

SMOKING CESSATION TREATMENT

A CRITICAL COMPONENT OF HIV MANAGEMENT

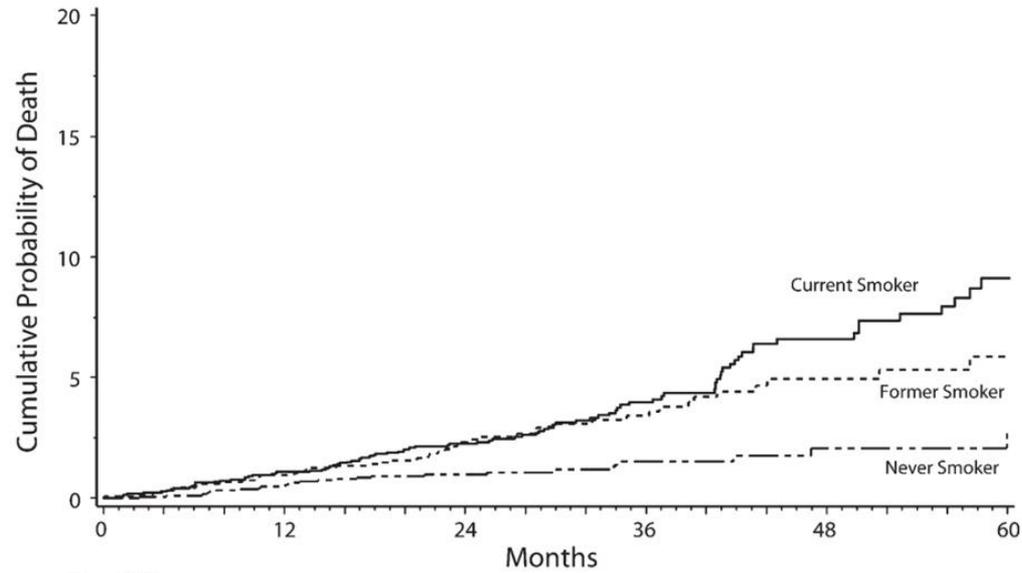
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The University of Texas MD Anderson Cancer
Center

From Research to the Real World: Sharing Science Symposium

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Why We Did this Study



	<u>No. at Risk</u>					
Current Smoker	2215	2159	1534	784	400	178
Former Smoker	1358	1330	957	529	277	134
Never Smoker	1899	1860	1197	575	293	135

FIGURE 1—Cumulative probability of death (all-cause mortality) by months of follow-up, among current, former, and never smokers: Strategies for Management of Antiretroviral Therapy clinical trial, 2002–2006.

Lifson, A. R., Neuhaus, J., Arribas, J. R., van den Berg-Wolf, M., Labriola, A. M., & Read, T. R. (2010). Smoking-related health risks among persons with HIV in the Strategies for Management of Antiretroviral Therapy clinical trial. *Am J Public Health, 100(10), 1896-1903.*

What We Did

Project Reach Out: a 2 group, randomized controlled trial

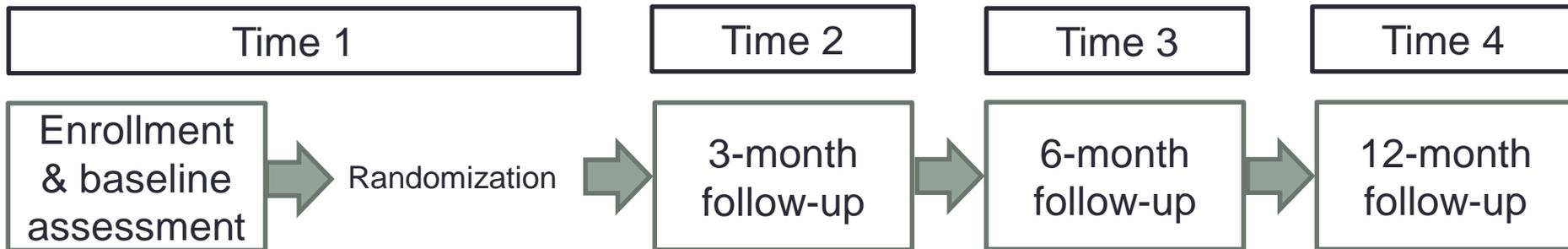
- Usual Care vs. Cell phone intervention

Usual Care

- Brief advice to quit + Self-help materials + Instructions on how to receive NRT

Cell Phone Intervention

- All Usual Care components + Cell phone-delivered proactive counseling
 - 11 phone calls delivered over 3-months
 - Content based on cognitive therapy and motivational interviewing
 - Prepaid cell phones given to participants



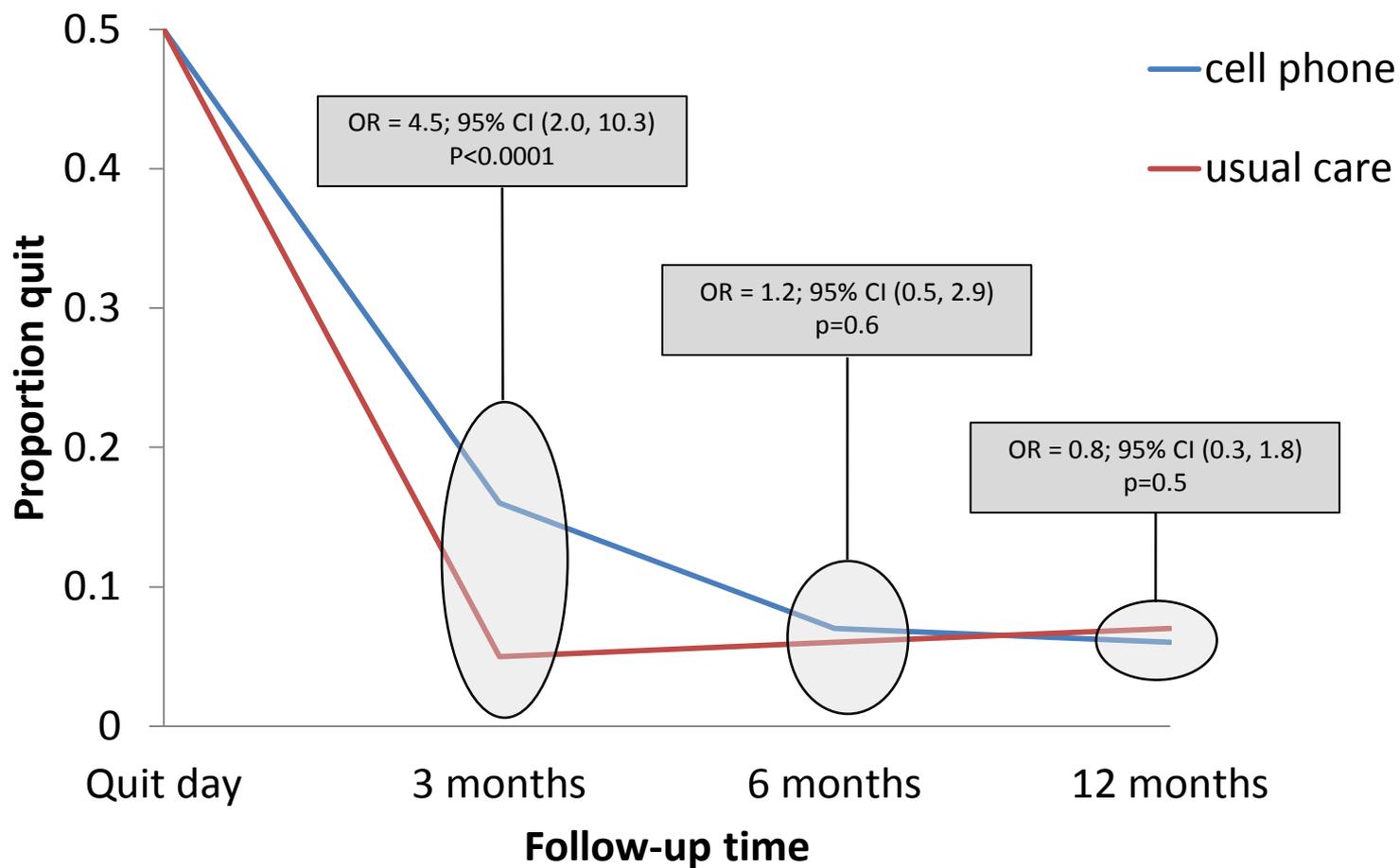
What We Found

Smoking abstinence	Intention-to-treat		Complete case	
	OR (95% CI)	<i>p</i> value	OR (95% CI)	<i>P</i> value
Data through 12-month follow-up visit	(n=474)		(n=423)	
24 hr	2.36 (1.28, 4.38)	0.006	2.46 (1.31, 4.64)	0.005
7 day*	2.41 (1.01, 5.76)	0.049	2.47 (1.03, 5.94)	0.044
30 day	2.20 (0.83, 5.83)	0.114	2.29 (0.85, 6.15)	0.133

* *primary outcome*

All GLMM modeling adjusted for fixed effects of time and age and random effect of subject.

What We Found



What Our Results Mean and Why this Matters

- **Positive**

- HIV+ population was receptive to smoking cessation treatment
- Cell phone treatment (vs. usual care) results in a significantly higher 7-day abstinence rate

- **Negative**

- Absolute quit rates were low
- The cell phone treatment effect was driven by the 3-month outcome (magnitude of effect at 6- and 12-months was smaller), rather than a sustained effect over time

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