

**Table. Summary of Review Article Outcomes\***

Study, Year (Reference)	Treatment Format	Review Article Outcomes	Studies, n	Type of Review	Quality of Review
Fiore et al., 2000 (1)	Self-help	Self-help was of marginal efficacy. Little evidence supported the view that providing multiple types of self-help, when offered without any person-to-person intervention, significantly enhanced treatment outcomes.	21 RCTs	Meta-analysis	Good
	Counseling and other behavioral therapies	Some support for 3 types of counseling and behavioral therapies: 1) practical counseling (problem-solving skills), 2) social support as part of treatment, and 3) social support outside of treatment.	62 RCTs	Meta-analysis	Good
	Intensity of clinician intervention	Minimal interventions lasting < 3 min increase overall tobacco abstinence rates.	43 RCTs (length of sessions)	Meta-analysis	Good
		Intensive interventions were more effective than less intensive interventions.	35 RCTs (number of contacts) 45 RCTs (number of sessions)		
	Pharmacotherapies	First-line pharmacotherapies, such as bupropion SR or NRTs (e.g., nicotine gum, nicotine inhaler, nicotine patch, and nicotine nasal spray), consistently increase abstinence rates. Second-line pharmacotherapies, including clonidine and nortriptyline, also demonstrated efficacy.	2 RCTs (bupropion SR) 13 RCTs (nicotine gum) 4 RCTs (nicotine inhaler) 3 RCTs (nicotine nasal spray) 27 RCTs (nicotine patch) 5 RCTs (clonidine) 2 RCTs (nortriptyline)	Meta-analysis	Good
Combined pharmacotherapies	Combination of the nicotine patch with self-administered NRT (gum or nasal spray) was more effective than single form of nicotine replacement. Evidence for effectiveness of other pharmaceutical treatments (e.g., antidepressants other than bupropion SR and nortriptyline, anxiolytics, benzodiazepines, $\beta$ -blockers, silver acetate, and mecamylamine) was not consistent.	3 RCTs (2 studies used nicotine patch with nicotine gum, and 1 study used nicotine patch with nicotine nasal spray)	Meta-analysis	Good	
Task Force on Community Preventive Services, 2005 (8)	Reduce out-of-pocket costs	Reducing out-of-pocket cost for smoking cessation is effective in increasing use of these therapies and number of tobacco users who quit.	5 studies (study designs not reported)	Systematic review without meta-analysis	Good
U.S. Surgeon General, 2000 (9)	Self-help	Evidence was mixed about the efficacy of self-help manuals as an aid to smoking cessation.	31 studies (study designs not reported)	Systematic review with narrative synthesis	Good
	Counseling	Counseling and advice increases smoking cessation rates (which may be further improved) by increasing the frequency and duration of contact.	15 RCTs, 2 meta-analyses	Systematic review with narrative synthesis	Good
	Pharmacotherapies	Consistent evidence shows that pharmacologic treatments for smoking cessation (nicotine replacement therapies and bupropion in particular) can help people quit smoking.	6 meta-analyses (transdermal nicotine) 5 RCTs, 2 meta-analyses (nicotine nasal spray) 3 RCTs, 2 meta-analyses (nicotine inhaler) 2 RCTs, 1 meta-analysis (bupropion), 2 meta-analysis (clonidine), 2 RCTs, 1 meta-analysis (nortriptyline), 2 RCTs, and 2 trials type not specified (other antidepressants and anxiolytics)	Systematic review with narrative synthesis	Good

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Study, Year (Reference)	Treatment Format	Review Article Outcomes	Studies, n	Type of Review	Quality of Review
el-Guebaly et al., 2002 (10)	Pharmacotherapies	Posttreatment and 12-month quit rates for psychiatric patients appear to be only marginally lower than those for nonpsychiatric patients A majority of reviewed interventions used a combination of medication and educational and cognitive behavioral approaches and are not sufficiently uniform for meta-analysis	24 studies (study designs not reported)	Systematic review with narrative synthesis	Fair
	Cognitive-behavioral therapies plus standard treatment	Integration of cognitive behavioral therapy with standard smoking cessation strategies appears to result in higher quit rates for persons with a history of major depression	7 studies (study designs not reported)	Systematic review with narrative synthesis	Good
Lancaster and Stead, 2005 (11)	Individual counseling	Individual counseling for smoking cessation was more effective than control intervention Meta-analysis did not detect a greater effect of intensive counseling than brief counseling	21 studies (RCTs and non-RCTs)	Systematic review with narrative synthesis	Good
Lancaster and Stead, 2005 (12)	Self-help	Self-help materials to support quit attempts are of limited benefit unless the materials consider each smoker's individual characteristics	17 RCTs	Systematic review with narrative synthesis	Good
	Self-help materials as adjunct to other treatments	Review found no evidence of benefit from adding self-help materials to face-to-face advice or NRT	16 RCTs	Systematic review with narrative synthesis	Good
Prochaska et al., 2004 (2)	Counseling, cognitive behavioral therapy, pharmacotherapies	Intervention effects for smoking cessation were significant at posttreatment and were similar to those in participants in addiction treatment and recovery	18 RCTs	Meta-analysis	Good
	Concurrent treatment	Smoking interventions provided during treatment were associated with 25% increased likelihood for long-term abstinence from alcohol and illicit drugs	11 RCTs	Meta-analysis	Good
	Pharmacotherapies	Subgroup analyses revealed stronger effects among studies that provided NRT and were more recently published (NRT was provided in conjunction with psychosocial interventions)	11 RCTs	Meta-analysis	Good
Lumley et al., 2004 (13)	Health care professional advice, individual and group counseling, peer support, NRT, feedback, provider education	Pregnant women in intervention groups were more likely than those in control groups to quit smoking Interventions reduced low-birth-weight babies and preterm births	48 studies (RCTs and quasi-randomized)	Systematic review with narrative synthesis	Good
	Rewards plus social support	Rewards plus social support resulted in significantly greater smoking reduction than other interventions	2 studies (study design not reported)		

Table—Continued

Study, Year (Reference)	Treatment Format	Review Article Outcomes	Studies, n	Type of Review	Quality of Review
Rigotti et al., 2003 (14)†	In-patient contact	Review found no evidence to assess ≤15-min in-patient interventions >15 min in-patient interventions were not significantly associated with higher quit rates	No studies 3 studies (RCTs and quasi-randomized)	Systematic review with narrative synthesis	Good
	In-patient contact plus short follow-up	In-patient interventions plus follow-up for ≤1 mo did not show a significant benefit	6 studies (RCTs and quasi-randomized)		
	In-patient contact plus long follow-up	In-patient interventions plus follow-up for ≥1 mo was associated with a significantly higher cessation rate compared with controls	9 studies (RCTs and quasi-randomized)		
Melvin and Gaffney, 2004 (15)	Brief counseling, adjuncts to brief counseling, pharmacotherapy, provider education	Smoking status and secondhand smoke exposure should be assessed for all pregnant and postpartum women and parents Review found brief counseling with "5 A's" approach‡ is still the best treatment for light and moderate smokers Pharmacotherapy should be offered to parents who smoke Additional research is recommended on ways to improve disclosure, safety, efficacy of pharmacotherapy, use of biomarker feedback or incentives, partner involvement, and interventions to reduce secondhand smoke	Number of studies included not specified	Systematic review with narrative synthesis	Good

\* NRT = nicotine replacement therapy; RCT = randomized, controlled trial; SR = sustained release.

† Miller NH, Smith PM, DeBusk RF, Sobel DS, Taylor CB. Smoking cessation in hospitalized patients. Results of a randomized trial. *Archives of Internal Medicine*. 1997; 157:409-15. (This study is included in both the short- and long-term follow-up treatment categories.)

‡ Ask, Advise, Assess, Assist, Arrange.