

## NICE

Rapid review of economic evidence of interventions to reduce the rate of premature death in the most disadvantaged populations.

September 2007

## 1.0 Executive summary

### Introduction

The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health to develop 'guidance for reducing health inequalities in the short, medium and long term', on interventions that reduce the rates of premature death in the most disadvantaged with particular reference to proactive case finding, retention and improving access to services. This review focuses on the following two interventions: statins and treatments for smoking cessation. This report presents the findings from the review of cost-effectiveness studies.

### Methodology

The review was conducted in four stages: search, screening, critical appraisal and synthesis. A total of 5,293 titles and abstracts were screened. A screening against the original inclusion criteria eliminated all the studies. As a result, the inclusion criteria were relaxed to include studies concerned with proactive case finding, retention and improving access to services for both non-disadvantaged as well as disadvantaged populations. Following a second screening, full paper copies of 16 studies were obtained. 6 studies were data extracted and quality assessed in the final review. All these studies related to smoking cessation interventions. No studies relating to statins were included in the view. The small number of studies and the difficulties directly comparing across studies (for instance, due to lack of reporting of the price base year at which estimates were made) meant that no quantitative synthesis of results was undertaken.

### Results

Figure one summarises the results of the review. The interventions that aimed to improve participation in smoking cessation interventions were arranged into the following three groups:

- interventions to improve enrolment in Quitline services;
- interventions to improve participating in Quit to Win contests; and
- media campaigns to promote quit-attempts.

Intervention	Statement	Grade <sup>1</sup>	Evidence
Improved enrolment in Quitline services: free NRT	<p>There is some evidence to suggest that the addition of free NRT to Quitline services improves enrolment in Quitline.</p> <p>The cost per extra person enrolling in Quitline varied from \$24 to \$216. The greater the amount of free NRT given, the greater the cost per extra participant.</p>	Effect: ++	Two high quality cohort studies
		Economic: -	Two low quality cost-effectiveness analyses
Improved enrolment in Quitline services: contacting smokers	<p>There is limited evidence to suggest that contacting smokers by phone is a more cost-effective way to improve Quitline enrolment than contacting smokers by postcard (\$24 vs. \$76 per extra enrolment).</p>	Effect: -	One low quality RCT
		Economic: -	One low quality cost-effectiveness analysis
Improved participation in Quit-to-Win contests	<p>There is some evidence to suggest that media campaigns are a more cost-effective way to improve participation in Quit-to-Win contests than face-to-face recruitment at local events, which is more cost-effective than recruitment through the workplace.</p>	Effect: -	One low quality cohort study, one good quality cohort study
		Economic: -	Two low quality cost-effectiveness analyses
Media campaigns to increase quit-attempts	<p>There is some evidence suggest that TV campaigns work to promote quit attempts.</p>	Effect: +	One good quality cohort study
		Economic: -	One low quality cost-effectiveness analysis

**Figure 1: evidence statement for interventions to improve participation in smoking cessation interventions.**

<sup>1</sup> For further detail on the grading structure, see section 3.3