

## All forms of nicotine replacement therapy effective for smoking cessation

<b>Clinical Question</b>	Compared to placebo or no nicotine replacement therapy (NRT) interventions, how effective is NRT, including gum, transdermal patches, intranasal spray and inhaled and oral preparations, for achieving long-term smoking cessation?
<b>Bottom Line</b>	There was high quality evidence that all of the commercially available forms of NRT were effective as part of a strategy to promote smoking cessation. They increased the rate of long-term quitting by approximately 50% to 60%, regardless of setting. These conclusions applied to smokers who were motivated to quit. In pregnant women, evidence suggested that NRT could increase the chance of quitting at the time of delivery. The relative effectiveness of NRT appeared to be largely independent of the intensity of additional support provided to the individual. Provision of more intense levels of support, although beneficial in facilitating the likelihood of quitting, was not essential to the success of NRT.
<b>Caveat</b>	There was little evidence about the role of NRT for individuals smoking fewer than 10 to 15 cigarettes a day. NRT caused non-ischaemic chest pain and palpitations in a minority of users but there was no evidence of an excess of serious cardiac problems, even in people with established cardiac disease. Trials lasted for at least six months, except for two in pregnant women which ended at the time of delivery.
<b>Context</b>	NRT aims to temporarily replace much of the nicotine from cigarettes to reduce motivation to smoke and nicotine withdrawal symptoms, thus easing the transition from cigarette smoking to complete abstinence.
<b>Cochrane Systematic Review</b>	<a href="#">Hartmann-Boyce J et al. Nicotine replacement therapy versus control for smoking cessation. Cochrane Reviews, 2018, Issue 5. Art. No.: CD000146.DOI: 10.1002/14651858.CD000146.pub5.</a> This review contains 136 studies involving over 64,000 participants.