

SMOKING CESSATION STRATEGIES: A META-ANALYSIS. Thomas F. Heston, MD. Duke/FAHEC Family Practice Residency, Fayetteville, NC.

Tobacco smoking is the leading cause, and secondhand smoking is the third leading cause, of preventable death. About \$64 billion per year is spent on the increased health costs and lost productivity associated with cigarette smoking. To assist family practitioners in choosing the best smoking cessation method for an individual patient, I reviewed the medical literature on 90 clinical trials that provided estimates of smoking cessation rates; the trials were identified using a MEDLINE search. Mean cessation rates weighed by number of subjects were calculated for the various cessation strategies. Cessation strategies generally fell into two categories: office-based and community-based. Office-based strategies included brief counseling, nicotine replacement, and the provision of self-help materials. Communitywide strategies included mass media campaigns, stop smoking clinics, excise taxes, and workplace smoking bans. Office-based strategies tended to be 1.5 to 2 times more effective than community methods. The baseline quit rate was 2.5%. Brief counseling by a physician increased this rate to 8% at 6 months. The effects of including nicotine replacement therapy and self-help manuals tended to be additive, increasing quit rates to 15%. Communitywide mass media campaigns double the baseline quit rate, and increasing the excise tax by 25 cents triples the baseline rate. Workplace smoking bans increase the quit rate of the smokers who work at the site to 10%.

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