

# Snuffing out smoking in those with HIV

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While researchers have done a good job documenting health problems associated with the high prevalence of smoking among Americans who have HIV/AIDS, it's now time to focus on how to get these smokers to kick the habit, Saint Louis University School of Public Health research finds.

Of the 1.1 million Americans living with [HIV](#)/AIDS, between 40 and 60 percent are [smokers](#) - which is two to three times the rate of smokers in the general population.

Jenine K. Harris, Ph.D., study author and associate professor of community health at Saint Louis University School of Public Health, examined the kinds of research conducted on smoking and HIV/AIDS from 1980 to 2008. Her research was published online ahead of print on May 13 in the [American Journal of Public Health](#).

She found the vast majority of the research - 237 of the 272 published articles - looked at the relationship between smoking and HIV/AIDS. However, fewer than 2 percent of the articles examined the effectiveness of interventions aimed at preventing or reducing smoking among those living with HIV/AIDS.

"The accumulation of nearly two decades of discovery research leaves little doubt that smoking is a widespread problem and a major modifiable risk factor for disease and death in people living with HIV/AIDS," Harris said.

Researchers don't know the best strategy to help those with HIV/AIDS quit or not start smoking. Typically, specialized smoking cessation programs that target certain populations can be effective.

However, few studies have examined targeted smoking cessation programs for those who have HIV/AIDS. One study found that a standard [smoking cessation](#) program would not help 86 percent of smokers who have HIV/AIDS.

Harris says it's time for researchers to connect the dots between the health problems associated with HIV and smoking and effective ways to help those with HIV quit smoking.

"The delay between discovery of smoking related health outcomes in people living with HIV/AIDS and the delivery of interventions to reduce smoking among this population has serious consequences," Harris said.

To speed the process of finding solutions, she suggested researchers and clinicians in the HIV/AIDS field collaborate with experts in tobacco cessation who understand how targeted population-based programs work. In addition, she suggested that researchers who are examining the link between smoking and HIV/AIDS and those who are looking at effective programs work closer together. The ultimate goal is to look at the evidence of what works to come up with effective programs that curb smoking among those who have HIV/AIDS.

Provided by Saint Louis University

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