

“Quitting cold turkey  
isn’t easy.  
I know, I’ve tried it  
6 times.”

Patient profile is based on a fictional character.

“This time I’m using **NICODERM®**”

**90%** of smokers try to quit on their own  
and **only 3-4%** are successful in any given year<sup>1</sup>



**NICODERM®**  
Stop smoking aid<sup>†</sup>

can help your patients focus on quitting<sup>2,3</sup>

NICODERM® is indicated as an aid to smoking cessation for partial relief of nicotine withdrawal symptoms. NICODERM® should be used as recommended and as part of a comprehensive behavioural smoking-cessation program, which includes counselling and monitoring. See prescribing information for important patient selection information.

NICODERM® is contraindicated in pregnant or nursing women and in patients with life-threatening arrhythmias, severe or worsening angina pectoris, a recent cerebral vascular incident and during immediate post-myocardial infarction. The risks of nicotine replacement therapy in patients with certain cardiovascular and peripheral vascular disease should be weighed against the benefits of including nicotine replacement therapy in a smoking cessation program. Specifically, patients with coronary heart disease (history of myocardial infarction and/or angina pectoris), serious cardiac arrhythmias or vasospastic disease should be carefully screened and evaluated before nicotine replacement is prescribed. Tachycardia occurring in association with the use of NICODERM® therapy has been reported occasionally. If serious cardiovascular symptoms occur, NICODERM® therapy should be discontinued.

In clinical trials, the most commonly reported adverse events were short-lived erythema, pruritus, and/or burning at the application site (47%). Other common adverse events included, headaches (15.9%), insomnia (15.7%), dizziness (7.1%) and abnormal dreams (6.3%).<sup>4</sup>

†To be used with willpower as part of a stop smoking program.

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Consumer Healthcare

PAAB\*

 See prescribing  
summary on page