjunct in Treating Tobacco Dependence

In the early 1990s, Linda Ferry, a physician at the Loma Linda VA Medical Center, wondered if the antidepressant bupropion might help people stop smoking. She conducted a small clinical experiment to see if it worked. It did. Taking it further, Dr. Ferry encouraged the company that makes bupropion, Glaxo Wellcome, to conduct larger studies. Those studies showed that bupropion, indeed, makes it easier for many people to stop smoking.

Glaxo Wellcome took the information it had assembled to the Food and Drug Administration and received permission to market bupropion under the trade name Zyban for managing tobacco dependence. (It is still available as Wellbutrin for the treatment of depression.)

Thus, Zyban joined the ranks of medicines approved by the FDA as adjuncts in the management of tobacco dependence. It is the first (and so far only) non-nicotine medicine approved for this indication. Like the various forms of nicotine replacement (NRT), bupropion enhances the success rate of effective tobacco addiction treatment. That is, the use of bupropion about doubles the rate of abstinence achieved from counseling or other behavioral treatment alone, and its usefulness is closely tied to how good the underlying addiction treatment is.

There are suggestions in the literature and in clinical practice that combining bupropion with NRT provides even better results than the use of either alone.

It is advised that people who have a history of having had a seizure or who have had a history of an eating disorder not use Zyban. This is because bupropion is known to lower the threshold for seizures and it is associated with an exacerbation of eating disorders. A person who is already taking another antidepressant should consult the physician who prescribed that medicine before starting Zyban.

Instructions for patients using Zyban are a little unusual. Taking a cue from the knowledge that antidepressants don't relieve depression immediately after the medicine is begun, patients are advised against trying to stop smoking until they have been taking Zyban for a week. Initially, one dose is taken each day and this is increased after a few days to one twice daily. (If the second dose is not tolerated, then the person can continue with one dose daily.)

Sometimes, a person will experience a marked reduction in urges and pressure to smoke right from the first dose. Without trying, the amount smoked will fall markedly. At other times, there is no spontaneous falloff. The medicine is helpful for some people and not for others. It is not clear how to tell these two groups apart other than by trying out the medicine.

The packaging suggests that Zyban be taken for between seven and twelve weeks. This time limit is arbitrary, dictated by the conditions of the clinical experiments that led to the drug's approval.

In practice, the actual length of treatment may vary considerably. Occasionally, a person will find that Zyban has actually helped lift an unrecognized depression. In such a case, it may be appropriate to continue the medicine indefinitely, pausing occasionally (with a medicine "holiday") to learn if it is still helping keep the depression at bay.

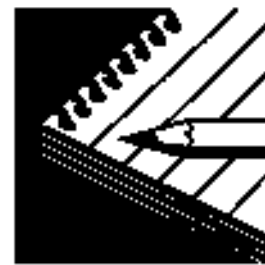
Patients sometimes find that their prescription drug insurance plan covers Wellbutrin but not Zyban. Fortunately for them, there is a formulation of Wellbutrin that is exactly the same as Zyban, namely Wellbutrin SR 150.

Whether used by itself or in combination with NRT, it is important to keep in mind that Zyban is not a magic bullet. It is good medicine, but the benefit people get from it is only as good as the counseling and support that they get for the addiction. The medicine is an adjunct; it rarely can do a good job just by itself.



HELP WANTED

The *Addressing Tobacco...* project has an opening for a full-time program staff member. Responsibilities include providing consultation and training state-wide on tobacco issues and nicotine dependence treatment. Bachelor's degree and/or CADC or CPS required. Masters degree preferred. UMDNJ position title: Health Educator II. Please contact Diane Lindberg at (732) 846-4338 for further information.



Addressing Tobacco... Survey

After eight years of a "pencil and paper" survey of tobacco and nicotine policies and practices in NJ treatment programs, the *Addressing Tobacco...* project has changed its format for 1999. Instead of mailing the questionnaire, sending follow-up faxes and making reminder phone calls, staff members will be setting up telephone interviews with selected programs. Materials and services will be provided to participating agencies, and ongoing support will be offered.

If you have not received a letter from the project inviting your participation in the survey, please give us a call at (732) 846-4338 to schedule an interview.