

Dosing that Makes a Difference

Solid scientific research conducted over the past 35 years clearly shows us that a treatment program for tobacco dependence that is tailored to the unique characteristics of each individual gives the best results: the largest number of people who are able to stop smoking and stay stopped for the long-term – and without the pain!

Our medical treatment program grows out of three decades of research and clinical experience in the field of tobacco dependence. David P.L. Sachs, M.D., specialist in pulmonary medicine and internationally recognized authority in this field, has brought together knowledge from diverse disciplines and has developed such a comprehensive, individualized, medical treatment program.

Tobacco dependence is an extraordinarily complex medical condition. Our approach to treatment focuses on the interrelated physical and psychological dependencies and, therefore, offers you the best chance for successful treatment outcome – to become and remain a nonsmoker, while not having to suffer through the very real pain and strain of nicotine withdrawal.

You and Dr. Sachs will individualize your treatment plan, tailored to your needs, health, other diseases you might have, and other factors. In general, though, you can anticipate that your specific treatment plan will contain 4 phases, extending over 6 or more months. You will then continue having long-term follow-up visits with Dr. Sachs as long as you and he think this will be beneficial for you. The number of medical office visits varies, naturally, from person to person depending on response to treatment, just as it would for any other medical condition. Your treatment plan will likely contain 11-16 medical office visits, with about half of them in the first 2-3 months. A brief description of each phase of treatment follows.

EVALUATION PHASE - From the beginning of treatment, the goal is for you to become and remain a nonsmoker. Treatment begins with a thorough medical and psychological/behavioral evaluation. We collect detailed information about you for the purpose of individualizing treatment – the hallmark of our program. Medical treatment, health education, and behavioral intervention, as needed, begin during this phase and continue throughout the entire program.

TREATMENT PHASE – Relapse is most common in the early days after stopping smoking. We schedule your office visits more frequently during the first part of treatment. Also, relapse most often occurs if you are experiencing physical nicotine withdrawal, symptoms such as craving for cigarettes, increased irritability, difficulty concentrating, or mood swings. We want to make sure all nicotine withdrawal symptoms are fully controlled from the very first day you stop smoking and for every day thereafter. We regularly and carefully evaluate the adequacy of medications(s) and dosages, your ability to manage withdrawal symptoms, and the effectiveness of your strategies to cope with daily life as a nonsmoker.

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TAPERING PHASE - After you achieve 60-90 consecutive, smoke-free days on your medication(s), demonstrate that withdrawal symptoms are well controlled, and feel confident to begin tapering off of medication, stepwise tapering begins, one medication at a time. You will stay at each new level for 2 to 4 consecutive, smoke-free weeks before we make the next medication dose reduction. During this time we will help you focus on preventing relapse to smoking by learning to identify, anticipate and cope with factors, such as stress, alcohol consumption, and being around people who smoke, that contribute to relapse.

MAINTENANCE AND RELAPSE PREVENTION PHASE - The treatment of tobacco dependence is no different than treatment of any other chronic health problem. Long-term medical follow-up contributes to a person's ability to remain a nonsmoker for life.

We offer effective tools and a clinical staff dedicated to helping you reach your goal of becoming and remaining a nonsmoker.

References

California Thoracic Society. Position Paper: *Medical Management for Tobacco Dependence*. Developed For The California Thoracic Society (CTS) Clinical Practice Assembly (CPA) Steering Committee. Approved by the CTS Executive Committee, March 18, 2005. You may access this directly on-line at: http://www.thoracic.org/sections/chapters/thoracic-societychapters/ca/publications/resources/tobacco-orhealth/FINALTobaccoDependenceSum.pdf

Sachs DPL. Tobacco Dependence: Pathophysiology & Treatment. In Hodgkin JE, Celli BR, Connors GL, (Eds). *Pulmonary Rehabilitation: Guidelines to Success, 3rd Edition.* Philadelphia: Lippincott Williams & Wilkins, 2000: 261-301.

Fiore, MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. Available on-line at: http://www.ahrq.gov/path/tobacco.htm

Sachs DPL. Medical Management of Tobacco Dependence: Concepts & Treatment Objectives. In Hodgkin JE, Celli BR, Connors GL, (Eds). *Pulmonary Rehabilitation: Guidelines to Success*, 4th Edition. St. Louis (MO): Mosby Elsevier Publishers, 2009: 234-268.

Sachs DPL, Leone FT, Farber, HJ, Bars MP, Prezant DJ, Schane RE, Glantz SA, Graham LM, Lewis SZ, American College of Chest Physicians Tobacco-Dependence Treatment Tool Kit, 3rd Edition. Northbrook, IL: American College of Chest Physicians. November 2009. URL: http://tobaccodependence.chestnet.org

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