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December 2023, Vol 2, Issue 5

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MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently providing advocacy, education, and networking to nurse practitioners throughout the state. Our Board is comprised of volunteer nurse practitioners elected by the organization's members. We recognize the importance of NPs in the provision of healthcare, the need for enhanced visibility, and legislative influence at local, state, and federal levels. We provide you with the highest continuing educational opportunities. Our members participate in key NP decision-making roles across the state. Mississippi Association of Nurse Practitioners is *your* specialty association devoted entirely to Nurse Practitioners. Join us today and make a difference in Mississippi.



9

**RSV  
Not Just a Pediatric Infection**  
*Matt Gatlin, PhD, FNP-BC, COI*

# Contents



2023 Fall Clinical Pharmacology & Prescribing Update



2024 Board of Directors named



The NP Voice & Influence  
*Donnie Scoggin, FNP-BC*



Continuing Education & Events



Caring & Compassion in Nursing  
*Addie P. Herrod, DNP, FNP-BC*



Changing the way we think about obesity in primary care  
*Rebecca J. Graves, Ph.D., NP-C, FAANP*



Hypertension Management in Post-COVID Rural Area: A Case Study from Clarksdale, Mississippi  
*Mary Williams, DNP, FNP-BC*

Grow Your Practice for \$0	16
NP Week Winner Announced	16
MANP Capitol Day	17
Laryngeal Cancer	18
Hattiesburg: APRN Update	19
Oxford: APRN Update	20
New GLP-1 Receptor Agonists	32
Warning, Updates & Recalls	33



# 2023 Fall Clinical Pharmacology & Prescribing Update

Nurse Practitioners from around the tri-state area filled the conference room at the Hilton Garden Inn in Flowood on October 6<sup>th</sup> for continuing education updates on numerous topics.

MANP hosted a number of fabulous speakers including the first presenter of the day, Dr. Maria Rappai, MD, a Pulmonologist and Critical Care Medicine provider serves as the lead intensivist at MS Baptist Medical Center in Jackson. Dr. Rappai presented new information on pharmacology treatment for COPD.

Dr. DeAnna Collins, DNP, nurse practitioner and the Director of Clinical Operations at Gordon Medical Arts, in Clinton, MS. Dr. Collins is also the Coordinator of the REMS Program for Esketamine, presented on Esketamine Treatment for Resistant Depression and Acute Suicidal Ideation.

Dr. Patricia Stewart, MD, is an Allergist and Immunologist at the MS Center for Advance Medicine. Dr. Stewart presented information regarding Allergy and Eczema to nurse practitioners.

Dr. Alice Messer, a nurse practitioner with NewSouth NeuroSpine Center in Flowood, featured information concerning Medical Marijuana, Opioids, and Controlled Substances. Her presentation was approved by the MSDH for Medical Cannabis CE.

Lt. Aaron Messer is Lieutenant over the Criminal Investigations Division for the Flowood Police Department and is a MS Bureau of Narcotics Special Contract Investigator. Lt. Messer's message had a primary focus on illegal substances, legal substances, non-FDA-approved over-the-counter substances, and drug diversion.

Dr. Mickie Autry, PhD, ACNP, has presented many topics for MANP over the years. Dr. Autry is a former inaugural board member of MANP. Dr. Autry presented on Hormone Disorders and Treatment. She founded Ovation Women's Wellness, two women's health support groups, and is currently the founder and CEO of MGA Consulting, LLC. She was named Health Care Hero for Mississippi 2014 by the Mississippi Business Journal.



(Pictured above: Dr. Maria Rappai presenting new information on COPD. Below left: Alice Messer, DNP presented on Medical Cannabis. Below right: Lt. Aaron Messer presented on Illicit & Prescription Drug Diversion.)





2024

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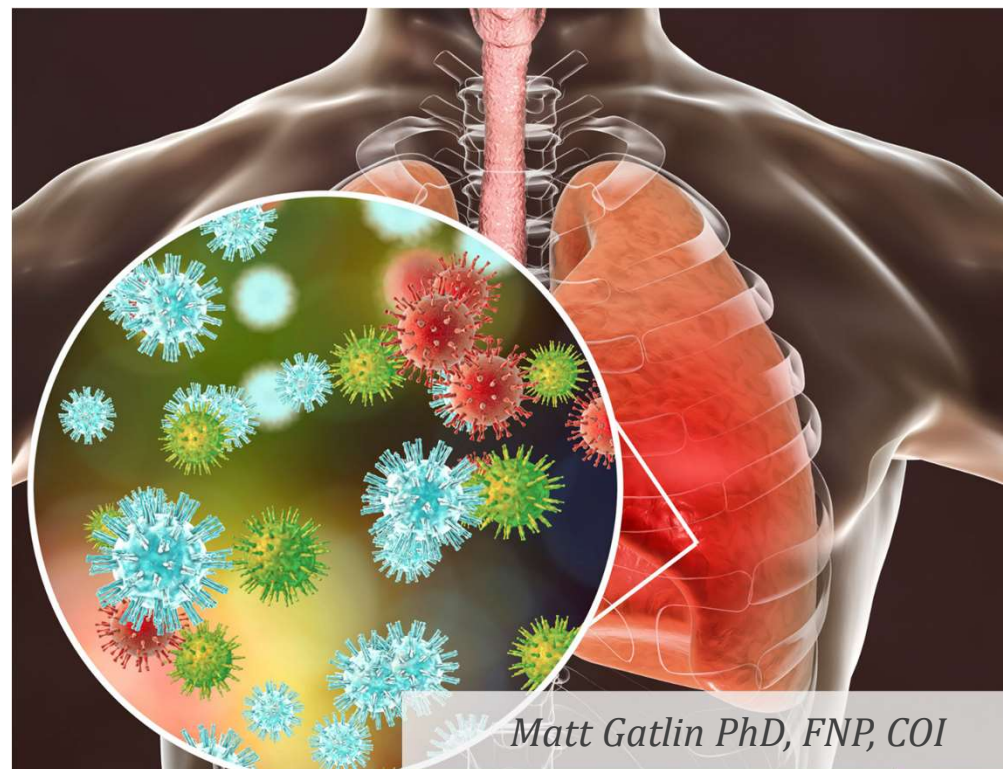


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Matt Gatlin PhD, FNP, COI

## RSV: Not Just a Pediatric Infection

Identified in 1956, Respiratory Syncytial Virus (RSV) (Groups A and B) is a contagious viral infection with increasing significance in the adult population, accounting for approximately 5% of adult community-acquired pneumonia (CAP). While RSV is widely known for its effects on infants and young children, it is also a threat for older adults, especially the immune-compromised, with an estimated 160,000 hospitalizations yearly.

Though overshadowed by

COVID-19 in recent years, typically, RSV occurs in two seasons, initially in the fall and then peaking during winter. The primary method of transmission is through respiratory droplets; however, it can also survive on nonporous surfaces (i.e., countertops, doorknobs, etc.) for up to 30 hours, making it easier to contract through contact with contaminated objects. The risk of severe RSV infection increases for older adults with comorbidities compromising immunity (i.e., rheumatoid/hematologic conditions, COPD, DM), living in

long-term care facilities, or a community-dwelling environment. RSV presents with a range of symptoms, varying in severity, usually within 4 to 6 days following exposure. In general, the contagious period lasts for 3 to 8 days, possibly starting 24 to 48 hours before symptom onset. Symptoms mimic the common cold in adults, such as a runny or stuffy nose, cough, and headache. Severe cases can lead to pneumonia and bronchiolitis, especially in high-risk populations.

Laboratory tests are instrumental in reinforcing clinical suspicion, especially during seasons when cases of COVID-19 and flu are widespread. Viral culture remains the gold standard confirmatory test; however, PCR has evolved as a "go-to." Real-time reverse transcription-polymerase chain reaction (rRT-PCR), given the level of sensitivity and result speed, is beneficial and frequently utilized. Antigen testing, though sensitive for kids, is not ideal for adults. Viral cultures remain available; however, they are primarily utilized in research settings, given that the results are not timely.

Ribavirin is available, though its efficacy is controversial in adults.

Supportive care is the mainstay, with prevention remaining a key focus, with measures including hand and environmental hygiene and avoiding known sick contacts.

Arexvy and Abrysvo are RSV vaccines that achieved FDA approval this year and are available for adults aged 60 and older. The CDC recommends that anyone age 60 years or older receive a single dose of either vaccine. Arexvy reported 83% effectiveness during the initial season. Likewise, Abrysvo reported 89% effectiveness. Each is in the early stages of wide-scale utilization.

RSV, widely acknowledged as an infection among infants and young children, is now gaining recognition as a threat among older adults, especially those with compromised immune systems. Despite the disruptions caused by Covid, RSV continues to make its presence felt during the fall and winter months. As RSV's impact on the older adult population grows, healthcare professionals must remain informed about the latest treatments available. Please visit the CDC and FDA for more information regarding RSV.

*(continued page 11)*



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<https://www.cdc.gov/rsv/index.html>

<https://emergency.cdc.gov/han/2023/han00498.asp>

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-respiratory-syncytial-virus-rsv-vaccine>

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-vaccine-pregnant-individuals-prevent-rsv-infants>



Photo Credit: submitted by author

### **Representative Donnie Scoggin, FNP-BC**

*Representative Scoggin is from Ellisville, MS, and represents the 89th district. He earned an Associate of Science in Nursing from Jones County Junior College, a Bachelor of Science in Nursing from the University of Southern Mississippi, and a Master of Science in Nursing from the Mississippi University for Women. He is a active member of MS Association of Nurse Practitioners. He has authored several full practice authority bills among others while is office.*

*In 2023, Scoggin was assigned to the following committees:*

*House Agriculture Committee  
House Appropriations Committee  
House County Affairs Committee  
Judiciary A Committee  
Judiciary En Banc Committee  
Public Health & Human Services  
House Universities and Colleges  
Committee, Vice Chair*



Photo Credit: submitted by author

### **Matt Gatlin PhD, FNP, COI**

*Dr. Gatlin has been involved in various areas of healthcare for 27 years and is a Family Nurse Practitioner working at Memorial Hospital Gulfport. His current practice and research interest is Infectious Disease and nursing education. He is also a graduate-level instructor of nursing and serves as a peer reviewer for The Nurse Practitioner.*



*Representative Donnie Scoggin, FNP-BC*

## **Nurse Practitioners' Voice, Influence, and Ability to Make a Difference**

The practice of nurse practitioners is guided by many policies, laws, and guidelines. When thinking about regulations and regulatory bodies, it is prudent to start with an agency that is in the forefront of practice for all nurses, including advanced practice nurses, which is the Mississippi Board of Nursing (MBON). The MBON not only issues licenses, but they also have a regulatory component in which they are charged with regulating the practice of nursing for qualified individuals. Numerous guidelines as well as specific rules and regulations exist that guide the practice of Nurse Practitioners. In Mississippi, the Administrative Code exists which delineates qualifications for nurses and outlines the scope of practice. Additional statutes that have been created to carry out the MBON's

intent for protecting the public are located in the Mississippi Nursing Practice Law which is also referred to at the Nursing Practice Act (Mississippi Board of Nursing, n.d.).

A wide variety of advanced nursing specialties exist which means that multiple scope of practice issues also exist within the nursing profession. According to information presented by the Citizen Advocacy Center (n.d.) that was shared by the National Council of State Boards of Nursing [NCSBN], the scope of practice issue that is garnering the most attention is the concept of full practice authority which calls for advanced practice nurses to be allowed to provide client care services without a requirement for direct supervision or forced collaboration with physicians.

The NCSBN has developed The Consensus Model for APRN Regulation with independent practice being one of the major elements in the model (NCSBN, n.d.).

It is important to note that all advanced practice registered nurses (APRNs) should collaborate, consult with, or make referrals to physicians and other providers, based on the needs of the clients being cared for. Much research has been done that demonstrates the value of collaborative practice in the provision of quality health care, meaning that APRNs should value this as well. As members of the healthcare team function and practice in a collaborative manner, the delivery of client-centered care can be enhanced, leading to improved client outcomes (McLaney et al., 2022). The point being made here is that advanced practice nurses are not opposed to collaborative relationships in healthcare, but APRNs are also aware that direct supervision and forced collaborative relationships that are generally fee-based relationships are not required in order to have this valuable collaboration.

Work is currently being done in the Mississippi legislature to pass legislation that will provide a pathway for advanced practice nurses to achieve full practice authority. These efforts need the support of all nurse practitioners in the state. Now is the time when nurse practitioners' voices and influence can make an impact on the outcome of legislation to move the practice of APRNs forward.

Nurse practitioners need to stay informed about legislation that is being presented related to full practice authority and other key nursing issues through avenues such as their professional organizations. There are approximately 7000 APRNs in the state of Mississippi, but unfortunately, less than 20% are members of their professional organization. It is important to join your professional organization. A unified voice to legislators can be more powerful. Once legislation has been drafted, the influence of all nurse practitioners should be demonstrated by educating legislators about the importance of supporting legislation that addresses full practice authority for advanced practice nurses and other similar issues for improving healthcare in the state of Mississippi. Ways that you can influence your legislator is to invite them to your practice, arrange a meeting with them, or reach out to them through various communication avenues.

Communications from constituents to legislators can significantly impact how the legislators vote on issues. In order to communicate with your legislator, you must first determine your representatives. A valuable resource for finding your legislator is the Mississippi State Legislature website which contains a detailed legislative roster along with contact information that can be used to connect with your state representative. An alphabetical listing of the representatives with the district and county being represented, along with contact information, can be also be accessed for both the House

and Senate members. If you wish to search for your representative using your respective address, <https://pluralpolicy.com/?nab=1> is a resource that can be used to identify your legislator.

#### Important Aspects to Consider

- Communication to the senator and representative should be made separately.
- Communication with the legislator should be concise, grammatically correct, and provide the facts and information needed to make an informed decision on the issue.
- Email is an effective tool, but it should be personalized to a single legislator rather than using a form letter to a group of legislators.
- Remember that politeness garners respect from your legislators, and your input and expertise will be appreciated (Library Guides, 2023).

Unified voices and influence of the Nurse practitioners can be powerful tools in making a difference in the future of advanced nursing practice. Don't miss the opportunity to be an integral part of making positive changes for Mississippi healthcare.

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Presenter: Dr. Shane Scott, DO, MBA

Dr. Scott practices Internal Medicine and Pediatrics in New Albany, MS, and is the owner/president of Integrity Medical Consulting. He earned his MBA from Auburn University in 2023. He is passionate about teaching, learning, and implementing strategies that pave the way for others to succeed.

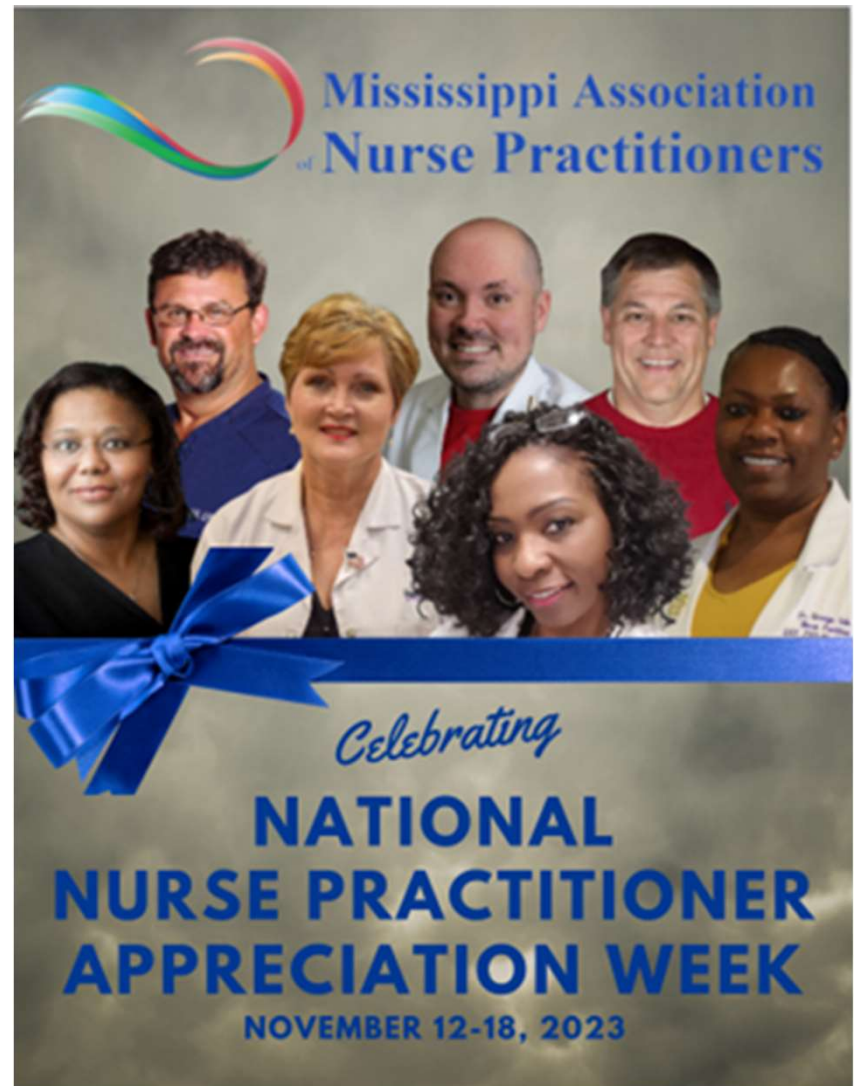


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## Congratulations!

**Mary Ann Ward, FNP-BC**, of Collinsville, MS was our Nurse Practitioner Appreciation Week drawing winner. She won a free registration to our *Hattiesburg: APRN Update Conference* slated for January 20, 2024, at the University of Southern Mississippi School of Nursing.



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**SAVE THE DATE**

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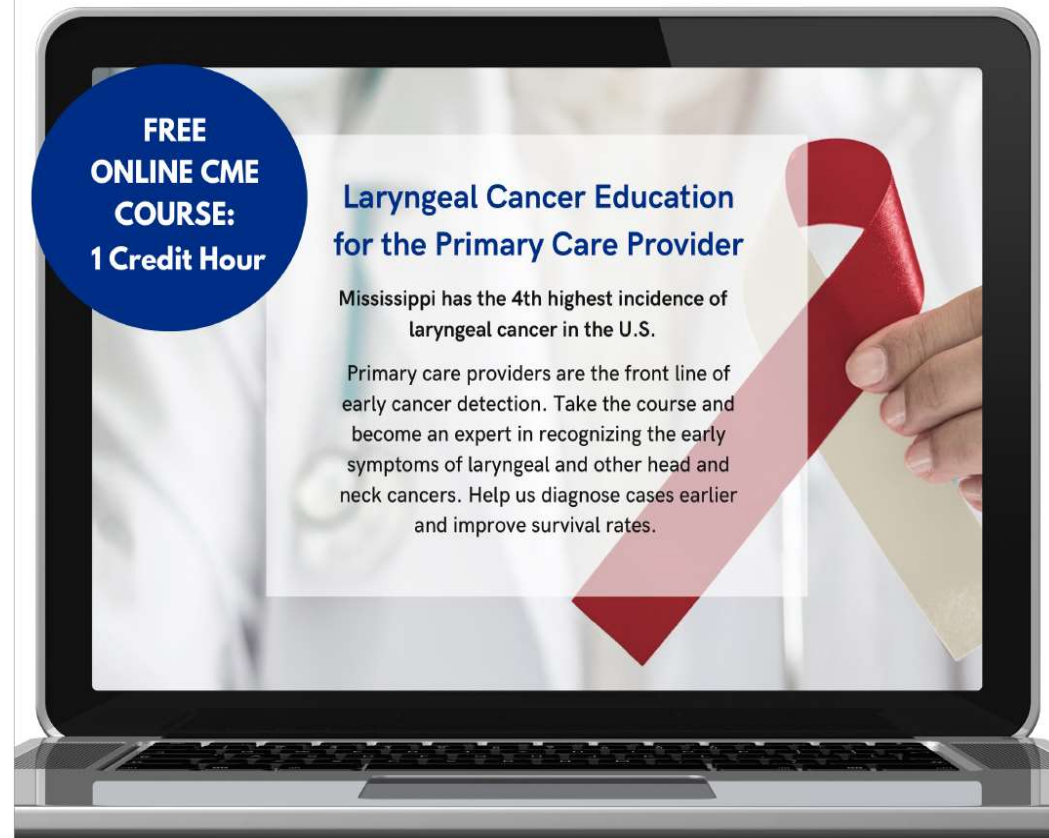
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## Caring & Compassion in Nursing

*Addie P. Herrod, DNP, FNP-BC*

Amid the rapid changes and challenges in the healthcare industry post-pandemic and endemic era, the impact on the nursing profession has been significant. The very “Angels of Mercy” who are meant to embrace the call to serve, care for, and advocate on behalf of their patients are now enduring staffing shortages, mental stress, and burnout resulting in nurses leaving the profession altogether. The American Nurses Association (ANA) suggests that for nurses, specifically, the long shifts, constant pressure, and lack of support from leadership are just a few factors contributing to their chronic stress and compassion fatigue (ANA, n.d.). For the nurses remaining in the profession, whether at the bedside, specialty services, or the advanced practice registered nurse (APRN)

roles, the impact of stress and compassion fatigue is amplified, and patient care can be negatively impacted.

When exploring the concept of compassion fatigue (CF), Alharbi et al (2019), characterize the development of emotional, physical, and/or spiritual exhaustion because of working with traumatized individuals. The characterization described here draws a stark contrast to how compassionate care is expressed by Zamanazadeh et al, (2017). Compassionate care is a process in which nurses interactively communicate with patients, explore patients' concerns by putting themselves in their positions and understanding their situations, and do their utmost to eliminate these concerns (2017). By comparing the constructs of CF and compassionate

care to be at its best when it comes to caring for and advocating for the patients within healthcare systems.

Buchard (2019), suggests that CF for the APRN in primary care settings can be detrimental to providers' mental and physical health, efficiency, and quality of patient care. She further suggests since there is limited published research regarding how APRNs develop and address compassion fatigue, APRNs may be at higher risk for developing CF due to their work responsibilities, patient interaction, and personal characteristics. Because of its impact on healthcare providers, patients, and organizations, APRNs should be aware of the potential causes, symptoms, and negative effects of this phenomenon (2019). Compassionate care is an important and critical factor in healthcare as it can directly impact the overall health outcomes for the patient.

Why is compassionate care important in healthcare? Compassion is the essence and core of nursing care. A nurse's affectionate and emotional work leads to many caring behaviors that are the basis of caring with kindness. (Babaei, et al., 2022). Compassion is shown to improve health and wellness because of its ability to drive meaningful interactions. It pushes us to address inequality, cruelty, and the struggles of others. (Guild Services, 2020). Stanford University's Center for Compassion and Altruism Research and Education focuses on measurements of compassion

through ongoing research. They report that when caregivers show empathy and kindness, their patients heal faster. The research further suggests that while medicine holds the power to cure, care delivered with kindness and compassion can speed the healing process and lead to better outcomes for patients and caregivers alike (2014).

Babaei & Taleghani (2019) suggests compassion in nursing may be influenced by the prevailing culture of a society. The study noted that nurses believed that administrators' impatience at the workplace and lack of encouragement decreases nurses' motivation for achieving compassionate care. Two additional relevant themes emerged from the study through participant interviews. 1) Nurses believe that such training does not prepare them for compassionate care. “The concept of compassion has never been taught to us, not in university and not in the faculty. I might be intrinsically kind, but, since it is not my duty to be kind, I do not pay much attention to it...”

2) Lack of a role model for nurses had an important role in the lack of kindness and compassion in nursing care. Participants stated that unsuccessful presence and passionless behavior of colleagues at the workplace could be an important barrier to compassion-based care. “We had some

*(continued page 23)*

experienced nurses who were like this all the time and always answered the patients indifferently and lethargically; it feels like I have been infected with indifference too...”

The responses are compelling and continue to push us toward solutions. How can compassion care be embraced in practice? Curtis et al (2012), support the idea that the practice of compassion is the most critical point in clinical practice when students learn to assume the role of the nurse and build the values and norms of nursing into their own behavior and self-concept. In the area of nursing education, The American Association of Colleges of Nursing (AACN) Domain 2 Person-Centered supports competency of demonstrating compassionate care at the entry-level of professional nursing education with the intent of advanced-level nursing education to foster caring relationships (AACN, 2021). The concept interrelates concepts such as caring, empathy, and respect. Compassion care is closely associated with patient satisfaction (2021). As the profession of nursing exercises resilience, treating each other with kindness and compassion is a powerful way to influence health and reshape the way we think about quality healthcare.

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Photo Credit: submitted by author



## **ADDIE P. HERROD, DNP, FNP-B**

*Dr. Herrod's passion for healthcare began 35 years ago as a CNA. She earned a BSN from Delta State University, MSN, from Mississippi University for Women, and ultimately a Doctor of Nursing Practice degree from Samford University. She is an active member of the MS Association of Nurse Practitioners, American Association of Nurse Practitioners, Mississippi Nurse's Association, the American Nurses Association, Sigma Theta Tau International, and the Health Ministry Association. She is currently employed at Delta State University as an Assistant Professor of Nursing at the Robert E. Smith School of Nursing.*

## Recognize the Signs of Laryngeal Cancer

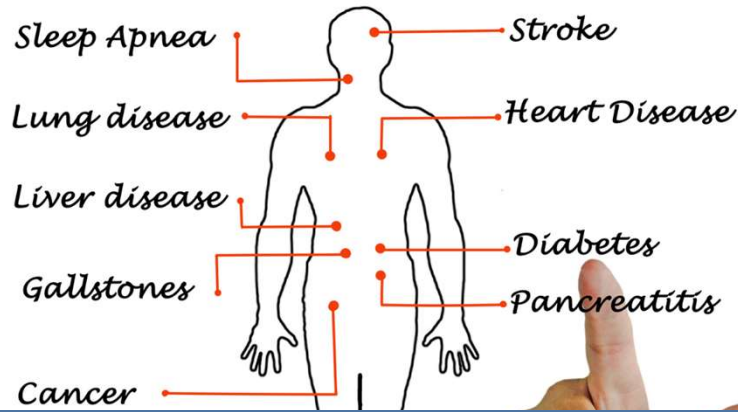
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# Complications of Obesity



Changing the way we think about obesity in primary care

Rebecca J. Graves, Ph.D., NP-C, FAANP

For many years, the education of healthcare providers, including nurses and nurse practitioners (NPs), has identified obesity as a significant risk factor for many cardiometabolic diseases, such as hypertension, hyperlipidemia, type 2 diabetes, and hypothyroidism. However, in light of advancement in the understanding of obesity and the care of clients with obesity, it is more accurate to recognize obesity as a disease in and of itself. In fact, the disease of obesity is chronic, progressive, relapsing, treatable, multi-factorial, and neurobehavioral (Obesity Medicine Association [OMA], 2023). Recall that a chronic disease is defined as one that continues for an extended period of time and is very difficult and/or impossible to “cure” – the disease of obesity requires continued treatment and monitoring throughout a person’s life just as any chronic disease does.

The multifactorial nature of obesity often makes it difficult to determine an individual's exact cause of obesity, but the following are many potential causes:

- Culture
- Environment
- Epigenetics
- Genetics
- Medications
- Mental stress
- Toxins
- Inflammation
- Viral infections
- Disrupted sleep
- Lack of optimal nutrition
- Lack of optimal physical activity
- Neurological dysfunction

There are multiple adverse metabolic consequences of obesity, but one of the most damaging and far-reaching is adiposopathy or “sick fat syndrome”. In adiposopathy, visceral fat becomes pathological adipose tissue because the adipocytes are hypertrophied, which impacts the endocrine system and immune system, contributing to additional metabolic diseases (OMA, 2023).

Obesity impacts every system of the body. There are at least 236 diseases caused or affected by obesity. Table 1 lists some of these, but this is nowhere near an exhaustive list of obesity-related diseases. Additionally, individuals with obesity are at an increased risk of obesity-related cancers such as cancers of the breast in postmenopausal women and cancers of the cervix, uterus, colon, gallbladder, kidney, liver, and thyroid (Apovian, 2016; OMA, 2023).

Race, ethnicity, and gender play a role in the prevalence of obesity. The most recent National Health and Nutrition Examination Survey (NHANES) data were collected in 2017-2018 demonstrating that, in the U.S., men had a slightly higher prevalence of obesity (43%) than women (41.9%). However, 11.5% of women had a body mass index (BMI) over 40 versus 6.9% of men (National Institute of Diabetes and Digestive and Kidney Diseases, 2021). These NHANES data also demonstrated that rates of obesity were higher in Black (49.6%) and Hispanic (44.8%) adults than in non-Hispanic White adults (42.2%).

The Obesity Medicine Association (OMA) recommends primary care providers use BMI as an initial screening tool. Note that BMI may not be completely accurate for *(continued page 27)*

Table 1. Examples of obesity-related disease by body system

System	Disease
Cardiovascular	Coronary artery disease Dyslipidemia Hypertension
Respiratory	Asthma Obstructive sleep apnea
Immune	COVID-19 Rheumatoid arthritis
Orthopedic	Delayed healing Low back pain Osteoarthritis
Endocrine	Chronic inflammation Cushing's syndrome Hypothyroidism Type 2 diabetes
Gastrointestinal	Gallbladder disease Gastrointestinal/esophageal reflux disease
Neurological/psychiatric	Hypothalamus-adrenal-pituitary axis dysfunction Intracranial hypertension Major depressive disorder Stroke
Reproductive	Polycystic ovarian syndrome

(Apovian, 2016; OMA, 2023)

people with increased or decreased muscle mass. A BMI between 25 and 29.9 kg/m<sup>2</sup> indicates pre-obesity/overweight; between 30 and 34.9 kg/m<sup>2</sup> indicates class I obesity; between 35 and 39.9 kg/m<sup>2</sup> indicates class II obesity; and 40 kg/m<sup>2</sup> or higher indicates class III obesity (OMA, 2023). The OMA Obesity Algorithm® does note that “different BMI cut-off points may be more appropriate based upon gender, race, ethnicity, and menopausal status. For example, among Asians, a BMI >23 kg/m<sup>2</sup> may indicate pre-obesity, a BMI >27.5 kg/m<sup>2</sup> may indicate class I obesity, a BMI >32.5 kg/m<sup>2</sup> may indicate class II obesity, and a BMI >37.5 kg/m<sup>2</sup> may indicate class III obesity” (OMA, 2023, slide 38).

If a client has a BMI higher than 35 kg/m<sup>2</sup>, recommendations are to obtain the waist circumference as well, since this measurement is more indicative of potential metabolic and cardiovascular disease, indicative of adipose tissue dysfunction, and low cost. It is important that all members of the healthcare team are educated in measuring the waist circumference if this modality is employed in your practice, since consistency is important (OMA, 2023). A male client with a waist circumference greater than 40 inches has central obesity, as does a female client with a waist circumference greater than 35 inches. There are also racial and ethnic variations to this measurement (35.4 inches for Asian men and 31.5 inches for Asian women; OMA, 2023).



A very real potential outcome of weight bias is prejudice, which, as a provider can impact your ability to treat the individual fairly and equitably. A product of this prejudice is a belief that the person with obesity is “unmotivated”, “lazy”, or “lacking will-power” which is damaging to the relationship with the client, impairs trust and open communication, and often contributes to the avoidance of preventive healthcare by individuals with obesity due to shame and frustration. It is important to work with our clients to establish a team-approach and shared decision-making when treating any serious chronic disease, so the relationship needs to be based on trust and communication to assume a client-centered approach (Fruh et al., 2021; OMA, 2023).

In primary care, we often feel like a jack of all trades, master of none. We handle multiple complaints with time constraints, and we know we usually cannot address everything in one visit. But if we recognize obesity as a disease, we can more accurately prioritize the care we provide while

treating all of our clients with dignity and respect.

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- Obesity Algorithm®, ©2023 Obesity Medicine Association.

### Author's note:

*This article relied heavily on the Obesity Algorithm® provided by the Obesity Medicine Association. There are free resources available to healthcare providers at the OMA website that are invaluable to providers and their patients when addressing obesity in the clinical setting.*

<https://obesitymedicine.org/obesity-algorithm/>



Photo Credit; submitted by author

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*Mary A. Williams, DNP, FNP-BC*

## Hypertension Management in Post-COVID Rural Areas: A Case Study from Clarksdale, Mississippi

The COVID-19 pandemic has significantly impacted healthcare systems worldwide, particularly in rural areas where managing chronic diseases such as hypertension has become increasingly complex. This case study focuses on Clarksdale, Mississippi, a rural area that has innovatively addressed these challenges through community-based strategies, providing a

beacon of hope for similar regions grappling with these issues.

### **Hypertension: A Silent Killer in Rural America**

Hypertension, or high blood pressure, is a significant risk factor for cardiovascular diseases, which remain a leading cause of death in rural America (1).

The management of such chronic diseases has become more complex in post-COVID era due to several factors:

1. Access to Healthcare: Rural patients often face barriers including fewer healthcare providers, longer distances to health facilities, and lack of public transportation (2).

2. Economic Impact; The economic downturn due to the pandemic has led to loss of income and insurance coverage, making it harder for patients to afford medications and follow-up visits (2).

3. COVID-19 Complications: There's emerging evidence that COVID-19 can exacerbate hypertension and cause new cardiovascular complications, requiring more intensive management (2).

4. Mental Health: The stress and isolation of the pandemic have increased the incidence of mental health issues, which can negatively affect hypertension management (2).

### **Innovative Approaches to Hypertension Management**

The road to effective hypertension management in post-COVID rural areas like Clarksdale requires innovative approaches, community engagement, and persistent advocacy to ensure equitable healthcare for all. Understanding the community's needs and barriers while fostering a culture of health can pave the way for better outcomes in hypertension management.

At Urgent & Primary Care of Clarksdale, a pioneering initiative has been launched to combat hypertension. With funding from the Mississippi State Department of Health's Heart Disease and Stroke Program, the clinic has integrated a Community Health Worker (CHW) into their healthcare team (5). This strategic move bridges the gap between traditional healthcare settings and the community, facilitating a more personalized approach to disease management. The CHW serves as a liaison, educator, and advocate for patients, helping them navigate the healthcare system, understand their treatment plans, and access the necessary resources to manage their condition effectively (2).

### **The Role of Telehealth Services**

In addition to the CHW initiative, Urgent & Primary Care of Clarksdale has embraced telehealth services, offering patients remote consultations and monitoring. (3) This service has proven invaluable, particularly in a post-COVID era where patients may be hesitant or unable to visit the clinic in person. Telehealth has shown a positive effect on medication compliance and overall hypertension management. Patients can now have regular check-ins with their healthcare providers, receive medication adjustments, and get answers to their health questions, all from the comfort of their homes (3).  
*(continued page 31)*

The combination of community health workers and telehealth services has created a synergistic effect on patient outcomes. The accessibility of telehealth and the personalized support from CHWs have led to improved medication adherence, better blood pressure control, and increased patient engagement in their health (2,3). These innovative steps by Urgent & Primary Care of Clarksdale demonstrate the power of community-tailored interventions and technology in addressing chronic health issues in rural populations.

### Lessons Learned and Future Directions

As we move forward, the lessons learned from Clarksdale's experience can inform broader strategies for hypertension management in rural America. It is a testament to the community's resilience and the healthcare providers' commitment to adapting and finding effective solutions for their patients' well-being in the face of ongoing challenges (2,3,6).

### In Conclusion

The case of Clarksdale, Mississippi, provides valuable insights into managing hypertension in rural areas, particularly in the wake of a global pandemic. The innovative use of community health workers and telehealth services has shown promising results, offering a model that could be replicated in other rural communities. As we continue to

navigate the post-COVID era, it is crucial to keep exploring and implementing such innovative strategies to ensure equitable and effective healthcare for all.

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### New GLP-1 Receptor Agonists may decrease the efficacy of ORAL CONTRACEPTIVES

With the abundant and rapid incline in the use of new GLP-1 Receptor Agonists, some providers are finding themselves with another surprising situation, patients with unexpected pregnancies. It is unclear if this is class or drug-specific.

An endocrinologist and associate professor at the University of Texas Health Science Center at Houston, Neel Shah, MD, has reported he has had several patients conceive without intending to while taking these medications.

It is speculated that due to the gastrointestinal side effects, such as vomiting, along with the effect on absorption and delayed gastric emptying, there is an effect on the oral contraceptive pills' ability to prevent pregnancy. As the dosages of GLP-1 Receptor Agonists get higher, the predominance of diarrhea increases affecting the absorption of other medications including oral contraceptives, according to Pinar Kodaman, PD, PhD, assistant professor of gynecology, and a reproductive endocrinologist at the Yale School of Medicine in New Haven, CT.

Both professors were interviewed in an article authored by Liz Scherer in *WebMD Health News* in mid-October at

[https://www.medscape.com/s/viewarticle/997498?ecd=wnl\\_tp10\\_daily\\_231\\_018\\_MSCPEDIT\\_etid5968250&uac=460596SN&impID=5968250](https://www.medscape.com/s/viewarticle/997498?ecd=wnl_tp10_daily_231_018_MSCPEDIT_etid5968250&uac=460596SN&impID=5968250)





## Warnings, Updates, & Recalls

### *Potentially lethal reaction FDA warns*

FDA posted a serious drug reaction warning on Nov. 28, 2023, for patients and healthcare professionals. “The FDA is warning that the antiseizure medicines, Keppra, Keppra XR, Elepsia XR, Spritam (levetiracetam) and Onfi, Sympazan (clobazam), can cause a rare but serious reaction that can be life-threatening if not diagnosed and treated quickly. This reaction is called Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). It may start as a rash but can quickly progress, resulting in injury to

Internal organs, the need for hospitalization, and even death. As a result, the FDA is requiring warnings about this risk to be added to the prescribing information and patient Medication Guides for these medicines.

This hypersensitivity reaction to these medicines is serious but rare. DRESS can include fever, rash, swollen lymph nodes, or injury to organs including the liver, kidneys, lungs, heart, or pancreas.”

<https://www.fda.gov/safety/medical-product-safety-information/antiseizure-medicines-keppra-keppra-xr-elepsia-xr-spritam-levetiracetam-and-onfi-sympazan-clobazam>

**RECALL UPDATE:** Cinnamon flavored apple pouches from three companies are being recalled for containing excessive levels of lead. These items were sold online and in stores nationwide. **MSDH has identified 5 Mississippi families with children having elevated blood lead levels who reported consuming the recalled pouches.** Exposure to high amounts of lead is harmful to children's health and development. Do not let children consume these products. Throw away any of these items you may have immediately. If you think your child may have consumed any of these products, contact the child's doctor or call MSDH's Lead Poisoning Prevention program at 601-576-7620. Full information on this recall: <https://tinyurl.com/396nzddu>

**LEAD RECALL:** PandaEar Stainless Steel Toddler Cups

This product, sold online through Amazon, has been recalled for the presence of lead. Prolonged use by children can lead to excessive lead exposure and affect their health and development. If you own this product, stop using it immediately.

Recall information:

[https://www.cpsc.gov/Recalls/2024/PandaEar-Recalls-Stainless-Steel-Childrens-Cups-Due-to-Violation-of-Federal-Lead-Content-Ban-Sold-Exclusively-on-Amazon-com-Recall-Alert?fbclid=IwAR18pD4tvIEAaq8mgfK9w3q-WA\\_h5lr-p\\_8\\_MpPPGVJ8hsgOcdZRvfbB4IA](https://www.cpsc.gov/Recalls/2024/PandaEar-Recalls-Stainless-Steel-Childrens-Cups-Due-to-Violation-of-Federal-Lead-Content-Ban-Sold-Exclusively-on-Amazon-com-Recall-Alert?fbclid=IwAR18pD4tvIEAaq8mgfK9w3q-WA_h5lr-p_8_MpPPGVJ8hsgOcdZRvfbB4IA)

Keeping kids lead-free:  
[HealthyMS.com/leadfree](https://HealthyMS.com/leadfree)

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MS Association of Nurse Practitioners' key initiatives include

- We advocate for NPs with policymakers, and other healthcare entities both in the state and nationally
- Full Practice Authority allows NPs to practice to the fullest extent of their education and training *without* expanding their respective scopes of practice
- Increase access to care for patients across Mississippi
- NP orders for durable medical equipment and devices
- NP signature recognition on legal documents and eliminating co-signatures by physicians
- NP Income tax incentives & exemptions for underserved practice areas & NP owned businesses
- NP reimbursements and inclusion in insurance networks
- Recognize NPs as primary care providers (PCP)
- Increased faculty salaries

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