

Cytisine not noninferior to varenicline for smoking cessation

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(HealthDay)—Cytisine treatment fails to demonstrate noninferiority to

varenicline treatment for smoking cessation, according to a study published in the July 6 issue of the *Journal of the American Medical Association*.

Ryan J. Courtney, Ph.D., from the University of New South Wales in Sydney, and colleagues compared effectiveness for standard cytisine versus standard varenicline treatment (84 days) for smoking cessation. The analysis included 1,452 Australian adult daily smokers willing to make a quit attempt. Smokers were randomly assigned to either cytisine (725 participants; 1.5-mg capsules taken six times daily then gradually reduced over the 25-day course) or varenicline (727 participants; 0.5-mg tablets titrated to 1 mg twice daily for 84 days).

The researchers found that verified six-month continuous abstinence rates were 11.7 percent for the cytisine group and 13.3 percent for the varenicline group (risk difference, -1.62 percent; one-sided 95 percent confidence interval, -5.02 percent to ∞ ; $P = 0.03$ for noninferiority). In the cytisine group, self-reported adverse events were less frequent (997 events among 482 participants versus 1,206 events among 510 participants in the [varenicline](#) group), with an incidence rate ratio of 0.88 (95 percent confidence interval, 0.81 to 0.95; $P = 0.002$).

"A possible reason why noninferiority was not achieved in the current trial is that the standard dosing and treatment length for cytisine may not be optimal," the authors write.

Several authors disclosed [financial ties](#) to [pharmaceutical companies](#), including Aflofarm, which is a manufacturer of cytisine.

More information: [Abstract/Full Text](#)

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