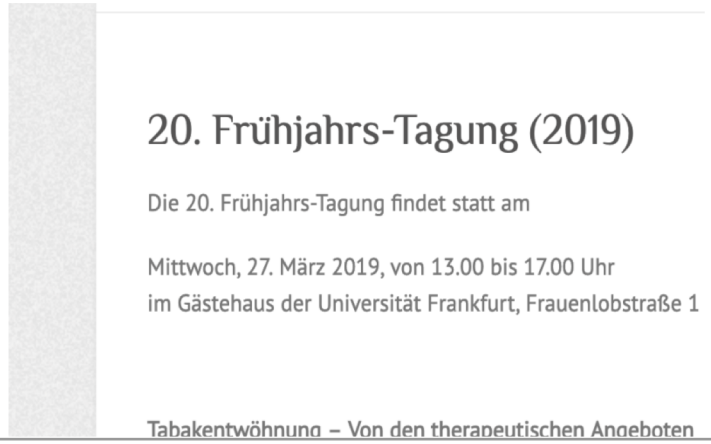
S3-Leitlinien Tabak: Update Psychotherapie – neue Evidenzen?

[15 Min]



20. Frühjahrs-Tagung (2019)

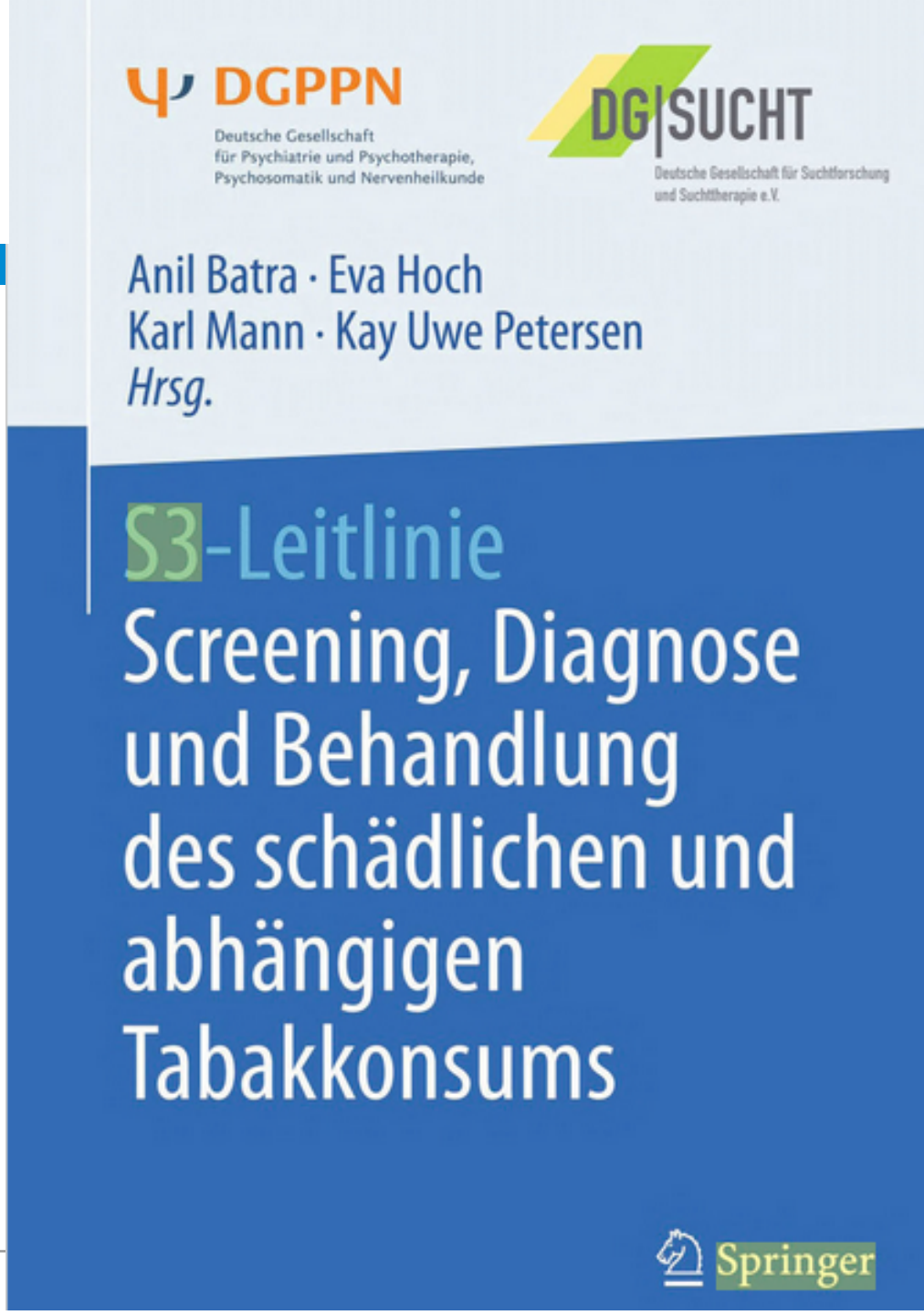
Die 20. Frühjahrs-Tagung findet statt am

Mittwoch, 27. März 2019, von 13.00 bis 17.00 Uhr
im Gästehaus der Universität Frankfurt, Frauenlobstraße 1

Tabakentwöhnung – Von den therapeutischen Angeboten

Autoren (alphabetische Reihenfolge)

Prof. Dr. Stefan Andreas, Gabriele Bartsch, Prof. Dr. Anil Batra (Ltg.), Dr. Tobias Effertz , Prof. Dr. Helmut Gohlke, Dr. Andreas Jähne, Dr. Christoph Kröger(Ltg.), Peter Lindinger, Prof. Dr. Stephan Mühlig (Ltg.), PD Dr. Tim Neumann, Dr. Kay Uwe Petersen, Dr. Martina Pötschke-Langer, Dr. Ulf Ratje (Ltg.), Dr. Tobias Rüther, Dr. Cornelie Schweizer, Prof. Dr. Norbert Thürauf, Dr. Sabina Ulbricht.



TECHNISCHE UNIVERSITÄT CHEMNITZ

Interessenskonflikte

Vortragshonorare/Fort-/Weiterbildung: Pfizer; OPK; LÄK Berlin; PPT-Ausbildung; Weiterbildung TU Chemnitz

Forschungsförderung: AOKplus Sachen-Thüringen; Spitzenverband der GKV; Deutsche Krebshilfe

Keine weiteren COI

Cochrane Library

Cochrane Database of Systematic Reviews

2016

Kombination Pharmako + Psycho

Combined pharmacotherapy and behavioural interventions for smoking cessation (Review)

Stead LF, Koilpillai P, Fanshawe TR, Lancaster T

- **Fragestellung:** Effektivität des Einsatzes von *Kombinationsbehandlungen* aus *Pharmokotherapie* (NET, Vareniclin, Bupropion) und *verhaltenstherapeutischer Unterstützung* (inkl. Kurzinterventionen und Beratung) in der Tabakentwöhnung
- **Outcome:** 6- (52 st.) bzw. 12-M-Abstinenz (1 St.)
- **Evidenz:** 53 Studien (n > 26.000), 1 Studie mit geringer Evidenzqualität (Lung Helath Study)
- **Comparators:** Kombinationsangebote vs. TAU oder Rauchstopprat oder niederschwellige Intervention
- **Evidenzqualität:** gewichtet nach GRADE (Studienanzahl und –qualität)

Combined pharmacotherapy and behavioural interventions for smoking cessation (Review)
Copyright © 2016 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

SUMMARY OF FINDINGS FOR THE MAIN COMPARISON *[Explanation]*

Combined pharmacotherapy and behavioural interventions for smoking cessation

Patient or population: People who smoke
Settings: Community and healthcare settings
Intervention: Combined pharmacotherapy and behavioural interventions, compared to brief advice or usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	Combined pharmacotherapy and behavioural interventions				
Cessation at longest follow-up (all but Lung Health Study) Follow-up: 6 months+	**86 per 1000**[1]	**157 per 1000** (144 to 170)	**RR 1.83** (1.68 to 1.98)	19488 (52 studies)	⊕⊕⊕⊕ **high**[2]	
Cessation at longest follow-up (Lung Health Study only) Follow-up: mean 12 months	**90 per 1000**	**350 per 1000** (302 to 406)	**RR 3.88** (3.35 to 4.5)	5887 (1 study)	⊕⊕⊕◯ **moderate**[3]	Substantially larger treatment effect than seen in other studies. Particularly intensive intervention, hence not included in main analysis

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval; **RR:** Risk ratio

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Main results + Conclusion

- **Kombi-Therapie** vs. **ärztlichem Rat** bzw. vs. **TAU** assoziiert mit **signifikant höheren** 6+M-Abstinenzraten (RR: 1.83; CI: 1.68 – 1.98)
- **Evidenzqualität** (nach GRADE) **hoch** bzw. moderat (1 Studie).
- **Conclusion: mit hoher Evidenz und hoher Evidenzqualität ist eine hohe Wirksamkeit der Kombi-Therapie für den Abstinenzerfolg belegt**
- **Empfehlungsvorschlag: Bei der pharmakologischen Behandlung des Tabakentzugssyndroms *soll* prinzipiell eine verhaltenstherapeutische Unterstützung durchgeführt werden**

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4.1 Motivationsbehandlung und Kurzintervention

Christoph Kröger, Peter Lindinger, Martina Pötschke Langer, Kay Uwe Petersen

	Empfehlungen	Empfehlungsgrad
4.1.3.4	**Telefonische Beratung** In der medizinischen und psychosozialen Gesundheitsversorgung soll telefonische Beratung zur Erreichung des Rauchstopps angeboten werden.	**A**

	Empfehlungen	Empfehlungsgrad
4.1.3.5	**Internetbasierte Selbsthilfeprogramme** Zur Unterstützung der Erreichung des Rauchstopps sollten internetbasierte Selbsthilfeprogramme angeboten werden.	**B**

	Empfehlungen	Empfehlungsgrad
4.1.3.6	**Mobile Selbsthilfeprogramme** Zur Unterstützung der Erreichung des Rauchstopps sollten mobile Selbsthilfeprogramme angeboten werden.	**B**

	Empfehlungen	Empfehlungsgrad
4.1.3.7	**Selbsthilfematerialien** In der medizinischen und psychosozialen Gesundheitsversorgung sollten klassische Selbsthilfematerialien zur Erreichung des Rauchstopps verfügbar gemacht werden.	**B**

- **Telephone Counseling:** kein neues CSR verfügbar
- Aktualisierte CSR für **Selbsthilfe**, **Online-Programme** und **mobile-based (Apps)**

Selbsthilfeliteratur

Cochrane Library

Cochrane Database of Systematic Reviews

2019

Print-based self-help interventions for smoking cessation (Review)

Livingstone-Banks J, Ordóñez-Mena JM, Hartmann-Boyce J

Print-based self-help interventions for smoking cessation (Review)
Copyright © 2019 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

SUMMARY OF FINDINGS FOR THE MAIN COMPARISON *[Explanation]*

Print-based self-help compared to no materials for smoking cessation

Patient or population: people who smoke; not selected for interest in quitting smoking
Settings: community - materials provided without personal contact
Intervention: print-based self-help materials
Comparison: no materials

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No. of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	No materials	Print-based self-help-materials				
Abstinence - non-tailored self-help Follow-up: 6+ months	Moderate-risk population[1]		**RR 1.19** (1.03 to 1.37)	13,241 (11 studies)	⊕⊕⊕◯ **moderate**[2,3]	No evidence of effect detected in other studies where the controls received other materials (n = 6), or wher all participants had personal contact (n = 5) or received brief advice (n = 11)
	50 per 1000	60 per 1000 (52 to 69)				
Abstinence - individually tailored self-help Follow-up: 6+ months	Moderate-risk population[1]		**RR 1.34** (1.19 to 1.51)	14,359 (10 studies)	⊕⊕⊕◯ **moderate**[4]	
	50 per 1000	81 per 1000 (71 to 91)				

CI: confidence interval; RR: risk ratio.

Höhere Evidenz (mehr Studien)

Keine relevanten Änderungen im Ergebnis (Effektstärke)

Empfehlungs-grad?

Cochrane Library

Cochrane Database of Systematic Reviews

2017

Internet-based

Internet-based interventions for smoking cessation (Review)

Taylor GMJ, Dalili MN, Semwal M, Civljak M, Sheikh A, Car J

- **Fragestellung:** Effektivität von internetbasierten Programmen in der Tabakentwöhnung
- **Outcome:** 6-12(+)-M-Abstinenz
- **Evidenz:** 67 Studien (n > 110.000)
- **Comparators:** Internetgebote vs. no treatment oder andere Internetintervention oder andere Intervention
- **Evidenzqualität:** gewichtet nach GRADE (Studienanzahl und –qualität)

Internet-based interventions for smoking cessation (Review)
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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON [Explanation]

Internet-based interventions for adults who want to stop smoking

Patient or population: adults who want to stop smoking
Setting: Community
Intervention: Internet-based interventions

Outcomes[1]	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)
	Risk with Comparator	Risk with Internet-based interventions			
Interactive and tailored versus non-active control Self-report or bio-verified smoking cessation Follow-up: 6 - 12 months	129 per 1000	148 per 1000 (130 to 167)	RR 1.15 (1.01 to 1.30)	6786 (8 RCTs)	⊕⊕◯◯ LOW [2,3]
Internet versus active control Self-report or bio-verified smoking cessation Follow-up: 6 - 12 months	129 per 1000	118 per 1000 (100 to 140)	RR 0.92 (0.78 to 1.09)	3806 (5 RCTs)	⊕⊕⊕◯ MODERATE [4]
Internet plus behavioural support versus non-Internet-based non-active control Self-report or bio-verified smoking cessation Follow-up: 6 - 12 months	78 per 1000	131 per 1000 (101 to 169)	RR 1.69 (1.30 to 2.18)	2334 (5 RCTs)	⊕⊕⊕◯ MODERATE [5]
Internet plus behavioural support versus non-Internet-based active control Self-report or bio-verified smoking cessation Follow-up: 6 - 7 months	157 per 1000	157 per 1000 (132 to 186)	RR 1.00 (0.84 to 1.18)	2769 (4 RCTs)	⊕⊕⊕◯ MODERATE [6]
Comparisons between Internet interventions (programmes): tailored/interactive versus not tailored/interactive Self-report or bio-verified smoking cessation Follow-up: 6 - 12 months	99 per 1000	109 per 1000 (98 to 121)	RR 1.10 (0.99 to 1.22)	14,623 (7 RCTs)	⊕⊕⊕◯ MODERATE [4]
Comparisons between Internet interventions (messages): tailored/interactive versus not tailored/interactive Self-reported smoking cessation Follow-up: 6 months	90 per 1000	106 per 1000 (88 to 128)	RR 1.17 (0.97 to 1.41)	4040 (3 RCTs)	⊕⊕◯◯ LOW [8,9]

*__The risk in the intervention group__ (and its 95% confidence interval) is based on the assumed risk in the comparison group and the __relative effect__ of the intervention (and its 95% CI).

Internet-based interventions for smoking cessation (Review)
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Main results + Conclusion

- **interaktive und persönlich zugeschnittene Internet-Tabakentwöhnungsprogramme** vs. non-aktive Angebote sind leicht überlegen (RR: 1.15; CI: 1.01 – 1.30)
- im Vergleich zu aktiven life-Angeboten sind sie **nicht überlegen** (RR: 0.92; n.s.)
- **Internet + VT-Unterstützung** ist **effektiver** als nicht-internetbasierte non-aktive Kontrollen (RR: 1.69; CI: 1.30 – 2.80)
- die einbezogenen Studien besitzen **moderate Evidenzqualität** (nach GRADE)
- **Conclusion: Mit hoher Evidenz und moderater Evidenzqualität ist leichte bis moderate Wirksamkeit belegt**
- **Empfehlungsvorschlag: Evaluierte interenetbasierte TE-Programme *sollten/sollen?* als niedrigschwellige Angebote mit hohem Verbreitungsgrad angeboten werden**

Cochrane Library 2016

Cochrane Database of Systematic Reviews

Mobile-based

Mobile phone-based interventions for smoking cessation (Review)

Whittaker R, McRobbie H, Bullen C, Rodgers A, Gu Y

- **Fragestellung:** Effektivität von mobile-phone-basierten Programmen (vor allem Texte + SMS) in der Tabakentwöhnung
- **Outcome:** 6-M-Abstinenz
- **Evidenz:** 12 Studien (> 11.000 Pbn.)
- **Comparators:** Kontrollgruppen
- **Evidenzqualität:** gewichtet nach GRADE (Studienanzahl und –qualität)

Mobile phone-based interventions for smoking cessation (Review)
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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON *[Explanation]*

Mobile phone-based interventions for smoking cessation

Patient or population: people who smoke
Setting: mobile phone technology
Intervention: mobile phone smoking cessation interventions
Comparison: controls

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed quitters without intervention	Estimated quitters with mobile phone interventions				
26-week smoking cessation	Study population		RR 1.67 (1.46 to 1.90)	11,885 (12 RCTs)	⊕⊕⊕◯ Moderate [1]	There was evidence of moderate heterogeneity across the included studies
	56 per 1000	93 per 1000 (81 to 106)				

*__The risk in the intervention group__ (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: confidence interval; **RCT:** randomised controlled trial; **RR:** risk ratio

GRADE Working Group grades of evidence
High quality: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

[1] There was evidence of moderate heterogeneity. Sensitivity analyses around potential explanations for heterogeneity did not make substantial differences to the findings.

TECHNISCHE UNIVERSITÄT CHEMNITZ

Main results + Conclusion

- **mobile-phone-basierte** (Text + SMS) **Tabakentwöhnungsprogramme** vs. diverse Kontrollen sind signifikant und mit **hoher Effektstärke** überlegen (RR: 1.67; CI: 1.46 – 1.90);
- die einbezogenen Studien besitzen **moderate Evidenzqualität** (nach GRADE).

- **<u>Conclusion:</u> Mit moderater Evidenz und Evidenzqualität ist gute Wirksamkeit belegt**
- **<u>Empfehlungsvorschlag:</u> Evaluierte mobile-basierte-Programme *sollten/sollen?* als niedrigschwellige Angebote mit hohem Verbreitungsgrad angeboten werden.**

TECHNISCHE UNIVERSITÄT CHEMNITZ

4.1 Motivationsbehandlung und Kurzintervention

Christoph Kröger, Peter Lindinger, Martina Pötschke Langer, Kay Uwe Petersen

	Empfehlungen	Empfehlungsgrad
4.1.3.1	**Kurzberatung** In der medizinischen und psychosozialen Gesundheitsversorgung soll Kurzberatung für Raucher zur Erreichung des Rauchstopps angeboten werden	**A**
	Empfehlungen	**Empfehlungsgrad**
4.1.3.2	**Kurzberatung (Inhalte)** Die Kurzberatung für aufhörbereite Raucher sollte einen Verweis auf weiterführende Hilfsangebote wie Einzel- oder Gruppenbehandlung oder Telefonberatung beinhalten.	**B**
	Empfehlungen	**Empfehlungsgrad**
4.1.3.3	**Motivierende Gesprächsführung** Motivierende Gesprächsführung sollte bei Rauchern, die eine geringe Motivationslage haben, zur Erreichung des Rauchstopps angeboten werden.	**B**

- Für **Kurzberatung** kein (neues) CSR verfügbar
- Aktualisiertes CSR für **MI**

Cochrane Library

2015

Cochrane Database of Systematic Reviews

Motivational Interviewing

Motivational interviewing for smoking cessation (Review)

Lindson-Hawley N, Thompson TP, Begh R

Motivational interviewing for smoking cessation (Review)
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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON *[Explanation]*

Motivational Interviewing compared to brief advice/usual care for smoking cessation

Patient or population: adult smokers
Settings:
Intervention: Motivational Interviewing
Comparison: brief advice/usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	brief advice/usual care	Motivational Interviewing				
Longest duration and strictest definition of tobacco abstinence	Study population		RR 1.26 (1.16 to 1.36)	16,803 (28 RCTs)	⊕⊕⊕○ MODERATE [1,2,3]	
	104 per 1000	131 per 1000 (121 to 142)				

*The **assumed risk** (e.g. the median control group risk across studies) is calculated based on the quit rates in control groups across all studies. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1]Most studies at unclear risk of bias due to a lack of reporting. Very few at high risk of bias. No evidence of sensitivity of the effect due to high risk of bias, so decision made not to downgrade on risk of bias.
[2]Significant amount of heterogeneity (I^2 = 49%), which is not fully explained by any test for subgroup differences; however confidence intervals largely overlap, so decision made not to downgrade on basis of heterogeneity.
[3]Downgraded one level due to indication of possible publication bias: funnel plot indicates that less precise studies were more likely to show positive effects.

Höhere Evidenz (mehr Studien)

Keine relevanten Änderungen im Ergebnis (moderate Effektstärke)

Empfehlungs-grad?

4.3 Psychotherapeutische Intervention

Anil Batra, Stephan Mühlig, Christoph Kröger, Cornelie Schweizer, Kay Uwe Petersen

	Empfehlungen	Empfehlungsgrad
4.3.3.3	**Psychodynamische Therapie** Wirksamkeitsbelege für eine psychodynamische Therapie zur Erreichung der Tabakabstinenz konnten nicht identifiziert werden. Daher kann keine Empfehlung für oder gegen psychodynamische Therapieverfahren gegeben werden.	**0**

	Empfehlungen	Empfehlungsgrad
4.3.3.4	**Hypnotherapie** Die Datenlage zur Beurteilung der Wirksamkeit einer Hypnotherapie zur Erreichung der Tabakabstinenz ist inkonsistent und bedarf der Ergänzung. Hypnotherapie kann angeboten werden.	**0**

	Empfehlungen	Empfehlungsgrad
4.3.3.5	**Aversionstherapie** Die Studien zur Wirksamkeit von Aversionstherapien als Monotherapie sind veraltet, die Wirksamkeit ist fraglich, es bestehen potenzielle Risiken. Aversionstherapien sollten nicht angeboten werden.	**B**

	Empfehlungen	Empfehlungsgrad
4.3.3.1	**Verhaltenstherapeutische Gruppeninterventionen** Verhaltenstherapeutische Gruppeninterventionen zur Erreichung der Tabakabstinenz sind wirksam. Sie sollen in der medizinischen und psychosozialen Gesundheitsversorgung angeboten werden.	**A**

	Empfehlungen	Empfehlungsgrad
4.3.3.2	**Verhaltenstherapeutische Einzelinterventionen** Verhaltenstherapeutische Einzelinterventionen zur Erreichung der Tabakabstinenz sind wirksam. Sie sollen in der medizinischen und psychosozialen Gesundheitsversorgung angeboten werden.	**A**

- Für **Aversionstherapie** und **Psychodynamische** kein neues CSR verfügbar
- Aktualisiertes CSR für **Hypnotherapie, aber nicht zugänglich** (?)
- Aktualisiertes CSR für **VT Gruppe** und **VT Einzel**
- **Neu:** CSR zu **Incentives**
- Kein aktualisiertes CSR zur **Gewichtskontrolle**
- Kein aktualisiertes CSR zu **stadienangepasstem Vorgehen**

VT Gruppe

Group behaviour therapy programmes for smoking cessation (Review)

Stead LF, Carroll AJ, Lancaster T

behaviour therapy programmes for smoking cessation (Review)
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Patient or population: People who smoke
Setting: Smoking cessation clinics predominantly recruiting people interested in quitting smoking, from community and healthcare settings
Intervention: Group-format behavioural programmes
Comparison: Various

Outcome: Smoking cessation assessed at least 6 months after start of treatment, based on self-report, ± biochemical validation of abstinence	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality of the evidence (GRADE)	Comments
	Numbers quit in control conditions	Numbers quit after group programme				
Group programme compared to self-help programme	Moderate 5 per 100 [1]	9 per 100 (8 to 12)	RR 1.88 (1.52 to 2.33)	4395 (13 RCTs) [2]	⊕⊕⊕◯ MODERATE [3]	
Group programme compared to brief support	Moderate 5 per 100 [5]	6 per 100 (5 to 7)	RR 1.25 (1.07 to 1.46)	7601 (16 RCTs)	⊕⊕◯◯ LOW [34]	
Group programme compared to face-to-face individual intervention	Moderate 11 per 100 [6]	11 per 100 (8 to 14)	RR 0.99 (0.76 to 1.28)	980 (6 RCTs)	⊕⊕⊕◯ MODERATE [3]	
Group programme plus pharmacotherapy versus pharmacotherapy and brief support alone	Moderate 18 per 100 [7]	20 per 100 (17 to 24)	RR 1.11 (0.93 to 1.33)	1523 (5 RCTs)	⊕⊕⊕◯ MODERATE [8]	
Group programme versus 'no intervention' controls	Moderate		RR 2.60 (1.80 to 3.76)	1098 (9 RCTs)	⊕⊕◯◯ LOW [39]	

Höhere Evidenz (mehr Studien)

Keine relevanten Änderungen im Ergebnis (hohe Effektstärke)

Empfehlungs-grad?

Cochrane Library

Cochrane Database of Systematic Reviews

2017

VT Einzel

Individual behavioural counselling for smoking cessation (Review)

Individual behavioural counselling for smoking cessation (Review)
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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON [*Explanation*]

Patient or population: People who smoke
Setting: Healthcare and community settings
Intervention: Individual counselling from a smoking cessation counsellor including at least one face-to-face session lasting 10 minutes or more
Comparison: Minimal-contact control (usual care, brief advice or self-help materials)

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality of the evidence (GRADE)	Comments
	Numbers quit in control condition	Numbers quit after individual counselling				
Smoking cessation at longest follow-up - 6 months or more *No systematic pharmacotherapy*	Study population		RR 1.57 (1.40 to 1.77)	11,100 (27 RCTs)	⊕⊕⊕⊕ HIGH	Limiting to studies at low risk of bias on all assessed domains marginally increases estimate of effect
	7 per 100	11 per 100 (10 to 12)				
Smoking cessation at longest follow-up - 6 months or more *Pharmacotherapy offered to all participants*	Study population		RR 1.24 (1.01 to 1.51)	2662 (6 RCTs)	⊕⊕⊕◯ MODERATE [1]	Higher control group quit rate reflecting use of pharmacotherapy
	11 per 100	13 per 100 (11 to 16)				

*__The risk in the intervention group__ (and its 95% confidence interval) is based on the assumed risk in the comparison group and the __relative effect__ of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio

GRADE Working Group grades of evidence
High quality: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Höhere Evidenz (mehr Studien)

Keine relevanten Änderungen im Ergebnis (hohe Effektstärke)

Empfehlungs-grad?

Cochrane Library

Cochrane Database of Systematic Reviews

2015

Incentives (Verstärker/ Kontingenz-management)

Incentives for smoking cessation (Review)

Cahill K, Hartmann-Boyce J, Perera R

- **Fragestellung:** Effektivität des Einsatzes von (materiellen) Verstärkern bzw. Kontingenzmanagement für die Tabakabstinenz
- **Outcome:** 6-24-M-Abstinenz
- **Evidenz:** 21 Studien (n > 8.400)
- **Comparators:** 23 Vergleichsmaße
- **Evidenzqualität:** gewichtet nach GRADE (Studienanzahl und –qualität)

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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON [Explanation]

Incentives for smoking cessation

Participant or population: Adult smokers
Settings: mixed
Intervention: Incentives

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	Incentives				
Smoking cessation in mixed populations - longest follow-up Follow-up: 6 - 24 months	**84 per 1000**	**112 per 1000** (95 to 132)	**OR 1.42** (1.19 to 1.69)	7715 (17 studies, 20 comparisons)	⊕⊕◯◯ **low**[1,2,3]	Beyond the 6-month assessment, only 2 studies (Halpern (A) 2015; Volpp 2009) demonstrated sustained cessation.

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval; **OR:** Odds ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1]11/20 trials failed to conduct adequate randomisation and allocation procedures, and 6 of them were rated at high risk of bias in one or both of these domains.
[2]Eight of the 20 studies (generally the older trials) presented results as percentages or in graphical form, which obliged us to estimate the findings without being certain of the true denominators or event counts
[3]Three early trials may have confounded their findings by assessing smoking status at the same time as they delivered six-month rewards for abstinence. In one case (Rand 1989) this was also the end of the trial.

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Main results + Conclusion

- **Verstärker/KM** verglichen mit Placebo/anderen Interventionen erhöhen die **Abstinenzraten signifikant** (RR: 1.42; CI: 1.19 - 1.96)
- Allerdings besitzen die einbezogenen Studien **nur geringe Evidenzqualität** (nach GRADE)

- **<u>Schlussfolgerungen:</u> Moderate Evidenz und mittlere Wirksamkeit von KM**
- **<u>Empfehlungsvorschlag:</u> In der Tabakentwöhnung *soll/sollte* als adjuvante Intervention KM eingesetzt werden**

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2019

Rückfallprävention

Relapse prevention interventions for smoking cessation (Review)

Relapse prevention interventions for smoking cessation (Review)
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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON *[Explanation]*

Behavioural interventions for relapse prevention for people who have quit smoking using a cessation intervention

Patient or population: people who have quit smoking using a cessation intervention
Intervention: behavioural interventions for relapse prevention

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	Behavioural interventions for relapse prevention				
Smoking cessation Follow-up: 9 to 15 months	Study population (average)		**RR 0.99** (0.87 to 1.03)	5408 (10 studies)	⊕⊕⊕◯ **moderate**[1,2]	
	322 per 1000	**319 per 1000** (293 to 345)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval; **RR:** Risk ratio.

GRADE Working Group grades of evidence:
High certainty: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate certainty: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low certainty: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low certainty: We are very uncertain about the estimate.

[1]The majority of included studies judged to be at unclear or high risk of bias in two or more domains. However, as this would likely bias the results towards favouring the intervention, and the results did not favour the intervention, we did not downgrade the evidence on the grounds that we could still be confident that here was not a positive effect.
[2]Downgraded one level for inconsistency: unexplained statistical heterogeneity (I^2 = 56%).

Höhere Evidenz (mehr Studien)

Keine relevanten Änderungen im Ergebnis (Effektstärke: n.s.!!)

Empfehlungs-grad?

4.2 Harm Reduction

Christoph Kröger, Peter Lindinger, Martina Pötschke Langer, Kay Uwe Petersen

	Empfehlungen	Empfehlungsgrad
4.2.3.2	**Programme zur Reduktion des Tabakkonsums** Rauchern, die ihren Tabakkonsum nicht aufgeben können oder reduzieren wollen, sollten Hilfestellungen zur Reduktion des Tabakkonsums (NET, Beratung, Verhaltenstherapie) angeboten werden. Empfehlungsgrad: B LoE:1a (aus systematischer Recherche) Literatur: 22, 475 Gesamtabstimmung: 07.02.2014 91%	**B**

- Aktualisiertes CSR für **Konsumreduktion (div. Methoden)**
- Kein aktualisiertes CSR zu **Schlusspunkt vs. Reduktion**
- Aktualisiertes CSR für **E-Zigarette**
- **Neu** CSR für **Wasserpfeife** (Maziak et al., 2015): geringe Evidenz, keine metaanalytische Auswertung, schwache Wirksamkeitsnachweise ➔ **nicht aussagekräftig**

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2016

E-Zigarette

Electronic cigarettes for smoking cessation (Review)

Hartmann-Boyce J, McRobbie H, Bullen C, Begh R, Stead LF, Hajek P

- **Fragestellung:** Effektivität des Einsatzes von E-Zigaretten zur Tabakentwöhnung
- **Outcome:** 6(+)-M-Abstinenz
- **Evidenz:** 24 relevante Studien, davon 3 RCT (21 Kohortenstudien); 27 laufende Studien
- **Comparators:** 2 RCT EZ vs. E-Zig.-Placebo (ohne Nikotin), 1 RCT EZ vs. Telefonberatung
- **Evidenzqualität:** gewichtet nach GRADE (Studienanzahl und –qualität)

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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON [Explanation]

Electronic cigarettes (EC) for smoking cessation

Patient or population: people defined as current smokers at enrolment into trials, motivated or unmotivated to quit
Intervention: nicotine-containing electronic cigarettes
Comparison: placebo electronic cigarettes or nicotine replacement therapy (or for adverse events, uncontrolled)

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk[1]	Corresponding risk				
	Control	Electronic cigarettes				
Cessation: Nicotine EC versus placebo EC[2] assessed with exhaled CO Follow-up: 6 - 12 months	**40 per 1000**	**93 per 1000** (42 to 201)	**RR 2.29** (1.05 to 4.96)	662 (2 studies)	⊕⊕◯◯ **low**[3,4]	Only RCTs reported here. Some cohort data also available (see full review) but only RCTs provide efficacy data
Cessation: Nicotine EC versus nicotine replacement therapy assessed with exhaled CO Follow-up: 6 months	**58 per 1000**	**73 per 1000** (39 to 135)	**RR 1.26** (0.68 to 2.34)	584 (1 study)	⊕◯◯◯ **very low**[3,5]	As above
Adverse events (AEs) Follow-up: 6 - 24 months	Summary data not available. No studies reported serious AEs considered related to EC use. One RCT provided data on the proportion of participants experiencing any adverse events. The proportion of participants in the study arms experiencing adverse events was similar (ECs vs placebo EC: RR 0.97, 95% CI 0.71 to 1.34 (298 participants); ECs vs patch: RR 0.99, 95% CI 0.81 to 1.22 (456 participants)). The second RCT reported no statistically significant difference in the frequency of AEs at three- or 12-month follow-up between the EC and placebo EC groups. Cohort studies found mouth and throat irritation, dissipating over time, to be the most			1201 (11 studies (2 RCTs, 9 cohort))	⊕⊕◯◯ **low**[6,7]	

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Main results + Conclusion

- **Nikotin-EZ verglichen mit Placebo-EZ** (2 Studien, n=662) erhöhen die **6+M-Abstinenzraten signifikant** und mit hoher Effektstärke (RR: 2.29; CI: 1.05 - 4.96)
- Allerdings besitzen die einbezogenen Studien **nur geringe Evidenzqualität** (nach GRADE)
- **Nikotin-EZ verglichen mit NET-Pflastern** (1 Studie, n=584) unterscheiden sich hinsichtlich 6+M-Abstinenzraten ***nicht* signifikant** (RR: 1.26; CI: 0.68 - 2.34); die **Evidenzqualität** (nach GRADE) dieser Studie ist sehr gering
- Ernsthafte **Nebenwirkungen** wurden **nicht fest gestellt**

- **Conclusion: Mit schwacher Evidenz und niedriger Evidenzqualität ist eine hohe Wirksamkeit der EZ zur Tabakentwöhnung belegt**
- **Empfehlungsvorschlag: In der Tabakentwöhnung kann bei vorangegangenen Misserfolgen anderer Behandlungsmethoden die E-Zigarette als Ultima ratio und unter ärztlicher Begleitung und mit verhaltenstherapeutischer Unterstützung eingesetzt werden.**

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2016

Harm Reduction

Interventions to reduce harm from continued tobacco use (Review)

Lindson-Hawley N, Hartmann-Boyce J, Fanshawe TR, Begh R, Farley A, Lancaster T

- **Fragestellung:** Effektivität von Methoden des schadensminimierten Rauchens (Mengenreduktion, kontrolliertes Rauchen, potential reduced-exposure tobacco products - PREPs) auf Rauchen und Gesundheit
- **Outcome:** Gesundheit, Konsumreduktion und Abstinenz sowie Biomarker
- **Evidenz:** 24 relevante Studien, davon 14 mit NET zur Rauchreduktion; keine Studie direkt zum Gesundheitseffekt
- **Comparators:** Schadensminimierung vs. Plazebo oder Kurzintervention oder Vergleichsintervention
- **Evidenzqualität:** gewichtet nach GRADE (Studienanzahl und –qualität)

Interventions to reduce harm from continued tobacco use (Review)
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SUMMARY OF FINDINGS FOR THE MAIN COMPARISON [Explanation]

Interventions to reduce the harms caused by continued smoking

Patient or population: Smokers who cannot or do not want to quit smoking
Setting: Varied
Intervention: Various harm reduction aids (NRT, behavioural advice, bupropion, varenicline, ecigs, snus, low-nicotine cigarettes)
Comparison: Various controls (placebo, usual care, brief advice, self-help, regular cigarettes)

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality of the evidence (GRADE)	Comments
	Risk with control	Risk with harm reduction aid				
Long-term change in health status	We found no studies that reported this primary outcome		Not applicable	(0 RCTs)	Not applicable	
Cessation: NRT vs placebo follow-up: 12 to 24 months	Study population 5 per 100	10 per 100 (7 to 13)	RR 1.87 (1.43 to 2.44)	3081 (8 RCTs)	⊕⊕◯◯ LOW [1]	
Cessation: Bupropion vs. placebo follow up: 6 months	Study population 5 per 100	7 per 100 (4 to 13)	RR 1.27 (0.67 to 2.40)	594 (1 RCT)	⊕⊕◯◯ LOW [2]	
Cessation: Varenicline vs placebo follow-up: 6 months	Study population 7 per 100	14 per 100 (6 to 32)	RR 1.95 (0.86 to 4.40)	218 (1 RCT)	⊕⊕◯◯ LOW [2]	
Cessation: Ecigs vs placebo follow-up: 12 months	Study population		RR 2.75 (0.97 to 7.76)	300 (1 RCT)	⊕⊕◯◯ LOW [2]	
Long-term change in health status	We found no studies that reported this primary outcome		Not applicable	(0 RCTs)	Not applicable	
Cessation: NRT vs placebo follow-up: 12 to 24 months	Study population 5 per 100	10 per 100 (7 to 13)	RR 1.87 (1.43 to 2.44)	3081 (8 RCTs)	⊕⊕◯◯ LOW [1]	
Cessation: Bupropion vs. placebo follow up: 6 months	Study population 5 per 100	7 per 100 (4 to 13)	RR 1.27 (0.67 to 2.40)	594 (1 RCT)	⊕⊕◯◯ LOW [2]	
Cessation: Varenicline vs placebo follow-up: 6 months	Study population 7 per 100	14 per 100 (6 to 32)	RR 1.95 (0.86 to 4.40)	218 (1 RCT)	⊕⊕◯◯ LOW [2]	
Cessation: Ecigs vs placebo follow-up: 12 months	Study population		RR 2.75 (0.97 to 7.76)	300 (1 RCT)	⊕⊕◯◯ LOW [2]	

e (Review)
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Main results + Conclusion

- **Keine Studie zum langfristigen Gesundheitseffekt**
- **Wahrscheinlichkeit des schadensminimierten Rauchens erhöht sich gegenüber Plazebo signifikant nur** bei **NET-Einsatz** (12-24 M FU) (RR: 1.87; CI: 1.43 - 2.44); nicht signifikant bei **Bupropion** (RR: 1.27; CI: 0.67 - 2.40), **Vareniclin** (RR: 1.95; CI: 0.86 - 2.44) und **E-Zigaretten** (RR: 2.75; CI: 0.97 – 7.76)
- **Geringe Evidenzqualität (GRADE)**
- **Conclusion: Schwache Evidenz für Wirksamkeit von Interventionen zum schadensminimiereten Rauchen; keine Evidenz für Gesundheitseffekt**
- **Empfehlungsvorschlag: Zur harm reduction *können* bei Misserfolg bzgl. Rauchstopp und Totalabstinenz als Ultima ratio NET unter ärztlicher Begleitung und mit verhaltenstherapeutischer Unterstützung eingesetzt werden**

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Fazit: WAT's neu?

Seit der ersten LL-Recherche wurden

- für einige Interventionen ***keine CSR-Aktualisierungen*** durchgeführt (**Kurztherapie, Aversionstherapie, Telefonberatung, Gewichtskontrolle, Stadienbezogen, Psychodynamische Verfahren, Schlusspunkt**)
- für eine ganze Reihe von Interventionen ***CSR-Aktualisierungen*** veröffentlicht (**Selbsthilfe, MI, VT Gruppe, VT Einzel, Hypno, Incentives, mobile based, online-Programme, Rückfallprävention**): erhöhte Evidenz bei meist kaum veränderten Effektstärken
- mehrere ***neue CSR*** veröffentlicht (**Kombitherapie, E-Zigarette; harm reduction, Konsumreduktion**): z.T. hohe Effektstärken bei moderater Evidenz
- einige ***neue CSR***: **keine aussagekräftige Resultate** (Wasserpfeife, elektonische Health devices, Excercise)

➔ Guter Zeitpunkt für Leitlinen-Aktualisierung

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Vielen Dank für Ihre Aufmerksamkeit!

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