

Tobacco Usage in Older People Living with HIV: Cessation Status Associated with Greater Age and Co-Morbidities

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BACKGROUND

People with HIV (PWH) are twice as likely to smoke as the general population. Behavioral outcomes including depression and loneliness may be higher in older PWH who use tobacco, which has implications for HIV treatment and care. We hypothesized that tobacco exposure would be associated with greater depression and loneliness as well as more medical co-morbidities.

We aimed to explore the association between smoking status and behavioral health outcomes including depression, loneliness, and medical co-morbidities for older PWH who smoke vs those who had quit or never smoked.

METHODS

Recruitment:

- Older adults (50 years and older) with HIV in clinical at Weill Cornell Medicine in New York City were randomly selected to complete a biopsychosocial survey that included questions about nicotine/tobacco use history.

Procedures:

- Self-reported measures of depression were collected with the CES-D 10 depressive symptoms screen, loneliness with the UCLA loneliness scale, and medical co-morbidities by self-report and analysis of the electronic medical record.
- Data collected via REDCap and analyzed with R and STATA.

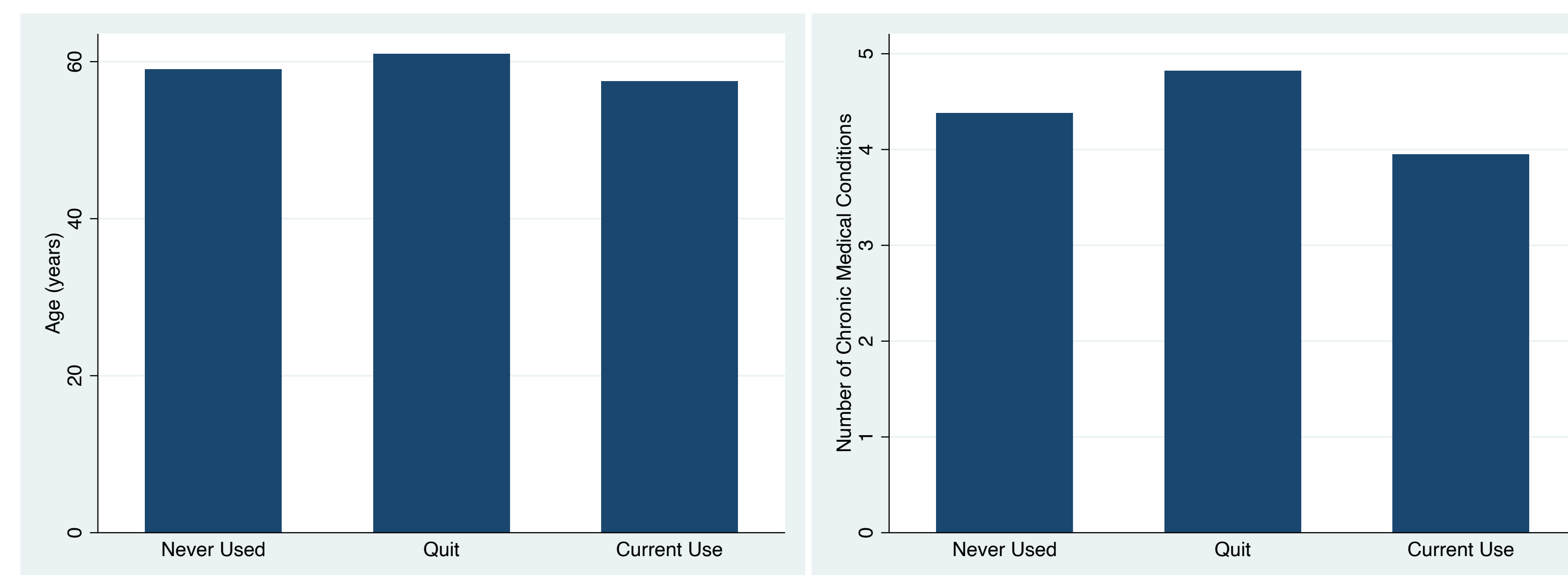
Study Population:

Characteristics	Total (n=324)
Age (SD)	59.3 (6.4)
Sex: Male	217 (66.9%)
Sex: Female	107 (33.0%)
Mean Nadir CD4 count (SD)	176 (105)
Recent CD4 count (SD)	617.7 (515.4)
Race:	
Black/African American	146 (47.9%)
Asian/Asian American	4 (1.3%)
Pacific Islander	3 (1.0%)
American Indian/Alaska Native	2 (0.7%)
White/Caucasian	120 (39.8%)
Other	30 (9.8%)
Tobacco Use, Ever	188 (58.0%)
Tobacco Use then Quit	112 (34.6%)
Tobacco Use Current	76 (23.5%)
CESD-10 Depression Screen	9 (IQR:5, 14)
UCLA Loneliness Score	23 (IQR= 16, 31)
Number of Chronic Conditions (SD)	4 (2)

RESULTS:

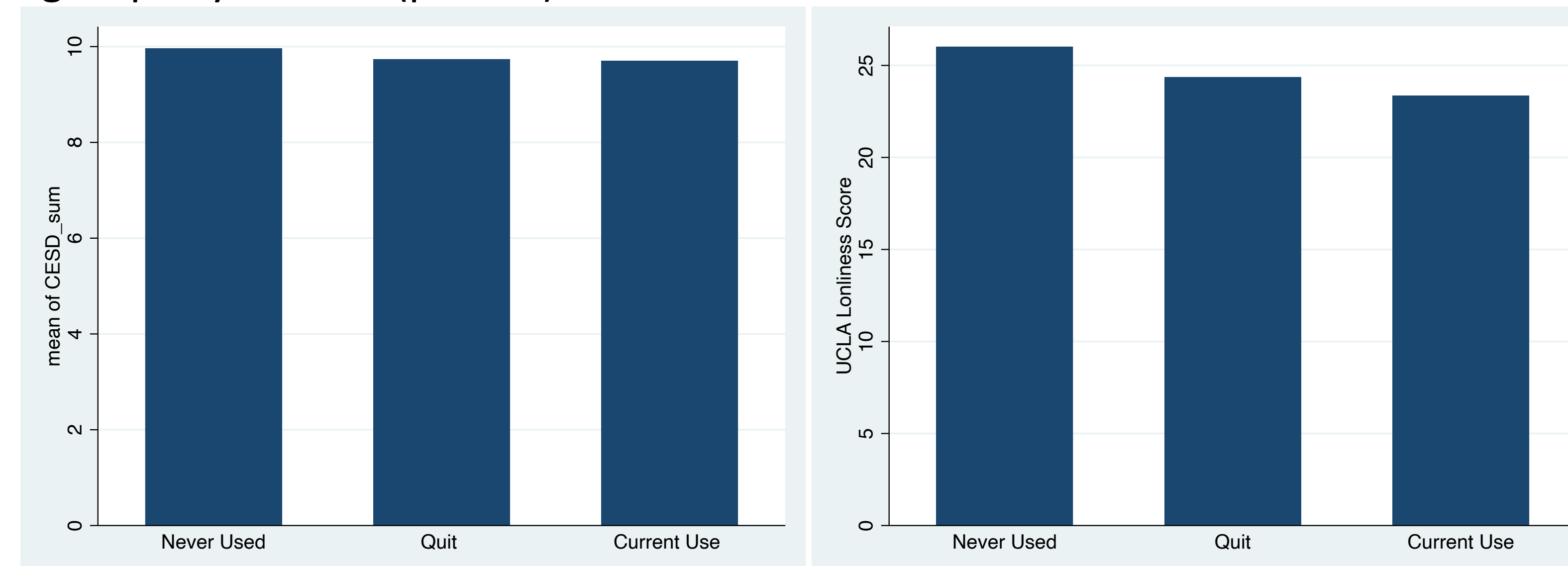
Those who had quit tended to be older and have more medical co-morbidities

- Age differed significantly between those who never used (mean 59.0 years (SD: 6.8)), quit (61.0 (SD:6.4)), and currently used tobacco (57.5 (SD: 5.0)) by ANOVA (p<0.01).
- There was a significant difference between groups by ANOVA (p=0.049), with a trend towards those who currently use tobacco having fewer medical conditions than those who had quit (p=0.052) in a pairwise comparison.



There was no significant difference in depression or loneliness by smoking status

- There was no difference in mean CES-D score between those who endorsed never using tobacco, quit, and currently use by ANOVA (p=0.95).
- There was no difference in mean UCLA loneliness screen score between groups by ANOVA (p=0.16).



CONCLUSIONS

- There is a high level of tobacco exposure among older PWH, and those who had quit tobacco tended to be older and have more co-morbid medical conditions than those who never used or currently use tobacco.**
- Depression and loneliness were highly prevalent; however, there were no significant differences in depression or loneliness observed in this study sample.**

ADDITIONAL INFORMATION

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