NAGNF Spotlight

Winter 2022

Living With COVID-19

Emma D. Toussaint FNP-C

Remember when the common saying was, “We will do _____ when COVID-19 is over.” Anything could be inserted in that blank, including: go to the gym, go on vacation, have a party or simply see family and friends.” We all had hope and looked forward to when COVID would be no more. 2 years later, here we are, and instead of saying we will do things when it’s over, we are learning to adapt to COVID-19, which is great. Some of us have adapted pretty well but despite that, we still want to know when this thing will be over. Experts are now saying it may not. According to Angela Rasmussen, a virologist at the University of Saskatchewan in Canada, COVID-19 may be here to stay. She believes this may be the case because of the virus’s ability to infect different animals, therefore it can find another host, even if all humans become effectively immunized. That new host can then continue to spread the disease. Additionally, the fact that it develops new variants rapidly makes it more likely to linger. Dr. Mike Ryan, Director of Emergency Medicine for the World Health Organization (WHO) said, “We won’t end the virus this year, we may never end the virus. These pandemic viruses end up becoming part of the ecosystem.” This may all sound despondent, but becoming a part of the ecosystem may be beneficial because we will know how best to tackle it, instead of it being new and having to figure out things for the first time. Dr. Anthony Fauci, Chief Medical Officer to the President said “The best-case scenario for 2022 is that the virus subsides to more manageable levels.” He among other experts are no longer discussing the disappearance of the virus, but instead better management of it. It is important to have this information because it helps arm us. We are better equipped to handle something when we know what to expect. As we learn to live with COVID-19, do not lose hope from information like this. Continue to do your part to stay safe while keeping others safe. Whether COVID-19 stays or disappears, we will get through this “Stronger Together.”

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What Does One Do When A Pandemic Celebrates 40 years?

By Dr. Leonard Sowah, Internal Medicine Physician in Baltimore, MD

Yes, it is 40 years old now and I can say I have known it most of these 40 years. How does one celebrate a pandemic? As someone who went through my teens in the 80s, I was scared of it. As a medical student and physician, I saw many patients die of it. At some time in Ghana almost all diagnosed where admitted to an isolation unit. Many never went home from that unit. Sometimes it was because the families would not take them back. Usually, they died before they were strong enough to go home. Their mangled bodies and gaunt expressionless faces were a constant reminder of what this disease could do to its victims. It was like a scene out of a horror movie, but it was real. This was the life we knew before treatment became available.

With this first pandemic of my life, science fought back and over decades won many victories. It has not always been easy though. I have managed many of those afflicted and seen many live healthy lives. There are those who will come and tell me they were cured by some prophet, many of whom I had to retest just to convince them this was not true. I have had women who would only take their medications when pregnant. All did deliver healthy HIV negative babies mostly due to effective but difficult teamwork. Some will not take medications because they were concerned it will damage their liver or

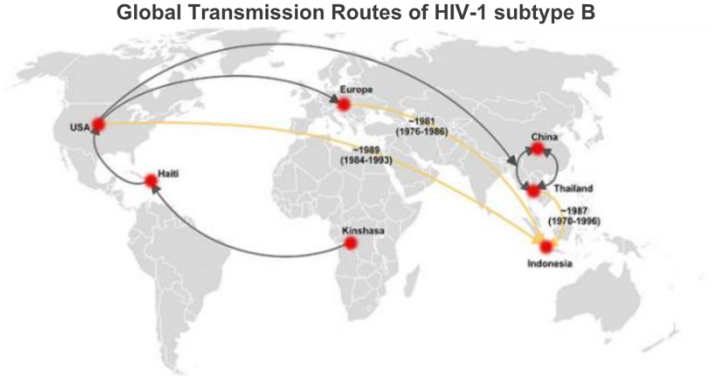
kidney. Yes, I have seen a lot, but I don't believe I have seen it all yet. I can confidently say that because I am yet to see someone treated and cured of HIV.

The Emergence of A Virus That Wipes Out A Person's Cellular Immunity

Forty years ago, on June 5th, 1981, the CDC reported cases of Pneumocystis carinii pneumonia (PCP) among 5 previously healthy young men in Los Angeles[1]. All these men were reportedly gay and 2 had already died at the time of the report. The report suggested these individuals had some immune deficiency associated with a common exposure. There was a strong suspicion that the exposure was either of a sexual nature or associated with their gay lifestyle. From these initial reports in San Francisco, by May 1982 cases had been reported from more than 20 states. A New York Times article described this new disease as (GRID) gay-related immunodeficiency[2]. This was before the CDC came up with the term Acquired Immune Deficiency Syndrome (AIDS).

Today we know that HIV probably jumped across species from monkeys and chimpanzees to man. The most common subtype of HIV across the world, HIV-1 group M, probably crossed from chimpanzees to humans somewhere in the Democratic Republic of Congo in the early 1920s[3]. This virus eventually ended up in the US through Haiti. It is still not well documented how HIV ended up in the Americas from Central Africa. However, one theory postulates that it was through Haitian professionals who served in the Congo with the United Nations[4]. Sero- epidemiologic research using computer generated algorithms suggests that most of HIV in the US has a common ancestor with that in Haiti[5]. Thus HIV-1 sub-type B the commonest subtype in the US, Haiti and Western Europe was likely introduced to the US from Haiti.

Global Transmission Routes of HIV-1 subtype B



Source: Kobe University [6]

The Lives Behind All These Numbers

Behind all these headlines and numbers are lives that have been changed by this pandemic. One such person was the 34-year-old lady who was admitted for aseptic meningitis sometime in 1995 at one of the major hospitals in Ghana. What this diagnosis meant was that even though she had symptoms that could mean an infection of the membranes around her brain, the fluid around her brain did not grow any bacteria that we could treat. When she started having obvious signs of delirium and hallucinations, it was clear she was not one of the usual ones who got better after a few days of clinical support. She died of HIV less that 3 months after her diagnosis, at a time when there was no treatment in Ghana[7]. She left behind 3 young children and a husband who most probably also had HIV.

In 2006, I had this other lady in Chicago who was on ARVs (antiretroviral drugs) and doing very well. This patient was on the housing assistance list and living with a family member. She was very good with follow-up and so it was surprising when her viral load crept upwards above 5000 copies. When she insisted that she was taking her medications, we ordered an HIV genotype to determine if she had developed resistance. The results were surprising to everyone; even though her viral load was high she had not developed any resistance. Simple explanation was that she was not taking her medication. When we discussed her situation with case management, we realized she decided

Sip your Tea, Nice and Slow

No one ever knows
when it's Time to Go,
There'll be no Time
to enjoy the Glow,
So sip your Tea
Nice and Slow.

Life is too Short but
feels pretty Long,
There's too much to do, so much going Wrong,
And Most of the Time You Struggle to be Strong,
Before it's too Late
and it's time to Go,
Sip your Tea
Nice and Slow.

Some Friends stay,
others Go away,
Loved ones are Cherished but not all will Stay.
Kids will Grow up
and Fly away.
There's really no Saying how Things will Go,
So sip your Tea
Nice and Slow.

In the end, it's really
all about understanding Love
For this World
and in the Stars above,
Appreciate and Value who truly Cares,
Smile and Breathe
and let your Worries go,
So Just Sip your Tea
Nice and Slow.

This poem is beyond all relationships
But made for us all.

When I'm dead.
Your tears will flow
But I won't know
Cry with me now instead.

You will send flowers,
But I won't see
Send them now instead

You'll say words of praise
But I won't hear.
Praise me now instead

You'll forget my faults,
But I won't know…..
Forget them now instead.

You'll miss me then,
But I won't feel.
Miss me now, instead.

You'll wish You could have spent more time with me,
Spend it now instead

When you hear I'm gone, you'll find your way to my house to pay condolence but we haven't even spoken in years.
Look for me now-

-Lee Tzu Pheng
Singaporean Poet

to stop taking her medications to see if her CD4 count could drop below 200 cells. This would make her eligible for the housing first program in Chicago[8].

Which is Worse; Being Diagnosed with HIV or Being Forced Out of The Closet

For many gay men in the Black community, a diagnosis of HIV was fraught with many problems. Most of these men were diagnosed whilst still in the closet[9]. One such gentleman lost everything that mattered to him with his diagnosis. After he informed his family of his diagnosis he was thrownout of the home. HIV cost him everything at a time in his life when he needed all the support he could get. I also remember the 26-year-old gentleman whose mother said to me; “all I wanted was a grandchild from him! I have given up on that happening, but I want to make sure he gets the medical care he deserves.” She brought him to our clinic, and he gave us consent to share his medical records with her. This gay black man got the support from his family that the other man did not get.

After 40 years HIV is still with us and a cure has not yet been discovered. There are many who are hopeful that a vaccine or cure may be on the horizon due to synergy from COVID-19 response. The community is very grateful for all the breakthroughs. So today as we remember 40 years of HIV, I want to challenge everyone, to focus on the many lives that this 40-year-old pandemic has changed. I know if we focus on those lives, we will never get lost in our quest to find solutions that impact lives.

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Seasonal Affective Disorder

Irene Ahorlu, CRNA, MSN

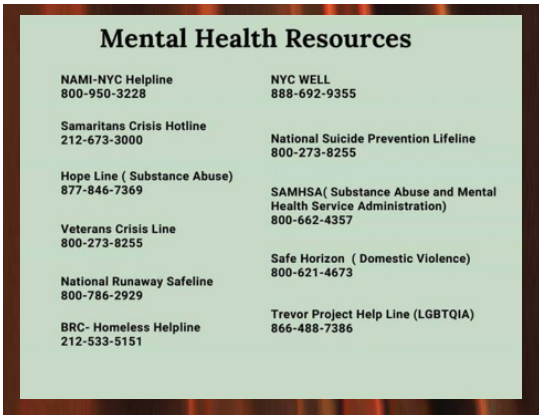
Seasonal Affective Disorder (SAD) is a mood disorder affecting more than 3 million people in the United States per year (NIMH, 2021). This disorder is caused by abnormal changes in the body’s circadian (sleep-wake cycle) rhythm leading to depression in the Winter months (Winter-Pattern SAD) in majority of the cases. In the Spring, when the daylight hours start to get longer, many people notice that their mood improves. It must be noted that in few cases, some people experience symptoms of depression in the Spring and Summer (Summer- Pattern SAD).

There are many signs and symptoms of SAD including low energy, weight or appetite changes, lack of interest in previously enjoyed activities, agitation, sluggishness, concentration difficulty, hopelessness and suicide thoughts or thoughts about death. Characteristic symptoms of Winter-Pattern SAD include hypersomnia, overeating, weight gain and social withdrawal (NIMH, 2021). Summer-Pattern specific symptoms include insomnia, poor appetite, restlessness or agitation, anxiety, and episodes of violent behavior (NIMH, 2021).

SAD is diagnosed by a health care professional or mental health specialist after a person meets certain criteria such as symptoms, specific season and frequency of depressive episodes. Most cases of SAD occur in women. In addition, geographical location plays a role. US residents who live farther north (e.g. Alaska) are more likely to experience SAD compared to those in the south (e.g. Florida). Moreover, people who suffer from SAD usually have other mental disorders such as major depression, bipolar disorder, panic disorder, anxiety disorder, eating disorder or attention-deficit/hyperactivity disorder. It also runs in families and is notable in people who have relatives with schizophrenia or major depression.

In order to treat SAD, its cause must be known. However, scientists are yet to find the true cause of SAD. It is postulated that people with SAD have decreased activity of the neurotransmitter, Serotonin, a mood regulator. Another hypothesis points to the overproduction of Melatonin, a hormone which controls the circadian rhythm as the culprit. A deficiency in Vitamin D may also be a contributing factor to SAD as it supports the activity of Serotonin (NIMH, 2021).

Treatment for SAD includes light therapy, psychotherapy, antidepressants (Serotonin Reuptake Inhibitors/SSRIs) and Vitamin D. There are several resources available to anyone struggling with SAD. Resources are available in the infographics in this article.



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Executive Corner

Nursing Education Redesign and the Next Generation NCLEX

Hot topics in healthcare include staffing shortages, quality, safety in the workplace, worldwide tension, politics, current-pandemic direction, nursing education reform, Next Generation NCLEX (NGN). These hot topics warrant critical dialogues and action plans to ensure good health outcomes. The executive's corner of this newsletter edition will discuss the nursing education redesign and NGN.

The rapid changes in healthcare delivery through technology, regulations, research, policies, etc., have led to the reevaluation of nursing education. In addition, the growing population and increase in life expectancy have highlighted the demand for more nurses and healthcare providers to keep up with the trend. The trend has allowed nursing schools to offer more robust but accessible education to keep up with the growing demand for nurses. However, despite the need to keep up with the issue of the nursing shortage, a study by the Institute of Medicine (IOM), now Institute of Health Improvement (IHI), determined that entry-level nurses were largely under-educated and recommended that RNs earn advanced degrees within ten years of practice. 1 The follow up of the IOM study from the National Council of State Boards of Nursing (NCSBN) strategic practice analysis revealed that new to practice nurses increasingly made complex decisions during patient care. 2 The NCSBN conducted research and identified that clinical judgment and complex decision-making in nursing practice can be reliably assessed using innovative assessment types, now known as the NGN. 2 The NGN exams that go live in the 2023 calendar year will use real-life case studies, similar to real-world scenarios, to reflect the kinds of clinical decisions nurses have to make in different settings to promote quality health outcomes.

The current COVID-19 pandemic placed a spotlight on the essential roles of nurses while showing the instability in the healthcare system as it continues to deal with nursing shortage and burnout. The disequilibrium highlights the importance of nursing education redesign to keep up with the pace of today's healthcare needs through critical thinking and clinical judgment. As leaders, we are agents of change. Therefore, we must support the upcoming new to practice nurses to embrace the NCSBN initiative to utilize clinical judgment in their practices to ensure safe and effective outcomes. NAGNF is in an excellent position to support new nurses through mentorship, education and collaboration with other disciplines to meet the ever changing trends in healthcare.

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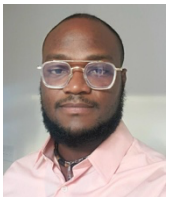

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