
Core Competences:

Diagnosis & Treatment of Tobacco Dependence

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*Following are 4 groups of questions that illustrate knowledge-base, concepts, and clinical skills that all physicians **must** know in order to effectively treat tobacco dependence as a part of regular medical care. I am passing this out to you now, so that you can enter answers as you learn them over the course of this seminar. I hope you find that this question-set will be useful guide. (We will not have time today to cover all points below.)*

A. Taking a Basic Tobacco-Use History

1. What are at least 5, fundamental, tobacco-use history questions to ask each tobacco-dependent patient currently using tobacco?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

2. What are 2 assessments that enable the treating physician to **best anticipate** the intensity and duration that the individual patient's tobacco-dependence management plan **must have** in order to be effective (i.e., risk stratify) or to alert the treating physician that this patient should be referred to a tobacco-dependence treatment specialist?

- a) _____
- b) _____

3. Nicotine Withdrawal Symptoms occur as a result of?

B. Assessing the Severity of Tobacco-Dependence

1. What does the Fagerström Test for Nicotine Dependence (FTND) score tell you?

2. How can you use change in your patient's Nicotine Withdrawal Symptom (NWS) scores, after Target Stop Date, to improve your treatment plan?

C. Tobacco-Dependence Treatment: *Behavioral Management Principles*

1. List 4 common barriers to stopping smoking. (**NB:** The presence of any one such barrier should also alert you that your patient will need a more intensive and longer-duration medical treatment plan, including pharmacotherapy, or that you should consider referral to a tobacco-dependence treatment specialist.)

- a) _____
- b) _____
- c) _____
- d) _____

- 2. What are at least 4 critically important components of initial behavioral management?
 - a) _____
 - b) _____
 - c) _____
 - d) _____

- 3. What are the 3 commonest causes of relapse?
 - a) _____
 - b) _____
 - c) _____

- 4. What are the 2 most effective behavioral – **not** psychological – techniques to prevent relapse?
 - a) _____
 - b) _____

D. Tobacco-Dependence Treatment: Medical Management Principles

- 1. What is the fundamental, primary medical objective and rationale for prescribing *any* medication when treating tobacco dependence? (Hint: Stopping smoking is **not** a correct answer.)

- 2. What **benefits** do Nicotine Medications, Bupropion, & Varenicline have?
 - a) Nicotine Medications: _____
 - b) Bupropion: _____
 - c) Varenicline: _____

- 3. List at least 4 psychiatric co-morbid conditions that indicate your patient most likely will need to be prescribed tobacco-dependence medications in higher-than-standard doses, in medication-combinations, and for an indefinite time in order to have an adequate treatment plan for tobacco dependence or should be referred to a tobacco-dependence treatment specialist:
 - a) _____
 - b) _____
 - c) _____
 - d) _____

- 4. Describe 3 sex-based differences that affect tobacco-dependence treatment effectiveness:

Name: _____ Date: _____