

How To Quit Smoking

REMEDYMD

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Why Stop Now?

Whether you have just started smoking or have been puffing away for decades, quitting is the single best thing you can do for your health. And the rewards are almost immediate. You'll smell better, look better and feel better—an indisputable trifecta of good news. (See the sidebar on page 3 to find out about more good things that happen to your body when it's no longer assaulted by the toxins in cigarette smoke.)

But even when you understand how far-reaching the benefits are, quitting is no easy task. When the time comes to effectively free yourself from nicotine's destructive power, you'll need and deserve a lot of support.

"At the American Lung Association

BY KALIA DONER

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For You! Take One

why stop now?

[ALA], all our stop-smoking programs address the three cornerstones of smoking addiction: the biological, the psychological and the social,” says Bill Blatt, the ALA’s director of tobacco programs.

Biological Nicotine is one of the most physically addictive substances known. “We know from animal studies that nicotine is at least as addictive as cocaine or heroin,” explains Blatt. That may be why research shows that so-called layering techniques—using nicotine replacement, group support and regular exercise,



for example—increase the chance that an attempt at quitting will be successful. “Also, there is new research showing that if you use two nicotine replacements together (such as a patch and gum) they work better than one alone,” says Norman H. Edelman, M.D., chief medical officer for the ALA.

Psychological People use nicotine as a way to deal with stress. “This is a little perplexing to scientists,” says Blatt. “Nicotine is a stimulant that revs up the system, but people use it to relax.”

Fortunately, the craving for a cigarette passes in three

to five minutes, whether you have a cigarette or not. But the tension you may feel when you don’t smoke can persist. “We find that when the urge hits, it is helpful to do deep-breathing exercises that reduce tension and increase oxygenation, drink water and distract yourself with an activity,” Blatt adds.

Social Smoking becomes part of a person’s everyday routine—a way to take time to talk with friends after work or share a drink. That’s why it’s effective to enlist a fellow smoker for a “quit together” campaign.

“Sometimes we suggest that instead of going outside for a smoke, coworkers take the time to walk around the parking lot or go to the gym on their lunch hour. It’s social and it’s healthy,” explains Dr. Edelman. “At the ALA we offer a Freedom from Smoking program, which is available in person and online, using a group-therapy approach. We focus on the support system that is so integral to success.” You can find out more about the program, and sign up for support, by visiting ffsonline.org.

What Is Stopping You?

Despite the dire health warnings that pop up everywhere, it is surprisingly easy for people to block out scary news about the health effects of smoking—that’s the power that an addiction has over the rational mind.

One study in the journal *Tobacco Control* found that smokers underestimate their own risk of lung cancer, both relative to other smokers and to nonsmokers, and they demonstrate serious misunderstandings of smoking risks.

For example, the study found that many smokers and former smokers believe that exercise can reverse most of the negative effects of smoking. The study’s authors, from the Rutgers University Department of Human Ecology in New Brunswick, NJ, concluded: “Smoking cannot be interpreted as a choice made in the presence of full information about the potential harm.” So whether you’re thinking about quitting, or are in the middle of your third attempt to live smoke-free, here’s a list of 19 reasons why you’ll want to succeed. We hope they help and empower you.

Smoking Can Lead to...

1. Mental decline An analysis of 19 prior studies found that, compared with lifelong nonsmokers, elderly smokers face a heightened risk of Alzheimer's disease and cognitive decline. A study in *Neurology* found that smoking tobacco increased mental impairment significantly in the elderly.

2. Sleep deprivation The journal *Chest* reports that smokers are four times more likely to have poor-quality sleep than nonsmokers, possibly because nicotine is a stimulant.

3. Double the risk of sudden infant death syndrome (SIDS) That's the conclusion of a study in the journal *The Lancet*.

4. Higher incidence of colic Babies of women who smoked during pregnancy and babies exposed to secondhand smoke after birth are at increased risk for colic, according to the journal *Pediatrics*.

5. Erectile dysfunction (ED) One study found that, compared with nonsmokers, smokers who puff more than a pack a day increase their chance of ED by 65 percent.

6. Weak bones Smoking is a risk factor for osteoporosis, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

7. Increased risk of rheumatoid arthritis (RA) Certain genetically vulnerable smokers can be more likely to develop the disease than nonsmokers without the same genetic profile, according to a study in *Arthritis & Rheumatism*. And an earlier study in that journal found that women who smoked 25 cigarettes a day for more than 20 years experienced a 39 percent increased risk of RA.

8. Heart disease Women who smoke are two to six times more likely to suffer a heart attack than those who don't smoke. Men are also at increased risk. Quit, and in one year your risk of heart disease will drop by more than half.

9. Heartburn The journal *Gut* reports that folks who puff for more than 20 years have a 70 percent increased risk of acid reflux symptoms.



The Body of Evidence

When you reach the point where you are deeply, truly sure that no matter how lousy you feel as you go through the withdrawal process—or how

tempted you are by the psychological solace you attribute to smoking—you are not going to pick up a smoke, you will receive enormous rewards from the very first day.

Here's a rundown of some of the most profound improvements in your health that come with not smoking:

- Twenty minutes after quitting, your heart rate and blood pressure will drop—a very good thing, since smoking elevates both of these vital signs and heart disease is one of the most common results of smoking.
- Within 24 hours, the carbon monoxide level in your blood becomes normal—which is a testimony to how effectively the body can clear out accumulated toxins.
- After a few weeks, blood circulation improves.
- Over time, the cilia—the tiny hairlike fibers in the lungs that remove mucus—grow back. You breathe easier and better.
- A year later, your risk of heart disease is cut in half.
- If you stay smoke-free for 5 to 15 years, you reduce your cancer risk. In fact, although smokers are at increased risk for 15 types of cancer, once you've quit for a decade or so, the risks decrease significantly.
- Those who quit smoking by age 35 avoid 90 percent of the risks of tobacco use.
- Even smokers who quit after age 50 substantially reduce their risk of dying early.

why stop now?

10. Wrinkles A 2007 study in the *Archives of Dermatology* found that smoking triggers extensive and deep facial wrinkling and general damage to the skin.

11. Diabetes JAMA (*Journal of the American Medical Association*) reports that a survey of 25 studies reveals that smokers have a 44 percent greater chance of developing type 2 diabetes than nonsmokers.

Are You Wearing a Smoker's Face?

Since 1985, *smoker's face* has been in the medical lexicon. That year, a study in the *British Medical Journal* demonstrated that people who had smoked

for 10 or more years were identifiable just by looking at them. Their distinct facial characteristics included lines or wrinkles typically radiating at right angles from the upper and lower lips or corners of the eyes; deep lines on the cheeks; or numerous shallow lines on

the cheeks and lower jaw. They also were found to have a subtle gauntness with "prominence of the underlying bony contours." And their skin had turned grayish and thin.

This happens because smoking constricts the blood vessels in the skin's top layer, depriving it of oxygen, which is needed to produce collagen. Collagen is a protein that gives the skin resiliency and firmness. One study of 25 pairs of identical twins, in which one twin was a smoker and the other was not, found that the smokers' skin was 25 to 40 percent thinner than that of the nonsmokers.



12. Snoring The *American Journal of Respiratory and Critical Care Medicine* says that 24 percent of smokers are habitual snorers, as opposed to 20 percent of ex-smokers and less than 14 percent of people who have never smoked.

13. Breast cancer A study in the *Journal of the National Cancer Institute* found that current smokers were more likely to develop breast cancer than women who had never smoked.

14. Premature menopause Women who smoke may go through menopause at a younger age than nonsmokers, according to the 2001 and 2004 Surgeon General's reports.

15. Age-related macular degeneration (ARMD) "More than one-quarter of all cases of age-related macular degeneration [a leading cause of visual impairment and blindness] are caused by current or past exposure to smoke," says ophthalmic surgeon Simon P. Kelly, M.D., who reviewed three studies involving 12,470 patients.

16. Bellyache Smoking is associated with ulcers and maybe gallstones, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). If you have ever smoked, you are also at an increased risk for Crohn's disease, says the NIDDK.

17. Increased risk of developing lupus Quitting may lower the increased risk of this autoimmune disease, according to a study from Harvard University.

18. More than lung cancer Turns out that smoking increases the risk for stomach, pancreatic, kidney, urinary bladder and cervical cancer, among others.

19. Premature death A Finnish study of 1,600 men over 30 years found that smokers lived an average of seven fewer years than nonsmokers.

We don't mean to imply that these are the only reasons to stop smoking—not by a long shot. But we thought this seemed like more than enough to absorb at one time. 🕯



Talk to us! Take our survey to let us know what you think. Go to: RemedyMDQuit.com

“I honestly loved smoking.
And I honestly didn’t
think I would ever quit.”

Lisa

Quit smoking with CHANTIX
and support in June '07

With CHANTIX you can smoke during the first week of treatment. Plus it’s a non-nicotine pill that works by targeting nicotine receptors in the brain, attaching to them, and blocking nicotine from reaching them. If you’re serious about quitting smoking, talk to your doctor.

If your doctor prescribes CHANTIX, call 1-800-246-7084. We’ll send you a **CHANTIX information kit which includes a \$30 coupon** that you may be eligible to use.

CHANTIX is a prescription medicine to help adults 18 and over stop smoking.

Important Safety Information

Some people have had changes in behavior, hostility, agitation, depressed mood, suicidal thoughts or actions while using CHANTIX to help them quit smoking. Some people had these symptoms when they began taking CHANTIX, and others developed them after several weeks of treatment or after stopping CHANTIX. If you, your family, or caregiver notice agitation, hostility, depression, or changes in behavior, thinking, or mood that are not typical for you, or you develop suicidal thoughts or actions, anxiety, panic, aggression, anger, mania, abnormal sensations, hallucinations, paranoia, or confusion, stop taking CHANTIX and call your doctor right away. Also tell your doctor about any history of depression or other mental health problems before taking CHANTIX, as these symptoms may worsen while taking CHANTIX.

Some people can have serious skin reactions while taking CHANTIX, some of which can become life-threatening. These can include rash, swelling, redness, and peeling of the skin. Some people can have allergic reactions to CHANTIX, some of which can be life-threatening and include: swelling of the face, mouth, and throat that can cause trouble breathing. If you have these symptoms or have a rash with peeling skin or blisters in your mouth, stop taking CHANTIX and get medical attention right away.

The most common side effects are nausea, sleep problems, constipation, gas, and vomiting. If you have side effects that bother you or don’t go away, tell your doctor.

Patients also reported trouble sleeping, vivid, unusual, or strange dreams. Use caution driving or operating machinery until you know how CHANTIX may affect you.

You may need a lower dose of CHANTIX if you have kidney problems or get dialysis. Before starting CHANTIX, tell your doctor if you are pregnant, plan to become pregnant, or if you take insulin, asthma medicines, or blood thinners. Medicines like these may work differently when you quit smoking. CHANTIX should not be taken with other quit-smoking medicines. Should you slip up and smoke, keep trying to quit.

This coupon is not health insurance. This coupon is only available at participating pharmacies. No membership fees. Estimated average co-pay savings is \$30 per patient per year.

Please see patient Medication Guide on the next page.

Pfizer, PO Box 29387, Mission, KS 66201 www.pfizer.com

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



MEDICATION GUIDE

CHANTIX® (varenicline) Tablets

Read the Medication Guide that comes with CHANTIX before you start taking it and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your condition or treatment.

What is the most important information I should know about CHANTIX?

Some people have had changes in behavior, hostility, agitation, depressed mood, and suicidal thoughts or actions while using CHANTIX to help them quit smoking. Some people had these symptoms when they began taking CHANTIX, and others developed them after several weeks of treatment or after stopping CHANTIX.

If you, your family, or caregiver notice agitation, hostility, depression or changes in behavior or thinking that are not typical for you, or you develop any of the following symptoms, stop taking CHANTIX and call your healthcare provider right away:

- thoughts about suicide or dying, or attempts to commit suicide
- new or worse depression, anxiety or panic attacks
- feeling very agitated or restless
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- abnormal thoughts or sensations
- seeing or hearing things that are not there (hallucinations)
- feeling people are against you (paranoia)
- feeling confused
- other unusual changes in behavior or mood

When you try to quit smoking, with or without CHANTIX, you may have symptoms that may be due to nicotine withdrawal, including urge to smoke, depressed mood, trouble sleeping, irritability, frustration, anger, feeling anxious, difficulty concentrating, restlessness, decreased heart rate, and increased appetite or weight gain. Some people have even experienced suicidal thoughts when trying to quit smoking without medication. Sometimes quitting smoking can lead to worsening of mental health problems that you already have, such as depression.

Before taking CHANTIX, tell your doctor if you have ever had depression or other mental health problems. You should also tell your doctor about any symptoms you had during other times you tried to quit smoking, with or without CHANTIX.

See “What are the possible side effects of CHANTIX?”

Some people can have allergic reactions to CHANTIX. Some of these allergic reactions can be life-threatening and include: swelling of the face, mouth, and throat that can cause trouble breathing. If you have these symptoms, stop taking CHANTIX and get medical attention right away.

Some people can have serious skin reactions while taking CHANTIX. These can include rash, swelling, redness, and peeling of the skin. Some of these reactions can become life-threatening. If you have a rash with peeling skin or blisters in your mouth, stop taking CHANTIX and see your doctor right away.

What is CHANTIX?

CHANTIX is a prescription medicine to help adults stop smoking.

Quitting smoking can lower your chances of having lung disease, heart disease or getting certain types of cancer that are related to smoking.

CHANTIX is not recommended for people under 18 years of age.

CHANTIX has not been studied with other treatments for stopping smoking.

What should I tell my doctor before taking CHANTIX?

Tell your doctor about all of your medical conditions including if you:

- have ever had depression or other mental health problems. See “What is the most important information I should know about CHANTIX?”
- have kidney problems or get kidney dialysis. Your doctor may prescribe a lower dose of CHANTIX for you.
- have any allergies. See the end of this Medication Guide for a complete list of ingredients in CHANTIX.
- are pregnant or plan to become pregnant. CHANTIX has not been studied in pregnant women. It is not known if CHANTIX will harm your unborn baby. It is best to stop smoking before you get pregnant.
- are breastfeeding. Although it was not studied in humans, CHANTIX may pass into breast milk. You and your doctor should talk about the best way to feed your baby if you take CHANTIX.

Tell your doctor about all your other medicines including prescription and nonprescription medicines, vitamins and herbal supplements. Especially, tell your doctor if you take:

- insulin
- asthma medicines
- blood thinners.

When you stop smoking, there may be a change in how these and other medicines work for you.

You should not use CHANTIX while using other medicines to quit smoking. Tell your doctor if you use other treatments to quit smoking. Know the medicines you take. Keep a list of them with you to show your doctor and pharmacist when you get a new medicine.

How should I take CHANTIX?

- Take CHANTIX exactly as prescribed by your doctor.
 1. Choose a **quit date** when you will stop smoking.
 2. Start taking CHANTIX 1 week (7 days) before your **quit date**. This lets CHANTIX build up in your body. You can keep smoking during this time. Make sure that you try and stop smoking on your **quit date**. If you slip-up and smoke, try again. Some people need to take CHANTIX for a few weeks for CHANTIX to work best.
 3. Take CHANTIX after eating and with a full glass (8 ounces) of water.
 4. Most people will take CHANTIX for up to 12 weeks. If you have completely quit smoking by 12 weeks, your doctor may prescribe CHANTIX for another 12 weeks to help you stay cigarette-free.

- CHANTIX comes as a white tablet (0.5 mg) and a blue tablet (1 mg). You start with the white tablet and then usually go to the blue tablet. See the chart below for dosing instructions.

<u>Day 1 to Day 3</u>	<ul style="list-style-type: none"> • <u>White</u> tablet (0.5 mg) • Take 1 tablet each day
<u>Day 4 to Day 7</u>	<ul style="list-style-type: none"> • <u>White</u> tablet (0.5 mg) • Take 1 in the morning and 1 in the evening
<u>Day 8 to end of treatment</u>	<ul style="list-style-type: none"> • <u>Blue</u> tablet (1 mg) • Take 1 in the morning and 1 in the evening

- This dosing schedule may not be right for everyone. Talk to your doctor if you are having side effects such as nausea, strange dreams, or sleep problems. Your doctor may want to reduce your dose.
- If you miss a dose of CHANTIX, take it as soon as you remember. If it is close to the time for your next dose, wait. Just take your next dose at your regular dose.

What should I avoid while taking CHANTIX?

Use caution driving or operating machinery until you know how CHANTIX may affect you. Some people who use CHANTIX may feel sleepy, dizzy, or have trouble concentrating, that can make it hard to drive or perform other activities safely.

What are the possible side effects of CHANTIX?

- **Some patients have had new or worse mental health problems.** See “What is the most important information I should know about CHANTIX?”
- The most common side effects of CHANTIX include:
 - nausea
 - sleep problems (trouble sleeping or vivid, unusual, or strange dreams)
 - constipation
 - gas
 - vomiting

Tell your doctor about side effects that bother you or that do not go away.

These are not all the side effects of CHANTIX. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store CHANTIX?

- Store CHANTIX at room temperature, 59 to 86°F (15 to 30°C).
- Safely dispose of CHANTIX that is out of date or no longer needed.
- **Keep CHANTIX and all medicines out of the reach of children.**

General information about CHANTIX

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use **CHANTIX** for a condition for which it was not prescribed. Do not give your **CHANTIX** to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about CHANTIX. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about CHANTIX that is written for healthcare professionals.

For more about CHANTIX and tips on how to quit smoking, go to www.CHANTIX.com Or call **1-877-CHANTIX (877-242-6849)**.

What are the ingredients in CHANTIX?

Active ingredient: varenicline tartrate

Inactive ingredients: microcrystalline cellulose, anhydrous dibasic calcium phosphate, croscarmellose sodium, colloidal silicon dioxide, magnesium stearate, Opadry® White (for 0.5 mg), Opadry® Blue (for 1 mg), and Opadry® Clear (for both 0.5 mg and 1 mg)

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Here, Quitters Never Lose!

BY KALIA DONER

The very act of trying to quit smoking is truly heroic. And there is no reason to be ashamed or embarrassed if you try and fail. “It takes somewhere around five to seven times for most people to quit permanently,” says Norman H. Edelman, M.D., professor of preventive medicine at Stony Brook University Medical Center in New York and chief medical officer for the American Lung Association. But those statistics shouldn’t discourage you. Up to 5 percent of smokers quit successfully every year. Since the major public health campaign against smoking was started more than a decade ago, four states with strong programs—Arizona, California, Massachusetts and Oregon—have seen cigarette sales drop by 43 percent. And smoking in the U.S. as a whole has shrunk by nearly half since the 1960s, falling to around 20 percent of adults.

Despite that good news, however, smoking remains the most preventable serious health challenge in the country. It is rivaled only by the epidemic of obesity, which further complicates the medical problems associated with tobacco use—particularly heart disease and high blood pressure, and even susceptibility to cancer. Today, according to the American Cancer Society, nearly one of every five deaths in the U.S. is related to smoking. Cigarettes kill more Americans than alcohol, car accidents, suicide, AIDS, homicide and illegal drugs combined.

What Works

The U.S. Department of Health and Human Services (HHS) recommends seven types of FDA-approved cessation medications and three forms of counseling to treat nicotine addiction. These medications include nicotine-replacement therapies and two non-nicotine prescription drugs: bupropion (an antidepressant) and varenicline (a nicotine-receptor blocker). According to HHS, intensive counseling should include at least four individual, group or telephone therapy sessions lasting no less than 10 minutes each.



Know Your Triggers

Because smoking becomes part of a daily routine, people are often tempted to smoke in situations in which they used to light up.

Try to anticipate potentially troublesome scenarios and approach them with a self-awareness that will keep you strong in the face of an overwhelming urge to smoke.

Ask yourself: Do I smoke when I am feeling stressed? Done with a work-related project? Talking on the phone? Drinking alcohol? Watching TV? Driving? Finishing a meal? Playing cards? Hanging out with other smokers?

If you are ready, here's a rundown of the tools and techniques that can help you quit and make it stick. For some people some therapies may trigger significant side effects that merit attention from health-care providers. When starting a quit-smoking program, ask your doctor about the risk/benefit profiles of various treatments. Also, ask whether your medical history or personal risk factors make it essential for your doctor to monitor your wellbeing while you are using any of the following medications.

Nicotine-Replacement Therapy (NRT)

These provide a substitute source of nicotine. NRTs allow smokers to gradually lower the amount of nicotine in their body and, it is hoped, reduce their level of addiction so they are eventually free of the intense need for nicotine. NRTs reduce withdrawal symptoms, such as irritability, frustration, anger, craving, hunger, anxiety, difficulty concentrating or restlessness, but may not eliminate them. According to a study of NRT gums, patches, nasal sprays and inhalers, published in the journal *Chest*, "the efficacy of nicotine replacement products is similar," and each doubles the quit rate.

The form you choose—gum, patch, lozenge, inhaler or

nasal spray—depends on what suits you best. People with specific medical problems and pregnant women should talk to their doctor before using any of these products.

● **Nicotine gum** This is available without a prescription. It is chewed to release nicotine, which is absorbed through the skin inside the mouth.

● **Nicotine patch** The nicotine patch is available without a prescription. It is placed on the skin and delivers a small, steady amount of nicotine into the body. Smokers who have psoriasis, eczema or atopic dermatitis may experience additional skin irritation.

● **Nicotine lozenge** Available without a prescription, they are like small hard candies. The nicotine is absorbed through the lining of the mouth. They are useful for handling intense cravings and are very short-acting.

● **Nicotine inhaler** These are available only with a prescription. A puff of nicotine-laced vapor is pumped into the mouth and absorbed through the lining of the mouth and throat. The vapor is not inhaled; it is held in the mouth and then blown out after a few seconds. It is good for immediate short-term relief of cravings. If you have asthma, talk with your doctor before using this inhaler.

Drinking coffee? Cooling off after an argument? Feeling lonely?

Write down your strongest triggers and add to the list as you notice situations that stimulate your urge to smoke. Then refer to it whenever you feel the impulse to light up.

But if you need still more help to avoid triggers, the members of COPD International, an organization for people who suffer from chronic obstructive pulmonary disease,

have put together a list of ways to reduce the power that smoking triggers have over you. They include: substituting orange juice for your breakfast coffee for the first week; taking a shower after breakfast or tidying up around the house; chewing gum; keeping hands busy with needlework or tools, especially while watching TV; taking short walks; rewarding yourself with bubble baths or other ways of being good

to yourself; checking in with support groups when you feel a strong urge to smoke; doing pursed-lip breathing exercises; chewing on coffee stirrers or straws; singing with the car radio while driving; making it a point to hang out with nonsmokers; letting friends and family know that you QUIT; starting a journal so you can write about your struggles with quitting; writing a list of reasons to quit and reviewing it frequently.

● **Nicotine spray** Nicotine nasal spray, available with a prescription, eases cravings; it's recommended for heavy smokers. One caution from smokefree.gov: The nicotine nasal spray may be addicting, and individuals may find that the possibility of dependence is greater than with other NRT products.

Antidepressant Support

● **Bupropion** This is a prescription antidepressant; a sustained-release (SR) form is FDA-approved for smoking cessation. It does not contain nicotine. Instead, this drug interferes with the urge to smoke by increasing the levels of pleasure-stimulating brain chemicals that nicotine also boosts. Bupropion takes a few days to become effective and is generally started before a person quits smoking.

Nicotine-Receptor Blocker

Varenicline This is the newest treatment approved for smoking cessation. Available by prescription, it blocks nicotine receptors in the brain, which decreases the pleasurable effects of smoking. The medication helps reduce tobacco cravings and controls nicotine withdrawal symptoms. According to smokefree.gov, it blocks the effects of nicotine if the user starts smoking again.

Individual & Group Support

Smoking-cessation counseling This important element of effective stop-smoking programs can be done through individual, group or even phone and online sessions. Repeated studies show that support makes it far more likely that a person will quit and stay smoke-free for the near-term. For example, according to a study in the *Archives of Internal Medicine*, quitters are one and a half times more likely to stop smoking if they get counseling than if they try to stop without the support. 📍

Sources: American Cancer Society; *Archives of Internal Medicine*, 2009; Cochrane Database of Systematic Reviews, April 2005; U.S. Department of Health and Human Services; U.S. Food and Drug Administration.



First Steps

These tips from the Centers for Disease Control and Prevention can help you make it through the first 72 hours of your new smoke-free life.

DAY ONE

1. Throw away all your cigarettes, lighters and ashtrays.
2. You will feel the urge to smoke, but it usually passes in two to three minutes. When you feel the urge to light up, do something else. Take deep breaths and let them out slowly. Drink a glass of water.
3. Carry things to put in your mouth, such as gum, hard candy or toothpicks.
4. Keep busy: Go to the movies, ride your bike, walk the dog, play video games, call a friend.
5. Go to places where you're not allowed to smoke, such as movie theaters or malls.

BEYOND DAY ONE

1. The first few days after you quit, don't hang around people who smoke and places where you used to smoke. If your family or friends smoke, ask them not to:
 - smoke around you.
 - offer you cigarettes.
 - leave cigarettes where you can find them.
 - tease you about not smoking.
2. Turn your room into a no-smoking zone, especially if your family smokes.
3. Spend a lot of time in places where you're not allowed to smoke.
4. Drink lots of water and fruit juice, but don't drink anything with caffeine in it, such as cola, coffee or tea; the stimulant effect they have can trigger the urge for the stimulant effect of nicotine.



A new way to think about quitting.

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Whether this is your first attempt at quitting or your 10th, **EX** can help. Get your free **EX** quit plan and re-learn life without cigarettes at BecomeAnEX.org.



Smoke-Free Life

Banishing cigarettes gives you the opportunity to upgrade your whole life **BY** MICHAEL GOLDMAN



When you decide to quit smoking, making smart choices about how you exercise and what you eat can transform the experience. Instead of being one of grinding frustration and struggle, it can become a process of ever-increasing self-esteem, personal power and better health.

Exercising Your Options

If you're trying to quit smoking, starting an exercise program is worthwhile. "Exercise probably has effects similar to nicotine-replacement therapy, but it may depend on the individuals and how much they believe in its value," says

Adrian Taylor, Ph.D., a professor at the School of Sport and Health Sciences, University of Exeter, UK, who has done numerous studies on the effects of exercise on nicotine addiction. Research has shown that many people find that any form of moderate- or vigorous-intensity activity—brisk walking or cycling, for example—can help curb nicotine cravings and reduce irritability, stress, poor concentration and other withdrawal symptoms. It seems that exercise may increase the same mood-enhancing brain chemicals that nicotine boosts.

One study, from the University of California at San Francisco, gave 407 smokers nicotine patches, a quit-smoking drug and counseling for three months. Then some of the participants were given a pedometer and told to work up to walking 10,000 steps a day. After another three months, the walkers were more likely to maintain their nonsmoking status than those who did not exercise.

Thinking clearly Exercise also can provide psychological benefits for abstainers by reinforcing their desire to achieve their goals. When people start exercising they often feel like they are turning over a new leaf, and people who start to exercise regularly are more likely to acquire or maintain other good habits. In addition, "exercise is incompatible with smoking, both from a physical perspective (it's harder to exercise when you are smoking) and from a self-image perspective (it's inconsistent to think of yourself as a healthy exerciser and a smoker at the same time)," says Raymond Niaura, Ph.D., an expert in tobacco dependence and professor of psychiatry and human behavior at the Warren



Win \$50! Go to RemedyMDQuit.com, fill out our short survey, and you will be entered for a chance to win \$50. While online, share a digital version of this magazine with a friend.

Alpert Medical School of Brown University in Providence.

Starting a routine If you are not used to exercising, begin with short periods of low-to-moderate-intensity activity, such as a brisk 15-minute walk, several times a week, or whenever you feel a strong craving for cigarettes. Unlike nicotine gum, which can take a while to kick in, the benefit of exercise seems to be immediate. So, if you're going to be in a situation where the temptation to smoke will be great, such as a party, taking a brisk walk or quick spin on the bike beforehand may help reduce the urge.

Nipped in the (Taste) Bud

When you quit smoking, one of the immediate rewards is that food tastes better. That's because smoking alters your taste buds, both by changing their physical structure and by interfering with nerve cells and/or with a neurotransmitter involved in taste. One study, published in the journal *BMC Ear, Nose and Throat Disorders*, found that some Greek soldiers who smoked had fewer and flatter taste buds than those who didn't. And the same smokers needed a stronger supply of electricity delivered to the tongue (ouch!) before detecting a metallic taste.

Similarly, another study by researchers at the Monell Chemical Senses Center in Philadelphia found that female smokers had to consume higher concentrations of sugar before they could detect sweetness. Women who smoked also experienced more intense cravings for starchy carbohydrates and high-fat foods (and food in general) than nonsmokers, possibly because when nicotine dulls your taste buds, you naturally seek out stronger-tasting, but typically less healthy, foods.

The good news: Taste buds, like lung tissue, can repair themselves, and former smokers do regain a normal sense of taste—usually a month or so after quitting. ●

Sources: "Effects of Cigarette Smoking . . . on Sweet Taste Perception . . .," *Alcoholism: Clinical and Experimental Research*, Oct. 17, 2007; "Effects . . . on taste perception in cigarette smokers," *Journal of Psychopharmacology*, May 2009

Control Weight Gain

The average person who quits smoking gains 10 pounds or less—and that's not something you should worry about or use as an excuse to avoid quitting. "Weight gain is reversible, while the effects of smoking are not always," says Joanna Hilgenberg, L.C.S.W., a tobacco treatment specialist at Massachusetts General Hospital in Boston.

But why do people put on extra weight when they quit? Nicotine, a stimulant and the addictive component of cigarettes, speeds up your metabolism, causing you to burn more calories a

day. After you quit, your metabolism returns to normal. In addition, some people who quit smoking turn to food to diminish their urge for cigarettes. "People's diets don't necessarily change a lot, but they do tend to eat more and may crave more sweet foods or beverages," says Wendy Bjornson, M.P.H., codirector of the Oregon Health & Science University Smoking Cessation Center in Portland.

Although some weight gain is normal, following these tips can help you keep it in check.

- 1. Exercise** Since smoking cigarettes burns calories by increasing your metabolism, once you stop smoking, you can use exercise to help burn some of those calories—in a healthy way. Aim for at least 20 to 30 minutes of moderate exercise a day.
- 2. Adopt a healthier diet** Limit alcoholic drinks and high-calorie foods (such as ice cream or pizza) and beverages, and eat more fruits and vegetables.
- 3. Snack wisely** It's normal to have the urge to put something into your mouth after quitting. Try cinnamon sticks, sugar-free mints or gum. "Pick something with a flavor that is satisfying and won't add lots of calories," suggests Bjornson. Carrot sticks, pretzels or popcorn are also good options.





Commitment to Quit

There may be no easy answers to the question “Why am I still smoking?” But there are informative ones.

BY NICOLE FALCONE

What’s the key to quitting successfully?

Dr. Robert Shipley: Successful quitters make a firm decision to quit. Many people who smoke say they want to quit, but that’s different from deciding that, no matter what, they will quit. For example, I had a client named George who stopped smoking and was still suffering strong withdrawal symptoms several weeks after quitting. He was anxious and irritable and couldn’t concentrate. This was puzzling to me because withdrawal symptoms generally lessen after one or two weeks. Then George’s best friend, a smoker, was diagnosed with lung cancer. The realization that smoking was probably going to kill his best friend made an impact. After that, George decided, really decided, that he would never smoke another cigarette. In the moment of that firm decision, his withdrawal symptoms disappeared. No more irritability, no more

nerves. Why? Once George made a firm decision to quit, he no longer focused on urges and he no longer debated, Should I smoke—just one—or not?

Why is it so hard to stop smoking?

Dr. Shipley: Many people do not use the best tools, such as stop-smoking medication. There are seven of these medications available. The nicotine patch, gum and lozenge are each available without a doctor’s prescription. You will need a prescription to get the other four medicines: nicotine nasal spray, nicotine inhaler, an antidepressant called bupropion and a nicotine-receptor blocker called varenicline. These medicines relieve nicotine cravings, reduce withdrawal symptoms and double or triple a person’s chance of quitting successfully.

Can nicotine-replacement therapies become addictive?

Dr. Shipley: No, the nicotine in the patch, gum or lozenge is delivered too slowly to be addictive. Cigarettes give a pleasurable nicotine jolt in just 10 seconds—making you want to come back for more. It takes 20 minutes for nicotine from the gum or lozenge to reach peak levels in your brain; from the patch, it takes three to four hours. This slow nicotine release reduces cravings and withdrawal symptoms without giving the quick pleasure that reinforces nicotine addiction.

Is the nicotine in these medicines dangerous?

Dr. Shipley: Nicotine medicine is safe for most people. (But check with your doctor if you are pregnant or have severe heart trouble or diabetes.) Cigarette smoke, on the other hand, is dangerous because it contains a toxic stew of 4,000 chemicals, including carbon monoxide, radioactive polonium-210 and hydrogen cyanide.

What is the best part about no longer smoking, according to your patients?

Dr. Heather LaChance: Being able to breathe again. I see many people who have serious respiratory problems as a result of smoking. In fact, most of my patients have only 40 to 60 percent lung function. They literally cannot breathe. Many are so oxygen deprived that they feel intense fatigue and depression. So they feel the benefits intensely.

When is the greatest challenge to staying smoke-free?

Dr. Shipley: The first few days often feel the hardest because of withdrawal discomfort, but the bigger challenge is staying off cigarettes long-term. Most of my clients think they will never be able to quit smoking—yet they do. Once they quit, many people think they will never go back to smoking—yet some do. This is because smoking is a hard habit and addiction to break for the long-term. It is very unforgiving. For instance, if an ex-smoker goofs and has just one cigarette, nine out of 10 times that person will soon return to regular smoking.

What is on the horizon for smoking-cessation research?

Dr. LaChance: There is a lot of buzz about NicVAX (nicotine conjugate vaccine), an anti-nicotine vaccination. NicVAX is a very interesting, and perhaps somewhat controversial, treatment. If effective, the vaccine would cause the body to develop antibodies that bind to nicotine, which would prevent the drug from entering the brain, thereby stopping the pleasurable feelings people have from cigarettes. NicVAX is currently undergoing clinical trials in the United States to demonstrate its effectiveness.

Dr. Shipley: I think soon we will see a recommendation to start nicotine patches two weeks before a person's target quit-smoking date. We know that starting the patch on the quit date doubles the chance of success. Now studies at Duke University show that starting the patch two weeks before the quit date (and continuing it afterward) quadruples the chance of success. Most people have heard that it's not safe to smoke while wearing a nicotine patch, but recent studies find little danger from this. I recommend this procedure for those who smoke at least 11 cigarettes a day and who have been cleared by their doctor to use the patch while still smoking. When using the patch prior to the quit date, switch to cigarettes with very low nicotine. ●

Meet the Experts: Robert H. Shipley, Ph.D., is director of Duke University Medical Center's Stop Smoking Clinic in Chapel Hill, NC, and author of the *Quit Smart Stop Smoking Guidebook*. Heather R. LaChance, Ph.D., is a psychologist and smoking-cessation expert at National Jewish Hospital in Denver.

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YOU & YOUR DOCTOR

Smoker's Aid

Putting together your quit-smoking team is an important step in making a firm commitment to stop using tobacco. Online support groups, family and friends all play a significant role in your campaign to break free of nicotine's addictive powers. But your primary-care physician, who knows you and your medical history, is uniquely positioned to make sure you succeed. Today there are effective treatment options—nicotine replacement, nicotine blockers, antidepressants and counseling—that have been shown to more than double the chance for success. By having a physician provide you with the therapies and prescriptions you need and monitor their effects and effectiveness, you will be more likely to see rewards for your efforts. Here, we provide a doctor-discussion guide. Make an appointment to see your doctor, and fill out the form to the right with information about your smoking habit. When you see the doctor, provide that information. Also, fill in the answers you get to the suggested questions about support and treatment options.

You might **WIN \$50**—if you tell us what you think. Just answer a few questions at RemedyMDQuit.com

INFO & ANSWERS

What to tell your doctor: It's hard to admit to a health-care provider that you even have the smoking habit. But your doctor wants to help you quit and can only do that effectively if you are willing to share the details of your smoking history and habits. So jot down your answers to these questions and take them with you when you go to see your doctor about getting the right therapies to help you quit.

How old were you when you started smoking? _____

How long have you been smoking? _____

Have you ever tried to quit before? _____

If you did quit, what was the trigger that caused you to start again? _____

Did you use any quit-smoking therapies? _____

How much do you now smoke every day? _____

When do you smoke the most? _____

What to ask your doctor: Work with your health-care provider to set up the best plan for your stop-smoking efforts. Start by asking:

Do you recommend quit-smoking aids? If so, which ones? _____

In your experience, what are the most effective treatments? _____

What can I do about the risk of gaining weight? Can you recommend a nutritionist with whom I could talk? _____

What do withdrawal symptoms feel like, and what can I do to lessen them? _____

If the therapies you recommend don't work, can I try some different treatments? _____