

## Insufficient evidence on effectiveness of interventions for preventing weight gain after smoking cessation

Clinical question	How effective are interventions for preventing weight gain after smoking cessation?
Bottom line	Behavioural interventions of general advice only are not effective and may reduce abstinence. Individualised interventions, very low calorie diets, and cognitive behavioural therapy (CBT) may be effective and not reduce abstinence. Exercise interventions are not associated with reduced weight gain at end of treatment, but may be associated with worthwhile reductions in weight gain in the long term. Bupropion, fluoxetine, nicotine replacement therapy, and probably varenicline all reduced weight gain while being used. Although this effect was not maintained 1 year after quitting smoking, for bupropion, fluoxetine and nicotine replacement, the evidence is insufficient to exclude a modest long term effect. The data are not sufficient to make strong clinical recommendations for effective programmes.
Caveat	The long term effect of all combined smoking cessation and weight control interventions on weight gain is small at best, at less than 1kg, (compared with a typical weight gain of about 5kg for continuous abstinence over 1 year), and is of borderline clinical relevance. The only possible exceptions are individualised weight control interventions, CBT and very low calorie diets.
Context	Smoking cessation is usually accompanied by weight gain and people who quit smoking can expect to gain an average of 4kg to 6kg over 1 year of continuous abstinence. There are some interventions that have been specifically designed to assist smoking cessation while also limiting weight gain. Many smoking cessation pharmacotherapies and other interventions may also limit weight gain.
Cochrane Systematic	Parsons AC et al. Interventions for preventing weight gain after smoking cessation. Cochrane Reviews 2009, Issue 1. Article No. CD006219. DOI: 10.1002/14651858.CD006219.pub2. This review

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## PEARLS 152, April 2009, written by Brian R McAvoy



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