



HIV+

Smoking

Key points

Tobacco is a legal, and widely used, drug. However, smoking is addictive and there is clear evidence that it damages health in many ways. About 6.9 million adults smoke in the UK. Smoking is the main cause of preventable illness and death in the UK, causing around 78,000 deaths per year.

- Smoking is one of the most important causes of illness and death in HIV-positive people.
- For people with HIV who are undetectable, smoking has a much greater impact on life expectancy than HIV infection.
- HIV-positive smokers have a greater risk of lung cancer and other illnesses than other smokers.

Health risks of smoking

Smoking damages your heart and blood circulation, increasing your risk of cardiovascular (heart) disease, high blood pressure, heart attack, and stroke. Men may experience impotence from smoking since it limits supply of blood to the penis.

Smoking causes around 70% of cases of lung cancer and causes many other types of cancer, including mouth, lip, throat, bladder, kidney, pancreas, stomach, liver and cervix.

Smoking damages the lungs and can cause chronic obstructive pulmonary disease (COPD), bronchitis, emphysema, and pneumonia. It can also worsen or prolong symptoms of asthma and other respiratory conditions.

Smoking can also affect fertility and cause pregnancy loss. It also damages your skin, teeth and sense of smell and taste.

Smoking and HIV

Smoking does not make HIV infection worse. The rate at which HIV disease progresses or the number of CD4 cells lost is no greater in smokers than non-smokers. However, there are higher levels of smoking among people with HIV than in the general population, with the accompanying health risks.

Smoking is especially dangerous for people living with HIV. For people taking HIV treatment who have an undetectable viral load, smoking has a much greater impact on life expectancy than HIV infection. Smoking can shorten the life expectancy of a person living with HIV by an average of six years and it doubles the risk of death for people living with HIV who are taking HIV treatment.

People living with HIV lose lung function faster than HIV-negative people, and these declines are faster in people who have ever had a very low CD4 count. People with HIV have an elevated risk for developing chronic obstructive pulmonary disease (COPD), and this risk is even greater if you smoke.

One study showed that smokers with HIV were 82% more likely to have a heart attack than people with HIV who didn't smoke. The researchers estimated that 37% of all heart attacks in people with HIV in the study would have been prevented by not smoking. Some anti-HIV drugs can cause increases in blood fats, and this can contribute to cardiovascular illnesses. So, if you smoke and take certain anti-HIV drugs, your risks might be increased even further.

Smokers with HIV are more likely to die from lung cancer than AIDS-related causes.

People living with HIV have a higher risk of lung cancer than HIV-negative people, at a younger age than HIV-negative people, and an increased risk of dying from lung cancer compared to HIV-negative people.

Studies have shown that smoking is the main risk factor for non-AIDS-defining cancers, (such as liver cancer) and that one in four cancer diagnoses among people with HIV would have been prevented by not smoking. Smokers with HIV are 61% more likely to develop any cancer; after excluding lung cancer, smokers are still 36% more likely to develop other cancers. Further, HIV itself is an independent risk factor for smoking-related cancers, and this is especially true for women.

The risk of pregnancy loss is much higher for women with HIV who smoke compared to HIV-negative smokers. One study showed that smoking increased the risk of pregnancy loss by three-quarters for pregnant women living with HIV.

Stopping smoking

Stopping smoking (or not starting in the first place) will significantly reduce your risk of developing smoking related diseases. Evidence shows that quitting smoking substantially reduces the risk of many types of smoking-related cancers after a year or more of quitting.

Giving up, whatever age you are, can improve your day-to-day health as well as potentially increase your life expectancy. You are most likely to stop smoking and stay stopped if you are motivated. There are lots of ways to get help with giving up smoking.

Talk to your GP (family doctor). Taking part in a 'stop smoking' clinic or service has been shown to help people to stop smoking, and your GP can refer you to one of these. You can take part in group or one-to-one support services. There are also online support services available, and a telephone helpline (see below for details).

Cigarettes are addictive because they contain nicotine. Some research shows that people living with HIV metabolise nicotine faster than smokers without HIV, which can make it harder to quit.

You may find that nicotine replacement therapy can help reduce the craving for cigarettes and make quitting easier. Your GP can prescribe patches, gum, or lozenges which contain nicotine. There is no evidence that these interact with anti-HIV drugs.

Electronic cigarettes (e-cigarettes) are a popular aid for stopping smoking. E-cigarettes allow you to inhale nicotine without most of the harmful effects of smoking (using one is known as 'vaping').

Evidence shows that e-cigarettes are almost twice as effective as other nicotine replacement therapies and many people have found them helpful for quitting. The long-term effects of using e-cigarettes on your health aren't fully known yet. However, they are safer than smoking and may be a good option to use while you are giving up, particularly if you have tried other methods without success.

Your GP can prescribe medication to help you stop smoking, such as a drug called Champix. Champix (Varenicline) is safe for people with HIV to use but, like all drugs, has side effects of its own. Talk to your doctor about whether Champix might be suitable for you.

The antidepressant drug Bupropion (Zyban) can also help you stop smoking. However, it interacts with some anti-HIV drugs, especially Ritonavir (Norvir, used to 'boost' other anti-HIV drugs) and efavirenz (Sustiva) – these drugs can reduce the level of Zyban in your blood and you may need to increase your dose. Talk to your HIV doctor if you are thinking about taking bupropion so you can work out the best dose for you. The drug can also cause side effects, including dry mouth, insomnia, headaches, and fits.

Some research shows that in people living with HIV, combining treatment for smoking cessation, anxiety and depression is more effective than treatment for smoking cessation alone.

Giving up smoking is hard. You are most likely to give up if you get expert support. But there are things you can do, alongside this, to help you with it. Avoiding 'triggers' –activities that you associate with smoking – where possible, may help. Exercise can also be helpful. Some people find that alternative therapies such as acupuncture and hypnotherapy help them stop smoking.

Where to go for help and support

Find your nearest NHS Stop Smoking Service by visiting www.stopsmokingni.info, or speak to a member of Positive Life staff.