

Nicotine patch available without prescription

Making nicotine-replacement therapy easier to obtain is good news but an expert says smoking cessation remains a complicated problem surrounded by patchwork solutions. The therapy, commonly known as the patch, has been available without a prescription or prescription fee since June 1.

Dr. Frederic Bass, director of the British Columbia Medical Association's Doctors' Stop Smoking Program, says this eliminates one barrier to smoking cessation but is only part of the solution. He says the patch addresses the biochemical issues surrounding tobacco addiction but not its behavioural conditioning or psychological and social-addiction aspects. "You have to address all levels of the addiction," he warns, and using the nicotine patch without other cessation supports and counselling may lead to failure. "This means they may miss the potential opportunity to quit and they may lose the opportunity to use the

patch properly because they give up on it," says Bass. "Physicians need to understand that their most important role is not prescribing the patch but counselling the smoker and then monitoring progress for 5 to 10 years."

Barbara Sibbald photo



Will OTC nicotine patches make it easier to kick the habit?

Physicians are not only in a position to help smokers but are also the counsellor of choice for most smokers who want to quit. Bass's program conducted 3 random sample surveys of BC smokers, asking them to rate 9 possible means of quitting. Nicotine-replacement therapies involving chewing gum or a patch, and programs provided by physicians consistently ranked in the top 2.

Bass, who endorses use of the patch as part of a multifaceted approach to stopping smoking, thinks media reports have distorted its dangers. Its side effects are essentially the same as those for the nicotine provided by cigarettes: increased pulse rate, heartburn, nausea and some muscle cramping. In addition, some people develop skin allergies because of the patch. Bass says hypertensive people must approach nicotine-replacement therapy cautiously and pregnant women are advised to avoid it, but otherwise it's quite safe.

"In the best of circumstances, nicotine smoking is a chronic condition and repeated attempts are needed to break its hold," says Bass. "And people need all the help they can get." — Barbara Sibbald

Vancouver tPA study thought first of its kind

A multicentre study, believed to be the first of its kind, has been launched in Vancouver to see if tissue plasminogen activator (tPA) will improve the survival rate of patients in a state of pulseless electrical activity (PEA) following cardiac arrest.

Clot-busting drugs have been in use for the past decade, but this is thought to be the first randomized, controlled study to test them in this manner; 244 patients will be enrolled over 2 years throughout BC's Lower Mainland. Twenty percent of the 3000 patients who experience cardiac arrest in BC each year reach the PEA state and only 1% survive. The researchers hope to increase the survival rate to discharge to at least 10%. All surviving patients will be followed for 1 year.

In addition to providing standard therapy, paramedics in ambulances or emergency room staff will administer tPA or a placebo to cardiacarrest patients in a PEA state intravenously for 15 minutes. All advanced-life-support ambulances in Greater Vancouver carry the drug kits and the first 23 patients involved in the study received their initial treatment from paramedics. The patients and health professionals involved will be unaware of which treatment group the patient is in.

Dr. Riyad Abu-Laban, the principal investigator, acknowledges that the study raises ethical issues. Approval of "implied consent" from the patients was approved because of the "potential for dramatic benefit," he says. Even though clotbusting drugs can cause strokes, the researchers say the risks are clearly outweighed by potential benefits. The study is being funded with a \$300 000 grant from a drug company. — © Heather Kent