

FDA-proved cessation aids to reduce cigarette consumption.

The full join of the PATH Waves 1-4 (September 2013 to January

baseline participants who self-reported ever having diagnosed

· individuals who did not complete Wave 2 or Wave 3 survey

• Included: age, sex, race/ethnicity, education level, physical activity, body mass index (BMI), heavy alcohol use,

time-varying

time-lagged

time-cumulative

hypercholesterolemia, diabetes mellitus, cardiovascular diseases,

Tested but not included: secondhand smoke exposure, substance

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

or dual use, was significantly associated with subsequent hypertension.

· individuals who did not report E-cigarette/cigarette use at any

Primary analytic sample of 16434 data were extracted, after

participants without baseline data at Wave 1

hypertension incidence (Wave 2-4)

Independent tobacco-related variables:

lifetime smoking exposure (pack-year)

and family history of hypertension

use [13.7%], dual use [9.3%]; P=.231).

use, insurance, martial status

other tobacco products use (Wave 1-3)

E-cigarette/cigarette use (Wave 1-3)

· participants without follow-up data through Wave 4

evidence to fill the gap in the literature on this topic.

2018) generated 32320 data.

excludina:

wave

Outcome:

Covariates:

hypertension

Background

Methods

**Results (description)** 

(non-use [incidence: 9.9%], exclusive e-cigarette use [11.8%], exclusive cigarette use [14.8%], dual use [12.4%]; P=.003 for

omnibus differences among all groups) but not males (non-use [12.6%], exclusive e-cigarette use [9.7%], exclusive cigarette

Among females, exclusive cigarette (vs no) use (hazard ratio: 1.69, 95%CI 1.21-2.34; P=.002), but not exclusive e-cigarette

Weighted cumulative hypertension incidence by Wave 4 varied by Waves 1-3 e-cigarette/cigarette use status in females

32320 Data enrolled at Wave 1 (I

25193 Baseline (Wave 1) hypertension-

16434 Baseline (Wave 1) hypertension-

free adults who completed all follow-up

16434 Data available at Wave 1, 2, 3, & 4

2. 3. or 4

free adult participants

nterviews (Waves 2-4)

Cohort 1 for primary analyses\*

Missing values:

Listwise deletion

Weighted hot-deck imputation

· Consider misclassification

16434 Analytic sample)

Many smokers believed that vaping can help them quit smoking, and they tended to use E-cigaret

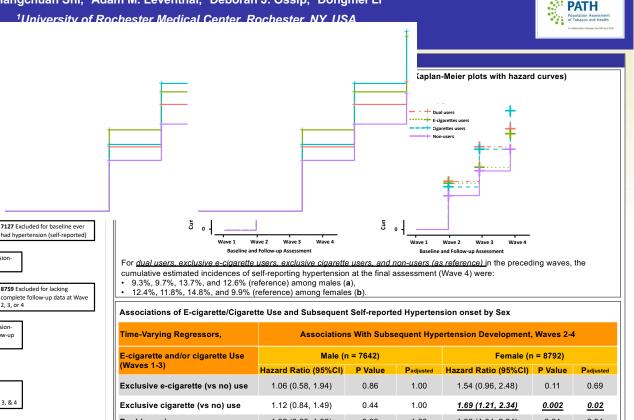
Growing body of evidence showed the detrimental acute effects of E-cigarette on the elevation of I A lack of evidence of the long-term health effects of E-cigarette on blood pressure (i.e., hypertensi

This prospective investigation examined the association between E-cigarette use and hypertensio

## Sex Differences in the Association of E-cigarette and Cigarette Use and Dual Use with Selfreported Hypertension Incidence in US Adults

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8759 Excluded for lacking complete follow-up data at Wave

Time-Varying Regressors,	Associations With Subsequent Hypertension Development, Waves 2-4					
E-cigarette and/or cigarette Use (Waves 1-3)	Male (n = 7642)			Female (n = 8792)		
	Hazard Ratio (95%CI)	P Value	Padjusted	Hazard Ratio (95%CI)	P Value	Padjusted
Exclusive e-cigarette (vs no) use	1.06 (0.58, 1.94)	0.86	1.00	1.54 (0.96, 2.48)	0.11	0.69
Exclusive cigarette (vs no) use	1.12 (0.84, 1.49)	0.44	1.00	<u>1.69 (1.21, 2.34)</u>	<u>0.002</u>	0.02
Dual (vs no) use	1.02 (0.65, 1.59)	0.93	1.00	1.56 (1.04, 2.34)	0.04	0.34

## Conclusions

- The association of e-cigarette and/or cigarette use with hypertension may differ by sex, whereby exclusive cigarette use could be a prospective risk factor for subsequent self-reported hypertension in US adult females but not males.
- Because of statistical power limitations and relatively short period of e-cigarette exposure in this study, further research on the association of e-cigarette use or dual use with hypertension in females is warranted.

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