Even Secondhand Smoke Raises Diabetes Risk

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Body

Both smoking and exposure to secondhand smoke increase the risk of developing glucose intolerance, a prospective cohort study indicates.

Over 15 years, the development of glucose intolerance was highest among smokers (22%), followed by people who had never smoked but had secondhand smoke exposure (17%), previous smokers (14%), and those who neither smoked nor had secondhand smoke exposure (12%).

This is the first study to show that secondhand smoke is independently associated with a risk of developing glucose intolerance, the researchers said (BMJ 2006 April 7 [Epub doi.10.1136/bmj.38779. 84028.55]).

In the ***Coronary Artery Risk Development in Young Adults*** (***CARDIA) study***, Dr. Thomas K. Houston of the Birmingham (Ala.) Veterans Affairs Medical Center and his associates enrolled young adults, aged 18–30, from four U.S. cities.

The cohort included 1,386 smokers, 621 previous smokers, and 2,565 never smokers; all had normal glucose tolerance at baseline. The never smokers included 1,452 people with secondhand smoke exposure, validated by a serum cotinine concentration of 1–15 ng/mL.

Exams at baseline and at years 2, 5, 7, 10, and 15 assessed medical and sociodemographic information. Participants also were interviewed via telephone each year. By year 15, 26% of the original cohort was lost to follow-up. After 15 years, 17% of the study population had developed glucose intolerance (fasting serum glucose 100–125 mg/dL) or diabetes.

Compared with people who had never smoked and weren't exposed to secondhand smoke, the risk for glucose intolerance, after adjusting for confounding variables, was higher for current smokers (hazard ratio of 1.65), never smokers with secondhand smoke exposure (hazard ratio of 1.35), and previous smokers (hazard ratio of 1.17). The association between current smoking and glucose intolerance was significantly greater in white participants compared with black participants, investigators said.

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