



## SMOKING CESSATION IN MENTAL HEALTH SERVICES

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# Review 4: Effectiveness of Smoking Cessation Interventions in Mental Health

## APPENDICES

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**November 2021:** NICE guidelines PH45 (June 2013) and PH48 (November 2013) have been updated and replaced by NG209.

The recommendations labelled [2013] or [2013, amended 2021] in the updated guideline were based on these evidence reviews.

See [www.nice.org.uk/guidance/NG209](http://www.nice.org.uk/guidance/NG209) for all the current recommendations and evidence reviews.

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## APPENDIX 1A. SEARCH STRATEGY

### AMED (ALLIED AND COMPLEMENTARY MEDICINE)

Database host: OVID

Database coverage dates: 1985-current

Search date: 3/2/2012

Number of records: 53

Date limits: 1985-2012

- 1 SMOKING CESSATION/ 135
- 3 SMOKING/ 245
- 4 1 OR 3 364
- 5 NEUROTIC DISORDERS/ OR PSYCHOTIC DISORDERS/ OR SCHIZOPHRENIA/ OR DELIRIUM/ OR AMNESIA/ OR ADJUSTMENT DISORDERS/ OR MENTAL DISORDERS/ OR exp PERSONALITY DISORDERS/ OR exp SOMATOFORM DISORDERS/ OR exp EATING DISORDERS/ OR exp DISSOCIATIVE DISORDERS/ OR exp DEMENTIA/ OR exp COGNITION DISORDERS/ OR exp CHILD MENTAL DISORDERS/ OR exp ANXIETY DISORDERS/ OR exp AFFECTIVE DISORDERS/ 16325
- 6 RETT SYNDROME/ 37
- 7 REHABILITATION CENTERS/ 258
- 8 MENTAL HEALTH/ 996
- 9 MENTAL HEALTH SERVICES/ OR COMMUNITY MENTAL HEALTH SERVICES/ 1152
- 10 ALZHEIMERS DISEASE/ 705
- 12 COGNITION DISORDERS/ 1495
- 13 ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY/ 515
- 14 CHILD BEHAVIOR DISORDERS/ 362
- 15 MOTOR SKILLS DISORDERS/ 108
- 16 DYSLEXIA/ 230
- 17 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 12 OR 13 OR 14 OR 15 OR 16 18234
- 18 ("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit\*) OR (behavio\* problem\$) OR (behavio\* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio\*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic ADJ1 person\*) OR (antisocial ADJ1 person\*) OR anxiety OR anxious OR (person\* ADJ1 asocial) OR Asperger\* OR autism OR autistic OR (person\* ADJ1 avoidant) OR bipolar\* OR (borderline ADJ1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive ADJ1 person\*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion\* OR (dependent ADJ1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* ADJ1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* ADJ1 histrionic)).ti,ab 11528
- 19 (((histrionic ADJ1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic ADJ1 person\*) OR (person\* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* ADJ1 obsessive) OR (obsessive ADJ1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person\*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR (rett ADJ2 s) OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi\* OR hypomania OR cyclothymia OR dysthymia

OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid\* OR parasuicid\*).ti,ab 12423

20 (((self ADJ1 harm\*) OR (self ADJ1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab 5250

21 (((anankastic ADJ personalit\*) OR "anorexia nervosa" OR (antisocial ADJ personalit\*) OR ("attention deficit" ADJ disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab 1637

22 17 OR 18 OR 19 OR 20 OR 21 32825

23 ("temporary abstinence" OR (temporar\* ADJ1 abstain\*) OR (abstain\* ADJ1 temporar\*) OR (controlled ADJ1 smoking)).ti,ab 0

24 ((fading ADJ2 smok\*) OR (temporary ADJ2 smok\*) OR (cessat\* ADJ2 smok\*) OR (withdraw\* ADJ2 smok\*) OR (ceas\* ADJ2 smok\*) OR (stop\* ADJ2 smok\*) OR (schedul\* ADJ2 smok\*) OR (quit ADJ2 smok\*) OR (quits ADJ2 smok\*) OR (quitt\* ADJ2 smok\*) OR (reduc\* ADJ2 smok\*) OR (abstain\* ADJ2 smok\*) OR (prevent\* ADJ2 smok\*) OR (abstinence ADJ2 smok\*) OR (restrict\* ADJ2 smok\*)).ti,ab 247

25 ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat\* ADJ2 tobacco) OR (withdraw\* ADJ2 tobacco) OR (ceas\* ADJ2 tobacco) OR (stop\* ADJ2 tobacco) OR (schedul\* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt\* ADJ2 tobacco) OR (reduc\* ADJ2 tobacco) OR (abstain\* ADJ2 tobacco) OR (prevent\* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict\* ADJ2 tobacco)).ti,ab 17

26 ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat\* ADJ2 cigarette\$) OR (withdraw\* ADJ2 cigarette\$) OR (ceas\* ADJ2 cigarette\$) OR (stop\* ADJ2 cigarette\$) OR (schedul\* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt\* ADJ2 cigarette\$) OR (reduc\* ADJ2 cigarette\$) OR (abstain\* ADJ2 cigarette\$) OR (prevent\* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict\* ADJ2 cigarette\$)).ti,ab 8

27 (fading OR temporary OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit\$ OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*).ti,ab 28635

28 ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab 28

29 27 AND 28 3

30 ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar\* OR smok\* OR tobacco).ti,ab 1106

31 ("give up" OR "gives up" OR "giving up").ti,ab 750

32 30 AND 31 2

33 4 OR 23 OR 24 OR 25 OR 26 OR 29 OR 32 449

34 22 AND 33 53

35 34 [Limit to: Publication Year 1985-Current] 53

## ASSIA (APPLIED SOCIAL SCIENCE INDEX AND ABSTRACTS)

Database host: CSA Illumina

Database coverage dates: 1987-current

Search date: 31/1/2012

Number of records: 458

Date limits: 1985-2012

Search query: (((DE=("tobacco" or "cigarettes" or "cigars" or "snuff" or "ex smokers" or "heavy smoking" or "light smokers" or "moderate smoking" or "occasional smoking" or "smokers" or "smoking" or "tobacco smoke")) and(DE="cessation")) or((TI=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars) OR AB=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) OR AB=(fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*))) or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti)) or(TI=("temporary abstinence") OR (temporar\* WITHIN 1 abstain\*) OR (abstain\* WITHIN 1 temporar\*) OR AB=("temporary abstinence") OR (temporar\* WITHIN 1 abstain\*) OR (abstain\* WITHIN 1 temporar\*)) or(TI=("controlled smoking") OR AB=("controlled smoking")) or(TI=((fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) WITHIN 2 (smok\* OR tobacco OR cigarette\*))) or(AB=((fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) WITHIN 2 (smok\* OR tobacco OR cigarette\*)))) and((((DE=("psychiatric disorders" or "mental health" or "psychiatric nurses" or "psychiatric nursing" or "psychiatric social workers" or "mental illness" or "acrophobia" or "acute stress disorder" or "adjustment disorder" or "affective disorders" or "affective psychoses" or "agoraphobia" or "akathisia" or "alcoholic psychoses" or "alexithymia" or "anhedonia" or "animal phobias" or "anorexia nervosa" or "anthropophobia" or "anxiety disorders" or "asperger s syndrome" or "attachment disorders" or "attention deficit disorder" or "attention deficit hyperactivity disorder" or "autism" or "autistic spectrum disorders" or "behaviour

disorders" or "binge eating" or "bipolar affective disorder" or "bulimia nervosa" or "cacodemonomania" or "capgras syndrome" or "catatonia" or "cenesthopathy" or "character disorders" or "childhood depression" or "childhood disintegrative disorder" or "childhood separation anxiety" or "chronic posttraumatic stress disorder" or "chronic psychiatric disorders" or "chronic schizophrenia" or "claustrophobia" or "combat disorders" or "combat related posttraumatic stress disorder" or "communication disorders" or "community psychiatric nurses" or "community psychiatric nursing" or "compulsive buying" or "compulsive eating" or "compulsive foraging behaviour" or "conduct disorders" or "confusional states" or "conversion disorder" or "coprophagia" or "cotard s syndrome" or "death depression" or "delusional depression" or "delusional disorders" or "demonomania" or "dental phobia" or "depersonalization disorder" or "depression" or "disruptive behaviour disorders" or "dissociative disorders" or "dysmorphophobia" or "dysphagia" or "eating disorders" or "emotional disorders" or "erotophobia" or "folie a deux" or "forensic psychiatric nurses" or "forensic psychiatric nursing" or "fregoli syndrome" or "generalized anxiety disorders" or "head banging" or "heller s syndrome" or "hyperphagia" or "hypomania" or "impulse control disorders" or "infantile autism" or "insanity" or "koro" or "korsakoff s syndrome" or "liaison psychiatric nurses" or "liaison psychiatric nursing" or "litigious delusional disorders" or "mania" or "mass psychogenic illness" or "maternal depression" or "medium security units" or "melancholia" or "military psychiatric hospitals" or "mood incongruent psychoses" or "movement disorders" or "neurasthenia" or "neuroleptic malignant syndrome" or "neuroses" or "neuroticism" or "nocturnal panic disorder" or "obsessive compulsive neuroses" or "oppositional defiant disorder" or "organic mood syndrome" or "panic disorders" or "paranoia" or "paranoid schizophrenia" or "paranoid states" or "paraphrenia" or "parental depression" or "paternal depression" or "personality disorders" or "pervasive developmental disorders" or "phobias" or "pica" or "postabortion syndrome" or "postnatal depression" or "posttraumatic stress disorder" or "private psychiatric hospitals" or "psychiatric clinics" or "psychiatric day centres" or "psychiatric day hospitals" or "psychiatric hospitals" or "psychiatric morbidity" or "psychiatric nurse patient interactions" or "psychiatric services" or "psychiatric social work" or "psychiatric staff nurses" or "psychiatric units" or "psychogenic aspects" or "psychogenic polydipsia" or "psychoses" or "psychotic mood disorders" or "psychoticism" or "puerperal psychosis" or "purging" or "querulous paranoia" or "rapid eating" or "refractory depression" or "restlessness" or "rett syndrome" or "schizo affective disorder" or "schizophrenia" or "schizophreniform disorder" or "school phobia" or "seasonal affective disorders" or "sectioned patients" or "selective mutism" or "separation anxiety" or "shared paranoid disorder" or "snake phobia" or "social phobia" or "somatoform disorders" or "special hospitals" or "spider phobia" or "stage fright" or "thought disorder" or "transference neuroses" or "travelling psychiatric day hospitals" or "unipolar disorders" or "vascular depression" or "weight phobia")) or (DE=("community mental health professionals" or "community mental health services" or "managed mental health care" or "mental health" or "mental health care" or "mental

health perspectives" or "mental health professionals" or "mental health promotion" or "mental health services" or "mental illness" or "preventive mental health care" or "primary mental health care" or "student mental health services" or "anxiety" or "anxiety depression" or "childhood depression" or "death depression" or "delusional depression" or "depression" or "neuroticism" or "outpatient commitment" or "phobic anxiety" or "psychiatric services" or "psychiatric units" or "psychological services" or "psychoticism" or "sectioned patients" or "sectioning" or "social anxiety" or "support bed units"))

or(TI=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")) or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive



OR derealization OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic)) or(TI=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somatization OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*) OR AB=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somatization OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*)) or(TI=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare") OR AB=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare")))) or(DE=("rehabilitation units" or "homeless mentally ill men" or "homeless mentally ill people" or "homeless mentally ill women" or "homeless mentally ill young people" or "insane people" or "long term mentally ill people" or "longterm mentally ill people" or "mentally ill boys" or "mentally ill children" or "mentally ill deaf children" or "mentally ill deaf people" or "mentally ill elderly men" or "mentally ill elderly people" or "mentally ill elderly women" or "mentally ill men" or

"mentally ill mothers" or "mentally ill older people" or "mentally ill parents" or "mentally ill people" or "mentally ill women" or "mentally ill young adults" or "mentally ill young children" or "mentally ill young people" or "psychopaths" or "violent mentally ill people"))

## BRITISH NURSING INDEX

Database host: OVID

Database coverage dates: 1985-current

Search date: 13/2/2012

Number of records: 127

Date limits: 1985-2012

92 (((((histrionic ADJ1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR narcissistic ADJ1 person\*) OR (person\* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* ADJ1 obsessive) OR (obsessive ADJ1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person\*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR (rett ADJ2 s) OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi\* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid\* OR parasuicid\*))).ti,ab 15217

93 (((self ADJ1 harm\*) OR (self ADJ1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare" AND )))ti,ab 11002

94 (((((anankastic ADJ1 personalit\*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit\*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" AND )))ti,ab 1801

95 (("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit\*) OR (behavio\* ADJ1 problem\$) OR (behavio\* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio\*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic ADJ1 person\*) OR (antisocial ADJ1 person\*) OR anxiety OR anxious OR (person\* ADJ1 asocial) OR Asperger\* OR autism OR autistic OR (person\* ADJ1 avoidant) OR bipolar\* OR (borderline ADJ1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive ADJ1 person\*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion\* OR (dependent ADJ1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* ADJ1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* ADJ1 histrionic))).ti,ab 9380

96 92 OR 93 OR 94 OR 95 31158

99 PSYCHIATRIC DISORDERS/ OR exp AUTISM/ OR exp CHILD PSYCHIATRY/ OR exp DEMENTIA/ OR exp DEPRESSION/ OR exp EATING DISORDERS/ OR exp ELDERLY : MENTAL HEALTH/ OR exp NEUROSES AND PHOBIAS/ OR exp POST-TRAUMATIC STRESS/ OR exp PSYCHOSOMATIC DISORDERS/ OR exp SCHIZOPHRENIA/ OR exp SELF HARM/ OR exp SECURE PSYCHIATRIC HOSPITALS/ 12644

100 exp PSYCHIATRIC PATIENTS/ OR exp PSYCHIATRIC NURSING/ OR exp MENTAL HEALTH/ OR exp CHILD PSYCHIATRY/ OR exp ELDERLY : MENTAL HEALTH/ OR exp PSYCHIATRIC NURSING : EDUCATION/ OR exp PSYCHIATRIC PATIENTS/ OR exp MENTAL HEALTH : SERVICES/ OR PSYCHIATRIC REHABILITATION/ OR exp MENTAL HEALTH : COMMUNITY CARE/ OR exp SECURE

PSYCHIATRIC HOSPITALS/ OR exp COMMUNITY PSYCHIATRIC NURSING/ OR exp PSYCHIATRIC SERVICES/ 14154

101 96 OR 99 OR 100 33517

102 SMOKING/ 2432

103 (("temporary abstinence" OR (temporar\* ADJ1 abstain\*) OR (abstain\* ADJ1 temporar\*) OR (controlled ADJ1 smoking))).ti,ab 0

104 (((fading ADJ2 smok\*) OR (temporary ADJ2 smok\*) OR (cessat\* ADJ2 smok\*) OR (withdraw\* ADJ2 smok\*) OR (ceas\* ADJ2 smok\*) OR (stop\* ADJ2 smok\*) OR (schedul\* ADJ2 smok\*) OR (quit ADJ2 smok\*) OR (quits ADJ2 smok\*) OR (quitt\* ADJ2 smok\*) OR (reduc\* ADJ2 smok\*) OR (abstain\* ADJ2 smok\*) OR (prevent\* ADJ2 smok\*) OR (abstinence ADJ2 smok\*) OR (restrict\* ADJ2 smok\*))).ti,ab 1064

105 (((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat\* ADJ2 tobacco) OR (withdraw\* ADJ2 tobacco) OR (ceas\* ADJ2 tobacco) OR (stop\* ADJ2 tobacco) OR (schedul\* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt\* ADJ2 tobacco) OR (reduc\* ADJ2 tobacco) OR (abstain\* ADJ2 tobacco) OR (prevent\* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict\* ADJ2 tobacco))).ti,ab 60

106 (((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat\* ADJ2 cigarette\$) OR (withdraw\* ADJ2 cigarette\$) OR (ceas\* ADJ2 cigarette\$) OR (stop\* ADJ2 cigarette\$) OR (schedul\* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt\* ADJ2 cigarette\$) OR (reduc\* ADJ2 cigarette\$) OR (abstain\* ADJ2 cigarette\$) OR (prevent\* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict\* ADJ2 cigarette\$))).ti,ab 8

108 (("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)).ti,ab 14

109 ((cigar\* OR smok\* OR tobacco) AND ("give up" OR "gives up" OR "giving up")).ti,ab 101

110 102 OR 103 OR 104 OR 105 OR 106 OR 108 OR 109 2558

111 101 AND 110 127

## CDC SMOKING AND HEALTH RESOURCE LIBRARY DATABASE

Search date: 8/2/2012

Number of records: 24

Four separate searches undertaken and results scanned results on title, from this potentially relevant items were selected.

Search, using publication year 1985 – 1990:

1. psychiatric AND control (keywords)
2. psychiatric AND cessation (keywords)
3. mental AND cessation (keywords)
4. mental AND control (keywords)

## CINAHL (CUMULATIVE INDEX OF NURSING AND ALLIED HEALTH LITERATURE)

Database host: OVID

Database coverage dates: 1981-current

Search date: 6/2/2012

Number of records: 1805

Date limits: 1985-2012

- 1 (("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit\*) OR (behavio\* problem\$) OR (behavio\* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio\*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic ADJ1 person\*) OR (antisocial ADJ1 person\*) OR anxiety OR anxious OR (person\* ADJ1 asocial) OR Asperger\* OR autism OR autistic OR (person\* ADJ1 avoidant) OR bipolar\* OR (borderline ADJ1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive ADJ1 person\*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion\* OR (dependent ADJ1 personalit\*) OR depersonalization OR depression\* OR depressive OR derealization OR disintegrative OR (person\* ADJ1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* ADJ1 histrionic)).ti,ab
- 2 (((histrionic ADJ1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic ADJ1 person\*) OR (person\* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* ADJ1 obsessive) OR (obsessive ADJ1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person\*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR (rett ADJ2 s) OR retts OR schiz\* OR sociopath\* OR somatization OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi\* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid\* OR parasuicid\*).ti,ab
- 3 (((self ADJ1 harm\*) OR (self ADJ1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab
- 4 (((anankastic ADJ1 personalit\*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit\*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab
- 5 ("temporary abstinence" OR (temporar\* ADJ1 abstain\*) OR (abstain\* ADJ1 temporar\*) OR (controlled ADJ1 smoking)).ti,ab
- 6 ((fading ADJ2 smok\*) OR (temporary ADJ2 smok\*) OR (cessat\* ADJ2 smok\*) OR (withdraw\* ADJ2 smok\*) OR (ceas\* ADJ2 smok\*) OR (stop\* ADJ2 smok\*) OR (schedul\* ADJ2 smok\*) OR (quit ADJ2 smok\*) OR (quits ADJ2 smok\*) OR (quitt\* ADJ2 smok\*) OR (reduc\* ADJ2 smok\*) OR (abstain\* ADJ2 smok\*) OR (prevent\* ADJ2 smok\*) OR (abstinence ADJ2 smok\*) OR (restrict\* ADJ2 smok\*)).ti,ab
- 7 ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat\* ADJ2 tobacco) OR (withdraw\* ADJ2 tobacco) OR (ceas\* ADJ2 tobacco) OR (stop\* ADJ2 tobacco) OR (schedul\* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt\* ADJ2 tobacco) OR (reduc\* ADJ2 tobacco)

OR (abstain\* ADJ2 tobacco) OR (prevent\* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict\* ADJ2 tobacco)).ti,ab

8 ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat\* ADJ2 cigarette\$) OR (withdraw\* ADJ2 cigarette\$) OR (ceas\* ADJ2 cigarette\$) OR (stop\* ADJ2 cigarette\$) OR (schedul\* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt\* ADJ2 cigarette\$) OR (reduc\* ADJ2 cigarette\$) OR (abstain\* ADJ2 cigarette\$) OR (prevent\* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict\* ADJ2 cigarette\$)).ti,ab

9 (fading OR temporary OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit\$ OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*).ti,ab

10 ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab

11 9 AND 10

12 ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar\* OR smok\* OR tobacco).ti,ab

13 ("give up" OR "gives up" OR "giving up").ti,ab

14 12 AND 13

15 1 OR 2 OR 3 OR 4

16 5 OR 6 OR 7 OR 8 OR 11 OR 14

18 SMOKING/PC [PC=Prevention And Control]

19 SMOKING CESSATION/ OR SMOKING CESSATION PROGRAMS/

20 16 OR 18 OR 19

21 SOCIAL WORK, PSYCHIATRIC/ OR EMERGENCY SERVICES, PSYCHIATRIC/ OR COMMUNITY MENTAL HEALTH SERVICES/ OR MENTAL HEALTH SERVICES/

22 MENTAL HEALTH/ OR HOSPITALS, PSYCHIATRIC/ OR COMMUNITY MENTAL HEALTH NURSING/

23 exp MENTAL HEALTH PERSONNEL/ OR exp PSYCHIATRISTS/

24 exp COMMUNITY MENTAL HEALTH SERVICES/ OR exp SOCIAL WORK, PSYCHIATRIC/ OR exp EMERGENCY SERVICES, PSYCHIATRIC/

25 MENTALLY ILL OFFENDERS/ OR MENTAL DISORDERS, CHRONIC/

26 HOSPITALS, PSYCHIATRIC/ OR PSYCHIATRIC EMERGENCIES/ OR PSYCHIATRIC UNITS/ OR PSYCHIATRIC TECHNICIANS/ OR exp PSYCHIATRIC PATIENTS/

27 MENTAL DISORDERS/ OR exp ADJUSTMENT DISORDERS/ OR exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/ OR exp NEUROTIC DISORDERS/ OR exp ORGANIC MENTAL DISORDERS/ OR exp PERSONALITY DISORDERS/ OR exp PSYCHOPHYSIOLOGIC DISORDERS/ OR exp PSYCHOTIC DISORDERS/ OR exp PREGNANCY COMPLICATIONS, PSYCHIATRIC/

29 ALZHEIMER'S DISEASE/

31 exp DYSLEXIA/

32 exp DEVELOPMENTAL DISABILITIES/

33 AUTISTIC DISORDER/

34 NEUROBEHAVIORAL MANIFESTATIONS/ OR exp CONFUSION/ OR exp CATATONIA/ OR exp COMMUNICATIVE DISORDERS/

35 CONSCIOUSNESS DISORDERS/ OR exp MEMORY DISORDERS/ OR exp PERCEPTUAL DISORDERS/ OR exp PSYCHOMOTOR DISORDERS

37 exp FACTITIOUS DISORDERS/ OR exp MUNCHAUSEN SYNDROME/ OR exp SOMATOFORM DISORDERS/ OR exp NEUROTIC DISORDERS/ OR exp AFFECTIVE DISORDERS/ OR exp ANXIETY DISORDERS/ OR exp DISSOCIATIVE DISORDERS/

38 RETT SYNDROME/

39 ATTENTION DEFICIT HYPERACTIVITY DISORDER/

40 BULIMIA/ OR BULIMIA NERVOSA/ OR exp FEEDING AND EATING DISORDERS OF CHILDHOOD/ OR exp EATING DISORDERS/

- 42 exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/ OR exp COMMUNICATIVE DISORDERS/ OR exp MOTOR SKILLS DISORDERS/ OR exp REACTIVE ATTACHMENT DISORDER/ OR exp SEPARATION ANXIETY/ OR exp DEVELOPMENTAL DISABILITIES/ OR exp ATTENTION DEFICIT HYPERACTIVITY DISORDER/ OR exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/
- 43 IMPULSE CONTROL DISORDERS/
- 44 ASTHENIA/
- 45 exp DYSKINESIAS/
- 46 exp STRESS DISORDERS, POST-TRAUMATIC/
- 47 HALLUCINATIONS/ OR exp PSYCHOTIC DISORDERS/
- 48 PANIC DISORDER/
- 49 REHABILITATION CENTERS/
- 50 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 29 OR 31 OR 32 OR 33 OR 34 OR 35 OR 37 OR 38 OR 39 OR 40 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49
- 51 15 OR 50
- 52 20 AND 51
- 60 exp SUICIDE/ OR exp DELIRIUM, DEMENTIA, AMNESTIC, COGNITIVE DISORDERS/ OR exp HYSTERIA/ OR exp PSYCHOMOTOR DISORDERS/ 50654
- 61 exp SOCIAL BEHAVIOR DISORDERS/
- 62 SOCIAL ANXIETY DISORDERS/
- 63 50 OR 60 OR 61 OR 62
- 64 51 OR 63
- 65 64 AND 20 [Limit to: Publication Year 1985-2012]



COCHRANE CENTRAL REGISTER OF CONTROLLED TRIALS, COCHRANE DATABASE OF SYSTEMATIC REVIEWS, DATABASE OF ABSTRACTS OF REVIEWS OF EFFECTIVENESS, HEALTH TECHNOLOGY ASSESSMENT DATABASES

Database host: Cochrane Library

Search date: 30/1/2012

Number of records: 1009, of which:

- Cochrane Central Register of Controlled Trials, n=938,
- Cochrane Database of Systematic Reviews, n=32
- Database of Abstracts of Reviews of Effectiveness, n=15
- Health Technology Assessment database, n=3

Search strategy:

- #1 "hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars:ti,ab,kw
- #2 (fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*):ti,ab,kw
- #3 (#1 AND #2)
- #4 (tobacco NEXT control) OR (smoking NEXT control) OR (smoking NEAR/3 services) OR (smoking NEAR/3 service) OR (anti NEXT smoking) OR (anti NEXT tobacco) OR (control NEXT tobacco) OR (control NEXT smoking) OR (smoking NEXT anti) OR (tobacco NEXT anti):ti,ab,kw
- #5 "temporary abstinence" OR (temporar\* NEXT abstain\*) OR (abstain\* NEXT temporar\*):ti,ab,kw
- #6 (controlled NEXT smoking):ti,ab,kw
- #7 ((fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) NEAR/2 (smok\* OR tobacco OR cigarette\*)) :ti,ab,kw
- #8 MeSH descriptor Smoking, this term only
- #9 MeSH descriptor Tobacco Use Cessation explode all trees
- #10 MeSH descriptor Smoking Cessation explode all trees
- #11 (#3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10)
- #12 (anankastic NEXT personalit\*) OR "anorexia nervosa" OR (antisocial NEXT personalit\*) OR ("attention deficit" NEXT disorder) OR "body dysmorphic" OR "conduct disorder" OR (cyclothymic NEXT personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective NEXT disorder) :ti,ab,kw
- #13 ((avoidant NEXT personalit\*) OR (behavio\* problem) OR (behavio\* NEXT disorder\*) OR (conversion NEXT disorder) OR (eating NEXT behavio\*) OR (eating NEXT disorder) OR (overactive NEXT disorder) OR (personality NEAR/3 disorder\*) OR agoraphobia OR Alzheimer\* OR (person\* NEXT anankastic) OR (anankastic NEXT person\*) OR (person\* NEXT antisocial) OR (antisocial NEXT person\*) OR anxiety OR anxious OR (asocial NEXT person\*) OR (person\* NEXT asocial) OR Asperger\* OR autism OR autistic OR (avoidant NEXT person\*) OR (person\* NEXT avoidant) OR bipolar\* OR borderline NEXT personalit\* OR bulimia OR catatonia OR catatonic OR compulsion\* OR (person\* NEXT compulsive) OR (compulsive NEXT person\*) OR (conversion NEXT disorder\*) OR cyclothymia OR delusion\* OR (personalit\* NEXT dependent) OR (dependent NEXT personalit\*) OR depersonalization OR depersonalisation OR depression\* OR depressive OR derealisation OR derealization OR disintegrative OR (person\* NEXT dissocial) OR (dissocial NEXT person\*) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR

(person\* NEXT histrionic) OR (histrionic NEXT person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic NEXT person\*) OR (person\* NEXT narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* NEXT obsessive) OR (obsessive NEXT person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* NEXT passive-aggressive) OR (passive-aggressive NEXT person\*) OR phobia\* OR phobic):ti,ab,kw

#14 (posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR rett NEAR/2 s OR retts OR schiz\* OR sociopath\* OR somatization OR somatisation OR somatoform):ti,ab,kw

#15 (secure unit\*) OR (secure hospital\*):ti,ab,kw

#16 (amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood NEAR/2 disorder) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance NEXT disorder) OR (possession NEXT disorder) OR obsessional OR "severe stress" OR (adjustment NEXT disorder) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological NEXT disturbance) OR (psychologically NEXT disturbed) OR suicid\* OR parasuicid\* OR (self NEXT harm\*) OR (self NEXT injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders") :ti,ab,kw

#17 "mental health" OR "mental healthcare":ti,ab,kw

#18 MeSH descriptor Mental Health Services, this term only

#19 MeSH descriptor Community Mental Health Services, this term only

#20 MeSH descriptor Emergency Services, Psychiatric, this term only

#21 MeSH descriptor Social Work, Psychiatric explode all trees

#22 MeSH descriptor Mentally Ill Persons, this term only

#23 MeSH descriptor Psychiatric Department, Hospital, this term only

#24 MeSH descriptor Hospitals, Psychiatric, this term only

#25 MeSH descriptor Psychiatric Nursing, this term only

#26 MeSH descriptor Mental Health, this term only

#27 MeSH descriptor Rehabilitation Centers, this term only

#28 MeSH descriptor Adjustment Disorders, this term only

#29 MeSH descriptor Amnesia explode all trees

#30 MeSH descriptor Attention Deficit and Disruptive Behavior Disorders explode all trees

#31 MeSH descriptor Binge-Eating Disorder, this term only

#32 MeSH descriptor Capgras Syndrome, this term only

#33 MeSH descriptor Child Development Disorders, Pervasive explode all trees

#34 MeSH descriptor Cognition Disorders explode all trees

#35 MeSH descriptor Communication Disorders explode all trees

#36 MeSH descriptor Coprophagia explode all trees

#37 MeSH descriptor Delirium explode all trees

#38 MeSH descriptor Dementia explode all trees

#39 MeSH descriptor Depressive Disorder explode all trees

#40 MeSH descriptor Developmental Disabilities, this term only

#41 MeSH descriptor Dyslexia, Acquired explode all trees

#42 MeSH descriptor Factitious Disorders, this term only

#43 MeSH descriptor Feeding and Eating Disorders of Childhood explode all trees

#44 MeSH descriptor Impulse Control Disorders, this term only

#45 MeSH descriptor Mental Disorders Diagnosed in Childhood, this term only

#46 MeSH descriptor Motor Skills Disorders, this term only

#47 MeSH descriptor Munchausen Syndrome, this term only

#48 MeSH descriptor Neurocirculatory Asthenia, this term only

#49 MeSH descriptor Obsessive-Compulsive Disorder explode all trees

#50 MeSH descriptor Pica explode all trees

- #51 MeSH descriptor Psychotic Disorders explode all trees
- #52 MeSH descriptor Schizophrenia and Disorders with Psychotic Features, this term only
- #53 MeSH descriptor Schizophrenia explode all trees
- #54 MeSH descriptor Stereotypic Movement Disorder, this term only
- #55 MeSH descriptor Stress Disorders, Traumatic explode all trees
- #56 MeSH descriptor Affective Disorders, Psychotic explode all trees
- #57 MeSH descriptor Anxiety Disorders explode all trees
- #58 MeSH descriptor Anorexia Nervosa, this term only
- #59 MeSH descriptor Bulimia Nervosa, this term only
- #60 MeSH descriptor Bulimia, this term only
- #61 MeSH descriptor Anxiety, this term only
- #62 MeSH descriptor Personality Disorders explode all trees
- #63 MeSH descriptor Alzheimer Disease, this term only
- #64 MeSH descriptor Attention Deficit Disorder with Hyperactivity explode all trees
- #65 MeSH descriptor Body Dysmorphic Disorders explode all trees
- #66 MeSH descriptor Catatonia, this term only
- #67 MeSH descriptor Child Behavior Disorders, this term only
- #68 MeSH descriptor Compulsive Behavior, this term only
- #69 MeSH descriptor Cyclothymic Disorder, this term only
- #70 MeSH descriptor Delirium, Dementia, Amnestic, Cognitive Disorders explode all trees
- #71 MeSH descriptor Dementia explode all trees
- #72 MeSH descriptor Dependency (Psychology), this term only
- #73 MeSH descriptor Depersonalization, this term only
- #74 MeSH descriptor Depression, this term only
- #75 MeSH descriptor Depressive Disorder, Major, this term only
- #76 MeSH descriptor Dysthymic Disorder, this term only
- #77 MeSH descriptor Dissociative Disorders explode all trees
- #78 MeSH descriptor Eating Disorders, this term only
- #79 MeSH descriptor Feeding Behavior, this term only
- #80 MeSH descriptor Hallucinations, this term only
- #81 MeSH descriptor Hysteria, this term only
- #82 MeSH descriptor Mental Disorders, this term only
- #83 MeSH descriptor Mood Disorders, this term only
- #84 MeSH descriptor Personality Disorders, this term only
- #85 MeSH descriptor Neurotic Disorders, this term only
- #86 MeSH descriptor Obsessive Behavior, this term only
- #87 MeSH descriptor Obsessive-Compulsive Disorder, this term only
- #88 MeSH descriptor Panic, this term only
- #89 MeSH descriptor Paranoid Disorders explode all trees
- #90 MeSH descriptor Psychiatry explode all trees
- #91 MeSH descriptor Psychophysiology Disorders, this term only
- #92 MeSH descriptor Psychotic Disorders, this term only
- #93 MeSH descriptor Rett Syndrome, this term only
- #94 MeSH descriptor Schizophrenia, Childhood, this term only
- #95 MeSH descriptor Shared Paranoid Disorder, this term only
- #96 MeSH descriptor Social Behavior Disorders, this term only
- #97 MeSH descriptor Somatoform Disorders, this term only
- #98 (#12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR

Review 4: Appendices

#30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42  
OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR

#49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 OR #57 OR #58 OR #59 OR #60 OR #61  
OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR

#68 OR #69 OR #70 OR #71 OR #72 OR #73 OR #74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80  
OR #81 OR #82 OR #83 OR #84 OR #85 OR #86 OR

#87 OR #88 OR #89 OR #90 OR #91 OR #92 OR #93 OR #94 OR #95 OR #96 OR #97)

#99 (#11 AND #98)

#100 (#99), from 1985 to 2012

## CONFERENCE PAPERS INDEX

Database host: CSA Illumina

Database coverage dates: 1982-current

Search date: 31/1/2012

Number of records: 83

Date limits: 2008-2012

Database: Conference Papers Index

Query: (((TI=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")) or(TI=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*) OR AB=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally

labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*)) or(TI=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare") OR AB=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare")) or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic)))) OR (KW=(psychosis or depression) or DE=(anxiety or (mental disorders) or schizophrenia or bipolar or depression))) AND ((DE=smoking or "tobacco smoking" OR "cigarettes" OR "cigarette smoking") OR (((TI=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)

OR AB=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi  
OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff  
OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR (give\* up) OR  
"giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit  
OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR  
restrict\*) OR AB=(fading OR temporary OR (give\* up) OR "giving up" OR  
cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quitt\* OR  
quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*))  
or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR  
(smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN  
1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR  
(control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN  
1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR  
(smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN  
1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR  
(control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN  
1 anti)) or(TI=("temporary abstinence") OR (temporar\* WITHIN 1 abstain\*)  
OR (abstain\* WITHIN 1 temporar\*) OR AB=("temporary abstinence") OR  
(temporar\* WITHIN 1 abstain\*) OR (abstain\* WITHIN 1 temporar\*))  
or(TI=("controlled smoking") OR AB=("controlled smoking")) or(TI=((fading  
OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\*  
OR stop\* OR schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR  
prevent\* OR abstinence OR restrict\*) WITHIN 2 (smok\* OR tobacco OR  
cigarette\*)) or(AB=((fading OR temporary OR (give\* up) OR "giving up" OR  
cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR  
quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*)  
WITHIN 2 (smok\* OR tobacco OR cigarette\*))))))

DATABASE OF PROMOTING HEALTH EFFECTIVENESS REVIEWS (DoPHER) AND  
TRIALS REGISTER OF PROMOTING HEALTH INTERVENTIONS (TRoPHI)

Search date: 3/2/2012

Number of records: (59 DoPHER, 89 TRoPHI)

Search strategy:

- 1 Focus of the report: mental health
- 2 Focus of the report: eating disorder
- 3 Focus of the report: Suicide
- 4 Freetext (item record) "mental health\*"
- 5 Freetext (item record) "psychiatr\*"
- 6 Freetext (item record) "depressi\*"
- 7 Freetext (item record) "disorder\*"
- 8 Freetext (item record) "personalit\*"
- 9 Freetext (item record) "schizo\*"
- 10 Freetext (item record) "suicid\*"
- 11 Freetext (item record) "comorbid\*"
- 12 Freetext (item record) "mental\*"
- 13 Freetext (item record) "anorex\*"
- 14 Freetext (item record) "bulimi\*"
- 15 Freetext (item record) "obsessive\*"
- 16 Freetext (item record) "compulsiv\*"
- 17 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 12 OR 13 OR 14 OR 15 OR 16
- 18 Focus of the report: tobacco
- 19 Freetext (item record) "tobacco\*"
- 20 Freetext (item record) "smoking"
- 21 Freetext (item record) "cigar\*"
- 22 18 OR 19 OR 20 OR 21
- 23 17 AND 22



## EMBASE

Database host: OVID

Database coverage dates: 1980-current

Search date: 9/2/2012

Number of records: 5989

Date limits: 1985-2012

2 (((histrionic ADJ1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic ADJ1 person\*) OR (person\* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* ADJ1 obsessive) OR (obsessive ADJ1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person\*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR (rett ADJ2 s) OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi\* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid\* OR parasuicid\*)).ti,ab 756398

3 (((self ADJ1 harm\*) OR (self ADJ1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab 286348

4 (((anankastic ADJ1 personalit\*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit\*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab 57941

5 ("temporary abstinence" OR (temporar\* ADJ1 abstain\*) OR (abstain\* ADJ1 temporar\*) OR (controlled ADJ1 smoking)).ti,ab 139

6 ((fading ADJ2 smok\*) OR (temporary ADJ2 smok\*) OR (cessat\* ADJ2 smok\*) OR (withdraw\* ADJ2 smok\*) OR (ceas\* ADJ2 smok\*) OR (stop\* ADJ2 smok\*) OR (schedul\* ADJ2 smok\*) OR (quit ADJ2 smok\*) OR (quits ADJ2 smok\*) OR (quitt\* ADJ2 smok\*) OR (reduc\* ADJ2 smok\*) OR (abstain\* ADJ2 smok\*) OR (prevent\* ADJ2 smok\*) OR (abstinence ADJ2 smok\*) OR (restrict\* ADJ2 smok\*)).ti,ab 26275

7 ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat\* ADJ2 tobacco) OR (withdraw\* ADJ2 tobacco) OR (ceas\* ADJ2 tobacco) OR (stop\* ADJ2 tobacco) OR (schedul\* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt\* ADJ2 tobacco) OR (reduc\* ADJ2 tobacco) OR (abstain\* ADJ2 tobacco) OR (prevent\* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict\* ADJ2 tobacco)).ti,ab 3874

8 ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat\* ADJ2 cigarette\$) OR (withdraw\* ADJ2 cigarette\$) OR (ceas\* ADJ2 cigarette\$) OR (stop\* ADJ2 cigarette\$) OR (schedul\* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt\* ADJ2 cigarette\$) OR (reduc\* ADJ2 cigarette\$) OR (abstain\* ADJ2 cigarette\$) OR (prevent\* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict\* ADJ2 cigarette\$)).ti,ab 1828

9 (fading OR temporary OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit\$ OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*).ti,ab 3423659

10 ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab 3349

11 9 AND 10 966

- 12 ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar\* OR smok\* OR tobacco).ti,ab 223256
- 13 ("give up" OR "gives up" OR "giving up").ti,ab 2603
- 14 12 AND 13 743
- 15 SMOKING CESSATION/ OR SMOKING CESSATION PROGRAM/ 30596
- 16 SMOKING/pc 6748
- 17 TOBACCO DEPENDENCE/pc [pc=Prevention] 1105
- 18 PSYCHOGERIATRIC NURSING/ OR COMMUNITY PSYCHIATRIC NURSING/ OR PSYCHIATRIC NURSING/ 13716
- 19 PSYCHIATRIC DEPARTMENT/ OR PSYCHIATRIC DEPARTMENT, HOSPITAL/ 5358
- 20 MENTAL HEALTH CARE/ OR MENTAL HEALTH SERVICE/ OR exp MENTAL HOSPITAL [+NT]/ OR exp PSYCHIATRIC NURSING [+NT]/ 82551
- 21 COMMUNITY MENTAL HEALTH/ OR MENTAL HEALTH/ 56365
- 22 SUICIDE/ 35148
- 23 DISORDERS OF HIGHER CEREBRAL FUNCTION/ OR ALIEN HAND SYNDROME/ OR APRAXIA/ OR ATTENTION DISTURBANCE/ OR CATALEPSY/ OR COGNITIVE DEFECT/ OR DEVELOPMENTAL COORDINATION DISORDER/ OR DISORIENTATION/ OR DYSPRAXIA/ OR MILD COGNITIVE IMPAIRMENT/ OR exp AGNOSIA [+NT]/ OR exp CONFUSION [+NT]/ OR exp DELIRIUM [+NT]/ OR exp EMOTIONAL INCONTINENCE [+NT]/ OR exp MEMORY DISORDER [+NT]/ 145045
- 24 exp SOCIAL PHOBIA/ OR exp ANXIETY/ OR exp ANXIETY NEUROSIS/ 101762
- 25 HYSTERIA/ 5169
- 26 DAY HOSPITAL/ OR HALFWAY HOUSE/ OR MENTAL HOSPITAL/ OR MENTAL HEALTH CARE/ 39103
- 27 POSTTRAUMATIC STRESS DISORDER/ OR exp ANXIETY DISORDER/ 116510
- 28 PSYCHOSOMATIC DISORDER/ OR exp SOMATOFORM DISORDER/ OR exp BODY DYSMORPHIC DISORDER/ OR exp CARDIAC ANXIETY/ OR exp CONVERSION DISORDER/ OR exp DELUSIONAL PARASITOSIS/ OR exp DELUSIONAL PREGNANCY/ OR exp MASKED DEPRESSION/ OR exp PSYCHOGENIC PAIN/ OR exp SOMATIC DELUSION/ OR exp SOMATIZATION/ 27684
- 29 exp PARANOIA/ OR exp DELUSION/ OR exp PARANOID PSYCHOSIS/ 21153
- 30 exp SCHIZOPHRENIA/ OR exp SCHIZOAFFECTIVE PSYCHOSIS/ OR exp OBSESSIVE COMPULSIVE DISORDER/ OR exp PSYCHOSIS/ OR exp SCHIZOIDISM/ OR exp BIPOLAR DISORDER/ OR exp OBSESSION/ 218394
- 31 exp RETT SYNDROME/ OR exp AUTISM/ OR exp DEMENTIA/ 204375
- 32 HYPERVENTILATION SYNDROME/ OR PSYCHOSOCIAL WITHDRAWAL/ OR PSYCHOSOMATIC DISORDER/ OR exp FACTITIOUS DISEASE [+NT]/ 18894
- 33 MENTAL STRESS/ 49283
- 34 NEURASTHENIA/ 1486
- 35 exp PERSONALITY DISORDER/ 39808
- 36 exp NARCISSISM/ OR exp DEPRESSION/ 259332
- 37 exp DISSOCIATIVE FUGUE/ OR exp DISSOCIATIVE DISORDER/ OR exp DISSOCIATIVE AMNESIA/ 5118
- 38 exp DEPERSONALIZATION/ 2143
- 39 exp PSYCHIATRY/ 85817
- 40 exp DELUSION/ 16488
- 41 exp CYCLOTHYMIA/ OR exp BIPOLAR DISORDER/ OR exp DYSTHYMIA/ OR exp BIPOLAR II DISORDER/ OR exp MAJOR DEPRESSION/ 60125
- 42 exp CATATONIA/ 2732
- 43 exp EATING DISORDER/ OR exp APPETITE DISORDER/ OR exp BULIMIA/ 66605
- 44 exp ATTENTION DEFICIT DISORDER/ 28466
- 45 exp ALZHEIMER DISEASE/ 98856

- 46 REHABILITATION CENTER/ 7356  
47 COORDINATION DISORDER/ OR DEVELOPMENTAL COORDINATION DISORDER/ 1264  
48 exp ASTHENIA/ 15057  
49 exp MUNCHAUSEN SYNDROME/ 1618  
50 exp PSYCHOMOTOR DISORDER/ 41977  
51 exp DEVELOPMENTAL DISORDER/ 21356  
52 IMPULSE CONTROL DISORDER/ 1515  
53 exp COMMUNICATION DISORDER/ 39414  
54 exp COGNITIVE DEFECT/ 72350  
57 5 OR 6 OR 7 OR 8 OR 11 OR 14 OR 15 OR 16 OR 17 46755  
59 exp ANIMALS/ 1668187  
60 NONHUMAN/ 3785601  
61 EXP HUMAN/ 12891299  
65 ("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit\*) OR (behavio\* ADJ1 problem\$) OR (behavio\* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio\*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic ADJ1 person\*) OR (antisocial ADJ1 person\*) OR anxiety OR anxious OR (person\* ADJ1 asocial) OR Asperger\* OR autism OR autistic OR (person\* ADJ1 avoidant) OR bipolar\* OR (borderline ADJ1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive ADJ1 person\*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion\* OR (dependent ADJ1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* ADJ1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* ADJ1 histrionic)).ti,ab [Limit to: Publication Year 1990-2012] 523278  
70 CONDUCT DISORDER/ OR PSYCHOSOCIAL DISORDER/ 6975  
73 exp SUICIDAL BEHAVIOR/ 57025  
79 (MENTAL OVERSTIMULATION/ OR ORGANIC BRAIN SYNDROME/ OR ORGANIC PSYCHOSYNDROME/) AND 57 2  
125 MOOD DISORDER/ OR AFFECTIVE NEUROSIS/ OR AFFECTIVE PSYCHOSIS/ OR BLUNTED AFFECT/ OR MAJOR AFFECTIVE DISORDER/ OR MINOR AFFECTIVE DISORDER/ OR SCHIZOAFFECTIVE PSYCHOSIS/ OR exp MANIA [+NT]/ 71967  
126 MENTAL DISEASE/ OR ADJUSTMENT DISORDER/ OR ALEXITHYMIA/ OR EMOTIONAL DISORDER/ OR MENTAL INSTABILITY/ OR MENTAL OVERSTIMULATION/ OR ORGANIC BRAIN SYNDROME/ OR ORGANIC PSYCHOSYNDROME/ OR PSYCHOTRAUMA/ OR exp ANXIETY DISORDER [+NT]/ OR exp AUTISM [+NT]/ OR exp CONFUSION [+NT]/ OR exp DELIRIUM [+NT]/ OR exp DEMENTIA [+NT]/ OR exp DISSOCIATIVE DISORDER [+NT]/ OR exp LEARNING DISORDER [+NT]/ OR exp MEMORY DISORDER [+NT]/ OR exp NEUROSIS [+NT]/ OR exp PERSONALITY DISORDER [+NT]/ OR exp PSYCHOSIS [+NT]/ OR exp THOUGHT DISORDER [+NT]/ 726684  
131 DEPRESSION/co,cn,di,dr,dt,ep,et,rt,si,su,th [co=Complication, cn=Congenital Disorder, di=Diagnosis, dr=Drug Resistance, dt=Drug Therapy, ep=Epidemiology, et=Etiology, rt=Radiotherapy, si=Side Effect, su=Surgery, th=Therapy] 101002  
139 ABNORMAL BEHAVIOR/ OR BEHAVIOR DISORDER/ OR ATTENTION DEFICIT DISORDER/ OR AUTOMUTILATION/ OR CONGENITAL BEHAVIOR DISORDER/ OR COPROPHAGY/ OR DISRUPTIVE BEHAVIOR/ OR IMPULSE CONTROL DISORDER/ OR OPPOSITIONAL DEFIANT DISORDER/ OR exp EATING DISORDER [+NT]/ OR exp PERCEPTION DISORDER [+NT]/ OR exp PSYCHOMOTOR DISORDER [+NT]/ OR PSYCHOSOCIAL DISORDER/ OR exp SOCIOPATHY [+NT]/ OR exp SUICIDAL BEHAVIOR [+NT]/ 311562  
140 36 not 131 158330  
141 exp NARCISSISM/ 4049

144 ("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit\*) OR (behavio\* ADJ1 problem\$) OR (behavio\* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio\*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic ADJ1 person\*) OR (antisocial ADJ1 person\*) OR anxiety OR anxious OR (person\* ADJ1 asocial) OR Asperger\* OR autism OR autistic OR (person\* ADJ1 avoidant) OR bipolar\* OR (borderline ADJ1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive ADJ1 person\*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion\* OR (dependent ADJ1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* ADJ1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* ADJ1 histrionic)).ti,ab 629953  
145 2 OR 3 OR 4 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 70 OR 73 OR 79 OR 125 OR 126 OR 139 OR 140 OR 141 OR 144 1917356  
146 145 AND 57 6234  
147 59 OR 60 5437441  
148 147 AND 61 1100352  
149 147 NOT 148 4337089  
150 146 NOT 149 6099  
151 150 [Limit to: Publication Year 1985-2012] 5972

## HEALTH EVIDENCE CANADA

Search date: 8/2/2012

Number of records: 42 items

Searched on pre-defined categories:

(Tobacco OR Smoking Cessation) AND (Community health centre OR Correctional institution OR Day care centre OR Health departments OR Hospice OR Hospital OR Nursing home/long-term care facility OR Residential centre)

Scanned records on title, and saved 42 records.

## HMIC

Database host: OVID

Search date: 6/2/2012

Number of records: 250

Date limits: 1985-2012

1. (("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective ADJ1 disorder\$) OR (avoidant ADJ1 personalit\*) OR (behavio\* problem\$) OR (behavio\* ADJ1 disorder\$) OR (conversion ADJ1 disorder\$) OR (eating ADJ1 behavio\*) OR (eating ADJ1 disorder\$) OR (overactive ADJ1 disorder\$) OR (personality ADJ3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic ADJ1 person\*) OR (antisocial ADJ1 person\*) OR anxiety OR anxious OR (person\* ADJ1 asocial) OR Asperger\* OR autism OR autistic OR (person\* ADJ1 avoidant) OR bipolar\* OR (borderline ADJ1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive ADJ1 person\*) OR (conversion ADJ1 disorder\$) OR cyclothymia OR delusion\* OR (dependent ADJ1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* ADJ1 dissociation) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* ADJ1 histrionic)).ti,ab; 10775 results.
2. (((histrionic ADJ1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic ADJ1 person\*) OR (person\* ADJ1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* ADJ1 obsessive) OR (obsessive ADJ1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* ADJ1 passive-aggressive) OR (passive-aggressive ADJ1 person\*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR (rett ADJ2 s) OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure ADJ1 unit\$) OR (secure ADJ1 hospital\$) OR amnesi\* OR hypomania OR cyclothymia OR dysthymia OR dementia OR delirium OR hallucinosis OR delusional OR (mood ADJ2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance ADJ1 disorder\$) OR (possession ADJ1 disorder\$) OR obsessional OR "severe stress" OR (adjustment ADJ1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological ADJ1 disturbance\$) OR (psychologically ADJ1 disturbed) OR suicid\* OR parasuicid\*).ti,ab; 14797 results.
3. (((self ADJ1 harm\*) OR (self ADJ1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")).ti,ab; 16420 results.
4. (((anankastic ADJ1 personalit\*) OR "anorexia nervosa" OR (antisocial ADJ1 personalit\*) OR ("attention deficit" ADJ1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic ADJ1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")).ti,ab; 3718 results.
5. ("temporary abstinence" OR (temporar\* ADJ1 abstain\*) OR (abstain\* ADJ1 temporar\*) OR (controlled ADJ1 smoking)).ti,ab; 3 results.
6. ((fading ADJ2 smok\*) OR (temporary ADJ2 smok\*) OR (cessat\* ADJ2 smok\*) OR (withdraw\* ADJ2 smok\*) OR (ceas\* ADJ2 smok\*) OR (stop\* ADJ2 smok\*) OR (schedul\* ADJ2 smok\*) OR (quit ADJ2 smok\*) OR (quits ADJ2 smok\*) OR (quitt\* ADJ2 smok\*) OR (reduc\* ADJ2 smok\*) OR (abstain\* ADJ2 smok\*) OR (prevent\* ADJ2 smok\*) OR (abstinence ADJ2 smok\*) OR (restrict\* ADJ2 smok\*)).ti,ab; 1759 results.

7. ((fading ADJ2 tobacco) OR (temporary ADJ2 tobacco) OR (cessat\* ADJ2 tobacco) OR (withdraw\* ADJ2 tobacco) OR (ceas\* ADJ2 tobacco) OR (stop\* ADJ2 tobacco) OR (schedul\* ADJ2 tobacco) OR (quit ADJ2 tobacco) OR (quits ADJ2 tobacco) OR (quitt\* ADJ2 tobacco) OR (reduc\* ADJ2 tobacco) OR (abstain\* ADJ2 tobacco) OR (prevent\* ADJ2 tobacco) OR (abstinence ADJ2 tobacco) OR (restrict\* ADJ2 tobacco)).ti,ab; 156 results.
8. ((fading ADJ2 cigarette\$) OR (temporary ADJ2 cigarette\$) OR (cessat\* ADJ2 cigarette\$) OR (withdraw\* ADJ2 cigarette\$) OR (ceas\* ADJ2 cigarette\$) OR (stop\* ADJ2 cigarette\$) OR (schedul\* ADJ2 cigarette\$) OR (quit ADJ2 cigarette\$) OR (quits ADJ2 cigarette\$) OR (quitt\* ADJ2 cigarette\$) OR (reduc\* ADJ2 cigarette\$) OR (abstain\* ADJ2 cigarette\$) OR (prevent\* ADJ2 cigarette\$) OR (abstinence ADJ2 cigarette\$) OR (restrict\* ADJ2 cigarette\$)).ti,ab; 80 results.
9. (fading OR temporary OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit\$ OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*).ti,ab; 38005 results.
10. ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars).ti,ab; 55 results.
11. 9 AND 10; 25 results.
12. ("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar\* OR smok\* OR tobacco).ti,ab; 7327 results.
13. ("give up" OR "gives up" OR "giving up").ti,ab; 254 results.
14. 12 AND 13; 156 results.
15. SMOKING CONTROL/; 432 results.
16. SMOKING CESSATION/; 1527 results.
17. 5 OR 6 OR 7 OR 8 OR 11 OR 14 OR 15 OR 16; 2600 results.
18. exp MENTAL ILLNESS/; 6061 results.
19. MENTAL HEALTH OFFICERS/ OR MENTAL HEALTH SERVICES/ OR PSYCHIATRY/ OR ORTHOPSYCHIATRY/; 7464 results.
20. exp PSYCHIATRY/ OR exp PSYCHIATRIC TREATMENT/ OR exp PSYCHIATRISTS/ OR exp ORTHOPSYCHIATRY/ OR exp MENTAL HEALTH CARE/ OR exp MENTAL HEALTH/ OR exp MENTAL DISORDERS/; 27130 results.
21. exp MENTAL HEALTH CARE/ OR exp MENTAL HEALTH SERVICES/ OR exp MENTAL HEALTH UNITS/ OR exp PSYCHIATRIC PRISONS/ OR exp MENTAL HEALTH NURSING HOMES/ OR exp MENTAL HEALTH HOSPITALS/; 13660 results.
22. exp MENTAL HEALTH SOCIAL WORK/; 560 results.
23. exp MENTAL HEALTH UNITS/ OR exp PSYCHIATRIC EMERGENCY SERVICES/ OR exp PSYCHIATRIC TREATMENT/ OR exp MENTAL HEALTH DAY CENTRES/ OR exp MENTAL HEALTH HOSPITALS/ OR exp MENTAL HEALTH CARE/; 6388 results.
24. 1 OR 2 OR 3 OR 4 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 ; 44219 results.
25. SMOKING TREATMENT/; 99 results.
26. 17 OR 25; 2608 results.
27. 24 AND 26; 257 results.
28. 27 [Limit to: Publication Year 1985-Current]; 250 results.

## INTERNATIONAL BIBLIOGRAPHY OF SOCIAL SCIENCES

Database host: CSA Illumina

Database coverage dates: 1951-current

Search Date: 3/2/2012

Date limits: 1985-2012

Number of records: 204

Query: ((DE=("alzheimer s disease" or "anxiety" or "dementia" or "depression" or "madness" or "mental deficiencies" or "mental health" or "mental hospitals" or "mental illness" or "mental stress" or "neuroses" or "personality disorders" or "post traumatic stress disorder" or "psychiatrists" or "psychoses" or "schizophrenia"))) or(TI=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") or TI=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*) OR AB=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1



units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR  
 cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR  
 delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally  
 labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1  
 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe  
 stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple  
 personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR  
 (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*)  
 or(TI=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR  
 bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR  
 "psychological distress" OR "mental stress" OR "adjustment disorder" OR  
 "adjustment disorders" OR "mental health" OR "mental healthcare") OR  
 AB=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR  
 bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR  
 "psychological distress" OR "mental stress" OR "adjustment disorder" OR  
 "adjustment disorders" OR "mental health" OR "mental healthcare"))  
 or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR  
 "panic disorders" OR "pervasive developmental" OR "post traumatic" OR  
 "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant  
 WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1  
 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1  
 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1  
 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR  
 Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1  
 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\*  
 OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR  
 (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR  
 compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1  
 disorder\*) OR cyclothymia OR delusion\* OR (dependent WITHIN 1  
 personalit\*) OR depersonali?ation OR depression\* OR depressive OR  
 dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR  
 dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR  
 hebephreni\* OR (person\* WITHIN 1 histrionic)) OR AB=("mentally ill" OR  
 "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR  
 "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR  
 (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR  
 (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion  
 WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1  
 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3  
 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*)  
 OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN  
 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1  
 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR  
 catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR  
 (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent  
 WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive  
 OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR  
 dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR  
 hebephreni\* OR (person\* WITHIN 1 histrionic)))) and((((TI=("hand-roll" OR  
 handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR  
 beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR

cigars) OR AB=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled"  
OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha  
OR snuff OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR  
(give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR  
schedul\* OR quit OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR  
abstinence OR restrict\*) OR AB=(fading OR temporary OR (give\* up) OR  
"giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit  
OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR  
restrict\*)) or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1  
control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR  
(anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1  
tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR  
(tobacco WITHIN 1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking  
WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3  
service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR  
(control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking  
WITHIN 1 anti) OR (tobacco WITHIN 1 anti)) or(TI=("temporary abstinence")  
OR (temporar\* WITHIN 1 abstain\*) OR (abstain\* WITHIN 1 temporar\*) OR  
AB=("temporary abstinence") OR (temporar\* WITHIN 1 abstain\*) OR (abstain\*  
WITHIN 1 temporar\*)) or(TI=("controlled smoking") OR AB=("controlled  
smoking")) or(TI=((fading OR temporary OR (give\* up) OR "giving up" OR  
cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR  
quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*)  
WITHIN 2 (smok\* OR tobacco OR cigarette\*))) or(AB=((fading OR temporary  
OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR  
schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR  
abstinence OR restrict\*) WITHIN 2 (smok\* OR tobacco OR cigarette\*))))  
or(DE="smoking" or DE="tobacco"))

## MEDLINE, INCLUDING MEDLINE IN PROCESS

Database host: EBSCO host

Date: 30 January 2011

Results: 3732

#	Query
<b>S37</b>	<b>S33 NOT S36 (3732 records)</b> Limiters - Date of Publication from: 19850101-20121231
S36	S35 NOT S34
S35	MH ("Animals")
S34	MH ("Humans") AND MH ("Animals")
S33	S16 AND S32
S32	S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24 or S25 or S26 or S27 or S28 or S29 or S30 or S31
S31	AB ("mental health" OR "mental healthcare")
S30	TI ("mental health" OR "mental healthcare")
S29	AB (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S28	TI (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S27	AB ("secure unit#" OR "secure hospital#")
S26	TI ("secure unit#" OR "secure hospital#")
S25	AB ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder*" OR "eating behavio#r" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR

	catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S24	TI ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder *" OR "eating behavio#r" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S23	MH (("Adjustment Disorders") OR ("Amnesia+") OR ("Attention Deficit and Disruptive Behavior Disorders+") OR ("Binge-Eating Disorder") OR ("Capgras Syndrome") OR ("Child Development Disorders, Pervasive+") OR ("Cognition Disorders+") OR ("Communication Disorders+") OR ("Consciousness Disorders") OR ("Coprophagia") OR ("Delirium") OR ("Dementia+") OR ("Depressive Disorder+") OR ("Developmental Disabilities") OR ("Dyslexia, Acquired+") OR ("Factitious Disorders") OR ("Feeding and Eating Disorders of Childhood+") OR ("Impulse Control Disorders") OR ("Mental Disorders Diagnosed in Childhood") OR ("Motor Skills Disorders") OR ("Munchausen Syndrome") OR ("Neurocirculatory Asthenia") OR ("Obsessive-Compulsive Disorder+") OR ("Pica") OR ("Psychotic Disorders+") OR ("Schizophrenia and Disorders with Psychotic Features") OR ("Schizophrenia+") OR ("Stereotypic Movement Disorder") OR ("Stress Disorders, Traumatic+"))
S22	(MH "Rehabilitation Centers")
S21	(MH "mental health")
S20	(MH "Affective Disorders, Psychotic") OR (MH "Agoraphobia") OR (MH "anankastic personality disorder") OR (MH "Anorexia Nervosa") OR (MH "Antisocial Personality Disorder") OR (MH "Anxiety Disorders") OR (MH "Anxiety") OR (MH "Alzheimer

	disease") OR (MH "Attention Deficit and Disruptive Behavior Disorders") OR (MH "Attention Deficit Disorder with Hyperactivity") OR (MH "avoidant personality disorder") OR (MH "Bipolar Disorder") OR (MH "Body Dysmorphic Disorders") OR (MH "Borderline Personality Disorder") OR (MH "Bulimia Nervosa") OR (MH "Bulimia") OR (MH "Catatonia") OR (MH "Child Behavior Disorders") OR (MH "Community Mental Health Services") OR (MH "Compulsive Behavior") OR (MH "Compulsive Personality Disorder") OR (MH "Conduct Disorder") OR (MH "Conversion Disorder") OR (MH "Cyclothymic Disorder") OR (MH "Delirium, Dementia, Amnestic, Cognitive Disorders") OR (MH "Delusions") OR (MH "Dementia+") OR (MH "Dependency (Psychology)") OR (MH "Dependent Personality Disorder") OR (MH "Depersonalization") OR (MH "Depression") OR (MH "Depressive Disorder") OR (MH "Depressive Disorder, Major") OR (MH "Dissociative Disorders") OR (MH "Dysthymic Disorder") OR (MH "Eating Disorders") OR (MH "Feeding Behavior") OR (MH "Hallucinations") OR (MH "histrionic personality disorder") OR (MH "Hysteria") OR (MH "Mental Disorders") OR (MH "Mental health services") OR (MH "Mental illness") OR (MH "Mood Disorders") OR (MH "Multiple Personality Disorder") OR (MH "narcissistic personality disorder") OR (MH "Neurasthenia") OR (MH "Neurotic Disorders") OR (MH "Obsessive Behavior") OR (MH "obsessive compulsive personality disorder") OR (MH "Obsessive-Compulsive Disorder") OR (MH "Panic Disorder") OR (MH "Panic") OR (MH "Paranoid Disorders") OR (MH "Paranoid Personality Disorder") OR (MH "passive-aggressive personality disorder") OR (MH "Personality Disorders") OR (MH "Phobic Disorders") OR (MH "Psychiatry+") OR (MH "Psychophysiologic Disorders") OR (MH "Psychotic Disorders") OR (MH "Rett Syndrome") OR (MH "Schizoid Personality Disorder") OR (MH "Schizophrenia") OR (MH "Schizophrenia, Catatonic") OR (MH "Schizophrenia, Childhood") OR (MH "Schizophrenia, Disorganized") OR (MH "Schizophrenia, Paranoid") OR (MH "Schizotypal Personality Disorder") OR (MH "Shared Paranoid Disorder") OR (MH "Social Behavior Disorders") OR (MH "Somatoform Disorders") OR (MH "Stress Disorders, Post-Traumatic")
S19	(MH "Psychiatric Department, Hospital") OR (MH "Hospitals, Psychiatric") OR (MH "Psychiatric Nursing")
S18	(MH "Mentally Ill Persons")
S17	(MH "Mental Health Services") OR (MH "Community Mental Health Services") OR (MH "Emergency Services, Psychiatric") OR (MH "Social Work, Psychiatric")
S16	S1 or S2 or S3 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15
S15	TI ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S14	AB ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S13	TI ("Controlled smoking") OR AB ("Controlled smoking")
S12	(S5 AND S7) OR (S6 AND S4)
S11	AB (temporary abstinence OR (temporar* N1 abstain*))
S10	TI (temporary abstinence OR (temporar* N1 abstain*))
S9	AB ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S8	TI ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S7	AB (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR

	abstinence OR restrict*)
S6	TI (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
S5	AB ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S4	TI ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S3	(MH "Smoking/PC")
S2	(MH "Smoking Cessation")
S1	(MH "Tobacco Use Cessation+")

## PSYCINFO

Database host: EBSCO host

Database coverage dates: 1887-current

Search date: 31 January 2011

Results: 2077

#	Query
S26	<b>S15 AND S25 (2077 records)</b> Limiters - Publication Year from: 1985-2012; Population Group: Human
S25	S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23 or S24
S24	DE "Acrophobia" OR DE "Acute Psychosis" OR DE "Acute Stress Disorder" OR DE "Adjustment Disorders" OR DE "Adolescent Psychiatry" OR DE "Affective Disorders" OR DE "Affective Psychosis" OR DE "Agoraphobia" OR DE "AIDS Dementia Complex" OR DE "Alcoholic Hallucinosis" OR DE "Alcoholic Psychosis" OR DE "Alexithymia" OR DE "Alzheimer's Disease" OR DE "Amnesia" OR DE "Anencephaly" OR DE "Anorexia Nervosa" OR DE "Anterograde Amnesia" OR DE "Antisocial Personality Disorder" OR DE "Anxiety Disorders" OR DE "Anxiety" OR DE "Aphasia" OR DE "Aspergers Syndrome" OR DE "Athetosis" OR DE "Attempted Suicide" OR DE "Attention Deficit Disorder with Hyperactivity" OR DE "Attention Deficit Disorder" OR DE "Auditory Hallucinations" OR DE "Autism" OR DE "Autistic Thinking" OR DE "Avoidant Personality Disorder" OR DE "Balint's Syndrome" OR DE "Behavior Disorders" OR DE "Binge Eating Disorder" OR DE "Biological Psychiatry" OR DE "Bipolar Disorder" OR DE "Bipolar Disorder" OR DE "Body Dysmorphic Disorder" OR DE "Body Image Disturbances" OR DE "Borderline Personality Disorder" OR DE "Borderline States" OR DE "Brain Damage" OR DE "Brain Disorders" OR DE "Brain Neoplasms" OR DE "Bufotenine" OR DE "Bulimia" OR DE "Capgras Syndrome" OR DE "Castration Anxiety" OR DE "Catatonia" OR DE "Catatonic Schizophrenia" OR DE "Cerebral Palsy" OR DE "Cerebrovascular Accidents" OR DE "Child Psychiatry" OR DE "Childhood Neurosis" OR DE "Childhood Psychosis" OR DE "Chronic Alcoholic Intoxication" OR DE "Chronic Mental Illness" OR DE "Chronic Psychosis" OR DE "Claustrophobia" OR DE "Clinical Psychologists" OR DE "Cognitive Impairment" OR DE "Commitment (Psychiatric)" OR DE "Community Mental Health Centers" OR DE "Community Mental Health Services" OR DE "Community Mental Health" OR DE "Community Psychiatry" OR DE "Conduct Disorder" OR DE "Confabulation" OR DE "Consciousness Disturbances" OR DE "Consultation Liaison Psychiatry" OR DE "Conversion Disorder" OR DE "Coprophagia" OR DE "Crisis Intervention Services" OR DE "Cyclothymic Personality" OR DE "Death Anxiety" OR DE "Deinstitutionalization" OR DE "Delirium Tremens" OR DE "Delirium" OR DE "Delusions" OR DE "Dementia with Lewy Bodies" OR DE "Dementia" OR DE "Dependent Personality Disorder" OR DE "Depersonalization" OR DE "Developmental Disabilities" OR DE "Diaschisis" OR DE "Dissociation" OR DE "Dissociative Disorders" OR DE "Dissociative Identity Disorder" OR DE "Dysexecutive Syndrome" OR DE "Dyspraxia" OR DE "Dysthymic Disorder" OR DE "Eating Disorders" OR DE "Elective Mutism" OR DE "Encephalitis" OR DE "Encephalopathies" OR DE "Epilepsy" OR DE "Epileptic Seizures" OR DE "Experimental Neurosis" OR DE "Experimental Psychosis" OR DE "Factitious Disorders" OR DE "Fantasies (Thought Disturbances)" OR DE "Folie A Deux" OR DE "Forensic Psychiatry" OR DE "Fragmentation (Schizophrenia)" OR DE "Fugue Reaction" OR DE "General Paresis" OR DE "Generalized Anxiety Disorder" OR DE

	"Geriatric Psychiatry" OR DE "Global Amnesia" OR DE "Hallucinations" OR DE "Hallucinoses" OR DE "Histrionic Personality Disorder" OR DE "Hydrocephalus" OR DE "Hyperkineses" OR DE "Hyperphagia" OR DE "Hypnagogic Hallucinations" OR DE "Hypochondriasis" OR DE "Hypomania" OR DE "Hysteria" OR DE "Hysteria" OR DE "Hysterical Paralysis" OR DE "Hysterical Vision Disturbances" OR DE "Impulse Control Disorders" OR DE "Institutional Release" OR DE "Intracranial Abscesses" OR DE "Judgment Disturbances" OR DE "Kleine Levin Syndrome" OR DE "Kluver Bucy Syndrome" OR DE "Koro" OR DE "Korsakoffs Psychosis" OR DE "Leukoencephalopathy" OR DE "Lysergic Acid Diethylamide" OR DE "Magical Thinking" OR DE "Major Depression" OR DE "Mania" OR DE "Memory Disorders" OR DE "Mental Disorders" OR DE "Mental Health Personnel" OR DE "Mental Health Programs" OR DE "Mental Health Services" OR DE "Mental Health" OR DE "Microcephaly" OR DE "Munchausen Syndrome" OR DE "Narcissistic Personality Disorder" OR DE "Neurasthenia" OR DE "Neurodermatitis" OR DE "Neuropsychiatry" OR DE "Neurosis" OR DE "Obsessions" OR DE "Obsessive Compulsive Disorder" OR DE "Obsessive Compulsive Personality Disorder" OR DE "Occupational Neurosis" OR DE "Ophidiophobia" OR DE "Organic Brain Syndromes" OR DE "Orthopsychiatry" OR DE "Outpatient Commitment" OR DE "Panic Disorder" OR DE "Panic" OR DE "Paranoia (Psychosis)" OR DE "Paranoia" OR DE "Paranoid Personality Disorder" OR DE "Paranoid Schizophrenia" OR DE "Passive Aggressive Personality Disorder" OR DE "Personality Disorders" OR DE "Pervasive Developmental Disorders" OR DE "Phantom Limbs" OR DE "Phobias" OR DE "Pica" OR DE "Postpartum Psychosis" OR DE "Posttraumatic Stress Disorder" OR DE "Presenile Dementia" OR DE "Pseudocyesis" OR DE "Pseudodementia" OR DE "Psychiatric Aides" OR DE "Psychiatric Clinics" OR DE "Psychiatric Hospital Admission" OR DE "Psychiatric Hospital Discharge" OR DE "Psychiatric Hospital Programs" OR DE "Psychiatric Hospital Readmission" OR DE "Psychiatric Hospital Staff" OR DE "Psychiatric Hospitalization" OR DE "Psychiatric Hospitals" OR DE "Psychiatric Nurses" OR DE "Psychiatric Patients" OR DE "Psychiatric Social Workers" OR DE "Psychiatric Symptoms" OR DE "Psychiatrists" OR DE "Psychiatry" OR DE "Psychological Stress" OR DE "Psychosis" OR DE "Psychosocial Rehabilitation" OR DE "Purging (Eating Disorders)" OR DE "Reactive Psychosis" OR DE "Retrograde Amnesia" OR DE "Rett Syndrome" OR DE "Rett Syndrome" OR DE "Schizoaffective Disorder" OR DE "Schizoid Personality Disorder" OR DE "Schizophrenia" OR DE "Schizophrenogenic Family" OR DE "Schizotypal Personality Disorder" OR DE "School Phobia" OR DE "Seasonal Affective Disorder" OR DE "Self Mutilation" OR DE "Semantic Dementia" OR DE "Senile Dementia" OR DE "Senile Psychosis" OR DE "Separation Anxiety" OR DE "Social Phobia" OR DE "Social Psychiatry" OR DE "Somatization Disorder" OR DE "Somatization" OR DE "Somatoform Disorders" OR DE "Somatoform Pain Disorder" OR DE "Suicide Prevention Centers" OR DE "Tay Sachs Disease" OR DE "Thought Disturbances" OR DE "Toxic Psychoses" OR DE "Transcultural Psychiatry" OR DE "Traumatic Neurosis" OR DE "Vascular Dementia" OR DE "Wernicke's Syndrome"
S23	AB ("mental health" OR "mental healthcare")
S22	TI ("mental health" OR "mental healthcare")
S21	AB (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinoses OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR



	neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S20	TI (amnesi* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood W2 disorder#) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion* OR (trance W1 disorder#) OR (possession W1 disorder#) OR obsessional OR "severe stress" OR (adjustment W1 disorder#) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological W1 disturbance#) OR (psychologically W1 disturbed) OR suicid* OR parasuicid* OR (self W1 harm*) OR (self W1 injur*) OR comorbid* OR bulimi* OR anorexi* OR neuros* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders")
S19	AB ("secure unit#" OR "secure hospital#")
S18	TI ("secure unit#" OR "secure hospital#")
S17	AB ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder*" OR "eating behavio#r" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S16	TI ("anankastic personalit*" OR "anorexia nervosa" OR "antisocial personalit*" OR "attention deficit disorder#" OR "body dysmorphic" OR "conduct disorder" OR "cyclothymic personalit*" OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" OR "mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR "affective disorder*" OR "avoidant personalit*" OR "behavio#r disorder*" OR "behavio#r

	problem*" OR "behavioral disorder#" OR "behavioural disorder#" OR "conversion disorder*" OR "eating behavior#" OR "eating W1 disorder#" OR "overactive disorder#" OR (personality N3 disorder#) OR agoraphobia OR Alzheimer* OR (anankastic N1 person*) OR (antisocial N1 person*) OR anxiety OR anxious OR (asocial N1 person*) OR Asperger* OR autism OR autistic OR (avoidant N1 person*) OR bipolar* OR "borderline personalit*" OR bulimia OR catatonia OR catatonic OR compulsion* OR (compulsive N1 person*) OR (conversion W1 disorder*) OR cyclothymia OR delusion* OR (dependent N1 personalit*) OR depersonali?ation OR depression* OR depressive OR dereali?ation OR disintegrative OR (dissocial N1 person*) OR dissociation* OR dissociative OR dysthym* OR fugue OR hallucination* OR hebephreni* OR (histrionic N1 person*) OR hyperkinetic OR hypomania OR hysteria OR mania* OR manic* OR (narcissistic N1 person*) OR neurasthenia OR neurosis OR neurot* OR (obsessive N1 person*) OR oligophreni* OR paranoia OR paranoid OR (passive-aggressive N1 person*) OR phobia* OR phobic OR posttraumatic OR psychiatr* OR psychopath* OR psychos* OR psychot* OR rett OR rett?s OR retts OR schiz* OR sociopath* OR somati?ation OR somatoform)
S15	S1 or S8 or S9 or S10 or S11 or S12 or S13 or S14
S14	TI ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit# OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S13	AB ((fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quit# OR quitt* OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*) N2 (smok* OR tobacco OR cigarette#))
S12	TI ("Controlled smoking") OR AB ("Controlled smoking")
S11	AB ("temporary abstinence" OR (temporar* N1 abstain*))
S10	TI ("temporary abstinence" OR (temporar* N1 abstain*))
S9	AB ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S8	TI ((tobacco N1 control) OR (smoking N1 control) OR (smoking N3 services) OR (smoking N3 service) OR (anti N1 smoking) OR (anti N1 tobacco))
S7	S3 and S5
S6	S2 and S4
S5	AB (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quits OR quitt* OR quit OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
S4	TI (fading OR temporary OR "give# up" OR "giving up" OR cessat* OR withdraw* OR ceas* OR stop* OR schedul* OR quits OR quitt* OR quit OR reduc* OR abstain* OR prevent* OR abstinence OR restrict*)
S3	AB ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S2	TI ("hand-roll" OR handroll* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)
S1	DE "Smoking Cessation"

## SOCIOLOGICAL ABSTRACTS

Database platform: CSA Illumina

Database coverage dates: 1952-current

Date: 31/1/2012

No. of records 191

Date limit 1985-2012

Query: (((TI=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars) OR AB=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)) and(TI=(fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) OR AB=(fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quitt\* OR quits OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*))) or(TI=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti) OR AB=(tobacco WITHIN 1 control) OR (smoking WITHIN 1 control) OR (smoking WITHIN 3 services) OR (smoking WITHIN 3 service) OR (anti WITHIN 1 smoking) OR (anti WITHIN 1 tobacco) OR (control WITHIN 1 tobacco) OR (control WITHIN 1 smoking) OR (smoking WITHIN 1 anti) OR (tobacco WITHIN 1 anti)) or(TI=("temporary abstinence") OR (temporar\* WITHIN 1 abstain\*) OR (abstain\* WITHIN 1 temporar\*) OR AB=("temporary abstinence") OR (temporar\* WITHIN 1 abstain\*) OR (abstain\* WITHIN 1 temporar\*)) or(TI=("controlled smoking") OR AB=("controlled smoking")) or(TI=((fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) WITHIN 2 (smok\* OR tobacco OR cigarette\*))) or(AB=((fading OR temporary OR (give\* up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit OR quits OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*) WITHIN 2 (smok\* OR tobacco OR cigarette\*))) or(DE=("smoking")) and((TI=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems") OR AB=((anankastic WITHIN 1 personalit\*) OR "anorexia nervosa" OR (antisocial WITHIN 1 personalit\*) OR ("attention deficit" WITHIN 1 disorder\*) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic WITHIN 1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems")) or(TI=("mentally ill" OR

"obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\$) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\$) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic))) or(TI=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*) OR AB=((histrionic WITHIN 1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic WITHIN 1 person\*) OR (person\* WITHIN 1 narcissistic) OR neurasthenia OR neurosis

OR neurot\* OR (person\* WITHIN 1 obsessive) OR (obsessive WITHIN 1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* WITHIN 1 passive-aggressive) OR (passive-aggressive WITHIN 1 person\*) OR phobia\* OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR "rett's" OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure WITHIN 1 unit) OR (secure WITHIN 1 units) OR (secure WITHIN 1 hospital\*) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood WITHIN 2 disorder\*) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance WITHIN 1 disorder\*) OR (possession WITHIN 1 disorder\*) OR obsessional OR "severe stress" OR (adjustment WITHIN 1 disorder\*) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological WITHIN 1 disturbance\*) OR (psychologically WITHIN 1 disturbed) OR suicid\* OR parasuicid\*)) or(TI=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare") OR AB=((self WITHIN 1 harm\*) OR (self WITHIN 1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder" OR "adjustment disorders" OR "mental health" OR "mental healthcare")) or(TI=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent WITHIN 1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* WITHIN 1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* WITHIN 1 histrionic)) OR AB=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective WITHIN 1 disorder\*) OR (avoidant WITHIN 1 personalit\*) OR (behavio\* problem\*) OR (behavio\* WITHIN 1 disorder\*) OR (conversion WITHIN 1 disorder\*) OR (eating WITHIN 1 behavio\*) OR (eating WITHIN 1 disorder\*) OR (overactive WITHIN 1 disorder\*) OR (personality WITHIN 3 disorder\*) OR agoraphobia OR Alzheimer\* OR (anankastic WITHIN 1 person\*) OR (antisocial WITHIN 1 person\*) OR anxiety OR anxious OR (person\* WITHIN 1 asocial) OR Asperger\* OR autism OR autistic OR (person\* WITHIN 1 avoidant) OR bipolar\* OR (borderline WITHIN 1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive WITHIN 1 person\*) OR (conversion WITHIN 1 disorder\*) OR cyclothymia OR delusion\* OR (dependent

WITHIN 1 personalit\*) OR depersonalization OR depression\* OR depressive  
OR derealization OR disintegrative OR (person\* WITHIN 1 dissocial) OR  
dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR  
hebephreni\* OR (person\* WITHIN 1 histrionic))) or(DE=("affective illness"  
or "anorexia nervosa" or "anxiety" or "attention deficit disorder" or  
"autism" or "bulimia" or "community mental health" or "community mental  
health centers" or "comorbidity" or "compulsivity" or "defense  
mechanisms" or "deinstitutionalization" or "depersonalization" or  
"depression psychology" or "eating disorders" or "emotionally disturbed"  
or "hysteria" or "mental health" or "mental health services" or "mental  
hospitals" or "mental illness" or "mental patients" or "narcissism" or  
"neurosis" or "neuroticism" or "paranoia" or "personality disorders" or  
"phobias" or "posttraumatic stress disorder" or "psychiatry" or  
"psychosis" or "schizophrenia" or "senility" or "sociopathic  
personality")))

## SOCIAL POLICY AND PRACTICE

Database host: OVID

Date searched: 10/2/2012, issue 201201

Number of records: 273

- 1 (hospital or hospitals).af. (14403)
- 2 (mental\* or Psychiatr\* or disorder or disorders or schiz\* or Rett or Retts or hysteria or hallucin\* or dysthymi\* or dissociativ\* or depression or depressive or dependency or delusion\* or dementia\* or cyclothymic or delirium or rehabilitation or affective or psychot\* or psychos\* or anorexi\* or anankastic\* or anxiety or anxious or alzheimer\* or "attention deficit" or avoidant or bipolar or dysmorphi\* or (borderline adj1 personalit\*) or bulimi\* or catatoni\* or "child behavior" or "child behaviour" or compulsive or pica or munchausen or "impulse control" or asthenia or "stereotypic movement" or dyslexi\* or "binge eating" or capgras or "developmental disabilities" or "developmental disability" or "child development" or factitious or somatoform or somatic\* or sociopath\* or posttraumatic or "post traumatic" or phobic or phobia\* or "passive aggressive" or paranoid or paranoia or oligophreni\* or obsessive or antisocial).af. (89985)
- 3 ("folie a deux" or panic or avoidant or "behavior problem\*" or "behaviour problem\*" or asperger\* or autism or autistic or compulsion\* or dereali?ation or depersonali?ation or disintegrative or dissocial or dissociat\* or fugue or hebephreni\* or histrionic or hyperkinetic or hypomania or mania\* or manic\* or narcissis\* or neurasthenia or neurosis or neurot\* or oligophreni\*).af. (9412)
- 4 "secure unit\* ".af. (718)
- 5 (amensi\* or hypomania or cyclomania or dysthymia or asthenic or "emotionally labile" or trance or postencephalitic or postconcussion or possession or obsessional or adjustment or dissociate or "multiple personal\*" or (psychological\* adj disturb\*) or suicid\* or parasuicid\* or "self harm\*" or "self injur\*" or comorbid\* or neuros\* or OCD or "psychological stress" or "psychological distress" or adjustment).af. (8779)
- 6 1 or 2 or 3 or 4 or 5 (104831)
- 7 (fading or temporary or "give up" or "gives up" or "given up" or "giving up" or cessat\* or withdraw\* or ceas\* or stop\* or schedul\* or quit\* or reduc\* or abstain\* or prevent\* or abstinence or restrict\*).ab,de,ti. (47600)
- 8 ("controlled smoking" or "tobacco control" or "smoking control" or (smoking adj3 service\*) or "anti smoking" or "anti tobacco" or "temporary abstinence" or (temporar\* adj abstain\*)).ab,de,ti. (179)
- 9 "cigar\* ".ab,de,ti. (333)
- 10 smoking.ab,de,ti. (2436)
- 11 tobacco.ab,de,ti. (790)
- 12 9 or 10 or 11 (2698)
- 13 7 and 12 (970)
- 14 8 or 13 (1038)
- 15 6 and 14 (275)
- 16 ((mental adj health\*) or mentally or (mental\* adj ill\*) or (mental adj problem\*) or (mental adj disorder\*) or Psychiatr\* or disorder or disorders or schiz\* or Rett or Retts or hysteria or hallucin\* or dysthymi\* or dissociativ\* or depression or depressive or dependency or delusion\* or dementia\* or cyclothymic or delirium or rehabilitation or affective or psychot\* or psychos\* or anorexi\* or anankastic\* or anxiety or anxious or alzheimer\* or "attention deficit" or avoidant or bipolar or dysmorphi\* or (borderline adj1 personalit\*) or bulimi\* or catatoni\* or "child behavior" or "child behaviour" or compulsive or pica or munchausen or "impulse control" or asthenia or "stereotypic movement" or dyslexi\* or "binge eating" or capgras or "developmental disabilities" or

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"developmental disability" or "child development" or factitious or somatoform or somatic\* or sociopath\* or posttraumatic or "post traumatic" or phobic or phobia\* or "passive aggressive" or paranoid or paranoia or oligophreni\* or obsessive or antisocial).af,ab,ti. (86975)

17 1 or 3 or 4 or 5 or 16 (102186)

18 14 and 17 (273)



SOCIAL SCIENCE CITATION INDEX AND CONFERENCE PROCEEDINGS CITATION INDEX,  
(SCIENCE, AND SOCIAL SCIENCE AND HUMANITIES)

Database platform: Web of Science

Date searched 31 January 2012

Records: 3614

Search strategy:

Timespan=1985-2012

Lemmatization=Off

# 15 #14 AND #5

# 14 #13 OR #10 OR #9 OR #8 OR #7 OR #6

# 13 #12 AND #11

# 12 TS=("hand-roll" OR handroll\* OR "hand-rolls" OR "hand-rolled" OR bidi OR bidis OR beedi OR beedis OR rolie OR rolies OR paan OR gutkha OR snuff OR betel OR cigar OR cigars)

# 11 TS=((fading OR temporary OR (give\* NEAR/1 up) OR "giving up" OR cessat\* OR withdraw\* OR ceas\* OR stop\* OR schedul\* OR quit\$ OR quitt\* OR reduc\* OR abstain\* OR prevent\* OR abstinence OR restrict\*))

# 10 TS=((fading NEAR/2 tobacco) OR (temporary NEAR/2 tobacco) OR ("giving up" NEAR/2 tobacco) OR (cessat\* NEAR/2 tobacco) OR (withdraw\* NEAR/2 tobacco) OR (ceas\* NEAR/2 tobacco) OR (stop\* NEAR/2 tobacco) OR (schedul\* NEAR/2 tobacco) OR (quit NEAR/2 tobacco) OR (quits NEAR/2 tobacco) OR (quitt\* NEAR/2 tobacco) OR (reduc\* NEAR/2 tobacco) OR (abstain\* NEAR/2 tobacco) OR (prevent\* NEAR/2 tobacco) OR (abstinence NEAR/2 tobacco) OR (restrict\* NEAR/2 tobacco)) OR TS=(((("give\* up") NEAR/2 tobacco))

# 9 TS=((fading NEAR/2 cigarette\$) OR (temporary NEAR/2 cigarette\$) OR ("giving up" NEAR/2 cigarette\$) OR (cessat\* NEAR/2 cigarette\$) OR (withdraw\* NEAR/2 cigarette\$) OR (ceas\* NEAR/2 cigarette\$) OR (stop\* NEAR/2 cigarette\$) OR (schedul\* NEAR/2 cigarette\$) OR (quit NEAR/2 cigarette\$) OR (quits NEAR/2 cigarette\$) OR (quitt\* NEAR/2 cigarette\$) OR (reduc\* NEAR/2 cigarette\$) OR (abstain\* NEAR/2 cigarette\$) OR (prevent\* NEAR/2 cigarette\$) OR (abstinence NEAR/2 cigarette\$) OR (restrict\* NEAR/2 cigarette\$)) OR TS=(((("give\* up") NEAR/2 cigarette\$))

# 8 TS=(((("give\* up") NEAR/2 smok\*))

# 7 TS=((fading NEAR/2 smok\*) OR (temporary NEAR/2 smok\*) OR ("giving up" NEAR/2 smok\*) OR (cessat\* NEAR/2 smok\*) OR (withdraw\* NEAR/2 smok\*) OR (ceas\* NEAR/2 smok\*) OR (stop\* NEAR/2 smok\*) OR (schedul\* NEAR/2 smok\*) OR (quit NEAR/2 smok\*) OR (quits NEAR/2 smok\*) OR (quitt\* NEAR/2 smok\*) OR (reduc\* NEAR/2 smok\*) OR (abstain\* NEAR/2 smok\*) OR (prevent\* NEAR/2 smok\*) OR (abstinence NEAR/2 smok\*) OR (restrict\* NEAR/2 smok\*))

# 6 TS=("temporary abstinence" OR (temporar\* NEAR/1 abstain\*) OR (abstain\* NEAR/1 temporar\*) OR (controlled NEAR/1 smoking))

# 5 1,293,776 #4 OR #3 OR #2 OR #1

# 4 TS=((self NEAR/1 harm\*) OR (self NEAR/1 injur\*) OR comorbid\* OR bulimi\* OR anorexi\* OR neuros\* OR OCD OR "psychological stress" OR "psychological distress" OR "mental stress" OR "adjustment disorder\$" OR "mental health" OR "mental healthcare")

# 3 TS=((histrionic NEAR/1 person\*) OR hyperkinetic OR hypomania OR hysteria OR mania\* OR manic\* OR (narcissistic NEAR/1 person\*) OR (person\* NEAR/1 narcissistic) OR neurasthenia OR neurosis OR neurot\* OR (person\* NEAR/1 obsessive) OR (obsessive NEAR/1 person\*) OR oligophreni\* OR paranoia OR paranoid OR (person\* NEAR/1 passive-aggressive) OR (passive-aggressive NEAR/1 person\*) OR phobia\$ OR phobic OR posttraumatic OR psychiatr\* OR psychopath\* OR psychos\* OR psychot\* OR rett OR (rett NEAR/2 s) OR retts OR schiz\* OR sociopath\* OR somati?ation OR somatoform OR (secure NEAR/1 unit\$) OR (secure NEAR/1 hospital\$) OR amnesi\* or hypomania OR cyclothymia or dysthymia or dementia OR delirium OR hallucinosis OR delusional OR (mood NEAR/2 disorder\$) OR asthenic OR "emotionally labile" OR postencephalitic OR postconcussion\* OR (trance NEAR/1 disorder\$) OR (possession NEAR/1 disorder\$) OR obsessional OR "severe stress" OR (adjustment NEAR/1 disorder\$) OR dissociate OR "multiple personality" OR neurasthenia OR (psychological NEAR/1 disturbance\$) OR (psychologically NEAR/1 disturbed) OR suicid\* OR parasuicid\*)

# 2 TS=("mentally ill" OR "obsessive compulsive" OR "panic disorder" OR "panic disorders" OR "pervasive developmental" OR "post traumatic" OR "seasonal affective" OR (affective NEAR/1 disorder\$) OR (avoidant NEAR/1 personalit\*) OR (behavio\* problem\$) OR (behavio\* NEAR/1 disorder\$) OR (conversion NEAR/1 disorder\$) OR (eating NEAR/1 behavio\*) OR (eating NEAR/1 disorder\$) OR (overactive NEAR/1 disorder\$) OR (personality NEAR/3 disorder\$) OR agoraphobia OR Alzheimer\* OR (anankastic NEAR/1 person\*) OR (antisocial NEAR/1 person\*) OR anxiety OR anxious OR (person\* NEAR/1 asocial) OR Asperger\* OR autism OR autistic OR (person\* NEAR/1 avoidant) OR bipolar\* OR (borderline NEAR/1 personalit\*) OR bulimia OR catatonia OR catatonic OR compulsion\* OR (compulsive NEAR/1 person\*) OR (conversion NEAR/1 disorder\$) OR cyclothymia OR delusion\* OR (dependent NEAR/1 personalit\*) OR depersonali?ation OR depression\* OR depressive OR dereali?ation OR disintegrative OR (person\* NEAR/1 dissocial) OR dissociation\* OR dissociative OR dysthym\* OR fugue OR hallucination\* OR hebephreni\* OR (person\* NEAR/1 histrionic) )

# 1 TS=((anankastic NEAR/1 personalit\*) OR "anorexia nervosa" OR (antisocial NEAR/1 personalit\*) OR ("attention deficit" NEAR/1 disorder\$) OR "body dysmorphic" OR "conduct disorder" OR "conduct disorders" OR (cyclothymic NEAR/1 personalit\*) OR "endogenous depression" OR "folie a deux" OR "mental disorder" OR "mental disorders" OR "mental illness" OR "mental illnesses" OR "mental problem" OR "mental problems" )

UK CLINICAL RESEARCH NETWORK PORTFOLIO DATABASE

Search date: 17/2/2012

Number of records: 3

Search:

All topic areas,

Title/ research summary: smoke, smoking, tobacco, smoke-free, smokefree (one of the words)

**APPENDIX 1B. WEBSITES SEARCH SUMMARY**

	<b>Websites searched</b>	<b>Results</b>
1.	Smoke free <a href="http://smokefree.nhs.uk">http://smokefree.nhs.uk</a>	0
2.	NHS Centre for Smoking Cessation and Training <a href="http://www.ncsct.co.uk/">http://www.ncsct.co.uk/</a>	4
3.	Action on Smoking and Health (ASH) <a href="http://www.ash.org.uk">http://www.ash.org.uk</a>	5
4.	Treat tobacco.net <a href="http://www.treattobacco.net/en/index.php">http://www.treattobacco.net/en/index.php</a>	0
5.	Society for Research on Nicotine and Tobacco <a href="http://www.srnt.org">http://www.srnt.org</a>	0
6.	International Union against Cancer <a href="http://www.uicc.org">http://www.uicc.org</a>	0
7.	WHO Tobacco Free Initiative (TIF) <a href="http://www.who.int/tobacco/en">http://www.who.int/tobacco/en</a>	0
8.	International Tobacco Control Policy Evaluation Project <a href="http://www.itcproject.org">http://www.itcproject.org</a>	0
9.	Tobacco Harm Reduction <a href="http://www.tobaccoharmreduction.org/index.htm">http://www.tobaccoharmreduction.org/index.htm</a>	0
10.	Current controlled trials <a href="http://www.controlled-trials.com">www.controlled-trials.com</a>	0
11.	Association for the treatment of tobacco use and dependence (ATTUD) <a href="http://www.attud.org">www.attud.org</a>	0
12.	National Institute on drug abuse- the science of drug abuse and addiction <a href="http://www.nida.nih.gov/nidahome.html">http://www.nida.nih.gov/nidahome.html</a>	1
13.	NICE	0
14.	Public health observatories	1
15.	Scottish Government	1
16.	Welsh Assembly Government	0
17.	NHS Evidence	15
18.	Joseph Rowntree Foundation	0
19.	UK Centre for Tobacco Control Studies	8
<b>Total no of articles found</b>		<b>35</b>
<b>Total no. of new articles entered into ER4<sup>a</sup></b>		<b>15</b>

Note. <sup>a</sup> Twenty of the documents found through web searches had already been captured by the electronic search of databases.

## APPENDIX 2. INCLUSION DECISION QUESTIONS APPLIED AT TITLE AND ABSTRACT SCREENING STAGE

Criterion	Guidance notes	Decision
1. YEAR: Was the document published during or after 1980?	Include studies published during or after 1980, exclude studies before 1980.	If yes, proceed to 2.  If no, use EX1 – NOT YEAR
2. EMPIRICAL RESEARCH: does document report on a piece of research?	This can include primary research, in that data have been collected during that study through interaction with or observation of study participants, or secondary research, such as systematic reviews of the literature. MUST have methodology section. Examples of non-research documents include opinion pieces, commentaries, or legislation	If yes, proceed to 3.  If no, use EX2 – NOT EMPIRICAL RESEARCH
3. SMOKING CESSATION: Does the title or abstract refer to smoking cessation interventions/ services?	This includes smoking cessation or temporary abstinence approaches, and any approaches used by, or with, health professionals to increase recording, identification and/or referral to stop smoking services or mental healthcare-based stop-smoking services. We will include any pharmacological, psychological or self-help intervention that aims to assist with smoking cessation or temporary abstinence. Interventions of relevance can include pharmacological interventions, administered alone or in combination with other interventions; psychological interventions, including behavioural support, counselling and advice (with and without a pharmacological intervention); self-help approaches to smoking cessation or temporary abstinence without additional support. Psychological interventions could include concomitant use of pharmacological interventions to assist with cessation prior to the target quit date; however, use of pharmacological interventions needs to be equivalent in the active and comparator groups before and after cessation. Psychological interventions could be offered with the pharmacological intervention; however, the type and intensity of support needs to be comparable between the active and comparator groups. Pharmacological interventions that have not been currently licensed for temporary abstinence will also be eligible for inclusion. We will include any strategies, protocols or systems used by relevant health professionals to help identify smokers, record advice given and refer them to services, alone and share information between different groups of health professionals and across the care pathway.	If yes, proceed to 4.  If no, use EX3 – NOT SMOKING CESSATION
4. MENTAL HEALTH: Is the study	This includes assessment, care and treatment for people with severe mental illness in hospitals,	If yes, proceed to 5.

<p>(or a component of it) conducted in a mental health secondary care setting, or does it include patients or workers in mental health services, or family/friends/visitors of mental health patients?</p>	<p>outpatient clinics and the community, as well as intensive services in psychiatric units and secure hospitals.</p> <p>This includes people who use secondary care mental health services (including those who are in the process of being referred to, or have recently been discharged from: child, adolescent, adult and older people’s mental health services inpatient, residential and long-term care for severe mental illness in a hospital, psychiatric and specialist unit or secure hospital).</p> <p>This includes those who live in the same household as someone who is using secondary care mental health services, such as partners, parents, other family members and carers. Includes those who visit people in secondary care mental health settings.</p> <p>This includes those who work in secondary care mental health settings, in particular, those who have direct contact with people using the services (also includes support staff, volunteers, those working for agencies or as locums, and staff employed by contractors.)</p>	<p>If no, use EX4 – NOT MENTAL HEALTH</p>
<p>5. RESEARCH DESIGN: Is the study design a comparison (e.g., controlled trials, before-and-after) and/or views or process evaluation (e.g., interviews, surveys)?</p>	<p>The study must be a comparison design or include views/process data on barriers and facilitators. Eligible comparison designs: reviews of reviews, systematic reviews and guidelines (including NICE guidelines), randomised controlled trials, controlled trials, controlled before and after studies, interrupted time series, and uncontrolled before and after studies.</p> <p>Eligible views/process evaluations: This includes trials (controlled and non-controlled), descriptive studies (including questionnaire surveys, and process evaluations), qualitative studies (including, but not restricted to, ethnographies, phenomenologies, and grounded theory studies), discussion papers or reports, and ‘views studies’ (which are written based on a multiple perspective approach with an emphasis on guidance for health professionals).</p> <p>Single case studies should be excluded.</p>	<p>If yes, proceed to 6.</p> <p>If no, use EX5 – NOT RESEARCH DESIGN</p>
<p>6. EFFECTIVENESS: Does the study evaluate the effectiveness of an intervention?</p>	<p>The study must evaluate the effectiveness of intervention (or interventions) either through a comparison with a control group or comparison across time, or through reviews of the evidence. Specifically: reviews of reviews, systematic reviews and guidelines (including NICE guidelines), randomised controlled trials, controlled trials, controlled before and after studies, interrupted</p>	<p>If yes, use IN1 - EFFECTIVENESS. Then proceed to 6.</p>

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	time series, and uncontrolled before and after studies.	If no, proceed to 7.
7. BARRIERS/FACILITATORS: Does the title or abstract include barriers or facilitators (including knowledge, attitudes and beliefs) of using or implementing smoking cessation interventions/ services?	This includes trials (controlled and non-controlled), descriptive studies (including questionnaire surveys, and process evaluations), qualitative studies (including, but not restricted to, ethnographies, phenomenologies, and grounded theory studies), discussion papers or reports, and 'views studies' (which are written based on a multiple perspective approach with an emphasis on guidance for health professionals)	If yes, use IN2 - BARRIERS/FACILITATORS.  End of criteria.

### APPENDIX 3. CHECKLIST FOR SCREENING OF FULL TEXT ARTICLES AND DATA EXTRACTION FORM

#### CHECKLIST FOR SCREENING OF FULL TEXT ARTICLES

Criterion	Guidance notes	Decision
Type of Participant	Only participants with a current mental health diagnosis (or at least 70% of the population) which meets diagnostic criteria to be included: schizophrenia, schizotypal and delusional disorders; mood (affective) disorders; neurotic, stress-related and somatoform disorders; Eating disorders; specific personality disorders, mixed and other personality disorders, enduring personality changes; pervasive developmental disorders; hyperkinetic disorder, conduct disorder, mixed disorders of conduct and emotions.	
Interventions	Include alone or in combination, pharmacological and psychological interventions (behavioural support, counselling and advice self-help approaches) to assist smoking cessation or temporary abstinence. If pharmacological intervention is used to assist with cessation prior to the target quit date in a psychological intervention the same pharmacotherapy should be used in the active and comparator groups. When psychological and pharmacological intervention are used together the type and intensity of support needs to be comparable between the active and comparator groups. Unlicensed pharmacological interventions for temporary abstinence will not be included. To include any strategies used by health professionals to identify smokers, record advice and referral to services, and share information between different groups of health professionals and across the care pathway.	
Comparators	To include comparisons of interventions with each other (alone or in combination), placebo or usual care. Self-help interventions will be compared to not using a self-help intervention. Approaches to improve identification, recording of advice and referrals will be compared with usual care.	
Outcome measures	Primary outcomes to include the proportion of participants who made successful quit attempts; changes in mean biochemically validated (exhaled carbon monoxide/saliva cotinine levels) levels of smoking from baseline; and self-reported cigarette consumption. Outcomes within 10 years of the intervention	
Study design	Reviews of reviews, systematic reviews and guidelines (including NICE), randomised controlled trials, and controlled trials. Controlled before and after studies, interrupted time series and uncontrolled before and after studies	

\*MARKER – Setting – if unclear.



## DATA EXTRACTION FORM

Reviewer name:

Date form completed:

Study Author and Year:

Title:

### Study Design

<b>Study Design</b> (see guidance sheet for information)	Systematic review Randomised controlled trial Controlled trial Interrupted time series Controlled before and after study Other design	++ + - NR NA
<b>Is the source population or source area well described?</b>  Was the country (e.g. developed or non- developed, type of healthcare system), setting (primary schools, community centres etc.), location (urban, rural), population demographics etc. adequately described?		++ + - NR NA
<b>Is the eligible population or area representative of the source population or area?</b>  Was the recruitment of individuals/clusters/areas well-defined (e.g. advertisement, birth register)? Was the eligible population representative of the source? Were important groups under-represented?		++ + - NR NA
<b>Do the selected participants or areas represent the eligible population or area?</b>  Was the method of selection of participants from the eligible population well described? What % of selected individuals/clusters agreed to participate? Were there any sources of bias? Were the inclusion/exclusion criteria explicit and appropriate?		++ + - NR NA
<b>Study setting and Country</b>  (e.g. inpatient/community/unknown)		++ + - NR NA
<b>Method/s of recruitment of participants</b>  (adverts/doctors referrals/inpatients/unknown).		++ + -

			NR NA
<p><b>Allocation to intervention (or comparison). How was selection bias minimised?</b></p> <p>Was allocation to exposure and comparison randomised? Was it truly random (++) or pseudo-randomised (+) (e.g. consecutive admissions)? If not randomised, was significant confounding likely (-) or not (+)? If a cross-over, was order of intervention randomised?</p>	<p>None Cluster</p>	<p>Participant Other</p>	<p>++ + - NR NA</p>

Participants

<p>Type/s of mental illness (Schizophrenia/depression/mood affective disorder) Breakdown of participants (different MH diagnosis. *more than 70% study population to have current MH diagnosis).</p>	
--	--

Description of intervention/s

<p><b>Were interventions (and comparisons) well described and appropriate?</b></p> <p>Were intervention/s and comparison/s described in sufficient detail (i.e. enough for study to be replicated)? Was comparison/s appropriate (e.g. usual practice rather than no intervention)?</p>	<p>++ + - NR NA</p>
<p><b>Intervention 1</b> : (Description of intervention/ Duration of treatment period/ timing- point in the care pathway/Delivery/Providers)</p>	
<p><b>Intervention 2 – Control</b> : (Description of intervention/ Duration of treatment period/ timing-point in the care pathway/Delivery/Providers)</p>	

Quality

	Method and score	
<p><b>Was the allocation concealed?</b></p> <p>Could the person(s) determining allocation of participants/clusters to intervention or comparison groups have influenced the allocation?</p> <p>Adequate allocation concealment (++) would include centralised allocation or computerised allocation systems.</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Were participants and/or investigators blind to exposure and comparison?</b></p> <p>Were participants AND investigators – those delivering and/or assessing the intervention kept blind to intervention allocation? (Triple or double blinding score [++]). If lack of blinding is likely to cause important bias, score (-).</p>	Participant Y/ N / unsure Clinician Y/ N / unsure Outcome assessor Y/ N / unsure	++ + - NR NA
<p><b>Was the exposure to the intervention and comparison adequate?</b></p> <p>Is reduced exposure to intervention or control related to the intervention (e.g. adverse effects leading to reduced compliance) or fidelity of implementation (e.g. reduced adherence to protocol)? Was lack of exposure sufficient to cause important bias?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Was contamination acceptably low?</b></p> <p>Did any in the comparison group receive the intervention or vice versa? If so, was it sufficient to cause important bias? If a cross-over trial, was there a sufficient wash-out period between interventions?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Were other interventions similar in both groups?</b></p> <p>Did either group receive additional interventions or have services provided in a different manner? Were the groups treated equally by researchers or other professionals? Was this sufficient to cause important bias?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Were all participants accounted for at study conclusion?</b></p> <p>Were those lost-to-follow-up (i.e. dropped or lost</p>	Yes / Unclear / No	++ + - NR

pre-/during/post-intervention) acceptably low (i.e. typically <20%)? Did the proportion dropped differ by group? For example, were drop-outs related to the adverse effects of the intervention?		NA
<b>Did the setting reflect usual UK practice?</b>  Did the setting in which the intervention or comparison was delivered differ significantly from usual practice in the UK? For example, did participants receive intervention (or comparison) condition in a hospital rather than a community- based setting?	Yes / Unclear / No	++ + - NR NA
<b>Did the intervention or control comparison reflect usual UK practice?</b>  Did the intervention or comparison differ significantly from usual practice in the UK? For example, did participants receive intervention or comparison delivered by specialists rather than ward staff?	Yes / Unclear / No	++ + - NR NA
<b>Were outcome measures reliable?</b>  Were outcome measures subjective or objective (e.g. biochemically validated nicotine levels [++] vs self-reported smoking [-]).How reliable were outcome measures (e.g. inter-or intra-rater reliability scores)? Was there any indication that measures had been validated (e.g. validated against a gold standard measure or assessed for content validity)?	Yes / Unclear / No	++ + - NR NA
<b>Were all outcome measurements complete?</b>  Were all/most study participants who met the defined study outcome definitions likely to have been identified?	Yes / Unclear / No	++ + - NR NA
<b>Were all important outcomes assessed?</b>  Were all important benefits and harms assessed? Was it possible to determine the overall balance of benefits and harms of the intervention versus comparison?	Yes / Unclear / No	++ + - NR NA
<b>Were outcomes relevant?</b>  Where surrogate outcome measures were used, did they measure what they set out to measure?	Yes / Unclear / No	++ + - NR NA
<b>Were there similar follow-up times in intervention and comparison groups?</b>  Were analyses adjusted for difference in length of follow-up	Yes / Unclear / No	++ + - NR NA

(e.g. using person-years)?		
<b>Was the follow-up time meaningful?</b> Was it long enough to assess long term harms and benefits, without being too long to have lost to follow-up issues?	Yes / Unclear / No	++ + - NR NA
<b>Free of selective reporting bias</b> Are reports of study free of suggestions of selective reporting bias?	Yes / Unclear / No	++ + - NR NA
<b>Free of other bias</b> Was the study apparently free of other problems that could put it at high risk of bias?	Yes / Unclear / No	++ + - NR NA

Results

Description of the study population

	Intervention 1	Intervention 2	Total
<b>Number of participants randomised (before drop outs and lost to follow up)</b>			
<b>Final number of participants evaluable</b>			
<b>Age (mean, SD, range):</b>			
<b>Sex (n, % male):</b>			

<p><b>Were intervention and comparison groups similar at baseline?</b></p> <p>If not, were these adjusted using multivariate analyses? Were there likely to be any residual differences of relevance?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Was Intention to treat (ITT) analysis conducted?</b></p> <p>Were all participants (including those that dropped out or did not fully complete the intervention course) analysed in the groups (i.e. intervention or comparison) to which they were originally allocated?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Was the study sufficiently powered to detect an intervention effect (if one exists)?</b></p> <p>A power of 0.8 (i.e. it is likely to see an effect of a given size if one exists, 80% of the time) is the conventionally accepted standard. Is a power calculation presented? If not, what is the expected effect size? Is the sample size adequate?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Were the estimates of effect size given or calculable?</b></p> <p>Were effect estimates (e.g. relative risks, absolute risks) given or possible to calculate?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Were the analytical methods appropriate?</b></p> <p>Were important differences in follow-up time and likely confounders adjusted for? If a cluster design, were analyses of sample size (and power), and effect size performed on clusters (and not individuals)? Were subgroup analyses pre-specified?</p>	Yes / Unclear / No	++ + - NR NA
<p><b>Was the precision of intervention effects given or calculable? Were they meaningful?</b></p> <p>Were confidence intervals (CIs) and/or p-values for effect estimates given or possible to calculate? Were CIs wide or were they sufficiently precise to aid decision-making? If precision is lacking, is this because the study is under-powered?</p>	Yes / Unclear / No	++ + - NR NA

## Outcomes



Internal and External Validity Scoring

<p>Are the study results internally valid?</p> <p>How well did the study minimise sources of bias (i.e. adjusting for potential confounders)?</p> <p>Were there significant flaws in the study design?</p>		<p>++</p> <p>+</p> <p>-</p> <p>NR</p> <p>NA</p>
<p>Are the findings generalisable to the source population (i.e. externally valid)?</p> <p>Are there sufficient details given about the study to determine if the findings are generalisable to the source population? Consider: participants, interventions and comparisons, outcomes, resource and policy implications.</p>		<p>++</p> <p>+</p> <p>-</p> <p>NR</p> <p>NA</p>

Sponsorship

<p>Study Funding Source</p>	
<p>Possible Conflict of Interests</p>	

<p>Further Comments</p> <p>(to include any links with other papers in R4&amp;R5)</p>	
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### Scoring from NICE guidelines

Checklist items are worded so that one of five responses is possible:

**++** Indicates that for that particular aspect of study design, the study has been designed/conducted in such a way as to minimise the risk of bias.

**+** Indicates that either the answer to the checklist question is not clear from the way the study is reported, or that the study may not have addressed all potential sources of bias for that particular aspect of study design.

**–** Should be reserved for those aspects of the study design in which significant sources of bias may persist.

**Not reported (nr)** should be reserved for those aspects in which the study under review fails to report how they have/might have been considered.

**Not applicable (na)** Should be reserved for those study design aspects which are not applicable given the study design under review (for example, allocation concealment would not be applicable for case–control studies).

### Internal and External Validity Scoring

In addition, the reviewer is requested to complete in detail the comments section of the quality appraisal form so that the grade awarded for each study aspect is as transparent as possible. Each study is then awarded an overall study quality grading for internal validity (IV) and a separate one for external validity (EV):

**++** All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter.

**+** Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter.

**–** Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter.

## **APPENDIX 4. REFERENCES TO IDENTIFIED REVIEWS AND THEIR EXCLUDED STUDIES**

### REFERENCES TO IDENTIFIED REVIEWS

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## APPENDIX 5. SUMMARY OF THE IDENTIFIED REVIEWS

### SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDERS

**Bradshaw 2005** A systematic review was performed following recognised guidelines and searched a selection of electronic databases with additional hand searching. The review included studies which assessed healthy living interventions in adults aged 16+ with schizophrenia or schizoaffective disorder. The primary outcomes assessed were the number of cigarettes smoked per day and abstinence from smoking at the end of treatment and 6 months follow-up. Seven smoking cessation studies were identified in the review (Ziedonis 1997; Addington 1998; George 2000; Evins 2001; Weiner 2001; George 2002; Roll 1998), which assessed the effectiveness of a pharmacotherapy in addition to group therapy. Five of the studies were also included in this review, and therefore are discussed in detail in the relevant sections below. The remaining studies did not fulfill the inclusion criteria and were excluded (Ziedonis 1997; Addington 1998).

**Ferron 2009** A review was conducted using a systematic search strategy of two electronic databases and reference list scanning to summarise prospective intervention peer-reviewed studies assessing smoking cessation or smoking reduction in people with schizophrenia spectrum disorders, which were not funded by a tobacco company. Thirteen studies were included in the review, of which nine were deemed eligible for inclusion (Chou 2004; Gallagher 2007; George 2000; Currie 2008; Evins 2001; George 2002; Evins 2005; Evins 2007; George 2008; Weiner 2001), and are therefore discussed in detail in the relevant sections below. The remaining studies did not fulfill the inclusion criteria for this review and were excluded (Breckenridge 1990; Ziedonis 1997; Addington 1998).

**Tsio 2010a** A systematic review and meta-analysis was performed which searched a selection of electronic databases, conference abstracts, records of trial held by manufacturers, and reference lists of eligible studies to assess the effectiveness of bupropion for smoking cessation and reduction in smoking in schizophrenia (Tsoi 2010a). Seven US based trials were included in the review (Evins 2001; George 2002; Evins 2005; Evins 2007; George 2008; Weiner 2007; Fatemi 2005). Six of the seven studies are included in this review, and these are presented below under the relevant sections. The remaining study did not fulfill the inclusion criteria and was excluded (Weiner 2007).

**Tsoi 2010b** A systematic review and meta-analysis was performed using recognised guideline which searched a selection of electronic databases, reference lists of eligible studies, and online clinical trials registers, to assess the effectiveness of interventions for smoking cessation and reduction in schizophrenia. Twenty-one trials were included in the review assessing a range of interventions, including pharmacotherapies (bupropion, nicotine replacement therapy, and combinations of bupropion and nicotine replacement therapy), psychological interventions, and combinations of pharmacotherapies and psychological interventions. The 21 included studies were also identified from our searches, and 18 were included in this review, with the studies being presented below under the relevant sections (Baker 2006; Dalack 1999 acute feasibility; Evins 2001; Evins 2005; Evins 2007; Fatemi 2005; Gallagher 2007; George 2000; George 2002; George 2008; Li 2009; Williams 2007; Hartman 1991; de Leon 2005; Kelly 2008; Envoy 1995; Steinberg 2003; Weinberger 2008). Three studies did not fulfill the inclusion criteria for this review and were excluded (Horst 2005; Weiner 2007; Sacco 2009).

**El-Guebaly 2002** A critical review was performed which searched for literature using a systematic approach encompassing nine electronic databases. The authors included all study designs in which the research focused on people with diagnoses of specific mental illness or addictive disorders. The studies pertinent to this section of the review assessed smoking cessation approaches in patients with schizophrenia (Breckenbridge 1990; Hartman 1991; George 2000; McEvoy 1995; Addington 1998; McEvoy 1999; George 1995; Weiner 2001). Five of these studies were included in the review, with the studies being presented under the relevant sections. The remaining studies did not fulfill the inclusion criteria for this review and were excluded (Addington 1998; Breckenbridge 1990; George 1995).

**Kisely 2008** A critical review was performed which provided an update in the area of smoking cessation interventions of studies published between 2002 and 2007. Thirteen studies were included in the review, of which four focused on individuals with schizophrenia (Evins 2004; Evins 2005; Evins 2007; George 2002). Three of the studies were included in the review, with studies being presented under the relevant sections. The remaining study was excluded as it did not fulfill the inclusion criteria of this review (Evins 2004).

## DEPRESSIVE AND MOOD DISORDERS

**El-Guebaly 2002** A critical review was performed which searched for literature using a systematic approach encompassing nine electronic databases. The authors included all study designs in which the research focused on people with diagnoses of specific mental illness or addictive disorders. The studies pertinent to this section of the review assessed smoking cessation approaches in patients with depression (Hall 1994; Hall 1996; Kinnunen 1996; Ginsberg 1997; Hall 1998; Patten 1998; Hayford 1999; Brown 2001). However, none of the studies were included in the review, either because they assessed past history of depression (Hall 1994; Hall 1996; Brown 2001; Hall 1998; Ginsberg 1997; Hayford 1999; Patten 1996) or <70% of the study population were diagnosed with an eligible mental health disorder (Kinnunen 1996).

**Hitsman 2003** A meta-analysis was performed which included studies identified from only two electronic databases, with some hand searching of journals and contacting of authors known within the smoking cessation field, to identify studies assessing the association between smoking cessation and depression. Fifteen studies were included in the meta-analysis (Glassman 1988; Covey 1993; Glassman 1993; Hall 1994; Ginsberg 1995; Hall 1996; Muñoz 1997; Breslau 1998; Hall 1998; Prochazka 1998; Covey 1999; Hayford 1999; Niaura 1999; Killen 2000; Keuthen 2000). However, all of these studies either a past history of depression or <70% of the study population were diagnosed with an eligible mental health disorder, thus none of the studies fulfilled the inclusion criteria for this review and were therefore excluded.

**Kisely 2008** A critical review was performed which provided an update in the area of smoking cessation interventions of studies published between 2002 and 2007. Thirteen studies were included in the review, of which three focused on individuals with a past history of depression (Hall 2002; Saules 2004; Swan 2003), thus none of the studies fulfilled the inclusion criteria for this review and were excluded.

## ALL NON-ORGANIC PSYCHIATRIC DISORDERS AND OTHER DISORDERS

**Banham 2010** A systematic review and meta-analysis was performed to assess the effectiveness of pharmacological and/or psychological interventions on smoking cessation in severe mental illness. Eight RCTs were included in the review (George 2000; Baker 2006; Dalack 1999 acute feasibility; Evins 2001; Evins 2005; George 2002; Evins 2007; George 2008). All of these studies were included in this review, with the studies being presented under the relevant sections.

**Heckman 2010** A systematic review and meta-analysis was performed to assess the effectiveness of motivational interviewing in participants with physical or mental illness. Three studies were included in the review which looked at the treatment in mental health populations (Baker 2006; Brown 2003; George 2000). All of these studies were identified from our searches and included in this review, with the studies being presented under the relevant sections.

**Bryant 2011** A systematic review and meta-analysis was performed to assess the effectiveness of behavioural interventions in selected disadvantaged groups. Ten papers included in the review focused on participants with psychiatric disorders (Baker 2006; Brown 2001; Dixon 2009; Gallagher 2007; Guliver 2008; Hall 2006; MacPherson 2010; McFall 2005; Vickers 2009; Williams 2010). All of these studies were identified from our searches and five of the studies were included in this review, with the studies being presented under the relevant section. Five studies did not fulfill the inclusion criteria for this review and were excluded (Brown 2001; Guliver 2008; Hall 2006; MacPherson 2010; Vickers 2009).

**Kisely 2008** A critical review was performed which provided an update in the area of smoking cessation interventions of studies published between 2002 and 2007. Thirteen studies were included in the review, of which one focused on psychiatric disorder (Kisely 2003) and one on PTSD (McFall 2005). Both of these studies were identified from our searches and were included in the review, with the studies being presented under the relevant sections.



## APPENDIX 6. REFERENCES TO INCLUDED STUDIES

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## APPENDIX 7. EVIDENCE TABLE FOR INCLUDED STUDIES

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Akbarpour  <b>Year:</b> 2010  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> Tehran, Iran  <b>Eligible population:</b> Razi psychiatric Teaching Hospital, University of Social Welfare and Rehabilitation Sciences  <b>Selected population:</b> Male smoking in-patients with schizophrenia. DSM-IV-TR criteria used  <b>Excluded population:</b> Contraindications to bupropion, serious co-morbid psychiatric illnesses, recent history of alcohol use in previous 3 months, history of allergic response to bupropion  <b>Setting:</b> In-patients</p>	<p><b>Method of allocation:</b> Not clear  <b>Intervention description:</b> bupropion, 150mg for 3 days, increasing to 300mg per day for 8 weeks  <b>Control description:</b> placebo for 8 weeks  <b>Sample sizes:</b> 32  <b>Intervention n=</b> 16  <b>Control n=</b> 16  <b>Baseline comparisons:</b> No differences noted  <b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> Self-reported smoking cessation  <b>Secondary outcomes:</b> Number of cigarettes smoked per day  <b>Follow-up periods:</b> 8 weeks  <b>Method of analysis:</b> Multivariable linear and logistic regression</p>	<p><b>Primary outcomes:</b> Multivariate analysis found bupropion was significantly related to smoking cessation (p=0.03)  <b>Secondary outcomes:</b> A significant reduction in the number of cigarettes smoker per day from baseline to week 8 in the bupropion group (mean 15.0 versus 11.1; p=0.008), but no significant reduction in the placebo group (mean 13.1 versus 13.4; p=0.72).  <b>Attrition details:</b> No drop-outs reported</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> unclear methods used for randomization, unclear ITT analysis, small sample size, short follow-up, no bio-verification of abstinence  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> Not reported</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Axtmayer  <b>Year:</b> 2011  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> USA, multi-site study  <b>Eligible population:</b> Veterans Affairs Smoking cessation coordination programme, mental health providers referred participants  <b>Selected population:</b> Smokers with mental illness  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Telephone care coordination programme with counselling from a State Quitline  <b>Control description:</b> Face-to-face counselling from a Veterans Affairs counsellor  <b>Sample sizes:</b> 128  <b>Intervention n=</b> Unclear  <b>Control n=</b> Unclear  <b>Baseline comparisons:</b> Unclear  <b>Study sufficiently powered?</b> No, stated required sample size of 1500 participants</p>	<p><b>Primary outcomes:</b> Number of cigarettes smoked per day  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> Two months post enrollment  <b>Method of analysis:</b> Unclear</p>	<p><b>Primary outcomes:</b> A significant reduction in the number of cigarettes smoked from baseline to follow-up for participants who received at least one counselling session in both the State Quitline (mean 16.1 versus 9.3 cigarettes/day; <math>p &lt; 0.0009</math>) and Veteran Affairs counsellor (mean 17.9 versus 11.1 cigarettes/day; <math>p = 0.001</math>) groups. No comparisons were made between treatment groups.  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> No drop-outs reported</p>	<p><b>Limitations identified by author:</b> Not reported  <b>Limitations identified by team:</b> Insufficient details given in abstract, small sample size, criteria for mental health disorder not provided, only performed within group comparisons, no bio-verification of smoking status  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> Not reported</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Baker  <b>Year:</b> 2006  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> ++</p>	<p><b>Source population:</b> Sydney and Newcastle region of New South Wales, Australia  <b>Eligible population:</b> Referrals from community health agencies (82%), in-patients psychiatric units (8%), schizophrenia register (7%), in-patients were contacted two months post-discharge  <b>Selected population:</b> Smokers with non-acute psychotic disorders, 18+ years, 15+ cigarettes per day, ICD 10 diagnosis of psychotic disorder  <b>Excluded population:</b> preclude nicotine patches, acutely psychotic, if so re-assessed one month post screening, having acquired cognitive impairment  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Draw a sealed envelope from a set of envelopes in which there was an initial equal distribution of allocation at each site  <b>Intervention description:</b> High intensity behavioural: Eight one hour individual sessions of motivational interviewing and CBT plus NRT in addition to treatment as usual and provision of booklets for smoking cessation and for supporters  <b>Control description:</b> Treatment as usual included access to general practitioner and publicly funded community health teams, received the same booklets and assessment schedules as intervention group  <b>Sample sizes:</b> 298  <b>Intervention n=</b> 147  <b>Control n=</b> 151  <b>Baseline comparisons:</b> No baseline differences between the groups  <b>Study sufficiently</b></p>	<p><b>Primary outcomes:</b> Continuous abstinence (bio-verified by expired CO&lt;10ppm), point prevalence smoking abstinence  <b>Secondary outcomes:</b> Smoking reduction  <b>Follow-up periods:</b> 3, 6, and 12 months  <b>Method of analysis:</b> Repeated measures ANOVA, logistic regression</p>	<p><b>Primary outcomes:</b> No significant difference between the high low intensity behavioural therapy programme with NRT and the low intensity programme on continuous abstinence at three months (OR 2.95, 95% CI 0.83-10.53), 6 months (OR 2.84, 95% CI 0.48-16.67), or 12 months (OR 5.28, 95% CI 0.31-90.20) follow-up. Similar non-significant findings were seen for 7 day point prevalence abstinence (3 months, OR 2.78, 95% CI 0.96-8.07; 6 months, OR 2.54, 95% CI 0.70-9.28; 12 months, OR 1.72, 95% CI 0.58-5.09).  <b>Secondary outcomes:</b> Participants in the high intensity programme with NRT were significantly more likely to have reduced their smoking by 50% or more relative to baseline at 3 months (OR 3.89, 95% CI 1.9-7.89) and 12 months (OR 2.09, 95% CI 1.03-4.27); but no</p>	<p><b>Limitations identified by author:</b> No control for therapy time  <b>Limitations identified by team:</b> No further limitations identified  <b>Evidence gaps and/or recommendations for future research:</b> Further studies needed to evaluate long term NRT use or extended CBT interventions, allowing for resumption of treatment following relapse. Development of more efficacious interventions among smokers with severe mental illness who do not respond to treatments assessed in this study. Studies should address differential benefits associated with type of anti-psychotic medications used.  <b>Source of funding:</b> National Health and Medical research Council, Rotary, and Community Health and Tuberculosis, Australia. NRT provided free of charge by</p>



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		<b>powered?</b> Unclear		significant effect was seen at 6 months follow-up (OR 1.88, 95% CI 0.92-3.82). <b>Attrition details:</b> Intention to treat analysis assuming drop outs were smokers	GlaxoSmithKline
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Baker  <b>Year:</b> 2009  <b>Study design:</b> Uncontrolled before and after study  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> Sydney and Newcastle region of New South Wales and Melbourne, Victoria, Australia  <b>Eligible population:</b> Referrals from community health agencies, general practitioners, psychiatric rehabilitation services  <b>Selected population:</b> 18+ years, 15+ cigarettes per day, ICD 10 diagnosis of non-acute psychotic disorder  <b>Excluded population:</b> Medical conditions preclude NRT, brain injury  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> Nine sessions of treatment programme based on healthy lifestyle intervention with motivational interviewing  <b>Control description:</b> Pre-treatment programme baseline, no intervention  <b>Sample sizes:</b> 48  <b>Intervention n=</b> 48  <b>Control n=</b> 48  <b>Baseline comparisons:</b> Within-participant design  <b>Study sufficiently powered?</b> Not reported</p>	<p><b>Primary outcomes:</b> Continuous abstinence (CO&lt;10ppm), point prevalence abstinence (7 day)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> mean 19.6 weeks from baseline period  <b>Method of analysis:</b> Paired t-tests</p>	<p><b>Primary outcomes:</b> Significant reductions in the number of cigarettes smoked per day from baseline to post-treatment assessment (mean 30.8 versus 17.2; p&lt;0.001). 11.6% of the participants were continuously abstinent (bio-verified with expired CO levels), and 18.6% achieved 7 day point prevalence abstinence, from quit date to the post-treatment assessment.  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> Lost 5 participants, excluded from analysis</p>	<p><b>Limitations identified by author:</b> Absence of control group, no longer term follow-up  <b>Limitations identified by team:</b> Uncontrolled before and after study, different length of time for before and after phases  <b>Evidence gaps and/or recommendations for future research:</b> RCT needed to extend the length of intervention given in order to encourage further dietary changes which compares treatment with control group  <b>Source of funding:</b> Australian Commonwealth Department of Health and Ageing. GlaxoSmithKline provided NRT</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Barnett  <b>Year:</b> 2008  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> California, USA  <b>Eligible population:</b> Langley Porter Psychiatric Institute and Kaiser Permanente Northern California  <b>Selected population:</b> Current diagnosis of uni-polar depressions, smoked at least one cigarette per day. Participants did not need to be interested in quitting smoking  <b>Excluded population:</b> Contraindication to pharmacological treatment, history of bipolar disorder or conditions such as dementia that might interfere with comprehension  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Stepped care: 3 scheduled assessment of readiness of quit smoking using a computer-mediated evaluation that was reviewed by smoking cessation counsellor. If showed contemplation of quitting or participants wanted treatment, then treatment commences. Six sessions of psychological counselling and up to 10 weeks of NRT with dermal patch. Those who continued to smoke after this treatment were offered bupropion SR and two additional counselling sessions  <b>Control description:</b> Brief contact: receive printed top-smoking guide and a list of smoking cessation programmes from the smoking study staff  <b>Sample sizes:</b> 322  <b>Intervention n=</b> 163  <b>Control n=</b> 159</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 day, bio-verified by CO&lt;10ppm)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 18 months  <b>Method of analysis:</b> Generalized estimating equations</p>	<p><b>Primary outcomes:</b> Participants who received stepped care were more likely to be abstinent from smoking at the end of the 18 months follow-up than those in the brief contact group (24.6% versus 19.1%; p value not reported).  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> No drop-outs reported</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> Insufficient methods about the trial was the paper focuses on cost-effective rather than effectiveness of treatment  <b>Evidence gaps and/or recommendations for future research:</b> None reported pertaining smoking cessation  <b>Source of funding:</b> National Institute on Drug Abuse</p>

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		<p><b>Baseline comparisons:</b> Similar at baseline <b>Study sufficiently powered?</b> Unclear, but sample size appears adequate</p>			
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Bloch  <b>Year:</b> 2010  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Northern Israel  <b>Eligible population:</b> Two community mental health centres and two ambulatory clinics, referred by treatment team  <b>Selected population:</b> DSM-IV-TR criteria for schizophrenia or schizoaffective disorder, clinically stable, stable dose or anti-psychotic drug at least one month prior to start date, stable cigarette habits, expressed strong desire to quit or at least significantly reduce the number of cigarettes smoked  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Randomly allocated based up on arrival  <b>Intervention description:</b> Following 2 week stabilisation period, Bupropion SR (150mg/day for 3 days increasing to 300mg/day) and CBT, for 14 weeks  <b>Control description:</b> placebo and CBT, for 14 weeks  <b>Sample sizes:</b> 61  <b>Intervention n=</b> 45  <b>Control n=</b> 16  <b>Baseline comparisons:</b> Differences seen in demographics as based only completers only  <b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> Self-reported cigarette consumption  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 7 and 14 weeks  <b>Method of analysis:</b> Generalized linear modeling, but unadjusted statistics only presented</p>	<p><b>Primary outcomes:</b> No significant treatment effect was seen for the self-reported number of cigarettes smoked per day between the bupropion and placebo groups at the end of 14 weeks (<math>p&gt;0.1</math>); however, a significant reduction in the number of cigarettes smoked was seen when comparing baseline to week 14 (<math>p&lt;0.001</math>).  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> Large drop-out rate (only evaluated 21 in intervention group and 11 in control group), most drop outs due to lack of motivation</p>	<p><b>Limitations identified by author:</b> Small sample size, self-report outcome  <b>Limitations identified by team:</b> Completers analysis when high drop-out rate, short follow-up  <b>Evidence gaps and/or recommendations for future research:</b> Larger sample sizes for smoking cessation trials in schizophrenia, trials in both males and females  <b>Source of funding:</b> National Alliance for Research on Schizophrenia and Depression, partially supported by Phillip Morris USA and Phillip Morris International</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Brown  <b>Year:</b> 2003  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> Rhode Island, USA  <b>Eligible population:</b> Private psychiatric hospital, staff approved those admitted to Butler hospital to be approached  <b>Selected population:</b> 13-17 year olds, reporting smoking at least one cigarette per week for 4 weeks before hospitalisation, access to phone, DSM-IV criteria for anxiety disorder, disruptive and behavioural disorder, substance related disorder  <b>Excluded population:</b> DSM –IV criteria for current psychotic disorder  <b>Setting:</b> In-patient</p>	<p><b>Method of allocation:</b> Cluster randomised which was determined randomly before initiation of the study  <b>Intervention description:</b> Motivational interviewing, two 45 minute individual sessions while hospitalised. Following discharge received NRT patch in those desired to quit, medically eligible, and smoked 10+ cigarettes per day. Allowed 2 NRT patches during 6 months after discharge  <b>Control description:</b> Brief advice, 5-10 minutes of advice to quit smoking by study therapist. A copy of “I Quit!” self help pamphlet given too. NRT patch regimen allowed once after discharge  <b>Sample sizes:</b> 191  <b>Intervention n=</b> 116  <b>Control n=</b> 75  <b>Baseline comparisons:</b> Participants did not differ significantly by treatment condition on age, sex, and</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 day bio-verified by CO&lt;10ppm and saliva cotinine &lt;15ng/ml)  <b>Secondary outcomes:</b> Number of cigarettes smoked per day, self-efficacy  <b>Follow-up periods:</b> 1, 6, 12 months  <b>Method of analysis:</b> Generalized estimating equations, chi-squared tests</p>	<p><b>Primary outcomes:</b> The study demonstrated no significant difference between the treatment groups on the number of cigarettes smoked per day at 12 months follow-up (p=0.74). Additionally, 7 day point prevalence (bio-verified with expired CO and saliva cotinine) was not significantly difference at one month (11.0% versus 11.0%), 6 months (13.3% versus 8.5%), or 2 months (14.0% versus 9.9%) follow-up (all p&gt;0.30). Over the 12 month follow-up, no significant difference was seen in the odds of abstinence between the treatment groups (OR 1.16, 95% CI 0.59-2.31; p=0.38); however, the study reported having an anxiety disorder was associated with a higher odds of abstinence (OR 4.71, 95% CI 2.19-10.12; p=0.0001).  <b>Secondary outcomes:</b> On discharge, participants in</p>	<p><b>Limitations identified by author:</b> high participation refusal rate, caution needed to how generalisable the results are to general population of adolescent smokers  <b>Limitations identified by team:</b> Level of contact different between groups so difference may be due to this rather than content of treatment, specific to in-patients  <b>Evidence gaps and/or recommendations for future research:</b> future studies explore allowing for matching in design so those with low motivation to change receive motivational interviewing, and those with high motivation to change receive more directive, skills based approach  <b>Source of funding:</b> Not reported</p>

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		age of first cigarette <b>Study sufficiently powered?</b> Unclear		the motivational interviewing group had significantly higher self-efficacy (confidence in ability to refrain from smoking) compared to those receiving brief advice ( $p=0.04$ ).  <b>Attrition details:</b> No drop-outs reported	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Chen  <b>Year:</b> 2002  <b>Study design:</b> Interrupted time series with non-equivalent control group (note: from the methods this appears to be a RCT)  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Taiwan, China  <b>Eligible population:</b> One day-care ward in psychiatric hospital,  <b>Selected population:</b> DSM – IV criteria for schizophrenia or schizoaffective disorder, 20+ cigarettes per day, participants who could stay for at least 60 minutes to participate in study, literate, willing to complete questionnaire  <b>Excluded population:</b> acute, consciously confused, violent behaviours or tendencies, excluded also if they have not attended half of the allocated sessions  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Smoking cessation programme – closed and time limited format. 8 sessions twice per week of 1 hour duration per session, for 4 weeks  <b>Control description:</b> Completed all assessments during the same period but received no treatment  <b>Sample sizes:</b> 65  <b>Intervention n=</b> 23  <b>Control n=</b> 42  <b>Baseline comparisons:</b> There were no significant differences between the groups  <b>Study sufficiently powered?</b> States a sample size of 65 is needed for three was of data; however insufficient details given to replicate</p>	<p><b>Primary outcomes:</b> Point prevalence smoking abstinence (7 day)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 8 weeks  <b>Method of analysis:</b> Generalizing estimating equations, chi-squared test, t test</p>	<p><b>Primary outcomes:</b> 8% and 16% 7 day point prevalence quit rates in the smoking cessation programme group at week 4 and week 8. Insufficient details were given regarding the quit rates of the control group.  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> One drop out in intervention group</p>	<p><b>Limitations identified by author:</b> One psychiatric hospital  <b>Limitations identified by team:</b> Methods very unclear, no bio-verified smoking abstinence, control group had no intervention, short outcome  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> Not reported</p>



Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Chou  <b>Year:</b> 2004  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> Taiwan, China  <b>Eligible population:</b> One day care ward in psychiatric hospital  <b>Selected population:</b> 18+ years, 15+ cigarettes per day for at least one years, at least 45.4 kg weight  <b>Excluded population:</b> allergy, hypersensitivity to transdermal adhesives, serious or unstable cardiac, hypertensive, renal, pulmonary, endocrine, neurological disorder, NRT use in past 6 months, current use of any smoking medication, regular use of non-cigarette tobacco product  <b>Setting:</b> Unclear</p>	<p><b>Method of allocation:</b> Randomised matching on expired CO levels  <b>Intervention description:</b> NRT patch, 14 mg/day for weeks 1-6, 7mg/day weeks 7-8  <b>Control description:</b> No description  <b>Sample sizes:</b> 68  <b>Intervention n=</b> 26  <b>Control n=</b> 42  <b>Baseline comparisons:</b> No significant differences were found between the groups  <b>Study sufficiently powered?</b> States a sample size calculation based on GEE model found 68 people with 7 waves of data were sufficient to detect a medium effect size</p>	<p><b>Primary outcomes:</b> Continuous and point prevalence abstinence (bio-verified by CO&lt;10ppm)  <b>Secondary outcomes:</b> Expired CO levels, self-reported cigarettes per day  <b>Follow-up periods:</b> 8 weeks  <b>Method of analysis:</b> Generalized estimating equations, chi-squared</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (bio-verified by CO&lt;10ppm) were higher in the NRT patch group (26.9%) as compared to placebo (0%) at 3 months follow-up.  <b>Secondary outcomes:</b> Significantly greater reductions in the NRT patch group from the end of the first week of patch use for expired CO levels (p&lt;0.0001) and self-reported number of cigarettes smoked per day (p&lt;0.001), and continued being reduced through to 3 months follow-up (CO levels, p&lt;0.0001; self-reported number of cigarettes smoked per day, p&lt;0.0001) compared to placebo  <b>Attrition details:</b> No drop-outs reported</p>	<p><b>Limitations identified by author:</b> Almost completely male smoker, small sample size, short follow-up  <b>Limitations identified by team:</b> Insufficient details regarding population of control group. Control group had no intervention  <b>Evidence gaps and/or recommendations for future research:</b> Longer follow-up of same intervention in future trials, evaluation of relapse prevention interventions  <b>Source of funding:</b> NRT provided by Novartis Consumer Health</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Cornelius  <b>Year:</b> 1997  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> ++</p>	<p><b>Source population:</b> Pittsburgh, USA  <b>Eligible population:</b> Western Psychiatric Institute and Clinic, psychiatric hospital  <b>Selected population:</b> Co-morbid depression and alcohol dependence, DSM-III-R, 10+ cigarettes per day  <b>Excluded population:</b> Bipolar, schizoaffective, schizophrenia, hyperthyroidism, hypothyroidism, liver disease, cardiac or renal impairment, mental retardation, received antipsychotic or antidepressant medication in the month before admission, &lt;18 or &gt;65 years of age  <b>Setting:</b> Inpatient</p>	<p><b>Method of allocation:</b> Randomisation stratified by gender and race  <b>Intervention description:</b> Fluoxetine, one capsule (20mg) per day, could be increased to 2 capsules per day after 2 weeks if substantial residual depressive symptoms persisted (however, this was rare). Usual care in outpatients clinics of weekly supportive psychotherapy sessions  <b>Control description:</b> Placebo capsule. Usual care in outpatient clinics of weekly supportive psychotherapy sessions  <b>Sample sizes:</b> 25  <b>Intervention n=</b> 12  <b>Control n=</b> 13  <b>Baseline comparisons:</b> No differences between groups at baseline  <b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> self-reported number of cigarettes per day  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> ANOVA adjusting for gender and race</p>	<p><b>Primary outcomes:</b> Self-reported number of cigarettes smoked per day was fewer in the fluoxetine group compared to placebo (mean 16.2 versus 22.3 cigarettes/day) across the 12 weeks; however, the difference when comparing the treatment groups was not statistically significant.  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> No drop-outs reported</p>	<p><b>Limitations identified by author:</b> Modest sample size, lack of long term follow-up  <b>Limitations identified by team:</b> Self-reported outcome  <b>Evidence gaps and/or recommendations for future research:</b> Large, double-blind, placebo-controlled studies with selective serotonin agents in depressed alcoholic smokers  <b>Source of funding:</b> National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Mental Health CRC</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Culhane  <b>Year:</b> 2008  <b>Study design:</b> Two randomised controlled trials  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> Massachusetts, USA  <b>Eligible population:</b> Five urban community mental health centres  <b>Selected population:</b> Adults with schizophrenia or schizoaffective disorder (depressive type), DSM-IV criteria, stable symptoms, stable dose of antipsychotic medication for 30 days, smoked 10+ cigarettes per day, willing to set quit date within 4 weeks of enrollment  <b>Excluded population:</b> DSM-IV for current major depressive disorder, substance use disorder, taking bupropion or NRT at screening, seizure disorder, history of bulimia, mania, current clozapine &gt;500mg/day without therapeutic dose of an anticonvulsant  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention 1 description:</b> Bupropion SR (300mg/day) and CBT  <b>Intervention 2 description:</b> Bupropion SR (300mg/day) and CBT and NRT patch (initiated on quit date) 21 mg/day for 4 weeks, decreasing to 14mg/day for 2 weeks, decreasing to 7 mg/day for 2 weeks). NRT gum (2mg used a required up to 9 pieces per day)  <b>Control description:</b> Placebo (no further description). Ten further patients were added to the analysis of trial 2 who were not medically eligible to receive bupropion SR , but received open NRT and CBT  <b>Details of CBT:</b> all participants received 12 sessions of weekly smoking cessation group programme  <b>Sample sizes:</b> Not reported</p>	<p><b>Primary outcomes:</b> Continuous abstinence (week 9-12, bio-verified by CO&lt;9ppm)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Manual stepwise forward selection logistic regression</p>	<p><b>Primary outcomes:</b> The amalgamated findings from the two studies reported no significant differences in continuous abstinence (weeks 9-12) between the treatment groups; however, a re-analysis of the findings found the combination of bupropion and NRT patches were significantly more likely to be abstinent (weeks 9-12) compared to placebo (OR 9.16, 95% CI 1.02-82.2; p=0.04); however, no significant difference in abstinence (week 9-12) was detected for single treatment of bupropion or NRT patches compared to placebo (OR 5.27, 95% CI 0.64-43.2; p=0.16).  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> Not reported</p>	<p><b>Limitations identified by author:</b> Small sample size, small number achieving continuous abstinence, not generalisable to larger population of outpatients with schizophrenia who are trying to stop smoking, short follow-up  <b>Limitations identified by team:</b> Methods unclear, influence of extra 10 participants not clear  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> National Heart, Lung, and Blood Institute, Department of Health and Human Substance Abuse and Mental Health Services Administration, National Institute of Mental Health, National Institute on Drug Abuse. Financial disclosures for some authors</p>

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	<p><b>Intervention 1 n=</b> not reported <b>Intervention 2 n=</b> not reported <b>Control n=</b> not reported <b>Baseline comparisons:</b> Not reported <b>Study sufficiently powered?</b> Unclear</p>		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Currie  <b>Year:</b> 2008  <b>Study design:</b> Quasi-randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> Calgary, Alberta, Canada  <b>Eligible population:</b> Community organizations and down-town mental health clinics  <b>Selected population:</b> Severe and persistent mental illness with an interest in quitting smoking (schizophrenia, mood disorders, other conditions), on one or more psychotic medications including antipsychotics, mood stabilizers, anxiolytics, antidepressants  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Alternating assignment  <b>Intervention description:</b> 8 session version of smoking cessation program derived from popular treatment protocol “Freedom from Smoking”, particularly tailored for persons with mental illness. NRT patches and gum encouraged  <b>Control description:</b> 4 session version of smoking cessation program derived from popular treatment protocol “Freedom from Smoking”, particularly tailored for persons with mental illness. NRT patches and gum encouraged  <b>Sample sizes:</b> 85  <b>Intervention n=</b> not reported  <b>Control n=</b> not reported  <b>Baseline comparisons:</b> No difference were found</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 days, bio-verified with expired CO&lt;10ppm)  <b>Secondary outcomes:</b> Number of cigarettes per day in non-quitters  <b>Follow-up periods:</b> 3, 6, and 12 months  <b>Method of analysis:</b> Not reported</p>	<p><b>Primary outcomes:</b> 7 day point prevalence abstinence, bio-verified by expired CO, were higher in the 8 session version than the 4 session version at all time points (post-treatment, 13% versus 21%; 3 months, 15% versus 24%; 6 months, 8% versus 29%; 12 months, 21% versus 27%; no p values could be determined for the comparisons). Additionally, the study reported post-treatment 7 day point prevalence was higher in males than females (69% versus 31%, p&lt;0.01).  <b>Secondary outcomes:</b> Not reported by treatment group  <b>Attrition details:</b> High follow-up rates (3 months: 100% versus 93%, 6 months: 97% versus 88%, 12 months: 97% versus 83%).</p>	<p><b>Limitations identified by author:</b> Non-random assignment, different program lengths, low quit rate  <b>Limitations identified by team:</b> Lack of continuous abstinence  <b>Evidence gaps and/or recommendations for future research:</b> Further research in same area  <b>Source of funding:</b> Alberta Alcohol and Drug Abuse Commission Tobacco Reduction Phase I grant</p>

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	<b>Study sufficiently powered?</b> Unclear		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Dalack  <b>Year:</b> 1999  <b>Study design:</b> Non-randomised cross-over trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Ann Arbor Veterans Affairs Medical Centre  <b>Selected population:</b> DSM-III-R criteria for schizophrenia or schizoaffective disorder, moderate to severe nicotine dependence, absence of current non-nicotine substance use disorder, no history of serious medical illness  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> NRT patch, 22mg for 24 hours  <b>Control description:</b> Placebo patch for 24 hours  <b>Sample sizes:</b> 10 (within participants)  <b>Intervention n=</b> 10  <b>Control n=</b> 10  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> Self-reported number of cigarettes per day  <b>Secondary outcomes:</b> Expired CO levels  <b>Follow-up periods:</b> 24 hours  <b>Method of analysis:</b> Repeated measures ANOVA, paired t-test</p>	<p><b>Primary outcomes:</b> Similar numbers of cigarettes were smoked per day on NRT compared to placebo (mean 25.3 versus 26.1 cigarettes per day).  <b>Secondary outcomes:</b> Mean expired CO levels decreased by 15% during the active compared to the placebo patch condition, but this was not statistically significant (<math>p=0.14</math>).  <b>Attrition details:</b> All participant completed the protocol</p>	<p><b>Limitations identified by author:</b> Population not trying to cut down or quit, short follow-up, small sample size  <b>Limitations identified by team:</b> Not randomised  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> Research Advisory Group, Department of Veterans Affairs</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> De Leon  <b>Year:</b> 2005  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Large population state hospital psychiatric patients, recruited or referred for clozapine treatment  <b>Selected population:</b> Severe treatment refractor symptoms that had affected their individual lives for a quarter of a century of more and precipitated numerous psychiatric hospitalisations. DSM-III-R schizophrenia or schizoaffective disorder, not shown satisfactory clinical response to treatment with at least three neuroleptic drugs, had Clinical Global Impression Scale of moderately ill, had Brief Psychiatric Rating Scale total of at least 45  <b>Excluded population:</b> Not reported  <b>Setting:</b> In-patients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention 1 description:</b> 600mg/day clozapine  <b>Intervention 2 description:</b> 300mg/day clozapine  <b>Control description:</b> 100mg/day clozapine  <b>Further information:</b> Naturalistic baseline period for 4 weeks, given 10mg/day haloperidol treatment, then 1 week wash-out period. During trial, free cigarette packs given to patients at standard smoking times in unit, or on their ground privileges. Non-responsive participants went on to a second and/or third 16 week double blind trial at the remaining doses  <b>Sample sizes:</b> 50 smokers and non-smokers (44 entered 4 week baseline phase, analysis based on 38 participants who smoked but some individuals were included</p>	<p><b>Primary outcomes:</b> Plasma cotinine levels (ng/ml)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 16 weeks  <b>Method of analysis:</b> within-groups tests only</p>	<p><b>Primary outcomes:</b> no significant changes in plasma nicotine from baseline to week 16 in the 100mg/day (p=0.7), 300mg/day (p=0.4), 600mg/day (p=0.6) treatment groups  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> Drop-outs of 2 participants in 100mg and 600mg groups, used last observation carried forward approach</p>	<p><b>Limitations identified by author:</b> Type II error (lack of power)  <b>Limitations identified by team:</b> Only within group tests performed  <b>Evidence gaps and/or recommendations for future research:</b> Further prospective studies of clozapine patients using nicotine levels are needed  <b>Source of funding:</b> US National Institute of Mental Health, Novartis Research Institute provided free medication</p>



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		<p>more than once) <b>Intervention 1</b> n= 21 <b>Intervention 2</b> n= 27 <b>Control</b> n= 12 <b>Baseline comparisons:</b> Unclear <b>Study sufficiently powered?</b> Unclear</p>			
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Dixon  <b>Year:</b> 2009  <b>Study design:</b> Cluster randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> ++</p>	<p><b>Source population:</b> Baltimore region, USA  <b>Eligible population:</b> six community mental health centres, 20 randomly selected charts of patients from each clinic every 2 months, psychiatrists and clinical staff reviewed patient roster who thought to meet the inclusion criteria  <b>Selected population:</b> DSM-IV criteria for schizophrenia spectrum disorder or affective psychoses or other psychoses, 18-64 years, at least 1 cigarette per month, English speaking, at least 2 appointments with psychiatrist in past 6 months, informed consent  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Randomised each pair of clinics, one to each treatment  <b>Intervention description:</b> Clinics wide immediate implementation of the 5 A's ( i. assessing whether the participant smoked, ii. advising identified smokers to quit immediately, iii. assess the willingness of the participant to make a quit attempt within the next 30 days, iv. assist those identified as willing to make optimal quitting plans, which included provision of education handouts, v. arrange for next visit, which was likely to include group behavioural therapy)  <b>Control description:</b> Delayed implementation of 5 A's for 6 months, then implemented after delay  <b>Sample sizes:</b> 304  <b>Intervention n=</b> 156  <b>Control n=</b> 148  <b>Baseline comparisons:</b></p>	<p><b>Primary outcomes:</b> Point prevalence (7 day, bio-verified by expired CO&lt;10ppm)  <b>Secondary outcomes:</b> Self-report number of cigarettes smoked per week  <b>Follow-up periods:</b> 6 months  <b>Method of analysis:</b> Mixed effect hierarchical linear model or logistic regression, or generalized estimating equation</p>	<p><b>Primary outcomes:</b> No significant difference from baseline to 6 months follow-up for whether the participant had smoked in the last 7 days between the immediate and delayed implementation groups (self-report smoking status, p=0.73; expired CO&lt;10ppm, p=0.14).  <b>Secondary outcomes:</b> No significant difference was seen from baseline to 6 months follow-up for in the number of cigarettes smoked in the last 7 days between the immediate and delayed implementation groups (p=0.36).  <b>Attrition details:</b> Overall follow-up rates of 84% at 6 months and 77% at 12 months, stated intention to treat analysis</p>	<p><b>Limitations identified by author:</b> Relatively short term follow-up, participants not selected based on motivation, sites may have varied  <b>Limitations identified by team:</b> No further limitations identified  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> National Institutes of Drug Abuse</p>

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	Unclear <b>Study sufficiently powered?</b> Unclear		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Dutra  <b>Year:</b> 2012  <b>Study design:</b> Uncontrolled before and after study  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Massachusetts, USA  <b>Eligible population:</b> Massachusetts General Hospital  <b>Selected population:</b> DSM-IV diagnosis of schizophrenia, clinically stable, stable dose of antipsychotic medication for at least 1 month, reported use of at least 10 cigarettes per day for at least 6 months, expired CO level &gt;9ppm or salivary cotinine &gt;20ng/ml, and willing to set a quit date in the next 2-3 weeks  <b>Excluded population:</b> Lifetime history of dementia, neurodegenerative disease or other organic mental disorder, substance use disorder in past 6 months, major depressive disorder in past 6 months, inpatient hospitalization for suicide ideation in prior 12 months, current suicide or homicidal ideation, current unstable medical</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> Varenicline, 2mg/day for 12 weeks  <b>Control description:</b> Baseline, no intervention  <b>Further information:</b> All participants received 12 weekly one hour group sessions of cognitive behavioural therapy intended to promote smoking cessation  <b>Sample sizes:</b> 102 (53 evaluable)  <b>Intervention n=</b> 102  <b>Control n=</b> 102  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> 14 day point prevalence abstinence (bio-verified by CO &lt;9ppm)  <b>Secondary outcomes:</b> Not reported  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Methods not reported clearly</p>	<p><b>Primary outcomes:</b> 32 participants (60.4%) achieved 14 day point prevalence abstinence at 12 weeks.  <b>Secondary outcomes:</b> Not applicable  <b>Attrition details:</b> Only 53 participants from a potential of 102 were analysed</p>	<p><b>Limitations identified by author:</b> Small sample size, concurrent administration of varenicline and cognitive behaviour therapy, no control group, concurrent medications for schizophrenia  <b>Limitations identified by team:</b> Only 53 participants completed the 12 weeks smoking cessation trial (58%)  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> NIDA</p>

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	illness, renal insufficiency, plan to continue to use other tobacco, use of investigational medication or device in past 30 days <b>Setting:</b> Outpatients				
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Evins  <b>Year:</b> 2001  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> Massachusetts, USA  <b>Eligible population:</b> Urban community health centre  <b>Selected population:</b> DSM-IV diagnosis of schizophrenia, stable dose of antipsychotic medication for at least 4 weeks, reported cigarette use greater than half a packet per day and had desire to quit smoking  <b>Excluded population:</b> Experiencing acute exacerbation of psychosis, active co-morbid substance abuse, bulimia, or if history of seizure disorder, if current, but not past, major depressive episode  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion SR, 150mg/day for 12 weeks  <b>Control description:</b> Placebo, for 12 weeks  <b>Further information:</b> All received brief advice to stop smoking from their treating psychiatrist and then began study medication and CBT group quit smoking group programme designed for patients with schizophrenia, 9 weekly 1-hour sessions, co-led by nurse experience in smoking cessation counselling and a cognitive behavioural psychologist, focused on attention, memory and complex information processing  <b>Sample sizes:</b> 18  <b>Intervention n=</b> 9  <b>Control n=</b> 9  <b>Baseline comparisons:</b> No differences at baseline  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (bio-verified by CO&lt;9ppm or serum cotinine&lt;14ng/ml)  <b>Secondary outcomes:</b> 50% reduction from baseline in self-reported cigarettes smoked per day (bio-verified by at least 30% reduction in expired CO), expired CO levels  <b>Follow-up periods:</b> 12 and 24 weeks  <b>Method of analysis:</b> Repeated measures ANOVA, chi-squared tests</p>	<p><b>Primary outcomes:</b> 4 subjects achieved abstinence at quit date – 3 in bupropion and 1 in placebo (bio-verified)  Abstinence reported in 1/9 on bupropion &amp; 0/9 on placebo  Smoking reduction reported in 6/9 on bupropion and 1/9 on placebo at 12 weeks  At 6 months follow-up, 50% reduction in smoking in 3/9 on bupropion, 1/9 on placebo  Week 12, expired CO more reduced in bupropion than placebo (p&lt;0.01) and at week 24 (p=0.03), repeated measures ANOVA from week 4-12 (p&lt;0.001), and during weeks 14-24 (p&lt;0.001) CO levels lower by 14.8ppm more in bupropion than placebo during active treatment and 14.3ppm during follow-up  Serum cotinine lower at week 12 from baseline in bupropion than placebo</p>	<p><b>Limitations identified by author:</b> Small sample size  <b>Limitations identified by team:</b> Insufficient information regarding population  <b>Evidence gaps and/or recommendations for future research:</b> Harm reduction trial of bupropion SR and CBT in patients with schizophrenia. Trial of 300mg/day bupropion and combination of 300mg/day bupropion and NRT to assess if enhances effectiveness of smoking cessation in schizophrenia  <b>Source of funding:</b> National Association for Research on Schizophrenia and Affective Disorders, and NIDA. GalaxoWelcome provided bupropion DR and identical placebo tablets</p>

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				(mean diff 108ng/ml). <b>Secondary outcomes:</b> <b>Attrition details:</b> Only one participant dropped out	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Evins  <b>Year:</b> 2005  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> ++</p>	<p><b>Source population:</b> Massachusetts, USA  <b>Eligible population:</b> Five urban community mental health centres  <b>Selected population:</b> DSM-IV criteria for schizophrenia or schizoaffective disorder, depressed type, stable symptoms and a stable dose of antipsychotic medication for 30 days, baseline Hamilton Depression score &lt; 20, smoked 10+ cigarettes per day, willing to set a quit date within 4 weeks of enrolment  <b>Excluded population:</b> DSM-IV for current major depression, had seizure disorder, history of bulimia, and history of mania or substance abuse disorder other than nicotine or caffeine within 6 months of enrollment. Clozapine</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion SR, 150mg per day for 7 days, evaluated change in psychiatric symptoms, if tolerated medication okay then increased dose to 150mg twice per day for rest of 11 week trial  <b>Control description:</b> Placebo  <b>Further information:</b> All participants received 12 weekly sessions of group CBT programme, delivered by 1 or 2 psychologists who completed training, max of 6 subjects per group. Emphasised education, motivational enhancement, problem solving, relapse prevention, individualised planning regarding coping triggers, and behavioural goal setting  <b>Sample sizes:</b> 57 (53 analysed)</p>	<p><b>Primary outcomes:</b> Point prevalence and continuous abstinence from smoking in past 7 days (bio-verified by CO &lt; 9ppm)  <b>Secondary outcomes:</b> Self-reported number of cigarettes smoked in past 7 days, expired CO levels, duration of abstinence  <b>Follow-up periods:</b> 12 weeks, 3 months post end of treatment  <b>Method of analysis:</b> Fisher's Exact test, repeated measures ANOVA, paired t tests</p>	<p><b>Primary outcomes:</b> Bupropion group were more likely to achieve continuous abstinence at 1 week immediately after target quit date (one week before the 4-week assessment) and at the end of treatment. 7 day point prevalence abstinence in week after quit date was 36% versus 7% p=0.016. 7 day point prevalence abstinence at week 12 was 16% versus 0%; p=0.043. 4-week continuous abstinence at week 12 significantly more likely in bupropion than placebo (16% versus 0%; p=0.043). Two weeks after end of study treatment (week 14), abstinence was 8% versus 3.6% (not sig). 3 months follow-up (week 24), 7 day point prevalence abstinence was 4.0% versus 3.6% (not sig).  <b>Secondary outcomes:</b> Cigarettes smoked per day: baseline to week 12, mean reduction of 26.5 (bupropion) versus 10.2 (placebo) cigs per day, p=0.002, same effect at week 14 (p=0.018), but then</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> Intention to treat analysis not used  <b>Evidence gaps and/or recommendations for future research:</b> Longer duration of bupropion use therapy may reduce relapse rates. Combination study of NRT and bupropion for smoking cessation in schizophrenia. Assess if clozapine or other atypical antipsychotic medications are associated with increased cessation in patients on bupropion  <b>Source of funding:</b> National Association for Research on Schizophrenia and Affective Disorders, and NIDA. GalaxoWellcome provided bupropion DR and identical placebo tablets</p>



	<p>at dose of &gt;500mg/day without adequate dose of an anticonvulsant  <b>Setting:</b> Outpatients</p>	<p><b>Intervention n= 25</b>  <b>Control n= 28</b>  <b>Baseline comparisons:</b>                  No differences at baseline  <b>Study sufficiently powered?</b> Post hoc power calculation based on difference between treatment groups of 10.3 points on PANSS total score and 14.9 points on SANS (80% power), but these were not the primary hypothesis of the study which was smoking cessation</p>		<p>not significant at week 18 or week 24. Mean duration of abstinence was longer in bupropion than placebo (mean 2.0 versus 0.25 weeks, <math>p=0.005</math>). Weeks 4 – 12, CO significantly lower in bupropion versus placebo, <math>p=0.029</math>. Mean reduction in CO from baseline of 44% versus 20%, but then no sig difference for weeks 14-24</p> <p><b>Attrition details:</b> 4 participants dropped out of study</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Evins  <b>Year:</b> 2007  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> +</p>	<p><b>Source population:</b> Massachusetts, USA  <b>Eligible population:</b> Four urban mental health centres  <b>Selected population:</b> Adults with schizophrenia DSM-IV, capacity to consent, stable psychiatric symptoms and antipsychotic dose for 30 days or more, smoked 10+ cigarettes per day for past year, willing to set a smoking quit date within 4 weeks of enrollment  <b>Excluded population:</b> DSM-IV for current major depressive disorder, Hamilton rating scale for depression score &gt;19, or substance use disorder other than nicotine or caffeine within 6 months of screening, couldn't be taking bupropion or NRT in prior month, those with seizure and bulimia, or those on clozapine of more than 500mg/day without a therapeutic dose of an anticonvulsant</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion SR, 150mg for 7 days increasing to 150mg twice daily for 11 weeks  <b>Control description:</b> Placebo for 11 weeks  <b>Further information:</b> All receive 12-session 1 hour, weekly smoking cessation group programme with 3-7 participants lead by psychologist with tobacco treatment specialist training. Set quit date and then received NRT patches – 21mg/day for 4 weeks, 14mg/day for 2 weeks, 7mg/day for 2 weeks, then discontinued. NRT gum distributed and used as needed for craving up to 18mg/day (gum in 2mg doses)  <b>Sample sizes:</b> 51  <b>Intervention n=</b> 25  <b>Control n=</b> 26  <b>Baseline comparisons:</b> no differences at baseline  <b>Study sufficiently</b></p>	<p><b>Primary outcomes:</b> Smoking cessation at 3 months, continuous abstinence (bio-verified by CO, cut off not reported)  <b>Secondary outcomes:</b> 50% reduction in smoking compared to baseline by self-report (bio-verified by at least 40% reduction in expired CO levels), number of cigarettes smoked per day, expired CO levels  <b>Follow-up periods:</b> 3 months, 12 months  <b>Method of analysis:</b> Chi squared, t tests, repeated measures mixed model ANOVA</p>	<p><b>Primary outcomes:</b> 4 week abstinence at week 8 – 52% versus 19% p=0.014. But continuous abstinence did not vary between the groups after week 8.  <b>Secondary outcomes:</b> Smoking reduction: bupropion 60% versus placebo 31% (p=0.036) at week 12; 32% versus 8%; p=0.039 at week 24. From weeks 4-24 those on bupropion has CO levels significantly lower than placebo group (mean difference 7.6; p=0.006). Significant effect of treatment on CO levels at each time point p=0.002. Cigarettes smoked per day: week 12 from baseline = -21 versus -11 cigs/day less; no p value At week 24 from baseline = -9.5 versus -2.9, no p value reported  <b>Attrition details:</b> Assumed missing outcomes were smokers</p>	<p><b>Limitations identified by author:</b> Small sample size  <b>Limitations identified by team:</b> Insufficient information regarding source population and setting  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> Massachusetts Department of Mental Health Federal Block grant. GlaxoSmithKline provided SR and identical placebo</p>

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	<b>Setting:</b> Unclear	<b>powered?</b> Sample size calculation based on projected rate of 50% to 100% smoking reduction of 60% in bupropion and 20% in placebo for smoking cessation. 52 participants needed to have two sided alpha 0.05, 80% power		(5 in bupropion group and 8 in placebo group at week 12)	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Fatemi  <b>Year:</b> 2005  <b>Study design:</b> Randomised controlled cross-over trial  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Minnesota, USA  <b>Eligible population:</b> Tobacco research centre  <b>Selected Population:</b> DSM-IV criteria for schizophrenia or schizoaffective disorder and nicotine dependence. Encouraged to reduce smoking rates rather than quit entirely  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion HCl for 21 days, dose not given  <b>Control description:</b> Placebo for 21 days  <b>Further information:</b> Week 1 – baseline measurements; weeks 2 to 4 – treatment A; week 5 – washout and baseline measurements, weeks 6 to 8 – treatment B  <b>Sample sizes:</b> 10  <b>Intervention n=</b> 10  <b>Control n=</b> 10  <b>Baseline comparisons:</b> Cross over design  <b>Study sufficiently powered?</b></p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Self-reported number of cigarettes smoked per day, expired CO levels, urine cotinine levels  <b>Follow-up periods:</b> 3 weeks  <b>Method of analysis:</b> Mixed model ANOVA</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> the study reported “no difference in cigarettes per day” been the treatment groups. Figures showed reductions in exhaled CO, urine cotinine and metabolites as compared to placebo phase which showed non significant increases in all three measures  <b>Attrition details:</b> One out of 10 participants withdrew</p>	<p><b>Limitations identified by author:</b> Small sample size, short intervals between outcome timings  <b>Limitations identified by team:</b> Outcomes measured at several time points, but only selected ones reported in paper, no statistical results presented, insufficient details regarding dose of treatment  <b>Evidence gaps and/or recommendations for future research:</b> Identify pharmacogenetic mechanisms important in smoking reduction strategies  <b>Source of funding:</b> NIH Center grant</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Gallagher  <b>Year:</b> 2007  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Tucson, Arizona, USA  <b>Eligible population:</b> Three La Frontera Center, Inc. Case management sites, identified by case manager or self-referral  <b>Selected population:</b> DSM-IV criteria for Axis I psychotic spectrum or affective disorder that resulted in long term illness, significant symptoms and functional impairments due to disorder. 18+ years, 10+ cigarettes per day, smoked for at least 3 years, expired CO&gt;10ppm, saliva cotinine&gt;15ng/ml, orally English. Didn't have to commit to quitting but 48% expressed an interest, and 50% were interested in reducing smoking consumption  <b>Excluded population:</b> Acute decompensation, exacerbation of psychiatric symptomatology, use of NRT, nicotine containing</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention 1 description:</b> Contingent payment (12 visits)  <b>Intervention 2 description:</b> Contingent payment (12 visits) with NRT patches (21mg) for 16 weeks  <b>Further information:</b> contingency payments: earned progressively more money for each visit is expired CO&lt;10ppm, \$25 US for completing baseline and follow-up visits, and \$5 US per regular visit, maximum of \$580 US over the trial  <b>Control description:</b> Self-quit (minimal intervention), only three visits, completed same assessments, encouraged to use available community resources and offered tobacco and cessation related education and motivational support, distribution of NRT patches according to</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (bio-verified by expired CO≤10ppm)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 20 and 36 weeks  <b>Method of analysis:</b> Logistic regression, ANOVA, chi-squared test</p>	<p><b>Primary outcomes:</b> Abstinence at week 20 was significantly more likely in participants receiving contingency payments (OR 11.59, 95% CI 3.23-41.61) and participants receiving contingency payments with NRT (OR 13.73, 95% CI 3.85-49.03) compared to the self-quit intervention group (p=0.001). Similar significant findings were also seen at week 36 (contingency payments, OR 4.37, 95% CI 1.49-12.81; contingency payments with NRT, OR 7.87, 95% CI 2.72-22.79; compared to self-quit intervention group, p=0.001). However, when abstinence was bio-verified by saliva cotinine levels (&lt;15ng/ml), no significant difference was seen at week 20 (p=0.08) or at week 36 (p=0.92). Reduced smoking (based on cotinine levels, but definition not clear) was</p>	<p><b>Limitations identified by author:</b> attrition high, quit rates low, small sample size, non-blinding of research staff and outcome assessors  <b>Limitations identified by team:</b> Length of treatment varied between intervention and control groups, those on NRT patches were told not to use patch if returned to smoking  <b>Evidence gaps and/or recommendations for future research:</b> Offering choices of NRT products, smoking reduction approach to intervention rather than cessation  <b>Source of funding:</b> Arizona Biomedical Research Commission</p>

	<p>products, unstable angina pectoris, myocardial infarction, cardiac arrhythmias, poorly controlled or accelerated hypertension prior 3 months, pregnant, lactating, planning pregnancy in next 36 weeks, medical condition deemed inappropriate  <b>Setting:</b> Outpatients</p>	<p>study medication  <b>Sample sizes:</b> 180  <b>Intervention 1</b> n= 60  <b>Intervention 2</b> n= 60  <b>Control</b> n= 60  <b>Baseline comparisons:</b> Participants in contingency payment group smoked more at baseline than the contingency payment and NRT group (p=0.05), other factors were not significant  <b>Study sufficiently powered?</b> Insufficient details, but states wanted 60 per group</p>		<p>significantly more likely at week 20 in the contingency payment and contingency payment with NRT groups compared to self-quit intervention group (32% versus 12% versus 4%; p=0.02); however, no significant effect was seen at week 36.  <b>Secondary outcomes:</b>  <b>Attrition details:</b> One participant dropped out shortly after enrollment so another participant was recruited and randomised. Very high drop-out rate, but not significantly different at week 20 (p=0.50) or week 36 (p=0.25)</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> George  <b>Year:</b> 2000  <b>Study design:</b> Quasi-randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> Connecticut, USA  <b>Eligible population:</b> Not clear  <b>Selected population:</b> DSM-IV criteria for schizophrenia or schizoaffective disorder, and nicotine dependence, FTND<math>\geq</math>5, motivated to quit smoking  <b>Excluded population:</b> Not reported  <b>Setting:</b> Unclear</p>	<p><b>Method of allocation:</b> block randomization where 4-6 participant are assigned together in sequential randomisation  <b>Intervention description:</b> Specialised schizophrenia group therapy treatment, weekly group therapy for 10 weeks, comprising of 3 weeks of motivational enhancement therapy, and 7 weeks of psychoeducation, social skills training, relapse prevention strategies  <b>Control description:</b> American Lung Association Programme, 7 weeks motivated behaviour group therapy programme and supportive group counselling during the remaining 3 weekly group sessions. Each session 60 minutes duration  <b>Further information:</b> All participants wore 24 hour NRT (21mg/day) for 6 weeks starting on target quit date, then tapered to 14mg/day for weeks 9</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence, continuous abstinence (weeks 8 to 12)  <b>Secondary outcomes:</b> Expired CO levels  <b>Follow-up periods:</b> 12 weeks and 6 months  <b>Method of analysis:</b> Kaplan-Meier survival analysis, chi squared tests, hierarchical linear modeling</p>	<p><b>Primary outcomes:</b> A borderline significant difference was detected for continuous abstinence (weeks 8-12, with expired CO bio-verification) in favour of the specialised schizophrenia group therapy (32.1% versus 23.5%; <math>p=0.06</math>). However, at 6 months follow-up a significantly greater proportion of participants in the standard therapy program were likely to be abstinent (point prevalence) than compared to the specialised therapy group (17.6% versus 10.7%; <math>p&lt;0.03</math>). Those taking atypical antipsychotic medication were significantly more likely to achieve abstinence at 12 weeks than compared to those on typical antipsychotic medication (55.6% versus 22.2%; <math>p&lt;0.01</math>).   <b>Secondary outcomes:</b> Analysis of weekly expired</p>	<p><b>Limitations identified by author:</b> Small sample size  <b>Limitations identified by team:</b> Not truly randomised with significant baseline differences, post-hoc analyses for atypical versus typical comparisons, setting unclear, no psychological outcomes assessed  <b>Evidence gaps and/or recommendations for future research:</b> Evaluate effectiveness of atypical versus typical agents as adjuncts for smoking cessation  <b>Source of funding:</b> National Institute on Drug Abuse VISN I Mental Illness Research Education and Clinic Center grant, National Association for Research on Schizophrenia and Affective Disorders.</p>

		<p>and 10, and 7mg/day for weeks 11 and 12. Target quit date was during week 3 of both programmes</p> <p><b>Sample sizes:</b> 45  <b>Intervention n=</b> 28  <b>Control n=</b> 17</p> <p><b>Baseline comparisons:</b>  Intervention group had significantly lower negative symptoms scores and significantly more participants with schizoaffective disorders. Control group had significantly more participants on atypical antipsychotic medications</p> <p><b>Study sufficiently powered?</b> No</p>		<p>CO levels demonstrated similar findings.</p> <p><b>Attrition details:</b>  Assumed drop outs were smoking at 6 months.</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> George <b>Year:</b> 2002 <b>Study design:</b> Randomised controlled trial <b>Quality score:</b> ++ <b>External validity:</b> ++</p>	<p><b>Source population:</b> Connecticut, USA <b>Eligible population:</b> Outpatient smoking research clinic of the Connecticut Mental Health Center <b>Selected population:</b> DSM-IV criteria for schizophrenia or schizoaffective disorders with nicotine dependence, FTND<math>\geq</math>5, CO<math>\geq</math>10ppm, plasma cotinine<math>\geq</math>150ng/ml, clinically stable on psychotic and affective symptomatology, needed to express strong desire to quit smoking <b>Excluded population:</b> history of epilepsy or seizures, history of drug or alcohol abuse or dependence in 6 months prior. Participants who dose changed for symptom stabilisation or antipsychotic side effects or those prescribed secondary antipsychotic agents in 6 months before recruitment</p>	<p><b>Method of allocation:</b> Unclear <b>Intervention description:</b> Bupropion 150mg once a day for first 3 days, increasing to twice a day, for 10 weeks <b>Control description:</b> Placebo, for 10 weeks <b>Further information:</b> All participants had weekly schizophrenia smoking cessation group therapy for 10 weeks, each 60 minutes duration <b>Sample sizes:</b> 32 <b>Intervention n=</b> 16 <b>Control n=</b> 16 <b>Baseline comparisons:</b> No significant differences between groups <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 day, bio-verified by CO<math>&lt;</math>10ppm), continuous abstinence (weeks 7 to 10, bio-verified by CO<math>&lt;</math>10ppm) <b>Secondary outcomes:</b> CO levels, number of cigarettes smoked per day <b>Follow-up periods:</b> Week 10, 6 months <b>Method of analysis:</b> Kaplan-Meier survival analysis, chi squared tests, hierarchical linear modeling, logistic regression</p>	<p><b>Primary outcomes:</b> At 10 weeks follow-up, the study demonstrated bupropion was significantly more likely to result in continuous abstinence (week 7-10) compared to placebo (37.5% versus 6.3%; <math>p&lt;0.05</math>). However at 6 month follow-up, no significant difference was seen in the 7 day point prevalence estimates between the bupropion and placebo groups (18.8% versus 6.3%; <math>p=0.29</math>). A subgroup analysis based on the type of antipsychotic medication was being used by the participants (atypical [ATP] or typical [TYP]) revealed those on atypical antipsychotic medication who received bupropion were significantly more likely to quit smoking at week 10 as compared to the other groups (bupropion + ATP 66.7% versus bupropion + TYP 0% versus placebo</p>	<p><b>Limitations identified by author:</b> Small sample size, lack of objective assessment of compliance with study medications <b>Limitations identified by team:</b> No further limitations <b>Evidence gaps and/or recommendations for future research:</b> Further studies of bupropion, and bupropion with NRT, for smoking cessation in schizophrenia <b>Source of funding:</b> National Institute on Drug Abuse VISN I Mental Illness Research Education and Clinic Center grant. Tablets supplied by GlaxoSmithKline.</p>

	<p><b>Setting:</b> Outpatients</p>			<p>+ATP 20% versus placebo + TYP 0%; p&lt;0.01).</p> <p><b>Secondary outcomes:</b> Bupropion significantly reduced CO levels compared with placebo (p&lt;0.05), and a significant reduction in the self-reported number of cigarettes smoked per day in the bupropion groups as compared to placebo (p&lt;0.05).</p> <p><b>Attrition details:</b> participants lost during trial or at 6 months were assumed smoking, intention to treat analysis was performed</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> George</p> <p><b>Year:</b> 2008</p> <p><b>Study design:</b> Randomised controlled trial</p> <p><b>Quality score:</b> ++</p> <p><b>External validity:</b> ++</p>	<p><b>Source population:</b> Connecticut, USA</p> <p><b>Eligible population:</b> Connecticut Mental Health Center in New Haven</p> <p><b>Selected population:</b> SCID-IV criteria for schizophrenia or schizoaffective disorder, nicotine dependence, 10+ cigarettes per day, CO<math>\geq</math>10ppm, clinically stable, total PANSS score&lt;70 at study entry, stable dose of antipsychotic medication for at least one month and continued on same medication during trial. Baseline motivation quit scale indicating willingness to quit in next 30 days or less on contemplation ladder</p> <p><b>Excluded population:</b> Positive urine drug screen, evidence of alcohol or illicit drug abuse or dependence in three prior months, history of seizure disorder, psychiatric</p>	<p><b>Method of allocation:</b> Unclear</p> <p><b>Intervention description:</b> Bupropion SR, started on day 8, 150mg/day for 3 days, increasing to 150mg twice a day until day 70</p> <p><b>Control description:</b> Placebo, started on day 8</p> <p><b>Further information:</b> All participants received NRT patched (21mg/24 hour) applied on day 15 (concurrent with target quit date), used till day 70. All participants received 10 weekly session of manualised behavioural therapy, duration 50 minutes each</p> <p><b>Sample sizes:</b> 59 (58 analysed)</p> <p><b>Intervention n=</b> 29</p> <p><b>Control n=</b> 29</p> <p><b>Baseline comparisons:</b> No significant differences between the groups</p> <p><b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> Continuous abstinence (day 43-70), point prevalence abstinence (day 70 and 6 months)</p> <p><b>Secondary outcomes:</b> N/A</p> <p><b>Follow-up periods:</b> 10 weeks (day 70), 6 months</p> <p><b>Method of analysis:</b> Chi-squared test, t test, Kaplan-Meier analysis, Fisher's exact test, repeated measures ANOVA</p>	<p><b>Primary outcomes:</b> Participants randomised to bupropion were significantly more likely to achieve continuous abstinence (days 43 to 70, bio-verified by expired CO) compared to the placebo group (27.6% versus 3.4%; OR 10.76, 95% CI 1.24 to 91.98; p&lt;0.03). However, in terms of long term point prevalence abstinence at day 70, no significant difference was seen between the groups (13.8% versus 0%; p=0.11).</p> <p><b>Secondary outcomes:</b> N/A</p> <p><b>Attrition details:</b> One participant did not receive at least 1 dose of medication, and was excluded from analysis, Intention to treat analysis</p>	<p><b>Limitations identified by author:</b> Small sample size, lack of applicability to typical outpatient smoker with schizophrenia since participants were highly motivated to quit</p> <p><b>Limitations identified by team:</b> No further limitations</p> <p><b>Evidence gaps and/or recommendations for future research:</b> None reported</p> <p><b>Source of funding:</b> National Institute on Drug Abuse, National Alliance for Research in Schizophrenia and Depression.</p>

Review 4: Appendices

	instability, unstable medical disorder, inability to give informed consent <b>Setting:</b> Outpatient				
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Hartman  <b>Year:</b> 1991  <b>Study design:</b> Randomised controlled cross-over trial  <b>Quality score:</b> ++  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Male participants  <b>Selected population:</b> Psychiatric patients voluntary receiving psychiatric service, smoked at least 10 cigarette per day, free of substantial cardiovascular disease and pulmonary disease, no current substance use disorder, did not have to indicate any desire to quit  <b>Excluded population:</b> Not reported  <b>Setting:</b> In-patients and outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> 24µl solution containing 30% nicotine base (8mg)  <b>Control description:</b> 24µl solution containing water  <b>Further information:</b> Medication applied at 10am to non-dominant forearm during session and received other solution during session 2 one week later. Solution covered by 3cm square of polyethylene wrap and secured with surgical tape, allowed to smoke as much of preferred brand for seven hours  <b>Sample sizes:</b> 14  <b>Intervention n=</b> 14  <b>Control n=</b> 14  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Observed number of cigarette butts smoked  <b>Follow-up periods:</b> 7 hours  <b>Method of analysis:</b> Repeated measures ANOVA</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Participants smoked significantly less cigarettes during the 7 hour period when they were wearing the nicotine patch compared to placebo patch (mean 9.9 versus 11.8 cigarettes smoked, p&lt;0.04)  <b>Attrition details:</b> One drop-out</p>	<p><b>Limitations identified by author:</b> Not reported  <b>Limitations identified by team:</b> Very short follow-up, lack of bio-verified outcome  <b>Evidence gaps and/or recommendations for future research:</b> Not reported  <b>Source of funding:</b> Not reported</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Hertzberg  <b>Year:</b> 2001  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Durhan Veterans Affairs Medical Center, male combat veterans, PTSD outpatient treatment programme  <b>Selected population:</b> DSM-IV for primary diagnosis of PTSD, no psychotropic medication or stable psychotic regimen, same dose and drug for 6 months  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatient</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion SR, 150mg for 3 to 4 days, increasing to 150mg twice per day  <b>Control description:</b> Placebo  <b>Further information:</b> Medication given for at least one week before target quit date. All participants received individual counselling at week 0 and “Cleaning the air” booklet, follow-up counselling sessions received, personalized messages to encourage participants to remain abstinent  <b>Sample sizes:</b> 15  <b>Intervention n=</b> 5  <b>Control n=</b> 10  <b>Baseline comparisons:</b> No significant differences between groups  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Sustained abstinence  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 1, 2, 4, 8, 12 weeks, and 6 months  <b>Method of analysis:</b> Repeated measures ANOVA</p>	<p><b>Primary outcomes:</b> At 12 weeks follow-up, no significant difference in sustained abstinence was seen between the groups (6/10 versus 1/5; <math>p=0.282</math>). 8/10, 7/10, 4.10 were quit in the bupropion group as week 2, week 8 and 6 months follow-up. No clear data were reported at these time points for the placebo group  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> 3/10 in bupropion and 4/5 in placebo failed to complete trial</p>	<p><b>Limitations identified by author:</b> Small sample size,  <b>Limitations identified by team:</b> Limited outcomes, funded by pharmaceutical company  <b>Evidence gaps and/or recommendations for future research:</b> Findings should be confirmed in large sample size, double blind, placebo controlled study  <b>Source of funding:</b> Galaxo Wellcome Inc. and National Cancer Institute grant</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Hill  <b>Year:</b> 2007  <b>Study design:</b> Non-randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Brigham and Women's hospital outpatient psychiatry clinic, consecutive participants, recruited through advertisement and phone screening  <b>Selected population:</b> Smokers, aged 22-65 years, smoked at least 15 cigarettes per day, interested in smoking cessation, with major depressive disorder  <b>Excluded population:</b> Recent cardiac disease, diagnoses of schizophrenia, bipolar disorder, current suicide ideation  <b>Setting:</b> Outpatient</p>	<p><b>Method of allocation:</b> First half of participants received control, second part received intervention  <b>Intervention description:</b> NRT patches, 14 mg daily for 8 weeks, applied new patch each morning, rotated site to avoid skin irritation  <b>Control description:</b> No treatment  <b>Further information:</b> All participants received 8 weekly sessions of CBT group therapy, 60 minutes duration adapted from CBT smoking cessation manual. Target quit date on day 8.  <b>Sample sizes:</b> 9 (7 analysed)  <b>Intervention n=</b> 3  <b>Control n=</b> 4  <b>Baseline comparisons:</b> No significant differences between groups  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Self-reported number of cigarettes smoked per day  <b>Follow-up periods:</b> 1, 2, and 3 months  <b>Method of analysis:</b> T-test, Fisher's exact test, chi-squared test, repeated measures ANOVA</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> No significant difference between the treatment groups on the number of cigarettes smoked per day at 3 months follow-up (p=0.12)  <b>Attrition details:</b> 2 participants dropped out of the control group</p>	<p><b>Limitations identified by author:</b> Small sample size  <b>Limitations identified by team:</b> Lack of randomisation, high attrition, lack of objective outcome, short term follow-up  <b>Evidence gaps and/or recommendations for future research:</b> Address question using randomised design with adequate sample size  <b>Source of funding:</b> Not reported</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Kelly  <b>Year:</b> 2008  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Not reported  <b>Selected population:</b> Smokers and non-smokers, DSM-IV diagnosis for schizophrenia or schizoaffective disorder, 18-60 years of age, chronically stable, antipsychotic agent other than clozapine, Simpson-Angus Extrapyramidal symptoms score <math>\leq 4</math>  <b>Excluded population:</b> Pregnant, DSM-IV criteria of alcohol or substance abuse or dependence in last 6 months, receiving other acetylcholinesterase inhibitors  <b>Setting:</b> In-patients and outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Galantamine, 8mg/day, increasing by 8 mg every 4 weeks to max dose of 24mg/day  <b>Control description:</b> Placebo, given at same intervals  <b>Sample sizes:</b> 86 (includes non-smokers, 18/40 randomised to intervention and 25/42 randomised to placebo were smokers)  <b>Intervention n=</b> 18  <b>Control n=</b> 25  <b>Baseline comparisons:</b> Age, education level, baseline symptoms scores, changes in 3 neuropsychological scores significantly different between the groups, but not significant in adjusted analyses of change in CO levels at 12 weeks follow-up (<math>p &gt; 0.13</math>)  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Number of cigarettes smoked per day, expired CO levels  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Repeated measures ANOVA, chi-squared test, Spearman's correlation</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Smokers who were randomised to galantamine (<math>n=18</math>) had non-significantly different expired CO levels to smokers randomised to placebo (<math>n=24</math>) (<math>p=0.40</math>). Additionally, no significant difference was seen in the number of cigarettes smoked at the end of the 12 weeks between the two treatment groups (<math>p=0.11</math>).  <b>Attrition details:</b> Excluded participant who had <math>CO &lt; 8</math>ppm at baseline, 9 in intervention and 4 in placebo groups dropped out of study</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> Lack of objective measure of abstinence, lack of bio-verified outcome, randomised smokers and non-smokers, small sample size, excluded participants from analysis that did not adhere to randomised medication  <b>Evidence gaps and/or recommendations for future research:</b> Replicate findings in a controlled trial that more fully characterizes smoking behaviour  <b>Source of funding:</b> Veterans Affairs Capital Network (VISN 5) Mental Illness, Research, Education and Clinical Center, Stanley Medical Research Institute, NIHR grant</p>



Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Kisely  <b>Year:</b> 2003  <b>Study design:</b> Non-controlled before and after study  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Australia  <b>Eligible population:</b> Fremantle Hospital Mental Health Services, participants were recruited through referral  <b>Selected population:</b> 10+ cigarettes smoked per day, 18-65 years of age, clinically stable, psychiatric diagnosis  <b>Excluded population:</b>  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> 8 weekly 1.5 hour sessions behavioural therapy, intervention conducted by psychologist and additional facilitator as needed. Early sessions focused on developing knowledge and motivation, subsequent sessions covered different methods of stopping, CBT strategies for dealing with difficult situations, relapse prevention and a smoke-free lifestyle. Set short and long term goals of smoking reduction and cessation  <b>Control description:</b> No intervention  <b>Further information:</b> Participants were recruited and for the first 8 weeks they received no intervention followed by 8 weeks of behavioural therapy. Participants were allowed to use other</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Retrieved case notes to assess the number of times tobacco use was recorded in the notes, FTND scores, urinary cotinine  <b>Follow-up periods:</b> 8 weeks and 3 months  <b>Method of analysis:</b> Chi-squared test, t-tests for comparing completers versus drop-outs. Paired t test, Wilcoxon signed rank test</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> At 8 weeks follow up, smoking was significantly more likely at the end of the control period than at the end of the intervention period (control, 19/19 versus intervention, 14/19; <math>p=0.02</math>). Half of the participants (<math>n=10</math>) from the cross-over trial were followed-up to three months, at which only 3 participants continued to smoke (<math>p&lt;0.05</math>). The study also demonstrated at the end of the 8 weeks intervention period as compared to the control period significantly lower cotinine levels (<math>p=0.046</math>) and significantly lower FTND scores (<math>p=0.002</math>).  <b>Attrition details:</b> 50% drop out rate</p>	<p><b>Limitations identified by author:</b> High attrition rate, non-blinded assessment of outcome  <b>Limitations identified by team:</b> No blinding of treatments, no control, short term follow-up, non-randomised design  <b>Evidence gaps and/or recommendations for future research:</b> Larger randomised controlled trials to assess the contribution of NRT, bupropion, and group interventions, whilst adjusting for antipsychotic medications in the analyses. Assess whether group programmes designed for this population are better than generic interventions  <b>Source of funding:</b> Healthway (Western Australia)</p>

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	smoking cessation treatment during the trial <b>Sample sizes:</b> 38 <b>Intervention n=</b> 38 <b>Control n=</b> 38 <b>Baseline comparisons:</b> Within participants design <b>Study sufficiently powered?</b> No		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Li  <b>Year:</b> 2009  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> China  <b>Eligible population:</b> Not reported  <b>Selected population:</b> Male participants with schizophrenia, but criteria for diagnosis not reported  <b>Excluded population:</b> Not reported  <b>Setting:</b> In-patients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion, 75mg twice/day for 1 week, increasing to 150mg twice/day for 3 weeks  <b>Control description:</b> Placebo, for 4 weeks  <b>Sample sizes:</b> 69  <b>Intervention n=</b> 36  <b>Control n=</b> 33  <b>Baseline comparisons:</b> Unclear  <b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Self-reported number of cigarettes smoked per day  <b>Follow-up periods:</b> 1, 4, 8 weeks  <b>Method of analysis:</b> t test, non parametric test, chi-squared test</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Significant decrease in the number of cigarettes used per day between the bupropion and placebo groups at the end of the first week of treatment (<math>p&lt;0.01</math>), at the end of week 4 (<math>p&lt;0.01</math>), and at the end of the trial (week 8, <math>p&lt;0.01</math>).  <b>Attrition details:</b> Unclear</p>	<p><b>Limitations identified by author:</b> Abstract did not report limitations  <b>Limitations identified by team:</b> Short follow up, insufficient methodological details, lack of bio-verified smoking status  <b>Evidence gaps and/or recommendations for future research:</b> Not reported  <b>Source of funding:</b> Not reported</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> McEvoy  <b>Year:</b> 1995  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Not reported  <b>Selected population:</b> DSM-III-R criteria for chronic schizophrenia, smoked cigarettes, clinically hospitalised for substantial persistent psychopathology  <b>Excluded population:</b> Not reported  <b>Setting:</b> In-patients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention 1 description:</b> High plasma clozapine range (350-450 ng/ml)  <b>Intervention 2 description:</b> Medium plasma clozapine range (200-300ng/ml)  <b>Control description:</b> Low plasma clozapine range (50-150ng/ml)  <b>Further information:</b> All participants initially received 2 weeks baseline treatment with haloperidol (typical antipsychotic medication)  <b>Sample sizes:</b> 12  <b>Intervention 1 n=</b> 5  <b>Intervention 2 n=</b> 3  <b>Control n=</b> 4  <b>Baseline comparisons:</b> Groups did not differ significantly at baseline  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Number of cigarettes smoked per day, expired CO levels  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Ranked difference scores</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Significant reductions in the change from baseline to week 12 in number of cigarettes smoked per 120 minute period (<math>p=0.02</math>), and significant reductions in the levels of expired CO at 12 weeks (<math>p=0.04</math>); however, only the medium range group was associated with a significantly greater decline in expired CO than compared to the low range group.  <b>Attrition details:</b> Unclear</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> Very small sample size, baseline expired CO levels lower in low plasma group as compared to intervention groups, no measure of abstinence, short follow-up  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> Not reported</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> McEvoy  <b>Year:</b> 1999  <b>Study design:</b> Randomised before and after study  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Recruited consecutive cases, smokers and non-smokers  <b>Selected population:</b> DSM-III-R criteria for schizophrenia, all previously failed to respond to adequate trials of at least 2 conventional antipsychotic medications  <b>Excluded population:</b> Not reported  <b>Setting:</b> Unclear (seems like in-patients)</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention 1 description:</b> High plasma dose (350-450ng/ml)  <b>Intervention 2 description:</b> Medium plasma dose (200-300ng/ml)  <b>Control description:</b> Low plasma dose (50-150ng/ml)  <b>Further information:</b> Dose increments of 25-50mg every 1-2 days to bring to assigned dose range. Tapered baseline treatments. Maximum dose of 900mg. All received haloperidol or fluphenazine (typical antipsychotic medications, mean dose of 21mg/day, range 5-60mg daily) and anti-cholinergic, antiparkinsons drug.  <b>Sample sizes:</b> 70 (55 smokers)  <b>Intervention 1 n=</b> 20  <b>Intervention 2 n=</b>28</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Research staff counted number of cigarette butts smoked by participation during 120 minutes of free available cigarette smoking cessation, expired CO level, serum nicotine and cotinine levels at end of 120 minute session  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> t-tests, chi-squared tests, repeated measures ANOVA</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Participants receiving higher plasma level doses (combination of medium and high plasma level groups) were significantly more likely to have a greater reduction in the number of cigarettes smoked during the 120 minutes between baseline and 12 weeks compared to the low plasma level group (p=0.005). However, no significant differences were seen between the higher plasma level groups compared to the low plasma level group in the change from baseline to week 12 for expired CO levels (p=0.24), plasma nicotine levels (p=0.57), or plasma cotinine levels (p=0.27).  <b>Attrition details:</b> 66 completed the trial (94%), last observation carried forward approach used</p>	<p><b>Limitations identified by author:</b> Small sample size in whom serum nicotine and cotinine were measured, no stratification by smoking status  <b>Limitations identified by team:</b> Short follow-up  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> National Institute on Drug Abuse, National Alliance for Research on Schizophrenia and Depression</p>

	<p><b>Control n= 22</b> <b>Baseline comparisons:</b> Unclear <b>Study sufficiently powered?</b> &gt;95% power to detect effect for CO, but only 55% and 70% power for nicotine and cotinine, respectively. Limited details given</p>		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> McFall  <b>Year:</b> 2005  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> ++</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Veterans Affairs Puget Sound Health Care System, PTSD clinic, refusal rate to participate was 3%  <b>Selected population:</b> DSM-IV criteria for PTSD, 10+ cigarettes smoked per day, willing to receive smoking cessation treatment  <b>Excluded population:</b> Smokeless tobacco, pipe or cigars, unstable axis I disorder, current substance dependence disorder other than tobacco  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Integrated care – 5 individual behaviour counselling cessations, once a week and one follow-up contact, duration about 20 minutes each, administered by PTSD clinic prescriber and case manager  <b>Control description:</b> Usual standard of care – referred to Veterans Affairs Puget Sound Health Care Systems Smoking cessation clinic, one group orientation class, individual session in which receive treatment and behavioural counselling, received no tobacco-cessation interventions from PTSD clinic provider  <b>Further information:</b> All subjects got unrestricted access to usual care. Medications could include bupropion, varenicline, NRT, NRT gum, NRT spray,</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 day, expired CO<math>\leq</math>10ppm)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 2, 4, 6 and 9 months after randomisation  <b>Method of analysis:</b> Chi-squared test, t test, Mann-Whitney U test, generalized estimating equations</p>	<p><b>Primary outcomes:</b> At each assessment time (up to 9 months follow-up), participants receiving integrated care were significantly more likely to be abstinent (7 day point prevalence) compared to participants receiving standard care (OR 5.23, 95% CI 1.76 to 15.54; p&lt;0.002)  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> 17% lost across all 4 assessments</p>	<p><b>Limitations identified by author:</b> No clearly demarcated quit date or end of intervention period, no biomarkers on long term smoking cessation, small sample size  <b>Limitations identified by team:</b> Different number of sessions between intervention and control, therefore differences may be due to number of contacts rather than content  <b>Evidence gaps and/or recommendations for future research:</b> More research on integrated models of smoking cessation treatment for mentally ill participants  <b>Source of funding:</b></p>

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	<p>from psychiatrists or nurse practitioner managing pharmacological treatment for PTSD</p> <p><b>Sample sizes:</b> 66</p> <p><b>Intervention n=</b> 33</p> <p><b>Control n=</b> 33</p> <p><b>Baseline comparisons:</b> No significant difference between groups</p> <p><b>Study sufficiently powered?</b> Unclear</p>		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> McFall  <b>Year:</b> 2010  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> ++</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Ten Veterans Affairs Medical Centers  <b>Selected population:</b> DSM-IV diagnosis for PTSD, engaged in outpatient PTSD care, PTSD related to military service, 10+ cigarettes smoked per day on at least 15 out of 30 days before screening, consented to receive cessation interventions  <b>Excluded population:</b> Non cigarette tobacco, DSM-IV current psychotic, bipolar or substance dependence disorder other than nicotine, severe psychiatric symptoms, psychosocial instability or cognitive impairment  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Stratified adaptive randomisation within each site based on sex, alcohol abuse or dependence in partial remission, current major depressive disorder, prior smoking abstinence, heavy smoking  <b>Intervention description:</b> Integrated care – PTSD clinicians delivered individual sessions based on 5 weekly core tobacco cessation sessions focusing on tobacco use education, behavioural skills for quitting smoking, setting a quit date and relapse prevention. Cessation medications allowed. Three follow-up monthly booster visits re-applied smoking cessation treatment to continued smokers  <b>Control description:</b> Usual standard of care - referral to specialised cessation clinics at each site, treatment within 6 weeks of referral,</p>	<p><b>Primary outcomes:</b> Prolonged abstinence (self-report and bio-verified by CO<math>\leq</math>8ppm and urine cotinine&lt;100ng/ml), point prevalence abstinence (7 day and 30 day)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 18 months  <b>Method of analysis:</b> Chi-squared test, t test, logistic regression, generalized estimating equations</p>	<p><b>Primary outcomes:</b> bio-verified point prevalence at 6 months follow-up was significantly higher in the integrated care group compared to the usual standard care group (7 day point prevalence, 78/472 versus 34/471, p&lt;0.001; 30 day point prevalence, 65/472 versus 28/471, p=0.001). Self-reported prolonged abstinence bio-verified by expired CO at 12 months follow-up was significantly more likely in the integrated care group compared to the usual standard care group (Adjusted OR 2.26, 95% CI 1.30 – 3.91). The treatment effect was reported to be consistent across all subgroups considered. At 18 months follow-up, bio-verified point prevalence abstinence was significantly more likely in the integrated care group compared to the usual standard care group (7</p>	<p><b>Limitations identified by author:</b> Selected sample of predominately older male Vietnam-era veterans with chronic PTSD and co-occurring depression, lack of blinding for outcome assessor  <b>Limitations identified by team:</b> Number of session differed between the groups, therefore difference could be related to higher contact rather than content of sessions  <b>Evidence gaps and/or recommendations for future research:</b> Future trials focusing on younger Iraq and Afghanistan veterans  <b>Source of funding:</b> US Department of Veterans Affairs Cooperative Studies Program</p>

		<p>prescribed medications directly or through general practitioners  <b>Further information:</b>                  Cessation medications included NRT, bupropion and varenicline  <b>Sample sizes:</b> 943  <b>Intervention n=</b> 472  <b>Control n=</b> 471  <b>Baseline comparisons:</b> No differences at baseline between the treatment groups  <b>Study sufficiently powered?</b> Sample size of 1400 needed for 90% power, cessation rates of 6% versus 11%, two sided at 5% level. 78% power on the 943 participants achieved in the trial</p>		<p>day point prevalence, 86/472 versus 51/471, <math>p &lt; 0.001</math>; 30 day point prevalence, 80/472 versus 44/471, <math>p &lt; 0.001</math>).  <b>Secondary outcomes:</b>                  N/A  <b>Attrition details:</b>                  Intention to treat analysis, assumed drop outs were not abstinent</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Morris  <b>Year:</b> 2011  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Four community mental health clinics in both urban and rural areas  <b>Selected population:</b> Psychiatric diagnoses and continued to receive treatment as usual during the course of the study, at least 5 cigarettes per day, 18+ years of age, informed consent and participation in groups, English speaking, interested in quitting regardless of motivational readiness to quit  <b>Excluded population:</b> Current severe psychiatric symptoms including suicidal ideation, current clinically significant substance abuse  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Quitline service and community tobacco cessation group, up to 10 sessions based on “Smoking Cessation for Persons with Schizophrenia”. Group facilitators were mental health clinicians with group therapy experience  <b>Control description:</b> Quitline service only, through fax referral  <b>Further information:</b> Quitline service included 5 proactive calls to assist with quit attempts, promoted healthier lifestyles, and prevent relapse. Up to 12 weeks of free NRT patches (21mg for weeks 1-6, decreasing to 14mg for week 7-8 and 7mg for weeks 9-12)  <b>Sample sizes:</b> 123  <b>Intervention n=</b> 62  <b>Control n=</b> 61  <b>Baseline comparisons:</b> No</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 day, bio-verified by CO&lt;6ppm)  <b>Secondary outcomes:</b> 50% reduction in self reported number of cigarettes smoked from baseline  <b>Follow-up periods:</b> 6 months  <b>Method of analysis:</b> Chi-squared test, t test, multiple logistic regression, generalized linear models</p>	<p><b>Primary outcomes:</b> Reports 6 months intention to treat smoking cessation rate was 7%.  <b>Secondary outcomes:</b> Participants who had received the group therapy in addition to the quit-line were significantly more likely to achieve 50% reduction in the self-reported number of cigarettes smoked per day at 6 months compared to those who solely received the quit-line (21% versus 8%; Adjusted OR 3.16, 95% CI 1.04-9.65; p=0.045).  <b>Attrition details:</b> 87/123 received at least one treatment session, 83 reported 6 month data. Participants drop out was significantly related with primary psychiatric diagnosis, but were not different on sociodemographic variables. Intention to treat analysis</p>	<p><b>Limitations identified by author:</b> Small sample size, drop-out related to psychiatric diagnosis (highest in those with depression), training may have been insufficient for mental health illness population  <b>Limitations identified by team:</b> No results reported for cessation for each treatment group, difference intensity of treatment for behavioural support which may be related to differences in outcome, rather than the content of the sessions  <b>Evidence gaps and/or recommendations for future research:</b> Identify dose of counselling and NRT and/or other medications needed to assist with reduction and cessation in this population  <b>Source of funding:</b> Colorado Tobacco Tax</p>

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	baseline differences noted <b>Study sufficiently powered?</b> Post hoc test showed 81% power to detect difference of 0.52 standard deviations difference between the groups		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Panchas  <b>Year:</b> 2012  <b>Study design:</b> Uncontrolled before and after study  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Massachusetts, USA  <b>Eligible population:</b> Massachusetts General Hospital  <b>Selected population:</b> DSM-IV diagnosis of schizophrenia, clinically stable, stable dose of antipsychotic medication for at least 1 month, reported use of at least 10 cigarettes per day, expired CO level &gt;9ppm, desire to quit smoking  <b>Excluded population:</b> Unstable medical illness, diagnosis of dementia or substance use disorder other than nicotine or caffeine in the prior 6 months, or hospitalization for suicide ideation in the prior 12 months  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> Varenicline, 2mg/day for 12 weeks  <b>Control description:</b> Baseline, no intervention  <b>Further information:</b> All participants received 12 weekly one hour group sessions of cognitive behavioural therapy intended to promote smoking cessation  <b>Sample sizes:</b> 112  <b>Intervention n=</b> 112  <b>Control n=</b> 112  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b> 80% power to detect a medium effect size or larger (<math>d=0.3</math>) assuming a correlation of 0.5 between before and after measurements, using a paired t-test</p>	<p><b>Primary outcomes:</b> At least 2 weeks continuous abstinence (bio-verified by CO&lt;9ppm) at week 12; at least 4 weeks continuous abstinence (bio-verified by CO&lt;9ppm) at week 12  <b>Secondary outcomes:</b> Expired CO levels  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Repeated analysis using generalized estimating equations, and paired t tests</p>	<p><b>Primary outcomes:</b> 53 (47.3%) achieved at least 2 weeks abstinence at week 12. 38 (34%) achieved at least 4 weeks abstinence at week 12.  <b>Secondary outcomes:</b> Expired CO levels significantly decreased from baseline to week 12 (<math>p&lt;0.01</math>). CO levels at baseline (<math>22.6\pm 14.2</math>)ppm versus week 12 or early termination (<math>9.0\pm 12.7</math>)ppm  <b>Attrition details:</b> Only 53 participants from a potential of 102 were analysed</p>	<p><b>Limitations identified by author:</b> Small sample size, many participants terminated early (33%), but 28/37 who terminated early or dropped-out completed the questionnaire, no control group  <b>Limitations identified by team:</b> No further limitations identified  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> NIDA</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Roll  <b>Year:</b> 1998  <b>Study design:</b> Within participant reversal design (Active →Control→Active)  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> Vermont, USA  <b>Eligible population:</b> Local mental health centre  <b>Selected population:</b> DSM –IV schizophrenia or schizoaffective disorder, undergoing treatment for schizophrenia, current cigarette smokers, 18+ years of age, expired CO<math>\geq</math>18ppm, none considering quitting cigarette smoking up on entering the study  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> Week 2 of trial, visited three times per day, if expired CO was <math>\leq</math>11ppm, they received \$3 US for the first reading, then an additional \$0.50 US for each subsequent reading<math>\leq</math>11ppm. Up to max of \$10 US. If received 3 consecutive readings<math>\leq</math>11ppm then got an extra \$10 US bonus. Total amount if abstinent on all 15 reading for the week was \$147 US  <b>Control description:</b> Week 1 and 3, visited once per day, received \$5 US for each day irrespective of CO reading  <b>Sample sizes:</b> 11  <b>Intervention n=</b> 11  <b>Control n=</b> 11  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b></p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Number of expired CO readings<math>\leq</math>11ppm, mean expired CO levels  <b>Follow-up periods:</b> One week  <b>Method of analysis:</b> Repeated measures ANOVA, Fisher’s exact test (not allowing for design of study)</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> There was a significant difference in the mean expired CO levels across the three conditions (mean 35.9 versus 15.9 versus 25.9ppm; <math>p&lt;0.05</math>). Additionally, the total numbers of expired CO levels<math>\leq</math>11ppm between the baseline phases and the active phase were significantly different (baseline 1 versus active, <math>p&lt;0.05</math>; baseline 2 versus active, <math>p&lt;0.05</math>); however, no significant difference was seen between the baseline phases (<math>p&gt;0.05</math>).  <b>Attrition details:</b> One withdrew during first week for unknown reasons</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> More visits in the intervention phase than control phase, small sample size, abstinence not assessed, short follow-up  <b>Evidence gaps and/or recommendations for future research:</b> Randomised controlled trials assessing the efficacy of contingency payments interventions for treating substance abuse in persons with schizophrenia  <b>Source of funding:</b> Research grants, National Training Awards, National Institute on Drug Abuse grant</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Saxon  <b>Year:</b> 2003  <b>Study design:</b> Uncontrolled before and after study  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> Seattle, Washington, USA  <b>Eligible population:</b> Smoking cessation programme located within outpatients section of Addiction Treatment Center at Veterans Affairs Puget Sound Health Care System, posters around clinic building advertised the study and referral from staff, veterans in treatment for alcohol or drug dependence voluntarily sought smoking cessation treatment  <b>Selected population:</b> Dual diagnosis of alcohol and drug dependence, 74.8% had Axis I psychiatric diagnosis in addition to substance dependence, motivated to quit but not required to set a target quit date  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Participants and clinician preference  <b>Intervention description:</b> Compares NRT, bupropion and combination of NRT and bupropion, no doses or lengths of treatment described, doses based on response and side effect experience  <b>Control description:</b> N/A  <b>Further information:</b> Smoking cessation program was given to all participants, consisted of weekly group orientation sessions followed up by weekly group sessions with expired CO monitoring. Focused on psycho-education and relapse prevention. Minimum of 8 sessions, termination if missed at least four weeks of treatment. Offered NRT, bupropion, or combination of NRT and</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Self-reported number of cigarettes smoked per day, expired CO levels  <b>Follow-up periods:</b> Session 4, on average 10.52 days between sessions, so equates to approximately 40 days  <b>Method of analysis:</b> Chi-squared test, t test, ANOVA, survival analysis, Wilcoxon Gehan statistic</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Participants who received the combination treatment of NRT and bupropion were significantly more likely to have a greater reduction in the self-reported number of cigarettes smoked per day (<math>p=0.004</math>) and expired CO levels (<math>p&lt;0.001</math>) than compared to the other treatment groups.  <b>Attrition details:</b> Three participants enrolled but missed first treatment episode and were excluded from analysis, missing data were replaced by last observation carried forward</p>	<p><b>Limitations identified by author:</b> Lack of control group, heterogeneity of participants in regards to baseline diagnoses and medications, non-blinded treatment assignment, lack of data on drop outs  <b>Limitations identified by team:</b> Lack of randomisation, short follow-up, insufficient information regarding doses of treatments given  <b>Evidence gaps and/or recommendations for future research:</b> Medical and physical benefits from significant reductions in smoking  <b>Source of funding:</b> Center for Excellence in Substance Abuse Treatment and education, Veterans Affairs Puget Sound Health Care Systems</p>

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	bupropion <b>Sample sizes:</b> 115 <b>Intervention n=</b> 115 <b>Control n=</b> 115 <b>Baseline comparisons:</b> Within participant design <b>Study sufficiently powered?</b> No		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Smith  <b>Year:</b> 2009  <b>Study design:</b> Uncontrolled before and after study  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Tertiary care psychiatric hospital or its associated outpatient clinics, continually violated hospital non-smoking rules in spite of consequences, including losing off-ward privileges for each offense, males and females were recruited but only males are included in the study  <b>Selected population:</b> Schizophrenia or schizoaffective disorder, long history of smoking cigarettes, agreed to trial antismoking drug for cigarette smoking habit although most did not have a strong personal desire to definitely stop smoking  <b>Excluded population:</b> Not reported  <b>Setting:</b> In-patient and outpatient</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> Varenicline, 0.5 to 1mg/day in week 1, increasing to 2mg/day in weeks 2 to 9. Doses could be reduced if necessary to 1mg/day due to nausea or related side effects  <b>Control description:</b> Baseline, no intervention  <b>Sample sizes:</b> 14  <b>Intervention n=</b> 14  <b>Control n=</b> 14  <b>Baseline comparisons:</b> Within participants design  <b>Study sufficiently powered?</b> Not reported</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Number of cigarettes smoked per day, expired CO levels  <b>Follow-up periods:</b> 9 weeks  <b>Method of analysis:</b> Generalized linear model, related measures ANOVA</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> No significant difference in the number of cigarettes smoked per day between the before and after phases of the trial (mean, 36.5 versus 12.5 cigarettes/day; p=0.12). However, significant differences were seen between the before and after phases of the trial for expired CO levels (mean 8.97 versus 4.85ppm; p=0.005) and plasma cotinine levels (mean, 238.6 versus 129.8; p=0.001).  <b>Attrition details:</b> Two participants dropped out (14%)</p>	<p><b>Limitations identified by author:</b> Small sample size, lack of direct placebo control, in-patient hospital setting with smoking restrictions, lack of uniformly strong desire to quit smoking  <b>Limitations identified by team:</b> Lack of randomisation, short follow-up, lack of abstinence outcome  <b>Evidence gaps and/or recommendations for future research:</b> Whether a dose higher than 2mg/day would be beneficial in this population  <b>Source of funding:</b> In-house funding</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Steinberg  <b>Year:</b> 2004  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> ++</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Referral from treatment providers, responses to flyers, and direct outreach  <b>Selected population:</b> At least 10 cigarette per day, diagnosis of schizophrenia or schizoaffective disorder, didn't require participants to quit smoking  <b>Excluded population:</b> Inability to adequately understand the consent form  <b>Setting:</b> Outpatient</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Motivational interviewing group – personalised feedback based on assessment interview, duration approximately 40 minutes and concluded with advice to quit smoking and with a referral for treatment to a specialised tobacco dependence treatment programme  <b>Intervention 2 description:</b> Psycho-educational intervention – engaged in brief psycho-educational discussion on general benefits of quitting and the deleterious health effects of smoking based on standard protocol, predominately didactic but encouraged discussion. 40 mins intervention so comparable with above. Concluded intervention with advice to quit and referral for treatment</p>	<p><b>Primary outcomes:</b> Referral to stop smoking service  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> One week, one month  <b>Method of analysis:</b> Chi-squared test, ANOVA</p>	<p><b>Primary outcomes:</b> a higher proportion of participants sought treatment at the stop smoking service in the motivational interviewing group (25.8%) compared to the psycho-educational (0%) and brief intervention (0%) groups at one week post-therapy session. Similar effects were reported at one month post therapy session (MI, 32.3% versus psycho-educational, 11.8% versus brief intervention, 0%)  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> No data were lost to follow up because they were retrievable from staff</p>	<p><b>Limitations identified by author:</b> Self-selected participants, lead researcher delivered interventions, participants charts relied on for diagnoses, unknown quit rate  <b>Limitations identified by team:</b> Minimal intervention had much less contact so comparisons with this could be related to contact rather than content, but the other treatment groups were comparable  <b>Evidence gaps and/or recommendations for future research:</b> Refine interventions and assess in other populations  <b>Source of funding:</b> Cancer Institute grant, National Institute on Drug Abuse</p>

	<p><b>Control description:</b> Minimal-control interventions – followed greatly abbreviated assessment because standard advice and referral for treatment were meant to be the only ingredients in this intervention, this only lasted 5 minutes.</p> <p><b>Sample sizes:</b> 78 <b>Intervention 1</b> n= 32 <b>Intervention 2</b> n= 34 <b>Control</b> n= 12</p> <p><b>Baseline comparisons:</b> No differences between treatment groups</p> <p><b>Study sufficiently powered?</b> Unclear</p>		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Szombathyne-Meszaros  <b>Year:</b> 2010  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Not reported  <b>Selected population:</b> Schizophrenia or schizoaffective disorder with co-morbid alcohol and nicotine dependence  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Naltrexone, 50mg per day given as 100mg on Monday's, 100mg on Wednesday's and 150mg on Fridays  <b>Control description:</b> Placebo  <b>Further information:</b> All received antipsychotic medication, and weekly motivational enhancement therapy addressing alcohol use  <b>Sample sizes:</b> 79  <b>Intervention n=</b> 41  <b>Control n=</b> 38  <b>Baseline comparisons:</b> Unclear  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Smoking cessation  <b>Secondary outcomes:</b> Number of cigarettes smoked adjusted for baseline  <b>Follow-up periods:</b> 12 week  <b>Method of analysis:</b> ANCOVA (analysis of covariance), Fisher's exact test</p>	<p><b>Primary outcomes:</b> No significant difference was seen in the proportion of participant's achieving cessation at the end of 12 weeks between the naltrexone and placebo groups (2/41 versus 2/38)  <b>Secondary outcomes:</b> No significant differences were seen in the number of cigarettes smoked per day from baseline to week 12 between the naltrexone and placebo groups; however, significantly lower numbers of cigarettes were smoked within each treatment group from baseline to week 12 (naltrexone, baseline: 126 versus end of trial: 101 cigarettes/day; placebo, baseline: 121 versus end of trial: 103 cigarettes/day)  <b>Attrition details:</b> Unclear</p>	<p><b>Limitations identified by author:</b> None reported  <b>Limitations identified by team:</b> Insufficient methodological details in abstract  <b>Evidence gaps and/or recommendations for future research:</b> None reported  <b>Source of funding:</b> National Institute on Alcohol Abuse and Alcoholism, National Alliance for Research on Schizophrenia and Depression</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Thorsteinsson  <b>Year:</b> 2001  <b>Study design:</b> Randomised mixed-design controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Advertisements in print media over 4 years in outpatients  <b>Selected population:</b> 18+ years of age, un-medicated outpatient, cigarette smoker with major depression without psychotic features as specified in the DSM-III-R, <math>\geq 14</math> on Hamilton Rating Scale for Depression, <math>\geq 1</math> cigarette pack/day for at least one year, biochemically confirmed <math>CO \geq 15</math>ppm, motivation to quit, willingness to comply with study demands  <b>Excluded population:</b> Use of any psychotic medication at least 2 weeks before initiation of protocol, symptoms of psychosis, signs of suicide, significant medical history that might be affected by nicotine, serious dermatological disease, history of alcohol or drug abuse in prior one year,</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> NRT patches, 21mg/24 hours  <b>Control description:</b> Placebo patch, 22mg nicotine with barrier to prevent absorption  <b>Further information:</b> Applied patch each morning and rotated patch site to prevent skin irritation, target quit date on day 8, randomised to either intervention or placebo for 2 weeks (days 8-22), then placebo for one week (days 23-29)  <b>Sample sizes:</b> 38  <b>Intervention n=</b> 18  <b>Control n=</b> 20  <b>Baseline comparisons:</b> No differences between groups at baseline  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Self-reported smoking  <b>Secondary outcomes:</b> Withdrawal  <b>Follow-up periods:</b> 29 days  <b>Method of analysis:</b> Wilcoxon summed ranks test, chi-squared test</p>	<p><b>Primary outcomes:</b> Self-reported abstinence was significantly more likely in the NRT group than compared to the placebo group (78% versus 50%; one sided <math>p &lt; 0.05</math>) at day 29  <b>Secondary outcomes:</b> No significant interaction was detected on the average total withdrawal ratings (assessed using the Nicotine symptoms Checklist and Hughes-Hatsukami Withdrawal Questionnaire)  <b>Attrition details:</b> Participants dropped out of study if they resumed smoking following the target quit date or if clinical depressive symptoms worsened substantially</p>	<p><b>Limitations identified by author:</b> Drop-out rate substantially higher in placebo (50%) than intervention group (22%), underpowered study  <b>Limitations identified by team:</b> Lack of objective measure of abstinence, short follow-up  <b>Evidence gaps and/or recommendations for future research:</b> Assess if NRT patches have an anti-depressant properties  <b>Source of funding:</b> NIH, Tobacco Related Disease Research Program</p>

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	pregnant, lactating, or childbearing potential (needed to be using medically accepted birth control) <b>Setting:</b> Outpatients				
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Tidey  <b>Year:</b> 2002  <b>Study design:</b> Non-randomised within subject repeated measures design trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Local outpatients mental health centre, consecutive participants  <b>Selected population:</b> Schizophrenia or schizoaffective disorder confirmed by board-certified psychiatrist, regular smoker, CO<math>\geq</math>18ppm, not actively trying to quit during study  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Order was counterbalanced across participants to achieve equal numbers at each phase  <b>Intervention 1 description:</b> Contingency payment for smoking reduction with NRT patch (21mg/24 hours)  <b>Intervention 2 description:</b> Contingency payment for smoking reduction with placebo patch  <b>Control description:</b> Non-contingent payment and placebo patch. Participants received \$9.80 US for each visit regardless of CO reading  <b>Further information:</b> Each phase was given for 5 consecutive days, during the washout periods participants could smoked normally, participants were visited 3 times per day for the 5 days. During contingency payment conditions, participants received \$3 US for first</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Smoking reduction (bio-verified by CO<math>\leq</math>11ppm)  <b>Follow-up periods:</b> Day 5 visit for each condition, 2 weeks after last day of final condition  <b>Method of analysis:</b> Repeated measures ANOVA</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> significantly different mean expired CO level between the three conditions (mean, contingency payment with NRT 19.4ppm versus contingency payment with placebo 20.5ppm versus non-contingent payment with placebo 28.0ppm; p&lt;0.05). Post-hoc analyses indicated significantly higher expired CO levels in the non-contingent payment with placebo group than compared to contingency payment with placebo or contingency payment with NRT; however, no significant differences were seen between the contingency payment conditions with NRT and contingency payment with placebo. Salivary cotinine levels were significantly different between the three conditions (p&lt;0.05); with post-hoc analyses</p>	<p><b>Limitations identified by author:</b> Short term outcomes  <b>Limitations identified by team:</b> Small sample size, lack of randomisation  <b>Evidence gaps and/or recommendations for future research:</b> Feasibility of contingency payments in a treatment program using salivary or urinary cotinine, whether a higher dose of NRT or another medication such as bupropion could add to the effectiveness of contingency payment  <b>Source of funding:</b> National Institute on Drug Abuse grant, Senator Proctor award, American Lung Association of Vermont</p>

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		<p>CO<math>\leq</math>11ppm, increased by \$0.50 US for every consecutive sample <math>\leq</math>11ppm, \$10 US bonus for every third consecutive sample <math>\leq</math>11ppm. Maximum total payment possible was \$147.50 US per contingency payment condition</p> <p><b>Sample sizes:</b> 17  <b>Intervention n=</b> 17  <b>Control n=</b> 17  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b> No</p>		<p>revealing significantly higher levels in the non-contingent payment with placebo and contingency payment with NRT compared to contingent payment with placebo</p> <p><b>Attrition details:</b> Missing samples treated as &gt;11ppm</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Tidey  <b>Year:</b> 2011  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Advertisements posted in surrounding community and at outpatient clinic at local Veterans Affairs medical centres  <b>Selected population:</b> DSM-IV-TR diagnosis of schizophrenia or schizoaffective disorder, 18+ years of age, 20+ cigarettes per day, FTND score <math>\geq 6</math>, clinically stable psychoactive medication for at least 2 months, 4+ score on contemplation ladder indicating some interest in quitting in next 6 months  <b>Excluded population:</b> Pregnancy, positive breath alcohol level or urine drug toxicity test, medication or medical condition contraindicating bupropion, very high psychiatric symptom severity  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Randomisation by coin toss  <b>Intervention 1 description:</b> Contingency payment with bupropion (150mg for three days increasing to 150mg twice a day for days 4-22)  <b>Intervention 2 description:</b> Contingency payment with placebo  <b>Intervention 3 description:</b> Non-contingent payment with bupropion (150mg for three days increasing to 150mg twice a day for days 4-22)  <b>Control description:</b> Non-contingent payment with placebo  <b>Further information:</b> Conditions given for 3 weeks,  <b>Sample sizes:</b> 57 (52 analysed)  <b>Intervention 1 n=</b> 12  <b>Intervention 2 n=</b> 16  <b>Intervention 3 n=</b> 11  <b>Control n=</b> 13  <b>Baseline comparisons:</b> No differences between</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Number of cigarettes smoked in past week, cotinine levels  <b>Follow-up periods:</b> 4 weeks  <b>Method of analysis:</b> ANOVA, chi-squared test</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Bupropion did not significantly reduce smoking by itself or increase the effectiveness of the contingent payment intervention. However, the study did report that participants receiving contingent payments had lower cotinine levels (<math>p &lt; 0.001</math>), lower expired CO levels (<math>p &lt; 0.01</math>), and reduced number of cigarettes smoked per day (<math>p &lt; 0.01</math>) compared to non-contingent payments at weeks 3 and 4 compared to weeks 1 and 2  <b>Attrition details:</b> 4 drop outs in bupropion groups due to medication side effects, one drop out in placebo group due to lost contact. Very low dropout rates during trial (1% in intervention 1, 1% in intervention 2, 5% in intervention 3, 6% in control group). Intention to treat analysis</p>	<p><b>Limitations identified by author:</b> Short treatment period, small sample size, self-reported compliance of medication  <b>Limitations identified by team:</b> No further limitations  <b>Evidence gaps and/or recommendations for future research:</b> Contingency payment with varenicline for smoking reduction  <b>Source of funding:</b> Not reported</p>

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	treatment groups <b>Study sufficiently powered? No</b>		
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Weinberger  <b>Year:</b> 2008  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> Connecticut, USA  <b>Eligible population:</b> Mental health center or other mental health clinics in Greater New Haven, out of 204 screened for inclusion only 5 were included in the trial (2.5%)  <b>Selected population:</b> DSM-IV diagnosis of bipolar disorder and nicotine dependent cigarette smokers, 10+ cigarettes per day, expired CO&gt;10ppm, clinically stable  <b>Excluded population:</b> Current anti-depression medication, not taking or not being on stabilized mood stabilizer, current drug use, low levels of smoking, medical exclusions, refuse to participate, drop out of screening sessions, logistic reasons  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Bupropion intermediate release formulation, 75mg once a day for three days, increasing to 150mg once a day for 4 days [using SR formulation], increasing to 150mg twice a day for 8 weeks, as tolerated  <b>Control description:</b> Placebo  <b>Further information:</b> All participants received weekly sessions of group behavioural therapy  <b>Sample sizes:</b> 5  <b>Intervention n=</b> 2  <b>Control n=</b> 3  <b>Baseline comparisons:</b> No differences detected  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Smoking abstinence (bio-verified with expired CO&lt;10ppm)  <b>Secondary outcomes:</b> N/A  <b>Follow-up periods:</b> 9 weeks  <b>Method of analysis:</b> No formal analysis performed due to small sample size</p>	<p><b>Primary outcomes:</b> One out of the 2 patients randomised to bupropion achieved self-reported smoking abstinence with bio-verification using expired CO compared to none of the 3 participants in the placebo group  <b>Secondary outcomes:</b> N/A  <b>Attrition details:</b> Non-completers were assumed to be smoking. 2 out of 3 participants on placebo discontinued medication, the remaining participant took full dose for 6 weeks and observed to have hypomaniac symptoms, increased distractibility and sexual inappropriateness at week 7 visits, therefore treatment was discontinued. 1 out of 2 participants on bupropion only took 4 weeks medication</p>	<p><b>Limitations identified by author:</b> Eligible subjects difficult to recruit  <b>Limitations identified by team:</b> Very small sample size, high drop-out rate  <b>Evidence gaps and/or recommendations for future research:</b> Larger sample sized trials of bupropion in bipolar disorders  <b>Source of funding:</b> National Institute on Drug Abuse, National Alliance Research in Schizophrenia and Depression</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Weiner  <b>Year:</b> 2001  <b>Study design:</b> Uncontrolled before and after study  <b>Quality score:</b> -  <b>External validity:</b> -</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Maryland psychaitric research centre, volunteers  <b>Selected population:</b> DSM-IV schizophrenia or schizoaffective disorder, medically stable, stable cigarette smoking habits, expressed interest in decreasing their smoking, high nicotine dependence  <b>Excluded population:</b> Current depressive episode, or active substance abuse and those receiving bupropion  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> None  <b>Intervention description:</b> 14 week treatment period – 9 sessions of weekly group therapy led by clinic nurse. Told goal was to stop smoking, but they were encouraged to participate even if they were not successful in complete cessation. Adjunctive bupropion SR started on third group sessions, initially 150mg once a day for 3 days then 150 mg twice a day for the remainder of the study  <b>Control description:</b> 2 week stabilisation period with no treatment  <b>Sample sizes:</b> 9  <b>Intervention n=</b> 9  <b>Control n=</b> 9  <b>Baseline comparisons:</b> Within participant design  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> Expired CO levels  <b>Follow-up periods:</b> 14 weeks  <b>Method of analysis:</b> T-tests (doesn't take into account paired nature of data)</p>	<p><b>Primary outcomes:</b> N/A  <b>Secondary outcomes:</b> A significant decrease in expired CO levels from baseline to week 14 (mean, 39.4 versus 18.4ppm; p&lt;0.05)  <b>Attrition details:</b> One participant dropped out of the study</p>	<p><b>Limitations identified by author:</b> Small sample size, open-label design, lack of strict inclusion criteria regarding smoking consumption  <b>Limitations identified by team:</b> Lack of randomisation, lack of control group, lack of abstinence as an outcome, incorrect statistical analysis performed  <b>Evidence gaps and/or recommendations for future research:</b> More rigorous study design to assess the same hypothesis using double-blind placebo-controlled trial  <b>Source of funding:</b> NIMH grant</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Weiner  <b>Year:</b> 2011a  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> ++</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Receiving care in outpatients research clinic  <b>Selected population:</b> DSM-IV-TR criteria for schizophrenia or schizoaffective disorder for over 3 years, clinically stable, but still symptomatic, regular smoker at least 10 cigarettes smoked per day, smoked for at least one year, FTND score <math>\geq 4</math>  <b>Excluded population:</b> No lifetime history of suicide attempts, no suicide ideation or psychiatric hospitalisation within last 6 months, no diagnosis of substance use in last 3 months or dependence in last 6 months, not currently depressed or taking bupropion  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> Varenicline, 1mg twice daily for 12 weeks  <b>Control description:</b> placebo, for 12 weeks  <b>Further information:</b> All received individual smoking cessation counselling, all on 2<sup>nd</sup> generation antipsychotic medication  <b>Sample sizes:</b> 9  <b>Intervention n=</b> 4  <b>Control n=</b> 5  <b>Baseline comparisons:</b> No differences between groups  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Continuous smoking abstinence (week 8-12, bio-verified by CO <math>\leq 10</math>ppm)  <b>Secondary outcomes:</b> Expired CO levels  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Fisher's exact test, ANCOVA (analysis of covariance)</p>	<p><b>Primary outcomes:</b> No significant difference in continuous abstinence between the participants taking varenicline compared to placebo (75% versus 0%; p=0.14)  <b>Secondary outcomes:</b> Expired CO levels were significantly lower in the varenicline group compared to placebo after 4 weeks of medication till the end of the trial (p=0.02)  <b>Attrition details:</b> One participant dropped out of the study prior to starting placebo after being diagnosed with cocaine dependence</p>	<p><b>Limitations identified by author:</b> Small sample size  <b>Limitations identified by team:</b> No further limitations  <b>Evidence gaps and/or recommendations for future research:</b> Larger study needed to confirm findings  <b>Source of funding:</b> National Institute on Drug Abuse Residential Research Service Contract</p>

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Weiner  <b>Year:</b> 2011b  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> ++  <b>External validity:</b> ++</p>	<p><b>Source population:</b> Baltimore, Maryland, USA  <b>Eligible population:</b> Maryland Psychiatric Research Clinic, volunteers from outpatients  <b>Selected population:</b> DSM-IV diagnosis schizophrenia or schizoaffective disorder, clinically stable, <math>\geq 10</math> cigarettes per day, interested in quitting or cutting down  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Stratified by sex, first versus second generation antipsychotic medication  <b>Intervention description:</b> Bupropion SR, 150mg once per day for 3 days, increasing to 150mg twice per day for 12 weeks. Flexible dosage if needed to decrease to 150mg once daily  <b>Control description:</b> Placebo for 12 weeks  <b>Further information:</b> Treatment started on week 2. Nine weeks group support from smoking programme, NRT offered to all participants  <b>Sample sizes:</b> 46  <b>Intervention n=</b> 24  <b>Control n=</b> 22  <b>Baseline comparisons:</b>  <b>Study sufficiently powered?</b> 44% reduction in expired CO levels needed 10 participants per group, due to the open label nature of the intervention, then 20 participants per group</p>	<p><b>Primary outcomes:</b> Sustained abstinence (weeks 10-14, bio-verified by CO&lt;10ppm), point prevalence abstinence  <b>Secondary outcomes:</b> Expired CO levels, urine cotinine levels, FTND  <b>Follow-up periods:</b> 14 weeks  <b>Method of analysis:</b> Fisher's exact test, ANCOVA (analysis of covariance), generalized estimating equations</p>	<p><b>Primary outcomes:</b> No significant difference in sustained abstinence between the bupropion and placebo groups (18% versus 11%; p=0.67). Weekly point prevalence abstinence numerically favoured the bupropion group over the course of the trial; however, no statistically significant difference was detected (p=0.29).  <b>Secondary outcomes:</b> No significant differences were seen between the treatment groups over the course of the trial for expired CO levels (p=0.54), FTND scores (p=0.16), or urinary cotinine levels (p=0.13)  <b>Attrition details:</b> Drop outs were assumed to be non-abstinent, two dropped out of intervention group, neither received intervention; 3 dropped out of control group, 2 never received control, 1</p>	<p><b>Limitations identified by author:</b> Lack of power from small sample size,  <b>Limitations identified by team:</b> Short follow-up  <b>Evidence gaps and/or recommendations for future research:</b> Not reported  <b>Source of funding:</b> Veterans Affairs Capitol Network Mental Illness Research, Education and Clinical Center, National Institute of Mental Health grant, Advance Center for Intervention Services Research</p>

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		were recruited		no longer met the inclusion criteria. Intention to treat analysis	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Williams  <b>Year:</b> 2007  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> +</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> Not reported  <b>Selected population:</b> Participants with schizophrenia or schizoaffective disorder who wanted to quit smoking  <b>Excluded population:</b> Not reported  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> High dose NRT 42mg patch, for 8 weeks  <b>Control description:</b> Regular dose NRT 21mg patch, for 8 weeks  <b>Sample sizes:</b> 51  <b>Intervention n=</b> 25  <b>Control n=</b> 26  <b>Baseline comparisons:</b> No differences between treatment groups  <b>Study sufficiently powered?</b> Unclear</p>	<p><b>Primary outcomes:</b> Point prevalence abstinence (7 day)  <b>Secondary outcomes:</b> Time to first relapse to smoking  <b>Follow-up periods:</b> 8 weeks  <b>Method of analysis:</b> Not reported</p>	<p><b>Primary outcomes:</b> No significant difference in 7 day point prevalence abstinence between the high dose and standard dose treatment groups at 8 weeks (8/25 versus 6/26; <math>p=0.48</math>).  <b>Secondary outcomes:</b> Time to first relapse back to smoking was reported to be not significantly different between the treatment groups  <b>Attrition details:</b> Unclear</p>	<p><b>Limitations identified by author:</b> Not reported  <b>Limitations identified by team:</b> Insufficient information in abstract regarding population and methods, short follow-up, small sample size  <b>Evidence gaps and/or recommendations for future research:</b> Not reported  <b>Source of funding:</b> National Institute on Drug Abuse</p>



Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Williams  <b>Year:</b> 2010  <b>Study design:</b> Randomised controlled trial  <b>Quality score:</b> +  <b>External validity:</b> ++</p>	<p><b>Source population:</b> USA  <b>Eligible population:</b> University of Medicine and Dentistry of New Jersey, mental health facility  <b>Selected population:</b> DSM-IV criteria for schizophrenia or schizoaffective disorder, more than 10 cigarettes smoked per day, atypical antipsychotic medication, motivated to quit smoking  <b>Excluded population:</b> Seriously cognitively impaired patients <math>\geq 22</math> on Mini-Mental Status Examination, users of clonidine, bupropion, nortryline, or any nicotine product, smoked cigars or other tobacco products, including smokeless tobacco  <b>Setting:</b> Outpatients</p>	<p><b>Method of allocation:</b> Adaptive urn randomisation procedure that accounts for motivation, gender, ethnicity, and heavy versus light smoking  <b>Intervention description:</b> Behavioural counselling – Treatment of Addiction to Nicotine in Schizophrenia (TANS) – high intensity treatment of 24 sessions (45 minutes duration each), over 26 weeks  <b>Control description:</b> Medication management (MM) – moderate intensity treatment of 9 sessions (20 minutes duration each), over 26 weeks  <b>Further information:</b> Target quit date on week 5. All participants got NRT for 16 weeks (21mg for 12 weeks, decreasing to 14mg for 4 weeks). Received education and hand-outs about use and benefits of nicotine patch  <b>Sample sizes:</b> 100 (87 analysed)</p>	<p><b>Primary outcomes:</b> Continuous abstinence (bio-verified by CO<math>&lt;10</math>ppm), point prevalence abstinence (7 day)  <b>Secondary outcomes:</b> Time to first lapse to smoking  <b>Follow-up periods:</b> 6 months  <b>Method of analysis:</b> t test, chi-squared tests, stepwise logistic regression</p>	<p><b>Primary outcomes:</b> No significant difference in continuous abstinence (bio-verified by CO) at 12 weeks after target quit date between the high intensity and medium intensity programmes (15.6% versus 26.2%; <math>p=0.22</math>). Similar non-significant findings were seen at 26 weeks post target quit date (<math>p=0.67</math>) and at one year (<math>p=0.78</math>).  <b>Secondary outcomes:</b> No significant differences were seen from baseline to week 12 post target quit date between the high and medium intensity programmes for CO reduction (<math>p=0.76</math>) or the number of cigarettes smoked per day (<math>p=0.35</math>). A survival analysis assessing the time to first cigarette lapse was not significantly difference between the high and medium intensity programmes in a subset of 69 participants (mean 5.1 versus 6.3 days;</p>	<p><b>Limitations identified by author:</b> Clinicians in trial were trained and delivered both TANS and MM treatments which could have blurred the distinction between the two treatments, NRT medication may have minimized the behavioural therapy differences  <b>Limitations identified by team:</b> Different number of sessions, so difference may be due to number of contacts rather than content of sessions  <b>Evidence gaps and/or recommendations for future research:</b> Testing individual versus group treatment approaches, longer term follow-up needed to see if initial success in maintained over time  <b>Source of funding:</b> National Insitue on Drug Abuse, National Institute of Mental Health.</p>

		<p><b>Intervention n= 45</b>  <b>Control n= 42</b>  <b>Baseline comparisons:</b> No differences between groups except for baseline expired CO levels (21.3 versus 16.6ppm)  <b>Study sufficiently powered?</b> Based on estimate from literature of cessation outcomes in smokers with schizophrenia with medium effect size in abstinence rates</p>		<p>p=0.32)  <b>Attrition details:</b> 13% did not attend any treatment and dropped out of the study</p>	
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>Authors:</b> Wojtna  <b>Year:</b> 2009  <b>Study design:</b> Non-randomised trial  <b>Quality score:</b> -  <b>External validity:</b> +</p>	<p><b>Source population:</b> Poland  <b>Eligible population:</b> Not reported  <b>Selected population:</b> Mentally ill heavy smokers (diagnoses included schizophrenia and depression)  <b>Excluded population:</b> Not reported  <b>Setting:</b> In-patients</p>	<p><b>Method of allocation:</b> Unclear  <b>Intervention description:</b> CBT, 12 weekly 2 hour therapeutic sessions concentrating on enhancing self-esteem, and 12 weekly educational sessions  <b>Control description:</b> Education training sessions only (assume 12 weekly sessions)  <b>Sample sizes:</b> 44  <b>Intervention n=</b> 19  <b>Control n=</b> 25  <b>Baseline comparisons:</b> Unclear  <b>Study sufficiently powered?</b> No</p>	<p><b>Primary outcomes:</b> Smoking abstinence  <b>Secondary outcomes:</b> Self-reported number of cigarettes smoked per day  <b>Follow-up periods:</b> 12 weeks  <b>Method of analysis:</b> Unclear</p>	<p><b>Primary outcomes:</b> Participants in the CBT group were significantly more likely to report stopping smoking compared to the education training only group (OR 3.64, 95% CI 1.04-12.80; p=0.04).  <b>Secondary outcomes:</b> After treatment was completed, the study reported the CBT group smoked less than the education training only group  <b>Attrition details:</b> Unclear</p>	<p><b>Limitations identified by author:</b> Not reported in abstract  <b>Limitations identified by team:</b> Lack of randomisation, lack of blinding, no intention to treat analysis, lack of information about population and methods  <b>Evidence gaps and/or recommendations for future research:</b> Not reported  <b>Source of funding:</b> Not reported</p>

## **APPENDIX 8. COLLABORATORS**

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