

Slow reduction in cigarettes

This is pharmacokinetically more difficult to address, but while still smoking 10 or more cigarettes a day, CYP1A2 enzyme induction is still likely. Monitor clinically for adverse effects, preferably with weekly contact, and monitor serum concentrations according to the rate of reduction of cigarettes. If a person reduces from 20+ cigarettes a day to 10 a day within one week, then check the serum concentration about one week later.

Once a person is smoking less than 10 cigarettes a day, the extent of enzyme induction will be reducing and closer clinical monitoring is required with a dosage reduction.

Passive smoking

This is a confounder that has not been investigated.

Smoking cessation and other medicines

Clozapine and olanzapine are the most problematic medicines with respect to smoking cessation. However, it is important to manage and monitor smoking cessation for patients taking other medicines where a major or moderate interaction is expected (see Table 1). Dose reduction may be necessary in some cases.

References

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String of PEARLS

Practical Evidence About Real Life Situations

about COPD and asthma

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/uoa), funded by the Ministry of Health (www.health.govt.nz), and published in NZ Doctor (www.nzdoctor.co.nz).

- Breathing exercises of some benefit in COPD
- Beta-2 agonists effective for exercise-induced asthma
- Prophylactic antibiotics of benefit for COPD
- Self-management effective for COPD
- Water-based exercise training effective in COPD
- Short courses of systemic steroids effective in severe COPD

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