

## Shared Decision Making – smoking cessation

Next clinical review date March 2018

### Deciding what to do about smoking cessation

This decision aid is to help people decide how to stop smoking, if they decide they want to stop.

#### The main options are:

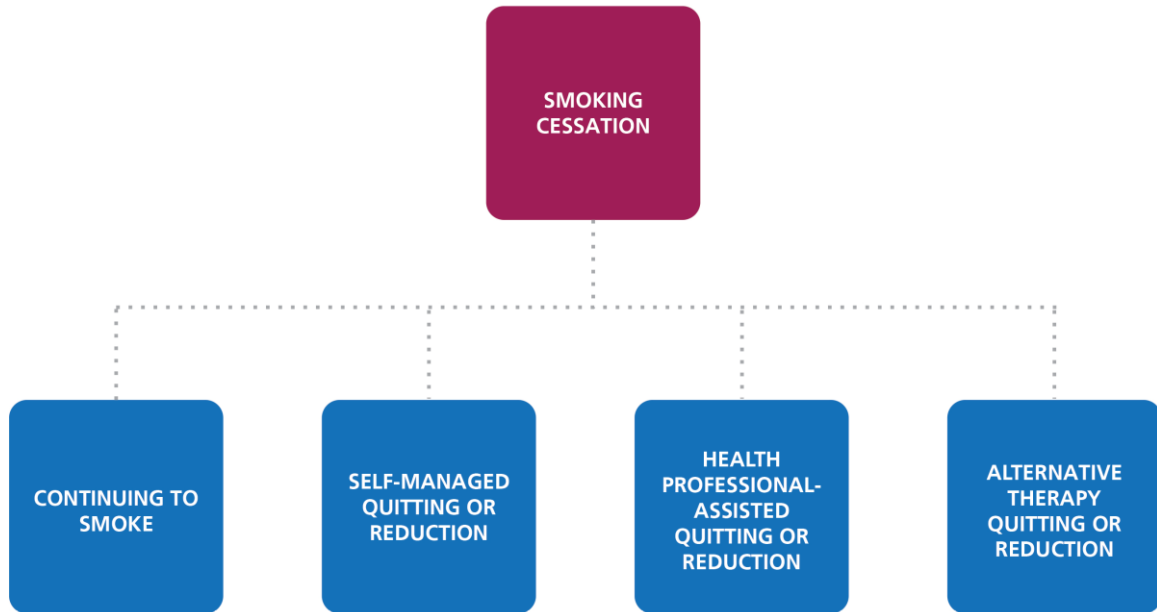
- Self-managed quitting or reduction. This means trying to stop smoking, or to cut down, without help from a doctor or other health professional. It could mean using nicotine replacement products (such as chewing gum, sprays, patches, inhalers, and lozenges) that can be bought from a pharmacy, self-help books or websites, or just willpower.
- Health professional-assisted quitting or reduction. This means getting help from a doctor or other health professional to cut down or stop smoking. It could mean taking prescription medicines that can reduce cravings and help people stop smoking, or having counselling, or using nicotine replacement products with support from a health professional.
- Alternative therapy quitting or reduction. This may involve things such as acupuncture, hypnosis, homeopathy, herbal remedies, or reflexology (a kind of massage).
- Continuing to smoke.

People can decide to try more than one option. For example, some people might try nicotine replacement from a pharmacy, along with an alternative therapy.

The decisions that people who smoke need to make include:

- Should I try to stop smoking on my own or get help from a health professional?
- I really want to stop smoking, but I know I'll need help. Should I talk to my doctor about medicines that can help, or try something I can buy over the counter?
- I smoke but I feel okay. Should I carry on smoking?

The right decision for you may change over time. Many people try to stop smoking several times before they succeed. You might need to try several methods before you find one that works for you. This decision aid aims to help you make the right choice for you now, but you may wish to change your mind in future.



## What are my options?

	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What is the treatment?</b>	Continuing to smoke means you haven't tried to stop smoking, or you've tried to stop but haven't managed it yet.	Trying to stop smoking or cut down without help from a doctor or other health professional. This can include nicotine replacement products that can be bought from a pharmacy, self-help books or websites, electronic cigarettes (e-cigarettes), rewarding yourself for not smoking, or socialising with people who don't smoke.	Getting help and support from a doctor or other health professional to cut down or stop smoking, including: taking prescription medicines that can reduce cravings, having counselling, using nicotine replacement products with support from a health professional, or combinations of these treatments.	Trying alternative treatments, such as acupuncture, hypnosis, homeopathy, herbal remedies, or reflexology.

	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What is the effect on stopping smoking?</b>	People who don't take steps to stop smoking are likely to carry on smoking.	<p>We don't know how well using nicotine replacement therapy products that can be bought over the counter on their own works to help people stop smoking. There hasn't been much good research. We do know that it doesn't work as well as using the same products with the support of a health professional.[16]</p> <p>Between <b>5 in 100 and 12 in 100</b> people who try to stop smoking without help from others or from treatments stop smoking for at least six months.[17][18]</p> <p>About <b>7 in 100</b> people who use self-help books</p>	<p>Prescription medicines can help people stop smoking. About <b>22 in 100</b> people who use bupropion stop smoking for at least six months. [18]</p> <p>About <b>28 in 100</b> people who use varenicline stop smoking for at least six months. [21]</p> <p>Nicotine replacement therapy with support from a health professional can help people stop smoking. About <b>17 in 100</b> people who use nicotine replacement therapy in this way stop smoking for at least six months. [16]</p> <p>Nicotine replacement therapy with</p>	<p>There isn't much good evidence that alternative therapies of any kind can help people to reduce how much they smoke or to stop smoking altogether.[19][20][26][27]</p>

		<p>or CDs stop smoking for at least six months. [17] [19] [20] There is no good evidence that electronic cigarettes (e-cigarettes) can help people stop smoking.</p>	<p>support from a health professional can help people reduce the amount they smoke. About <b>13 in 100</b> people who use nicotine replacement in this way manage to cut the number of cigarettes they smoke by half.[22] Counselling can help people stop smoking.</p> <p>Between <b>11 in 100 and 14 in 100</b> people who use one-to-one counselling stop smoking for at least six months. [22][23][24] About <b>19 in 100</b> people who use group counselling stop smoking for at least six months.[25] Using bupropion as well as nicotine</p>	
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			<p>replacement therapy doesn't seem to help any more than just using nicotine replacement therapy.[18]</p> <p>We don't know whether combining nicotine replacement therapy with varenicline or with counselling can help people stop smoking. There hasn't been much research.</p>	
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	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What is the effect on how long you can stop smoking for?</b>	People who don't take steps to stop smoking are likely to carry on smoking.	We don't know how well using nicotine replacement therapy products that can be bought over the counter on their own works to help people stop smoking for at least 12 months. There	About <b>18 in 100</b> people who use bupropion manage to stop smoking for at least 12 months. [18] About <b>20 in 100</b> people who use varenicline manage to stop smoking for at least 12 months.[21]	We don't know if using alternative treatments can help people stop smoking for at least 12 months. There hasn't been much research.

		<p>hasn't been much research. We do know that it doesn't work as well as using nicotine replacement therapy with support from a health professional. [16]</p> <p>Between 5 in 100 and 10 in 100 people who try to stop smoking without help from others or from treatments stop smoking for at least 12 months. [17]</p> <p>[18]</p>	<p>About 16 in 100 people who use nicotine replacement therapy with support from a health professional manage to stop smoking for at least 12 months.[16]</p> <p>We don't know if counselling alone can help people stop smoking for at least 12 months. There hasn't been much research.</p>	
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	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What is the effect on length of life?</b>	People who continue to smoke are unlikely to live as long as those who stop. On average, people who smoke die 16 years earlier than those who don't smoke.[28]	People who stop smoking using self-management could live longer. On average, people who give up, using any method, between age 25 and 34 gain an extra 10 years of life. Between age 35 and 44, people gain an extra nine years of life. Between age 45 and 54, you'll gain an extra six years of life. Between age 55 and 64, people gain an extra four years of life.[28]	People who stop smoking using self-management could live longer. On average, people who give up, using any method, between age 25 and 34 gain an extra 10 years of life. Between age 35 and 44, people gain an extra nine years of life. Between age 45 and 54, you'll gain an extra six years of life. Between age 55 and 64, people gain an extra four years of life.[28]	If alternative treatments help you to stop smoking, you could live longer. On average, people who give up, using any method, between age 25 and 34 gain an extra 10 years of life. Between age 35 and 44, people gain an extra nine years of life. Between age 45 and 54, you'll gain an extra six years of life. Between age 55 and 64, people gain an extra four years of life.[28]

	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What is the quality of life?</b>	Continuing to smoke is likely to reduce people's quality of life. People	People who stop smoking using self-management are likely to	People who stop smoking with help from a health professional are likely to have	People who stop smoking using alternative therapies are likely to have improved quality



	<p>who continue to smoke are more likely to have breathing problems, which will make them less able to do everyday things. These breathing problems may be severe.[28]</p> <p>People who continue to smoke are more likely than people who stop smoking to have to spend time in hospital.[28]</p>	<p>have improved quality of life. When answering quality-of-life questionnaires, people who stop smoking have better scores than people who still smoke. People who stop smoking have fewer coughs and breathing problems than people who still smoke.[28]</p> <p>People who stop smoking spend less time in hospital or visiting their doctor than people who smoke.[28]</p>	<p>improved quality of life .When answering quality-of-life questionnaires; people who stop smoking have better scores than people who still smoke. People who stop smoking have fewer coughs and breathing problems than people who still smoke.[28]</p> <p>People who stop smoking spend less time in hospital or visiting their doctor than people who smoke.[28]</p>	<p>of life. When answering quality-of-life questionnaires, people who stop smoking have better scores than people who still smoke. People who stop smoking have fewer coughs and breathing problems than people who still smoke.[28]</p> <p>People who stop smoking spend less time in hospital or visiting their doctor than people who smoke.[28]</p>
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	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What are the unwanted side effects of the treatment?</b>	About half of all smokers die of diseases caused by smoking. The main ones are lung cancer, heart disease, and stroke.[28]	Nicotine patches may cause a mild rash in up to 50 in 100 people.[29] Chewing nicotine gum too fast can	Bupropion can cause difficulty sleeping, nausea, and dry mouth. About 10 in 100 people stop taking bupropion	Most alternative treatments are not likely to cause side effects. Herbal remedies such as St John's Wort may interfere with

		<p>cause nausea.[29]</p> <p>Nicotine sprays and inhalers can irritate the nose or throat.[30]</p> <p>Some health authorities have warned that electronic cigarettes (e-cigarettes) may not be safe to use, as they have not been properly tested.[31]</p> <p>People who stop smoking often gain some weight. The average amount that people put on is 3.6 kilograms to 5.9 kilograms (8.0 pounds to 13.0 pounds). [32] This is not always permanent. Some people lose the weight they gain, over time. Weight gain may be reduced while people take nicotine replacement</p>	<p>because of side effects.[18]</p> <p>About 1 in 1,000 people who take bupropion have seizures (fits).[18]</p> <p>Varenicline may cause nausea in between 17 in 100 and 44 in 100 people. About 10 in 100 people stop taking varenicline because of nausea.[21]</p> <p>Some people who take varenicline become depressed and think about suicide. [32] We're not yet sure how often this happens. This may be more likely to happen to people who have had mental or psychiatric illnesses in the past, who are given extra support.</p>	<p>other medicines and cause side effects.</p> <p>People who stop smoking often gain some weight. The average amount that people put on is 3.6 kilograms to 5.9 kilograms (8.0 pounds to 13.0 pounds). [32] This is not always permanent. Some people lose the weight they gain, over time. Weight gain may be reduced while people take nicotine replacement therapy.</p>
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		therapy.	<p>Nicotine patches may cause a mild rash in up to 50 in 100 people.[29]</p> <p>Chewing nicotine gum too fast can cause nausea.[29]</p> <p>Nicotine sprays and inhalers can irritate the nose or throat.[30]</p> <p>Counselling is not likely to cause side effects.</p> <p>People who stop smoking often gain some weight. The average amount that people put on is 3.6 kilograms to 5.9 kilograms (8.0 pounds to 13.0 pounds). [32] This is not always permanent. Some people lose the weight they gain, over time. Weight gain may be reduced while</p>	
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			people take nicotine replacement therapy.	
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	Continuing to smoke	Self-Managed quitting or reduction	Health professional – assisted quitting or reduction	Alternative therapy quitting or reduction
<b>What are the treatment effects on your life?</b>	<p>People who smoke are more likely to need hospital treatment. <b>Five in every 100</b> hospital beds in the UK are filled by people with diseases caused by smoking.[28]</p>	<p>For nicotine replacement products to work, they need to be used regularly. Patches should be replaced regularly. Each nicotine replacement product will have different instructions on how best to use it.</p>	<p>People need a prescription from their doctor to take prescription medicines to help them stop smoking.</p> <p>People usually need to have counselling as well as the drug, as part of a programme to stop smoking.</p> <p>For nicotine replacement products to work, they need to be used regularly. Patches should be replaced regularly.</p> <p>Each nicotine replacement product will have different instructions on how best to use it.</p>	<p>People who try acupuncture, reflexology, or hypnosis will need to attend appointments. Acupuncture involves using needles, which some people don't like.</p> <p>Alternative treatments may not be available free on the NHS. People may have to pay for them themselves.</p>

			<p>People who have face-to-face counselling will need to go to at least one appointment. Having phone counselling means planning ahead about when to have calls. There may be leaflets or other materials to read.</p>	
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## What are the pros and cons of each option?

People who want to quit smoking have different experiences about the health problems and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider when quitting smoking:

- Is living as long as possible the most important thing to them?
- Do they enjoy smoking too much to want to stop?
- Are they willing to use the treatment most likely to help them stop smoking, even if it causes side effects?
- Do they want a treatment that won't cause a lot of side effects?
- Do they want to avoid putting on weight if they stop smoking?
- Do they want a treatment that means they don't have to spend a lot of time at appointments?
- Do they want a treatment that will ease their withdrawal symptoms the most?
- Do they want a treatment that doesn't involve a lot of pills, medicines, or sprays?
- Do they want a treatment where they get support from other people to help them stop smoking?

## How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

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