

## All forms of nicotine replacement therapy effective for smoking cessation

<b>Clinical question</b>	How effective are the different forms of nicotine replacement therapy (NRT), i.e. gum, transdermal patch, nasal spray, inhaler, oral spray, lozenge and sublingual tablet, for smoking cessation?
<b>Bottom line</b>	All of the commercially available forms of NRT are effective as part of a strategy to promote smoking cessation. They increase the rate of long-term quitting (over six months) regardless of setting (NNT* 56). The effectiveness of NRT appears to be largely independent of the intensity of additional support provided to the individual. Provision of more intensive levels of support, although beneficial in facilitating the likelihood of quitting, is not essential to the success of NRT. There was no benefit for using patches beyond eight weeks.
<b>Caveat</b>	These conclusions apply to smokers who are motivated to quit and who have high levels of nicotine dependence. There is little evidence about the role of NRT for individuals smoking fewer than 10 to 15 cigarettes a day.
<b>Context</b>	The aim of NRT is to temporarily replace much of the nicotine from cigarettes to reduce motivation to smoke and nicotine withdrawal symptoms, thus easing the transition from cigarette smoking to complete abstinence.
<b>Cochrane Systematic Review</b>	Cochrane Systematic Review Stead LF et al. Nicotine replacement therapy for smoking cessation. Cochrane Reviews, 2012, Issue 11. Art. No.: CD000146.DOI: 10.1002/14651858. CD000146.pub4. This review contains 150 studies, 117 with over 50,000 participants
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[References]

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