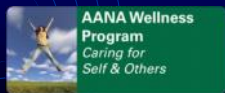


# Wellness, Chemical Dependency, & the Anesthesia Community

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## A Very Rude Awakening...

- Death of Jan Stewart, CRNA, Past President of the AANA
- This can happen to anybody...



## This Can Happen to Anybody...

Special thanks to the family of Jan Stewart for doing the most difficult of things...



## Breaking the Silence

*"If 10% of our members contracted HIV, latex allergy, or hepatitis this year we would march in the streets."*

Tom McKibban: Visionary leadership

- Appointment of Wellness Blue Ribbon Panel
- Brent Sommer, Dirk Wales, Michael Roizen
- Partnership with Real Age
- Establishment of the Jan Stewart Memorial Lecture Series

## Original Objectives for the AANA Wellness Panel

Identify Wellness Approach for:

- Substance abuse
- Latex allergies & disabilities
- Pain management for anesthesia providers
- Workplace violence, sexual harassment, stress management
- Job loss, change to downsizing, termination...

## Defining Wellness...

A Well organization is one whose members display a positive state of mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life

## Results of First Real Age Survey

- 2461 participants, including 167 students
- CRNAs had better:
  - Blood pressure
  - Cholesterol control
  - Dental hygiene
- Had less:
  - Smoking
  - Obesity
  - Stress
- CRNAs do tend to have:
  - Migraines
  - Moderate to severe indigestion
  - Sleep disorders
  - Depression and mental illness
  - High alcohol consumption

## What is addiction?

- “Hooked” October 2005, Men’s Health Magazine
- Alcohol
- Drugs
- Sex
- Food
- Gambling, Exercise...



## Chemistry: The Common Thread

- It’s all about neuro-transmitters, dopamine
- Stimulation of pleasure centers
- Depletion of neuro-transmitters
- So...you got to get high to be normal.



## Some Great Quotes: Compulsion

“You don’t have to get drunk, you know,” she said. “How do you know?” I replied.

Ernest Hemingway, *The Sun Also Rises*.



## Some Great Quotes: Denial

“When you’re addicted to food there is only one thing that’s difficult to swallow: the truth”

William Leith, *Hooked*.



## Some Great Quotes: Accommodation

“Alcohol is like love: The first kiss is magic, the second is intimate, the third is routine. After that you just take the girls clothes off.”

Raymond Chandler, *The Long Goodbye*.



## Historical Incidence of Misuse

- 10% of anesthesia providers surveyed admit to the use of drugs (Bell, 1999 & 2005).
- Substance abuse risk higher than for hepatitis, HIV, or latex allergy (Quinlan 1996).
- Anesthesia provider death rate is twice that of other addicted healthcare providers (Gallegos 1988).
- 18% of chemical dependent users identified because of death or near death event (Booth 2002).

## Latest Data: More “Bad News”



- Greatest vulnerability is for those between 10-20 years of clinical practice
- Risk of death is greatest early in practice
  1. Fentanyl, sufentanil, remifentanil (nasal)
  2. Midazolam (nasal)
  3. N<sub>2</sub>O
  4. Propofol
- 10% of respondents admitted to misusing anesthesia drugs in the OR
- 63% men, 37% women

## Not just in the OR...

- 23% of respondents admitted to using illegal drugs outside the OR

1. Marijuana
2. Cocaine
3. Methamphetamine
4. Designer drugs



## On the other hand...



- Most CRNA's support mandatory random drug screening (70%)
- Similar numbers believe mandatory screening is an effective deterrent (67%)
- 98% believe users should be provided rehabilitation
- Only 56% believe the CRNA should re-enter clinical practice after completing treatment

## How did we get into this mess?

- We have access to opioids, hypnotics, & inhalation agents.
- We are control centered & results oriented
- Our knowledge of pharmacology and the benefits of drug administration increases our risk.

## We *think* we're in control!

- We have stress, physical, and emotional pain.
- We don't take good care of ourselves!
- We intellectualize our drug use.
- Cultural Dysfunctionalism: We don't talk about it.



## Where Are We Now?

- Wellness Initiative is in full swing
  - Resided for several years under the umbrella of the CPIA.
  - Staffed and supported by AANA.
- Fully funded by the AANA.

*Bridging Patient Safety and Practitioner Wellness*

## AANA Wellness Program

- Focus on stress assessment and **stress reduction**
- Fatigue**
- Hostile work environment
- High-risk for substance abuse
- Individual disease & injury
- Post traumatic stress disorder**
- Economic stressors
- Pre-educational program education**



## New Horizons

- Development of a Wellness and Chemical Dependency Curriculum
- Proposal for a longitudinal “Framingham” type study of nurse anesthesia wellness
- Development of support tools for SRNAs and CRNAs.

## Home or Work, Stress Abounds

- Acute Stress**
  - Demands and pressures from recent past
  - Anticipated demands and stress in the near future.
  - Usually short lived and does not cause physiologic damage
  - Can be beneficial
- Chronic Stress**
  - Continued exposure to stress hormones.
  - Fight or flight without let up.
  - Physical and emotional compensatory resources become exhausted.
  - Damage occurs.

## Consequences of Chronic Stress

- Obesity
- Hypertension
- Myocardial infarction
- Cerebral vascular accident
- Gastric ulcers
- Violence
- Depression
- Decreased ability to concentrate
- Adoption of maladaptive coping mechanisms

*When stress is unrelenting, lack of self care and “burnout” occur.*

## Stress and Burnout in Nurse Anesthesia

	Stress Score	% Work Related	n
Student	7.20	90%	1094
Educator	6.15	90%	433
Administrator	5.12	70%	593
Military	4.90	75%	109
Staff CRNA	4.25	50%	2193

Satisfaction	Educator	Administrator	Staff CRNA	Military	Student
Career	95.6%	95.4%	93.3%	93%	80.4%
Job/Work Place	79%	78.6%	73%	69%	55%



## Common Manifestations

System	%	N	Manifestations
Gastrointestinal	35.2	2657	Celiac sprue, ulcerative colitis, hyperactive colon, Crohn's disease, diverticulitis, GERD (1351), obesity BMI >28 (1052)
Orthopedic	27.8	2098	Amputation, arthritis, back spasm, CTS, chronic pain, HNP, et cetera
Miscellaneous	24.3	1835	Alopecia, anemia, B12 deficiency, chronic dry eye, coagulopathy, various and sundry cutaneous complaints...
Psychiatric	22.6	1709	Addiction (ETOH recovery), addiction (CD recovery), addiction to prescription meds, agitation (3500) alcohol overuse, depression...

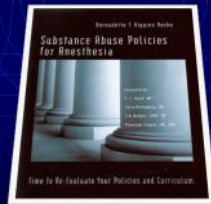
## Resources: Prevention, Treatment, & Re-Entry

- Education
- Recognition of signs & high risk behaviors
- Intervention
- Early Treatment
- Ongoing recovering
- Re-entry to practice



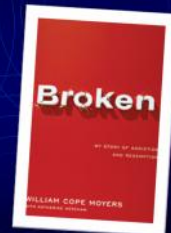
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## Recent Perspectives

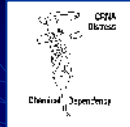
- Mandatory random urinalysis for drugs has been shown to reduce post accident positive screens in many safety intense industries.
- Tighter controls and assays of waste *may* reduce diversion.
- “One strike you’re out”
  - Addictions alters the brain’s reward system.
  - Recidivism is high, at least 20% per year.
- Death is the presenting symptom of relapse (16%)

## Wellness CD Curriculum

- Proposed to COA in February 2010
- Task Force and budget approved by AANA BOD in June 2010
- Preliminary curriculum outline presented to COA 1/2011, standard draft written
- Vetted at ASF 2/2011
- COA standard to go “live” January 2013.

## Peer Assistance Advisors

- Hot Line: 800 654 5167
- Information at:  
[aana.com/peerassis.aspx](http://aana.com/peerassis.aspx)
- Anesthetists in Recovery  
A.I.R.: 215 635 0183



## “Saving lives first... salvaging careers when possible.”

- A New Culture
  - Knowledge based prevention, intervention, & rehabilitation
  - Understanding instead of silence
- Adoption of a Addiction as a Disease Model
- Questions?

## A parting message...



*“Wellness goes much farther than peer assistance; it involves a balance within us, including our mental, emotional, spiritual, and physical wellbeing. It means caring for ourselves as much as we care for our patients.”*

Dr. Anthony Chipas, CRNA, Ph.D. 2009