Evidence that acupuncture or related techniques increase the success rate in smoking cessation is inconsistent. We look at a study measuring its effectiveness.

**Acupuncture and related interventions for smoking**

**In this article…**
- Outcomes of a Cochrane review exploring the effectiveness of acupuncture in smoking cessation
- Implications for practice

**Review question**
How effective is acupuncture and its related interventions of acupressure, laser therapy and electrostimulation in encouraging smoking cessation compared with no intervention, sham treatment or other interventions?

**Nursing implications**
Acupuncture and related interventions including acupressure, laser therapy and electrostimulation have been promoted as useful treatment methods to reduce the withdrawal symptoms experienced by people trying to quit smoking. Nurses may be involved and play important roles in these interventions to reduce nicotine withdrawal symptoms.

**Study characteristics**
This summary is based on a Cochrane systematic review. Participants were tobacco smokers of any age who wished to stop smoking. Thirty-eight randomised studies were included in the systematic review. The studies evaluated a variety of different interventions involved in the treatment of withdrawal symptoms of smoking cessation including: 23 of acupuncture, five of acupressure, three of laser stimulation and seven of electrostimulation.

The intervention of interest comprised randomised trials of non-pharmacological stimulation interventions such as needle puncture, finger pressure or laser therapy in areas of the body referred to as acupuncture points (ear, face and body). These were compared with either no intervention, sham intervention or other interventions for smoking cessation. Intervention trials use different forms of sham interventions. For example, in acupuncture trials, sham acupuncture intervention refers to needling an area that is not recognised as an acupuncture point and needling one that is believed to be ineffective for the condition. Another intervention of interest was electrostimulation to the head region through surface electrodes. No other specifications were provided about the interventions and controls. However, the reviewers noted that studies using the Western acupuncture approach would have been considered separately from those using a traditional approach.

Outcome measures were complete abstinence from smoking from the earliest time point (before six weeks) and the last measurement point (between six months and one year). Confirmed biochemical outcome was also considered. The risk of bias was considered unclear. Meta-analysis was performed where possible.

**Summary of key evidence**
Related to acupuncture, results indicated there was no clear benefit of acupuncture compared with a waiting list control for long-term abstinence. Acupuncture had weak evidence supporting a small short-term benefit compared with sham acupuncture. Another result indicated acupuncture was less effective than nicotine replacement therapy (NRT) and no better than counselling. There was limited evidence that acupressure is more effective than sham acupressure in the short-term, but there was no evidence supporting long-term effects. Trials reported that the use of continuous acupressure to points on the ear had the largest short-term effect. Inconsistent evidence was reported from two trials using laser stimulation. Seven trials suggested there was no benefit of electrostimulation compared with sham electrostimulation.

**Best practice recommendations**
Results from this systematic review suggest there is inconsistent evidence from randomised trials to support the theory that active acupuncture or related techniques increase the success rate in smoking cessation. There is a need for well-designed research studies into acupuncture, acupressure and laser stimulation, since these are popular interventions. However, the review suggests some techniques are safe when applied correctly and can be better in the short-term compared with doing nothing at all.

**References**