Preventing Harms from Tobacco Use among People living with HIV:

A brief guide for HIV providers

WHAT IF?

Comments or questions?
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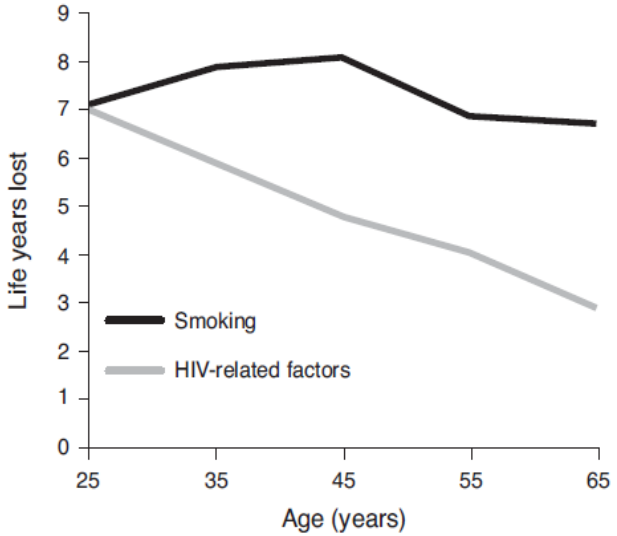
Tobacco use is common and is a major cause of morbidity and mortality among people living with HIV (PLWH)

- More than 50% of PLWH smoke cigarettes[1]
  - higher prevalence among PLWH with other substance use (men – 90%, women – 70%)[1]
- In PLWH, smoking causes more years of lost life than HIV[2]

Excess mortality and loss of life years



- PLWH less likely to be asked, advised or assessed for smoking cessation interventions than other patients[3]
- Immediate benefits with cessation

NOTES

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The 5 "A"s[4]

*Recommended by U.S. Public Health Service Clinical Practice Guideline

ASK
- **ask about tobacco use at every visit**
  - identify and document tobacco use
  - conisder systematic process

ADVISE
- **to quit tobacco use**
  - strong, clear, personalized message

ASSESS
- **willingness to quit**
  - not everyone is ready to try to quit
  - if not ready, offer motivational counseling*

ASSIST
- **in quitting**
  - set a quit date
  - behavioral changes - alternatives, skills
  - pharmacotherapy
  - support - environment, triggers, 1-800-QUIT-NOW

ARRANGE
- **follow-up**
  - in person, telephone, electronic
  - monitor progress, side effects, withdrawal

*Based on a Cochrane Review of 14 studies, motivational interviewing vs. brief advice or usual care increases quitting (Risk Ratio 1.27 [CI 1.14, 1.42])[5]

Smoking Cessation Pharmacotherapy[4,5,6,7]

*Greatest benefits seen with dual NRT or varenicline

Medication	Mechanisms	Use	Notes
Long-acting			
Nicotine patches†	Slower delivery than nicotine in cigarettes associated with decreased reward; Lack of toxins in smoke	Start with 21mg if >10 cigarettes per day x 4-6 weeks, then 14mg x 2 weeks, then 7mg if no cravings	Titrate to prevent withdrawal symptoms and cravings; Typical cigarette delivers ~2mg of nicotine thus use of dual therapy is most effective. Can cause rash and impact sleep [if worn at night]. Advise patient to wear patch even if smoking.
Bupropion (150 mg/day)	Inhibits serotonin, norepinephrine, and dopamine	Begin 1-2 weeks prior to quit date and continue for 8-12 weeks	Also used as an antidepressant. May cause dry mouth, insomnia, anxiety, headache, rash. Lowers seizure threshold. Interacts with antipsychotics, monoamine oxidase inhibitors and drugs with MAO inhibitor-like activity; may cause elevated BP.
Varenicline	Partial agonist at α4-β2 nicotinic receptor, leading to dopamine release and decreased craving and less reward with tobacco use	Begin 1 week prior to quit date. May be used up to 24 weeks; studies in general population demonstrate safety up to 1 year.	May cause nausea, sleep disturbances, and gastrointestinal symptoms. Administer with food and water. May need dose adjustment with renal impairment.
Short-acting			
Nicotine gum†	Short acting nicotine replacement therapy	Chew every 1-2 hours as needed; *chew* until nicotine taste appears and *park* until taste disappears then repeat x 30 minutes; 2mg (if <25 cigarettes daily) and 4mg (if ≥25 cigarettes daily) strength	May cause nausea, jaw pain. Use as needed and can be self-titrated. Available over-the-counter.
Nicotine inhaler†	Short acting nicotine replacement therapy	Puff as needed up to 16 cartridges per day; no need to inhale deeply as orally absorbed.	Mimics hand-mouth behavior. May cause nasal irritation with cough or throat irritation. Avoid food and acidic drinks before and while using.
Nicotine nasal spray†	Short acting nicotine replacement therapy	1-2 sprays/hour. Do not sniff/inhale – tilt head back and spray.	Use as needed. Rapid relief of symptoms. Use with caution with asthma, nasal/sinus problems.
Nicotine lozenge†	Short acting nicotine replacement therapy	2 and 4mg (use 4mg if smoke within 30 minutes of awakening); dissolve in month; do not chew; use 9-15 per day for 6 weeks and then taper.	Ease of use. Available over-the-counter. Flexible dosing. Avoid food and acidic drinks before and while using. May cause hiccups, nausea, heartburn.

Notes: greatest benefits seen with combined counseling and pharmacotherapy.

†use with caution post-myocardial infarction, angina and/or recent arrhythmia; systematic review data demonstrate safety in patients with and without CVD.

*RCT data demonstrate similar rates of neuropsychiatric effects with varenicline and buproprion versus nicotine patch and placebo. Pilot study demonstrate safety and efficacy of varenicline in PLWH.