

Preventing and dealing with relapse in smokers trying to stop

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Declaration of interests

- I undertake research and consultancy for companies that develop and manufacture smoking cessation medications (Pfizer, J&J and GSK)
- I am an advisor to the UK Centre for Smoking Cessation and Training

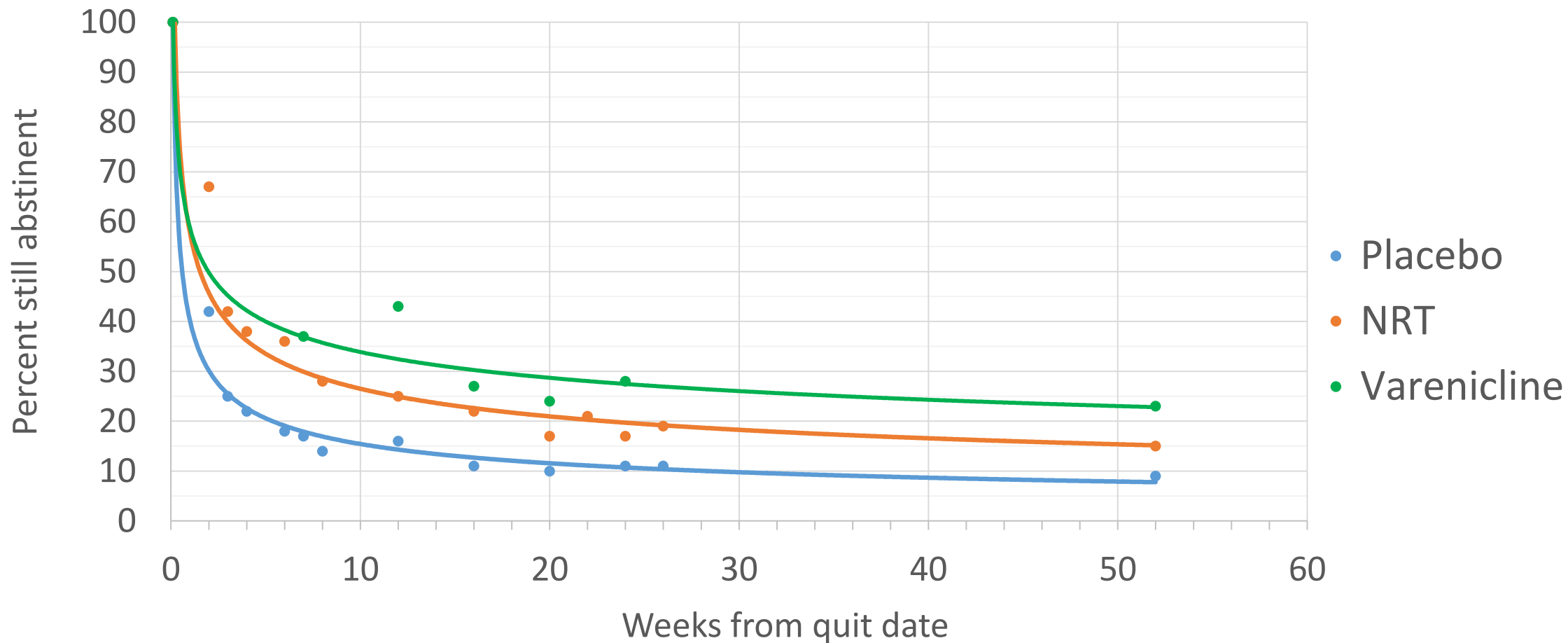
Outline

The problem of relapse following treatment

Evidence on preventing relapse

Evidence on re-treatment

Continuous abstinence rates from RCTs in smoking cessation



Data points are weighted average continuous abstinence rates from RCTs with at least 1000 cases

Estimated relapse rates from 12 weeks

	Relapse by 12 months ¹
Placebo	40%
NRT	40%
Varenicline	27%

¹Estimated percentage RCT participants who have been abstinent from the quit date up to 12 weeks who go on to relapse by 12 months

Cochrane Review of relapse prevention 2013

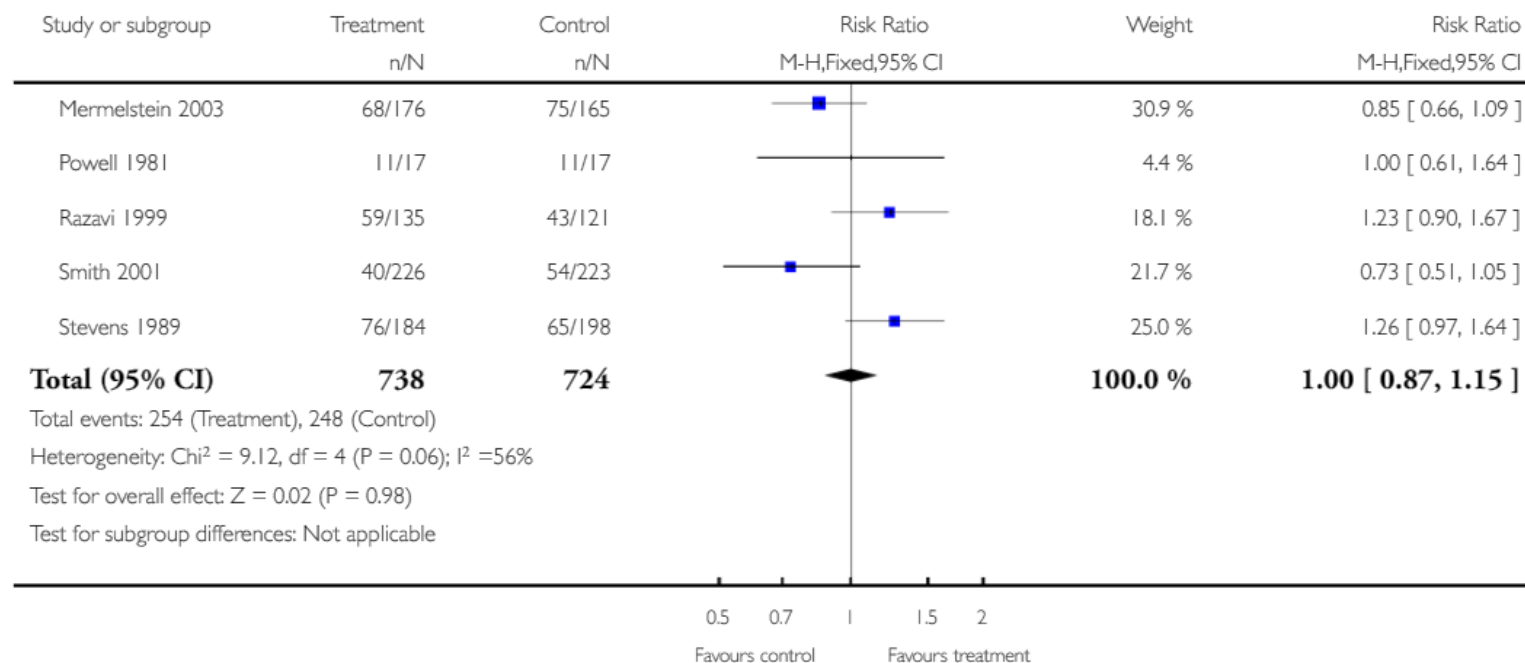
Behavioural treatment to prevent relapse after initial treatment

Analysis 4.1. Comparison 4 Behavioural interventions for assisted abstainers, Outcome 1 Cessation at longest follow-up.

Review: Relapse prevention interventions for smoking cessation

Comparison: 4 Behavioural interventions for assisted abstainers

Outcome: 1 Cessation at longest follow-up



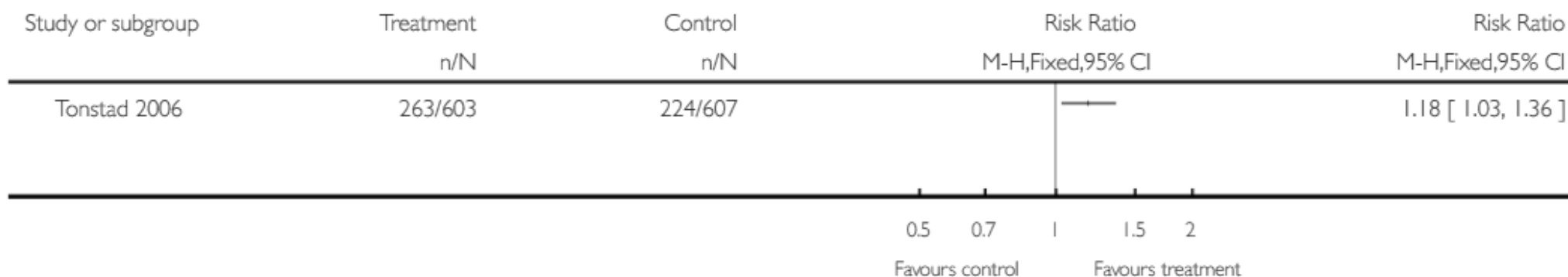
Cochrane Review of relapse prevention 2013

Analysis 6.4. Comparison 6 Pharmacotherapy for assisted abstainers, Outcome 4 Varenicline vs placebo. Cessation 12 m+ after quit date.

Review: Relapse prevention interventions for smoking cessation

Comparison: 6 Pharmacotherapy for assisted abstainers

Outcome: 4 Varenicline vs placebo. Cessation 12 m+ after quit date



Extended varenicline to prevent relapse
after initial treatment

Re-treatment: Evidence from the EAGLES study

	Model 1 (univariate)	Model 2 (stepwise)
Varenicline versus placebo	2.70 (2.25–3.25)	2.84 (2.35–3.42)
Bupropion versus placebo	1.88 (1.56–2.28)	1.96 (1.61–2.38)
NRT versus placebo	1.81 (1.50–2.20)	1.86 (1.53–2.27)

Re-treatment: Evidence from the EAGLES study

	Model 1 (univariate)	P-value interaction	Model 2 (stepwise)
Country	–	0.8235	–
USA versus non-USA	0.48 (0.42–0.55)	–	0.53 (0.46–0.61)
Psychiatric diagnosis	–	0.6290	–
Mood disorder versus no diagnosis	0.73 (0.64–0.84)	–	0.85 (0.73–0.99)
Anxiety disorder versus no diagnosis	0.61 (0.48–0.78)	–	0.71 (0.55–0.90)
Psychotic disorder versus no diagnosis	0.48 (0.33–0.70)	–	0.73 (0.50–1.07)

Re-treatment: Evidence from the EAGLES study

	Model 1 (univariate) ^a	P-value for interaction	Model 2 (stepwise) ^b
Prior use of varenicline	–	0.6799	Not included
Yes versus no	0.78 (0.64–0.93)	–	–
Prior use of bupropion	–	0.6226	Not included
Yes versus no	0.80 (0.64–0.99)	–	–
Prior use of NRT	–	0.8185	–
Yes versus no	0.69 (0.59–0.80)	–	0.78 (0.67–0.91)

Key messages

- 30-40% of smokers relapse from 12 weeks to 12 months
- Relapse rates are broadly similar with different treatments
- We do not currently have strong evidence to support any behavioural relapse prevention approaches
- Prolonged treatment with varenicline appears to improve 12-month continuous abstinence rates
- Re-treatment with the same or a different medication yields similar effects to first-time treatment
- The optimal approach currently appears to be to maximise initial treatment effect and re-treat as needed