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**Italian Cochrane  
Network**



**DEPI Lazio**

Dipartimento di Epidemiologia  
del Servizio Sanitario Regionale  
Regione Lazio

# **Evidenze scientifiche sull'efficacia del counselling nel trattamento antitabagico**

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# Valutare l'efficacia del counselling nel trattamento antitabagico



# PICOS

- Who are the **P**articipants you want to study?
- What is the **I**ntervention you want to examine?
- What do you want to **C**ompare against your intervention
- What are the **O**utcomes you want to measure?
- Which **S**tudy designs do you want to include?

**Personne che fumano**



# Which types of interventions?



*counselling  
individuale*



*o di gruppo*



# Counselling?



“il counselling è un processo che, attraverso il dialogo e l’interazione, aiuta le persone a risolvere e gestire problemi e a prendere decisioni; esso coinvolge un “cliente” e un “counsellor”: il primo è un soggetto che sente il bisogno di essere aiutato, il secondo è una persona esperta, imparziale, non legata al cliente, addestrata all’ascolto, al supporto e alla guida.”

# Which types of comparisons?



- ▶ altri interventi psicologici
- ▶ terapie farmacologiche
- ▶ trattamento «usuale»
- ▶ nessun trattamento

# Which types of outcome measures?



*Cessazione dell'abitudine al fumo (follow up di durata variabile da 3 a 24 mesi)*

# Which type of studies?

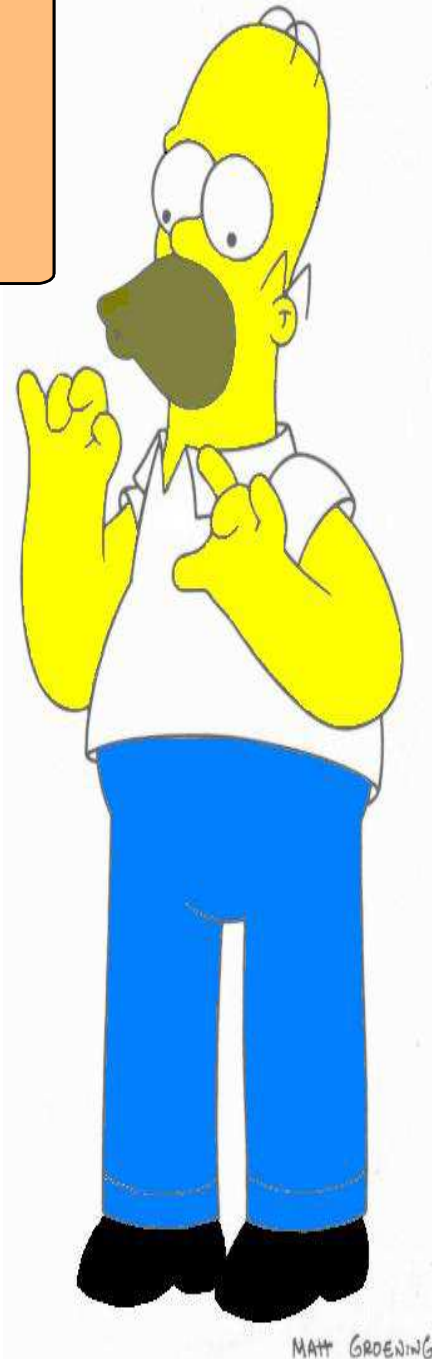
Periodo fino al 2014: N= 3313 articoli in PubMed

- ▶ 33 Revisioni sistematiche Cochrane





***Every time I learn  
something new, it  
pushes some old  
stuff out of my brain.***



***Ricerca delle  
evidenze  
scientifiche***

***Troppi studi  
Troppe informazioni  
Poco tempo.....***

## 33 Revisioni sistematiche Cochrane



# Risultati

| <b>Titolo</b>  | <b>N studi Inclusi</b> | <b>Anno di pubblicazione</b> |
|--|------------------------|------------------------------|
| Individual behavioural counselling for smoking cessation                       | 30                     | 2005                         |
| Workplace interventions for smoking cessation                                  | 57 (16 counselling)    | 2014                         |
| Telephone counselling for smoking cessation                                    | 77                     | 2013                         |
| Psychosocial interventions for supporting women to stop smoking in pregnancy   | 86                     | 2013                         |
| Interventions for smoking cessation in hospitalized patients                   | 50                     | 2012                         |
| Community pharmacy personnel interventions for smoking cessation               | 2                      | 2004                         |
| Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation | 38                     | 2012                         |
| Combined pharmacotherapy and behavioural interventions for smoking cessation   | 41                     | 2012                         |
| <b>Totale</b>  | <b>365</b>             |                              |

# Individual behavioural counselling for smoking cessation

Esito: Smoking cessation at longest follow-up.



*Individual counselling vs minimal behavioural intervention (22 studi, 7855 partecipanti);  
RR 1,39 (95% IC 1,24 a 1,57)*



*Intensive counselling compared to brief counselling (5 studi, 1897 partecipanti)  
RR 0,96 (95% IC 0,74 a 1,25)*



*Different counselling approaches (3 studi, 1378 partecipanti)  
No stima cumulativa*

## Workplace interventions for smoking cessation

Esito: Smoking cessation at longest follow-up.



*Individual counselling (8 studi, 3516 partecipanti)*  
*OR 1,71 (95% IC 1,05 a 2,80)*



*Group counselling (8 studi, 1309 partecipanti)*  
*OR 1,96 (95% IC 1,51 a 2,54)*

## Telephone counselling for smoking cessation

Esito: Smoking cessation at longest follow-up.







*51 studi, 30246 partecipanti;  
RR 1,27 (95% IC 1,20 a 1,36)*

## Psychosocial interventions for supporting women to stop smoking in pregnancy

| <b>Counselling vs usual care</b>         |            |                       |   |
|--|------------|-----------------------|---|
| Abstinence in late pregnancy             | 27 (11979) | RR 1.44 [1.19 a 1.75] | 😊 |
| Abstinence at 0 to 5 months postpartum   | 5 (1164)   | RR 1.52 [1.13, 2.05]  | 😊 |
| Abstinence at 6 to 11 months postpartum  | 6 (2458)   | RR 1.33 [1.00, 1.77]  | 😊 |
| Abstinence at 12 to 17 months postpartum | 2 (431)    | RR 2.20 [1.23, 3.96]  | 😊 |
| Abstinence at 18+ months postpartum      | 2 (934)    | RR 1.25 [0.57, 2.73]  | 😐 |

## Psychosocial interventions for supporting women to stop smoking in pregnancy

| <b>Counselling vs less intensive interventions</b> |           |                      |   |
|--|-----------|----------------------|---|
| Abstinence in late pregnancy                       | 16 (5247) | RR 1.35 [1.00, 1.82] |  |
| Abstinence at 0 to 5 months postpartum             | 6 (1980)  | RR 1.17 [0.82, 1.66] |  |
| Abstinence at 6 to 11 months postpartum            | 3 (12718) | RR 1.08 [0.83, 1.40] |  |
| Abstinence at 12 to 17 months postpartum           | 2 (1168)  | RR 1.25 [0.71, 2.20] |  |



## Interventions for smoking cessation in hospitalized patients

Esito: Smoking cessation at longest follow-up.



*Individual counselling (8 studi, 3516 partecipanti)  
OR 1,71 (95% IC 1,05 a 2,80)*



*Group counselling (8 studi, 1309 partecipanti)  
OR 1,96 (95% IC 1,51 a 2,54)*

## Community pharmacy personnel interventions for smoking cessation



Esito: Smoking cessation at longest follow-up.

*1 studio a 12 mesi : 14.3% versus 2.7% ( $p < 0.001$ );*

*1 studio a 9 mesi: 12.0% versus 7.4% ( $p = 0.09$ )*

## Combined pharmacotherapy and behavioural interventions for smoking cessation



Esito: Smoking cessation at longest follow-up.

*Counselling + terapia farmacologica verso usual care o brief advice (40 studi, 15,021 participants): RR 1.82, (1.66 a 2.00)*











# Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation

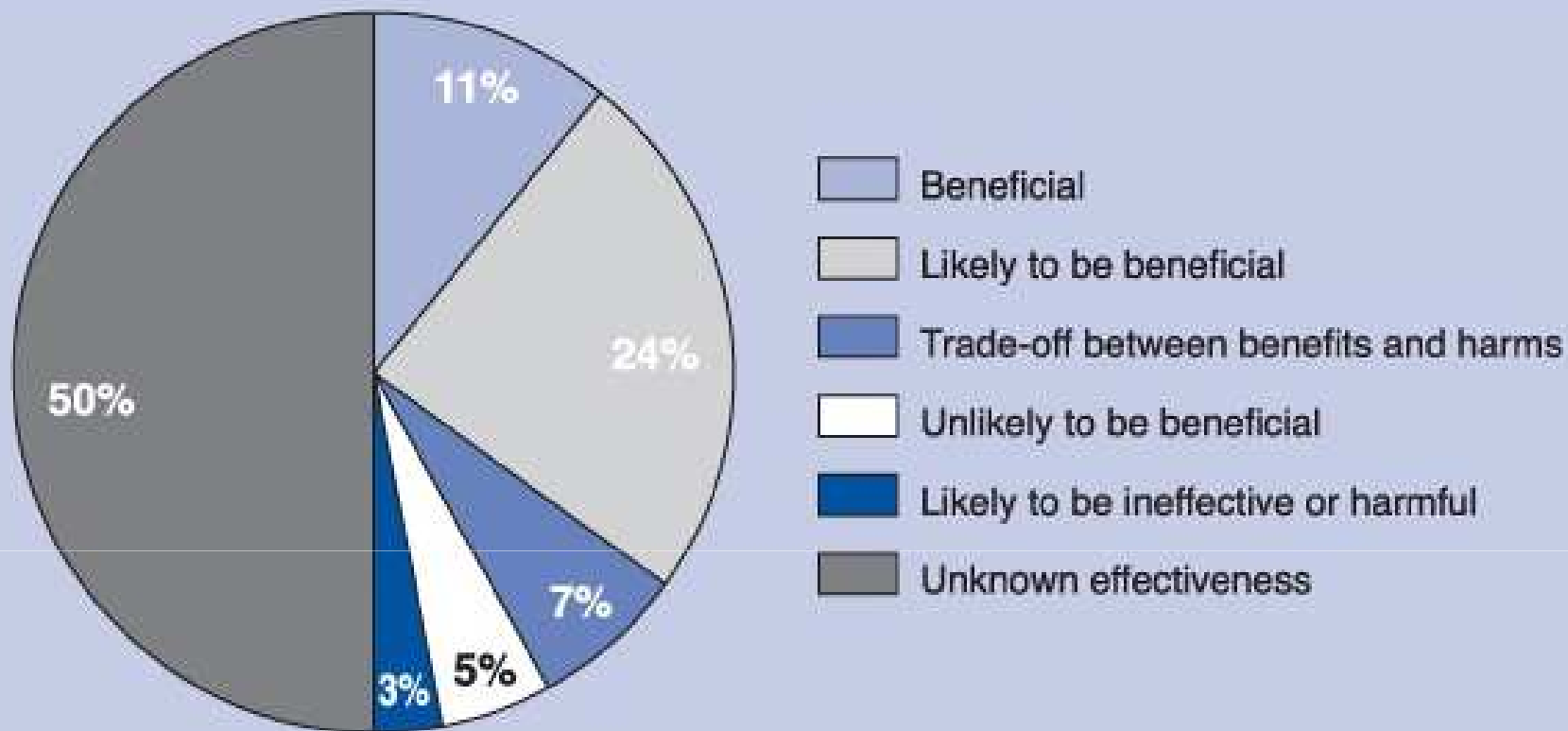


## SUMMARY OF FINDINGS FOR THE MAIN COMPARISON *[Explanation]*

| Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation   |  |  |                           |                              |                                 |          |
|--|--|--|---------------------------|------------------------------|---------------------------------|----------|
| <b>Patient or population:</b> People using smoking cessation pharmacotherapy<br><b>Settings:</b> Health care and community settings<br><b>Intervention:</b> Behavioural interventions as adjuncts to pharmacotherapy |  |  |                           |                              |                                 |          |
| 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                                  | Behavioural interventions as adjuncts to pharmacotherapy |                           |                              |                                 |          |
| Smoking cessation at longest follow-up<br>Follow-up: 6 - 24 months   | Study population                         |  | RR 1.16<br>(1.09 to 1.24) | 15506<br>(38 studies)        | ⊕⊕⊕⊕<br>high <sup>1,2</sup>     |          |
|  | 183 per 1000                             | 213 per 1000<br>(200 to 227)                             |                           |                              |                                 |          |
|  | Median quit rate                         |  |                           |                              |                                 |          |
|  | 210 per 1000                             | 244 per 1000<br>(229 to 260)                             |                           |                              |                                 |          |

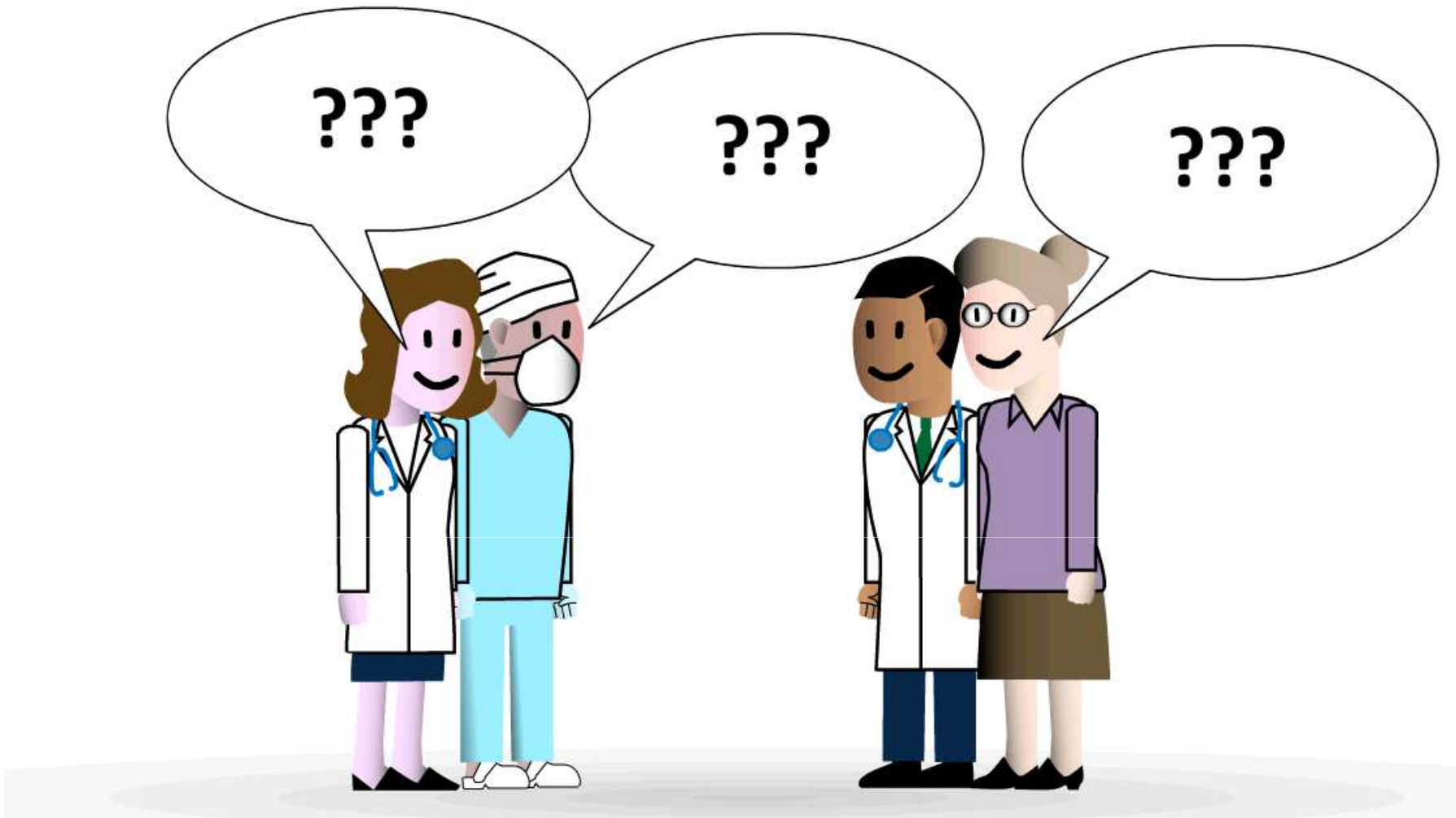
# In sintesi

|  |   |
|--|---|
| Individual behavioural counselling for smoking cessation                       |   |
| Workplace interventions for smoking cessation                                  |    |
| Telephone counselling for smoking cessation                                    |    |
| Psychosocial interventions for supporting women to stop smoking in pregnancy   |   |
| Interventions for smoking cessation in hospitalized patients                   |    |
| Community pharmacy personnel interventions for smoking cessation               |   |
| Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation |    |
| Combined pharmacotherapy and behavioural interventions for smoking cessation   |    |



Effectiveness of 3000 treatments as reported in randomised controlled trials selected by Clinical Evidence. This does **not** indicate how often treatments are used in healthcare settings or their effectiveness in individual patients.

*Accessed 15/05/2014*



**E' spesso difficile scegliere tra le numerose opzioni disponibili**



In questo caso **dovrebbe essere** semplice



# ***LINEE GUIDA ISS TABAGISMO***





**Oltre 25 mila riviste  
pubblicano oltre un milione di  
lavori ogni anno.**

**Prodotti per chi scrive molto  
più che per chi legge.**

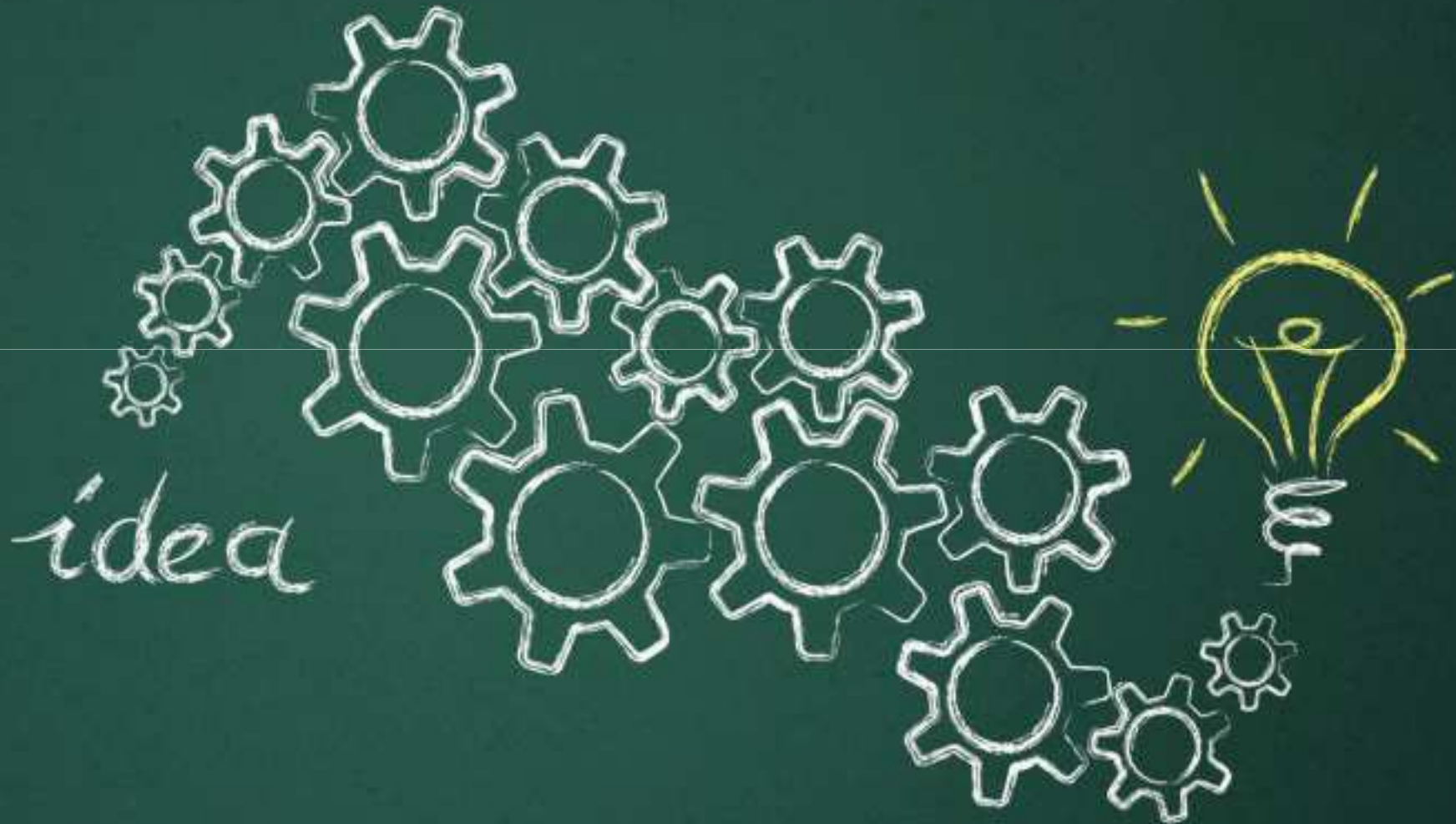
*Luca De Fiore – Master di comunicazione della  
scienza SISSA febbraio 2014*

***Come fare per determinare un output  
realistico ed utile dei risultati della ricerca?***



# ***APPLICABILITA' COME CRITERIO BASE.***

***INTRODURRE L'UTILITA' DELLA RICERCA COME ELEMENTO CHIAVE  
PER LA VALUTAZIONE DELLA QUALITA' DEGLI STUDI.***







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Bliźnięta

Wiktora, Tymoteusza

Piątek  
Friday  
Freitag  
Пятница

21

**Una agenda per il futuro**







# I risultati della ricerca dovrebbero essere facilmente accessibili dalle persone che devono fare delle scelte che riguardano la propria salute.

*Alessandro Liberati*



L'Associazione



La Cochrane Collaboration



Network Italiano Cochrane

