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These short summaries are taken from a range of other evidence-based journals and publications

Derek Richards
Centre for Evidence-based Dentistry, Oxford, UK

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Are smoking cessation interventions successful?

***Evidence-based Medicine.* 2001; 6:13**

Lancaster T, Stead L, Silgay C, *et al*. for the Cochrane Tobacco Addiction Group. Effectiveness of interventions to help people stop smoking. Findings from the Cochrane Library. BMJ 2000; 321:355–358.

The *Evidence-based Medicine* journal abstracts this paper from the *British Medical Journal*, which itself summaries a much larger Cochrane review of interventions to help people stop smoking. The original article contained 20 systematic reviews that included randomised controlled trials (RCT) of interventions to reduce or prevent tobacco use, and which had greater than 6 months follow-up.

The review finds that counselling by doctors and nurses, behavioural interventions (individual or group), nicotine replacement treatment (NRT) and other pharmacological interventions, eg, the antidepressant bupropion increase smoking cessation rates.

This review and a recently updated US Public Health Service (USPHS) clinical practice guideline agree that all forms of NRT are effective, although the former is more supportive of aversion therapy than the Cochrane review. The USPHS document and the individual Cochrane reviews provide much greater depth and detail and are recommended for those with a serious interest in smoking cessation.

Abstracts of the Cochrane reviews are available free of charge at http://www.update-software.com.

Do workplace smoking bans help smokers quit?

***Evidence-based Health Care.* 2001; 5:12**

Moskowitz JM, Lin Z, Hudes ES. The impact of workplace smoking ordinances in California on smoking cessation. Am J Pub Health 2000; 90:757–761.

This is a carefully conducted cross-sectional study carried out during the early phase of the Californian Tobacco Control Programme (CTCP), in which 4680 adults participated. They found that workforce smoking bans were associated with decreased smoking in local communities. Since its inception in 1989, the major component of the CTCP has been legislation for clean indoor air: laws banning smoking in the workplace. By 1999, California had adopted a uniform smoke-free standard for all workplaces. There is high compliance which has led to a reduction in workplace environmental tobacco smoke (ETS). As ETS is a health risk this is considered a public health success. This study shows a strong concurrent link between exposure to strict workplace smoking regulations and smoking cessation by smokers. Although this study shows an association, however, further research is needed to strengthen the argument that introduction or continued exposure to smoke-free workplaces is causally related to cessation.

Can oral melatonin prevent jet lag?

***Evidence-based Medicine.* 2001; 6:186**

Herxeimer A, Petrie KJ. Melatonin for preventing and treating jet lag. Cochrane Database of Systematic Reviews 2001; August 2000.

Ten trials met the inclusion criteria for this review, but one was excluded because of design weakness. The others were all RCTs that compared melatonin with placebo. All trials evaluated treatment for >2 days.

Daily doses of 0.5–5.0 mg were similar in effectiveness. Adverse effects were seen but not measured systematically. Slow release tablets were less effective. The limitations of the studies are noted in the review but clinically useful results can be distilled. One in every

two people receiving melatonin was likely to benefit. High-dose melatonin promoted sleep and decreased fatigue more than low-dose melatonin. Finally, receiving melatonin before and after the flight was no better than only taking it after the flight.

A number of specific cautions relate to patients with epilepsy, taking warfarin and other oral anticoagulants, and anyone developing a skin rash. As melatonin is an 'alternative' product it is poorly regulated and quality control may be a problem.