Dr. Sachs has an active pulmonary medical practice and directs the small, independent, non-profit medical research and educational organization, The Palo Alto Center for Pulmonary Disease Prevention that he founded in 1985. Since tobacco dependence directly causes 90% of all pulmonary diseases and is the leading cause of death in the United States, accounting for 18% of all hospital deaths and nearly 10% of all health-care costs, Dr. Sachs has focused on developing and implementing effective and clinically relevant and scalable tobacco-dependence treatments. He has incorporated effective tobacco-dependence treatment as part of his regular pulmonary practice since 1983.

Since 2006, he has Chaired the American College of Chest Physicians (ACCP) Tobacco-Dependence Treatment Committee. With his committee of 5 other pulmonary specialists and clinicians – who had also incorporated treatment for tobacco dependence as part of regular pulmonary medical care – they developed the first tobacco-dependence treatment guideline to also incorporate clinical experience and consensus recommendations (available free at http://tobaccodependence.chestnet.org). The ACCP used the same procedures as the NHLBI in developing its asthma diagnosis and treatment guidelines.

Dr. Sachs received his MD from Stanford University in 1972 and completed a 3-year fellowship in Pulmonary and Critical Care Medicine there in 1976, finishing his Internal Medicine residency at University Hospitals of Cleveland in 1978. He has designed and conducted more than 30 tobacco-dependence clinical treatment trials to date, including studies funded by the NIH, NIDA, and other non-profit health organizations. He has published over 85 peer-reviewed, scientific articles, invited editorials, and books.

The Palo Alto Center for Pulmonary Disease Prevention is now developing 1-, 3-, and 5-day, intensive, on-site, clinical training programs to enable practicing physicians and nurses to effectively diagnose and treat tobacco dependence as a part of regular medical practice. The Center is also developing programs to enable all medical schools to fully train all Year-1 through Year 4 & all PGY1 residents in the basic science and practical clinical treatment of tobacco dependence, including experience with Standardized Patients.

He and professional colleague, Bonnie L. Sachs, RN, MSN, who is also wife, have a 32-year-old son who, is certified air traffic controller at San Francisco Intentional Airport and guided my flight out to Phoenix yesterday. David and his wife also have an amazingly curious, and scientifically minded, 18-month-old Golden Retriever puppy. Ask me about some of the test-retest experiments this puppy has recently conducted!
OBJECTIVES:
Participants should be better able to:

1. Examine & review tobacco use as a chronic medical disease
2. Explain why tobacco use is not a habit and does not constitute a character flaw
3. Recommend the basic approach, particularly the Step-Wise Approach to Tobacco-Dependence Therapy, contained in the American College of Chest Physicians Tobacco-Dependence Treatment Tool Kit. 3rd Ed. (published June 2010) guidelines (http://tobacco dependence.chestnet.org), for effectively treating tobacco dependence
4. Examine diagnostic instruments to determine severity of tobacco dependence and to monitor treatment effectiveness
Tobacco-Dependence Treatment as a Focus of Clinical Practice

Presented by
David P.L. Sachs, MD
Director, Palo Alto Center for Pulmonary Disease Prevention
&
Chair, Tobacco-Dependence Treatment Tool Kit Committee, 3rd Ed.
American College of Chest Physicians
&
Attending Physician and Teaching Faculty
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NAMDRC
38th Annual Meeting & Educational Conference
The FireSky Resort
Scottsdale, AZ
Thursday, 3/12/2015, 11:30 AM–12:15 AM

DISCLOSURE

Dr. Sachs has declared no conflicts of interest related to the content of his presentation.
Presenter Disclosures

David P.L. Sachs, MD

Part 1: Personal financial relationships with commercial interests relevant to this presentation during the past 12 months, including e-cigarettes:
None

Part 2: Personal financial relationships with non-commercial interests relevant to this presentation during the past 12 months:
None

Part 3: Relevant institutional financial interests:
None

Part 4: Personal financial relationships with tobacco industry entities within the past 3 years:
None

Part 5: Off-Label Disclosure:
Presentation will include discussion of “off-label” use, but use which is consistent with the findings and recommendations of:


Sign-Up Sheets

- For my slide-set, including slides I didn’t have time to present today, other materials and patient monitoring tools, and notices of future educational training programs to improve your clinical skills to effectively treat tobacco dependence as part of your clinical practice:
  - Enter your
    - Name
    - E-Mail
    - Office Phone (I need this if my e-mail to you bounces back as “Not Deliverable”, so that we can correct your e-mail address)
  - On 1 of the 20 sheets in this room
- Please leave these sheets where you found them; I shall collect them during our lunch break.
Goals

- Background
- A Tale of Two Cases
- Neurobiology of Nicotine Addiction
- ACCP Tobacco-Dependence Treatment Tool Kit, 3rd Ed., 2010
  - How to Enable You to Effectively Treat Tobacco Dependence as a Focus of Your Clinical Pulmonary Practice
  - Correct Coding to Enable Normal, Fair, & Reasonable Reimbursement
Goals (cont.)

- If You Can Treat Asthma or ILD...
- ... You Can Treat Tobacco Dependence
- If You Now Obtain 3rd-Party Reimbursement for Asthma or COPD Patient Care...
- ... You Can Obtain Identical Reimbursement for Tobacco-Dependence Care

Question:

What Is The Leading Cause of Death in the World & also in the United States Today?

1. COPD
2. Coronary Heart Disease
3. Tobacco Dependence
4. HIV/AIDS
5. TB
What is the leading cause of death in the world and also in the United States today?

1. COPD
2. Coronary Heart Disease
3. Tobacco Dependence
4. HIV/AIDS
5. TB

Tobacco dependence is the leading cause of death in the world today
- Topping Malaria, HIV/AIDS & TB – combined!

Source:
Tobacco-Caused Deaths – Worldwide
1965, 1995, & 2025 (Estimated)

- World
- Less-Developed Countries
- Developed Countries

Annual Tobacco-Caused Deaths (Millions)

Year
1965
1995
2008
2025

World
1.0
2.0
6.0
8.8

Less-Developed Countries
0.9
2.0
6.0
7.0

Developed Countries
0.2
1.0
1.8
1.8

The Cost of Smoking – United States

Deaths

443,595 deaths per year caused by smoking 2008*

18%*

82%†

2.44 million total deaths per year 2009†

*CDC, MMWR 2008; Vol. 57, No. 45:1226-1228.
Tobacco Dependence

Is a **Fatal Disease**1

Killing 50% of Its Victims2

- **50% die in middle age**3
- Lose **20-25 yrs life expectancy**3


Is the most important chronic medical disease you never learned about in medical school!
Dr. Sachs’s Tobacco-Dependence Experience Since 1985

- >30 Clinical Trials
  - American Heart Association-funded
  - American Lung Association-funded
  - NIH/NIDA-funded
  - Pharmaceutical Industry Funded
  - Most randomized, double-blind, placebo-controlled
- Personally treated >7,500 tobacco-dependent patients my pulmonary medicine practice

Inpatient Case #1

- 51 y/o male admitted because of compound femoral fracture
- Admission urinalysis shows 4+ glucose and 2+ protein
- Admission, random blood glucose = 400
What Would You Do to Manage His Diabetes?

1. Nothing – not appropriate to initiate in-hospital treatment for a problem not related to the cause of admission.
2. Initiate work-up of cause of hyperglycemia, glycosuria, and proteinuria.
3. Initiate in-hospital education for him and his family about diabetes and its management.
4. #2 and #3, only.
5. Something different.
Inpatient Case #2

- 59 y/o female admitted because of difficult to control diabetes
- When you take her HPI, you also discover that she smokes 1-2 packs/day

What Would You Do to Manage Her Tobacco Dependence?

1. Nothing – not appropriate to initiate in-hospital treatment for a problem not related to the cause of admission.
2. Advise her in firm, unequivocal language to quit smoking.
3. Assess if she is willing to make a quit attempt while in the hospital.
4. Diagnose the severity of her tobacco dependence.
5. Something different.
What would you do to manage her tobacco dependence?

1. Nothing – not appropriate to initiate in-hospital treatment for a problem not related to the cause of admission
2. Advise her in firm, unequivocal language to quit smoking
3. Assess if she is willing to make a quit attempt while in the hospital
4. Diagnose the severity of her tobacco dependence.
5. Something different

The Fagerström Test for Nicotine Dependence (FTND)

- 6-item, physiologically validated questionnaire
- Linear scale from 0 to 10 points
  - 0 means no physiological dependence on nicotine
  - 10 means severe physiological dependence on nicotine

Source:
The Fagerström Test for Nicotine Dependence (FTND)

- Physiologically validated
- Easy to use in a hospital or outpatient setting
- Linear scale from 0 to 10 points
  - 0 means no physiological dependence on nicotine
  - 10 means severe physiological dependence on nicotine
- Low Nicotine Dependence = 0-4 points
- High Nicotine Dependence = 5-10 points

Source:
How Can You Diagnose Severity of Her Tobacco Dependence?

- Measure her FTND\(^1\)
- Measure the severity of her Nicotine Withdrawal Symptoms\(^2,3\)
  - While smoking, pre-admission
  - While not smoking, now, in-hospital

Sources:

What Two Assessments Enable You to Best Anticipate the Intensity and Duration of Tobacco-Dependence Treatment for Your Patient?

1. Whether or not your patient wants to stop smoking.
2. The number of cigarettes/day your patient smoked pre-hospital admission.
3. The FTND score.
4. The Nicotine Withdrawal Symptom Score.
5. Random Serum Cotinine level.
What two assessments enable you to best anticipate the intensity and duration of tobacco-dependence treatment for your patient?

1. Whether or not your patient wants to stop smoking.
2. The number of cigarettes/day your patient smoked pre-hospital admission
3. The FTND score.
4. The Nicotine Withdrawal Symptom Score.
5. Random Serum Continine level.

Biology of Nicotine Addiction
NEUROCHEMICAL EFFECTS OF NICOTINE

Nicotine
- Dopamine ➔ Pleasure, Cognitive Arousal
- Norepinephrine ➔ Cognitive Stimulation and Arousal, Appetite Suppression
- Acetylcholine ➔ Memory, Cognition
- Glutamate ➔ Memory, Cognition
- Vasopressin ➔ Memory, Blood Pressure, Water Balance
- Serotonin ➔ Mood Modulation
- GABA ➔ Relaxation, Anxiety Reduction
- β-Endorphin ➔ Anxiety Reduction, Relaxation, Antinociception

Current Standard of Care

At least 2 or more medications

- odds of stopping smoking 50%-100%

4x-6x improvement compared to no medication

Sources:
PARADIGM SHIFT
### Classification of Severity – Table #1

**CLASSIFY TOBACCO-DEPENDENCE SEVERITY**

**Clinical Features Before Treatment**

<table>
<thead>
<tr>
<th>Cigarette Use</th>
<th>Nicotine Withdrawal Symptoms</th>
<th>Quantitative</th>
<th>Health Status</th>
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<tbody>
<tr>
<td><strong>STEP 4</strong> Very Severe</td>
<td>&gt;40 cigs/day</td>
<td>NWS &gt;40</td>
<td>FTND 8-10</td>
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<td><strong>STEP 3</strong> Severe</td>
<td>20-40 cigs/day</td>
<td>NWS 31-40</td>
<td>FTND 6-7</td>
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<tr>
<td><strong>STEP 2</strong> Moderate</td>
<td>6-19 cigs/day</td>
<td>NWS 21-30</td>
<td>FTND 4-5</td>
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<tr>
<td><strong>STEP 1</strong> Mild</td>
<td>1-5 cigarettes/day</td>
<td>NWS 11-20</td>
<td>FTND 2-3</td>
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<td><strong>STEP 0</strong> Non-Daily/Social</td>
<td>Non-daily cigarette use</td>
<td>NWS &lt;10</td>
<td>FTND 0-1</td>
</tr>
</tbody>
</table>

*The presence of one feature of severity is sufficient to place patient in that category.*

- CPD = Cigarettes Per Day
- T1F1 = Time To First Cigarette after Awakening in the Morning
- NWS = Nicotine Withdrawal Symptom Score
- FTND = Fagerström Test for Nicotine Dependence Score
- Cotinine = First pass, hepatic metabolite of nicotine; physiologically inactive

(Adapted from ACCP Tobacco-Dependence Treatment Textbook, 3rd Ed., 2010)
### Classification of Severity – Table #1

**CLASSIFY TOBACCO-DEPENDENCE SEVERITY**

**Clinical Features Before Treatment**

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<th>Classify Tobacco Dependence Treatment Tool Kit, 3rd Ed., 2010, Copyright 2009-2010 American College of Chest Physicians</th>
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</table>
## Classification of Severity – Table #1

### CLASSIFY TOBACCO-DEPENDENCE SEVERITY

**Clinical Features Before Treatment**

<table>
<thead>
<tr>
<th>Cigarette Use</th>
<th>Nicotine Withdrawal Symptoms</th>
<th>Quantitative</th>
<th>Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 4</strong> Very Severe</td>
<td>&gt;40 cigs/day</td>
<td>NWS &gt;40</td>
<td>FTND 8-10</td>
</tr>
<tr>
<td><strong>STEP 3</strong> Severe</td>
<td>20-40 cigs/day</td>
<td>NWS 31-40</td>
<td>FTND 5-7</td>
</tr>
<tr>
<td><strong>STEP 2</strong> Moderate</td>
<td>6-19 cigs/day</td>
<td>NWS 21-30</td>
<td>FTND 4-5</td>
</tr>
<tr>
<td><strong>STEP 1</strong> Mild</td>
<td>1-5 cigs/day</td>
<td>NWS 11-20</td>
<td>FTND 2-3</td>
</tr>
<tr>
<td><strong>STEP 0</strong> Non-Daily/Social</td>
<td>Non-daily cigarette use</td>
<td>NWS &lt;10</td>
<td>FTND 0-1</td>
</tr>
</tbody>
</table>

*The presence of one feature of severity is sufficient to place patient in that category.*

- CPD = Cigarettes Per Day
- Time To 1st Cig = Time To First Cigarette after Awakening in the Morning
- NWS = Nicotine Withdrawal Symptom Score
- FTND = Fagerström Test for Nicotine Dependence Score
- Se = Serum, Cotinine = First-pass, hepatic metabolite of nicotine; physiologically inactive

**Question:**

What Tobacco-Dependence Diagnostic Severity Is This Patient?

1. **Step 0, Non-Daily/Social**
2. **Step 1, Mild**
3. **Step 2, Moderate**
4. **Step 3, Severe**
5. **Step 4, Very Severe**
What tobacco-dependence diagnostic severity is this patient?

1. Step 0, Non-daily/social
2. Step 1, Mild
3. Step 2, Moderate
4. Step 3, Severe
5. Step 4, Very Severe

Classification of Severity – Table #1

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*The presence of one feature of severity is sufficient to place patient in that category.

CPD=Cigarettes Per Day  TIme To 1st Cig Time To First Cigarette after Awakening in the Morning NWS=Nicotine Withdrawal Symptom Score FTND=Fagerström Test for Nicotine Dependence Score Se=Serum Cotinine=First pass, hepatic metabolite of nicotine; physiologically inactive
**Reliever Medications (Rapid Acting Nicotine Agonists):**

Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.

<table>
<thead>
<tr>
<th>Non &amp; Daily Social</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe</th>
<th>STEP Down &amp; Maintenance</th>
</tr>
</thead>
</table>
| Controller: None | Reliever: Not Known | Controller: Nicotine Patch or Bupropion-SR or Varenicline | Reliever: (NNS, NL, NG, NS) | Controller(s): (1 or More) Varenicline and/or Bupropion-SR or Nicotine Patch and/or Bupropion or Nicotine | Multiple Controllers: Varenicline and/or Bupropion-SR and/or Hi-Dose Nicotine Patch and/or Individualized Nicotine Patch Dose and/or Multiple Reliever Meds: (NNS, NL, NG, NS) | When tobacco dependence is controlled (patient is not smoking and not suffering from nicotine withdrawal symptoms): 
- Gradually reduce medications, one at a time.
- Monitor to maintain NO nicotine withdrawal symptoms. |

*Reliever Medications (Rapid Acting Nicotine Agonists): *  
†Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.

**Initial & Long-Term Tobacco-Dependence Medical Management**

**Stepwise Approach to Tobacco-Dependence Treatment – Adults**

(Based on the Asthma Model) – Table #2

---

**Outcome: Tobacco-Dependence Control**

No Nicotine Withdrawal Symptoms; then No Smoking

---

**Controller(s):**

(1 or More)

- Varenicline
- And/Or
- Bupropion-SR
- Or
- Nicotine Patch
- And/Or
- Bupropion-SR
- And/Or
- Hi-Dose/Nicotine Patch
- And/Or
- Individualized Nicotine Patch
- And/Or
- Reliever Meds:

(NNS, NI, NG, NL)*, prn

---

**Controller:**

- Nicotine Patch
- or
- Bupropion-SR
- or
- Varenicline
- **OR**
- Reliever Meds:

(NNS, NI, NG, NL)*, prn

**OR**

- Controller:

- Varenicline, alone
- **OR**
- Reliever Meds:

(NNS, NI, NG, NL)*, prn

---

**Multiple Controllers:**

- Varenicline
- And/Or
- Bupropion-SR
- And/Or
- Nicotine Patch
- And/Or
- Bupropion-SR
- And/Or
- Hi-Dose/Nicotine Patch
- And/Or
- Individualized Nicotine Patch
- And/Or
- Reliever Meds:

(NNS, NI, NG, NL)*, prn

---

**When tobacco dependence is controlled: Patient is not smoking AND not suffering from nicotine withdrawal symptoms:**

- Gradually reduce medications, one at a time
- Monitor, to maintain NO nicotine withdrawal symptoms

---

**Reliever Medications (Rapid Acting Nicotine Agonists):**

- NNS = Nicotine Nasal Spray
- NI = Nicotine [Oral] Inhaler
- NG = Nicotine Gum
- NL = Nicotine Lozenge

---

**STEP Down & Maintenance**

---

**What’s In A Name – or a Word?**

- **EVERYTHING!**
  - Our Name Defines Who We Are
  - A Word May Have Positive or Very Negatively Charged Connotations
    - E.g.,
      - Ground Beef, or
      - Pink Slime
  - The Same Holds True for What We Call Stopping Smoking
    - Treating Tobacco Use and Dependence, or
    - Smoking Cessation

---


†Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.
"Cessation": Time to Retire It

David P. L. Sachs, MD

Why Not “Smoking Cessation”? – I

- "Smoking Cessation"
  - Medically inaccurate, vague term
  - Pejorative term
    - Blames the patient – the cigarette user – not the pathogen
- "Smoking"!
  - Focuses on the individual
    - "Just say no!"
    - Suck it up: Just stop!
- Is the symptom; not the pathogen causing the behavior
Why Not “Smoking Cessation”? – 2

• Oh! The Absolute Worst Thing?
  - Nobody can pronounce it correctly!
    ➢ Smoking "Sensation"

• “Cessation”
  - Habit paradigm of tobacco use¹
  - Trivializes the problem²
    ➢ Ignores the neurobiology of nicotine addiction³,⁴

¹Slade J. Cessation: It’s Time to Retire the Term. SRNT Newsletter 1999;5(3):1, 4-5.
Sign-Up Sheets

- For my slide-set, including slides I didn’t have time to present today, other materials and patient monitoring tools, and notices of future educational training programs to improve your clinical skills to effectively treat tobacco dependence as part of your clinical practice:
  - Enter your
    » Name
    » E-Mail
    » Office Phone (I need this if my e-mail to you bounces back as “Not Deliverable”, so that we can correct your e-mail address)
  - On 1 of the 20 sheets in this room
- Please leave these sheets where you found them; I shall collect them during our lunch break.
Oh, And One More Thing...

- Thank you!