

**Dear all,**

The following article has been already shared with many of you. However, with reference to 31<sup>st</sup> May '**NO-Smoking Day**' I am sharing it again. This is about Smoking and its effects on HIV+ case. It is commonly known that smoking is a dangerous for health as it usually causes cancer and heart disease in normal people. The HIV+ people can be more vulnerable to opportunist diseases if they smoke. This article discusses several ways through which an HIV positive case might be affected.

## **Smoking and HIV**

by Kelly Williams, R.D., L.D.

Cigarette smoking is a dangerous habit even for those in perfect health. However, the risks involved with smoking seem to be much greater for HIV+ people. Unfortunately, some studies show that HIV+ people are more likely to smoke than those who are HIV-.

### **Smoking cigarettes may affect HIV in several ways:**

Greater chance of developing opportunistic infections (OIs)

Faster progression of HIV disease: HIV+ smokers have been shown to develop AIDS faster than non-smokers

Lower CD4 counts

Less successful HIV drug therapy: researchers think that smoking may cause HIV drugs not to work as well as they should

Higher rates of HIV transmission: damage to blood vessels caused by smoking can create tiny cuts in the mouth, making it easier for the smoker to get HIV from another person

### **Smoking and OIs**

The rates of OIs in the HIV+ population have dropped drastically since people began using combinations of HIV drugs. But studies are showing that smokers are more likely to get certain OIs than non-smokers.

Smoking has been shown to increase your risk for developing:

- Pneumocystis pneumonia (PCP)
- Tuberculosis (TB)
- Cryptococcal meningitis
- Thrush
- Cervical cancer
- Anal cancer

### **Smoking and Heart Disease**

Smoking is very bad for your heart. Smoking causes your blood vessels to constrict, or get smaller. This reduces oxygen flow to the rest of your body, raises your blood pressure, and makes your heart work harder.

Many HIV+ people have high levels of lipids (fats or fat-like substances) such as cholesterol and/or triglycerides in their blood because of HIV disease and certain HIV drugs. If you have too much cholesterol in your blood it can build up in your arteries, forming plaque.

Smoking also makes your blood vessels stickier. These smaller, sticky blood vessels are more likely to get

clogged with plaque than healthy blood vessels. Clogged blood vessels (atherosclerosis) can cause a heart attack or stroke.

Smoking depletes your body's levels of vitamins and minerals called antioxidants. These micronutrients are responsible for protecting the body against heart disease and cancer.

## **Smoking and Cancer**

Most people know that there is a strong link between cigarette smoking and lung cancer.

- Female smokers are 1,200 percent more likely to get lung cancer than female non-smokers
- Male smokers are at 2,000 percent greater risk than male non-smokers

Lung cancer is very serious and usually fatal. On average, people diagnosed with lung cancer only have about four months to live.

Scientists aren't sure why, but lung cancer is eight to nine times more common in HIV+ smokers than HIV-smokers. It is thought that HIV drugs may play a role in increasing lung cancer risk, or that HIV attacking the immune system may leave the body less able to fight off cancer.

In addition to lung cancer, you are also at higher risk for:

- Mouth cancer
- Esophageal cancer
- Cancer of the larynx
- Cervical cancer
- Anal cancer

## **Smoking and Women**

There are additional concerns that women who smoke may face. First of all, researchers believe that smoking may increase a woman's chances of giving HIV to her baby during delivery. Second, there are dangerous health risks for children living with adults who smoke. Children who are around parents who smoke are more likely to suffer from asthma, emphysema, and sudden infant death syndrome (SIDS).

Also, smoking is a major risk factor for osteoporosis (bone disease). Because being HIV+ and being a woman already put you at risk for bone disease, it is not a good idea to increase the risk further by smoking.

Finally, smoking can put a damper on your love life by causing impotence (inability to maintain an erection) in men who smoke or breathe second-hand smoke.

## **Taking Care of Yourself**

Cigarette smoking is a health risk that you control, and quitting smoking is probably the single biggest thing you can do to improve your health. Research shows that within a year of quitting smoking your risk of heart disease decreases by 50 percent. Within several years your risk of lung and other cancers is also decreased. Within days you are able to breathe better.

If you feel you are unable to quit, at least try to cut down. Studies show that the more you smoke and the longer you've been smoking, the higher your health risks are.

Smoking is a hard habit to break. There are a variety of programs and strategies people use to help. Your

local hospital or health department probably offers smoking cessation classes that can teach you how to quit. Some people are successful using nicotine replacement such as the nicotine patch or nicotine gum. Also, your doctor may be able to prescribe a drug designed to help you quit smoking.

People are usually the most successful when they try using several of these strategies at once. Also, people who begin to exercise as they quit smoking are more likely to stick to it.

Even though giving up smoking may be one of the hardest things you ever do, it will also be one of the best things you can do for yourself, your health, your finances, and your family and friends.

1. Diaz, P.T., et al. (2000). Increased susceptibility to pulmonary emphysema among HIV-seropositive smokers. *Annals of Internal Medicine Online*, 132(5). 369.
2. Fields-Gardner, C. (2002). No butts about it. *HIV Plus*: June/July (32)
3. Hosein S. (2003). Lung cancer in HIV positive HAART-users. *CATIE News*: Retrieved January 2005 from <http://ww2.aegis.org/news/catie/2003/CATE-N20030201.html>
4. Miguez-Burbano, M.J., et. al. (2003). Impact of tobacco use on the development of opportunistic respiratory infections in HIV seropositive patients on antiretroviral therapy. *Addiction Biology*, 8(1). 39-43
5. Taylor M. (1997). HIV infection, tobacco use don't mix. *Positive Living*, 36

## **Noman Farooq**

Senior program Associate

## **PNAC Resource Centre**

PAKISTAN NATIONAL AIDS CONSORTIUM

Phone: +92 51 4100935 / 4432094

Fax: +92 51 4100935

Address: H.No 441, Street 57, I-8/3 Islamabad Pakistan

Email: [resourcecentre@pnac.net.pk](mailto:resourcecentre@pnac.net.pk)

URL: <http://www.pnac.net.pk>

<http://www.aidspnac.org>