E-Cigarettes Up Chances of Quitting Tobacco Cigarettes

That's compared with using patches, gum, lozenges, sprays, inhalers or a combination of such products.

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The first major high-quality study to investigate e-cigarettes as a means of quitting traditional tobacco cigarettes has found that using the electronic form of nicotine delivery nearly doubles the chance of such cessation compared with the use of other nicotine-replacement products, The New York Times reports. However, out of a group of nearly 900 people who sought to quit tobacco cigarettes, only 18 percent of those who were randomized to receive e-cigarettes succeeding in abstaining after one year.

The study was not conducted among people with HIV, but its findings may certainly be relevant to such individuals.

HIV, even when successfully treated with antiretrovirals, magnifies tobacco smoking's myriad harms to the body. People with well-treated HIV lose more years of life to smoking than to the virus. Researchers estimate that one in four HIV-positive smokers will die of lung cancer.

When people with HIV quit tobacco smoking, they reduce their risk of cancer and cardiovascular disease. A recent study estimated that among large populations of people with HIV who were followed for several years, smoking contributed to one quarter of non-AIDS-defining cancers and 37 percent of heart attacks.

Much more research is needed to assess the relative harms to health of tobacco versus e-cigarettes, although presumably the latter nicotine delivery method is less dangerous because it lacks the tar and carcinogens produced by burning tobacco.

Publishing their findings in The New England Journal of Medicine, researchers recruited through the United Kingdom's National Health Service 886 tobacco cigarette smokers looking to quit that form of smoking. The participants were randomized to receive for up to three months either: 1) an e-cigarette starter pack of a second-generation refillable e-cigarette with one bottle of 18 milligrams of nicotine per milliliter strength e-liquid as well as a recommendation to purchase further e-liquids of the flavor or strength of their choice; or 2) alternative smoking cessation aids, including nicotine patches, gum, lozenges, sprays, inhalers or a combination of such products, along with

encouragement to buy similar products of their liking on their own.

All participants received one-on-one smoking-cessation behavioral support for at least four weeks. They were monitored with tests of the carbon monoxide in their exhalations.

The participants were mostly middle-aged and typically smoked 10 to 20 cigarettes daily despite having tried to quit in the past.

The study was conducted between May 2015 and February 2018.

After one year, 18 percent of those in the e-cigarette group and 9.9 percent in the nicotine-replacement group were not smoking traditional tobacco cigarettes. This meant that e-cigarettes, compared with nicotine-replacement options, were associated with a 1.83-fold greater likelihood of abstaining from tobacco cigarettes after one year.

Among those who were abstinent from tobacco cigarettes after one year, 80 percent of those in the e-cigarette group were still using e-cigarettes, while 9.8 percent of those in the nicotine-replacement group were still using their smoking cessation product or products.

A total of 65.3 percent of those in the e-cigarette group and 51.2 percent of those in the nicotine-replacement group reported throat or mouth irritation. A respective 31.3 percent and 37.9 percent of each group reported nausea. After one year, the incidence of cough declined by a 20 percent greater factor and the incidence of phlegm production declined by a 30 percent greater factor among those in the e-cigarette group compared with the nicotine-replacement group. There was no difference between the two groups in the rates of wheezing or shortness of breath.

To read a POZ feature article about the hazards of smoking among people with HIV, which includes information about quitting cigarettes (that predates this new study), click here.

To read the New York Times article, click here.

To read a press release about the study, click here.

To read the study abstract, click here.

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