This is a repository copy of *Smoking: A Major Roadblock in the Fight Against AIDS*.

White Rose Research Online URL for this paper:
http://eprints.whiterose.ac.uk/100942/

Version: Published Version

**Article:**
Siddiqi, Kamran and Mdege, Noreen orcid.org/0000-0003-3189-3473 (2016) Smoking: A Major Roadblock in the Fight Against AIDS. Nicotine & tobacco research. ISSN 1469-994X

https://doi.org/10.1093/ntr/ntw130

---

**Reuse**
This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can’t change the article in any way or use it commercially. More information and the full terms of the licence here: https://creativecommons.org/licenses/

**Takedown**
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.
Editorial

Smoking: A Major Roadblock in the Fight Against AIDS

Following recent advances in antiretroviral therapy, people living with HIV are expected to have near-normal life expectancy. However, smoking is proving to be a major roadblock in achieving this goal. Where antiretroviral therapy is available, more life years are lost to smoking than to HIV. A 35-year-old HIV-infected smoker’s life expectancy is 62.6 years compared with 78.4 years in an HIV-infected nonsmoker—a loss of 15.8 life years. On the other hand, male smokers in general population lose an average of 9.2 life years. This suggests that smoking alone is not responsible for this effect and there are other interactions with HIV-related factors.

Smoking leads to substantial morbidity and mortality among HIV-infected individuals. Smoking impairs T-cell immune activation and function and together with HIV infection can result in the worst immune profile. Consequently, the risk of acquiring oral candidiasis, pneumocystis and bacterial pneumonia, and tuberculosis is enhanced in HIV-infected individuals. Smoking also puts them at increased risk of non-AIDS-related conditions such as chronic obstructive pulmonary disease, lung cancer, cardiovascular diseases, osteoporosis, and human papillomavirus infection and related cancers.

A combination of high smoking prevalence and immune dysregulation in HIV-infected people is shown to increase the risk of acute coronary syndrome attributable to smoking, which is almost double of that of HIV-negative individuals.

In this issue, Lall and colleagues report an alarmingly high prevalence of tobacco use (68%) among HIV-infected men in India. Their secondary analysis of a large-sample national survey provides the most representative data so far from India, home to the third largest number of HIV-infected people—2.1 million in 2013. Their findings are consistent with those from previous studies, mostly US based, which have reported high smoking prevalence among HIV-infected people, often two to three times higher than in the general population. The authors concluded HIV-infected smokers are likely to smoke heavily—a finding also reported in previous studies. Being based on data from a high HIV burden country, the findings of Lall and colleagues are more worrisome than those previously reported.

There are many opportunities to offer cessation support to HIV-infected individuals due to their frequent contact with health care professional. Yet many health professionals, despite realizing its effect and there are other interactions with HIV-related factors.

...


