Cochrane Reviews – Other Therapies Summary (http://www.update-software.com/publications/cochrane)

1. **Acupuncture**: lack evidence for acupuncture, acupressure or electrostimulation.
2. **Exercise**: Most trials too small to reliably associate any effect of intervention. One trial offered evidence for exercise aiding smoking cessation.
3. **Anxiolytics**: Lack evidence but possible effect.
4. **Mecamylamine** (nicotine antagonist): Limited data (2 small studies); not effective alone, may enhance effectiveness of NRT
5. **Opioid antagonist (naltrexone)**: -limited data (2 studies), not possible to confirm or refute whether it helps smokers quit; need larger trials
6. **Silver acetate**: little evidence to support, may be reflective of poor compliance
7. **Lobeline**: no evidence from long-term trials that it can aid smoking cessation
8. **Other Antidepressants**: moclobemide trial showed significant effect at 6 months, none @12 months; SSRI's no evidence of clinically important benefits; venlafaxine trial failed to show significant increase in cessation compared to nicotine patch & counseling alone, but confidence intervals do not exclude effect
9. **Nicotine**: the different forms of NRT were all significantly more effective than control
10. **Clonidine**: some evidence for being efficacious, but appropriateness not well defined & needs more trials.[3]
11. **Topiramate**: potential to be useful in smoking cessation, especially in those with alcohol dependence, but more data is required before conclusions should be drawn. [36]
12. Other references of interest: [37,38,39,40,41,42,43,44,45,46,47]; Tools to assess dependence. E.g. Fagerstrom Tolerance Scale [48]

CHAMPIX / Varenicline – for Smoking Cessation

- **Perspective – at 52wks**

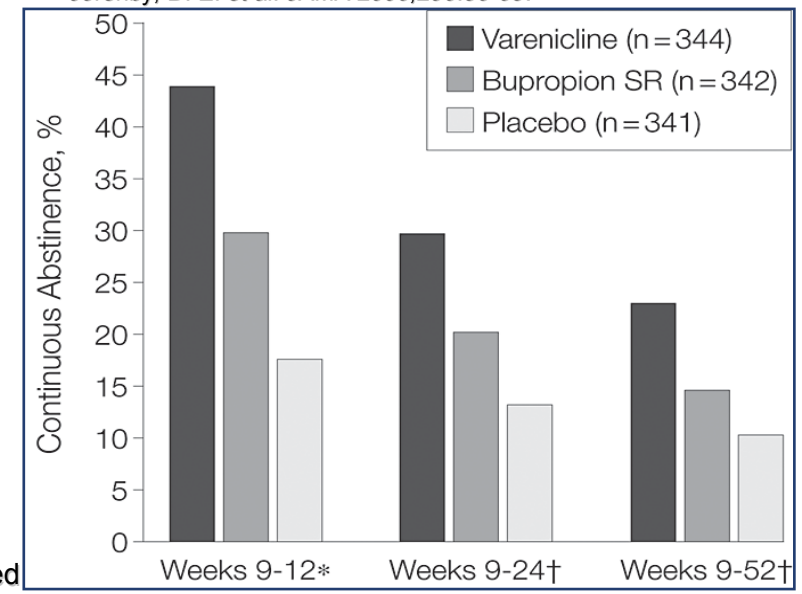
⇨ note: most of the industry ad claims look a bit more impressive due to analysis of the 52 week trials at their 12 week mark {e.g. at 12 weeks, company states 4x better than placebo and 2x better than Zyban}. Cessation success rates decline steadily throughout the 1 year period. An analysis at 52 weeks is more realistic and helpful in predicting long-term success:

  - 2.8x better than Placebo
  - NNT= 8 (95% CI: 6, 11)
  - 1.6x better than Bupropion (Zyban)
  - NNT= 14 (95% CI: 9, 34)

- Additional 12 wks: NNT=15
  (1 extra success for every 15 people who take an extra 12 weeks.)

- Considerations:
  - Funding by maker of Champix
  - Relatively new drug – limited safety data
  - Cost: $390/12 weeks
    - $200 more per 12wk course than Zyban
  - SE:
    - nausea 30%;
    - wt gain (12 wk) 2.6kg vs 2kg for Zyban
    - behavior & mood changes?
      - FDA MedWatch Feb/08; 491 suicidal reports; 39 completed

Jorenby, D. E. et al. JAMA 2006;296:56-63.



Summary: Compared to ZYBAN, 12 weeks of varenicline (Champix) offers:

Advantages: - one extra person successfully quitting at 1 year for every 14 patients treated. based on 2 RCTs

Disadvantages: - more nausea, weight gain, and potentially mood/behavior changes
- relatively new drug with some potential unknowns (in terms of adverse reactions, drug interactions, etc)
- $200 more per person (not bad for 1/14 who might get extra benefit, but not good for the other 13 people.)

Qualifier: - above based on studies, all funded by the manufacturer with the potential for associated bias