

Stop smoking to reduce risk of pneumonia in HIV+

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HIV-positive smokers are at high risk of contracting bacterial pneumonia - a common and serious lung infection in people living with HIV - compared to their non-smoking counterparts.

An analysis of previous studies published in the journal BMC Medicine reveals that smokers with HIV were at double the risk of contracting bacterial pneumonia compared to HIV-positive non-smokers. However, when people stopped smoking their risk was reduced.

Dr Francesca Conradie, President of the Southern African HIV Clinicians Society, said that currently there are no active smoking cessation programmes included in the country's HIV treatment.

Dr Gilles Van Cutsem, Medical Director with Mdecins Sans Frontires (MSF) in South Africa and Lesotho said: "As a clinician I have always encouraged my patients to stop smoking, and I believe most doctors would do the same. Yet there are few options to help patients to stop smoking in the public sector."

According to Van Cutsem, MSF's counseling sessions for people starting antiretroviral treatment (ART) do mention smoking cessation, but there isn't a great emphasis on this.

The BMC Medicine review analysed the data of several thousand participants with HIV, from 14 studies based in the USA, Europe and South Africa. Overall it appeared that current smoking was associated with a 70 to 100 percent increase in risk of bacterial pneumonia, compared to non-smokers, but that stopping smoking decreased this by about a third. This was independent of CD4 count or antiretroviral therapy.

Prof Paul Aveyard, from University of Oxford who led the study explained that: "ART means that people with HIV can have a normal life expectancy. However they still have substantially increased health risks compared to the general population, including risk of pneumonia.

"Our results show that smokers with HIV have twice the risk of bacterial pneumonia, but that stopping smoking can reduce this risk. In order to prevent this potentially life threatening lung disease we believe that smoking cessation programmes should be promoted as part of HIV treatment," said Aveyard.

"I think this [a smoking cessation programme] fits in with many other interventions that should form part of what we do," said Conradie. "When the ART programme began we concentrated mainly on getting patients onto treatment. Now we have a cohort of HIV infected patients who are doing very well on treatment and we need to apply our minds to other good health seeking behaviours."

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