


**Letters to the Editors**


Sirs, We thank Yamamoto et al. for taking the time to read our paper, and for their comments. We agree that it would have been useful to study the effect of tobacco smoking on the clinical course of Crohn’s disease according to the amount smoked, duration of smoking behaviour, gender and disease location. Unfortunately, an insufficient number of the eligible studies, according to the inclusion criteria we used, reported these data in sufficient detail for a formal meta-analysis examining these issues to be possible.

However, whatever the effect of tobacco smoking on the natural history of Crohn’s disease according to these individual patient characteristics, the fact remains that smoking is a modifiable risk factor for a more complicated disease course. Smoking cessation may have a similar efficacy in reducing complications as some medical therapies for Crohn’s disease, as shown in our analysis for number needed to treat. Additionally, there are other health benefits from stopping smoking. It is also likely that smoking cessation interventions are cost-effective in the management of Crohn’s disease. For all these reasons, patients with Crohn’s disease who smoke tobacco should be advised to stop.

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**REFERENCES**


