MILANO 2025
12 WORKSHOP NAZIONALE CISAI
19 - 20 giugno

# Smoking cessation in people living with HIV: results from Italian STOPSHIV Project cohort.

**D. Altobelli[1], E.D. Ricci[2], P. Maggi[3], C. Santoro[4], G. Orofino[5], B. Menzaghi[6], N. Squillace[7], A. Di Biagio[8], S. Piconi[9], M. Guastavigna[5], E. Salomoni[10], M. dell'Omo[11], D. Francisci[1], P. Bonfanti[7], G. Vittorio De Socio[1].**
**For CISAI study group (Italian coordination group for the study of allergies and HIV infection)**

[1] Infectious Diseases Clinic, Department of Medicine and Surgery, University of Perugia, Santa Maria Hospital, Perugia, Italy
[2] Fondazione ASIA Onlus, 20090 Buccinasco, Italy
[3] Infectious Diseases Clinic, University of Campania "Luigi Vanvitelli", Naples, Italy
[4] Infectious Disease Clinic, University of Bari, Italy
[5] Division I of Infectious and Tropical Diseases, ASL Città di Torino, Italy
[6] Unit of Infectious Diseases, ASST della Valle Olona – Busto Arsizio (VA), Italy
[7] Infectious Disease Clinic, Fondazione IRCCS San Gerardo dei Tintori, University of Milano Bicocca, Monza, Italy
[8] Infectious Diseases Unit, Ospedale Policlinico San Martino- Genoa, Italy
[9] Unit of Infectious Diseases, A. Manzoni Hospital, Lecco, Italy
[10] Unit of Infectious Diseases, Santa Maria Annunziata Hospital, Florence, Italy
[11] Occupational Medicine Unit, Department of Medicine and Surgery, University of Perugia, Santa Maria Hospital, Perugia, Italy.

CO1

## Objective

Assessment of real-life effectiveness of an intervention for smoking cessation in people living with HIV (PLWH) in long term follow-up.

## Setting

Multicenter cohort prospective study, involving PLWH from Italian Infectious Disease Centers.

## Methods

During routine HIV care, clinicians usually promote smoking cessation implementing the EACS guidelines. We analyzed smoking cessation over nine years of follow-up. The brief counseling intervention was defined "standard" when delivered in at least half follow-up visits, "soft" if less than half.
We excluded from the analysis 85 patients lost at follow-up.
The main outcome was definitive smoking interruption at the last follow-up visit (smoking abstinence for more than 6 months and no recurrence).
Abstinence predictors were evaluated using a Cox-proportional hazard regression model (adjusted hazard ratio, aHR, and 95% confidence interval, CI).

## Results

Out of 1,002 PLWH with prolonged follow-up, 510 were current smokers at baseline (median observation time was 7.4 years, interquartile range 6.9-8.0). The standard intervention was performed in 340 smokers (66.7%), and soft intervention in the remaining 170 (33.3%).
At the last visit, 66 (12.9%) PLWH achieved self-reported definitive smoking cessation, 59 (17.4%) in standard and 7 (4.1%) in soft intervention. The mean number of cigarettes smoked daily diminished in both groups, excluding PLWH who quit, by 1.6 and 1.1 in standard and soft intervention groups, respectively (p=0.45).
At the multivariate analysis, Fagerström score (by -1, aHR 1.16, 95% CI 1.05-1.29), stage of change (preparation/action aHR 3.33, 95% CI 1.81-6.12), and standard intervention (aHR 2.45, 95% CI 1.08-5.58) were predictors of smoking cessation.

## Conclusion

The brief intervention led to self-reported definite smoking cessation in 12.9% of PLWH. The standard intervention was more effective: thus, adherence to intervention emerged as a critical factor for the effectiveness. ■