

# Relationship between cigarette smoking and novel risk factors for cardiovascular disease

B Raghu<sup>1</sup> and P Venkatesan<sup>2</sup>

<sup>1</sup> Department of Biochemistry, International Medical School, Shah Alam, Malaysia.

<sup>2</sup> Department of Bio-Statistics, Tuberculosis Research Center, Chennai-600031, India.

**Correspondence:**

✉ [vasuraghu@hotmail.com](mailto:vasuraghu@hotmail.com)

Dr. B.Raghu,  
X – 6, 5<sup>th</sup> Main Road,  
Anna Nagar,  
Chennai 600040. India

## Abstract

**Background & Objectives:** The aim of the present study was to assess the association between cigarette smoking and the alteration of plasma concentration of cardiovascular markers.

**Methods:** Twenty male cigarette smokers and 20 healthy age matched male non smokers were included in the study. Plasma levels of fasting cholesterol, triglycerides, High Density Lipoprotein(HDL), Low Density Lipoprotein(LDL), Very Low Density Lipoprotein(VLDL), C-reactive protein and homocysteine were estimated.

Results Both serum total homocysteine and C-reactive protein levels were significantly increased in cigarette smokers than in non-smokers ( $p < 0.001$ ). Fasting serum levels of total cholesterol, triglycerides, LDL, VLDL and total cholesterol / HDL ratio were observed to be significantly higher in smokers than non-smokers ( $p < 0.001$ ). However, fasting HDL concentration was significantly decreased in smokers than non-smokers ( $p < 0.001$ ). In conclusion, our study identifies a strong, positive relationship between cigarette smoking and elevated levels of all three novel risk factors for cardiovascular disease.

**Interpretation & Conclusion:** These findings suggest that inflammation and hyperhomocysteinemia may be important mechanisms by which smoking promotes atherosclerotic disease

**Key words:** Smoking, Homocysteine, Lipid profile, C-reactive protein.



This article is available from:  
[www.jbiomed.com](http://www.jbiomed.com)

## Introduction

Smoking remains the single most common cause of preventable deaths. Each year, over 430,000 people die as a result of a smoking related disease(1,2).Cigarette smokers have a higher risk of coronary artery disease than non-smokers. Several possible explanations have been offered for this association, including altered blood coagulation (3), impaired integrity of the arterial wall (4), changes in blood lipid and lipoproteins concentrations (5), elevated plasma levels of homocysteine (6,7,8) and elevated plasma C-Reactive protein levels(9).Cigarette smoking is known to be associated with a raised plasma homocysteine level (10-13). Cigarette smoking

also leads to increase in the concentration of serum lipids (14-17) Smoking has been associated with increased CRP levels, possibly caused by the tissue damaging effects of tobacco smoke (18,19).

In contrast to the information on cigarette smoking, few studies have examined the relationship between cigarette smoking and novel risk factors for cardiovascular disease in a general population (20,21). To understand further the health risks associated with cigar smoking, we examined the association between cigarette smoking and the alteration of plasma concentration of cardiovascular markers.

## Material and Methods

Twenty non smoking healthy male subjects aged between 27-48 years(mean  $\pm$  SD:35.35  $\pm$  6.72) and twenty male cigarette smokers aged between 26-58 years (mean $\pm$  SD: 36.25  $\pm$  7.48) were included in the study. All the subjects were non-alcoholic and no history of cardiovascular disease, diabetes ,other systemic and metabolic diseases and also they were from similar socioeconomic status.

Ten ml of fasting blood was collected by venipuncture into evacuated tubes that were free of anticoagulant to clot, samples were centrifuged. Serum was used to analyze total cholesterol, HDL cholesterol, and triglyceride concentrations were quantified enzymatically with an autoanalyzer(Maxmat PL analyzer,France). LDL - cholesterol were calculated by using the Friedewald equation(22). VLDL-cholesterol was calculated from measured triglycerides divided by 5. serum concentration of total homocysteine was determined by the fluorescence polarization immunoassay(Abbott AxSYM,USA) and serum C-Reactive Protein (CRP) concentration was determined by means of nephelometry method( Dade-Behring, BN-100).

The results are expressed as Mean  $\pm$  SD for all the parameters and the statistical significance of differences among groups was examined by using t-test. The logistic regression analysis was carried out to find the significance of each risk factor after adjusting for other factors.

## Results

As shown in **Table 1** , both serum total homocysteine and C-reactive protein levels were significantly increased in cigarette smokers than in non-smokers( $p < 0.001$ ). Effect of cigarette smoking on serum lipids and lipoproteins are reported in **Table 2**. Fasting serum levels of total cholesterol, triglycerides , LDL, VLDL and total cholesterol/HDL ratio were observed to be significantly higher in smokers ( $p < 0.001$ ) than non-smokers. However, fasting HDL concentration was significantly decreased in smokers than non-smokers ( $p < 0.001$ ). The logistic regression analysis also showed significant changes in all the parameters in smokers when compared to non-smokers.

**Table 1.** Effect of Cigarette Smoking on Homocysteine and C-Reactive Protein(values are mean  $\pm$  SD).

Subject	n	Age ( Years)	Homocysteine ( $\mu$ mol/L)	C-Reactive Protein (mg %)
Non - smokers	20	35.35 $\pm$ 6.72	9.75 $\pm$ 2.39	5.14 $\pm$ 0.85
Smokers	20	36.25 $\pm$ 7.48	27.35 $\pm$ 10.06	10.81 $\pm$ 1.68
p-value		NS*	< 0.001	<0.001

\* Not Significant

**Table 2.** Effect of Cigarette Smoking on Lipid Profile.

Subject	n	Total Cholesterol (mg%)	Triglyce-rides (mg%)	HDL (mg%)	LDL (mg%)	VLDL (mg%)	Total Cholesterol/ HDL Ratio
Non -smokers	20	163.80 $\pm$ 13.94	120.30 $\pm$ 12.89	50.25 $\pm$ 5.81	89.28 $\pm$ 9.80	24.07 $\pm$ 2.60	3.30 $\pm$ 0.24
Smokers	20	241.80 $\pm$ 35.12	148.75 $\pm$ 26.15	40.30 $\pm$ 2.64	171.41 $\pm$ 38.50	29.75 $\pm$ 5.23	6.08 $\pm$ 1.03
p-value		<0.001	<0.001	<0.001	< 0.001	<0.001	<0.001

## Discussion

Few studies have demonstrated that elevated levels of C-reactive protein, lipids and homocysteine are positively associated with risk for coronary heart disease and stroke. Increased levels of inflammatory mediators, such as C-reactive protein and fibrinogen, have been implicated in the pathogenesis of atherosclerosis(23). Serum homocysteine level has also been related to increased risk for cardiovascular disease(24,25). In addition, Tracy and colleagues(26) reported that pack-years of smoking but not current cigarette smoking was positively associated with log C-reactive protein levels among 400 health elderly participants in the cardiovascular health study.

Our study reports that all the three novel risk factors for cardiovascular disease, serum lipids, C-reactive protein and homocysteine were elevated in cigarette smokers when compared with non-smokers. This results provide further insight into the role that cigarette smoking may play in the development of atherosclerosis.

The effects of smoking on human health are serious and in many cases, deadly. There are approximately 4000 chemicals in cigarettes, hundreds of which are toxic. The ingredients in cigarettes affect everything from the internal functioning of organs to the efficiency of the body's immune system. Quitting smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking and improving health in general.

In conclusion, our study identifies a strong, positive relationship between cigarette smoking and elevated levels of all three novel risk factors for cardiovascular disease. These findings suggest that inflammation and hyperhomocysteinemia may be important mechanisms by which smoking promotes atherosclerotic disease.

## References

1. Scott C W, Bernstein S L, Coble Y O. The worldwide smoking epidemic: council reports. *JAMA* 1990; 24: 3312-3318.
2. Bartecchi C E, Mackenize T D, Schrier R W. The human costs of tobacco use. *N Engl J Med* 1994; 330: 907-912.
3. McGill HC, Jr. Potential mechanisms for the augmentation of atherosclerosis and atherosclerotic disease by cigarette smoking. *Prev Med.* 1979; 8: 390-403.
4. Topping D L. Effects of tobacco smoke and its constituents on lipid and carbohydrate metabolism. *Biochemistry of cellular regulation. Vol 2.* CRC Press. 1980. 165-183.
5. Acheson R M, Jessop W J. Tobacco smoking and serum lipids in old men. *Br Med J* 1961; 28: 1108-1111.
6. Marszall M L, Makarowski R, Hinc S, Klos M, Czarnowski W. Hyperhomocysteinemia in active and passive smokers and the levels of folate and vitamin B6 in plasma. *Przegl Lek* 2008; 65: 486-490.
7. Sobczak A, Szoftysiek-Boldys I. The influence of tobacco smoke on homocysteine level in plasma of healthy males. *Przegl Lek* 2007; 64: 679-684.
8. Sobczak A, Wardas W, Zielinska-Danch W, Pawlicki K. The influence of smoking on plasma homocysteine and cysteine levels in passive and active smokers. *Clin Chem Lab Med* 2004; 42: 408-414.
9. Reichert V, Xue X, Bartscherer D, Jacobsen D, Fardellone C, Folan P, Kohn N, Talwar A, Metz C N. A pilot study to examine the effects of smoking cessation on serum markers of inflammation in women at risk for cardiovascular disease. *Chest* 2009; 136: 212-214.
10. Pagar K, Hon J, Goldenberg R L, Cliver S P, Tamura T. Effects of smoking on serum concentrations of total homocysteine and B vitamins in mid-pregnancy. *Clin chim Acta* 2001; 306: 103-109.
11. McCarty M F. Increased homocysteine associated with smoking, chronic inflammation and ageing may reflect acute-phase induction of pyridoxal phosphatase activity. *Med Hypotheses* 2000; 55: 289-293.
12. Reis R P, Azinheira J, Reis H P. Influence of smoking on homocysteinemia at baseline and after methionine load. *Rev port cardiol* 2000; 19: 471-474.
13. Nygard O, Vollset S E, Refsum H. Total plasma homocysteine and cardiovascular risk profile. The Hordal and homocysteine study *JAMA* 1995; 274: 1526-1533.
14. Swierszcz J, Dubiel J S, Milewich T, Sztefko K, Krzysiek J. Smoking, increase in plasma lipoprotein(a) and triglycerides, as well as decrease in plasma HDL-cholesterol concentrations seem to be linked with aortic valve stenosis and its progression. *Przegl Lek* 2009; 66: 159-165.
15. Didilescu A C, Hanganu S C, Galie N, Greabu M, Totan A, Stratul S I, Puiu L. The role of smoking in changing essential parameters in body homeostasis. *Pneumologia* 2009; 58: 89-94.
16. Gupta V, Tiwari S, Agarwal C G. Effects of short term cigarette smoking on insulin resistance and lipid profile in asymptomatic adults. *Indian J Physiol Pharmacol* 2006; 50: 285-290.
17. Yadav A S, Bhagwat V R, Rathod I M. Relationship of plasma homocysteine with lipid profile parameters in ischemic heart disease. *Indian Journal of clinical Biochemistry* 2006; 21: 106-110.
18. Tonstad S, Cowan J L. C-reactive protein as a predictor of disease in smokers and former smokers: a review. *Int J Clin Pract* 2009; 63: 1634-1641.
19. Ohsawa M, Okayama A, Nakamura M, Onoda T, Kato K, Etai K. CRP levels are elevated in smokers but unrelated to the number of cigarettes and are decreased by long-term smoking cessation in male smokers. *Prev Med* 2005; 41: 651-656.
20. Goya W, Gordan D O, Peter H W. Association between cigarette smoking and inflammatory markers for cardiovascular disease. *European Heart Journal* 2005; 26: 1765-1773.
21. Price J F, Mowbray P I, Fowkes F G R. Relationship between smoking and cardiovascular risk factors in the development of peripheral arterial disease. *European Heart Journal* 1999; 20: 344-353.
22. Friedewald W T, Levy R I, Fredrickson D S. Estimation of the concentration of low-density lipoprotein cholesterol in plasma. *Clin Chem* 1972; 18: 499-502.
23. Azar R R, Aoun G, Fram O B, Waters D D. Relation of C-reactive protein to extent and severity of coronary narrowing in patients with stable angina pectoris or abnormal exercise tests. *Am J Cardiol* 2008; 86: 205-207.
24. Boushey C J, Beresford S A, Omenn G S. A quantitative assessment of plasma homocysteine as risk factor for vascular disease. *JAMA* 1995; 274: 1049-1057.
25. Ridker P M, Cushman M, Stamper M J. Inflammation, aspirin, and the risk of cardiovascular disease in apparently healthy man. *N Engl J Med* 1997; 336: 973-979.
26. Tracy R P, Psaty B M. Lifetime smoking exposure affects the association of C-reactive protein with cardiovascular disease risk factors and subclinical disease in healthy elderly subjects. *Arterioscler thromb vasc Biol* 1997; 17: 2167-2176.

### Follow us:



### Medicalia.org

Where Doctors exchange clinical experiences, review their cases and share clinical knowledge. You can also access lots of medical publications for free. **Join Now!**

<http://medicalia.ning.com/>

### Publish with iMedPub

<http://www.imedpub.com>

- ✓ JBS publishes peer reviewed articles of contemporary research in the broad field of biomedical sciences. Scope of this journal includes: Biochemistry, Biomedical sciences, Biotechnology, Microbiology, Molecular biology and Genetics. Secondary research including narrative reviews, systematic reviews, evidencebased articles, meta-analysis, practice guidelines will also be considered for publication.
- ✓ From time to time invited articles, editorials and review of selected topics will be published.
- ✓ The editorial board of JBS shall strive to maintain highest standards of quality and ethics in its publication.

Submit your manuscript here:  
<http://www.jbiomeds.com>