Prevention of relapse

Most smokers who are trying to stop make several quit attempts before they succeed. Consequently, smokers have frequently been provided with treatments that health professionals believe will help smokers to sustain quit attempts and will help to prevent relapse. Recent American guidelines on smoking cessation recommended that when clinicians encounter a patient who has recently quit smoking they should reinforce the patient's decision to quit and help the patient to resolve any residual problems.

Combination with pharmacotherapy

All the evidence on the combination of non-pharmacological and pharmacological interventions indicates that the effects multiply rather than add together. Therefore the effectiveness of all non-pharmacological therapy is increased substantially by pharmacotherapy, and the more intensive the non-pharmacological support, the greater the extent of that increase. It is therefore important that non-pharmacological interventions are recognised as equal contributors to the overall success of smoking cessation interventions, which can achieve up to 20% success with any quit attempt, and that they are not discarded as inferior or irrelevant alternatives to drug treatment. The provision of non-pharmacological interventions, ranging from simple advice to intensive behavioural support, needs to become a routine component of healthcare delivery to smokers.

Further reading

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Competing interests: TC has been paid for speaking at a conference by GlaxoSmithKline, a drug company that manufactures treatments for nicotine addiction; he has also done consultancy work on one occasion for Pharmacia. See first article in this series (24 January 2004) for the series editor's competing interests.

Comparison of effective smoking cessation interventions: percentage of smokers who quit as a result of the intervention. Adapted from Raw et al. *Thorax*. 1998;53(suppl 5, part 1):S1-19

Key points

- Simple advice to give up smoking is one of the most cost effective interventions in medicine
- Doctors and other health professionals should routinely give brief, non-judgmental advice to stop smoking to all smokers they see
- Self help materials such as leaflets, videos, or helplines provide additional support
- Intensive behavioural support from a trained counsellor is the most effective non-drug treatment for smokers
- Behavioural support is equally effective for groups and individuals
- The most effective interventions combine behavioural support with drug treatment
- Therapy that combines drug treatment with the level of behavioural support most acceptable to the smoker should be routinely available to all smokers

Tim Coleman is senior lecturer in general practice at the School of Community Health Sciences in the Division of Primary Care at University Hospital, Queen's Medical Centre, Nottingham.

The ABC of smoking cessation is edited by John Britton, professor of epidemiology at the University of Nottingham in the division of epidemiology and public health at City Hospital, Nottingham. The series will be published as a book in the late spring.

BMJ 2004;328:397-9

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Chronic fatigue syndrome

Chronic fatigue syndrome, which can affect children and adults, puts a heavy burden on patients, carers, and families. It is characterised by overwhelming mental and physical fatigue accompanied by a wide range of other symptoms. Treatment is supportive, encouraging the patient to manage activity, rehabilitation, and symptom control.

Chronic fatigue syndrome can affect people of either sex, at any age, and of any racial, ethnic, and social group. But its cause remains unknown. Specific infections may act as a trigger in some people. Examples of such infections include Epstein-Barr virus (up to 10% of patients with infectious mononucleosis may develop chronic fatigue syndrome), enteroviruses, viral meningitis, and viral hepatitis.

Estimates of the prevalence of chronic fatigue syndrome in Britain range from 0.4% to 2.6%, so general practitioners are likely to have patients with this condition on their list. To find out more, try our new learning module "Chronic fatigue syndrome" on *bmjlearning.com*. The module outlines the basics of the diagnosis and management and gives useful tips. For example, delayed exacerbation of symptoms after exercise (occurring up to 72 hours later) is a typical feature of the syndrome.

Kieran Walsh *editorial registrar, BMJ Learning*
(*bmjlearning@bmjgroup.com*)