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Combining weight-focused counseling, medication helps women quit smoking

For women smokers worried about their weight, combining cognitive behavioral therapy addressing weight concerns with the medication bupropion appears more effective than counseling alone to help them quit smoking, according to a report in the March 22 issue of *Archives of Internal Medicine*, one of the JAMA/Archives journals.

"Many women smokers are concerned about the weight gain that commonly accompanies an attempt to quit smoking," the authors write as background information in the article. These women are less likely to attempt quitting, are more likely to drop out of treatment and gain more weight after quitting than those who don't report weight-related concerns. Previous efforts to add weight control interventions to smoking cessation interventions have proved ineffective, the authors note.

Michele D. Levine, Ph.D., of the University of Pittsburgh Medical Center, and colleagues conducted a randomized, double-blind, placebo-controlled trial with 349 women smokers who were concerned about their weight. Of these, 106 were assigned to take the smoking cessation medication bupropion and also participate in CONCERNS, a cognitive behavioral therapy program focusing on weight gain issues. An additional 87 participated in CONCERNS while taking placebo, 89 received counseling without a weight gain focus while taking bupropion and 67 underwent standard counseling while taking placebo. Participants took medications for six months and participated in counseling for three months.

Overall, 31.8 percent of women abstained from smoking for three months, 21.8 percent after six months and 16.3 percent after 12 months. Bupropion improved abstinence rates among women receiving the CONCERNS intervention; those taking active medication were more likely than those taking placebo to have quit at three months (40.6 percent vs. 18.4 percent), six months (34 percent vs. 11.5 percent) and 12 months (23.6 percent vs. 8.1 percent). They were also slower to relapse, with a median or midpoint of 266 days vs. 46 days to relapse.

However, bupropion did not appear to improve quit rates or time to relapse among those receiving standard counseling, the authors note. In addition, there were no differences among women who quit in either average weight gain or their level of concern about weight gain.

"Future research should focus on possible mechanisms to explain the efficacy of this specialized counseling plus bupropion therapy and address issues related to the practicality of wider dissemination of the specialized counseling intervention for weight-concerned women smokers," the authors conclude. "These results may also serve to guide further development of pharmacologic and behavioral approaches for smokers with other comorbid concerns."

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