

Nicotine replacement treatment (nrt) – smoking cessation program



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NRT lessens the nicotine withdrawal and the cravings by supplying the body with nicotine without the carcinogens, tar or toxic gases that cigarettes contain. People often become addicted to the nicotine because it increases certain chemical levels such as dopamine and norepinephrine in their brains. After quitting from smoking, the levels of these chemicals drop and the bodies react by having nicotine withdrawal symptoms. NRT increases the levels of dopamine and norepinephrine just like nicotine does. If the NRT doses are taken as directed, the chemical levels in the brain are kept at a constant level so withdrawal symptoms will be reduced when a person stops smoking. The nicotine replacement therapy types include nicotine patches, nicotine gum, lozenges, inhalers, tablets and nicotine nasal spray. When a smoker has a cigarette, the nicotine in the smoke moves quickly across the tissues in their lungs and then into the bloodstream. Nicotine patches are an effective way of releasing nicotine into the bloodstream via the skin. These patches are attached to the upper body; they slowly release the nicotine which is absorbed through the skin. The patches are available in three strengths, designed with the main aim to gradually decrease the smoker's addiction to the nicotine. Achieved by slowly reducing the dosages. The patches last 16 - 24 hours, and the patches mustn't be applied to the same area within the same week. The 24-hour patches are thought to help with the morning cravings however, may disturb one's sleep. To work out the right dosage, it is essential that smoke quitters tell their pharmacists the strength of cigarettes taken, and how many smokes they had per day. Nicotine patches can't be used during pregnancy, whilst breast-feeding or with some medical conditions. Advise your doctor or the pharmacist before using nicotine patches. The advantage of nicotine

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patches are that they are easy to apply and practical for everyday use. The disadvantages of patches is that a steady amount of nicotine is delivered, thus it doesn't have the same affect that a cigarette gives, the high and low levels that a smoker gets after a smoke. The side effects of the nicotine patches include: Skin rash, irritations, nausea, sleep disturbances, indigestion, muscular aches and pains, and increased cough. The issues that the Pharmacist must raise: Quitting from any addiction isn't an easy process, there are many questions and some of them include which way is the best way to get rid of the addiction and then there is also the other issues that aren't always raised, sticking to the plan. Quitting from one's addiction. A pharmacist needs to point out these vital processes and also be supportive and informative in their approach. The issues that the pharmacist must raise include:* If the patient is pregnant or breast feeding, has any major medical conditions* Taking nicotine patches isn't enough to successfully quit the addiction. There is a level of commitment, motivation and support from oneself and others that are required to conquer one's addiction from cigarette smoking, especially from one that is so chemically and psychological based. It isn't an easy process.* Some habits need to be changed. I. e. Smoking suppressed the appetite, thus many smokers go without breakfast and lunch. To overcome this, it is essential that meals be regularly eaten, as it is important that the blood sugar levels are maintained. If they drop, it may increase the cravings and make it harder to deal with the process of quitting.* Other habits may need to be altered as well, depending on how heavy and addicted the person is. Many smokers usually have a cigarette after meals. To overpower the cravings, and to replace the feeling of a cigarette in the hand, lollies, sugarless chewing gum or anything else

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that may occupy your hands should be stocked in the house. The pharmacist should suggest other possible alternatives.* Explain there are moments of hardships and downs that may occur, usually within the first 72 hours of quitting and then there will be moments of weaknesses in the first 3 months. That even if the person has a smoke again it doesn't mean they should be discouraged. Encouraging them, and advising them to look for ways to help them quit, (not being around other smokers, limiting alcohol consumption, not worrying about weight gain focus on quitting smoking..)* If you have a trigger for a smoke, replacing that with something else, such eating. Stocking the fridge with pieces of fruit, vegetables, eating whole grain cereal. Regularly exercising such as walking, cycling, drinking lots of water etc.* Seeking help, to encourage the patient, that there are people like them that have been in a similar situation. Ringing up hotlines, talking to GP, talking about their difficulties to a family member or friend for support should be encouraged. These are just some of the issues that the pharmacist should raise when they consult on the process that the smoker must undertake to quit. However, before any smoking cessation can begin, the smoker themselves need to be motivated, they shouldn't do it for the sake of someone else. They need to want to quit and only then will they be successful in completing the path to being free from addiction to smoking.