

# Cochrane Library

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# Cochrane Library 簡介

- 由Cochrane Collaboration 評論小組蒐集、彙整、評審全世界醫療保健相關資料而發表的實證資料庫。
- 提供可信賴的參考資源，且快速取得與臨床問題相關之研究、評論或評估性文章，同時提供科學方法，以訂定臨床個案理想醫療計畫。
- 在大量醫學文獻中，選擇、摘錄合用之醫學資訊。
- 提供數千種健康照護解答，持續更新和擴充內容。

Title Abstract Keyword ▼



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# Cochrane Review的類型

- **Intervention reviews** 評估介入使用健康照護及健康策略的效益及傷害。
- **Diagnostic test accuracy reviews** 評估在診斷和檢測特定疾病時的診斷測試執行表現。
- **Methodology reviews** 解決系統性回顧和臨床試驗如何實施及被報告的相關議題。
- **Qualitative reviews** 綜合質性的證據來解決有效以外的介入問題。
- **Prognosis reviews** 解決可能發生的過程或健康有問題的人未來的狀況。

## Status

New search ..... 2377

Conclusions changed ..... 701

## Available Translations

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## Review Type

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Diagnostic ..... 183

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Methodology ..... 44

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Prognosis ..... 18

Rapid ..... 12

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## Topics

+ Child health ..... 2883

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### Meditation for the primary and secondary prevention of cardiovascular disease

Karen Rees, Andrea Takeda, Rachel Court, Laura Kudrna, Louise Hartley, Edzard Ernst

[Intervention](#) [Review](#) 15 February 2024

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### Psychosocial interventions for stimulant use disorder

Silvia Minozzi, Rosella Saulle, Laura Amato, Francesco Traccis, Roberta Agabio

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### Intravenous immunoglobulin for chronic inflammatory demyelinating polyradiculoneuropathy

Sander RM Bus, Rob J de Haan, Marinus Vermeulen, Ivo N van Schaik, Filip Eftimov

[Intervention](#) [Review](#) 14 February 2024 [New search](#)

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6 ☐

### Evening versus morning dosing regimen drug therapy for hypertension

Chuncheng Wu, Ping Zhao, Ping Xu, Chaomin Wan, Surjit Singh, Shoban Babu Varthya, Shuang-Hong Luo

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7 ☐

### Mobile health technologies to improve walking distance in people with intermittent claudication

# Clinical Answers

# Clinical Answers

- Cochrane Clinical Answers(CCAs) 針對Cochrane 系統性文獻回顧中嚴謹的研究結果，**提供使用者一個易讀、易懂且切入重點的臨床決策參考**。
- **每個 CCAs 涵蓋臨床問題、解答摘要**，以及從Cochrane reviews 可深入探究的相關性證據。實證結合情境敘述、數據與圖表，以可讀性高的介面呈現，讓使用者更容易獲得所需要的臨床解答。
- 主要使用族群為**健康照護醫護專業人員與健康照護決策者**。
- CCAs 以 Cochrane 高質量系統性文獻回顧為基礎，**專注於以「病人安全」為中心**，CCAs 提供醫護人員權威且專業的實證臨床問題解答。

## Filter your results

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The last 9 months ..... 299

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New search ..... 2377

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Issue 2 of 12, February 2024

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Intervention Review 14 February 2024 New search

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## Cochrane Clinical Answers

### Question:

# How do gefitinib and afatinib compare with other cytotoxic chemotherapy regimens for treatment of people with advanced epidermal growth factor receptor mutation non-small-cell lung cancer?

Sera Tort, Kwun M Fong

<https://doi.org/10.1002/cca.1893> | 12 December 2017

### Clinical Answer:

For adults with advanced epidermal growth factor receptor (EGFR) mutation non-small-cell lung cancer (NSCLC) with sensitizing mutations unsuitable for treatment with curative intent by surgery or radical radiotherapy, gefitinib and afatinib result in improved progression-free survival and tumor response, compared with cytotoxic chemotherapy, although researchers saw no effect on overall survival. Symptom palliation and quality of life were also better with both EGFR therapies, despite the adverse events seemingly associated with them.

Comparison of gefitinib versus an alternative cytotoxic chemotherapy (gemcitabine or docetaxel plus cisplatin or paclitaxel plus carboplatin) in randomized controlled trials (RCTs) resulted in no obvious differences in overall survival for any comparison. However, fewer people died or had disease progression with gefitinib than with either paclitaxel plus carboplatin (on average, 570 vs 890 per 1000; high-quality evidence) or docetaxel plus cisplatin (one RCT with 177 participants). Also, more people had a tumor response with gefitinib than with cytotoxic chemotherapy (on average, 602 vs 322 per 1000; four RCTs with 648 participants). Time

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Clinical Answer derived from ▾

Answer

Comparisons

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Trusted evidence.  
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Barry G Matthews, Colin E Thomson, Michael P Harding, John C McKinley, Robert S Ware

9 February 2024

## Halo sign on temporal artery ultrasound versus temporal artery biopsy for giant cell arteritis

Anna L Pouncey, Geoffrey Yeldham, Tejal Magan, Ersilia Lucenteforte, Usman Jaffer, Gianni Virgili



Altmetrics for Cochrane Reviews

## Browse by Topic

Browse the Cochrane Reviews, Protocols and Clinical Answers

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Evi VT Nagler, Gabrielle Williams, Elisabeth M Hodson, Jonathan C Craig

[Show Preview](#) [Intervention](#) [Review](#) 15 June 2011 [Conclusions changed](#)

## Kidney disease 主題子分類 [Interventions for primary hypertension](#)

Vijaya M Musini, Kendra AK Lawrence, Patricia M Fortin, Ken Bassett, James M Wright

[Show Preview](#) [Intervention](#) [Review](#) 5 April 2017 [Free access](#)

### 7 ☐ Pharmacotherapy for mild hypertension

Diana Diao, James M Wright, David K Cundiff, Francois Gueyffier

[Show Preview](#) [Intervention](#) [Review](#) 15 August 2012

### 8 ☐ Advice to reduce dietary salt for prevention of cardiovascular disease

Lee Hooper, Christopher Bartlett, George Davey Smith, Shah Ebrahim

[Show Preview](#) [Intervention](#) [Review](#) 26 January 2004

### 9 ☐ Antihypertensive agents for preventing diabetic kidney disease

Jicheng Lv, Vlado Perkovic, Celine V Foote, Maria E Craig, Jonathan C Craig, Giovanni FM Strippoli

[Show Preview](#) [Intervention](#) [Review](#) 12 December 2012

### 10 ☐ Antiplatelet agents for chronic kidney disease

Suetonia C Palmer, Lucia Di Micco, Mona Razavian, Jonathan C Craig, Vlado Perkovic, Fabio Pellegrini, Meg J Jardine, Angela C Webster, Sophia Zoungas, Giovanni FM Strippoli

[Show Preview](#) [Intervention](#) [Review](#) 30 April 2013 [Free access](#)

### 11 ☐ Angiotensin-converting enzyme inhibitors and angiotensin receptor blockers for preserving residual kidney function in peritoneal dialysis patients

Ling Zhang, Xiaoxi Zeng, Ping Fu, Hong Mei Wu

# PICOs瀏覽

Browse by PICOs

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### Population

Blood and immune system conditions

Cancer

Cardiovascular conditions

Digestive system conditions

Ear, nose and throat conditions

Endocrinal, nutritional and metabolic disorders

Eyes and vision

Fertility, pregnancy and childbirth

Gynaecological conditions

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Lifestyle and wellbeing

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Function

Infection

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Mortality

Pain

Psychosocial

Quality of Life

Resource use

Satisfaction with care

Withdrawals or dropouts



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# 依PICOs進行篩選

## Population

### Condition

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## Intervention / Comparison

### Intervention Name

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809 results matching **'Outcome "Pain"'**

21, February 2024

☐ Select all (809)   Export selected citation(s)   Show all PICOs

Order By   Relevancy ▼

Results per page   25 ▼

- ☐ **Perioperative dexmedetomidine for acute pain after abdominal surgery in adults**  
HidePICOs ▲ 18 February 2016

<b>Population (3)</b> Adult <input type="checkbox"/> Aged (65+) <input type="checkbox"/> Procedure On Abdomen <input type="checkbox"/>	<b>Intervention (2)</b> Dexmedetomidine <input type="checkbox"/> Perioperative <input type="checkbox"/>	<b>Comparison (2)</b> Placebo <input type="checkbox"/> Perioperative <input type="checkbox"/>	<b>Outcome (12)</b> Postoperative Nausea... <input type="checkbox"/> Mobility function <input type="checkbox"/> Passing Flatus <input type="checkbox"/> Sedated <input type="checkbox"/> Stool Finding <input type="checkbox"/> Postoperative Pain <input type="checkbox"/> Analgesic Effect <input type="checkbox"/> Rescue Medication <input type="checkbox"/> <a href="#">Show more</a>
---	---	---	---
- ☐ **Topical analgesia for acute otitis media**  
ShowPICOs ▼ 01 March 2006
- ☐ **Transcutaneous electrical nerve stimulation for acute pain**  
ShowPICOs ▼ 15 June 2015
- ☐ **Sub-Tenon's anaesthesia versus topical anaesthesia for cataract surgery**  
ShowPICOs ▼ 27 August 2015
- ☐ **Heated insufflation with or without humidification for laparoscopic abdominal surgery**  
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- ☐ **Surgical options for lumbar spinal stenosis**  
ShowPICOs ▼ 01 November 2016

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9 February 2024

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Title Abstract Keyword

Record Title

Abstract

Author

Keyword

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Cochrane Topic

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Type a search term

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+

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- ☒ All dates
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- ☐ The last 3 months
- ☐ The last 6 months
- ☐ The last 9 months
- ☐ The last year
- ☐ The last 2 years
- ☐ Between   and

限制出版年代

CENTRAL Trials only

Original publication year



- ☒ All years
- ☐ Between  and

- ☒ **Search word variations**  
(e.g. "paid" will find pay, pays, paying, payed)

Cochrane Group

Choose Cochrane Group

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Enter MeSH term

Select subheadings / qualifiers

Look up

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# 限制檢索方向副標題

Enter MeSH term

|

Look up

Clear

- abnormalities - AB
- administration & dosage - AD
- adverse effects - AE
- agonists - AG
- analogs & derivatives - AA
- analysis - AN
- anatomy & histology - AH
- antagonists & inhibitors - AI

# PICO檢索



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Informed decisions.  
Better health.

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English

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Title Abstract Keyword ▾

nicotine replacement therapy

(Word variations have been searched)

+

Search limits

Send to search manager

Run search

Clear all

# 形成研究問題

- **PICO問題**
- P : population (patient or problem (病患))  
I : intervention (介入處理)  
C : comparison of intervention (對照)  
O : clinical outcome (臨床結果)
- 將這些面向化為資料庫檢索點

# PICO Search

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## Advanced Search

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### 《 PICO Search 》

將Cochrane Reviews依P, I, C, O分類註記控制詞彙，  
幫助您更快速更精準地找到最相關的文獻。

- 搜尋範圍：預期將2015年迄今的Intervention Reviews 介入型評論全數納入。
- 為獨立頁面，尚未與Search Manager整合；不提供檢索歷史與儲存檢索策略功能。

# PICO Search

Search Search manager Medical terms (MeSH) PICO search

Enter a search term and select a PICO vocabulary term from the dropdown

asthma

- Asthma
- Mild Asthma
- Asthma Management
- Acute Asthma
- Seasonal Asthma

Search Search manager Medical terms (MeSH) PICO search

輸入 "Asthma"  
列出相似詞、主題子項目：  
• Mild Asthma  
• Acute Asthma

1. 必須搭配資料庫提供的控制詞彙選單
2. 詞彙選單含相似詞及同義詞

Enter a search term and select a PICO vocabulary term from the dropdown

heart attack

For Heart attack, use Myocardial Infarction

Exposure To Attack By Other Person

For Asthma Attack, use Acute Exacerbation Of Asthma

輸入 "Heart Attack"  
列出建議使用同義詞：  
• Myocardial Infarction

資料庫提供同義詞辭典

[Search](#)[Search manager](#)[Medical terms \(MeSH\)](#)[PICO search](#)[About](#)[? Search help](#)

Enter a search term and select a PICO vocabulary term from the dropdown

[Lookup ▼](#)

☒ Population  
☐ Outcome

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## Filter your results

### Population

#### Condition

Asthma.....	171
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Exercise-induced Asthma.....	7
Chronic Obstructive Pulmonary Disease...	6
Hospitalization.....	5
Hospital discharge.....	3
Allergic Conjunctivitis.....	3
Wheezing.....	3
Allergic Rhinitis.....	3

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Cochrane Reviews  
209

209 results matching **Population "Asthma"**

17, February 2024

☐ [Select all \(209\)](#)   [Export selected citation\(s\)](#)   [Show all PICOs](#)

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- ☐ **Pulse oximeters to self monitor oxygen saturation levels as part of a personalised asthma action plan for people with asthma**  
[ShowPICOs ▼](#) 27 September 2015
- ☐ **Indigenous healthcare worker involvement for Indigenous adults and children with asthma**  
[ShowPICOs ▼](#) 01 May 2010
- ☐ **Homeopathy for chronic asthma**  
[ShowPICOs ▼](#) 01 January 1999
- ☐ **Interventions for educating children who are at risk of asthma-related emergency department attendance**  
[ShowPICOs ▼](#) 01 February 2009

# 範例

檢索問題：一位20多歲的婦女，想利用尼古丁替代藥物戒菸，成效是否有效?

	主要陳述	關鍵字
P	抽菸習慣之成年婦女	婦女 (19歲以上)(female)
I	利用尼古丁替代藥物 治療	尼古丁替代療法(nicotine replacement therapy)
C	不借助醫療自行戒菸	
O	戒菸	戒菸(smoking cessation)

[Search](#)[Search manager](#)[Medical terms \(MeSH\)](#)[PICO search](#)[View saved searches](#)[? Search help](#)

Did you know the MeSH browser features are also available on the Search manager tab by selecting the [MeSH](#) button?

Search manager lets you add unlimited search lines, view results per line, and select fields using the [S](#) button (next to the search box).

定義

[Look up](#)[Clear](#)

### Definition

**Nicotine Replacement Therapy** - Replacing NICOTINE from TOBACCO with an alternate source in order to reduce the severity of tobacco withdrawal during TOBACCO USE CESSATION.

### Thesaurus Matches

#### Exact Term Match

同義詞

#### Nicotine Replacement Therapy

Synonyms: Therapies, Nicotine Replacement; Nicotine Replacement Therapies; Therapy, Nicotine Replacement

#### Phrase Matches

#### Nicotine Replacement Therapy

Synonyms: Nicotine Replacement Therapies

#### Any Word Match

#### Nicotine Replacement Therapy

Synonyms: Therapies, Nicotine Replacement; Nicotine Replacement Therapies; Therapy, Nicotine

### MeSH Trees

#### MeSH term - Nicotine Replacement Therapy

- ☒ Explode all trees  
☐ Single MeSH term (unexploded)  
☐ Explode selected trees

[Select](#)

Home Infusion Therapy  
Hormone Replacement Therapy [+1]  
Inappropriate Prescribing  
Induction Chemotherapy  
Maintenance Chemotherapy  
Medication Errors [+2]  
Molecular Targeted Therapy  
Nicotine Replacement Therapy  
Opiate Substitution Treatment  
Orthomolecular Therapy  
Photochemotherapy [+1]  
Pleurodesis  
Polypharmacy  
Premedication [+1]  
Sclerotherapy

層屬  
關係

### Search Results

There are **3** results  
- MeSH description  
- Explode all trees

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+

#1

MeSH descriptor: [Nicotine Replacement Therapy] explode all trees

MeSH ▾

3

-

+

#2




Type a search term or use the S or MeSH buttons to compose

S ▾

MeSH ▾

Limits

N/A

 Clear all☐ Highlight orphan lines Save this search ▾ View/Share saved searches

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# 一般Search



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nicotine replacement therapy

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+

-

+

#1

MeSH descriptor: [Nicotine Replacement Therapy] explode all trees

MeSH ▾

3

-

+

#2

(nicotine replacement therapy)

S ▾

Limits

2224

(Word variations have been searched)

-

+

#3

#1 or #2

Limits

2224

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+

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Smoking Cessation

Select subheadings / qualifiers

Look up

Clear

## Definition

**Smoking Cessation** - Discontinuing the habit of SMOKING.

## Thesaurus Matches

Up Smoking; Up Smoking, Giving; Cessation, Smoking

### Phrase Matches

#### Smoking Cessation Agents

Synonyms:

#### Smoking Cessation

Synonyms: Smoking Cessations

#### Tobacco Use Cessation Devices

Synonyms: Smoking Cessation Product; Smoking Cessation Products; Product, Smoking Cessation; Products, Smoking Cessation

### Any Word Match

Smoking Cessation Agents

## MeSH Trees

MeSH term - **Smoking Cessation**

- ☒ Explode all trees  
☐ Single MeSH term (unexploded)  

---

☐ Explode selected trees **Select**

### ☒ Tree number 1

#### Behavior and Behavior Mechanisms [+15]

##### Behavior [+42]

##### Health Behavior [+7]

##### Health Risk Behaviors

##### Self-Examination [+1]

##### Sleep Hygiene

##### Smoking Cessation

##### Smoking Reduction

##### Tobacco Use Cessation

##### Treatment Adherence and Compliance [+3]

## Search Results

There are **5879** results for your search on

- MeSH descriptor: Smoking Cessation
- Explode all trees

**Add to search manager**

Trials	5786
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**Save search**

**View results**

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+

#1

MeSH descriptor: [Nicotine Replacement Therapy] explode all trees

MeSH

3

-

+

#2

(nicotine replacement therapy)

S

Limits

2224

(Word variations have been searched)

-

+

#3

#1 or #2

Limits

2224

-

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#4

MeSH descriptor: [Smoking Cessation] explode all trees

MeSH

5879

-

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#5

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S

MeSH

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+

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#1

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Search查詢

S ▾

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Limits

N/A

Print

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Title Abstract Keyword

Record Title

Abstract

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Keyword

All Text

Publication Type

Source

DOI

Accession Number

Trial Registry Number

Cochrane Group

Cochrane Topic

nicotine replacement therapy

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Search

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#1

(nicotine replacement therapy)

S ▾

Limits

2140

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#2

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N/A

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# Advanced Search

Search

Search manager

Medical terms (MeSH)

PICO search<sup>BETA</sup>

Save this search ▾

View saved searches

Search help

+

Print

-

+

#1

(nicotine replacement therapy)

S ▾

Limits

1667

-

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S ▾

MeSH ▾

Limits

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MeSH代表  
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Smoking Cessation

Select subheadings / qualifiers

- abnormalities - AB
- administration & dosage - AD
- adverse effects - AE
- agonists - AG
- analogs & derivatives - AA
- analysis - AN
- anatomy & histology - AH

Look up

Clear

✕ Clear all

☐ Highlight orphan lines

Smoking Cessation

Select subheadings / qualifiers

Look up

Clear

Definition

**Smoking Cessation** - Discontinuing the habit of SMOKING.

Thesaurus Matches

Exact Term Match

Smoking Cessation

Synonyms: Smoking Cessations; Giving Up Smoking; Smoking, Stopping; Stopping Smoking; Cessation, Smoking; Up Smoking, Giving; Smoking, Quitting; Smokings, Giving Up; Quitting Smoking; Smoking, Giving Up

Phrase Matches

Smoking Cessation Agents

Synonyms:

Smoking Cessation

Synonyms: Smoking Cessations

Tobacco Use Cessation Devices

MeSH Trees

MeSH term - **Smoking Cessation**

- ☒ Explode all trees
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- ☐ Explode selected trees

Select

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Behavior and Behavior Mechanisms [+14]

Behavior [+41]

Health Behavior [+7]

Health Risk Behaviors

Self-Examination [+1]

Sleep Hygiene

Smoking Cessation

Smoking Reduction

Tobacco Use Cessation

Treatment Adherence and Compliance

[+3]

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There are **3887** results for your search on

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Trials	3804
Cochrane Reviews	83

Add/Edit search line

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+

-

+

#1

MeSH descriptor: [Nicotine Replacement Therapy] explode all trees

MeSH ▾

3

-

+

#2

(nicotine replacement therapy)

S ▾

Limits

2224

(Word variations have been searched)

-

+

#3

MeSH descriptor: [Smoking Cessation] explode all trees

MeSH ▾

5879

-

+

#4

(female)

S ▾

Limits

969214

(Word variations have been searched)

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#5

(adult)

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Limits

803880

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#7

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4 ☐

#### Interventions for preventing weight gain after smoking cessation

Jamie Hartmann-Boyce<sup>a</sup>, Annika Theodoulou<sup>a</sup>, Amanda Farley, Peter Hajek, Deborah Lycett, Laura L Jones, Laura Kudlek, Laura Heath, Anisa Hajizadeh, Marika Schenkels, Paul Aveyard

Intervention Review 6 October 2021 Free access

interventions prevented smoking relapse among women who had stopped smoking spontaneously in early pregnancy. However, a clear effect was seen in smoking abstinence at zero to five months postpartum (11 studies; average RR 1.59, 95% CI 1.26 to 2.01) and 12 to 17 months (two studies, average RR 2.20, 95% CI 1.23 to 3.96), with a borderline effect at six to 11 months (six studies; average RR 1.33, 95% CI 1.00 to 1.77). In other comparisons, the effect was unclear for most secondary outcomes, but sample sizes were small.

Evidence suggests a borderline effect of health education compared with usual care (five studies; average RR 1.59, 95% CI 0.99 to 2.55), but the quality was downgraded to moderate as the effect was unclear when compared with less intensive interventions (four studies; average RR 1.20, 95% CI 0.85 to 1.70), alternative interventions (one study; RR 1.88, 95% CI 0.19 to 18.60), or when smoking cessation health education was provided as one component of a broader maternal health intervention.

There was evidence feedback increased smoking cessation when compared with usual care and provided in conjunction with other strategies, such as counselling

downgraded to moderate as this was compared with less intensive interventions (three studies; average RR 1.20, 95% CI 0.85 to 1.70).

High-quality evidence suggests increased smoking cessation (incentive) intervention (four studies; average RR 1.20, 95% CI 0.85 to 1.70) compared with usual care or less intensive interventions.

High-quality evidence suggests the effect of health education compared with usual care (average RR 1.42, 95% CI 0.98 to 2.07), in a single study, was unclear when provided as part of a broader intervention.

The effect was unclear in single interventions compared with counselling of counselling (RR 1.63, 95% CI 0.62 to 4.21).

Importantly, high-quality evidence from pooled results demonstrated that women who received psychosocial interventions had a 17% reduction in infants born with low birthweight, a significantly higher mean birthweight (mean difference (MD) 55.60 g, 95% CI 29.82 to 81.38 g higher) and a 22% reduction in neonatal intensive care admissions. However the difference in preterm births and stillbirths was unclear. There did not appear to be adverse psychological effects from the interventions.

The intensity of support women received in both the intervention and comparison groups has increased over time, with higher-intensity interventions more likely to have higher-intensity comparisons, potentially explaining why no clear differences were seen with increasing intervention intensity in meta-regression analyses. Among meta-regression analyses: studies classified as having 'unclear' implementation and unequal baseline characteristics were less effective than other studies. There was no clear difference between trials implemented by researchers (efficacy studies), and those implemented by routine pregnancy staff (effectiveness studies), however there was uncertainty in the effectiveness of counselling in four dissemination trials where the

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翻譯者：羅峻涵  
服務單位：中山醫學大學醫學系  
職稱：實習醫生

本翻譯計畫由臺北醫學大學考科藍臺灣研究中心(Cochrane Taiwan)、台灣實證醫學學會及東亞考科藍聯盟(EACA)統籌執行  
聯絡E-mail: cochrane taiwan@tmu.edu.tw

Close

PICOs

Plain language summary

Authors' conclusions

Summary of findings

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# 社會心理介入措施用於支持懷孕婦女停止抽菸

## 本篇議題是甚麼？

懷孕時吸菸會增加母親懷孕期間產生併發症和孩童出生體重過低的風險。香菸當中的尼古丁和其他成分對孩童的成長和發育有不良的影響。

## 為什麼此議題很重要？

懷孕時期抽菸婦女的數量在高收入國家逐漸減少，但在低、中收入國家中是增加的。針對心理、情緒或社會因素等的非藥物介入措施，稱作社會心理介入措施。我們尋找多種能夠促進懷孕婦女停止吸菸的社會心理介入措施的證據。

## 我們找到了哪些證據？

本文獻回顧納入了含120個介入項目的102個隨機對照試驗，和88個隨機對照試驗的數據(納入28000名婦女)。主要干預策略分為諮詢(n=54)、衛生教育、(n=12)、回饋(n=6)、鼓勵(n=13)、社會支持(n=7)和實行(n=1)。

本篇文獻回顧提供中高品質證據，說明社會心理介入措施增加懷孕晚期停止吸菸的婦女比例(增加35%)、平均嬰兒出生體重(增加56克)、減少出生體重過低之新生兒數目(減少17%)，及出生後即住進新生兒加護病房的嬰兒數量(減少22%)。社會心理介入措施沒有顯示會帶來任何不良的影響。有些結果在不同研究之間有無法解釋的差別，且有些研究規模小，使得我們對其結果的信心下降。幾乎所有的研究都是在高收入國家執行。

諮詢介入與常規照護相比，對孕婦停止吸菸有鮮明的影響(30個研究)，與消極介入相較下影響較小(18個研究)。將諮詢作為一個廣泛介入措施之一，對於促進孕婦健康或與其他諮詢方式相較下，皆無明顯效果。提供回饋的介入措施與常規照護及其他策略，例如諮詢(2個研究)相較下具明顯效果，但若與消極介入相較下則無效果(3個研究)。經濟支援的介入措施相較於其他介入，例如非急難救助金具有較佳的效果(4個研究)。

健康教育對於常規照護(5個研究)，及健康教育做為廣泛孕婦介入政策之一的狀況相比下，不具有明顯的效果。當同儕提供社會支持(6個研究)、夥伴提供社會支持(1個研究)或由廣泛介入措施之一的戒菸支持對於促進孕婦健康皆無明顯效果。在一個研究中，運動及諮詢的傳播與常規照護相較下，無明顯效果。

其綜合效果與提供貧困婦女介入措施的效果相似。介入措施對於少數民族的婦女而言，具有明顯的效果，但對於原住民則無(4個研究)。綜合結果顯示若在孕期中施行介入措施，其亦可降低生產後戒菸率。對於早產(19個研究)及死胎(8個研究)的效果尚不清楚。

## 此文獻回顧結果意謂？

諮詢、回饋及經濟支援介入措施可降低懷孕後期的婦女吸菸的數目。然而，其介入措施及內文的介入方式需謹慎的評估。健康教育及社會支援的效果並不太清楚。大部分的研究皆在高收入國家執行，因此難以評估其研究結果是否適用其他狀況。隨著研究時間的進展，不論是在介入組或對照組，其支持兩組婦女的強度皆有增加。許多研究皆未提供符合資格參與

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# Relapse prevention interventions for smoking cessation

✉ Jonathan Livingstone-Banks, Emma Norris, Jamie Hartmann-Boyce, Robert West, Martin

Peter Hajek Authors' declarations of interest


Version published: 28 October 2019 Version history

<https://doi.org/10.1002/14651858.CD003999.pub6>

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## Abstract

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## Background

A number of treatments can help smokers make a successful quit attempt, but many initially successful quitters relapse over time. Several interventions have been proposed to help prevent relapse.

## Objectives

To assess whether specific interventions for relapse prevention reduce the proportion of recent quitters who return to smoking.

## Search methods

We searched the Cochrane Tobacco Addiction Group trials register, clinicaltrials.gov, and the ICTRP in May 2019 for studies mentioning relapse prevention or maintenance in their title, abstracts, or keywords.

## Selection criteria

Randomised or quasi-randomised controlled trials of relapse prevention interventions with a minimum follow-up of six months.

We included smokers who quit on their own, were undergoing enforced abstinence, or were participating in treatment

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# Psychosocial interventions for supporting women to stop smoking in pregnancy

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## ABSTRACT

### Background

## Background

Tobacco smoking remains one of the few preventable factors associated with complications in pregnancy, and has serious long-term implications for women and babies. Smoking in pregnancy is decreasing in high-income countries, but is strongly associated with poverty and is increasing in low- to middle-income countries.

## Objectives

To assess the effects of smoking cessation interventions during pregnancy on smoking behaviour and perinatal health outcomes.

## Search methods

In this sixth update, we searched the Cochrane Pregnancy and Childbirth Group's Trials Register (13 November 2015), checked reference lists of retrieved studies and contacted trial authors.

## Selection criteria

Randomised controlled trials, cluster-randomised trials, and quasi-randomised controlled trials of psychosocial smoking cessation interventions during pregnancy.

## Data collection and analysis

Two review authors independently assessed trials for inclusion and trial quality, and extracted data. Direct comparisons were conducted in RevMan, with meta-regression conducted in STATA 14.

## Main results

The overall quality of evidence was moderate to high, with reductions in confidence due to imprecision and heterogeneity for some outcomes. One hundred and two trials with 120 intervention arms (studies) were included, with 88 trials (involving over 28,000 women) providing data on smoking abstinence in late pregnancy. Interventions were categorised as counselling, health education, feedback, incentives, social support, exercise and dissemination.

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*Int. J. Environ. Res. Public Health* **2018**, *15*(9), 1873;  
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## Developments in the Research Base on Reducing Exposure to Second-Hand Smoke



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Editorial

### Developments in the Research Base on Reducing Exposure to Second-Hand Smoke

Olivia Wynne \* and Billie Bonevski

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check for updates

There is no safe level of second-hand smoke (SHS; or passive smoke and environmental tobacco smoke) from tobacco, and it poses a serious risk to those exposed to it [1]. The health risks of SHS are well-described and substantial [1], with children at particular risk [2]. SHS affects not only smokers, but non-smokers as well. SHS is a known human carcinogen [3]; in addition to cancer, exposure to SHS has been associated with respiratory disease, cardiovascular disease, and major bacterial infections [4]. Children exposed to SHS are more likely to suffer asthma, decreased lung function, and middle ear disease [5]. Like childhood, the in utero period is especially sensitive to the detrimental effects of tobacco exposure. In addition to later life effects, smoking while pregnant can lead to poor birth outcomes, such as preterm delivery [6]. Globally, 40% of children, 35% of female non-smokers, and 33% of male non-smokers are exposed to SHS, resulting in over 600,000 deaths related to diseases caused by SHS exposure, such as ischaemic heart disease, asthma, and lung cancer [7]. SHS contributes to 1% of worldwide mortality, with the majority of the deaths in women (47%) and children (28%) [7]. Indeed, being female is a major risk factor for SHS exposure [8].

While major strides have been made in tobacco control worldwide, further steps are needed to reduce SHS exposure. Smoke-free legislation has reduced the number of places that people can smoke in many countries, however 99% of the world's population is living in areas without 100% smoke-free policies in place [9]. Smoking bans in public places, such as bars, restaurants, and education campuses, have been shown to reduce SHS exposure for workers and patrons [10]. However, such bans are often partial, meaning that the venue is not totally smoke-free, and has designated areas where people can smoke on site. Partial bans have been shown to be poorly enforced, with evidence of smoking and SHS exposure in the designated non-smoking locations [11]. Also, private houses are out of the reach of smoke-free legislation, meaning there are significant gaps in smoke-free enforcement. Adults and children living in multi-unit housing can be at particular risk, due to SHS migrating through air ducts, open windows, balcony doors, and stairwells [12]. People of lower socioeconomic status are more likely to smoke [13], and more likely to live in multi-unit housing [14,15] potentially leading to a "double-hit" effect of SHS exposure.

In this special issue, we aimed to explore the latest developments in methods for minimising SHS exposure. Lepore and colleagues [16] used a randomised control trial to evaluate a multi-level intervention aimed at reducing child tobacco smoke exposure in a low-income population. The intervention group received usual care which followed clinical practice guidelines for tobacco intervention ("Ask, Advise, and Refer" [AAR]), and also received individual telephone smoking cessation counselling. The control group received standard AAR with nutritional education. Both groups saw a reduction in child SHS exposure as measured by cotinine levels, and both groups were likely to adopt protective behaviours, such as implementing smoking restriction in the car and home. The results suggest the lower-cost standard practice may be sufficiently potent to reduce child SHS exposure. Importantly, the intervention resulted in parents being 2.47 times

## Keywords

# 相關醫學主題詞超連結

### MeSH

#### Medical Subject Headings (MeSH) Keywords

Counseling;  
Exercise;  
Feedback, Psychological;  
Health Education;  
Infant, Low Birth Weight;  
Motivation;  
Obstetric Labor, Premature;  
Patient Education as Topic;  
Pregnancy Outcome;  
\*Pregnant Women;  
Randomized Controlled Trials as Topic;  
Smoking Cessation [\*methods, statistics & numerical data];  
Social Support;

#### Medical Subject Headings Check Words

Female;  
Humans;  
Infant, Newborn;  
Pregnancy;

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## PICO

### PICOs

#### Population (8)

Pregnancy  
Adult 19-44 years  
Middle Aged 45-64 years  
Healthcare Professional  
Smoker  
Young Adult 19-24 years

#### Intervention (1)

Smoking Cessation Therapy

#### Comparison (1)

Usual Care

#### Outcome (8)

Premature Delivery  
Birth Weight  
Psychological Finding  
Stillbirth  
Low Birth Weight Infant  
Intensive Care

Katz, KS, Blake SM, Milligan RA, Sharps PW, White DB, Rodan MF, et al. The design, implementation and acceptability of an integrated intervention to address multiple behavioural and psychosocial risk factors among pregnant African American women. *BMC Pregnancy and Childbirth* 2008;8:22.

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Ershoff DH, Lairson DR, Mullen PD, Quinn VP. Pregnancy and medical cost outcomes of a self-help prenatal smoking cessation program in an HMO. *Public Health Reports* 1990;105(4):340-7.

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Ershoff DH, Quinn VP, Mullen PD. A randomized trial of a serialized self-help smoking cessation program for pregnant women in an HMO. *American Journal of Public Health* 1989;79(2):182-7.

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## An Integrated Randomized Intervention to Reduce Behavioral and Psychosocial Risks: Pregnancy and Neonatal Outcomes

Siva Subramanian, MD<sup>1</sup>, Kathy S. Katz, PhD<sup>1</sup>, Margaret Rodan, ScD<sup>2</sup>, Marie G. Gantz, PhD<sup>3</sup>, M. Nabil El-Khorazaty, PhD<sup>3</sup>, Allan Johnson, PhD<sup>4</sup>, and Jill Joseph, MD, PhD<sup>5</sup>

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<sup>3</sup>RTI International

<sup>4</sup>Howard University

<sup>5</sup>Children's National Medical Center

### Abstract

**Objective**—While biomedical risks contribute to poor pregnancy and neonatal outcomes in African American (AA) populations, behavioral and psychosocial risks (BPSR) may also play a part. Among low income AA women with psychosocial risks, this report addresses the impacts on pregnancy and neonatal outcomes of an integrated education and counseling intervention to reduce BPSR, as well as the contributions of other psychosocial and biomedical risks.

## Version history

# 不同版本(修訂年代)

Published	Title	Stage	Authors	Version
<b>2019 Oct 28</b> <a href="#">Show revisions</a>	Relapse prevention interventions for smoking cessation	Review	Jonathan Livingstone-Banks, Emma Norris, Jamie Hartmann-Boyce, Robert West, Martin Jarvis, Emma Chubb, Peter Hajek	<a href="https://doi.org/10.1002/14651858.CD003999.pub6">https://doi.org/10.1002/14651858.CD003999.pub6</a>
<b>2019 Feb 13</b> <a href="#">Show revisions</a>	Relapse prevention interventions for smoking cessation	Review	Jonathan Livingstone-Banks, Emma Norris, Jamie Hartmann-Boyce, Robert West, Martin Jarvis, Peter Hajek	<a href="https://doi.org/10.1002/14651858.CD003999.pub5">https://doi.org/10.1002/14651858.CD003999.pub5</a>
<b>2013 Aug 20</b> <a href="#">Show revisions</a>	Relapse prevention interventions for smoking cessation	Review	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis, Jamie Hartmann-Boyce, Tim Lancaster	<a href="https://doi.org/10.1002/14651858.CD003999.pub4">https://doi.org/10.1002/14651858.CD003999.pub4</a>
<b>2009 Jan 21</b> <a href="#">Show revisions</a>	Relapse prevention interventions for smoking cessation	Review	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis, Tim Lancaster	<a href="https://doi.org/10.1002/14651858.CD003999.pub3">https://doi.org/10.1002/14651858.CD003999.pub3</a>
<b>2005 Jan 24</b> <a href="#">Show revisions</a>	Relapse prevention interventions for smoking cessation	Review	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis, Tim Lancaster	<a href="https://doi.org/10.1002/14651858.CD003999.pub2">https://doi.org/10.1002/14651858.CD003999.pub2</a>
<b>2003 Jan 20</b> <a href="#">Show revisions</a>	Relapse prevention interventions for smoking cessation	Protocol	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis	<a href="https://doi.org/10.1002/14651858.CD003999">https://doi.org/10.1002/14651858.CD003999</a>

## Differences between protocol and review

As of the last update of the review, meta-analyses of behavioural interventions were changed from a fixed-effect to a random-effects model in line with new Cochrane Tobacco Addiction Group policy, to account for the expected variability in the interventions delivered.

We excluded one previously included study from the last update on the grounds that it included relapsed smokers rather than abstainers (Juliano 2006).

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