

## \*Smoking Cessation in HIV and Aging

- Providers should counsel patients at every visit to stop smoking. Providers should make use of community smoking-cessation resources, online quit sites, and pharmacotherapy to assist patients in quitting tobacco use.

Cigarette smoking is known to be a significant cause of morbidity and mortality in the HIV-noninfected population, and is one of the leading causes of the increase in cardiovascular disease in Western cultures. While about 20% of the general population in the US smokes (CDC 2011), between 39% to 59% of HIV-infected people smoke (Tesoriero et al 2010). There has been a growing incidence of lung cancer among patients (Gritz et al. 2007) with HIV/AIDS. In the ART-era HIV-infected persons who smoke have a lower quality of life and a doubling of their mortality, even when factors such as age, CD4 cell count, HIV RNA level are controlled. Smoking will increase all-cause and non-AIDS related mortality compared to non-smokers. The number of life-years lost due to smoking is higher than those lost to HIV-infection. (Helleberg et al 2013). COPD, atherosclerosis, osteopenia, periodontal disease and human papillomavirus infections are higher in HIV-infected patients who smoke (Shirley et al. 2013). Smoking cessation may ameliorate some of these adverse effects. Nicotine addiction is particularly difficult to treat in the HIV-infected population. Traditional approaches including behavior modification, motivational interviewing techniques, group therapy, nicotine replacement, nicotine receptor-blockade and non-traditional methods such as acupuncture have had various amounts of success. An intensive behavioral approach failed to improve

success rates compared with a standard intervention, although patients who were highly motivated and used nicotine replacement therapy were the most successful (Tashima 2009). There may be racial and ethnic differences in response to smoking cessation (Lloyd-Richardson et al. 2008).

Smoking cessation is critical to the management of HIV/AIDS. Healthcare providers need to continue to promote smoking cessation, although this will likely only encourage those with less nicotine dependence. There is a need for more effective smoking cessation strategies for patients with HIV/AIDS. (Harris 2010) There are no specific data on smoking cessation in the older HIV infected population.

### References

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