

# Single-session hypnotherapy for smoking cessation

## *A cost-effective alternative?*

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Hypnotherapy is a widely used for smoking cessation in the United Kingdom, mainly outside the National Health Service (NHS). Reported smoking cessation rates following hypnotherapy vary greatly (4-88%). Smoking cessation hypnotherapy traditionally involves multiple sessions. There are only two previous single-session smoking cessation hypnotherapy studies, both reporting moderate success with stop rates of 25% at six months<sup>1</sup> and one year.<sup>2</sup> We report very high smoking cessation rates from a retrospective audit of one private London hypnotherapist's caseload (UJ).

Patients requesting help with smoking cessation were treated according to the teaching at the London College of Clinical Hypnosis (LCCH). This is a basic positive healthy lifestyle reinforcement non-aversion method taking about one hour from start to finish.

In November 2000 a postal questionnaire, with two reminders, was sent to all 59 patients who received short contact smoking cessation treatment from UJ between August 98 and September 2000. These were sent 3-26 months after the treatment session. Patients reported if hypnotherapy had helped them stop smoking, reduce the amount they smoked or had no effect immediately after treatment and three months later. Reported cessation was not confirmed biochemically.

Previous trials show close correlation with self-reporting and biochemical validation.

Replies were received from 35/59 (59%) patients. Of these 26/35 (74%) were female. The median, pre-treatment, daily cigarette consumption was 20. The mean number of smoking years was 19.4 (SD 9.4). Thirty (86%) responders reported that they had initially stopped smoking after the hypnotherapy session. If all non-responders continued smoking the initial stop rate was 51% (table 1).

At one and three months 27/35 (77%) and 23/35 (66%), respectively, remained abstinent. If *all* non-responders had continued smoking the abstinence rates would have been 46% and 39% at one and three months.

The best available aid to stopping smoking, bupropion plus counselling, is reported to stop 23-30% of smokers.<sup>3</sup> Our data suggest that 39% of all those treated, reported stopping smoking three months after a single treatment session. The estimated cost of treatment of around £20 per patient is a quarter of that for bupropion, which is £80 per patient (excluding the expense of the five sessions of group counselling that are a part of the treatment protocol).

**Table 1. Smoking cessation rates following single session hypnotherapy.**

	Stopped smoking	95% CI
<b>Immediate</b>		
• Self-reporting smoking cessation rates	86% (30/35)	70-90%
• If all non-responders continue smoking	51% (30/59)	39-64%
<b>One month</b>		
• Self-reporting smoking cessation rates	77% (27/35)	60-95%
• If all non-responders continue smoking	46% (27/59)	33-59%
<b>Three months</b>		
• Self-reporting smoking cessation rates	66% (23/35)	48-81%
• If all non-responders continue smoking	39% (23/59)	27-53%

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## RESEARCH LETTER

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A recent Cochrane review<sup>4</sup> concluded that whilst there is insufficient evidence at present to recommend hypnotherapy as a specific treatment to aid smoking cessation, there is a need for large trials to establish its efficacy.

Accepting the limitations of this small retrospective study of paying patients, the cessation rates are encouraging and suggest single-session hypnotherapy for smoking cessation might be a cost-effective alternative or complement current approaches such as bupropion, nicotine replacement and counselling. ■

### Acknowledgements

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### References

- 1 Berkowitz B, Ross-Townsend A, Kohberger R. Hypnotic treatment of smoking: the single-treatment method revisited. *Am J Psych* 1979;136(1):83-5.
- 2 Spiegel D, Frischholz EJ, Fleiss JL, Spiegel H. Predictors of smoking abstinence following a single session restructuring intervention with self-hypnosis. *Am J Psych* 1993;150(7):1090-7.
- 3 Jorenby ED, Leischow SJ, Nides MA, et al. A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation. *N Engl J Med* 1999;340:685-91.
- 4 Abbot NC, Stead LF, White AR, Barnes J, Ernst E. Hypnotherapy for smoking cessation. *Cochrane Database Syst Rev* 2000;(2): CD001008.

## BACKGROUND PAPER

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### References

- 1 Vryonis S. The Medical Unity of the Mediterranean World in Antiquity and the Middle Ages. Crete University Press, 1991.
- 2 Geert van Poppel on behalf of the TRANSFAIR Study Group. Intake of trans fatty acids in Western Europe: the TRANSFAIR study. [Research letter.] *Lancet* 1998;351:1099.
- 3 Lionis C, Grassi E, Bellos G, Chiari C. Doctor-patient communication in Mediterranean countries: The Reggio Emilia consensus. *Eur J Gen Pract* 1996;2:36-7.
- 4 Carelli F. Why a cultural unity of the populations leaned out on the Mediterranean basin exists. *It-Tabib tal-Familja - The Family Physician* 2001;2:21.
- 5 Gene J, Goicoechea J, Sadama R, et al. Primary health care in Southern European countries: an analysis of cross-national experiences. In: Primary Health Care Reforms, Edited by J. Goicoechea, WHO, Regional Office for Europe, Copenhagen 1993, pp 38-74.
- 6 Bellizzi M, Agius Muscat H, Galea G (eds.). Food and health in Malta. A situational analysis and proposals for action. The Maltese case study for the FAO/WHO International Conference on Nutrition, Rome 1992. Department of Health, Malta 1992.
- 7 Lionis C, Sasarolis S, Koutis A, et al. Measuring the prevalence of diabetes mellitus in a Greek primary health care district. *Fam Pract* 1996;13:18-21.
- 8 Lionis C, Bathianaki M, Antonakis N, Papavasiliou S, Philalithis A. A high prevalence of diabetes mellitus in a municipality of rural Crete, Greece. Some results from a primary care study. *Diabet Med* 2001;18:1-2.
- 9 Lionis C, Vlachonikolis I, Skliros S, Symeonidis A, Merkouris B, Kouroumalis E. Do undefined sources of hepatitis C transmission exist? The Greek study in General Practice. *J Viral Hepat* 2000;7: 218-24.
- 10 Basak O, Saatci E. The developments of general practice/family medicine in Turkey. *Eur J Gen Pract* 1998;4:126-9.
- 11 Basak O, Saatci E, Ceyhun G, Dagdeviren N. Ülkemizde aile hekimliginin akademik yapılanması ve gelişme özellikleri (Academic family medicine in Turkey). 4th National Congress of Family Medicine Abstract Book 1999, Istanbul, Turkey.