We would like to thank Dr Braillon for his letter about our study investigating the relative effectiveness of varenicline and nicotine replacement therapy (NRT) using electronic medical records in the Clinical Practice Research Datalink (CPRD). We agree that the CPRD is an abundant resource. About 12% of GP practices in England are currently participating in CPRD Gold.

National Institute for Clinical Excellence guidelines state that combination-NRT should be prescribed to patients who show a high level of dependence on nicotine or who have found single forms of NRT inadequate in the past. In our study, 23% of patients received more than one prescription for NRT. Previous research using data from the NHS Stop Smoking Services has found that varenicline is marginally more effective than combination NRT at 4-week follow-up (odds ratio, 1.08; 95% confidence interval [CI], 1.00 to 1.16). A Cochrane review pooled effect estimates from seven randomized controlled trials comparing combination- with single-NRT, and found that combination-NRT was more effective (risk ratio, 1.35; 95% CI, 1.11 to 1.63).

Programmes of behavioural support for people using smoking cessation medication increase the chances of quitting (risk ratio, 1.25; 95% CI, 1.08 to 1.45). However, an English survey of smokers conducted between 2006 and 2012 found that only 4.8% of people attempting to quit smoking had used both prescription pharmacotherapy and specialist behavioural support. In our study, it is possible that behavioural support was available to patients through primary care-based stop-smoking services, which are predominantly led by practice nurses or smoking cessation advisers. However, our data did not contain information on whether patients accessed behavioural support. Referral to and attendance at smoking cessation behavioural support is not routinely recorded by GPs.

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References

