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smoking cessation:

Sevrage tabagique

Articles connexes : évaluation du taiji-qigong - évaluation de la pharmacopée -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Liu 2023

Liu ZY, Chen SM, Chang J, Wang YY, Yang JS. [Acupuncture for treatment of tobacco withdrawal syndrome: systematic review and Meta-analysis]. Zhongguo Zhen Jiu. 2023 May 12;43(5):575-83. Chinese. PMID: 37161812.

Objective	To systematically review the efficacy of acupuncture for the treatment of tobacco withdrawal syndrome.
Methods	The randomized controlled trials (RCTs) regarding acupuncture for treatment of tobacco withdrawal syndrome were searched in CNKI, Wanfang, VIP, SinoMed, PubMed, Cochrane, Medline and EMbase databases. The search period was from January 1st of 2011 to December 31st of 2021. After data extraction and bias risk assessment of the included literature, the Meta-analysis was performed using RevMan5.4.1 software.
Results	Totally **23 RCTs** were included, including **2 120 patients**. The Meta-analysis results showed that compared with medication, acupuncture showed no significant difference at improving Fagerström test for nicotine dependence (FTND) score (MD=0.16, 95%CI: -0.08, 0.41), heaviness of smoking index (HSI) score (MD=0.11, 95%CI: -0.13, 0.36), Minnesota nicotine withdrawal scale (MNWS) score (MD=0.12, 95%CI: -0.11, 1.35), questionnaire of smoking urges (QSU) score (MD=-0.30, 95%CI: -2.78, 2.18), Hamilton depression scale (HAMD) score (MD=0.76, 95%CI: -1.54, 3.06), abstinence rate (RR=0.95, 95% CI: 0.82, 1.10) and effective rate (RR=1.01, 95%CI: 0.95, 1.07). Acupuncture was superior to sham acupuncture in reducing MNWS score (MD=-4.88, 95%CI: -5.21, -4.55, P<0.000 01). Acupuncture was superior to cognitive behavioral therapy in reducing FTND score (MD=-1.41, 95%CI: -1.74, -1.08), MNWS score (MD=-4.28, 95%CI: -5.31, -3.25) and increasing abstinence rate (RR=2.19, 95%CI: 1.39, 3.45, P<0.000 01, P<0.001).
Conclusion	Acupuncture could effectively improve tobacco withdrawal syndrome, increase abstinence rate and effective rate. Limited by the quantity and quality of the included studies, this conclusion needs to be verified by more studies.

1.1.2. El Bahri 2022

El Bahri M, Wang X, Biaggi T, Falissard B, Naudet F, Barry C. A multiverse analysis of meta-analyses assessing acupuncture efficacy for smoking cessation evidenced vibration of effects. J Clin Epidemiol. 2022 Dec;152:140-150. https://doi.org/10.1016/j.jclinepi.2022.09.001

Objective	To explore the impact of methodological choices on the results of meta-analyses (MAs), with acupuncture for smoking cessation as a case study.
Study design and setting	After performing an umbrella review (using MEDLINE, the COCHRANE Library, the Wan Fang database, and the Chinese Journal Full-text Database/March 2018) of MAs exploring the use of acupuncture for smoking cessation, we extracted all randomized controlled trials. Numerous MAs were performed as per every possible combination of various methodological choices (e.g., characteristics of the intervention and control procedures, outcome, publication status, language) to assess their vibration of effects or more precisely the existence of a Janus effect, that is, whether the 10th and 90th percentiles in the distribution of effect sizes were in opposite directions.
Results	After including 7 MAs and 39 randomized controlled trials, we performed 496,528 MAs. The effect size was negative at the 10th percentile (-0.1, favoring controls) and positive at the 90th percentile (1.17, favoring acupuncture). In all, 104,491 MAs showed a statistically significant difference in favor of acupuncture, whereas 392,037 failed to demonstrate the efficacy of acupuncture (including 96 that showed a statistically significant difference in favor of the control).
Conclusion	The methodological choices made in performing pairwise MAs can result in substantial vibration of effects, occasionally leading to opposite results.

1.1.3. Dai 2021 (Network Meta-Analysis)

Dai R, Cao Y, Zhang H, Zhao N, Ren D, Jiang X, Zheng G, Bao S, Yan X, Fan J. Comparison between Acupuncture and Nicotine Replacement Therapies for Smoking Cessation Based on Randomized Controlled Trials: A Systematic Review and Bayesian Network Meta-Analysis. Evid Based Complement Alternat Med. 2021. [220119]. doi

Objectives	To evaluate the efficacy and/or safety of acupuncture therapy (AT) in quitting smoking.
Methods	Randomized controlled trials (RCTs) were searched in PubMed, Cochrane Library, Embase, Web of Science, and Chinese Biomedical Database (CBM). We used Cochrane Collaborative Quality Assessment to assess the risk of bias. Bayesian network meta-analysis was utilized to evaluate the efficacy and safety of different interventions. Data analyses were conducted using WinBUGS 1.4.3, Stata 14, and RevMan 5.3.5 software.
Results	A total of 2706 patients from 23 studies were included, involving 6 treatment arms. Network meta-analysis demonstrated that there was no significant difference in short-term abstinence rates or changes in Fagerstrom test for nicotine dependence (FTND) scores and daily smoking among these groups (AT, sham acupuncture therapy (SAT), auricular acupressure (AA), sham auricular acupressure (SAA), acupuncture plus auricular acupressure (APAA), and nicotine replacement therapy (NRT)). However, there was a significant difference between SAA and AA with risk ratio (RR) of 2.49 (95% CI 1.14, 5.97) in long-term abstinence rate. The probabilistic ranking results showed that APAA and AA were superior to other interventions in the comparison of abstinence rates. There was no obvious inconsistency between the direct comparison and indirect comparison, using the consistency test.
Conclusion	AA was superior to SAA in smoke quitting, but there was no difference among other interventions in long-term truncation rates. There was no difference in short-term abstinence rates among these selected groups. We need large sample RCTs to clarify the advantages of interventions such as APAA and AA. In addition, reporting of adverse events that may occur during treatment also should be enhanced to complement evidence-based medicine. The trial is registered with PROSPERO CRD42020164712.

1.1.4. Wang 2019

Wang JH, van Haselen R, Wang M, Yang GL, Zhang Z, Friedrich ME, Wang LQ, Zhou YQ, Yin M, Xiao CY, Duan AL, Liu SC6, Chen B, Liu JP. Acupuncture for smoking cessation: A systematic review and meta-analysis of 24 randomized controlled trials. Tob Induc Dis. 2019. [201455].

Introduction	We evaluate the effectiveness and safety of transdermal acupuncture by needles for smoking cessation.
Methods	A literature search for randomized controlled trials (RCTs) was performed in seven electronic databases from inception to February 2017. Meta-analysis was conducted using Revman 5.3.0 software. We used either a random effects model (REM) or a fixed effects model (FEM) for pooling data according to the result of a heterogeneity test (defined as significant if I2>75%). Trial sequential analysis (TSA) was applied by TSA 0.9.5.10 Beta software.
Results	Twenty-four trials involving 3984 participants were included. The methodological quality was generally low. With regard to smoking abstinence, meta-analysis showed acupuncture was more effective compared to no intervention/waiting list for short-term (4 weeks) cessation (1 trial, RR=2.37, 95% 1.41, 3.97) and long-term (longer than 6 months) (2 trials, RR=2.66, 95% CI: 1.50, 4.70). Compared to acupuncture/auricular acupressure alone, acupuncture plus auricular acupressure showed more benefit for short-term cessation (3 trials, RR=1.52, 95% CI: 1.03, 2.25). Acupuncture plus auricular acupressure was more effective compared to sham acupuncture plus sham auricular acupressure for short-term cessation (3 trials, RR=2.50, 95% CI: 1.44, 4.33) and long-term (2 trials, RR=3.61, 95% CI: 1.37, 9.48). Acupuncture in combination with counseling, educational smoking cessation program or moxibustion had more benefit compared to acupuncture for short-term cessation (3 trials, RR=0.75, 95% 0.63, 0.91) and long-term (2 trials, RR=0.77, 95% CI: 0.56, 1.05), and TSA illustrated the cumulative Z-curve of this comparison for long-term across the traditional boundary of 5% significance and monitoring boundaries. No serious adverse events occurred.
CONCLUSIONS	Acupuncture combined with counseling, educational smoking cessation program or moxibustion was more effective than acupuncture as monotherapy with regard to long-term smoking cessation. Further, high quality trials are needed to confirm the result.

1.1.5. Liu 2015 ☆☆

Liu Z, Wang Y, Wu Y, Yang J. [Condition and effectiveness evaluation of acupuncture for smoking cessation]. Chinese Acupuncture & Moxibustion. 2015;35(8):851-7. [186929].

Objective	The effectiveness of acupuncture for smoking cessation was systematically evaluated in this paper.
Methods	By using computer retrieval in Chinese national knowledge infrastructure (CNKI), WANFANG database, VIP database, PubMed, ScienceDirect and Springer, the randomized controlled trials (RCTs) regarding acupuncture for smoking cessation from January of 1983 to December of 2013 were collected; by using Table of Standardized Report Factors for Acupuncture RCTs, each inclusive RCT was evaluated; and by using RevMan 5. 2 software, the Meta-analysis was performed.

Results	Totally 24 RCTs were included, involving 3084 cases of smoking. The result of literature quality assessment showed that the average score was 25. 71 points without low-quality RCT which had a score of less than 16 points. The Meta-analysis showed that acupuncture could significantly increase the short-time abstinence rate [RR=1. 48, 95% CI (1. 18,1. 84), Z=3. 47, P<0. 0005] and number of cigarettes smoked daily [RR=4. 35, 95% CI (2. 03, 6. 66), Z=3. 68, P<0. 001] and FTND [RR=2. 37, 95% CI (1. 88, 2. 86), Z= 9. 44, P<0. 00001], however, it could not increase the long-time abstinence rate [RR=1. 40, 95% CI (0. 90, 2.17), Z=1. 49, P>0. 05].
Conclusions	Compared with other treatment, acupuncture has positive advantages on short-time abstinence rate, however, its effect on long-time abstinence rate needs to be verified by high-quality, large-sample and multi-center RCT in the future.

1.1.6. White 2014 ☆

White AR, Rampes H, Liu JP, Stead LF, Campbell J. Acupuncture and related interventions for smoking cessation. Cochrane Database Syst Rev. 2014. [170682]

Background	Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms.
Objectives	The objectives of this review are to determine the effectiveness of acupuncture and the related interventions of acupressure, laser therapy and electrostimulation in smoking cessation, in comparison with no intervention, sham treatment, or other interventions.
Methods	Search methods: We searched the Cochrane Tobacco Addiction Group Specialized Register (which includes trials of smoking cessation interventions identified from the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and PsycINFO) and AMED in October 2013. We also searched four Chinese databases in September 2013: Sino-Med, China National Knowledge Infrastructure, Wanfang Data and VIP. Selection criteria: Randomized trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either no intervention, sham treatment or another intervention for smoking cessation. Data collection and analysis: We extracted data in duplicate on the type of smokers recruited, the nature of the intervention and control procedures, the outcome measures, method of randomization, and completeness of follow-up. We assessed abstinence from smoking at the earliest time-point (before six weeks) and at the last measurement point between six months and one year. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow-up were counted as continuing smokers. Where appropriate, we performed meta-analysis pooling risk ratios using a fixed-effect model.

Results	We included 38 studies. Based on three studies, acupuncture was not shown to be more effective than a waiting list control for long-term abstinence, with wide confidence intervals and evidence of heterogeneity (n = 393, risk ratio [RR] 1.79, 95% confidence interval [CI] 0.98 to 3.28, I^2 = 57%). Compared with sham acupuncture, the RR for the short-term effect of acupuncture was 1.22 (95% CI 1.08 to 1.38), and for the long-term effect was 1.10 (95% CI 0.86 to 1.40). The studies were not judged to be free from bias, and there was evidence of funnel plot asymmetry with larger studies showing smaller effects. The heterogeneity between studies was not explained by the technique used. Acupuncture was less effective than nicotine replacement therapy (NRT). There was no evidence that acupuncture is superior to psychological interventions in the short- or long-term. There is limited evidence that acupressure is superior to sham acupressure for short-term outcomes (3 trials, n = 325, RR 2.54, 95% CI 1.27 to 5.08), but no trials reported long-term effects, The pooled estimate for studies testing an intervention that included continuous auricular stimulation suggested a short-term benefit compared to sham stimulation (14 trials, n = 1155, RR 1.69, 95% CI 1.32 to 2.16); subgroup analysis showed an effect for continuous acupressure (7 studies, n = 496, RR 2.73, 95% CI 1.78 to 4.18) but not acupuncture with indwelling needles (6 studies, n = 659, RR 1.24, 95% CI 0.91 to 1.69). At longer follow-up the CIs did not exclude no effect (5 trials, n = 570, RR 1.47, 95% CI 0.79 to 2.74). The evidence from two trials using laser stimulation was inconsistent and could not be combined. The combined evidence on electrostimulation suggests it is not superior to sham electrostimulation (short-term abstinence: 6 trials, n = 634, RR 1.13, 95% CI 0.87 to 1.46; long-term abstinence: 2 trials, n = 405, RR 0.87, 95% CI 0.61 to 1.23).
Authors' conclusions	Although pooled estimates suggest possible short-term effects there is no consistent, bias-free evidence that acupuncture, acupressure, or laser therapy have a sustained benefit on smoking cessation for six months or more. However, lack of evidence and methodological problems mean that no firm conclusions can be drawn. Electrostimulation is not effective for smoking cessation. Well-designed research into acupuncture, acupressure and laser stimulation is justified since these are popular interventions and safe when correctly applied, though these interventions alone are likely to be less effective than evidence-based interventions.

1.1.7. Cheng 2012 ☆☆

Cheng HM, Chung YC, Chen HH, Chang YH, Yeh ML. Systematic review and meta-analysis of the effects of acupoint stimulation on smoking cessation American Journal of Chinese Medicine. 2012;40(3):429-42. [157157]

Objectives	Smoking represents a serious worldwide public health problem because of its close association with the development of chronic disease and cancer. Acupoint stimulation has been used as treatment mode for smoking cessation but its efficacy remains controversial. This systematic review and meta-analysis aimed to determine the effects of acupoint stimulation on smoking cessation rate and daily cigarette consumption.
Methods	Electronic literature searches in eight electronic databases up to March 2011 were performed to identify acupoint stimulation for smoking cessation. The outcomes assessed were smoking cessation rate and cigarette consumption. We assessed abstinence from smoking at the earliest and last measured time points, and at the 3- and 6-month follow-ups. Meta-analysis was performed using CMA software.
Results	A total of **20 RCTs were included** in the meta-analysis. A significant effect of acupoint stimulation was found in smoking cessation rates and cigarette consumption at immediate, 3- and 6-month follow-ups, with effect sizes 1.24 (95%CI=1.07~1.43, p=0.003), -2.49 (95%CI= -4.65~ -0.34, p = 0.02), 1.70 (95%CI = 1.17~2.46, p = 0.01), and 1.79 (95%CI= 1.13 ~ 2.82, p= 0.01), respectively.

Concluions	Multi-modality treatments, especially acupuncture combined with smoking cessation education or other interventions, can help smokers to eschew smoking during treatment, and to avoid relapse after treatment.

1.1.8. Kim 2012 ~

Kim SS, Chen W, Kolodziej M, Wang X, Wang VJ, Ziedonis D. A Systematic Review of Smoking Cessation Intervention Studies in China. Nicotine Tob Res. 2012;14(8):891-9. [169125].

Objectives	China has the highest number of tobacco smokers among the world's nations; however, no systematic review has been conducted of clinical trials on the efficacy of smoking cessation interventions in China. This paper summarizes findings of studies in order to compare the effect of pharmacotherapy, counseling, and Traditional Chinese Medicine (TCM) approaches on the abstinence rate.
Methods	Clinical trials of smoking cessation interventions published in English or Chinese were extracted from an electronic search of PubMed and WanFang databases. The search yielded 234 studies from the PubMed and 78 studies from the WanFang.
Results	Twenty-nine studies were included in this review. Of these, **11 (37.9%) were randomized controlled trials (RCTs)** that assessed the following approaches: counseling (5 studies), TCM (3 studies), pharmacotherapy (1 study), a combination of pharmacotherapy and counseling (1 study), and physician advice (1 study). Pharmacotherapy alone or in combination with counseling generally resulted in a higher abstinence rate than counseling alone. TCM techniques such as acupuncture and ear point seed pressure yielded a much higher abstinence rate than pharmacotherapy and counseling . Findings are inconclusive, however, because most of the TCM studies were noncontrolled trials and did not provide a definition of “abstinence.” Findings on the effectiveness of physician advice to quit smoking were also inconclusive.
Conclusions	A review of smoking cessation studies revealed that pharmacotherapy was effective in China. More RCTs of TCM approaches and physician advice are needed with long-term follow-up assessments and biochemical verification of self-reported abstinence before these approaches are adopted as evidence-based smoking cessation interventions in China.

1.1.9. White 2011 Ø

White AR, Rampes H, Liu JP, Stead LF, Campbell J. Acupuncture and related interventions for smoking cessation. Cochrane Database Syst Rev. 2011;19. [156156]

Background	Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms.
Objectives	The objectives of this review are to determine the effectiveness of acupuncture and the related interventions of acupressure, laser therapy and electrostimulation in smoking cessation, in comparison with no intervention, sham treatment, or other interventions.

Methods	Search strategy: We searched the Cochrane Tobacco Addiction Group specialized register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, BIOSIS Previews, PsycINFO, Science Citation Index, AMED, Acubriefs in November 2010; and four Chinese databases: Chinese Biomedical Database, China National Knowledge Infrastructure, Wanfang Data and VIP in November 2010. Selection criteria: Randomized trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either no intervention, sham treatment or another intervention for smoking cessation. Data collection and analysis: We extracted data in duplicate on the type of smokers recruited, the nature of the intervention and control procedures, the outcome measures, method of randomization, and completeness of follow up. We assessed abstinence from smoking at the earliest time-point (before six weeks), and at the last measurement point between six months and one year. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow up were counted as continuing smokers. Where appropriate, we performed meta-analysis using a fixed-effect model.
Main results	We included 33 reports of studies. Compared with sham acupuncture, the fixed-effect risk ratio (RR) for the short-term effect of acupuncture was 1.18 (95% confidence interval 1.03 to 1.34), and for the long-term effect was 1.05 (CI 0.82 to 1.35). The studies were not judged to be free from bias. Acupuncture was less effective than nicotine replacement therapy (NRT). There was no evidence that acupuncture is superior to waiting list, nor to psychological interventions in short- or long-term. The evidence on acupressure and laser stimulation was insufficient and could not be combined. The evidence suggested that electrostimulation is not superior to sham electrostimulation.
Authors' conclusions	There is no consistent, bias-free evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation, but lack of evidence and methodological problems mean that no firm conclusions can be drawn. Further, well designed research into acupuncture, acupressure and laser stimulation is justified since these are popular interventions and safe when correctly applied, though these interventions alone are likely to be less effective than evidence-based interventions.

1.1.10. White 2006 Ø

White A, Rampes H, Campbell J. Acupuncture and related interventions for smoking cessation. Cochrane Database Syst Rev. 2006;1:CD000009. [141084]

Background	Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms.
Objectives	The objectives of this review are to determine the effectiveness of acupuncture and the related interventions of acupressure, laser therapy and electrostimulation, in smoking cessation in comparison with no intervention, sham treatment, or other interventions.

Methods	Search strategy: We searched the Cochrane Tobacco Addiction Group specialized register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, BIOSIS Previews, PsycINFO, Science and Social Sciences Citation Index, AMED and CISCOM. Date of last search January 2005. Selection criteria: Randomized trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either no intervention, sham treatment or another intervention for smoking cessation. Data collection and analysis: We extracted data in duplicate on the type of smokers recruited, the nature of the acupuncture and control procedures, the outcome measures, method of randomization, and completeness of follow up. We assessed abstinence from smoking at the earliest time-point (before six weeks), and at the last measurement point between six months and one year. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow up were counted as continuing smokers. Where appropriate, we performed meta-analysis using a fixed-effect model.
Main results	We identified 24 reports of studies. The only comparison for which there were sufficient studies to combine meaningfully was acupuncture compared with sham acupuncture. The fixed-effect odds ratio (OR) for the short-term effect was 1.36 (95% confidence interval 1.07 to 1.72), but the studies are heterogeneous and the result is strongly influenced by one individual positive study. The significant short-term effect was lost with the random-effects model for pooling, or by removing the outlying study that led to heterogeneity. The long-term result shows no effect of acupuncture compared with sham acupuncture. There was no consistent evidence that acupuncture is superior to no treatment, and no evidence that the effect of acupuncture was different from that of other anti-smoking interventions, or that any particular acupuncture technique is superior to other techniques.
Authors' conclusions	There is no consistent evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation, but methodological problems mean that no firm conclusions can be drawn. Further research using frequent or continuous stimulation is justified.

1.1.11. Castera 2002 ☆☆☆

Castera P, Nguyen J, Gerlier JL. L ' Acupuncture est-elle bénéfique dans le sevrage tabagique, son action est-elle spécifique ? Une méta-analyse.. Acupuncture et Moxibustion. 2002;1(3-4):76. (fra). [109844]

Problématique	L'acupuncture est reconnue populairement comme une méthode aidant les fumeurs à arrêter le tabac. Cependant, les méta-analyses les plus récentes ne paraissent pas apporter de preuve en faveur de cette hypothèse.
Objectifs	Les auteurs de cette nouvelle revue ont pour but de déterminer 1) si l'acupuncture est supérieure a une absence d'intervention ou à une intervention minimale et 2) si elle est supérieure a l'acupuncture-factice (dite placebo).

Méthodes	Stratégie d'identification des études : les auteurs ont complété la recherche documentaire effectuée par White AR et al (la dernière méta-analyse publiée) par une recherche dans les bases de données françaises spécialisées en acupuncture (Acudoc2, Acudoc2-ECR et Acubase) jusqu'en juin 2002. Critères d'inclusion des études : tous les essais comparatifs randomises (ECR) comparant l'acupuncture à une absence d'intervention, à une intervention minimale ou à l'acupuncture factice pour arrêter de finir. Extraction des données et analyse : les données nécessaires aux méta-analyses ont été extraites selon les possibilités, au point de mesure le plus précoce (moins de 6 semaines après la fin du traitement), à 6 mois (jusqu'à 9 mois) et a 12 mois. Tous les patients sortis de l'essai ou perdus de vue ont été considérés comme fumeurs persistants. Les données fournies par l'essai ont donc été éventuellement recalculées pour avoir des résultats “en intention de traiter”. Arrêt continu du tabac a été préfère à l'absence de tabagisme au moment de la mesure, quand cette donnée était disponible. Dans tous les cas l'odds ratio (OR) a été calcule en utilisant le modelé statistique paramétrique (fixed effect). Le modèle statistique non paramétrique (random effects) a également été utilise pour vérifier la solidité des résultats en cas d'hétérogénéité. L'intervalle de confiance a été choisi a 95%. Le logiciel de méta-analyse utilisé est Revman 4.1.
Résultats	18 essais sont inclus, dont un nouveau par rapport aux méta-analyses précédentes. L'acupuncture est significativement supérieure à une absence d'intervention ou à une intervention minimale à moins de 6 semaines de suivi (OR 3.31, 95% CI 2.34 à 4.68) et à réévaluation la plus tardive, entre 6 mois et 12 mois (OR 2.95, 95% CI 1.91 à 4.57). L'acupuncture est significativement supérieure à l'acupuncture-factice a moins de 6 semaines de suivi (OR 1.31, 95% CI 1.07 à 1.60), à 6 mois de suivi (OR 1.82, 95% CI 1.14 à 2.88), mais pas à 12 mois de suivi (OR 1.07, 95% CI 0.76 à 1.50) ou à évaluation la plus tardive (OR 1.16 95% CI 0.85 à 1.59).
Conclusion des auteurs	L'acupuncture apparait bénéfique dans le sevrage tabagique, justifiant son utilisation dans cette indication. Une action spécifique est mise en évidence.

1.1.12. White 2002 Ø

White AR et al. Acupuncture for smoking cessation. Cochrane Database Syst Rev. 2002;2:9. (eng). [131627]

Background	Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms.
Objectives	The objective of this review is to determine the effectiveness of acupuncture and the allied therapies of acupressure, laser therapy and electrostimulation, in smoking cessation in comparison with: a) sham treatment, b) other interventions, or c) no intervention. SEARCH STRATEGY: We searched the Cochrane Tobacco Addiction Group trials register, Cochrane Controlled Trials Register, Medline, Embase, BIOSIS Previews, PsycINFO, Science and Social Sciences Citation Index, AMED and CISCOM. Date of last search January 2002.

Methods	Selection criteria: Randomised trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either sham treatment, another intervention or no intervention for smoking cessation. Data collection and analysis: We extracted data in duplicate on the type of smokers recruited, the nature of the acupuncture and control procedures, the outcome measures, method of randomisation, and completeness of follow-up. We assessed abstinence from smoking at the earliest time-point (before 6 weeks), at six months and at one year or more follow-up in patients smoking at baseline. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow-up were counted as continuing to smoke. Where appropriate, we performed meta-analysis using a fixed effects model.
Main results	We identified 22 studies. Acupuncture was not superior to sham acupuncture in smoking cessation at any time point. The odds ratio (OR) for early outcomes was 1.22 (95% confidence interval 0.99 to 1.49); the OR after 6 months was 1.50 (95% confidence interval 0.99 to 2.27) and after 12 months 1.08 (95% confidence interval 0.77 to 1.52). Similarly, when acupuncture was compared with other anti-smoking interventions, there were no differences in outcome at any time point. Acupuncture appeared to be superior to no intervention in the early results, but this difference was not sustained. The results with different acupuncture techniques do not show any one particular method (i.e. auricular acupuncture or non-auricular acupuncture) to be superior to control intervention. Based on the results of single studies, acupressure was found to be superior to advice; laser therapy and electrostimulation were not superior to sham forms of these therapies.
Reviewer's conclusions	There is no clear evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation.

1.1.13. White 2000 Ø

White AR et al. Acupuncture for smoking cessation. Cochrane Database Syst Rev. 2000;2:9. [95317]

Background	Acupuncture is promoted as a treatment for smoking cessation, and is believed to reduce withdrawal symptoms.
Objectives	The objective of this review is to determine the effectiveness of acupuncture in smoking cessation in comparison with: a) sham acupuncture b) other interventions c) no intervention.
Methods	Search strategy: We searched the Cochrane Tobacco Addiction Group trials register, Medline, PsycLit, Dissertation Abstracts, Health Planning and Administration, Social SciSearch, Smoking & Health, Embase, Biological Abstracts and DRUG. Selection criteria: Randomised trials comparing a form of acupuncture with either sham acupuncture, another intervention or no intervention for smoking cessation. Data collection and analysis: We extracted data in duplicate on the type of subjects, the nature of the acupuncture and control procedures, the outcome measures, method of randomisation, and completeness of follow-up. We assessed abstinence from smoking at the earliest time-point (before 6 weeks), at six months and at one year follow-up in patients smoking at baseline. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow-up were counted as continuing to smoke. Where appropriate, we performed meta-analysis using a fixed effects model.

Main results	We identified 18 publications involving 20 comparisons. Acupuncture was not superior to sham acupuncture in smoking cessation at any time point. The odds ratio (OR) for early outcomes was 1.22 (95% confidence interval 0.99 to 1.49); the OR after 6 months was 1.38 (95% confidence interval 0.90 to 2.11) and after 12 months 1.02 (95% confidence interval 0.72 to 1.43). Similarly, when acupuncture was compared with other anti-smoking interventions, there were no differences in outcome at any time point. Acupuncture appeared to be superior to no intervention in the early results, but this difference was not sustained. The results with different acupuncture techniques do not show any one particular method (i.e. auricular acupuncture or non-auricular acupuncture) to be superior to control intervention.
Reviewer's conclusions	There is no clear evidence that acupuncture is effective for smoking cessation.

1.1.14. White 1999 Ø

White AR, Resch KL, Ernst E. A meta-analysis of acupuncture techniques for smoking cessation. Tobacco Control. 1999;8(4):393-7. [70468]

Objective	To determine the effectiveness of acupuncture for smoking cessation and to examine whether any individual aspect of trials is associated with an effect.
Methods	Data Sources: All randomised controlled trials of acupuncture for smoking cessation that were listed in computerised databases or reference lists of relevant articles. Study Selection: All randomised single-blind studies that compared acupuncture with sham acupuncture. Data Extraction: Methodological data were extracted for quality assessment. Outcome data were extracted for rates of total smoking cessation at three intervals: early after treatment and after six and 12 months follow up. Data Synthesis: Results were expressed as odds ratios of success over failure in intervention over control groups. The combined odds ratio for all studies was calculated. Repeated meta-analyses were subsequently performed on subsets of studies combined according to defined characteristics: acupuncture technique, number of attendances, country of origin, status of journal, and control procedure.
Results	The overall quality of studies was poor. The combined odds ratio for smoking cessation calculated for the earliest results after the end of treatment was 1.20 (95% confidence intervals (95% CIs) = 0.98 to 1.48). The combined odds ratio for smoking cessation after six months was 1.29 (95% CI = 0.82 to 2.01), and after 12 months was 1.03 (95% CI = 0.73 to 1.46). There were no significant effects of relevance among subsets of studies grouped according to defined characteristics.
Conclusions	Acupuncture was not superior to sham acupuncture for smoking cessation; no particular aspect of acupuncture technique was associated with a positive effect. The conclusions are limited by methodological inadequacies of studies and by the absence of testable hypotheses; design of future trials should avoid these deficiencies.

1.1.15. Ashenden 1997 ☆

Ashenden R, Silagy CA, Lodge M, Fowler G. A meta analysis of the effectiveness of acupuncture in smoking cessation. Drug and Alcohol Review. 1997;16(1):33-40. [77562]

> The role of acupuncture in facilitating smoking cessation is controversial. A systematic review was undertaken, incorporating meta-analytic techniques, of all the available randomized controlled trials examining the effectiveness of acupuncture in smoking cessation. Based on the data from nine trials involving 2707 patients, the odds ratio of abstinence at 6-12 months' follow-up is 1.48 (95% confidence interval 1.13-1.94) with acupuncture compared to no acupuncture or sham acupuncture. The odds of quitting were higher in comparisons between

acupuncture and no acupuncture (OR 2.41, CI: 1.52 to 3.83) than between acupuncture and sham acupuncture (OR 1.16, CI: 0.90 to 1.49). Many of the included trials were small and had methodological shortcomings. Therefore, while acupuncture appears promising, there is insufficient evidence at this point, without further research, to recommend it as an effective form of therapy.

1.1.16. Law 1995 Ø

Law M et al. An Analysis of the Effectiveness of Interventions intended to help People Stop Smoking. Archives of Internal Medecine. 1995;155(18):1933-41. [59883].

In a systematic review of the efficacy of interventions intended to help people stop smoking, data have been analyzed from 188 randomized controlled trials. Following persona! advice and encouragement to stop smoking given by physiciens during a single routine consultation, an estimated 2% (95% confidence limits, 1%, 3%; P<.001) of all smokers stopped smoking and did not relapse up to 1 year as a direct consequence of the advice. The effect is modest but costeffective: the cost of saving a life is about $1500. Supplementary interventions (follow-up letters or visite, demonstration of spirometry, etc) have an additional effect-variable in extent. Advice and encouragement are particularly effective for smokers at special risk-pregnant women (efficacy, 8%) and patients with ischemic heart disease. Behavior modification techniques (relaxation, rewards and punishment, avoiding “trigger” situations, etc), in group or individuel sessions led by a psychologist, have an effect that is statistically significant (P=.05) but no greater than simple advice by a physicien (2%) yet, these techniques are several times more expansive. The effect of hypnosis is unproved (no triais have used biochemical markers). Nicotine replacement therapyis effective in an estimated 13% of smokers who seek help in cessation; the effect is greater in those who are nicotine-dependent. Other pharmacological treatments are not of proven efficacy, and acupuncture is ineffective. Sudden cessation or gradual reduction in smoking are similar in their efficacy on average. Physicians should take time to advise all their patients who smoke to quit. Smokers who are intent on stopping should be given additional support and encouragea to use nicotine replacement therapy.

1.1.17. Ter Riet 1990 ∅

Ter Riet G et al. A meta-analysis of studies into the effect of acupuncture on addiction. British Journal of General Practice 1990;40(338):379-82. [83404]

A literature search revealed 22 controlled clinical studies on the efficacy of acupuncture in three fields of addiction: cigarette smoking (15), heroin (five), and alcohol (two). These studies were reviewed using a list of 19 predefined criteria of good methodology. A maximum of 100 points for study design could be earned, divided over four categories: comparability of prognosis; adequate intervention; adequate effect measurement; and good data presentation. The study design was generally poor. No study earned more than 75 points and 12 studies (55%) earned less than 50 points. For smoking cessation, the number of studies with negative outcomes exceeded by far the number with positive outcomes. Taking the quality of the studies into account this negative picture becomes even stronger. For heroin and alcohol addiction controlled clinical research is both scarce and of low quality. Claims that acupuncture is efficacious as a therapy for these addictions are thus not supported by results from sound clinical research.

1.2. Special Acupuncture Techniques

1.2.1. Auricular Acupuncture

1.2.1.1. Di 2014 ☆

Di YM, May BH, Zhang AL, Zhou LW, Worsnop C, Xue CC. A meta-analysis of ear-acupuncture, ear-acupressure and auriculotherapy for cigarette smoking cessation. Drug Alcohol Depend. 2014. [179444]

Background	This systematic review evaluated the effects of ear acupuncture, ear acupressure and auriculotherapy for cigarette smoking cessation (SC) at end-of-treatment (EoT), three, six and 12 months follow-up.
Methods	Searches of six English and Chinese databases located 25 randomized controlled trials (3735 participants). Methodological quality was assessed using Cochrane Risk of Bias. Meta-analyses were conducted in two pools: 1. SC-specific ear acupuncture/acupressure or auriculotherapy (EAP/R) vs. non-specific/inactive control; and 2. SC-specific EAP/R vs. other SC-specific treatment. Sensitivity analyses were conducted based on the validity of interventions as SC-specific treatments or non-specific/inactive interventions; and the use of biochemical SC confirmation.
Results	Pool 1: the 12 valid SC-specific EAP/R interventions were superior to inactive EAP/R controls at EoT (RR=1.77 [1.39, 2.25]), three months follow-up (RR=1.54 [1.14, 2.08]), and six months follow-up (RR=2.01, [1.23, 3.28]) but data were insufficient at 12 months. In Pool 2: there was no superiority or inferiority for EAP/R at EoT or at 3 and 6 month follow-ups compared to SC-specific behavioural therapy or SC-specific body acupuncture.
Conclusions	Pool 1 data appeared most consistent for studies of ear acupressure (EAPR) vs. non-specific EAPR controls, with confirmed SC rates at 3 months post-treatment of 20.0% for test groups vs. 7.5% for controls. In Pool 2 the EAP/R interventions appeared neither inferior nor superior to the behavioural interventions at 3 and 6 month follow-ups. However, meta-analysis results derived from relatively small-sized trials with no biochemical validation of SC in Pool 2. Larger, well-controlled studies using biochemical confirmation of SC are needed.

1.2.1.2. White 2006 ☆

White A, Moody R. The Effects of Auricular Acupuncture on Smoking Cessation may not Depend on the Point Chosen - An Exploratory Meta-Analysis. Acupunct Med. 2006;24(4):149-56. [143846].

Objectives	Auricular acupuncture is given as a treatment for drug dependence. Points are usually chosen on the assumption that the body is represented somatotopically in the ear, although there is no anatomical basis for this. In clinical trials, sham treatment is often given at points that are supposedly 'incorrect' for the condition, in the belief that they are inactive. The aim of this study was to explore whether there is any difference in the effectiveness of auricular acupuncture at 'correct' and 'incorrect' points.
Methods	Controlled trials of semi-permanent auricular acupuncture or acupressure for smoking cessation were systematically located, and the results combined in exploratory meta-analyses which took into account the study quality.
Results	Thirteen studies were included. Combining ten studies showed auricular acupuncture at 'correct' points to be more effective than control interventions, odds ratio 2.24 (95% CI 1.61, 3.10), a result which is confirmed in the four high validity studies. Other analyses showed inconsistent results between all studies and higher quality studies. Comparisons of three higher quality studies suggest that 'correct' and 'incorrect' point acupuncture is no different (odds ratio 1.22, CI 0.72, 2.07); and two studies showed that 'incorrect' point acupuncture may be more effective than other interventions (odds ratio 1.96, CI 1.00, 3.86).

Conclusions	Auricular acupuncture appears to be effective for smoking cessation, but the effect may not depend on point location. This calls into question the somatotopic model underlying auricular acupuncture and suggests a need to re-evaluate sham controlled studies which have used 'incorrect' points. Further experiments are necessary to confirm or refute these observational conclusions.

1.2.2. Laser auricular acupuncture

1.2.2.1. Akram 2025

Akram Z, Khairnar MR, Kumar PG N, Jadhav SK, Kusumakar A, Priyadarsini SS. Effect of laser auricular acupuncture in tobacco smoking cessation: a systematic review and meta-analysis. Med Acupunct. 2025 Oct 14;37(5):341-350. https://doi.org/10.1089/acu.2023.0142

Background	This study explores laser auricular acupuncture as a potential solution for nicotine dependence, comparing it to conventional counseling. With a death every 6.5 s due to tobacco, the systematic review aims to assess the efficacy of laser acupuncture versus counseling or placebo, offering insights into innovative strategies for combating tobacco addiction.
Methods	A systematic search across scientific databases yielded 2537 articles (2000-2021), reduced to 1294 after deduplication. Abstract screening narrowed it down to eight articles; after a full-text assessment based on inclusion/exclusion criteria, four were selected. Inter-rater reliability between coders (Z.A., M.R.K.) was strong at each screening stage, with perfect agreement at the full text ($\kappa = 1.0$), abstract ($\kappa = 0.99$), and title ($\kappa = 0.89$) stages, all with a 95% confidence interval.
Results	In the meta-analysis of two studies on post-intervention nicotine dependence using the Fagerstrom scale, the laser group showed significantly lower scores ($p = 0.002$, mean difference = -0.60). Examining subjects who failed to quit smoking immediately after therapy, the laser group had 53.8% continuation compared to 83.0% in the comparison group (non-significant difference). At the 3-month mark, the continuation rates were 60.8% for the laser group and 86.6% for the comparison group (non-significant difference).
Conclusion	Potential superiority of laser auricular acupuncture over behavioral counseling in tobacco cessation, with reported safety. However, the limited trials and sample size warrant cautious interpretation. Laser therapy emerges as a promising modality, but further extensive trials, especially in combination with other interventions, are crucial to solidify its efficacy in facilitating successful tobacco cessation.

2. Overviews of Sytematic Reviews

2.1. Fan 2026

Fan S, Wang J, Wang X, Zhang H, Li H, Wang J, Zhang W, Wang J. Acupuncture for smoking cessation: an overview of systematic reviews. Front Public Health. 2026;13:1677231. https://doi.org/10.3389/fpubh.2025.1677231

Background	An increasing number of randomized controlled trials (RCTs) investigated various forms of acupuncture for smoking cessation; however, their findings remain inconsistent, and substantial controversy persists regarding both its efficacy and safety.

Objective	This overview aimed to synthesize the outcome evidence presented in existing systematic reviews (SRs) on acupuncture for smoking cessation, appraise the methodological quality of the included SRs, and re-evaluate the primary outcomes.
Methods	A comprehensive literature search was conducted in eight databases from inception to December 31, 2024, with no language restrictions. Two independent reviewers screened the eligible studies. The methodological quality of the included SRs was assessed using A Measurement Tool to Assess Systematic Reviews 2 (AMSTAR 2). The Risk of Bias in Systematic Reviews (ROBIS) tool was used to evaluate potential bias. Reporting quality was assessed with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 checklist. The certainty of evidence from the SRs was rated using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach. After removing duplicate randomized controlled trials, we re-conducted meta-analysis for the primary outcomes using R software version 4.4.2 and TSA Viewer version 0.9.5.10, and performed trial sequential analysis (TSA) to examine the reliability and robustness of the findings.
Results	This overview included 10 SRs, covering 74 RCTs. Using AMSTAR 2, ROBIS, and PRISMA 2020 for evaluation, we found that the methodological quality, risk of bias, and reporting quality of the 10 SRs were unsatisfactory. The quality of evidence evaluated by GRADE was mostly rated as low or critically low; however, acupuncture appeared to contribute to improved abstinence rates. In the updated meta-analysis, acupuncture showed superiority over sham acupuncture for short-term abstinence (RR = 1.37, 95% CI: 1.08, 1.73, p = 0.0092) and outperformed waiting list controls (p = 0.0204). However, no significant benefits were observed for long-term abstinence compared to sham, nor was acupuncture superior to nicotine replacement therapy or behavioral therapy. Furthermore, TSA indicated that the required information size was not reached, suggesting a risk of false-positive findings for the short-term benefit.
Conclusion	Although the evidence for acupuncture in smoking cessation remains insufficient, acupuncture appears to improve short-term abstinence rates. However, substantial heterogeneity and methodological limitations were identified. TSA suggested a potential risk of false-positive findings, highlighting the need for further high-quality research.

2.2. Hersi 2024

Hersi M, Beck A, Hamel C, Esmaeilisaraji L, Pussegoda K, Austin B, Ahmadzai N, Pratt M, Thuku M, Yazdi F, Bennett A, Shaver N, Vyas N, Skidmore B, Hutton B, Manuel D, Morrow M, Pakhale S, Presseau J, Shea BJ, Little J, Moher D, Stevens A. Effectiveness of smoking cessation interventions among adults: an overview of systematic reviews. Syst Rev. 2024 Jul 12;13(1):179. https://doi.org/10.1186/s13643-024-02570-9

Backgound	This overview of reviews aims to identify evidence on the benefits (i.e. tobacco use abstinence and reduction in smoking frequency) and harms (i.e. possible adverse events/outcomes) of smoking cessation interventions among adults aged 18 years and older.

Methods	We searched Medline, Embase, PsycINFO, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, the CADTH Health Technology Assessment Database and several other websites for grey literature. Searches were conducted on November 12, 2018, updated on September 24, 2020, with publication years 2008 to 2020. Two reviewers independently performed title-abstract and full-text screening considering pre-determined inclusion criteria. Data extraction and quality assessments were initially completed by two reviewers independently (i.e. 73% of included studies (n = 22)) using A Measurement Tool to Assess Systematic Reviews-2 (AMSTAR 2), and the remainder done by one reviewer and verified by another due to resources and feasibility. The application of Grading of Recommendations Assessment, Development and Evaluation (GRADE) was performed by one independent reviewer and verified by another.
Results	A total of 22 Cochrane systematic reviews evaluating the impact of smoking cessation interventions on outcomes such as tobacco use abstinence, reduction in smoking frequency, quality of life and possible adverse events were included. Pharmaceutical (i.e. varenicline, cytisine, nicotine replacement therapy (NRT), bupropion) and behavioural interventions (i.e. physician advice, non-tailored print-based self-help materials, stage-based individual counselling, etc.) showed to have increased smoking cessation; whereas, data for mobile phone-based interventions including text messaging, hypnotherapy, **acupuncture**, continuous auricular stimulation, laser therapy, electrostimulation, **acupressure**, St John's wort, S-adenosyl-L-methionine (SAMe), interactive voice response systems and other combination treatments were unclear. Considering harms related to smoking cessation interventions, small/mild harms (i.e. increased palpitations, chest pain, nausea, insomnia, headache) were observed following NRT, varenicline and cytisine use. There were no data on harms related to behavioural therapies (i.e. individual or group counselling self-help materials, internet interventions), combination therapies or other therapies (i.e. laser therapy, electrostimulation, **acupressure**, St John's wort, SAMe).
Conclusion	Results suggest that pharmacological and behavioural interventions may help the general smoking population quit smoking with observed small/mild harms following NRT or varenicline. Consequently, evidence regarding ideal intervention strategies and the long-term impact of these interventions for preventing smoking was unclear.

2.3. Zhang 2024

Zhang YY, Su YZ, Tian ZY, Liang SB, Liu YJ, Li YF, Qiao HF, Robinson N, Liu JP. Acupuncture and related acupoint therapies for smoking cessation: An umbrella review and updated meta-analysis. Tob Induc Dis. 2024 Apr 18;22. https://doi.org/10.18332/tid/186147 .

Introduction	Acupuncture and related acupoint therapies have been widely used for smoking cessation. Some relevant systematic reviews (SRs) have been published. There is a need to summarize and update the evidence to inform practice and decision-making.
Methods	Eight databases were searched from their inception to December 2023. SRs, any randomized controlled trials (RCTs) comparing acupuncture therapies with sham acupuncture, pharmacotherapy, behavioral therapy, or no treatment, were included. The primary outcome was the abstinence rate. AMSTAR-2 was employed to assess the quality of SRs. An updated meta-analysis was conducted based on SRs and RCTs. Data were synthesized using risk ratios (RR) with 95% confidence intervals (CIs). The GRADE approach was employed to assess the certainty of the updated evidence.

Results	**Thirteen SRs and 20 RCTs outside of the SRs were identified**. The SRs were of low or very low quality by AMSTAR-2. Sixteen (80%) RCTs were at high risk of performance bias. Eight acupuncture and related acupoint therapies were involved. The short-term (≤6 months) abstinence rate outcome was summarized as follows. Most SRs suggested that filiform needle acupuncture or acupressure had a better effect than sham acupuncture, but the findings were inconsistent. The updated meta-analysis also suggested that filiform needle acupuncture was more effective than sham acupuncture (RR=1.44; 95% CI: 1.02-2.02; I2 = 66%; low certainty; 9 RCTs, n=1358). Filiform needle acupuncture combined with acupressure was comparable to nicotine patches (RR=0.99; 95% CI: 0.74-1.32; low certainty; 6 RCTs, n= 524). Acupressure was superior to counseling (RR=1.46; 95% CI: 1.14-1.87; I2=5%; low certainty; 8 RCTs, n=595). No serious adverse events were reported in these SRs or RCTs.
Conclusions	Low certainty evidence suggests that filiform needle acupuncture and auricular acupressure appear to be safe and effective in achieving short-term smoking cessation. However, long-term follow-up data are needed.

2.4. Patnode 2021

Patnode CD, Henderson JT, Coppola EL, Melnikow J, Durbin S, Thomas RG.. Interventions for Tobacco Cessation in Adults, Including Pregnant Persons: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2021;325(3):280-98. [212006].

Importance	It has been estimated that in 2018 nearly 20% of adults in the US were currently using a tobacco product.
Objective	To systematically review the effectiveness and safety of pharmacotherapy, behavioral interventions, and electronic cigarettes for tobacco cessation among adults, including pregnant persons, to inform the US Preventive Services Task Force.
Methods	Data sources: PubMed, PsycInfo, Database of Abstracts of Reviews of Effects, Cochrane Database of Systematic Reviews, Centre for Reviews and Dissemination of Health Technology Assessment; surveillance through September 25, 2020. Study selection: Systematic reviews of tobacco cessation interventions and randomized clinical trials that evaluated the effects of electronic cigarettes (e-cigarettes) or pharmacotherapy among pregnant persons. Data extraction and synthesis: Independent critical appraisal and data abstraction; qualitative synthesis and random-effects meta-analyses. Main outcomes and measures: Health outcomes, tobacco cessation at 6 months or more, and adverse events.
Results	Sixty-seven reviews addressing pharmacotherapy and behavioral interventions were included as well as 9 trials (N = 3942) addressing e-cigarettes for smoking cessation and 7 trials (N = 2285) of nicotine replacement therapy (NRT) use in pregnancy. Combined pharmacotherapy and behavioral interventions (pooled risk ratio [RR], 1.83 [95% CI, 1.68-1.98]), NRT (RR, 1.55 [95% CI, 1.49-1.61]), bupropion (RR, 1.64 [95% CI, 1.52-1.77]), varenicline (RR, 2.24 [95% CI, 2.06-2.43]), and behavioral interventions such as advice from clinicians (RR, 1.76 [95% CI, 1.58-1.96]) were all associated with increased quit rates compared with minimal support or placebo at 6 months or longer. None of the drugs were associated with serious adverse events. Five trials (n = 3117) reported inconsistent findings on the effectiveness of electronic cigarettes on smoking cessation at 6 to 12 months among smokers when compared with placebo or NRT, and none suggested higher rates of serious adverse events. Among pregnant persons, behavioral interventions were associated with greater smoking cessation during late pregnancy (RR, 1.35 [95% CI, 1.23-1.48]), compared with no intervention. Rates of validated cessation among pregnant women allocated to NRT compared with placebo were not significantly different (pooled RR, 1.11 [95% CI, 0.79-1.56], n = 2033).

Conclusions and relevance	There is strong evidence that a range of pharmacologic and behavioral interventions, both individually and in combination, are effective in increasing smoking cessation in nonpregnant adults. In pregnancy, behavioral interventions are effective for smoking cessation, but data are limited on the use of pharmacotherapy for smoking cessation. Data on the effectiveness and safety of electronic cigarettes for smoking cessation among adults are also limited and results are inconsistent.
Acupuncture	There was a lack of clear benefit of motivational interviewing; decision aids; real-time video counseling; print-based, nontailored self-help materials; biomedical risk assessment; exercise; **acupuncture**; hypnotherapy; and systems-level interventions compared with controls; however, there was substantially less evidence related to each of these interventions, and many individual trials of these interventions showed positive effects

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

3.1. Department of Veterans Affairs, Department of Defense (VA/DoD, USA) 2026 Ø

U.S. Department of Veterans Affairs, U.S. Department of Defense. VA/DoD Clinical Practice Guideline for Tobacco Use Treatment Version 3.0. Washington, DC: Veterans Health Administration & Defense Health Agency; 2026. https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/CD/tobacco/Tobacco-Cessation-CPG_2026-Guideline_final_20260109.pdf

As a standalone therapy, we suggest against **acupuncture**, mindfulness, or hypnotherapy for abstinence from tobacco and nicotine products. (Weak against)

3.2. Department of Health, Ireland 2022 Ø

Stop Smoking. National Clinical Guideline No. 28 Department of Health, Dublin. 2022. [219896]. https://assets.gov.ie/213407/95fe179c-b59b-4891-819b-0b1d42e1117d.pdf

There is no evidence that Acupuncture or Hypnotherapy are effective in helping people quit.

3.3. US Preventive Services Task Force Recommendation Statement (USPSTF, USA) 2021 Ø

US Preventive Services Task Force, Krist AH, Davidson KW, Mangione CM, Barry MJ, Cabana M, Caughey AB, Donahue K, Doubeni CA, Epling JW Jr, Kubik M, Ogedegbe G, Pbert L, Silverstein M, Simon MA, Tseng CW, Wong JB. Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;325(3):265-79. [199746]. doi

The USPSTF considered evidence on other behavioral counseling interventions such as print-based, nontailored self-help materials, internet-based interventions, motivational interviewing, biofeedback, exercise, **acupuncture**, and hypnotherapy ; however, limited evidence was available on these interventions.

3.4. American College of Obstetricians and Gynecologists (ACOG, USA) 2020 Ø

Tobacco and Nicotine Cessation During Pregnancy: ACOG Committee Opinion, Number 807. Obstet Gynecol. 2020;135(5):e221-e229. [219382]. https://journals.lww.com/greenjournal/Fulltext/2020/05000/Tobacco_and_Nicotine_Cessation_During_Pregnancy_.56.aspx

There currently is insufficient evidence to determine the effect of mindfulness, hypnosis, or **acupuncture** for smoking cessation.

3.5. Collège National des Gynécologues et Obstétriciens Français (CNGOF, France) 2020 Ø

Peyronnet V, Koch A, Rault E, Perdriolle-Galet E, Bertholdt C. Prise en charge non pharmacologique du sevrage tabagique pendant la grossesse – Rapport d'experts et recommandations CNGOF-SFT sur la prise en charge du tabagisme en cours de grossesse. Gynecol Obstet Fertil Senol. 2020;48(7-8):590-603. [219470]. https://doi.org/10.1016/j.gofs.2020.03.029

Au total, les effets de l'hypnothérapie et de l'acupuncture sur le sevrage tabagique n'ont peu ou pas été étudiés chez les femmes enceintes fumeuses.

3.6. Réseaux de Cancerologie Rhone-Alpes (France) 2019 Ø

Sakhri L. Sevrage tabagique. Référentiels Auvergne Rhône-Alpes en Oncologie Thoracique Réseau Espace Santé-Cancer Rhône-Alpes. 2019;:25p. [195678].

La désensibilisation (vaccinothérapie), la mésothérapie, l'hypnose, l'acupuncture, l'auriculothérapie et le laser ont été évalués dans plusieurs études qui n'ont pas démontré d'efficacité de ces méthodes : on ne peut donc pas les recommander pour le sevrage tabagique.

3.7. Malaysia Health Technology Assessment Section (MaHTAS, Malysia) 2016 Ø

Malaysia Health Technology Assessment Section (MaHTAS). Treatment of Tobacco Use Disorder. Ministry of Health (MoH). 2016:102p. [172336]. URL

Hypnosis, **acupuncture, acupressure**, laser therapy and electrostimulation do not improve the long term abstinence rate in smoking cessation

3.8. Michigan Quality Improvement Consortium (MQIC, USA) 2019 Ø

Prevention of Tobacco and Nicotine Use Including Vaping. Michigan Quality Improvement Consortium Guideline. 2019. http://mqic.org/pdf/mqic_tobacco_control_cpg.pdf

Acupuncture or hypnotism have not been found effective

3.9. U.S. Preventive Services Task Force (USPSTF, USA) 2015 Ø

U.S. Preventive Services Task Force. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2015;163(8):622-34. [188883].

Effectiveness of Interventions, Nonpregnant Adults. A 2014 review on the use of acupuncture for smoking cessation (9 studies; n = 1892) did not find increased rates of smoking cessation at 6 to 12 months.
Potential Harms of Interventions. Nonpregnant Adults. Based on the evidence reviewed by the USPSTF, only minor adverse events related to ear acupuncture, ear acupressure, and other auriculotherapy were identified. Adverse events related to other forms of behavioral interventions were not reported.

3.10. Haute Autorité de Santé (HAS, France) 2014 ∅

HAS. Arrêt de la consommation de tabac : du dépistage individuel au maintien de l'abstinence en premier recours (argumentaire scientifique). Paris: Haute Autorité de Santé (HAS). 2014. 562P. [168316].

Aucune donnée ne vient appuyer l'utilisation de l'acupuncture pour le sevrage tabagique.
4.3.2 Activité physique, acupuncture, hypnothérapie. Ces approches ont fait l'objet d'études dans l'aide à l'arrêt du tabac. Leur bénéfice dans l'aide à l'arrêt du tabac n'est pas établi, cependant, ces approches, qui bénéficient d'un certain recul, n'ont pas montré à ce jour de risque majeur. Lorsqu'un patient souhaite utiliser ces méthodes, le praticien peut le comprendre et doit avoir conscience de l'intérêt d'un éventuel effet placebo. Il doit signaler au patient que si cette prise en charge ne réussissait pas, une prise en charge dont l'efficacité a été établie pourra lui être proposée. L'éthique du médecin ne lui permet pas de recommander une thérapeutique non validée. Pour autant, le médecin ne doit pas empêcher un patient d'avoir recours à une approche qui pourrait être utile de par son effet placebo, si cette approche s'est avérée inoffensive.

3.11. Ministerio de la Salud (Argentine) 2014 Ø

Ministerio de la Salud. Guía de Práctica Clínica Nacional de Tratamiento de la Adicción al Tabaco. Buenos Aires: Ministerio de la Salud. 2014. 56p. [168738].

No se recomienda el uso de propuestas con insuficiente evidencia de efectividad: cigarrillo electrónico, glucosa, acupuntura tradicional, electroestimulación, bioinformación, biofeedback, deprivación sensorial; o evidencia de ineficacia: laser, hipnosis. Las terapias aversivas son efectivas pero se desaconseja su uso por ocasionar alta exposición al humo de tabaco.

3.12. European Society of Cardiology (ESC, Europe) 2012 Ø

European Society of Cardiology. European Guidelines on cardiovascular disease prevention in clinical practice. European Heart Journal. 2012;33:1635–1701. [196833].

There is no consistent evidence that acupuncture, acupressure, laser therapy, hypnotherapy, or electrostimulation are effective for smoking cessation.

3.13. University of Michigan Health System (UMHS, USA) 2012 Ø

Tobacco Treatment. Guidelines for Clinical Care Ambulatory. Ann Arbor: University of Michigan Health System. 2012. 16P. [168471].

There is good evidence to recommend against the use of additional modalities such as hypnosis, laser, acupuncture, and acupressure as aids to smoking cessation [A]. None of these modalities have been shown to be superior to placebo in a number of metaanalysis.

3.14. Royal Australian College of General Practitioners (Australie) 2011 Ø

Zwar N, Richmond R, Borland R, et al. Supporting smoking cessation: a guide for health professionals South Melbourne; Royal Australian College of General Practitioners. 2011; :77P. [168523].

Evidence. There is no significant effect of acupuncture or hypnotherapy in smoking Cessation (Level I) . *Recommendation.* On the evidence available acupuncture and hypnotherapy are not recommended as aids to smoking cessation (Strength A).

3.15. Ministerio de Salud Publica (Uruguay) 2009 Ø

Lorenzo García A, Baraibar Penco R, Melgar Alvarez S et al. Guía Nacional para el Abordaje del Tabaquismo. Montevideo: Ministerio de Salud Pública. 2009. 114P. [168720].

Existe evidencia que la acupuntura, digitopuntura, terapia láser y electroestimulación no aumentan las tasas de abstinencia a largo plazo en comparación con placebo.

3.16. National Institute for Health and Clinical Excellence (NICE, UK) 2008 Ø

National Clinical Guideline Centre. Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. London (UK): National Institute for Health and Clinical Excellence (NICE). 2008; :84P. [168318].

Acupuncture, acupressure, laser therapy and electro-stimulation – there is evidence that these techniques do not improve long-term abstinence rates more than a placebo.

3.17. Centro de Estudos de Medicina Baseada na Evidência (CEMBE, Portugal) 2008 Ø

Reis I, Fortuna P, Ascenção R, Costa J, Bugalho A, Vaz Carneiro A. Clinical practice guideline on smoking cessation. Lisboa: Centro de Estudos de Medicina Baseada na Evidência (CEMBE). 2008. 108P. [168426].

White et al review, exclusively based in RCTs, has shown that there is no consistent evidence that acupuncture and related techniques (digit pressure, laser therapy and electro stimulation) are effective interventions in smoking cessation, since it is not possible to prove that the effect of these techniques is a placebo effect. Nevertheless, the selected studies are heterogeneous and present several methodological flaws, thus justifying the need for further trials in order to draw firm conclusions.

3.18. Haute Autorité de Santé (HAS, France) 2007 Ø

HAS. Stratégies thérapeutiques d'aide au sevrage tabagique : efficacité, efficience et prise en charge financière. Paris: Haute Autorité de Santé (HAS). 2007. 122P. [188735].

Parmi les thérapeutiques non recommandées : Acupuncture, mésothérapie, auriculothérapie, cigarettes sans tabac, hypnose, Laser.

3.19. Ministry of Health (Nouvelle-Zélande) 2007 Ø

Ministry of Health. New Zealand smoking cessation guidelines. Wellington: Ministry of Health. 2007. 60P. [168380].

Evidence of no effectiveness. There is evidence that acupuncture, acupressure, laser therapy and electrostimulation do not improve long-term abstinence rates over that of a placebo effect.

3.20. Registered Nurses'Association of Ontario (RNAO, Canada) 2007 Ø

Association des infirmières et infirmiers autorisés de l'Ontario. La cessation du tabagisme : intégration dans la pratique quotidienne des soins infirmiers. Lignes directrices sur les pratiques exemplaires en soins infirmiers. Toronto: RNAO; 2007.[169597].

Bien que l’acupuncture et l’hypnothérapie soient répandues, il n’existe pas suffisamment de données probantes pour établir leur efficacité (Joanna Briggs Institute, 2001). Toutefois, si une personne croit que ces méthodes sont efficaces, une consultation en acupuncture ou en hypnothérapie peut être bénéfique (U.S. Dept. of Health and Human Services, 2000; University of Toronto, 2000).

3.21. Dutch Institute for Health Care CBO (Pays-Bas) 2006 Ø

Dutch Institute for Health Care CBO. Guideline treatment of tobacco dependence. Den Haag: Dutch Institute for Health Care CBO. 2006. 170P. [168460].

There are no indications that alternative therapies (hypnosis, acupuncture) work better than placebo (level 3).

3.22. Ministerio de Salud y Ambiente de la Nación (Argentine) 2005 Ø

Ministerio de Salud y Ambiente de la Nación. Guía nacional de tratamiento de la adicción al tabaco. Buenos Aires: Ministerio de Salud y Ambiente de la Nación. 2005; : 23P. [168633].

No se recomienda el uso de tratamientos sobre los cuales existe insuficiente evidencia que avale su utilización (láser, electroestimulación, mecamilamina, naltrexona, lobelina, acetato de plata, terapias aversivas, ansiolíticos, y acupuntura) o cuando existe evidencia que confirma su ineficacia (hipnoterapia y antidepresivos inhibidores de la recaptación de serotonina).

3.23. Haute Autorité de Santé (HAS, France) 2004 Ø

HAS. Recommandation de bonne pratique : Grossesse et tabac. Paris: Haute Autorité de Santé (HAS). 2004. 37P. [188736].

Les résultats sur l’efficacité de l’acupuncture dans la population générale sont contradictoires selon les études : un effet spécifique, différent de l’effet placebo, n’est pas clairement démontré. Il n’y a pas d’études spécifiques à la femme enceinte pour l’hypnothérapie et l’acupuncture, ni d’accord professionnel pour les recommander.

3.24. Centre fédéral d'expertise des soins de santé (KCE, Belgique) 2004 Ø

Van den Bruel,A, Cleemput,I, Schoefs,D, Ramaekers,D, Bonneux,L. Efficacité et rentabilité des thérapies du sevrage tabagique. Bruxelles:Centre fédéral d'expertise des soins de santé (KCE). 2004. 136P. [167473].

Aucune donnée ne vient appuyer l’intérêt de l’acupuncture pour le sevrage tabagique. Aucune donnée ne prouve l'effet de l'acupuncture sur le sevrage tabagique, mais les études sont restreintes et les intervalles de confiance sont larges.

3.25. Agence Française de Sécurité Sanitaire des Produits de Santé (AFSSAPS, France) 2003 Ø

AFSSAPS. Les stratégies thérapeutiques médicamenteuses et non médicamenteuses de l'aide a l'arrêt du tabac. Recommandations. Agence Française de Sécurité Sanitaire des Produits de Santé. 2003. 39p. [131624]

Thérapeutiques non recommandées - l’acupuncture, la mésothérapie, l’auriculothérapie, les cigarettes sans tabac, l’hypnose, le laser.

3.26. U.S. Department of Health and Human Services (USA) 2000 Ø

Fiore MC, Bailey WC, Stuart J. Cohen SJ, Dorfman SF, Goldstein MG. Treating Tobacco Use and Dependence. U.S. Department of Health and Human Services. 2000. 196P. [160710].

Acupuncture. A separate meta-analysis was conducted for acupuncture. This analysis was conducted to achieve a sensitive test on the small body of studies that use this technique. Evidence, as shown in Table 24, did not support the efficacy of acupuncture as a smoking cessation treatment. The acupuncture meta-analysis comparing “active” acupuncture with “control” acupuncture revealed no difference in efficacy between the two types of procedures. These results suggest that any effect of acupuncture might be produced by factors such as positive expectations about the procedure.

3.27. Agence Nationale d'Accréditation et d'Evaluation en Santé (ANAES, France) 1998 Ø

ANAES. Conférence de consensus Arrêt de la consommation du tabac 8 et 9 octobre 1998. Paris: Agence Nationale d'Accréditation et d'Evaluation en Santé. 1998. 26P. [172652].

Autres méthodes : acupuncture, homéopathie, mésothérapie, hypnose. L'acupuncture et l'homéopathie ont été évaluées mais la faible qualité méthodologique de nombreux essais et les résultats contradictoires ne permettent pas d'en tirer des conclusions fiables. Pour ces quatre méthodes, il est particulièrement difficile de dissocier le rôle de l'empathie délivrée au patient de l'effet spécifique propre à chaque méthode. De nouvelles évaluations d'efficacité conduites selon les critères spécifiques habituels et prenant en compte les divers facteurs en cause paraissent souhaitables.

4. Overviews of Clinical Practice Guidelines

4.1. Verbiest 2017

- Verbiest M, Brakema E, van der Kleij R, Sheals K, Allistone G, Williams S, McEwen A, Chavannes N.Lignes directrices nationales pour l'abandon du tabac dans les soins primaires : une revue de la littérature et une analyse des preuves. NPJ Prim Care Respir Med . 2017 20 janvier 27 (1): 2. [001]

Objectifs	National guidelines for smoking cessation in primary care can be effective in improving clinical practice. This study assessed which parties are involved in the development of such guidelines worldwide, which national guidelines address primary care, what recommendations are made for primary care settings, and how these recommendations correlate with each other and with current evidence.
Méthodes	We identified national guidelines using an online resource. Only the most recent version of a guideline was included. If an English version was not available, we requested a translation or summary of the recommendations from the authors. Two researchers independently extracted data on funding sources, development methodologies, involved parties, and recommendations made within the guidelines. These recommendations were categorised using the pile-sort method. Each recommendation was cross-checked with the latest evidence and was awarded an evidence-rating.
Résultats	We identified 43 guidelines from 39 countries and after exclusion, we analysed 26 guidelines (22 targeting general population, 4 targeted subpopulations). Twelve categories of recommendations for primary care were identified. There was almost universal agreement regarding the need to identify smokers, advice them to quit and offer behavioural and pharmacological quit smoking support. Discrepancies were greatest for specific recommendations regarding behavioural and pharmacological support, which are likely to be due to different interpretations of evidence and/or differences in contextual health environments.
Conclusions	Based on these findings, we developed a universal checklist of guideline recommendations as a practice tool for primary care professionals and future guideline developers.
Acupuncture	Hypnotherapy and acupuncture are not effective smoking cessation treatments (6 recommendations/22).

4.2. Astrid Becerra 2012

Astrid Becerra N, Alba LH, Castillo JS, Murillo R, Cañas A, García-Herreros P. [Alternative therapies for smoking cessation: clinical practice guidelines review]. Gac Med Mex. 2012;148(5):457-66. [166433].

Background	Smoking is a chronic disease in the group of addictions and its treatment includes two components:psychosocial and pharmacological intervention. Other types of therapeutic approaches have been used as treatment options for tobacco addiction. Acupuncture, hypnosis and homeopathy are the most used nonconventional interventions.
Objective	Review the available evidence in regards to the use of alternative therapies for smoking cessation in the adult population from the published clinical practice guidelines (CPG).
Methods	We performed an adaptation process of clinical recommendations from a systematic review of the literature specifically related to the use of alternative therapies for smoking cessation.

Results	We found 925 references, 9 were pre-screened and selected 5 CPG for adaptation.Acupuncture and related techniques do not improve abstinence rates compared to the placebo effect. There is insufficient evidence to recommend the use of hypnosis as a therapy for smoking cessation. There is no evidence that justifies the use of homeopathic medicines for the treatment of smoking.
Conclusions	Alternative therapies have not demonstrated efficacy in cessation. It is recommended to use other treatment options with proven efficacy for smoking cessation.