One Third Quit in Duke's Smoking Cessation Program for People With HIV

Smoking poses a grave threat to the health and longevity of people living with the virus.

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In a small smoking cessation study of people with HIV, one third of the participants who returned for a follow-up visit were abstaining from nicotine at the time, the National AIDS Treatment Advocacy Project (NATAP) reports.

The study was conducted at Duke University Medical Center's Division of Infectious Diseases and the Duke Center for Smoking Cessation. Findings were presented at the International AIDS Conference (AIDS 2020), which was held virtually last week.

The investigators devised a smoking-cessation protocol in December 2017 and folded it into the care it provided at Duke's HIV clinic.

The ongoing program includes one half-day per week of intensive face-to-face smoking-cessation treatment. Infectious disease physicians refer HIV-positive smokers to the program. The smokers proceed to have one to six visits with a health care provider from the smoking cessation center as well as a behavioral therapist from the HIV clinic.

Participants are offered nicotine replacement therapy or oral medications, including Chantix (varenicline), Wellbutrin (bupropion) and Catapres (clonidine).

The behavioral therapist provides cognitive behavioral therapy, motivational interviewing therapy and phone-based follow-up.

The onset of the COVID-19 epidemic in March led the program to shift to an entirely telemedicine-based approach.

Four hundred HIV-positive smokers were referred to the smoking cessation program. Sixty-two (16%) of them made at least one visit to the program.

Among those who attended that initial visit, the average age was 50 years old. Seventy-four percent were men, and 56% were Black. Fifty-two percent used public insurance, 29% had private insurance and 19% did not have insurance. Ninety-three percent had a CD4 count above 200, and

87% had an undetectable viral load.

Upon entering the program, the participants smoked an average of 16 cigarettes per day and had smoked an average of a pack per day for 25 years. A test indicated that the participants had a moderate level of dependence on cigarettes.

Thirty-two (52%) people out of the initial group of 62 participants completed at least one follow-up visit. Among that group, a breath test indicated that 37% were off cigarettes.

This rate compares with a 12% quit rate seen with quit lines, 10% to 12% with smoking cessation programs led by a medical provider and 5% among those who attempt to quit on their own.

The researchers noted that it will be important to evaluate the effects of the shift to telemedicine and whether that will impact enrollment and adherence.

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