



DRUG INTERACTIONS with SMOKING



PHARMACOKINETIC DRUG INTERACTIONS with SMOKING

- Drugs that may have a *decreased effect* due to induction of CYP1A2:
 - Caffeine
 - Fluvoxamine
 - Olanzapine
 - Tacrine
 - Theophylline
- Absorption of inhaled insulin is 2- to 5-fold higher in smokers than in nonsmokers
 - Use is contraindicated in current smokers and patients who quit less < 6 months prior to treatment

Smoking cessation will reverse these effects.

HANDOUT



PHARMACODYNAMIC DRUG INTERACTIONS with SMOKING

Smokers who use combined hormonal contraceptives have an increased risk of serious cardiovascular adverse effects:

- Stroke
- Myocardial infarction
- Thromboembolism



This interaction **does not** decrease the efficacy of hormonal contraceptives.

Women who are 35 years of age or older AND smoke at least 15 cigarettes per day are at significantly elevated risk.



DRUG INTERACTIONS with SMOKING: SUMMARY

Clinicians should be aware of their patients' smoking status:

- Clinically significant interactions result not from nicotine but from the combustion products of tobacco smoke.
- These tobacco smoke constituents (e.g., polycyclic aromatic hydrocarbons; PAHs) may enhance the metabolism of other drugs, resulting in a reduced pharmacologic response.
- Smoking might adversely affect the clinical response to the treatment of a wide variety of conditions.