

# PEARLS

## Practical Evidence About Real Life Situations



Auch ein kleiner Effekt ist ein Effekt. Fahren wir also beharrlich weiter mit unseren Interventionen, solange dafür keine Schädlichkeit nachgewiesen ist. Mit Kurzinterventionen an möglichst vielen Menschen können wir die Effizienz unserer Bemühungen steigern.

Bruno Kissling

Auch hier: «Steter Tropfen höhlt den Stein». Nachhaltige Verhaltensänderungen benötigen immer wieder einen neuen Anstoss, auf allen Kanälen

Bruno Kissling

### Physician advice alone has a small effect on smoking cessation

PEARLS No. 8 1, August 2008, written by Brian R McAvoy

**Clinical question:** How effective is smoking advice alone from physicians in promoting smoking cessation?

**Bottom line:** Physician advice has a small effect on smoking cessation rates. Assuming an unassisted quit rate of 2 per cent at 12 months in a population of primary care attenders, minimal advice intervention can increase quitting by a further 1 to 3 per cent (median NNT\* 34). Additional components appear to have only a small effect, though there is a small additional benefit of more intensive interventions, including use of aids and more intensive behavioural counselling, compared to very brief interventions. Providing followup support after offering the advice may increase the quit rates slightly (median NNT\* 16).

\* NNT = number needed to treat to benefit one individual

**Caveat:** Included studies required a minimum follow-up of at least six months. Trials were excluded if they involved advice plus some form of nicotine replacement therapy, or where advice to stop smoking was included as part of multifactorial lifestyle counselling (eg, including dietary and exercise advice). There was insufficient evidence to draw any conclusions about the effect of motivational as opposed to simple advice, or between different advice-giving styles. Only two studies determined the effect of smoking advice on mortality – there was no statistically significant difference in death rates at 20 years follow-up between those given advice and those given no advice or usual care.

**Context:** Healthcare professionals frequently advise patients to improve their health by stopping smoking. Such advice may be brief, or part of more intensive interventions.

**Cochrane Systematic Review:** Stead LF et al. Physician advice for smoking cessation. Cochrane Reviews 2008, Issue 1. Article No. CD000165. DOI:10.1002/14651858.CD000165.pub3.

*This review contains 41 trials, conducted between 1972 and 2007, involving over 31,000 smokers.*



THE COCHRANE COLLABORATION®

### Mass media interventions are effective in changing smoking behaviour

PEARLS No. 69, May 2008, written by Brian R McAvoy

**Clinical question:** How effective are mass media interventions (MMIs) in reducing smoking among adults?

**Bottom line:** Comprehensive tobacco control programmes which include mass media campaigns can be effective in changing smoking behaviour in adults, but it is difficult to establish their independent role and value in this process. Five large studies out of the nine which reported smoking prevalence found some positive changes in smoking behaviour. Three large studies out of seven that measured the quantity of tobacco smoked found reductions. There were no consistent relationships between the effects of the campaign and age, education, ethnicity or gender of those participating.

**Caveat:** The evidence comes from a heterogeneous group of studies of variable methodological quality.

Over half of the studies which measured quit rates reported significant increases in abstinence, but this finding was difficult to interpret because studies used different definitions of smoking, smokers and quit attempts. The intensity and duration of MMIs may influence effectiveness, but length of follow-up and concurrent events in the community can make this difficult to verify.

**Context:** About 1.1 billion adults, or one in three worldwide, now smoke. MMIs involve communication through television, radio, newspapers, billboards, posters, leaflets or booklets, with the intention of encouraging smokers to stop, and of maintaining abstinence in non-smokers. Campaigns may be local, regional or national, and may be combined with other components of a comprehensive tobacco control policy.

**Cochrane Systematic Review:** Bala M et al. Mass media interventions for smoking cessation in adults. Cochrane Reviews 2008, Issue 1. Article

No. CD004704. DOI: 10.1002/14651858.CD004704.pub2.

*This review contains 11 studies involving many millions of participants. Sites included California, Sydney and Melbourne.*

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