

Frequently Asked Questions about Our Program

Well, just what do you do?

We provide an individualized, medical treatment program to stabilize and control tobacco dependence, the chronic, medical disease for which you are seeking treatment.

Can't you cure tobacco dependence?

No. Tobacco dependence, of which your cigarette smoking is a major symptom, cannot be cured. But it can be effectively controlled, so that you will no longer need to smoke cigarettes. Even after you have been off cigarettes for many years, you will still experience an occasional urge for a cigarette. While these urges, too, are a symptom of your tobacco dependence, they usually last only a few seconds and are gone.

O.K., but what's your program?

That is uniquely prescribed for you by our medical staff, just as treatment would be individually prescribed for you if you were seeking treatment for any other chronic, medical disorder, such as asthma or diabetes.

But, my cigarette smoking isn't like asthma, is it?

Yes, it is. Asthma involves structural changes in the cells of your lungs. Tobacco dependence involves structural changes to cells in your brain. In fact, your years of cigarette smoking have caused permanent changes in the neurons – a specific type of cell in your brain.

So, what will my general treatment plan provide me?

The opportunity to stop smoking without pain. Work and effort, yes; pain, no. When you've tried to quit before, you may have experienced, for example, intense craving for cigarettes, flying off the handle at things that normally wouldn't irritate you, increased restlessness, difficulty concentrating – even to the point where you cannot do your job, be it writing computer code, writing a novel, or stringing electric power lines – increased appetite, moodiness, mood swings – even downright depression. These are all specific nicotine withdrawal symptoms. They are not merely “all in your head” or figments of your imagination. These physical, nicotine withdrawal symptoms can be stopped dead in their tracks with the medical tools now available. You don't have to go through the pain, stress, and distress you may have experienced before when you tried to stop smoking. Specifically, your individual, medical treatment plan will provide therapy which is necessary and sufficient to effectively treat the two major forces driving your cigarette smoking:

- 1) Nicotine Dependence
- 2) Psychological Dependence

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What is nicotine dependence?

The brains of most, regular, cigarette smokers have come to rely on nicotine to enable regular and normal functioning. You have, too. In fact, since the nicotine molecule from tobacco binds to specific nicotine receptors in many types of brain cells, particularly those that affect memory and thinking, many smokers have found that when they have tried to quit “cold turkey” they experience severe difficulty concentrating; they cannot even carry out their usual work. Other smokers find that when they have tried to quit smoking before, they became extremely irritable or got angry much more easily than usual – they flew off the handle for little or no reason. These are all symptoms of nicotine dependence. These symptoms are called nicotine withdrawal symptoms. Virtually all of them can be eliminated when you stop smoking by use of either the first FDA approved non-nicotine medication for tobacco dependency treatment, Zyban™ (bupropion hydrochloride-sustained release), either alone or in combination with, one or more of the family of Nicotine Reduction Medications. These include the recently released (and also FDA approved) nicotine nasal spray, Nicorette® (nicotine polacrilex), or nicotine skin patch. (Which medication or medications – and in what doses – would work best for you can only be determined after proper medical history, physical exam, and medical assessment, and, most importantly, by regular medical follow-up. But, more about that later.)

How do these medications work?

Although not completely understood yet, Zyban appears to work by gently stimulating a center in your brain with controls your alertness, concentration, and thinking skills. (This center is called the locus ceruleus. Incidentally, nicotine from your cigarette also strongly stimulates this center, which is why many smokers find they can think more clearly and problem solve better, for example, when smoking.) Zyban also stimulates another critically important brain circuit, the pleasure-reward pathway. (This system in your brain is called the mesolimbic dopaminergic system. All mammals have it. It is critically important for our survival as a species. This pleasure-reward pathway is normally activated after drinking water, eating food, or engaging in sexual activity. When the pleasure-reward pathway is activated, we, quite literally, feel good, sometimes very good! When you smoke a cigarette, the super-high slug of nicotine that your cigarette almost instantly delivers to your brain really turns on this pleasure-reward pathway, so you feel good. This is why many smokers find they feel substantially more relaxed if they smoke a cigarette after enduring a stressful experience, for instance.)

Nicotine Reduction Medications work through very different biochemical pathways in your brain, than does Zyban. The Nicotine Reduction Medications deliver a relatively low dose of nicotine to your brain – hence the general term, Nicotine Reduction Medications. Although the nicotine dose is much lower and delivered far more slowly than your cigarette provided – quite literally at a snail’s pace compared to your cigarette – it is enough nicotine to blunt these nicotine withdrawal symptoms so your brain can function normally. The Nicotine Reduction Medications can be used effectively (and safely, of course) either singly, in combination with each other, or in combination with Zyban. Some patients do just fine with only one

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medication; others need more. (Similarly, some asthmatic patients need only one medication to effectively control their asthma, while other patients need more.)

Then over time – generally several months, though sometimes this can take several years, depending on the individual patient’s make-up and biochemistry – your medications and doses are gradually and carefully reduced. The goal is to help your brain “reset” itself and adapt to living without the need for nicotine.

But, doesn’t nicotine cause cancer?

No. Neither nicotine nor any of its breakdown products, or metabolites, cause cancer. In fact, as a medication, nicotine is one of the safest available. Nicotine is not what causes all the diseases of cigarette smoking. Although nicotine is one of the major driving forces behind your smoking, it is not what causes the many medical problems of smoking. Rather, the other 3,999 chemicals in tobacco smoke cause the life-threatening diseases, such as emphysema, lung cancer, heart attack, and stroke.

Well, O.K. so nicotine medications can take care of the nicotine dependence side of my cigarette smoking, aren’t there any other medications we could use? I’m really concerned about becoming addicted to nicotine, becoming hooked on it.

You already are addicted to nicotine. That is one reason you have been unable to permanently stop using tobacco. One key in effective treatment is providing the nicotine that brain needs for normal function, but then, slowly reducing the nicotine delivered each day, until your nicotine addiction is broken and your brain can work normally without nicotine. Some people have become so hooked on nicotine during their years of regular tobacco smoking, however, that the changes in their brains are permanent: their brain cells will always require nicotine for normal functioning. Then the only question is from what source will the nicotine come: a highly toxic source, such as the tobacco cigarette, or a safe source, such as a nicotine medication?

Well, that makes sense to me, but aren’t there any other effective, non-nicotine medications we can use, besides Zyban, that will accomplish the same result?

Not really. There are, however, some newer medications that may be effective in treating tobacco dependence and may be helpful for you. These include, among others, the anti-anxiety medicine bupropion (Wellbutrin®). Your doctor, after reviewing your medical history, your smoking history, your physical examination, your laboratory studies, your chest x-ray, and any other appropriate, pre-treatment studies, will be able to determine which medications, nicotine-containing or otherwise, will be most effective for you.

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O.K. Now, you indicated that there was another side to my smoking that needed to be treated, too, if I was to successfully stop smoking, psychological dependence. How do we treat that?

We help you do that by helping you develop an “Action Plan” to counter the common trigger settings that make you want a cigarette. First, we will help you identify what particular situations serve as triggers for you. Some common ones include having a cup of coffee, finishing a meal, getting in your car, or making a phone call. Other common ones involve being in situations that make you angry, anxious, stressed, or bored. You need to know what your “trigger” points are so you can handle them differently. We shall help you do this. Once you have identified your trigger points, then we will help you develop new ways to respond to those triggers, other than smoking a cigarette. This is what we call your Action Plan. While we can help you develop an effective Action Plan, you are the only person can, in fact, develop it. We act as your guides, but you have to do the walking.

All of this sounds like a lot of work, time, effort, and money. Isn't there a simple shot you can give me that will just make this problem go away???

No. There is no magic bullet that will make you stop smoking and stay stopped. Stopping smoking – and staying stopped – does take time and effort, your time and your effort. There is no way around that. There are no short-cuts, not if you really want to stop smoking and stay stopped. Fortunately, we do have effective tools now, that we did not have even 5 years ago, to help you reach your goal of stopping smoking. We will see to it that you have, and know how to effectively use, the best tools for you. But, it's up to you to use them.

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