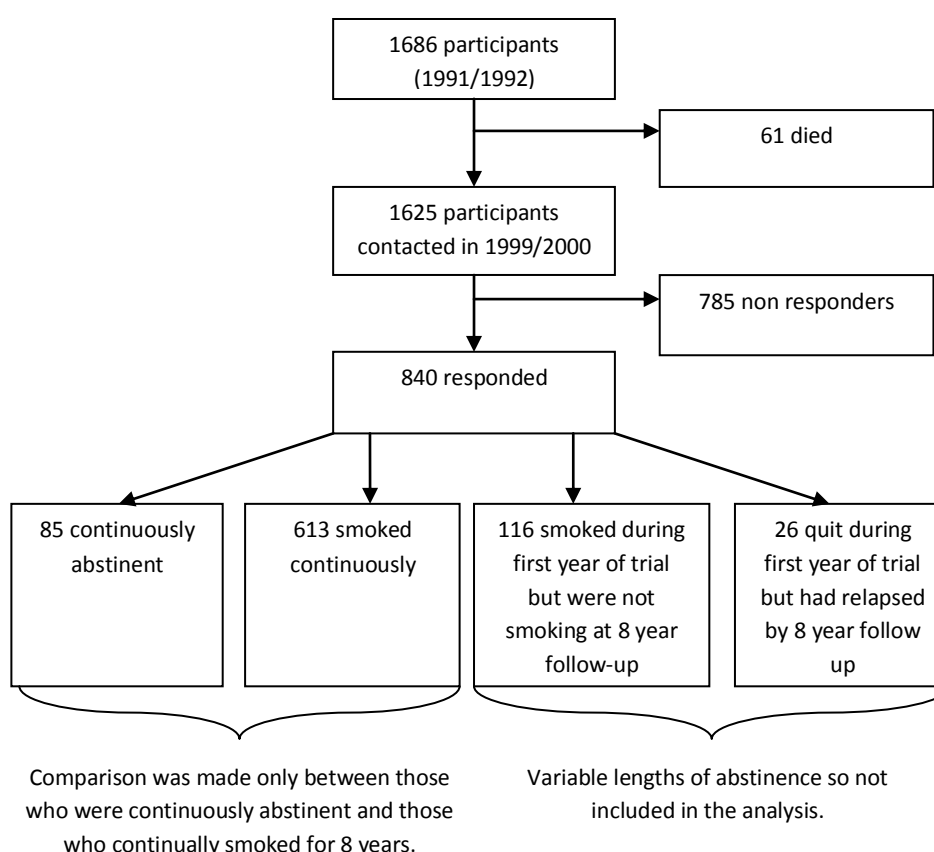


Web Appendix 2- Participants

1686 participants aged between 25 and 65 years, smoking 15 or more cigarettes a day had enrolled in a stop smoking clinical trial in 19 Oxfordshire general practices between June 1991 and March 1992 [ICRF, 1993]. They were randomised to either a 21mg nicotine patch or placebo for 12 weeks. They were instructed to quit smoking on trial entry and were seen at 1, 4, 8 and 12 weeks. They were followed up at 6 and 12 months [Fowler, 1994] and 8 years [Yudkin et al 2003]. At 8 years 1625 participants were living, we were able to trace and contact 1532 participants. Of these 840 (52%) responded and provided us with data (Figure 1). Responders compared to non-responders were older (43.0 vs 41.5 years $p=0.010$), more likely to be female (59% v 52% $P<0.005$), and have stopped smoking during the trial (13% v 6% $P<0.0001$ quit for 1 year) [Munafò et al, 2006]

85 participants had been biochemically proven continuously abstinent from 3 months to 8 years (quitters), and 613 smoked continuously during this time (smokers). 116 smoked during the first year but quit at some point between years 1 and 8. The remaining 26 participants quit during the first year but relapsed by 8 years. (Figure 1).

Figure 1. Flow of participants over 8 years



Only 52% of the participants enrolled in the original trial responded at eight year follow up. This is expected in smoking cessation trials where many people try to stop smoking but

relapse and hence are embarrassed to respond to follow-up. Success in quitting was the factor most strongly associated with responding. If non response were to account for our results non-responders would have gained more weight the more alcohol they consumed at baseline. While this remains a possibility as this was primarily a smoking cessation study there is no reason to believe that a participant's perception of weight gain or alcohol consumption influenced their decision to complete the questionnaire.

Table 1 Baseline characteristics by smoking status

Variable	smokers	quitters
n*	613	85
SES (%)		
I (professional)	2.5	1.2
II (managerial/technical)	31.1	33.3
III (skilled, non-manual)	21.9	16.7
III (skilled, manual)	21.0	28.6
IV (partially skilled)	17.4	15.5
V (unskilled)	6.2	4.8
HR score (mean(SD))	15 (5)	14 (4)
Cigs per day (mean(SD))	24 (7)	23 (7)
Weekly units alcohol (mean(SD))	10.1(13.03)	9.15(9.62)
max	86	43
min	0	0
IQR	11	13
median	6	7
Height (cm)	168 (9)	169 (9)
Age(mean(SD))	42 (10)	46 (11)
BMI (mean(SD))	25 (4)	24 (4)
Ethnicity (%):		
European	98.2	100
Indian/Pakistani/Bangladeshi	1.0	0
Other	0.7	0
Not stated	0.2	0
Active patch treatment (%)	48.6	57.6
Women (%)	59.4	58.8

* data was not available in all categories for every person, alcohol consumption reported in 596 smokers and 84 quitters.

Imperial Cancer research Fund General Practice Research Group. (1993) Effectiveness of a nicotine patch in helping people stop smoking: Results of a randomised trial in general practice. *British Medical Journal* 306;(6888):1304-1308. Retrieved from <http://www.bmj.com>

Munafò M, Murphy M, Johnstone E. Smoking Cessation, Weight Gain, and DRD4 _521 Genotype *American Journal of Medical Genetics Part B (Neuropsychiatric Genetics)* 141B:398–402 (2006) doi DOI: 10.1002/ajmg.b.30289