

Psychosocial interventions do promote smoking abstinence in people with coronary heart disease

Clinical question	How effective are psychosocial interventions in helping people with coronary heart disease (CHD) to quit smoking?
Bottom line	Psychosocial (behavioural) smoking cessation interventions are effective in promoting abstinence at 6 to 12 months, provided they are of sufficient duration, ie, more than 1 month (median NNT*4, range 3–6). Brief interventions without some follow-up contact were not effective. Most trials used a mixture of different intervention strategies, therefore, no single strategy showed superior efficacy. *NNT = number needed to treat to benefit 1 individual.
Caveat	The validation of smoking status was not a standard procedure in the trials, with only 7 trials describing any measure of biochemical validation. There were no studies comparing psychosocial interventions with pharmacological therapy (eg, nicotine replacement therapy) or with pharmacological therapy plus psychosocial interventions.
Context	Smoking is a major risk factor for CHD, and stopping smoking lowers that risk. Psychosocial interventions that can assist quitting and promote abstinence include behavioural counselling, telephone support and self-help interventions.
Cochrane Systematic Review	
PEARLS 130, June 2008, written by Brian R McAvoy	

[References]

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

- www.cochraneprimarycare.org