



# Effective Health Care

## Nicotine Replacement Therapy vs. Oral Medications for Tobacco Cessation Nomination Summary Document

### Results of Topic Selection Process & Next Steps

- Nicotine replacement therapy versus oral medications for tobacco cessation was found to be addressed by existing evidence-based clinical practice guidelines by the US Public Health Service titled *Treating Tobacco Use and Dependence: 2008 update*. Given that these guidelines cover this nomination, no further activity will be undertaken on this topic.
  - Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 update*. Rockville MD: USDHHS, U.S. Public Health Service, 2008.  
[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)

### Topic Description

<b>Nominator:</b>	National non-governmental advisory group
<b>Nomination Summary:</b>	The nominator is interested in a comparative effectiveness review on therapies for tobacco cessation, including the comparison of nicotine replacement therapy versus oral medications.
<b>Key Questions from Nominator:</b>	None

### Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- This topic was found to be addressed by an existing Clinical Practice Guideline by The US Public Health Service titled *Treating Tobacco Use and Dependence: 2008 update*. The Guideline is divided into seven chapters that integrate prior and updated findings. It provides specific recommendations regarding brief and intensive tobacco cessation interventions as well as system-level changes designed to promote the assessment and treatment of tobacco use. The recommendations were made as a result of a systematic review of literature published between 1975 and 2007 and meta-analysis of 11 specific topics, including 1) proactive quitlines; 2) combining counseling and medication relative to

either counseling or medication alone; 3) varenicline; 4) various medication combinations; 5) long-term medications; 6) cessation interventions for individuals with low socioeconomic status/limited formal education; 7) cessation interventions for adolescent smokers; 8) cessation interventions for pregnant smokers; 9) cessation interventions for individuals with psychiatric disorders, including substance use disorders; 10) providing cessation interventions as a health benefit; and 11) systems interventions, including provider training and the combination of training and systems interventions.