

**Limited evidence for effectiveness of relapse prevention interventions for smoking cessation**

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<b>Clinical Question</b>	How effective are specific relapse prevention interventions for reducing the proportion of recent quitters who return to smoking?
<b>Bottom Line</b>	The evidence did not support the use of behavioural treatments to help prevent relapse after quitting smoking (moderate certainty evidence). This result was the same in all of the different groups of people studied. The most promising treatments involved extending treatment with stop-smoking medicine, in particular, varenicline (moderate certainty evidence). Extending treatment with bupropion did not appear to help (moderate certainty evidence) and there was not enough evidence on extending treatment with nicotine replacement therapy. Most of the studies used behavioural support treatments that tried to teach people skills to cope with the urge to smoke, or followed up with additional leaflets or calls, internet or mobile phone resources, or additional counselling.
<b>Caveat</b>	Forty-eight studies included people who had already quit, and 29 studies helped people to quit and then tested treatments to prevent relapse. Twenty-six studies focused on people who needed to stop smoking for a limited period of time because they were pregnant (18 studies), in hospital (five studies), or because of military service (three studies).
<b>Context</b>	Treatments used to help people avoid relapse usually focus on teaching the skills to cope with temptations to smoke, but can also involve extending the length of the treatment that helped them to quit, or giving additional treatment, like follow-up calls, leaflets, or stop-smoking medicine.
<b>Cochrane Systematic Review</b>	Livingstone-Banks J et al. Relapse prevention interventions for smoking cessation. Cochrane Reviews, 2019, Issue 2. Art. No.: CD003999.DOI: 10.1002/14651858.CD003099.pub5. This review contains 77 studies involving 67,285 participants.

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Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003999.pub5/full>