

# BRITISH MEDICAL JOURNAL

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SATURDAY 19 MARCH 1983

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*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.*

## Smoking withdrawal in patients with smoking related diseases

SIR,—In their large multicentre trial of intervention against smoking among patients attending a chest clinic (19 February, p 595) the British Thoracic Society found only short term advantages for patients who received placebo or nicotine chewing gum (Nicorette). Their study was designed, and appears in most respects to have been conducted, with commendable rigour. It remains to be explained, however, why their results contrast so considerably with our studies at a smokers' clinic, which showed that nicotine gum doubled the long term success rates obtained from intensive psychological methods<sup>1</sup> and placebo gum.<sup>2</sup>

Four possible explanations come to mind. One, which the British Thoracic Society authors are kind enough not to suggest, is that our findings were chance effects and that nicotine gum is ineffective. This seems unlikely. Besides having a higher success rate those who received active gum experienced less severe withdrawal symptoms. In addition, we found that the number of gums used a day was positively correlated with pretreatment blood nicotine concentrations in those on active gum, but there was no such correlation with use of the placebo.<sup>1</sup> A similar advantage for nicotine gum over placebo has also been reported in a Swedish study.<sup>3</sup>

A second possibility for the discrepancy was suggested by the British Thoracic Society authors—namely, the differences between the kind of smokers attending chest clinics and those attending a specialised smokers' clinic. No doubt it is true that those seeking help

from a smokers' clinic are more highly motivated. This, however, should tend to affect overall success rates more than comparisons between treatment and control groups drawn from the same population. It seems unlikely that chest clinic smokers as a group would be completely unresponsive to a treatment that was effective at a smokers' clinic.

A third possibility is that nicotine gum is effective only in conjunction with intensive support of the kind given at our smokers' clinic. We have found, however, that nicotine gum used as an adjunct to brief advice by general practitioners significantly enhances the long term success rate (unpublished observations).

A final explanation for the discrepancy between the results of the British Thoracic Society trial and our studies might be the lack of experience of the chest physicians and inadequate use of the gum by their patients. It is hard to see how it took 150 doctors in 95 centres 15 months to see 1618 eligible patients, an average of only 11 patients for each doctor recruited at a rate of less than one a month, with only one in three months allocated to gum. If, as seems more likely, not all eligible patients were entered into the trial, a problem of bias clearly arises. Moreover, the slow rate of recruitment suggests a lack of commitment on the part of the doctors. One possible cause of this is that many of the junior staff would have been replaced during the course of the study by others who were not included in any initial briefing.

It is clear therefore that many of the patients must have received instructions from doctors with minimal experience and skill in the use of the gum. In keeping with this is the fact that the reported gum use differed greatly from previous studies. Ninety per cent said they were still using the gum at three months, although most were still smoking. There is nothing to be gained from continuing to chew the gum while continuing to smoke. In our two studies, despite the higher success rate, only 22% and 28% were still using the gum at three months and of these over 80% were not smoking. The authors give no data on the number of gums used a day. This is crucial. The average inhaler of 20 cigarettes a day is unlikely to obtain adequate pharmacological substitution from less than about seven pieces a day.

The authors go some way to admitting that their test of the efficacy of the gum may have been less than adequate when they say: "Nicotine chewing gum may have done less well than expected because there may have been insufficient explanation of its use ... but if a treatment is to be classed as successful for general use it must be so in the average way in which it is to be used." We disagree and suggest that if a treatment has been shown to be effective it is the duty of doctors to learn how to administer it correctly, especially doctors who take on the task of attempting to evaluate it.

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