

FFT-P5 EFIKASNOST FARMAKOTERAPIJE NIKOTINSKE ZAVISNOSTI: NARATIVNA ANALIZA SAVREMENIH DOKAZA

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Zavisnost od nikotina je hronično recidivirajuće oboljenje, a farmakoterapija povećava verovatnoću dugotrajne apstinencije. Cilj rada bio je poređenje mehanizama delovanja i efikasnosti savremenih farmakoterapijskih opcija za prestanak pušenja. Sprovedena je ciljana narativna analiza literature pretraživanjem baza PubMed/MEDLINE i Cochrane Library i dokumenata Svetske zdravstvene organizacije, objavljenih od januara 2018. do jula 2026. godine. Korišćeni su termini „*nicotine dependence*“, „*smoking cessation*“, „*nicotine replacement therapy*“, „*bupropion*“, „*varenicline*“ i „*cytisine*“. Prednost je data smernicama, sistematskim pregledima i metaanalizama koje su procenjivale apstinenciju nakon najmanje šest meseci. Analizirane opcije bile su nikotinska supstituciona terapija (NST), parcijalni agonisti $\alpha 4\beta 2$ nikotinskih acetilholinskih receptora vareniklin i citizin, i bupropion, inhibitor ponovnog preuzimanja noradrenalina i dopamina. U odnosu na placebo ili odsustvo farmakoterapije, dugotrajna apstinencija bila je verovatnija uz NST (relativni rizik [RR] 1,55; 95% interval poverenja [IP] 1,49–1,61), bupropion (RR 1,60; 95% IP 1,49–1,72), vareniklin (RR 2,32; 95% IP 2,15–2,51) i citizin (RR 2,61; 95% IP 1,50–4,67). Kombinovana NST, flaster uz kratkododelujući oblik, bila je efikasnija od monoterapije (RR 1,25; 95% IP 1,15–1,36). Vareniklin je bio efikasniji od bupropiona i pojedinačnih oblika NST, dok nije utvrđena jasna razlika u odnosu na kombinovanu NST. Rezultati potvrđuju efikasnost svih analiziranih lekova, uz izraženije efekte vareniklina i citizina u odnosu na kontrolu. Izbor terapije treba individualizovati prema kontraindikacijama, podnošljivosti, prethodnim pokušajima i dostupnosti leka, uz istovremenu bihejvioralnu podršku.

FFT-P5 EFFICACY OF PHARMACOTHERAPY FOR NICOTINE DEPENDENCE: A NARRATIVE ANALYSIS OF CONTEMPORARY EVIDENCE

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Nicotine dependence is a chronic relapsing disorder, and pharmacotherapy increases the likelihood of long-term abstinence. The aim was to compare the mechanisms of action and efficacy of contemporary pharmacological options for smoking cessation. A targeted narrative review was conducted by searching PubMed/MEDLINE, the Cochrane Library, and World Health Organization documents published from January 2018 to July 2026. Search terms were "nicotine dependence", "smoking cessation", "nicotine replacement therapy", "bupropion", "varenicline", and "cytisine". Priority was given to guidelines, systematic reviews, and meta-analyses evaluating abstinence at six months or longer. The analysed options were nicotine replacement therapy (NRT), the $\alpha 4\beta 2$ nicotinic acetylcholine receptor partial agonists varenicline and cytisine, and bupropion, an inhibitor of neuronal norepinephrine and dopamine reuptake. Compared with placebo or no pharmacotherapy, long-term abstinence was more likely with NRT (risk ratio [RR] 1.55; 95% confidence interval [CI] 1.49–1.61), bupropion (RR 1.60; 95% CI 1.49–1.72), varenicline (RR 2.32; 95% CI 2.15–2.51), and cytisine (RR 2.61; 95% CI 1.50–4.67). Combination NRT, a patch plus a short-acting formulation, was more effective than monotherapy (RR 1.25; 95% CI 1.15–1.36). Varenicline was more effective than bupropion and single-form NRT, while no clear difference was found compared with combination NRT. The findings confirm the efficacy of all analysed medications, with larger effects for varenicline and cytisine versus control. Treatment should be individualized according to contraindications, tolerability, previous quit attempts, and medicine availability, with concurrent behavioural support.