

Letter to the Editor

Can a Change of Terminology Increase the Efficiency of Nicotine Gum in Smoking Cessation?

Terminoloji Değişikliği Sigara Bıraktırmada Kullanılan Nikotin Sakızının Etkinliğini Arttırabilir Mi?

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Dear Editor,

Varenicline, bupropion, and nicotine replacement therapies (NRT) are used for pharmacological intervention for smoking cessation. Nicotine patches and gums are commonly used NRT forms. These can be used separately or together and in combination with bupropion to increase efficacy (Stead et al., 2008). For a long time, the Republic of Turkey Ministry of Health did not include NRT among the drugs it provided in the fight against tobacco. Finally, NRT was also made freely available but only in the form of nicotine patches (Ünal, 2017).

NRT is effective in tobacco treatment and aims to increase the motivation to stop smoking and reduce the symptoms of physiological psychomotor withdrawal by nicotine replacement (Abakay, & Işık, 2016). Different doses of nicotine patches and gums can be used as needed. Gums can be used as a sole therapy for stopping smoking or in combination with other options for crisis management. They are not expected to cause addiction themselves because, unlike smoking peaks, their plasma levels remain low. In short, they are effective weapons for smoking cessation. However, they are not appreciated as they deserve. Various side effects of nicotine gums may occur, of which bitter taste and irritation in the mouth, jaw pain, dyspepsia, and hiccups are the most common (Abakay, & Işık, 2016).

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NRT patches are easy to use. The user attaches a nicotine patch on a suitable location every day. However, this simplicity of use is not the case for gum. Generally, it is recommended that ordinary chewing gums be chewed to achieve their effects, such as producing saliva and assisting in the mechanical cleaning of teeth. However, this perception is not good for a nicotine gum, for which the expectation is not to chew it constantly and produce saliva, but rather to keep it in the mouth without chewing to facilitate nicotine absorption by the capillaries. What we expect from the patient is to see the nicotine gum as a medicine, not as a chewing gum; thus, they should keep it in the mouth rather than chew it to get the most benefit. Currently, the terminology used to ensure this is inappropriate.

The modification of terminology can help achieve the correct drug usage. When recommending nicotine gum to patients, the word “drug” should be emphasized instead of the word “gum.” In our clinic, we often use the phrase “this is a drug and not a chewing gum.” This is because drugs are used in a specific way. We say “soften” instead of “chew,” “park it between the cheeks and gums etc.” instead of “slowly chew and wait.” In short “soften and park.” We believe that we can increase the drug compliance by using this terminology in the clinic.

With regards,

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