

Bupropion: a prescribed medicine

(sold under the brand name “Zyban SR”)

Please note: This information is not intended to replace the Consumer Medicine Information that comes with bupropion. Ask your pharmacist for this leaflet if it is not in the pack when you buy it.

Introduction

Research shows that people who have the best chance of quitting are those who get some support (such as Quitline) and use quitting medications.^{1, 2}

Bupropion has been proven to help people quit smoking.³ It is well tolerated by most people who use it.⁴ It must be prescribed by your doctor, as it is not suitable for everyone. Around one in a thousand users of bupropion may have serious side effects.³ It is important to be aware of possible side effects and talk to your doctor or pharmacist if you are concerned.

Is bupropion suitable for me?

In general, quitting medications work best for people who are addicted to nicotine in tobacco, and who want to quit.⁵ Signs of nicotine addiction are:

- You smoke your first cigarette within 30 minutes of waking up.^{5, 6}
- You smoke more than 10 cigarettes per day.^{5, 6} (There is no difference between smoking stronger or weaker tasting cigarettes.⁷)
- You suffer from withdrawal symptoms within 24 hours of stopping smoking, such as cravings, irritability, anxiety, depression, restlessness, hunger, poor concentration and sleep disturbances.^{5, 8}

Bupropion is not suitable for everyone and you must discuss with your doctor whether you should use it. Read the section ‘*What I should tell my doctor*’.

How can bupropion help me quit?

Bupropion is sold as tablets under the brand name Zyban SR.⁹ The active ingredient is bupropion hydrochloride, which is also present in certain anti-depressant medicines. The tablets are “sustained release” bupropion, which means the drug is slowly absorbed by your body.^{3, 4} They do not contain nicotine.⁴ Bupropion affects some of the areas of the brain that are affected by nicotine, and it is thought to work by acting on systems which play a role in brain reward for nicotine and withdrawal.¹⁰

Using bupropion can help to reduce withdrawal symptoms when you quit, such as cravings, irritability, and difficulty concentrating.¹⁰⁻¹⁴ However, it may not stop these symptoms completely. Bupropion may also make smoking seem less rewarding.^{3, 10}

How well does bupropion work?

People who use bupropion are nearly twice as likely to quit and stayed stopped, if they have counselling as well.^{3, 15} Advice or counselling is provided by the Quitline 13 7848 or from your doctor, pharmacist or other trained advisor.

Although bupropion has been used as an antidepressant, it is equally helpful to smokers with or without a past history of depression.³ Bupropion reduces the weight gain which may occur after quitting, but the effect doesn't appear to last beyond its use.¹⁶

Buying bupropion

Bupropion is available only on prescription. It is approved by the Pharmaceutical Benefits Scheme (PBS) for people who take part in a support and counselling program, such as that provided by the Quitline.⁵ Your doctor will issue you a prescription for 30 tablets on your first visit, and then, on your second visit, a final prescription for 90 tablets. In 2018, general patients pay \$39.50 (PBS price) for each prescription and concession holders pay \$6.40.¹⁷ You are allowed one full course (120 tablets) per year on the PBS. You can buy it on a private prescription, but it costs over \$200 for 120 tablets.

After buying your first packet of tablets, you will need to have a second appointment with your doctor within two weeks of starting treatment, before your first packet runs out.

What I should tell my doctor

You should tell your doctor if you have any illness, in particular seizures, heart problems or heart disease, high blood pressure, diabetes, liver or kidney problems, mental health disorders (especially bipolar disorder) or head injury.^{4, 18, 19}

You must tell your doctor about any other medicines you are taking, including pharmacy medicines, herbal preparations, diet pills, medicines sold in the supermarket, or nicotine replacement products.^{4, 18}

It is also important to discuss your use of alcohol and any food or medicine allergies.^{4, 18}

In some cases, you may require monitoring, advice, a change in medication, a reduced dose of bupropion or you may be advised not to use it.

You should not take bupropion if you:

- are allergic to bupropion⁴
- have had past or current seizures^{4, 5}
- have a brain or spine tumour⁴
- are usually a heavy drinker and suddenly stop or plan to stop drinking alcohol⁴
- suddenly stop or plan to stop using tranquilizers (benzodiazepines)⁴
- have ever had the eating disorders bulimia or anorexia nervosa^{4, 5}
- have taken a type of medicine called monoamine oxidase inhibitors (MAOI) within the last 14 days^{4, 5}
- are taking other medicine that contains bupropion⁴
- are pregnant, trying to become pregnant or are breast feeding.⁴

Bupropion is not recommended for persons under 18 years of age.¹⁸

If you intend to start new medicines, become ill, or become pregnant while taking bupropion, you must tell your doctor. Certain medicines affect how bupropion works and may increase the chance of you having a seizure (fit), so before taking new medicines check with your doctor first. Not all of these medicines are listed in the Consumer Medicine Information that comes with bupropion.⁴

Using bupropion

You should follow your doctor's advice when using bupropion.

Once you've bought the bupropion, you should set a quit date. This date should be in week two of your treatment. Continue smoking as normal in the first week of treatment, because it takes about one week for bupropion to start working properly.¹⁸

Not smoking at all after your quit date gives you the best chance of stopping for good. If you slip up and have a cigarette after your quit date, you may still succeed at quitting if you keep taking your course of bupropion and recommit to stopping smoking.²⁰

Your doctor will tell you how many tablets you should take. The usual dose is one tablet in the morning for the first three days, then two tablets per day for the rest of the treatment. Tablets must be taken at least eight hours apart; one in the morning and the second in the evening. However, your doctor might decide to reduce the number of tablets you take. No-one should take more than two tablets per day. Usually treatment lasts for at least seven weeks.¹⁸

If you miss a tablet by a few hours, you should just skip the dose you missed, and take one tablet at your next usual time. Never take more than one tablet of bupropion in an eight hour period.¹⁸

Tablets should be swallowed whole - do not crush, break or chew the tablets (this releases the medicine too quickly and increases your risk of side effects). They can be taken with or without food. It is best not to drink alcohol while using bupropion. If you drink a lot of alcohol or suddenly stop drinking heavily, you may increase your chance of seizure.¹⁸

There is no clear evidence that taking bupropion and using a nicotine replacement product at the same time will increase your chance of quitting compared to using just one of these products.³ Also, using both products at once can lead to blood pressure problems in some people.¹⁹

Why may I still have cravings when using bupropion?

Cravings (the urge or desire to smoke) can be due to nicotine withdrawal. However, you may also have an urge or desire to smoke when you are in situations where you are used to smoking.

Certain things may trigger cravings, such as²¹:

- *places* where you normally smoke, such as home, work, or the pub
- *people* who you usually smoke with, such as family or friends; or being alone
- *habits or routines* where you are used to smoking, such as when drinking coffee or alcohol, talking on the telephone, after meals, or when you want to relax
- *emotions*, such as anger, boredom, being tense or upset; or for some people, when they are happy.

Quitting medications work best when you also reduce your triggers for cravings.²² You need to understand why you smoke in order to plan how to cope in these situations. People most successful at resisting urges to smoke use a range of coping strategies to help them.²¹ Making your home smokefree and getting rid of cigarettes in your home and car are helpful strategies.²² Information, advice and support is available for the cost of a local call from the Quitline 13 7848.

Side effects

The most common side effects are difficulty sleeping, dry mouth, headache, and nausea.^{3, 4} To reduce sleeping problems, it's best to take your evening tablet at least four hours before bedtime (but remember, you *must* leave eight hours between tablets).²³

The most serious side effect is the risk of seizure, which is estimated to occur in about one in 1000 patients (0.1%).³ Your doctor will ask you a series of questions to determine if you are at risk from seizure. If you have a seizure, stop taking bupropion⁴ and seek medical attention immediately.²³

Some people have had increased blood pressure while using bupropion, including people who have not had this condition before. It is recommended that your blood pressure be monitored while using bupropion, especially if:

- you already have high blood pressure¹⁹
- your doctor has directed you to use bupropion and a nicotine replacement product at the same time. In this case, a blood pressure test every week is recommended.^{4, 19}

A small number of people (about one to three per 1000 patients) have had allergic reactions to bupropion.³ These include itching, hives, skin wheals, or breathlessness. There have been a few cases of fever, joint and muscle pain occurring with skin rash, and these can occur 10 to 20 days after starting treatment.^{4, 24} If you think you are having an allergic reaction to bupropion, stop taking it and tell your doctor immediately. If that is not possible, you should go to the casualty department at your nearest hospital.¹⁸

A small number of users of bupropion may develop mental health problems, such as depression and suicidal or self-harming behaviour.^{3, 18, 25} Symptoms are more likely to occur early in the treatment.⁴ Family members should be alert for unusual changes in behaviour or mood. You should seek medical advice as soon as possible if you have any symptoms that concern you. Bupropion may worsen symptoms in people with certain types of mental illness, so it is important to discuss your history with your doctor before taking bupropion.⁴

You should talk to your doctor if you have any side effects, including any not mentioned here, which cause you concern. The Consumer Medicine Information has more details on side effects, which is important to read.¹⁸

Safety

Serious side effects of bupropion are rare.³ However, it is important to use bupropion correctly, with your doctor's supervision. You can lower your risk by checking with your doctor that:

- you are not in a high risk group for seizure⁴
- you are not in a high risk group for heart attack and stroke¹⁹
- your blood pressure be monitored when needed^{4, 19}
- before using any other medicine, it is safe to use while taking bupropion.⁴

Also, do not take more than one tablet within eight hours, be sure to swallow the tablet whole, and limit your use of alcohol (Read *Using bupropion* above).¹⁸

Read the Consumer Medicine Information carefully and keep it until you've finished using the medicine. Never use any medicine that has been prescribed for somebody else.

Taking too many tablets of bupropion can cause serious side effects, including rapid heart beat and seizures.^{3, 4} Other effects of overdose include lethargy, confusion and

tremors.²⁶ If you think that you or someone else may have taken too many tablets, immediately call your doctor or the Poisons Information Centre (131126) for advice, even if there does not appear to be any effects.¹⁸ Then, go to hospital.⁴ If you suspect a child has taken bupropion, follow the advice above.

What do I do if I start smoking again despite using bupropion?

If you slip-up and have a puff or a cigarette, don't let it lead you back to full-time smoking. Keep using bupropion and re-commit to stopping smoking. Think of your reasons for quitting and what you have achieved so far. Talk to your doctor, pharmacist or call the Quitline if you want to discuss your smoking.

It is common for smokers to try to quit a number of times before successfully staying stopped, even when using quitting medications.¹ For many people re-adjusting to living without cigarettes is a learning process. It may take a while to figure out alternatives to cigarettes in certain situations.

Where can I get more information?

- Your doctor is an important source of information, particularly if you have an illness, or you are taking any other medicines.
- Your pharmacist can give you advice about stopping smoking.
- Quitline 13 7848: Quit Specialists can help you with support, advice, information and a variety of resources, whether you have already quit or are just thinking about it.

Online resources

The Quit website www.quit.org.au provides a range of information that you can read, interact with and download. You can find out more about the Quitline, Quitcoach and QuitTxt.

The QuitCoach is a free interactive website that asks you a series of questions about your smoking, and then gives you advice about quitting which is tailored to your situation. To find out more go to www.quitcoach.org.au.

QuitTxt provides regular SMS messages including tips and encouragement to help you keep on track throughout your quit attempt. To begin, all you need to do is register and complete a brief questionnaire at www.quit.org.au/quittxt.

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