

USPSTF affirms evidence-based methods for smoking cessation

January 20 2021



The U.S. Preventive Services Task Force (USPSTF) concludes that there

is substantial net benefit for behavioral and pharmacological therapies for smoking cessation, alone or combined. These findings form the basis of a final recommendation statement published in the Jan. 19 issue of the *Journal of the American Medical Association*.

Carrie D. Patnode, Ph.D., M.P.H., from the Kaiser Permanente Evidence-based Practice Center in Portland, Oregon, and colleagues conducted a systematic review of tobacco cessation interventions for adults. The researchers found that compared with minimal support or placebo, combined pharmacotherapy and behavioral interventions (pooled risk ratio [RR], 1.83), [nicotine replacement therapy](#) (NRT; RR, 1.55), bupropion (RR, 1.64), varenicline (RR, 2.24), and behavioral interventions, including clinicians' advice (RR, 1.76), were associated with increased quit rates at six months or longer. No [serious adverse events](#) were seen with any of the drugs. Inconsistent findings were seen for the effectiveness of electronic cigarettes on smoking cessation at six or 12 months compared with placebo or NRT. Behavioral interventions were associated with greater smoking cessation during late pregnancy compared with no intervention (RR, 1.35).

Based on these findings, the USPSTF concludes that behavioral interventions and pharmacotherapy have net benefit for tobacco smoking cessation—alone or in combination—for nonpregnant adults who smoke. The net benefit of [behavioral interventions](#) for tobacco smoking cessation in pregnant persons is substantial. The current evidence on use of e-cigarettes for tobacco smoking [cessation](#) is inadequate for assessing the balance of benefits and harms.

"The good news is there are multiple safe and proven ways to help adults quit tobacco, including counseling, medications, or a combination of both," USPSTF member Michael Silverstein, M.D., M.P.H., said in a statement.

One author of the recommendation statement disclosed financial ties to Healthwise.

More information: [Evidence Report](#)
[Final Recommendation Statement](#)
[Editorial \(subscription or payment may be required\)](#)

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Citation: USPSTF affirms evidence-based methods for smoking cessation (2021, January 20)
retrieved 19 September 2024 from
<https://medicalxpress.com/news/2021-01-uspstf-affirms-evidence-based-methods-cessation.html>

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