특수 상황에서의 금연치료

전남의대

김유일

2017 금연 진료지침

2026 금연 진료지침

- 특수한 상황에서의 금연

  - 수술 환자
  - 알코올 중독자

  - + 2017년 금연진료지침_특수한 상황에서의 금연

수술 환자

- 흡연자는 비흡연자에 비해 수술 후 호흡기 합병증, 상처 치유 지연, 심혈관계 합병증 등 다양한 합병증을 경험할 위험이 상당히 높다.
- 수술 전 금연한 환자는 수술 후 합병증 위험이 감소한다. 수술 전 어느 기간이든 금연을 하면 어느 정도의 이점이 있을 수 있으므로, 모든 환자는 수술 전 금연할 것을 권장해야 한다.
- 수술 전 금연 기간이 길어질수록 합병증 위험은 더 감소 하므로, 가능한 빨리 금연을 권장한다.

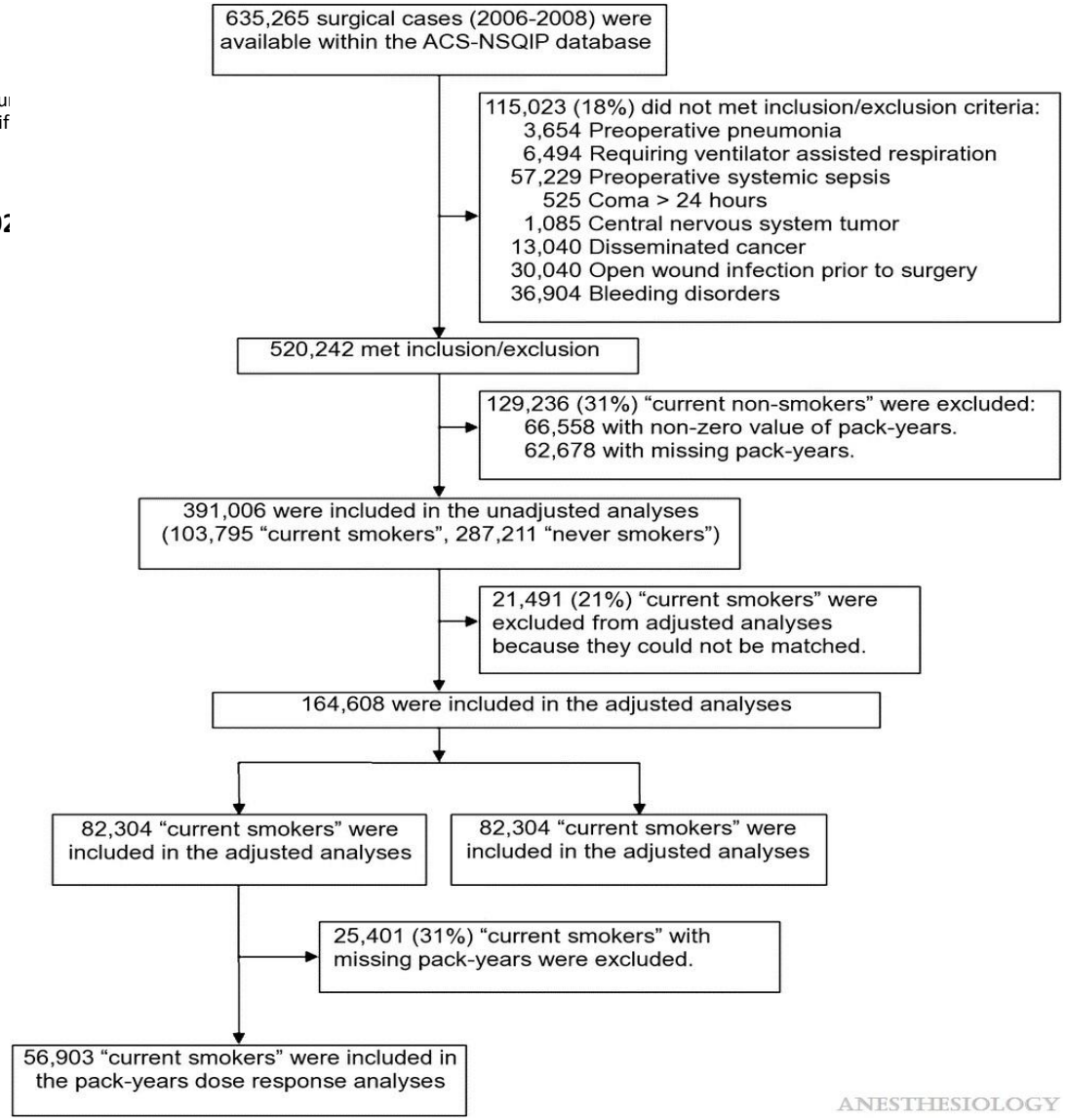
- 금연 상담 및 약물치료(니코틴대체제, 바레니클린 등), 전화 금연 지원을 수술 전후 모두 적용할 수 있다. .
- 수술실은 수술 전 환자의 흡연 상태 평가 및 금연 치료 시작에 중요한 역할을 할 수 있다.

Smoking and Perioperative Outcomes

Turan, Alparslan; Mascha, Edward J.; Roberman, Dmitry; Tu
icia L.; You, Jing; Kurz, Andrea; Sessler, Daniel I.; Saager, Leif

Anesthesiology114(4):837-846, April 1, 20

Fig. 1

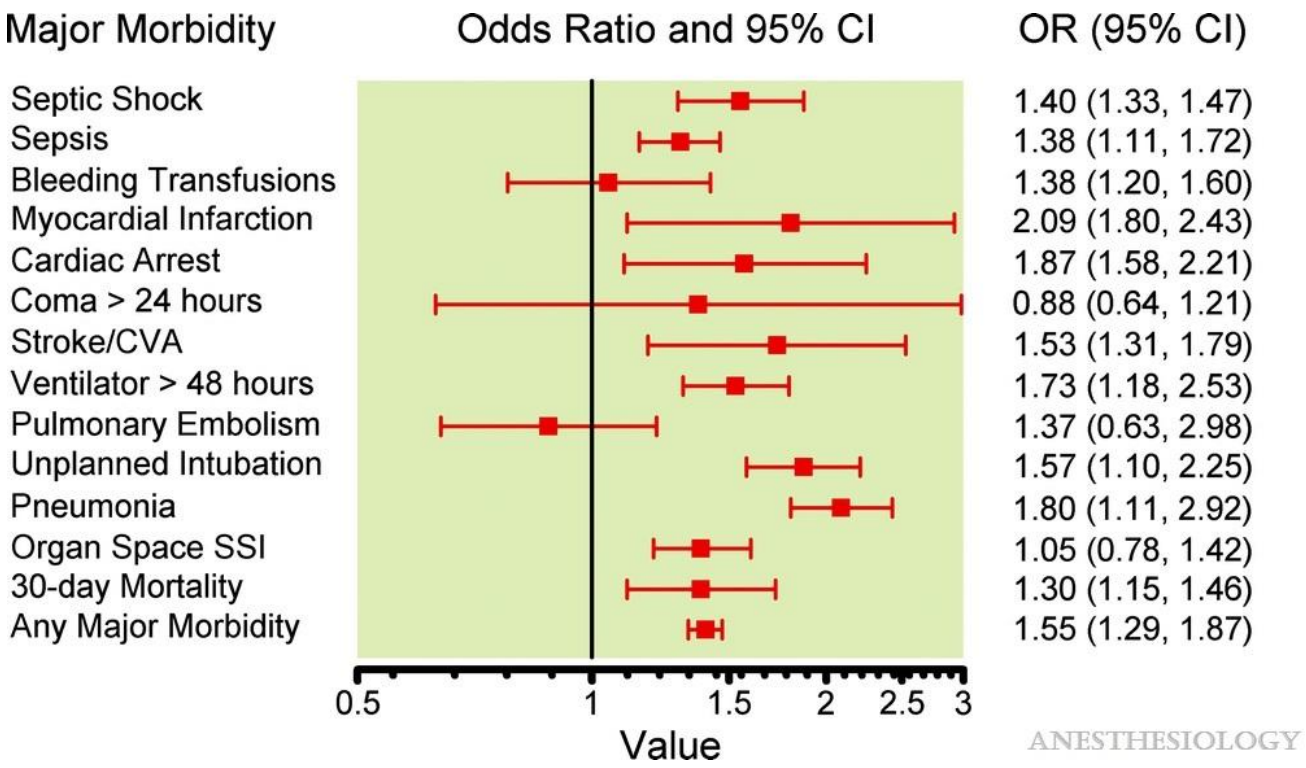


Types and numbers of exclusions of the availab le surgical cases (2005–2008) within the Americ an College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) database.

ANESTHESIOLOGY

Fig. 2

Smoking and Perioperative Outcomes



Turan, Alparslan; Mascha, Edward J.; Roberman, Dmitry; Turner, Patricia L.; You, Jing; Kurz, Andrea; Sessler, Daniel I.; Saager, Leif

-Anesthesiology114(4):837-846, April 1, 2011.

-Anesthesia and analgesia 2020; 131: 955-968.

Propensity matching analyses: major morbidity results. Odds ratios (confidence intervals [CIs]) of smokers (in previous year) versus never smokers for any major complication (collapsed) and each individual major complication, adjusting for patient age (imbalanced confounder after propensity matching). The CIs for the individual major complications were adjusted using Bonferroni correction. CVA = cerebrovascular accident; SSI = surgical site infection.

Smoking Cessation Reduces Postoperative Complications: A Systematic Review and Meta-analysis

Edward Mills, PhD, MSc,[a,b] Oghenowede Eyawo, MPH,[b] Ian Lockhart, DLitt et Phil,[c] Steven Kelly, MSc,[c] Ping Wu, MBBS, MSc,[a] Jon O. Ebbert, MD, MSc[d]

[a]Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada; [b]Faculty of Health Sciences, University of Ottawa, Ottawa, Canada; [c]Outcomes Research and Evidence-Based Medicine, Pfizer Ltd, Walton on the Hill, United Kingdom; [d]Mayo School of Medicine, Mayo Clinic, Rochester, Minn.

-*The American Journal of Medicine, Vol 124, No 2, February 2011*

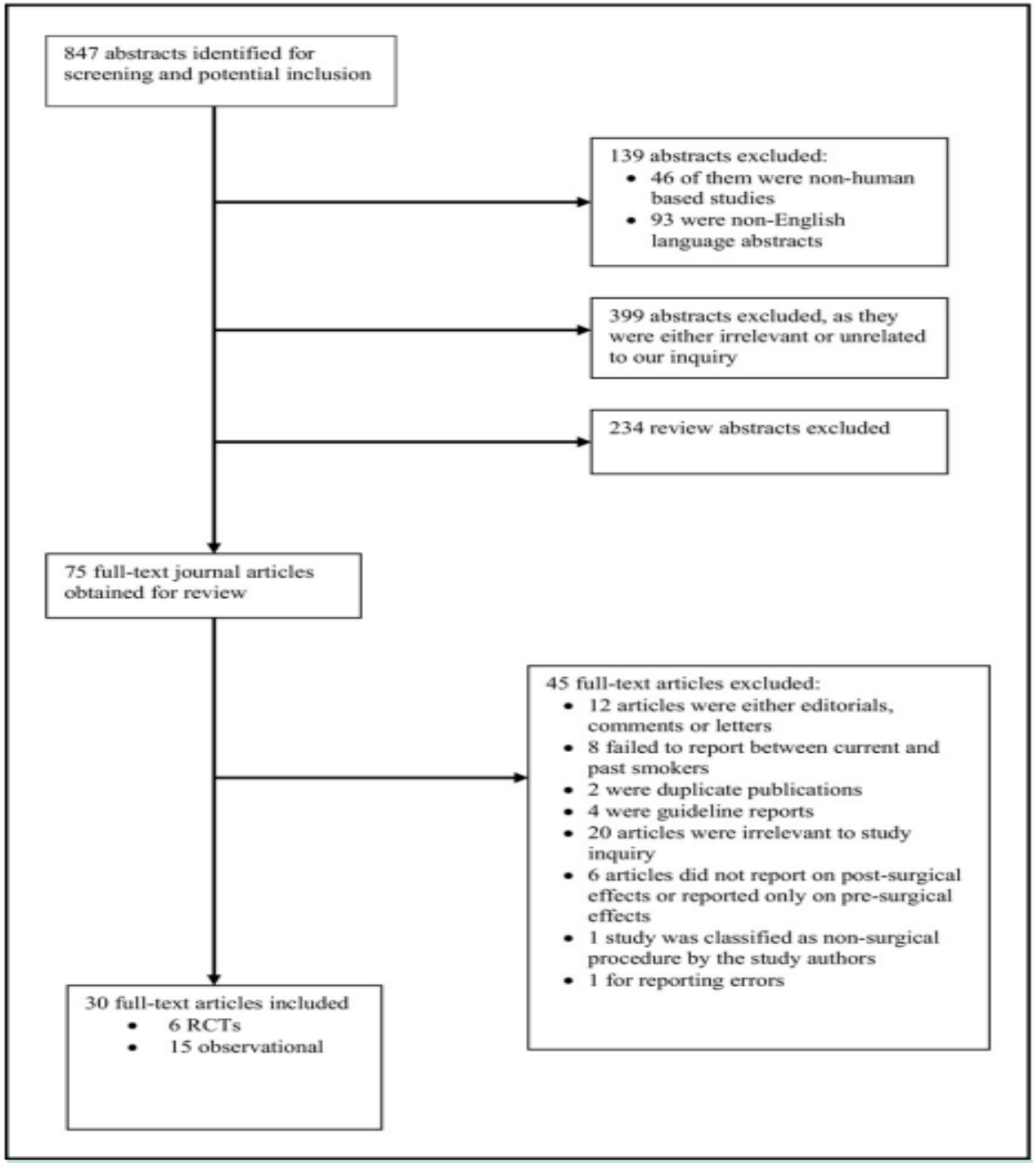


Figure 1 Flow diagram of study selection process. RCT = randomized clinical trial.

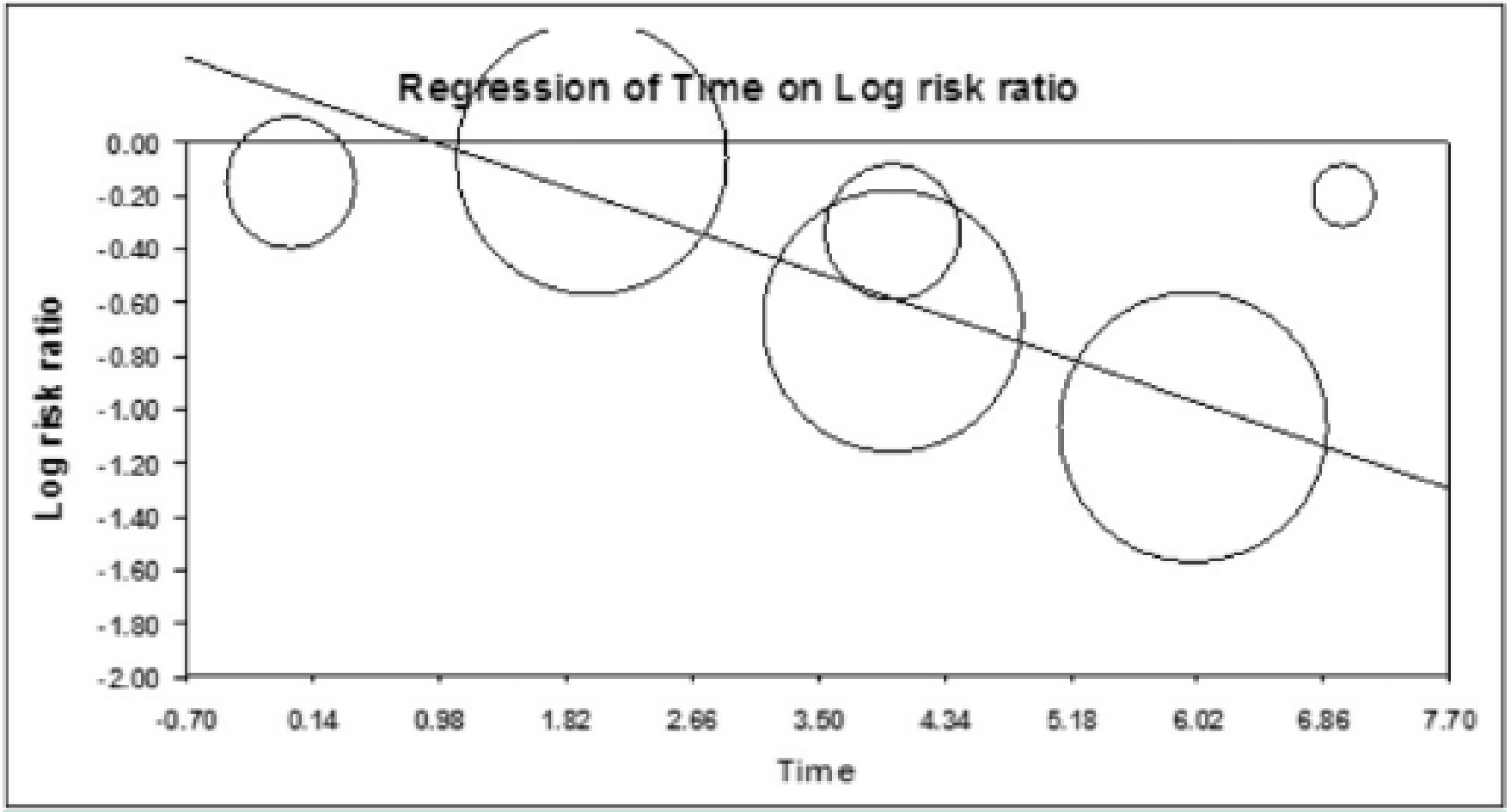


Figure 3 Meta-regression plot, effect of time of cessation on complications.

-The American Journal of Medicine, Vol 124, No 2, February 2011

From: **Association Between Smoking Status, Preoperative Exhaled Carbon Monoxide Levels, and Postoperative Surgical Site Infection in Patients Undergoing Elective Surgery**

JAMA Surg. 2017;152(5):476-483. doi:10.1001/jamasurg.2016.5704

Table 2. Case-Control Analysis Summaries[a]

	Type 1 Surgical Procedures (Clean)		Type 2 Surgical Procedures (Clean-Contaminated)		Overall	
Variable	OR (95% CI)	*P* Value	OR (95% CI)	*P* Value	OR (95% CI)	*P* Value
First Analysis (SSI Cases and Controls With Available Smoking Status)						
Current smoker vs not[b]						
Unadjusted	1.47 (1.06-2.05) (n = 3058)	.02	1.56 (1.13-2.13) (n = 2687)	.007	1.51 (1.20-1.90) (n = 5745)	<.001
Adjusted	1.44 (1.03-2.02) (n = 3035)	.04	1.54 (1.11-2.14) (n = 2685)	.009	1.51 (1.19-1.90) (n = 5720)	<.001
Second Analysis (SSI Cases and Controls Among Current Smokers)						
Smoked today vs not[c]						
Unadjusted	2.29 (1.10-4.76) (n = 190)	.03	1.76 (0.96-3.22) (n = 202)	.07	1.96 (1.23-3.13) (n = 392)	.004
Adjusted	1.90 (0.87-4.18) (n = 184)	.11	1.68 (0.91-3.09) (n = 202)	.10	1.75 (1.09-2.81) (n = 386)	.02
Preoperative exhaled carbon monoxide level measured						
Unadjusted	1.01 (0.97-1.05) (n = 190)	.69	1.02 (0.98-1.05) (n = 202)	.43	1.01 (0.98-1.04) (n = 392)	.40
Adjusted	1.01 (0.96-1.05) (n = 184)	.82	1.02 (0.98-1.06) (n = 202)	.36	1.01 (0.98-1.04) (n = 386)	.49

Abbreviations: OR, odds ratio; SSI, surgical site infection.

[a] All models are stratified logistic regression. An OR greater than 1 represents an increased risk of infection for smokers or recent smoking relative to nonsmokers or not recent smoking. For adjusted analyses, the model includes body mass index, duration of surgery, median intraoperative body temperature, and American Society of Anesthesiologists physical status.

[b] The reference category is individuals who are not current smokers.

[c] The reference category is individuals who did not smoke today.

Case-Control Analysis Summaries[a]Abbreviations: OR, odds ratio; SSI, surgical site infection.

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[b] The reference category is individuals who are not current smokers.

[c] The reference category is individuals who did not smoke today.

The Association of Nicotine Replacement Therapy With Outcomes Among Smokers Hospitalized for a Major Surgical Procedure

Mihaela S. Stefan, MD, PhD; Quinn Pack, MD; Meng-Shiou Shieh, PhD; Penelope S. Pekow, PhD; Steven L. Bernstein, MD; Karthik Raghunathan, MD, MPH; Katie S. Nason, MD, MPH; and Peter K. Lindenauer, MD

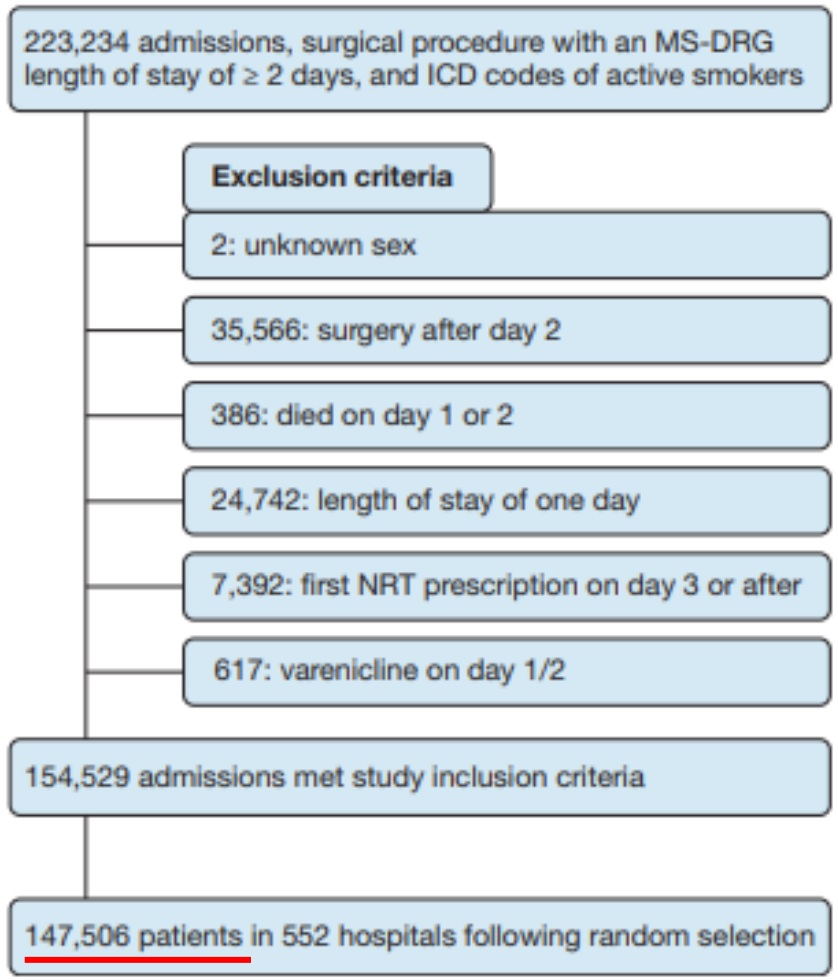
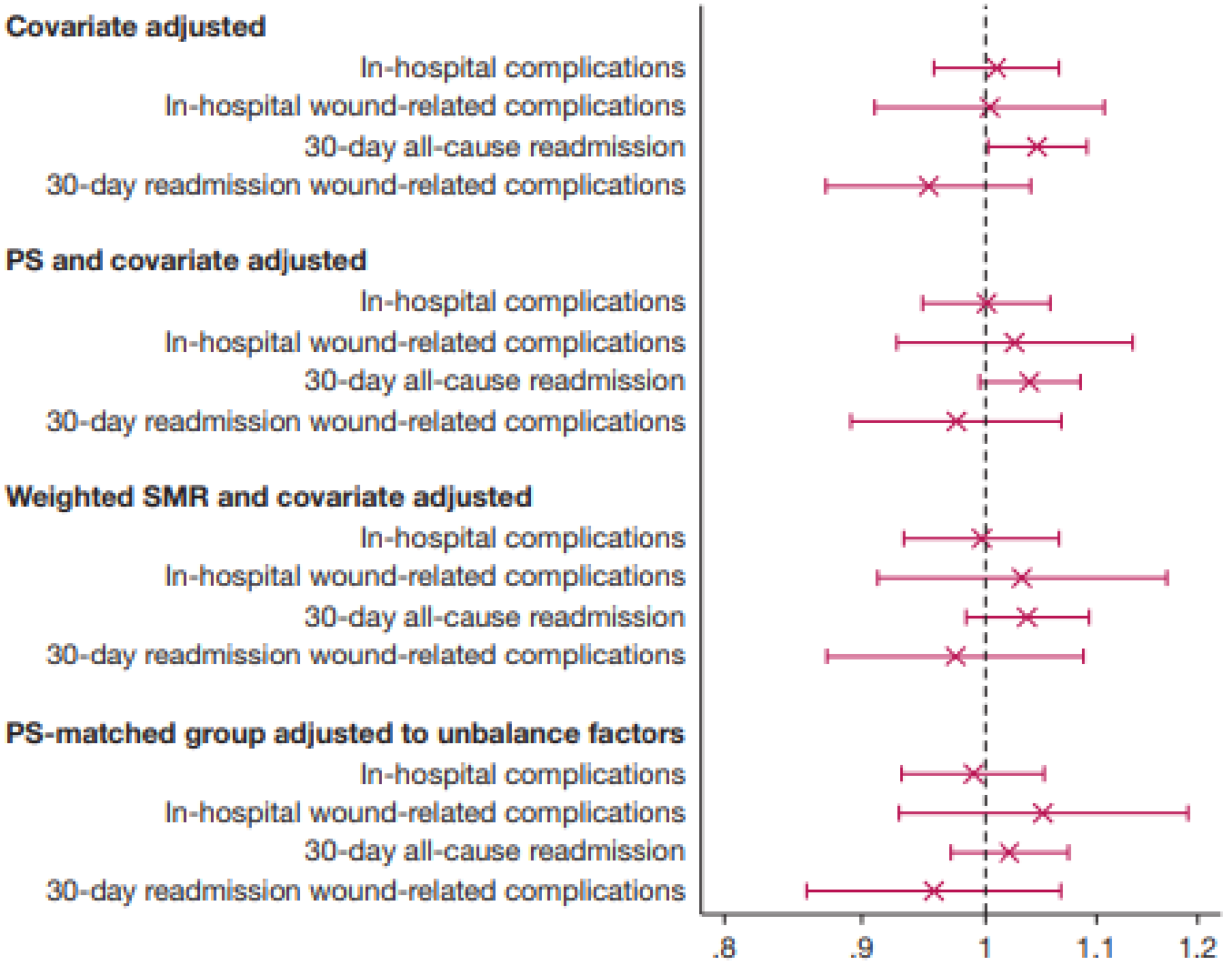


Figure 1 – *Patient selection flow chart. ICD = International Classification of Diseases; MS-DRG = Medicare Severity-Diagnosis Related Group; NRT = nicotine replacement therapy.*

Figure 3 – *Association of receipt of nicotine replacement therapy with outcomes. PS = propensity score; SMR = standardized mortality ratio.*



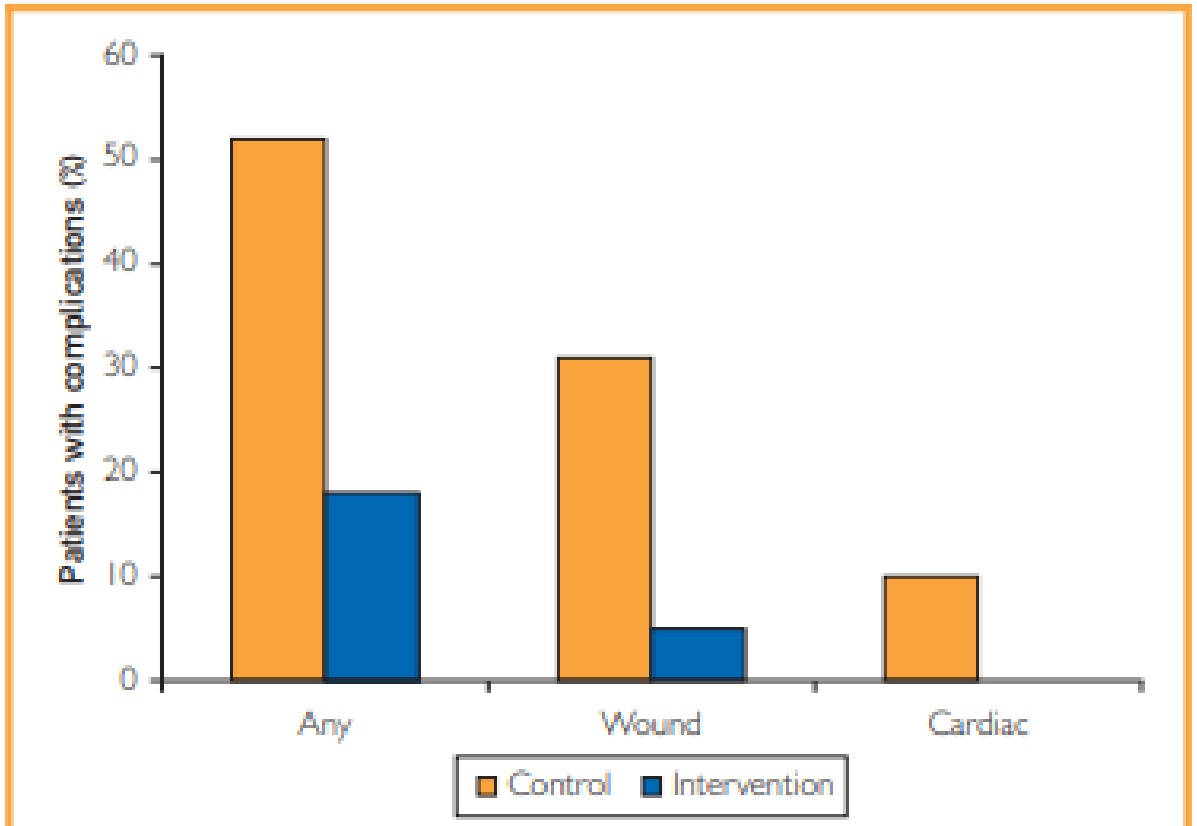


FIGURE 2. Effect of smoking abstinence on postoperative complications. In a study of 120 smokers undergoing total joint replacement, patients were randomized to tobacco intervention (counseling and nicotine replacement therapy) vs control (no intervention) 6 to 8 weeks before operation. Complication rates for the intervention and control groups are shown for any complication, wound-related complications, and cardiac complications within 4 weeks of operation. The relative risk reduction for wound complications was 83%, with a number needed to treat of 4. Data from *Lancet*.[78]

-Nolan MB, et al. Safety and Efficacy of Nicotine Replacement Therapy in the Perioperative Period: A Narrative Review. Mayo Clinic proceedings 2015; 90: 1553-1561

HEALTHCARE ECONOMICS, POLICY, AND ORGANIZATION: ORIGINAL CLINICAL RESEARCH REPORT

A Perioperative Smoking Cessation Intervention With Varenicline, Counseling, and Fax Referral to a Telephone Quitline Versus a Brief Intervention: A Randomized Controlled Trial

Wong, Jean MD, FRCPC[*]; Abrishami, Amir MD, FRCPC[*]; Riazi, Sheila MD, FRCPC[*]; Siddiqui, Naveed MD, FRCPC[†]; You-Ten, Eric MD, FRCPC[†]; Korman, Jennifer BScPhm, ACPR, RPh[‡]; Islam, Sazzadul BSc[*]; Chen, Xin Research Fellow[*]; Andrawes, Maged S. M. MBBS[*]; Selby, Peter MBBS, CCFP, FCFP[§ ‖]; Wong, David T. MD, FRCPC[*]; Chung, Frances MBBS, FRCPC[*]

- **METHODS:**
  - In this prospective, multicenter study, 296 patients were randomized to participate in a smoking cessation program (one 10- to 15-minute counseling session, pharmacotherapy with varenicline, an educational pamphlet, and a fax referral to a telephone quitline); or brief advice and self-referral to a telephone quitline

- **CONCLUSIONS:**
  - A perioperative smoking cessation program with **counseling, pharmacotherapy with varenicline, an educational pamphlet, and a fax referral to a quitline** increased abstinence from smoking 1, 3, 6, and 12 months after surgery versus a brief intervention.

-Anesthesia & Analgesia 125(2):p 571-579, August 2017.

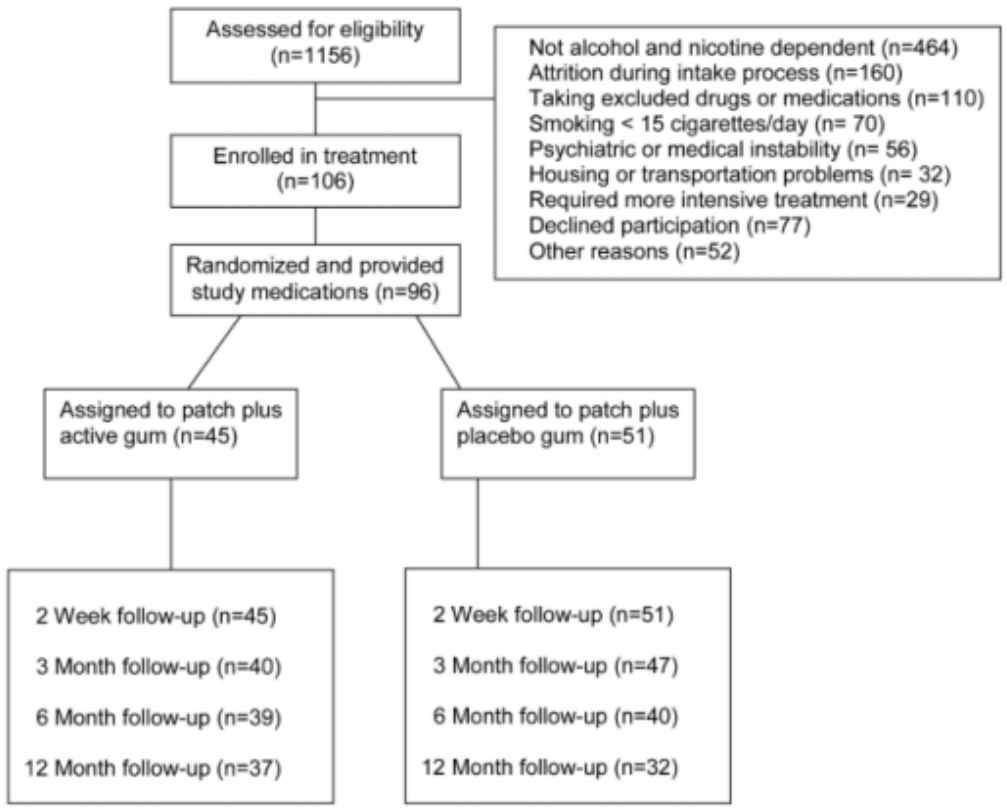
알코올 중독자

- 알코올은 흡연에 대한 갈망을 증가시킨다.
- 흡연과 음주를 동시에 할 경우 식도암 및 두경부암 발생률 증가에 기여한다.
- 알코올사용장애 치료 과정에서 금연을 병행하는 것이 권장된다
- 알코올사용장애 환자들에게는 니코틴 대체 요법이나 바레니클린이 1차 치료제로 권장된다.

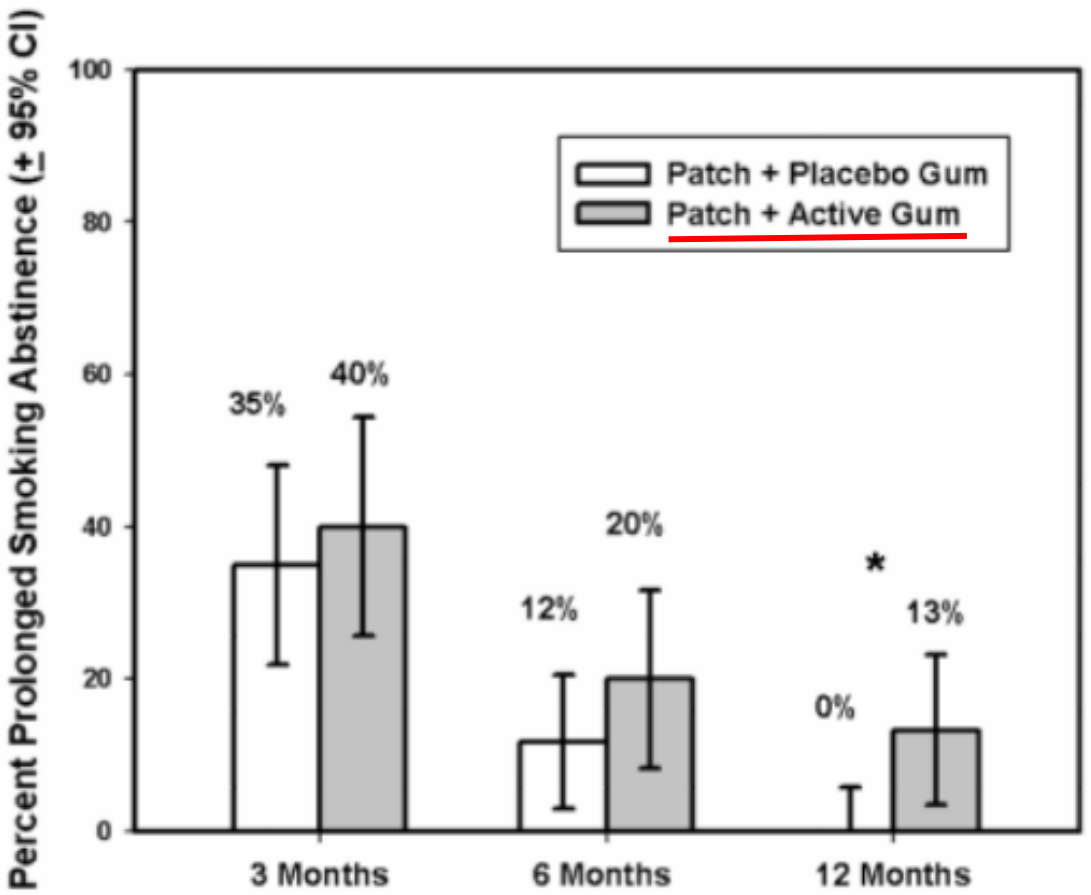
Addiction. 2009 September ; 104(9): 1588–1596. doi:10.1111/j.1360-0443.2009.02624.x.

Smoking Cessation during Alcohol Treatment: A Randomized Trial of Combination Nicotine Patch plus Nicotine Gum

Ned L. Cooney, **Judith L. Cooney**, **Bridget L. Perry**, **Michael Carbone**, **Emily H. Cohen**, **Howard R. Steinberg**, **David T. Pilkey**, **Kevin Sevarino**, **Cheryl A. Oncken**, and **Mark D. Litt**



Percent prolonged smoking abstinence by gum condition across follow-ups.



- Smoking cessation during alcohol treatment: A randomized trial of combination nicotine patch plus nicotine gum. Addiction 2009

▸ Drug Alcohol Depend. Author manuscript; available in PMC: 2019 Mar 1.

Published in final edited form as: Drug Alcohol Depend. 2018 Jan 2;184:12–17. doi:

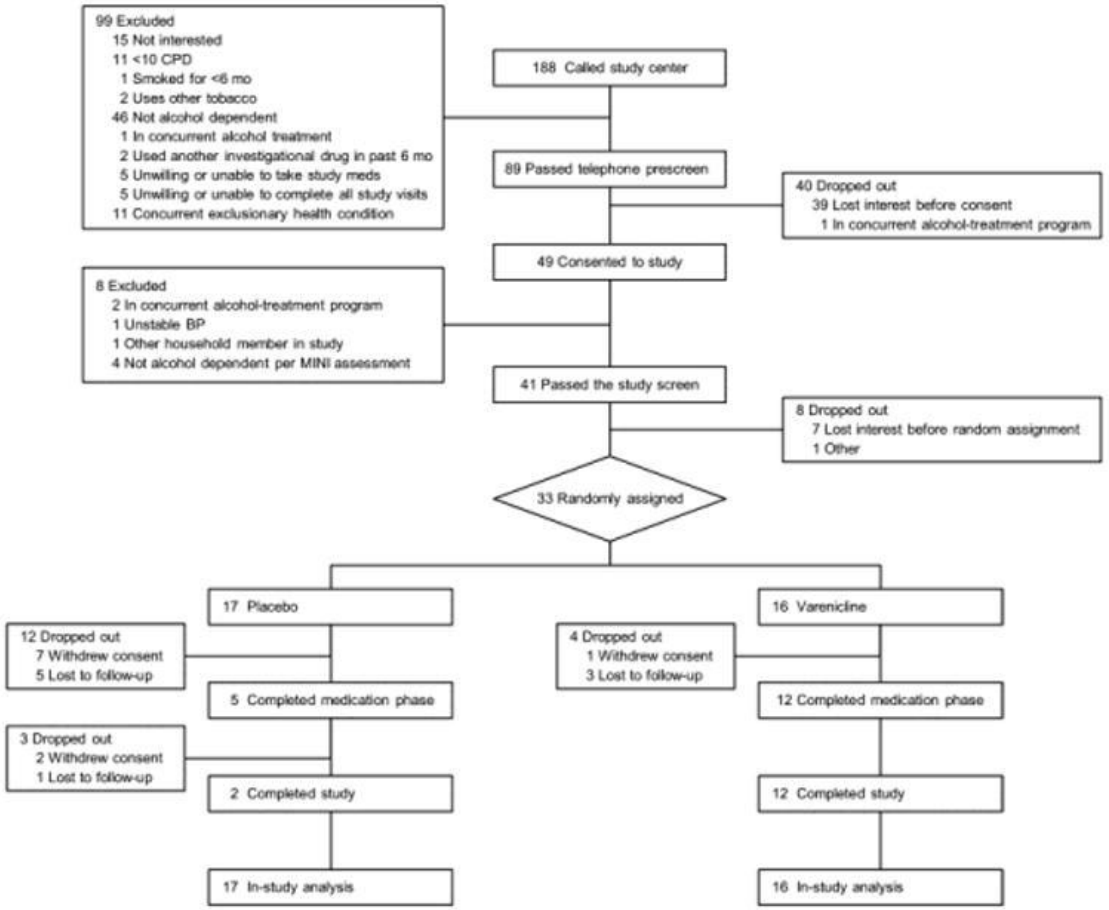
10.1016/j.drugalcdep.2017.11.017

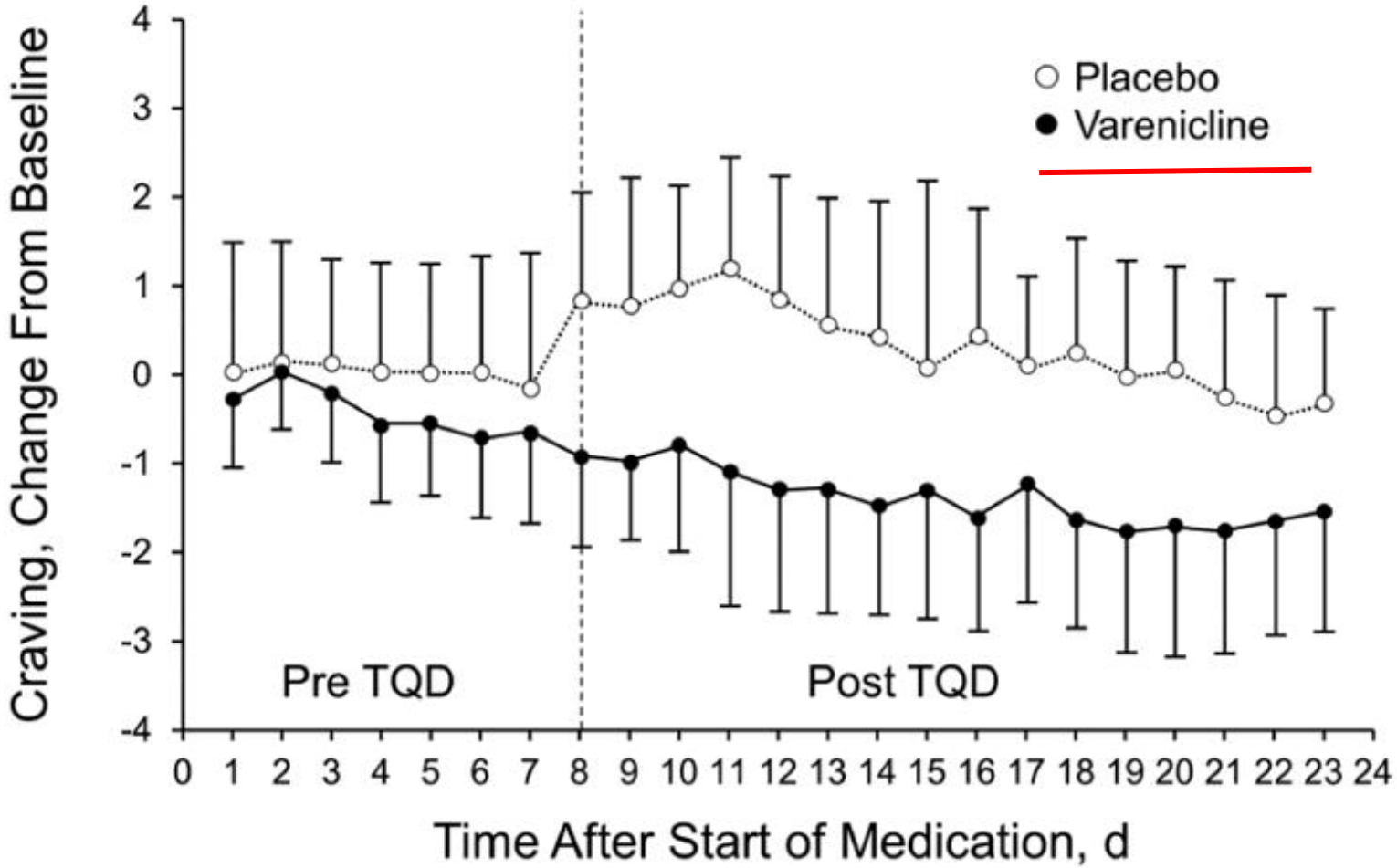
Varenicline for tobacco-dependence treatment in alcohol-dependent smokers: A randomized controlled trial

Ryan T Hurt [A], Jon O Ebbert [B,C], Ivana T Croghan [B,C], Darrell R Schroeder [D], Richard D Hurt [B,C], J Taylor Hays [A,C]

▸ Author information ▸ Article notes ▸ Copyright and License information

PMCID: PMC5818285 NIHMSID: NIHMS933630 PMID: 29324248





Nicotine Cravings. Mean (SD) change in nicotine cravings from baseline before and after the target quit date (TQD).

- ***Varenicline for tobacco-dependence treatment in alcohol-dependent smokers: A randomized controlled trial.*** *Drug Alcohol Depend. 2019 Mar 1.*

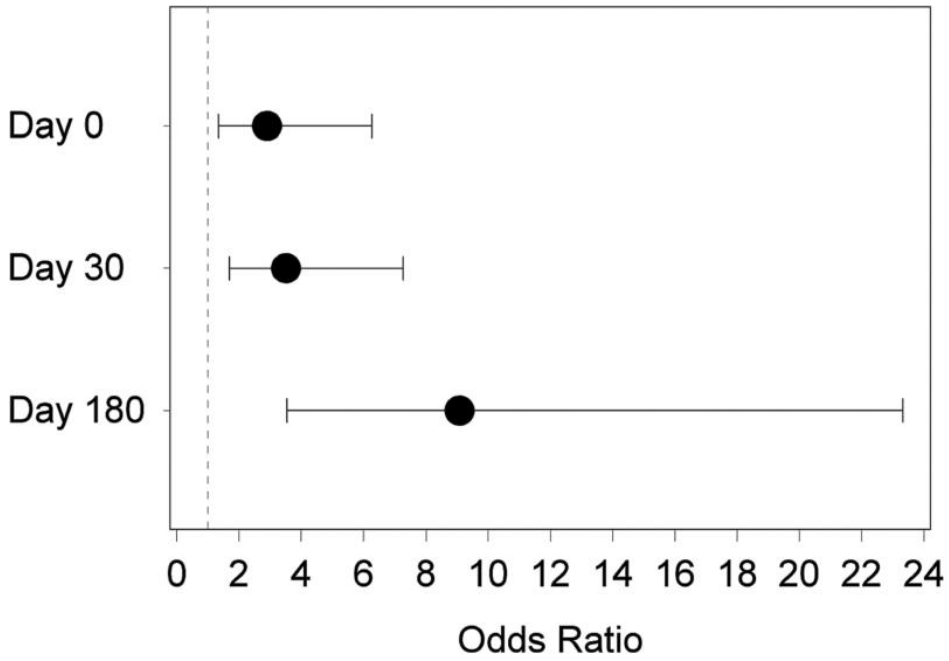
Clinical Trial > Curr Clin Pharmacol. 2014 May;9(2):123-9.
doi: 10.2174/1574884708666131112124429.

Bupropion-SR for smoking reduction and cessation in alcohol-dependent outpatients: a naturalistic, open-label study

Maher Karam-Hage, Jason D Robinson, Ashutosh Lodhi, Kirk J Brower [1]

Baseline Demographic and Smoking Characteristics

Categorical Measures	Control (*N*=57) % (*N*)	Treatment (*N*=58) % (*N*)	Total (*N*=115) % (*N*)
Sex			
Female	43.9 (25)	55.2 (32)	49.6 (57)
Race/ethnicity			
African American, non-Hispanic	14.0 (8)	8.6 (5)	11.3 (13)
White, non-Hispanic	82.5 (47)	86.2 (50)	84.5 (97)
Other, including Hispanic	3.5 (2)	5.2 (3)	4.4 (5)
Baseline cigarettes/day			
10 or fewer	22.8 (13)	22.4 (13)	22.6 (26)
11-20	49.1 (28)	48.3 (28)	48.7 (56)
21-30	14.0 (8)	13.8 (8)	13.9 (16)
31 or more	14.0 (8)	15.5 (9)	14.8 (17)



Forest plot of the significant effect of the treatment-time interaction on CPD, depicted at three time points. *In the general logit model, '4'(<31 CPD) is the reference category, meaning that OR's greater than 1 indicate decreased CPD

-Bupropion-SR for Smoking Reduction and Cessation in Alcohol-Dependent Outpatients: A Naturalistic, Open-Label Study.

Alcohol
Volume 109, June 2023, Pages 13-22

The effect of alcohol use on smoking cessation: A systematic review

Jan van Amsterdam [a b], Wim van den Brink [a b]

Highlights

- The co-occurrence of tobacco smoking and alcohol consumption has been well documented.
- Smoking cessation has a rather low success rate.
- Being a non-drinker compared to a drinker is associated with a more successful smoking cessation outcome.
- Low alcohol consumption compared to heavy drinking or an alcohol use disorder is associated with a more successful smoking cessation outcome.
- Smokers should be strongly advised to stop or largely reduce alcohol consumption during a smoking cessation attempt.

여성의 금연

- 여성의 금연은 남성에 비해 심리적, 행동적 의존이 높으며 신체 호르몬의 변화에도 영향을 받는다.
- 여성도 남성과 마찬가지로 부프로피온 서방정, 니코틴 대체요법, 바레니클린과 같은 치료에 효과를 보이며, 그 외 정신사회학적인 치료도 효과가 있다.
- 특수 상황에 처한 여성의 경우 개별적인 맞춤 금연 치료가 필요할 수 있다.

Int J Environ Res Public Health. 2021 Jun 18;18(12):6578. doi: 10.3390/ijerph18126578.

Successful Smoking Cessation among Women Smokers Based on Utilizing National Smoking Cessation Service Type in Korea

Dahyeon Lee [1 2], Kang-Sook Lee [1 2 3 4], Ahnna Lee [2 3], Hyeju Ahn [4], Hyun-Kyung Lee [4], Hyekyeong Kim [4 5], Jakyoung Lee [4 6], Hong-Gwan Seo [4 7]

Table 4. Odds ratios for success of smoking cessation according to various smoking cessation program compared with the women-only program.

Type of National Smoking Cessation Service		4 Weeks OR (95% CI)	6 Weeks OR (95% CI)	12 Weeks OR (95% CI)	6 Month OR (95% CI)
Public health center	Smoking cessation clinic	4.06 (3.91–4.22)	4.05 (3.89–4.21)	3.79 (3.63–3.96)	3.72 (3.52–3.92)
	Moving smoking cessation service	3.82 (3.65–4.00)	3.89 (3.71–4.08)	3.39 (3.22–3.56)	2.97 (2.79–3.16)
	Campaign	0.16 (0.14–0.18)	0.18 (0.16–0.20)	0.20 (0.17–0.22)	0.12 (0.10–0.15)
Residential program	4-night 5-day program	16.02 (11.84–21.68)	11.55 (9.08–14.69)	8.83 (7.26–10.76)	7.79 (6.49–9.35)
	Inpatient program	2.55 (2.11–3.09)	2.50 (2.07–3.02)	2.20 (1.81–2.67)	2.36 (1.89–2.94)
Visiting smoking cessation service	Out of school youth program	0.87 (0.81–0.94)	0.94 (0.87–1.02)	0.95 (0.87–1.04)	0.94 (0.84–1.06)
	College students program	1.07 (0.98–1.17)	1.18 (1.07–1.29)	1.14 (1.02–1.27)	1.13 (0.98–1.30)
	Disabled program	1.35 (1.10–1.65)	1.07 (0.87–1.33)	1.01 (0.79–1.29)	1.20 (0.91–1.60)
	Women-Only Program	1	1	1	1

Adjusted for age, drink, and exercise.

임산부 및 수유부

- 흡연은 산모와 태아의 건강상태를 악화시킬 수 있으므로 임산부 및 수유부는 항상 금연 해야 한다.
- 금연은 임신전이나 임신 초기에 시행하는 것이 적절하지만 이후라도 금연하는 것이 흡연을 지속하는 것 보다 이득이 크다.
- 임산부나 수유부에서 금연의 약물치료 효과와 안정성은 확립되어 있지 않다.
- 금연 상담과 지지요법은 효과가 있고 우선적으로 권고된다.

Breastfeed Med. 2023 Oct 17;18(10):715–733. doi: 10.1089/bfm.2023.29256.abm

Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023)

Miriam Harris [1,2], Davida M Schiff [3,4], Kelley Saia [2,5], Serra Muftu [3,4], Katherine R Standish [6], Elisha M Wachman [2,7]

- NRT*: Breastfeeding is compatible with NRT and is recommended in mothers taking NRT. The type of NRT should be determined by the clinical needs of the breastfeeding mother.*
  - **Level of Evidence: 2. Strength of Recommendation: B.**
- *Varenicline: Animal data suggest there may be some harms associated with varenicline exposure through breast milk, though clinical data are lacking. Providers should pursue a risk–benefit discussion with patients to guide decision-making based on the severity of tobacco use disorder and the clinical context.*
  - **Level of Evidence: 3. Strength of Recommendation: C.**
- *Bupropion: Breastfeeding is compatible with bupropion, and bupropion is recommended in the setting of breastfeeding.*
  - **Level of Evidence: 2. Strength of Recommendation: B.**

- **In summary, patient-centered approaches that review individualized risks and benefits are key to breastfeeding decision-making among individuals who use substances or with SUD.**

청소년

- 우리나라 청소년 흡연률은 감소하고 있으나 아직 선진국에 비해서 높다.
- 청소년 흡연이 성인 흡연을 포함한 국민건강에 미치는 영향이 크므로 소아때부터 지속적인 금연 교육이 필요하다.
- 청소년 흡연자들의 금연을 위해서는 학교 또는 지역 중심의 그룹 또는 개인별 상담과 같은 적절한 심리사회적 중재가 가장 효과적이다.
- 청소년에게 니코틴대체제나 부프로피온과 같은 약물 치료를 시행하는 것은 아직 근거가 충분하지 않다.

Front Psychiatry. 2025 Feb 25:16:1525510. doi: 10.3389/fpsyt.2025.1525510. eCollection 2025.

Nicotine replacement therapy as a smoking cessation tool for adolescents: an update

Ioannis Beis [1], Anastasios Dimou [2], Serafeim-Chrysovalantis Kotoulas [3], Athanasia Pataka [1]

Methods: A comprehensive search of PubMed and Cochrane Library databases identified 12 studies (randomized controlled trials and observational) examining NRT in adolescents. Outcomes included smoking cessation rates, withdrawal symptom relief, smoking reduction, and adverse events.

Conclusion: While NRT can reduce smoking and alleviate withdrawal symptoms, its effectiveness in sustaining long-term cessation in adolescents is limited. Adherence challenges and side effects suggest a need for complementary behavioural support and further research into tailored NRT strategies for this population.

동반질환이 있는 흡연자에서 금연

- 흡연은 동반질환의 재발과 악화를 초래하므로, 금연치료를 만성질환 관리에 포함하여야 한다.
- 암 환자들은 동반질환이 많고 정신적 고통이 수반되며 니코틴 의존도가 높아서 개별화된 프로그램과 약물 치료와 행동중재의 병용 치료가 필요하다.
- 심혈관질환 발생 급성기에는 반드시 금연하고 급성기 이후에도 금연을 유지하여야 하며 발생 48시간 이내 니코틴대체제는 주의가 필요하다.
- 만성폐쇄성폐질환 환자는 니코틴 의존성이 높아서 행동치료와 약물치료가 병행되어야 한다.
- 흡연은 천식 환자의 증상과 폐기능을 악화시키고 치료제의 효과를 감소시켜 천식조절을 어렵게 한다.
- 흡연은 결핵 감염과 발병 위험을 증가시키고 항결핵치료의 효과를 감소시킨다.
- 흡연은 당뇨병 발생을 증가시키고, 금연은 혈당조절에 기여하고 당뇨합병증을 감소시킨다

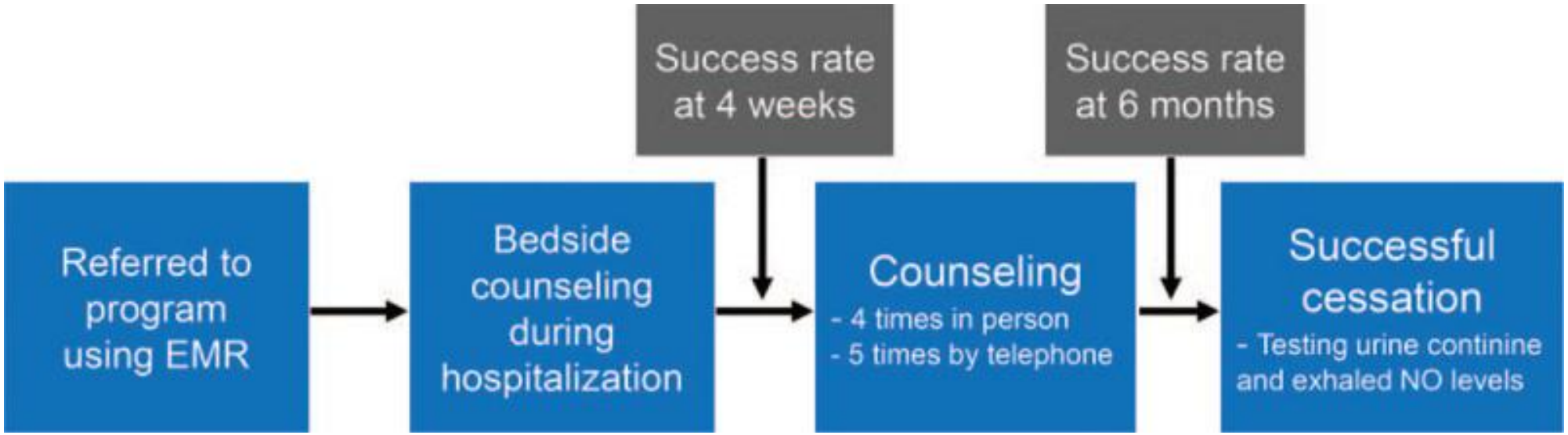
입원환자

- 흡연은 질환의 회복을 막고 건강을 손상시키기 때문에 입원 중인 흡연자에게 금연치료를 시도해야 한다.
- 입원 중인 모든 흡연자에게 흡연의 위험성에 대한 교육이 시행되어야 한다.
- 지속적인 금연을 위하여 퇴원 후 추적관찰이 필요하다. 즉, 금연 후 추적 관찰 치료가 잘 유지될 수 있는 효율적인 체계가 구축되어야 한다

Efficacy of an inpatient smoking cessation program at a single regional cancer center

A prospective observational study

Ha-Young Park [a,b], Yu-Ri Choe [b,c], In-Jae Oh [a,b,*], Min-Seok Kim [a], Bo Gun Kho [a], Hong-Joon Shin [a], Cheol Kyu Park [a], Yu-Il Kim [a,b], Young-Chul Kim [a], Hye-Ran Ahn [b], Sun-Seog Kweon [b,d]



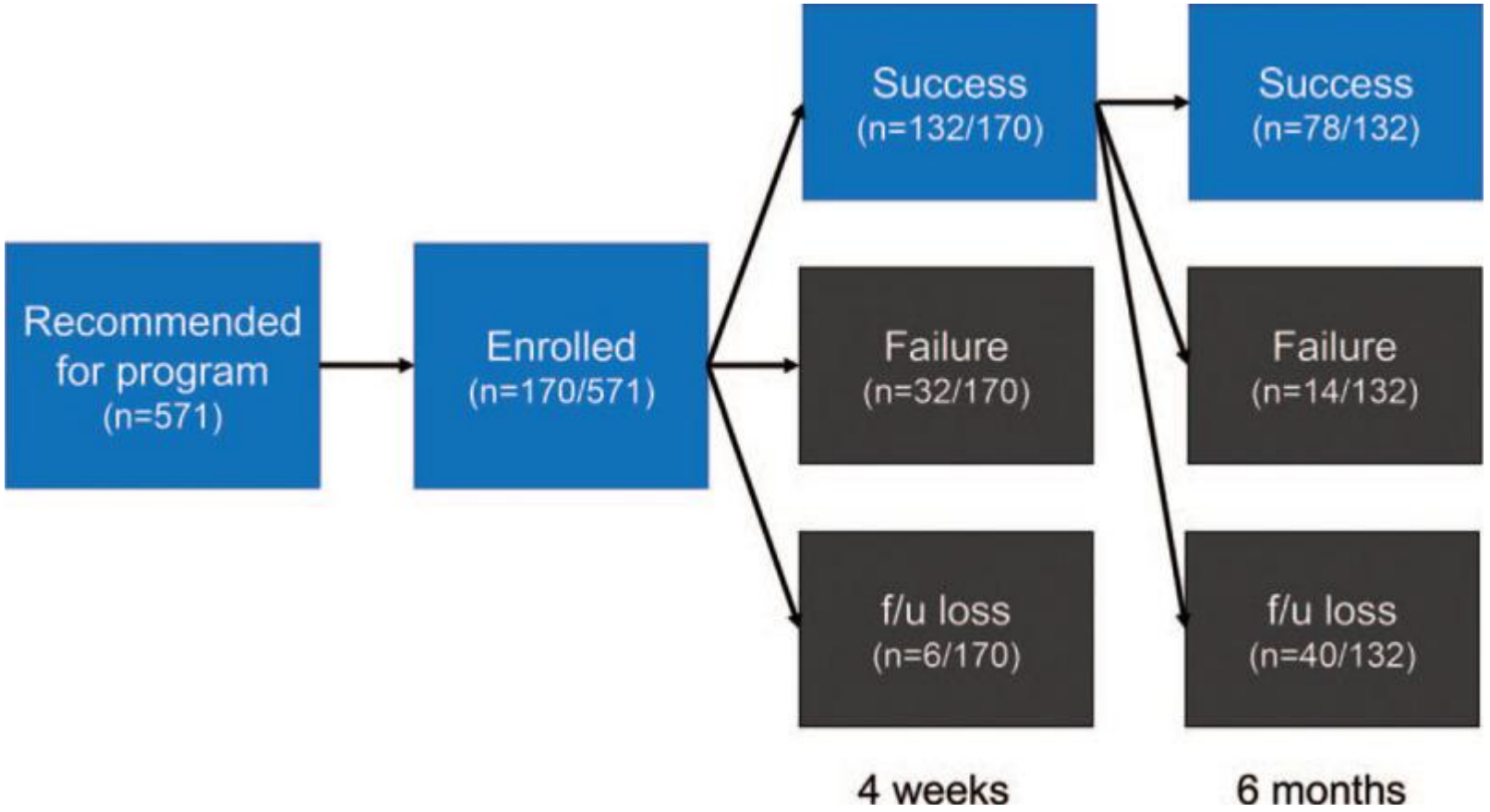
Flow chart of the inpatient smoking cessation program.
: EMR=electronic medical record, NO=nitric oxide.

- Medicine (Baltimore). 2021

입원환자: 금연지원팀

(금연프로그램: 금연상담, 교육, CO측정, 금연약물치료 등)

Smoking cessation rates of enrolled patients at 4wk and 6mo



inpatient smoking cessation program was associated with a high abstinence rate.

고령자

- 고령 흡연자에서도 금연은 관상동맥질환, 만성폐쇄성폐질환 및 폐암 등의 질환으로 인한 사망을 줄이므로 금연치료가 적극적으로 고려되어야 한다.
- 고령 흡연자에서 당뇨, 고혈압 및 고지혈증과 같은 만성질환들이 관리되는 것처럼 흡연이 중점적으로 관리되고 치료되어야 한다.

Smoking cessation rates in elderly and nonelderly smokers after participating in an intensive care smoking cessation camp

Jae-Kyeong Lee [a], Yu-Il Kim [a,*], Sun-Seog Kweon [b], In-Jae Oh [c], Yong-Soo Kwon [a], Hong-Joon Shin [a], Yu-Ri Choe [d], Ha-Young Park [a], Young-Ok Na [a], Hwa-Kyung Park [c]

Special treatment type at intensive care smoking cessation camp: program contents. (Day1-5)

Participation in camp	Day 1	① Smoking cessation consultation: prescription based on smoking status evaluation (amount, duration, etc) ② Smoking cessation education: education on smoking cessation medication ③ Psychologic counseling: motivation for camp participation
	Day 4	① Counseling about health check-up results: explanation of the results of health check-up Identify the health status related to smoking, motivation for smoking cessation; counseling on smoking cessation maintenance and pharmacotherapy; management of abnormal results ② Exercise program: aerobic, muscle power ③ Smoking cessation education: theme-coping with craving, marketing of tobacco industry, introduction of national smoking cessation services, etc ④ Psychologic counseling: stress management, anger management

- Medicine (Baltimore). 2022

Smoking cessation rates in elderly and nonelderly smokers after participating in an intensive care smoking cessation camp

Success rates of smoking cessation in the 2 age groups.

Follow-up	Nonelderly	Elderly	Total	*P* value
4-week cessation	181/244 (74.2%)	88/107 (82.2%)	269/351	0.100
6-week cessation	178/244 (73.0%)	85/107 (79.4%)	263/351	0.197
12-week cessation	133/244 (54.5%)	70/107 (65.4%)	203/351	0.057
24-week cessation	109/244 (44.7%)	56/107 (52.3%)	165/351	0.185

: **Intensive care smoking cessation camps can help both elderly and nonelderly smokers**

: **Smoking cessation should be strongly recommended regardless of age.**

- Medicine (Baltimore). 2022

정신질환자

- 흡연자에서 정신질환이 있으면 금연 유지율이 낮고 재흡연율이 높아 보다 집중적인 치료 및 추적이 필요하고, 정신건강의학과와의 협진도 고려해야 한다.
- 니코틴 및 금연치료에 사용되는 약물 등이 기존 정신질환의 증상과 복용 약물의 대사 등에 영향을 줄 수 있으므로 의료진은 금연 치료를 시작할 때 정신과적 병력을 파악해야 한다.

J Clin Psychopharmacol. 2019 ; 39(2): 108–116. doi:10.1097/JCP.0000000000001015.

Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with psychotic, anxiety and mood disorders in the EAGLES trial

A. Eden Evins, MD, MPH, Neal L. Benowitz, MD, Robert West, PhD, Cristina Russ, MD, Thomas McRae, MD, MS, David Lawrence, PhD, Alok Krishen, MS, Lisa St. Aubin, DVM, Melissa Culhane Maravic, PhD, MPH, and Robert M. Anthenelli, MD

Subset population, n=4092
: primary psychotic (n=390)
: anxiety (n=792)
: mood disorder(n=2910)

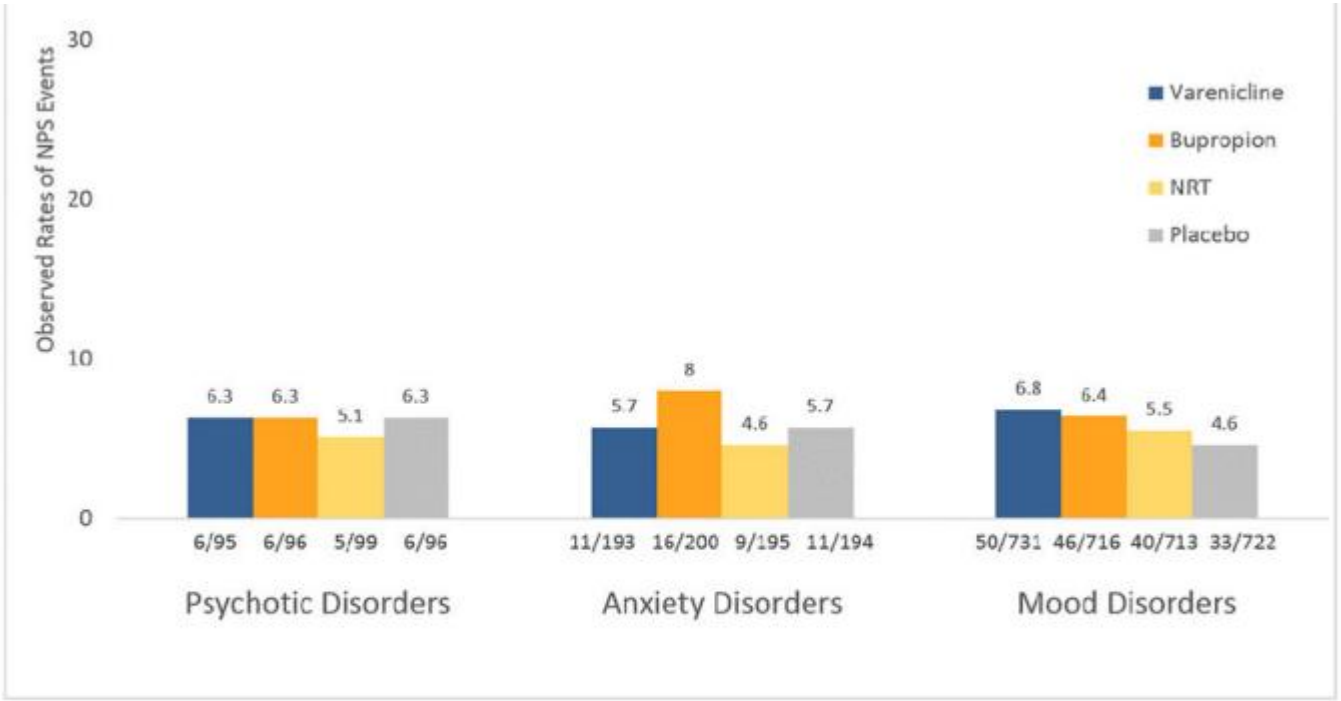
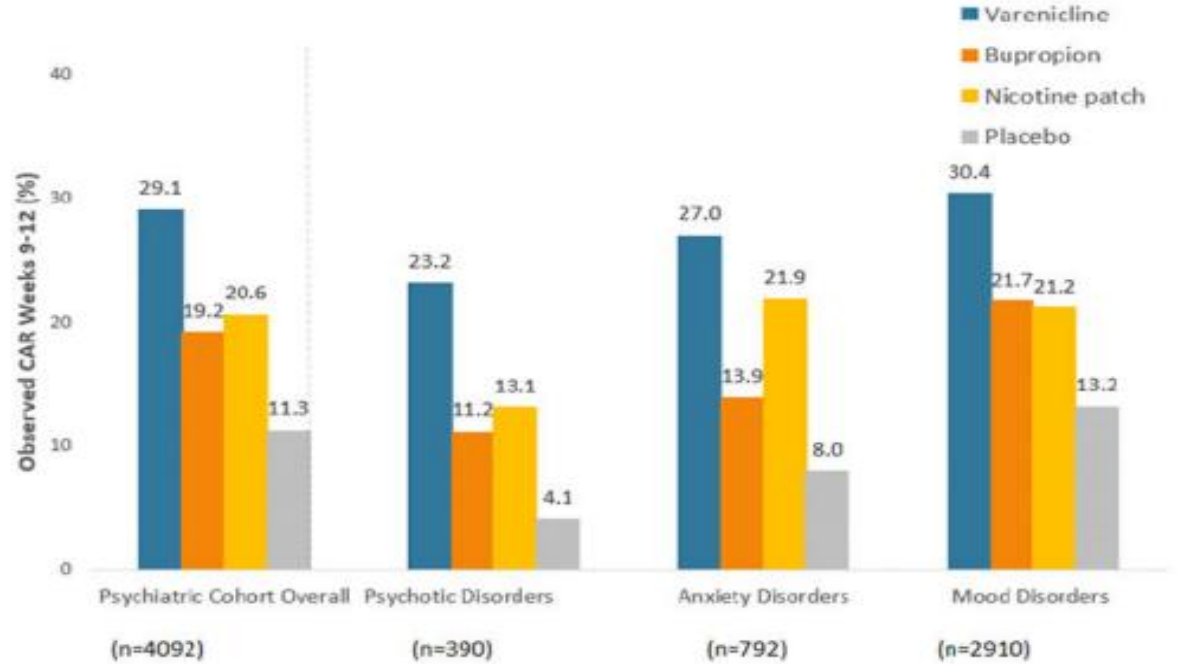


Figure 1. Participants with One or More Observed NPSAE in the Primary Endpoint by Diagnostic Group*

* Period for ascertainment of NPS AEs is during 12 weeks treatment and 30-day follow-up.

a.



b.

Treatment comparison	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Varenicline vs placebo	4.57 (2.59 to 8.06)	6.93 (1.61 to 29.84)	4.55 (2.05 to 10.11)	3.03 (2.13 to 4.32)
Bupropion vs placebo	2.22 (1.21 to 4.06)	2.99 (0.63 to 14.14)	1.91 (0.81 to 4.51)	1.91 (1.32 to 2.76)
Secondary comparisons				
Nicotine patch vs placebo	2.76 (1.53 to 4.97)	3.40 (0.74 to 15.61)	3.43 (1.52 to 7.74)	1.80 (1.24 to 2.61)
Varenicline vs nicotine patch	1.66 (1.11 to 2.49)	2.04 (0.75 to 5.55)	1.33 (0.72 to 2.46)	1.68 (1.23 to 2.32)
Bupropion vs nicotine patch	0.80 (0.51 to 1.27)	0.88 (0.28 to 2.73)	0.56 (0.28 to 1.12)	1.06 (0.76 to 1.48)
Varenicline vs bupropion	2.06 (1.35 to 3.17)	2.32 (0.82 to 6.58)	2.38 (1.21 to 4.69)	1.59 (1.16 to 2.18)

CAR, continuous abstinence rate; CI, confidence interval; OR, odds ratio

Figure 2.
Comparison of Continuous Abstinence Rates
2a. Observed Rates of Continuous Abstinence for Study Weeks 9-12
2b. Comparison of Odds of Continuous Abstinence for Weeks 9-12 by Treatment Assignment and Diagnostic Group*
* From GLIMMIX model that included terms for treatment, psychiatric diagnostic group, sex, FTND total score, prior alcohol or substance use disorder, and region

J Clin Psychopharmacol. 2019 ;

Depress Anxiety. 2022 May ; 39(5): 429–440. doi:10.1002/da.23259.

The Effects of Varenicline, Bupropion, Nicotine Patch and Placebo on Smoking Cessation among Smokers with Major Depression: A Randomized Clinical Trial

Paul M. Cinciripini, Ph.D.[1], **George Kypriotakis, Ph.D.**[1], **Charles Green, Ph.D.**[3], **David Lawrence, Ph.D.**[2], **Robert M. Anthenelli, MD**[4], **Jennifer Minnix, Ph.D.**[1], **Janice A. Blalock, Ph.D.**[1], **Diane Beneventi, Ph.D.**[1], **Chad Morris, Ph.D.**[5], **Maher Karam-Hage, MD**[1]

[1]Department of Behavioral Science, University of Texas MD Anderson Cancer Center, Houston, TX, USA

[2]Pfizer Inc., New York, NY, USA

Conclusions

: Results suggest that for MDD smokers, inclusive of those with recurrent episodes(RE), varenicline plus counseling may be the best pharmacological option for the treatment of smoking given its greater efficacy effect size and similar risk of NPSAEs

교도소 내 금연

- 교도소 내 재소자들의 흡연율은 일반 성인의 3~4배에 해당하는 것으로 알려지며 재소자들의 질병(폐암, 허혈성 심질환, 만성 호흡기 질환, 뇌혈관 질환 등)과 밀접한 관련성이 있는 것으로 보고된다.
- 금연을 위한 정책과 동기 부여가 중요하며 교도소 내에서 의료인의 금연상담 및 지지치료, 약물 치료(니코틴대체제, 부프로피온, 바레니클린), 전화상담서비스 등 적극적인 금연 정책이 필요하다.

군대 내 금연

- 군대 내에서의 흡연은 복무기간이나 동료들간의 갈등, 계급으로 인한 명령 체계에서 오는 스트레스, 금연시도 경험, 근무 여건 등이 흡연에 영향을 미치는 것으로 알려져 있다.
- 군대 내에서의 금연을 위해 금연환경 조성, 금연교육, 금연 클리닉과 금연캠페인 등을 운영하고 있으며 장기적인 금연정책 수립이 필요하다.

보건교육건강증진학회지 제36권 제5호(2019. 12) pp.1-13
Korean J Health Educ Promot, Vol.36, No.5 (2019)
https://doi.org/10.14367/kjhep.2019.36.5.1

군인, 의경의 금연실천 관련 요인: 범이론적 모형을 적용한 금연클리닉 만족도에 따른 차이를 중심으로

권은주*, 나은희**†
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Factors associated with the satisfaction of smoking cessation programs in clinics among Korean military personnel: An application of Transtheoretical model

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〈Table 3〉 Conceptual multigroup analysis results

Path constrained	x^2	df	Δx^2	Sig.
Unconstrained (free) model	11034.78	234		
Pros of smoking → Self-efficacy	11035.52	235	0.74	No
Cons of smoking → Self-efficacy	11062.51	235	27.73	Yes
Processes of change → Self-efficacy	11046.29	235	11.51	Yes
Pros of smoking → Smoking cessation	11035.69	235	0.91	No
Cons of smoking → Smoking cessation	11037.52	235	2.75	No
Processes of change → Smoking cessation	11036.62	235	1.84	No
Self-efficacy → Smoking cessation	11068.58	235	33.80	Yes

Note. df=degree of freedom

: The effect of the cessation of smoking differed depending on the satisfaction level with the smoking cessation clinics.

요약 : 특수한 상황에서의 금연

- 수술 환자
- 알코올 중독자

- + 2017년 금연진료지침_특수한 상황에서의 금연