

## More smokers kick the habit with extended nicotine patch therapy, research shows

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New research from the University of Pennsylvania School of Medicine may help more smokers keep their New Year's resolution by helping them quit smoking. Extended use of a nicotine patch - 24 weeks versus the standard eight weeks recommended by manufacturers - boosts the number of smokers who maintain their cigarette abstinence and helps more of those who backslide into the habit while wearing the patch, according to a study which will be published in the February 2 issue of *Annals of Internal Medicine*.

"Our data suggest that the many smokers who relapse while trying to quit will be especially helped by extended treatment, which appears to make it easier for smokers to 'get back on the wagon' after a small smoking slip, instead of having it turn into a full-blown relapse," says lead author Robert Schnoll, PhD, an associate professor of [Psychiatry](#) at Penn. "We know that [tobacco dependence](#) is a chronic, relapsing condition that may require extended treatment, and we hope our research efforts will encourage physicians to recommend to their patients that they use [nicotine](#) patches for a longer duration."

Schnoll and senior author Caryn Lerman, PhD, a Mary W. Calkins Professor of Psychiatry and Deputy Director of the Abramson Cancer Center, studied 568 adult smokers who smoked 10 or more cigarettes per day for at least the past year. At the end of the 24-week study, smokers who used a nicotine patch throughout the whole trial were about two times as likely to have been successful in their quitting attempts than those who received a placebo patch after the eighth week of the study:

31.6 percent of extended therapy participants had not smoked in the past seven days, compared to 20.3 percent of standard therapy participants. More than nineteen percent of participants on the extended patch regimen did not smoke at all, even a puff, during the trial, compared to 12.6 percent of those who stopped getting the active transdermal therapy after week eight. The benefits also extended to those who relapsed during the study: The smokers on extended therapy abstained from cigarettes for longer, and were more likely to stop smoking again even if they relapsed.

When the researchers followed up with participants at week 52, however, they found no difference in the main measures of smoking abstinence between those who had used the extended patch therapy (14.5 percent) and those who used the standard regimen (14.3 percent), though the extended patch users were more likely (29.1 percent vs. 21.3 percent) to have reported no periods of smoking lasting more than 7 days in a row -- during the entire year.

Though drug therapies including Zyban and Chantix produce similar results to extended patch therapy, the authors say their findings provides a cessation option to more smokers, since nicotine patches are available over the counter and can be used even by people with seizure disorders or mental health problems like depression, who are generally advised not to use those drugs. The authors estimate that the cost per quitter for extended therapy costs \$2,482, which is similar to other drug-related cessation aids. However, cost may remain a barrier to accessing proven smoking cessation tools: Just 8.6 percent of U.S. health insurers fully cover the cost of nicotine patches, and only 33 states pay for Medicaid patients to use the patch.

The new research is part of an ongoing effort in Penn's Center for Interdisciplinary Research on Nicotine Addiction learn more about the genetic underpinnings of nicotine addiction - and tailor smoking

cessation approaches to individual smokers. In addition, to buoy smokers' long-term success following extended nicotine patch therapy, the authors suggest combining cessation strategies, such as pairing extended patch use with more intensive counseling or having smokers begin using nicotine patches before their quitting attempt begins.

"While we have documented that extended therapy is more efficacious overall than standard therapy, not everyone benefits equally," Lerman says. "Therefore, our team is using genetic approaches to identify smokers who will achieve the greatest benefit from an extended or maintenance therapy approach."

Provided by University of Pennsylvania School of Medicine

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