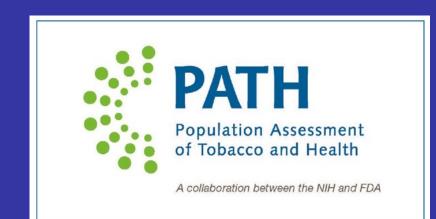


Association between Self-reported Hypertension Incidence and E-cigarette Use

¹Hangchuan Shi, ²Adam M. Leventhal, ¹Deborah J. Ossip, ¹Dongmei Li

¹University of Rochester Medical Center, Rochester, NY, USA ²University of Southern California, Los Angeles, CA, USA



Background

- Many smokers believed that vaping can help them quit smoking, and they tended to use E-cigarettes more frequently than FDA-proved cessation aids to reduce cigarette consumption.
- Growing body of evidence showed the detrimental acute effects of E-cigarette on the elevation of blood pressure.
- A lack of evidence of the long-term health effects of E-cigarette on blood pressure (i.e., hypertension).
- This prospective investigation examined the association between E-cigarette use and hypertension, providing longitudinal
 evidence to fill the gap in the literature on this topic.

Methods

Figure 1.

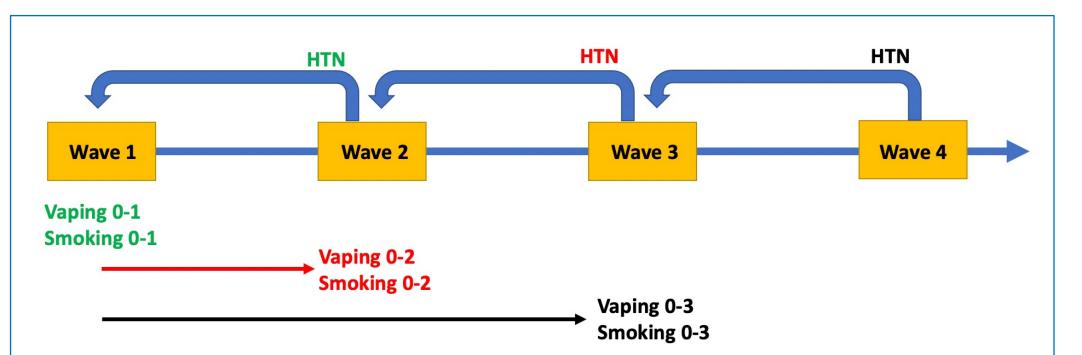
The full join of the PATH Waves 1-4 (September 2013 to January 2018) generated 44107 data.

Primary analytic sample of <u>11567</u> data were extracted, after excluding:

- participants without baseline data at Wave 1
- participants without follow-up data through Wave 4
- baseline participants who self-reported ever having diagnosed hypertension
- individuals who did not complete Wave 2 or Wave 3 survey
- individuals who did not report E-cigarette/cigarette use at any wave

Variables:

- Outcome: hypertension incidence (Wave 2-4)
- Independent variable: E-cigarette/cigarette use (Wave 1-3)
- Covariates included: age, sex, race/ethnicity, education level, physical activity, body mass index (BMI), heavy alcohol use, hypercholesterolemia, diabetes mellitus, CVDs, and family history of hypertension
- Variables tested but not included: secondhand smoke exposure, substance use, etc.



Statistical analysis: 1) Cox regression models with regressors that are:

- time-varying
- time-lagged
- time-cumulative

2) Strata:

Cohort 3 for sensitivity analyses:

17524 Data available at Wave 1 **16890** Data available at Wave 2

16913 Data available at Wave 3 **17524** Data available at Wave 4

Cohort 2 for sensitivity analyses:

16434 Data available at Waves 1

(16434 Analytic sample)

2,3&4

(17524 Analytic sample)

- Sex (female/male)
- Baseline smoking statues (established/former/never, or ever/never)

44107 Data after full join of PATH Waves 1-4

22626 With baseline data of Wave 1 &

17524 Adult participants without

16434 Adult participants without

completed all follow-up Waves 2-4

Cohort 1 for primary analyses:

11567 Data available at Waves 1, 2, 3 & 4

11567 Analytic sample)

completed follow-up Wave 4

follow-up data of Wave 4

13194 Data without follow-up

3425 Baseline was not Wave 1 **4862** Data unavailable at Wave 4

5102 Excluded for baseline ever

had hypertension (self-report)

1090 Excluded if data not

available at Wave 2 or 3

4769 Excluded for established

of E-cigarette/Cigarette use at

than E-cigarette/Cigarette;

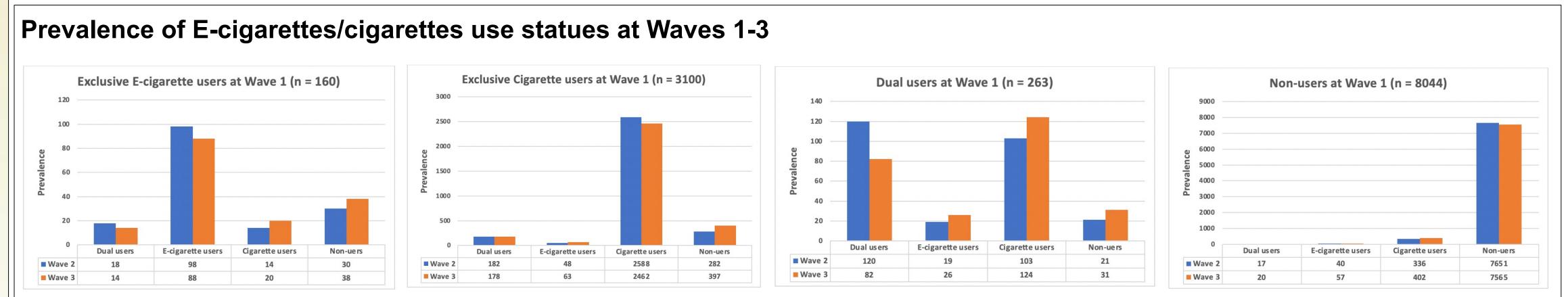
use of tobacco products* other

98 Excluded for missing value

Results (description)

- Among baseline ever smokers, continuous (vs never) E-cigarette use was associated with an increased likelihood of subsequent hypertension development (HR 1.93; 95%CI 1.07 to 3.49).
- Among females, continuous (vs never) E-cigarette use for baseline former smokers (HR 3.09; 95%Cl 1.55 to 6.16), and for baseline ever smokers (HR 2.75; 95%Cl 1.38 to 5.47) were associated with the greatest likelihoods of subsequent hypertension development.
- Among males, all the HRs among males were attenuated and non-significant.

Results (Visualization)



- Most baseline exclusive E-cigarette users, exclusive cigarette users, and non-users did not change their use statues through Wave 3.
- However, the majority (47.1%) of baseline dual users became exclusive cigarette users at Wave 3.

Associations of E-cigarette Cumulative Use and Subsequent Self-reported Hypertension Development Stratified by Baseline Smoking Statues and Sex

	Associations With Subsequent Hypertension Development, Waves 2-4							
	Baseline never		Baseline former		Baseline established		Baseline ever	
	smokers		smokers		smokers		smokers	
E-cigarette cumulative use,	Hazard Ratio	P Value	Hazard Ratio	P Value	Hazard Ratio	P Value	Hazard Ratio	P Value
Waves 1-3	(95%CI)		(95%CI)		(95%CI)		(95%CI)	
Overall								
Intermittent (vs never) use	1.75 (0.76,	0.187	0.36 (0.10,	0.120	0.57 (0.33,	0.046	0.28 (0.03,	0.223
	4.06)		1.31)		0.99)		2.22)	
Continuous (vs never) use	0.43 (0.10,	0.251	1.52 (0.81,	0.194	0.90 (0.52,	0.685	1.93 (1.07,	0.030
	1.83)		2.87)		1.53)		3.49)	
Male								
Intermittent (vs never) use	1.17 (0.20,	0.860			0.42 (0.15,	0.096	<u> </u>	
	6.75)				1.17)			
Continuous (vs never) use			1.00 (0.30,	0.996	0.62 (0.19,	0.426	1.22 (0.37,	0.736
			3.31)		2.03)		4.01)	
Female								
Intermittent (vs never) use	1.96 (0.76,	0.163	0.93 (0.10,	0.948	0.61 (0.18,	0.429	0.72 (0.09,	0.757
	5.06)		8.63)		2.11)		5.89)	
Continuous (vs never) use	0.65 (0.15,	0.564	3.09 (1.55,	0.002	1.81 (0.38,	0.456	2.75 (1.38,	0.005
	2.88)		6.16)		8.71)		5.47)	
							-	

Conclusions

- Established exclusive E-cigarette use among females was prospectively associated with subsequent self-reported hypertension, especially for former smokers.
- This large nationally representative cohort study provides new evidence of a prospective association between established E-cigarette use and a greater likelihood of future hypertension development among female adults.

Acknowledgements

- The University of South California Tobacco Center of Regulatory Science Pilot Award (No. 138628897) from the National Cancer Institute of the National Institutes of Health under Award Number U54CA180905
- The National Cancer Institute of the NIH and the FDA Center for Tobacco Products under Award Number U54CA228110.
- The University of Rochester CTSA award number UL1 TR002001 from the National Center for Advancing Translational Sciences of the NIH.
- The University of Rochester Infection and Immunity: From Molecules to Populations (IIMP) award number BWF-1014095 from the Burroughs Welcome Fund of Institutional Program Unifying Population and Laboratory Based Sciences.

