Evidence Summary Title:
Enhancing partner support to improve smoking cessation: Evidence and implications for public health

Review Quality Rating: 10 (strong)

Review on which this evidence summary is based:

The Cochrane review that this evidence summary is based on has been updated. This evidence summary summarizes the above-cited version of this review, not the updated version. An updated evidence summary will be provided as soon as possible.

Review author contact information:
Eal-Whan Park, MD, Department of Family Medicine, Dankook University Hospital, Chungnam, South Korea. docpark@email.msn.com

This is an evidence summary written to condense the work of the authors of this systematic review, referenced above. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

Review content summary
This systematic review of 9 randomized controlled trials aimed to determine the effectiveness of interventions aimed at enhancing partner support to a smoking cessation program in increase smoking cessation. Participants studied were: smokers of any gender or age and their partners. To be included, studies were: Randomized controlled clinical trials of smoking cessation interventions that compared an intervention that included a partner support component with an otherwise identical intervention, and reported follow up of six months or more. Interventions described in this review included: empathy exercises, video tapes, written materials, group meetings with support manuals, behaviour technique sessions, and a telephone contact system. Outcomes measured include: self-reported smoking abstinence, or biochemical assessment, assessed at least 6 months after treatment. Authors failed to detect an increase in quit rates. When compared to smoking cessations without a partner support component, interventions aimed at improving partner support have not shown to increase long term quit rates. The authors also highlight the need for additional studies with larger samples in order to adequately assess the effects of partner support interventions on smoking cessation, measuring partner support as an intermediate outcome.

Comments on this review's methodology
This is a methodologically strong systematic review. A focused clinical question was clearly identified. Appropriate inclusion criteria were used to guide the search. A comprehensive search was employed using health, psychological, and educational databases; reviewing reference lists of primary studies; and contacting key informants. The search was not limited by language. Primary studies were assessed for methodological quality using the Jadad 5-point scale, assessing: randomization, double blinding, and description of withdrawals and drop-outs. The methods were described in sufficient detail so as to allow replication and two reviewers were involved in quality appraisal. Any discrepancies in appraisal results were rectified by another reviewer. The results of this review were transparent. Results were clearly presented in graphical form so as to allow for comparisons across studies. Heterogeneity was assessed. Appropriate analytical methods (fixed effects, random effects) were employed to enable the synthesis of study results.

Why this issue is of interest to public health
Cite references where appropriate, using the following format: sentence, superscript, and then the period e.g., sentence¹.

Evidence and implications
Evidence points are in order of the strength of evidence

<table>
<thead>
<tr>
<th>What’s the evidence?</th>
<th>Implications for practice and policy:</th>
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<tbody>
<tr>
<td><strong>1. Smoking cessation</strong></td>
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</tr>
<tr>
<td>1.1. Smoking cessation interventions with added components to enhance partner support were no more likely to result in smoking cessation at 6–9 months or 12 months post intervention than the same intervention without the support component.</td>
<td>1.1. At this time public health units and primary care settings should not include strategies to enhance partner support as part of a broader smoking cessation program.</td>
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<tr>
<td>1.1.1. at 6–9 months OR=1.08 (95% CI, 0.81 to 1.44) (9 studies)</td>
<td>1.2. High quality program evaluation and other research are needed to continue to explore if partner support is associated with increased smoking cessation outcomes.</td>
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<tr>
<td>1.3. This research should involve sufficient power and</td>
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Date this evidence summary was written: February 2007
### 2. Partner support (6 studies)

2.1. Interventions to increase partner support for smoking cessation were not effective in increasing partner support as measured by the PIQ measurement tool.

2.1.1. Two studies reported that partner support was increased after the partner support intervention but when the data were pooled across studies the effect was not statistically significant.

2.1.2. The three remaining studies reported no effect.

2.2. The impact of the nature of the partnership (spouse, intimate other, friend, relative, or coworker) was unable to be determined due to the heterogenous nature of the studies in this regard or failure to report on this variable.

### 3. Other outcome measures

3.1. Data was incomplete for studies that assessed the impact of partner support on the number of other measures of tobacco use such as the # of cigarettes smoked and carbon monoxide levels.

### 4. Partner relationship

4.1. The nature of the partner relationship may impact abstinence rates.

4.2. The perceived closeness of partner relationship in the intervention group was associated with higher abstinence rates (one study)

4.3. Negative interaction criticism was associated with lower abstinence rates.

### 5. Methodological Issues with the Primary Studies in the Review

5.1. It is likely that included studies lacked the power to determine statistical significance.

5.2. Methodological concerns that could impact findings were noted with all included studies. These included the:

5.2.1. study power
5.2.2. intervention dose
5.2.3. allocation concealment
5.2.4. validity of outcome measures of abstinence and partner support
5.2.5. effectiveness of partner support interventions data collection at long term intervals only
5.3. interventions that aimed to increase partner support may not have been effective in actually increasing partner support

### 5. Implications for Future Research

5.1. Rigorous program evaluations and high quality research studies should be conducted. These studies should involve

5.1.1. sufficient sample size
5.1.2. data collection at short-term and long term intervals
5.1.3. effective interventions to increase partner support
5.1.4. the relative effectiveness of different types of partner support
5.1.5. description of processes of randomization ad allocation concealment
5.1.6. valid measures of partner support and smoking cessation

### 6. Cost Benefit or Cost-effectiveness Information

6.1. No cost related information was included in the review

### General Implications

- The results of this review suggests that smoking cessation interventions with partner support are no more effective in increasing abstinence rates than smoking cessation programs alone.
- The primary studies included in this meta-analysis were assessed to have various methodological issues that may have impacted these results. High quality research is required to determine the effectiveness of interventions to enhance partner support and the impact of effective partner support interventions on smoking cessation.

**Legend:** CI – Confidence Interval; OR – Odds Ratio; RR – Relative Risk

**For definitions see the healthevidence.org glossary** [http://www.healthevidence.org/glossary.aspx](http://www.healthevidence.org/glossary.aspx)
References used to outline issue


Other quality reviews on this topic


Related links

- Health Canada’s tobacco website (http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/index_e.html) provides various programs and options for self-help smoking cessation that include the recommendations of this study.

Suggested citation


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