

## AN EXPERT'S TIPS & TRICKS FOR PATCH ADHESION & IRRITATION



Pharmacists for a Smoke-Free Canada  
Pharmaciens pour un Canada Sans Fumée



Jane Ling, [President of Pharmacists for a Smoke-Free Canada](#) (PSFC), is also a primary care pharmacist with the North Durham Family Health Team, a community pharmacist at Lovell Drugs in the Glazier Medical Centre in Oshawa and a clinical lecturer for the School of Pharmacy University of Waterloo. She specializes in smoking cessation and has completed several courses and certifications including TEACH, CTI, CPhA QUIT, Break Free and CATALYST. As a national key opinion leader, Jane is a strong advocate for the sharing of best practices to enhance smoking cessation support for clients. She shares the following tips and tricks for patients who experience nicotine patch adhesion and irritation challenges:

If the client experiences **skin irritation**:

- Use hydrocortisone cream 0.5% or higher on the irritated site
- Recommend non-drowsy once a day antihistamine *eg cetirizine (Reactine)*
- 1-2 sprays corticosteroid inhaler spray applied topically before the patch *eg. fluticasone (Flovent)*
- Apply the patch to an area of the body which could be less sensitive *eg. top of the foot*
- Avoid reapplying a patch to same skin area for 1 week

If the client experiences **adhesion issues**:

- Apply the patch to an area of the body which sweats less or is less oily *eg. the top of the foot*
- 1-2 sprays anticholinergic spray applied topically before the patch *eg ipratropium (Atrovent)*
- Use adhesive tape and/or spray

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