Written, personalised feedback in addition to a standard intervention increased smoking cessation


**QUESTION:** In participants with a self-assessed desire to stop smoking, is a standard intervention (SI) plus written, personalised feedback more effective than the SI alone?

**Design**
12 month randomised (unclear allocation concealment*), blinded (outcome assessors)*, controlled trial.

**Setting**
Galicia, Spain.

**Participants**
300 participants (mean age 37 y, 52% men, 64% married, 82% with ≥ high school education) who lived in Galicia for the duration of the study and smoked < 10 cigarettes/day. Exclusion criteria included current nicotine replacement or other pharmacotherapy or psychotherapy to stop smoking. Follow up was 95%.

**Intervention**
100 participants were assigned to SI alone, 100 to feedback, and 100 to a control group. The SI and feedback groups received 1 mailing/week for 6 weeks, each containing a pamphlet with new strategies to stop smoking, a personalised letter of introduction with task instructions for the week, and self monitoring and evaluation forms to be returned at the end of each week. The feedback group in addition received 2 one page mailings between the 3rd and 4th, and the 5th and 6th week, with computer generated feedback determined by the responses in their self monitoring and evaluation forms.

**Main outcome measures**
Non-smoking rate (not smoking for 7 d before the 3 and 6 mo follow up, and not smoking for 30 d before the 12 mo follow up) and continuous non-smoking rate (not smoking even a puff since initially stopping) were based on self report and having < 9 parts per million carbon monoxide in expired air.

**Main results**
Participants receiving feedback had a higher cessation rate at the end of treatment; a higher non-smoking rate at 3, 6, and 12 months; and a higher continuous non-smoking rate at 3 and 12 months than those receiving SI alone (table). No participants in the control group had stopped smoking at the end of treatment or at 12 months.

**Conclusion**
In participants with a self-assessed desire to stop smoking, a standard intervention plus written, personalised feedback was more effective than a standard intervention alone. *See glossary.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Feedback</th>
<th>Control</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial cessation rate (6 wks)</td>
<td>51%</td>
<td>37%</td>
<td>38% (1 to 91)</td>
<td>8 (4 to 484)</td>
</tr>
<tr>
<td>Non-smoking at 3 months</td>
<td>37%</td>
<td>22%</td>
<td>68% (8 to 164)</td>
<td>7 (4 to 43)</td>
</tr>
<tr>
<td>Non-smoking at 6 months</td>
<td>32%</td>
<td>19%</td>
<td>68% (4 to 177)</td>
<td>8 (5 to 112)</td>
</tr>
<tr>
<td>Non-smoking at 12 months</td>
<td>27%</td>
<td>13%</td>
<td>108% (16 to 278)</td>
<td>8 (4 to 34)</td>
</tr>
<tr>
<td>Continuous non-smoking at 3 months</td>
<td>36%</td>
<td>21%</td>
<td>71% (9 to 173)</td>
<td>7 (4 to 41)</td>
</tr>
<tr>
<td>Continuous non-smoking at 12 months</td>
<td>25%</td>
<td>10%</td>
<td>150% (30 to 391)</td>
<td>7 (4 to 22)</td>
</tr>
</tbody>
</table>

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

**COMMENTARY**
Reducing the use of tobacco products, especially cigarettes, remains one of our most important preventive health goals. New cost effective innovations that can effectively reduce smoking prevalence are most welcome. In this study, Becoña and Vázquez report a high rate of success using a relatively “low tech” and low cost approach to counselling smokers. The high rates of success in both the feedback group and the SI group were surprising. It is even more surprising to see a 0% cessation rate in the control group, a finding not seen in most other smoking cessation trials. As it appears that a highly motivated group of subjects were recruited for the study, the 0% quit rate in the control group raises several questions. Was there something unusual about the control group or their instructions that would limit or defer the naturally occurring rate of quitting? Are smokers in Galicia really that different from those in other populations?

The authors’ explanations are reasonable, but may not fully explain the findings. Their findings contrast with those of a general population survey in the UK which found that 31% of smokers attempt to quit with 29% of those being successful (overall quit rate of 9% after 3 mo of follow up). In a recently published study from the UK, Lennox et al applied a similar, though not as complete, approach to more than 2500 smokers in a general practice population in Scotland. They showed a modest increase in validated 6 month cessation rates of 4.4% compared with 2.6%. Tailoring the message to respond to patient feedback had no added effect. Other studies of telephone counselling of smokers motivated to quit have shown mixed results. The next step is to take the same approach and apply it to a clinical area where patient motivation may not be as high, and with an unselected group of smokers from the general population. We need to continue to search for flexible, low cost, and widely available counselling approaches that can encourage a greater proportion of smokers to attempt—and succeed—to quit.

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