Wellness, Chemical Dependency, & the Anesthesia Community

Terry C. Wicks, CRNA, MHS
Catawba Valley Medical Center
Hickory, North Carolina
Former Chair, AANA Wellness Committee

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 Steward 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 neurotransmitters, dopamine
- Stimulation of pleasure centers
- Depletion of neurotransmitters
- 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.
- Earnest 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.”
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 Newz”

• Greatest vulnerability is for those between 10-20 years of clinical practice
• 10% of respondents admitted to misusing anesthesia drugs in the OR
• 63% men, 37% women
• Risk of death is greatest early in practice
  1. Fentanyl, sufentanil, remifentanil (nasal)
  2. Midazolam (nasal)
  3. N₂O
  4. Propofol

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

<table>
<thead>
<tr>
<th>Stress Score</th>
<th>% Work Related</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>7.20</td>
<td>90%</td>
</tr>
<tr>
<td>Educator</td>
<td>6.15</td>
<td>90%</td>
</tr>
<tr>
<td>Administrator</td>
<td>5.12</td>
<td>70%</td>
</tr>
<tr>
<td>Military</td>
<td>4.90</td>
<td>75%</td>
</tr>
<tr>
<td>Staff CRNA</td>
<td>4.25</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Educator</th>
<th>Administrator</th>
<th>Staff CRNA</th>
<th>Military</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career</td>
<td>95.6%</td>
<td>95.4%</td>
<td>93.3%</td>
<td>93%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Job/Work Place</td>
<td>79%</td>
<td>78.6%</td>
<td>73%</td>
<td>69%</td>
<td>55%</td>
</tr>
</tbody>
</table>
**Common Manifestations**

<table>
<thead>
<tr>
<th>System</th>
<th>%</th>
<th>N</th>
<th>Manifestations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>35.2</td>
<td>2657</td>
<td>Celiac sprue, ulcerative colitis, hyperactive colon, Crohn’s disease, diverticulitis, GERD (1331), obesity BMI &gt;28 (1052)</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>27.8</td>
<td>2098</td>
<td>Amputation, arthritis, back spasm, CTS, chronic pain, HNP, et cetera</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>24.3</td>
<td>1835</td>
<td>Alopecia, anemia, B12 deficiency, chronic dry eye, cugulopathy, various and sundry cutaneous complaints...</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>22.6</td>
<td>1709</td>
<td>Addiction (ETOH recovery), addiction (CD recovery), addiction to prescription media, agitation (3500) alcohol overuse, depression...</td>
</tr>
</tbody>
</table>

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

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

**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 symptoms 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
- Anesthetists in Recovery A.I.R: 215 635 0183

“A New Culture

- Knowledge based prevention, intervention, & rehabilitation
- Understanding instead of silence
- Adoption of a Addiction as a Disease Model

Questions?

“A saving lives first... salvaging careers when possible.”

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