

Smoking

Tobacco is a legal, and widely used drug. However, smoking is addictive and it is beyond any doubt the smoking can severely damage health and cause early death. HIV-positive smokers may be more likely to get certain AIDS-defining illnesses if they have a weak immune system, and be at increased risk of developing the metabolic side-effects caused by some anti-HIV drugs.

Smoking and HIV

Smoking, in itself, 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. Anti-HIV medication is just as effective in smokers as non-smokers.

However, there is very good evidence that people with HIV who smoke are more likely to get certain infections and AIDS-defining illnesses, particularly those affecting the chest. It's known that smokers are approximately three times more likely than non-smokers to develop the AIDS-defining pneumonia PCP. Oral thrush, a common complaint in people with HIV, is also more common amongst smokers.

Emphysema, a smoking-related illness, occurs much more commonly in HIV-positive smokers than HIV-negative smokers.

It's well known that smoking increases the risk of heart disease, high blood pressure, and stroke. It's thought that having a long-term illness like HIV might increase the risk of heart disease. Further, some anti-HIV drugs can cause increases in blood fats, and this can contribute to cardiovascular illnesses. If you smoke and take anti-HIV drugs, then your risks might be increased even further.

It's well established that smoking increases the risk of lung cancer. Although relatively rare, lung cancer seems to occur more often in people with HIV, even if they are taking anti-HIV drugs and have a well-controlled viral load. In one study, all the HIV-positive people who developed lung cancer were smokers.

Stopping smoking

Stopping smoking (or not starting in the first place) will significantly reduce your risk of developing heart disease and other cardiovascular illnesses. You are most likely to stop smoking and stay stopped if you are motivated.

Individual or group therapy has been shown to help people to stop smoking, and your HIV treatment centre may have a therapy group for individuals who are stopping smoking.

Cigarettes are addictive because they contain nicotine. Many people find that nicotine replacement therapy can help reduce the craving for cigarettes and make quitting easier. Your doctor may be able to prescribe patches, gum, or lozenges which contain nicotine, and there is no evidence that these interact with anti-HIV drugs. You can buy all of them over the counter.

The antidepressant drug bupropion (Zyban) has been licensed to help people stop smoking. However, it interacts with anti-HIV drugs of both the protease inhibitor and NNRTI classes, leading to an increasing the amount of Zyban in the blood. Make sure you tell your HIV doctor if you are thinking about taking bupropion. The drug also causes side-effects including dry mouth, insomnia, headaches, and fits.

Many people find that alternative therapies such as acupuncture and hypnotherapy help them stop smoking. Exercise can also be helpful.

Where to go for help and support

Quit is a UK charity which provides help to people who want to stop smoking, Their telephone advice and support service – Quitline – can be reached on 0800 002200. Their website is www.quit.org.uk.