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EDITORIAL

NRT, a safe and effective smoking treatment

La TSN, un tratamiento del tabaquismo seguro y efectivo

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Smoking is an addictive and chronic disease and, therefore, requires prevention and treatment, with the greatest effectiveness being achieved by combining pharmacological and cognitive-behavioral treatment.

The drugs considered first-line are varenicline, bupropion and nicotine replacement therapy (NRT). However, as these include drugs that are not subject to medical prescription, they are not usually well known and, therefore, underutilized in all their possibilities by smoking therapists.

To optimize its use and provide the latest strategies regarding its use, the Spanish Society of Clinical, Family and Community Pharmacy (SEFAC) has just published a Guide¹ on NRT, aimed at community pharmacists in general, whether

or not they are experts in smoking, but which can be useful for all healthcare professionals working in this field.

It covers from the most general aspects, such as the approach to different types of smokers, and the management of NRT as a single forms, to more specific aspects such as Combined NRT (patches with oral forms) or with other drugs (bupropion or varenicline), use in pregnancy or in special situations, alternative strategies to the usual pharmacological treatment, or tobacco-drug interactions, a little known aspect, sometimes of notable clinical significance, which was already reviewed in this same publication².

NRT, in addition to presenting proven data on safety and effectiveness, has the versatility of being able to use different pharmaceutical forms in different dosages, and can be adapted to the patient's smoking pattern, which favors the effectiveness of the therapy. Combined NRT and varenicline are considered the two options of choice in the pharmacological treatment of smoking³. On the other hand, a recent Cochrane review, based on 63 studies with more than 41,000 participants, concludes that Combined NRT is as effective as varenicline, between 15 and 36% more effective than single NRT, in its different forms, and that the safety of using highdose regimens, such as 25 mg with 16-hour patches, has been proven in highly dependent smokers⁴.

Alternative therapeutic strategies described in the document:

• "Cutting Down before to Quit", used for some years now, which makes it possible to broaden the range of intervention by being able to address patients who are poorly motivated or who do not want to stop abruptly. The use of oral forms of NRT in this

strategy clearly increases its effectiveness⁵.

• "Pre-loading", which is carried out by administering progressive doses of the drug before D-day (the day of cessation) in motivated smokers who are not planning to cut down, increases the smoker's confidence in the treatment and reduces subsequent episodes of craving. Varenicline can be used, which has a recent convincing study⁶ and NRT, which, for the moment, has only one study, conducted with patches, with moderate evidence⁷.

• The "Flexible Quit Dates", making it possible to extend total cessation for up to one month, is effective and useful with varenicline⁸, but not adequate with NRT.

• The combination with the other first-line drugs, bupropion or varenicline, with greater evidence of efficacy, so far, with the first of the two aforementioned drugs⁹.

Tú puedes conseguirlo, nosotros podemos ayudarte Su médico o su farmacéutico pueden ayudarle a dejar de fumar



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The Guide is completed with a reference to cognitivebehavioral treatment, also a key element in the approach to the smoking patient, considering that different levels of various types of dependence must be addressed: physical, psychological, gestural, behavioral and social.

The effectiveness of the tobacco industry to enter the world of young people, its current main objective, through electronic nicotine delivery systems, heated tobacco products, and the most recent synthetic nicotine products, supported to a large extent by interventions in social networks, and even by those of some health professionals prone to their use, located in key positions, mean that we must make even more effort and work in coordination all health professionals from the different scientific societies and institutions that have the common goal of achieving a world without tobacco.

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