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NUFFIELD DEPARTMENT OF  
**PRIMARY CARE**  
HEALTH SCIENCES

# A summary of the Cochrane review:

## Combined pharmacotherapy and behavioural interventions for smoking cessation

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### Does a combination of smoking cessation medication and behavioural support help smokers to stop?

#### *Background*

Behavioural support (such as brief advice and counselling) and medications (including varenicline, bupropion, and nicotine replacement therapies like patches or gum) help people quit smoking. Many guidelines recommend combining medication and behavioural support to help people stop smoking, but it is unclear if some combinations are more effective than others, or if the combination of medication and behavioural support works better in some settings or groups than in others.

#### *Study characteristics*

In July 2015 we searched for studies which tested combinations of behavioural support and medication to help smokers to stop compared to usual care or brief behavioural support. People who smoked were recruited mainly in health care settings. Some trials only enrolled people who said they wanted to try to quit at that time, but some included people who weren't planning to quit. Studies had to report how many people had stopped smoking after at least six months.

#### *Key results*

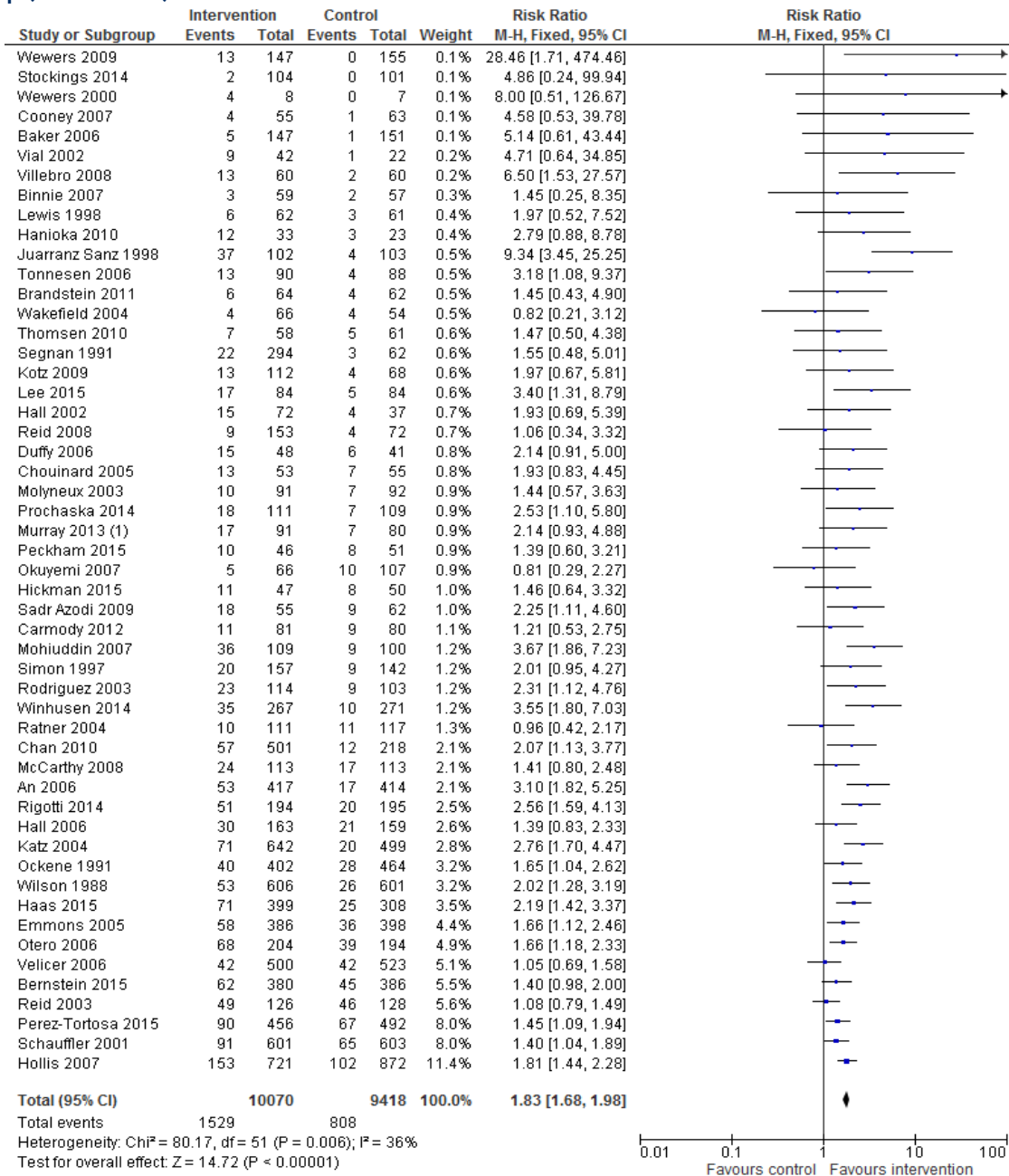
We found 53 studies with a total of over 25,000 participants. One very large study testing very intensive support found a large benefit; however, it was not typical of most treatment programmes, and so was not included when we estimated the likely benefit. Based on the remaining 52 studies, we found evidence that using a combination of behavioural support and medication increases the chances of successfully quitting after at least six months by 70 to 100 percent compared to just brief advice or support. There was some evidence that the effect tended to be larger when participants were recruited in healthcare settings. There was no clear evidence that providing more contact increased the number of people who quit smoking at six months or longer.

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**Quality of the evidence**

The majority of studies were judged to be at low or unclear risk of bias, and only five of the included studies were judged to be at high risk of bias in one or more domains. The results of the meta-analysis were not sensitive to the exclusion of any single trial. The analysis below is based on what is judged to be high quality evidence.

**A forest plot illustrating the effect of combined interventions versus control on quitting smoking at longest follow-up (≥ 6 months)**



**Footnotes**

(1) Numbers adjusted for clustering

**Citation:**

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