

A summary of the Cochrane review:

Reduction versus abrupt cessation in smokers who want to quit

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Comparing reducing smoking to quit with abrupt quitting

Background

The standard way to quit smoking is to smoke as normal until a quit day at which point the smoker stops using all cigarettes. Most smokers who try to quit end up relapsing, therefore there are a number of people who have tried to quit abruptly in the past without success, and are disillusioned with this approach. An alternative way to give up could be to reduce the amount of cigarettes smoked before going on to quit completely. There is evidence to suggest that reducing smoking before quitting would be popular with smokers. This means that offering this approach to quitting could encourage more smokers to give up, however before offering this approach it is important to ensure it is at least as successful as abrupt quitting. This is because given a choice smokers who would otherwise have quit abruptly may choose to reduce first instead. If reduction isn't as effective, smokers who choose that method will be at a disadvantage. The aim of this review was to compare quit rates in reduction to quit and abrupt quitting interventions to see if reducing to quit is at least as successful as abrupt quitting.

Study characteristics

We searched for trials published up to July 2012. Ten studies were found which compared reducing smoking before quitting with abrupt quitting, with a total of 3760 participants. Five studies included behavioural support in the intervention, four included self-help therapy, and the remaining study had groups who received behavioural support and groups who received self-help therapy.

Key results

Pooled results found that neither reducing nor abrupt quitting produced superior quit rates. This was true whether nicotine replacement therapy was used as part of the intervention or not, and whether

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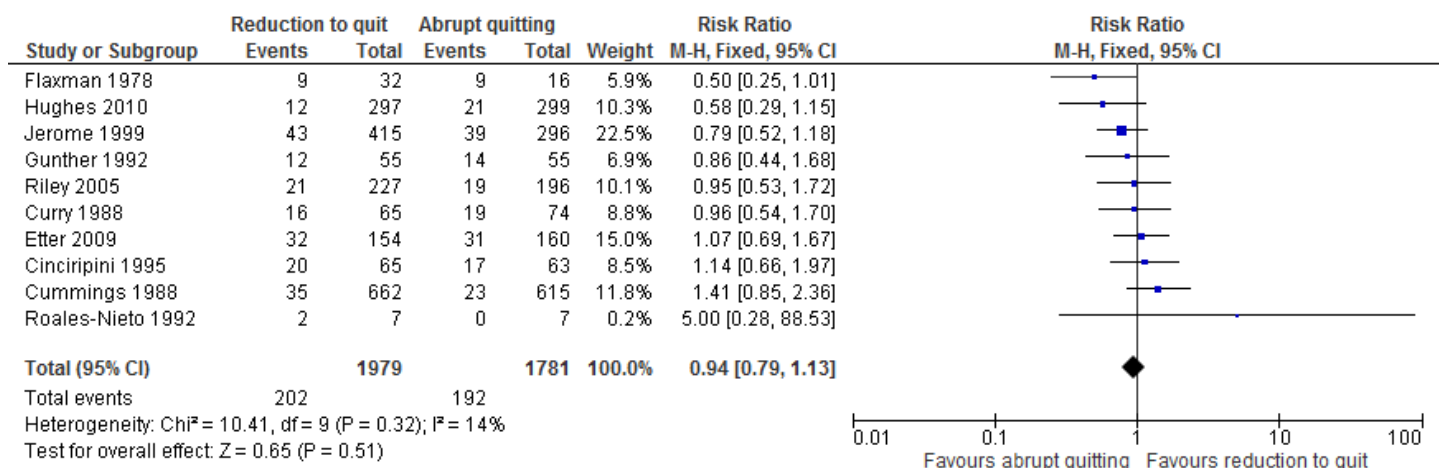
Better health.

participants were offered self-help materials or behavioural support. These results suggest that smokers should be given a choice of quitting methods, either reducing smoking before quitting or abrupt quitting, however, to inform the development of new interventions more research is needed into which method of reducing smoking is the most effective.

Quality of the evidence

Only two of the 10 included studies (Etter 2009; Hughes 2010) were assessed as unlikely to cause bias. These studies were the most recent of the 10 studies, which may suggest that their increased reporting is due to more recent higher standards of reporting rather than because bias is present. The main results of the two most recent studies do not differ much from the main results of the eight older studies; therefore there is no evidence that studies reporting better procedures produced different results.

A forest plot illustrating the effect of abrupt quitting versus reducing to quit on cessation rates at longest follow-up (≥ 6 months)



Citation:

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