A nicotine patch plus nicotine nasal spray was more effective than a nicotine patch alone for smoking cessation


Question
Is a nicotine patch plus nicotine nasal spray more effective than a nicotine patch alone for smoking cessation?

Design
Randomised, double blind, placebo controlled trial with 6 years follow up.

Setting
Reykjavik, Iceland.

Participants
299 people aged 22–66 years (mean age 42 y, 67% women) who had smoked ≥1 cigarette/day for ≥3 years. Exclusion criteria were recent myocardial infarction, severe nasal allergy, skin disease, use of smokeless tobacco, current misuse of alcohol, pregnancy, or lactation. Follow up was 98%.

Intervention
Participants were allocated to 5 months of nicotine patches at daily dosages of 15 mg for 3 months, 10 mg for the fourth month, and 5 mg for the fifth month, plus 1 year of either a nicotine nasal spray, 0.5 mg/dose (n = 120), or a placebo spray (n = 119). Group support meetings and individual follow up were provided.

Main outcome measures
Duration and rate of sustained abstinence from smoking were measured from day 1 of smoking cessation. Abstinence was defined as not taking a single puff of a cigarette, not using other forms of tobacco or nicotine drugs, or a carbon monoxide concentration < 10 ppm.

Main results
Participants who received a nicotine patch plus nicotine nasal spray had higher abstinence rates than those who received a nicotine patch plus placebo spray at 15 days (p = 0.004), 6 weeks (p = 0.011), 3 months (p = 0.045), 6 months (p = 0.005), and 1 year (p = 0.001); and a trend towards a higher abstinence rate at 6 years (p = 0.08) (table).

Conclusions
Use of a nicotine patch for 5 months plus nicotine nasal spray for 1 year was more effective than a nicotine patch alone for smoking cessation. Definite differences in sustained abstinence rates at 1 year persisted as a trend at 6 years.

A nicotine patch plus nicotine nasal spray v a nicotine patch plus placebo spray for abstinence from smoking

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Patch and nicotine spray</th>
<th>Patch and placebo spray</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 days</td>
<td>79% 52%</td>
<td>35% (10 to 67)</td>
<td>5 (5 to 17)</td>
<td></td>
</tr>
<tr>
<td>6 weeks</td>
<td>51% 34%</td>
<td>48% (9 to 101)</td>
<td>6 (4 to 26)</td>
<td></td>
</tr>
<tr>
<td>5 months</td>
<td>37% 25%</td>
<td>48% (1 to 119)</td>
<td>8 (4 to 239)</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>31% 16%</td>
<td>96% (21 to 221)</td>
<td>6 (4 to 22)</td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>27% 11%</td>
<td>148% (40 to 348)</td>
<td>6 (4 to 16)</td>
<td></td>
</tr>
<tr>
<td>6 years</td>
<td>16% 8%</td>
<td>92% (5 to 291)</td>
<td>Not significant</td>
<td></td>
</tr>
</tbody>
</table>

*Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article.

Sources of funding: Pharmacia and Upjohn.

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Abstract and modified commentary also published in ACP Journal Club.

Commentary

Despite higher cigarette prices, tougher anti-smoking laws, and attempts to hold tobacco companies responsible for smoking related medical costs, smoking cessation remains a huge public health challenge. Blondal et al point out that nicotine patch treatment alone gives an abstinence rate of only 11% after 1 year. Such results have prompted the search for better treatments, including combined nicotine patch and spray. Unlike previous studies, Blondal et al followed up patients for an extended period of 6 years. Within the first year, the combination treatment led to a higher abstinence rate than did the patch and placebo spray. Few patients used the spray for up to 1 year. Combination treatment showed a trend toward a higher abstinence rate at 6 years, which suggests a possible long term benefit.

It is unclear whether the higher success rate of combination treatment was because of higher sustained concentrations of nicotine or a brief effect on concentrations of the spray delivery system. The spray provides a “quick” dose of nicotine that may relieve temporary cravings associated with relapse of smoking.

Nicotine replacement therapy is one approach to smoking cessation management. Mood is closely related to nicotine consumption. The antidepressant, bupropion, has been shown to be an effective smoking cessation aid. In their well designed, double blind, controlled trial, Jorenby et al showed that bupropion, used either alone or in combination with the nicotine patch, was more effective than the patch alone or placebo for smoking cessation. A direct comparison of the 1 year continuous abstinence rates across the 2 studies shows interesting results: the rate for the patch spray combination in the study by Blondal et al was 27%, which is similar to that for bupropion alone (18.4%) or the bupropion patch combination (22.5%) in the study by Jorenby et al. Unlike Blondal et al, Jorenby et al followed up patients for 1 year. The continuous abstinence rate beyond 1 year still needs to be studied. The fact that such high intermediate term continuous abstinence rates can be achieved, however, should prompt physicians to consider bupropion in addition

(continued on page 74)
Bupropion alone or with a nicotine patch increased smoking cessation rates


Question
What is the relative effectiveness of bupropion, a nicotine patch, placebo, and bupropion plus a nicotine patch for smoking cessation?

Design
Randomised, double blind, placebo controlled trial with 1 year follow up.

Setting
4 centres in the US.

Participants
895 people ≥18 years of age (mean age 43 y, 52% women) who weighed ≥100 lb (≥45.4 kg), were motivated to stop smoking, and who smoked ≥15 cigarettes/day. Exclusion criteria included serious physical or psychiatric illness, pregnancy, lactation, and previous nicotine replacement therapy. Follow up was 80%.

Intervention
Patients were allocated to 9 weeks of either sustained release bupropion, 150 mg/day for days 1 to 3 and 300 mg/day for days 4 to 65 (n = 244); nicotine patch, 21 mg/day for weeks 2 to 7, 14 mg/day for week 8, and 7 mg/day for week 9 (n = 244); or bupropion plus a nicotine patch (n = 245); or placebo (n = 160). Patients stopped smoking on day 8 and received counselling for 1 year.

Main results
Analysis was by intention to treat. At 1 year, compared with the placebo and nicotine patch alone groups, the bupropion groups had higher point prevalence and continuous abstinence rates (p < 0.001) (table); no difference existed between the 2 bupropion groups (p = 0.22 and p = 0.61, respectively). All 3 active treatments led to less severe withdrawal symptoms than placebo in the first 3 weeks (p < 0.05). Bupropion plus a nicotine patch led to less weight gain than bupropion alone or placebo in the first 7 weeks (p < 0.05).

Conclusion
Compared with placebo or a nicotine patch alone, bupropion alone or with a nicotine patch increased the point prevalence and continuous smoking cessation rates after 1 year.

Comparison of smoking cessation regimens for point prevalence or continuous abstinence at 1 year*

<table>
<thead>
<tr>
<th>Abstinence Regimen</th>
<th>Intervention</th>
<th>Placebo RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point prevalence</td>
<td>Bupropion 30%</td>
<td>16%</td>
<td>94% (31 to 193)</td>
</tr>
<tr>
<td>Continuous</td>
<td>Combination 36%</td>
<td>16%</td>
<td>127% (54 to 240)</td>
</tr>
</tbody>
</table>

Continuous Bupropion 18% | 6% | 228% (69 to 548) | 8 (5 to 15) |
Continuous | Combination 22% | 6% | 225% (108 to 681) | 6 (4 to 10) |

*Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article and from data provided by the author. †Combination regimen = bupropion plus a nicotine patch.

Source of funding: Glaxo Wellcome.

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Abstract and modified commentary also published in ACP Journal Club.

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