'Cut down to quit' with nicotine replacement therapies in smoking cessation: a systematic review of effectiveness and economic analysis
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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
"The primary objective of this assessment report was to examine the effectiveness and cost-effectiveness of Nicotine replacement therapy (NRT) for 'cut down to stop' or 'cut down to quit' (CDTQ) smoking." (from executive summary)

Authors' conclusions
Meta-analysis of RCT evidence of quit rates in NRT-supported smoking reduction studies indicates that NRT is an effective intervention in achieving sustained smoking abstinence for smokers who declare unwillingness or inability to attempt an abrupt quit. The 12-month sustained abstinence success rate in this population (approximately 5.3% with NRT versus approximately 2.6% with placebo) is considerably less than that documented for an abrupt quit NRT regime in smokers willing to attempt an abrupt quit with NRT (which according to other systematic reviews is approximately 16% with NRT versus 10% with placebo).

Most of the evidence of effectiveness of CDTQ in this report came from trials that required considerable patient/investigator contact. Therefore, for CDTQ with NRT to generate similar abstinence rates for this recalcitrant population in a real-world setting would probably require a similar mode of delivery.

Decision analytic modelling based on reasonable assumptions about costs, benefits and success rates suggests that CDTQ is highly cost-effective compared with no quit attempt. CDTQ remains cost-effective if dilution from abrupt quitting forms a small proportion of CDTQ attempts. In an alternative analysis in which smokers who switch from an abrupt quit to CDTQ retain the success rate of abrupt quitters, all forms of CDTQ appear cost-effective.

Recommendations for further research Randomised trials in recalcitrant smokers allowing head-to-head comparison of CDTQ delivered with various NRT modalities (e.g. inhalator, nasal spray, lozenge, gum, patch) would be informative. Research is also needed into the best ways of implementing a CDTQ strategy and integrating this with abrupt quit options in the context of all UK smoking services.

Project page URL
http://www.hta.ac.uk/1542

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Indexing Status
Subject indexing assigned by CRD

MeSH
Great Britain; Nicotine /administration & dosage; Review Literature; Smoking Cessation /economics /methods;