



Letter to the Editor

Brief counseling for tobacco cessation in dental clinics: A toothless intervention?☆☆☆☆

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Brief intervention
Quality of care

Virtanen et al. (2014) must be commended for having performed a randomized controlled trial in dental clinics which showed that compared to usual care, brief counseling significantly reduced tobacco consumption by >50% among snus users but not among smokers. The brief intervention had no effect on tobacco use abstinence after 6 months.

Their conclusion “very brief and structured counseling in dentistry may achieve positive behavioral modifications ...” deserves comments.

Studies which enduringly promote low-intensity interventions, known to have at best only little effect, for a behavior that kills one out of two patients should be a serious case for concern. While any intervention which addresses tobacco use can be commended, research clearly indicates higher intensity treatments are linked to improved cessation outcomes (Aveyard and Raw, 2012). Continued promotion of low-intensity interventions in treating tobacco dependence may belong to agnotology (<http://en.wikipedia.org/wiki/Agnotology>). Who could dare to promote low-intensity interventions for hypertension or for diabetes?

Additionally, there is no evidence that heavy smokers who cut down their daily cigarette consumption by >50% reduce their risk of premature death (Tverdal and Bjartveit, 2006). This is not surprising as

smokers tend to “compensate” for the reduction in consumption by a more intense uptake. The concept of harm reduction only gives people false expectations and is counterproductive. Do nutritionists consider eating a pizza every other day as a successful outcome for their patients with morbid obesity?

We need to step up our game. Smokers deserve better care.

Conflict of interest statement

No conflict of interest.

References

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