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The full report is titled “Effect of Varying Levels of Disease Management on Smoking Cessation. A Randomized Trial.” It is in the 7 April 2009 issue of *Annals of Internal Medicine* (volume 150, pages 437-446). The authors are E.F. Ellerbeck, J.D. Mahnken, A.P. Cupertino, L.S. Cox, K.A. Greiner, L.M. Mussulman, N. Nazir, T.I. Shireman, K. Resnicow, and J.S. Ahluwalia.

Comparison of 3 Strategies to Quit Smoking

What is the problem and what is known about it so far?

Cigarette smoking is a chronic problem. Many smokers want to quit but find that doing so is difficult. Quitting smoking may require repeated or intensive interventions. Smoking cessation aids include counseling and various drugs. Some studies show that smokers who use more than 1 aid increase their chances of quitting and remaining smoke-free. Few studies, however, examine whether repeated intensive interventions increase long-term cessation rates more than repeated, less intensive interventions.

Why did the researchers do this particular study?

To compare 3 strategies of varying intensity to help smokers quit smoking.

Who was studied?

750 adults recruited from 50 rural primary care practices in Kansas. All smoked 10 or more cigarettes daily and had been smoking for at least 1 year.

How was the study done?

Patients were randomly assigned to drug therapy alone or drug therapy combined with either moderate- or high-intensity disease management. Drug therapy consisted of either a 6-week course of a nicotine patch (21 mg daily) or a 7-week course of sustained-release bupropion (150 mg twice daily). Counselors provided disease management that included up to 2 (moderate-intensity disease management) or 6 (high-intensity disease management) telephone calls with patients and reports to patients' physicians. The interventions were offered 4 times (every 6 months for 2 years). Throughout the study, the researchers assessed patients' requests for drug therapy and patients' reports of smoking cessation.

What did the researchers find?

The percentages of patients who requested drug prescriptions during the first, second, third, and fourth intervention cycles were 64%, 41%, 24%, and 25%, respectively. The percentages of patients assigned to either the moderate- or high-intensity disease management group that had at least 1 counseling session during the first and fourth intervention cycles were about 90% and 55% to 60%.

Smoking cessation rates after the first cycle were 11% for the group that received drug therapy alone, 15% for the moderate-intensity disease management group, and 17% for the high-intensity disease management group. Smoking cessation rates at 2 years for the 3 groups were 23%, 24%, and 28%, respectively.

What were the limitations of the study?

Drug therapy was provided for free. Smoking abstinence was self-reported. Some patients (20% to 30%) did not complete follow-up assessments.

What are the implications of the study?

Smoking cessation rates may increase with repeated assistance for quit attempts. An optimum combination and intensity of interventions that maximizes long-term cessation remains unclear.

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