

A review of interventions for smoking cessation

M Rajasuriya

DOI: <http://doi.org/10.4038/sljpsyc.v8i1.8133>

Abstract

Background

Diverse interventions for cessation of smoking, pharmacological and otherwise, have been studied, with less attention being paid to unassisted cessation. Tobacco and pharmaceutical industries, too, have interests in cessation, assisted or otherwise.

Aims

To review evidence for interventions for smoking cessation.

Methods

The search included the Cochrane Tobacco Addiction Group, PubMed and Google Scholar.

Results

Most ex-smokers have quit without professional input. Motivational interviewing (MI), nicotine replacement therapy (NRT), varenicline, bupropion and nortriptyline show effectiveness. Clonidine is effective but has serious side effects. Naltrexone is ineffective. Brief interventions by doctors, structured interventions by nurses, MI and other individual therapies, mobile phone-based interventions, and telephone counselling are effective. E-cigarettes have opposing evidence of effectiveness and harm.

Conclusions

Pharmacological methods seem to focus on managing withdrawal, and hold little promise in managing or preventing relapses, except varenicline. Despite heavy emphasis placed on NRT, nortriptyline seems to be safer, cheaper and equally effective. Brief advice given by doctors is as effective as NRT.

Which non-pharmacological method work best with regards to relapse prevention is yet to be determined. Psychiatrists may use MI or personalised psychoeducation with or without nortriptyline, NRT, bupropion or varenicline. Clonidine is reserved as a second line intervention for inpatients. NRT may also be useful for temporary withdrawal of tobacco use for heavy smokers who are unwilling to quit. E-cigarettes are not to be recommended. Further research on unassisted cessation, safer interventions such as simple advice, and the role of tobacco and pharmaceutical industries is needed. New treatment guidance, better informed by evidence, is warranted.

Key words: smoking cessation, unassisted quitting, nicotine replacement therapy, motivational interviewing, nortriptyline

SL J Psychiatry 2017; 8(1): 10-16

Introduction

Smoking remains the single most preventable cause of death and disease (1). It accounts for 5.4 million deaths worldwide and 20,000 deaths in Sri Lanka every year (1,2). Many interventions are available to assist smokers to quit, but most quit attempts are unaided by professionals (3-5).

All health workers are expected to provide smokers help to quit. This includes physicians, nurses and other health workers. However, a special emphasis is placed on psychiatrists as they are considered to be experts in dealing with addictions. Many options are at the disposal of the psychiatrist to choose from in helping his or her patients to quit smoking. They are either pharmacological or non-pharmacological. Pharmacological options include nicotine replacement, naltrexone, varenicline, bupropion and other interventions. Motivation enhance-

ment therapy and other individual psychological therapies and brief interventions are some of the non-pharmacological therapies. The use of a combination of pharmacological and non-pharmacological options seems to be popular (6).

Cognitive behaviour therapy is widely known to be effective in addiction psychiatry (7). However, there have been very little research published on CBT for smoking cessation. This is probably due to the availability of less intensive treatment strategies, such as telephone counselling, that may incorporate CBT techniques. One study has shown that group based CBT is effective in assisting smoking cessation (8).

Cigarette smoking can be viewed as a “communicated disease” according to former Director-General of the WHO Dr. Gro Harlem Brundtland, who called it a disease “communicated through marketing” (9). The WHO