Mississippi Association of Nurse Practitioners

Advancing Practice

A Quarterly Publication, Fall 2023, Vol. 2, Issue 4

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Monthly Membership (12-payments) $25
NP Student Annual Membership $100
Retired NP Annual (65 +, not in practice) $150
Affiliate membership (Non-NP supporter) $300

Membership dues go directly to promoting the NP profession. We encourage you to participate actively in your professional specialty organization. We need your help to move your profession forward. Collectively, we can make a difference while protecting the progress we make in Mississippi's healthcare.

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MANP
MISSISSIPPI ASSOCIATION OF NURSE PRACTITIONERS

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.

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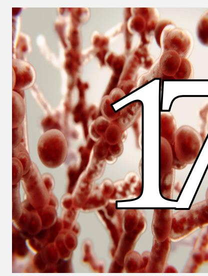

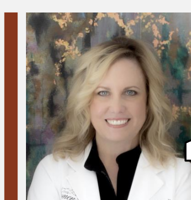

Submit your articles to *msanp@msanp.org*

2023 Annual Conference & Membership Meeting

Our Annual Conference & Membership Meeting was held July 24-26, 2023, at The Lodge at Gulf State Park in Gulf Shores, AL. Thank all of you that were in attendance. We had a great time and gained valuable knowledge from many excellent presenters. The Lodge offered fantastic scenery, a pristine private beach, and divine cuisine. Many of you expressed how much you loved the conference and getting to network with your colleagues.

Our exhibitors assisted us in “Bridging the Healthcare Gap” using the theme to draw attention to their exhibits during a little contest. Joining in the fun festivities was our first-place winner, Ovation Wellness. *(Pictured below)*

Our second-place winner was Accent Care. Everyone fought over the beautiful painting they awarded a lucky raffle winner.

Our third-place exhibitor was Skye Biologics. *(Pictured below)*

Starbuds sponsored our Sunday Welcome Reception and greeted the registrants as they picked up their conference swag. *(Pictured below)*

Our Grand Prize winners

Tonya Harbison *(L),* member from Lucedale, MS, winner of a 2-night stay at the Lodge donated by The Lodge at Gulf State Park. Tracy Hennessey *(C)*, member from Hattiesburg, won the Limited Edition Yeti donated by MANP. Christy Davis *(R)*, a member from Brandon, won the iPad, donated by MANP. Angela Haigler of Richton won a free 2024 Conference Registration.

Conferences & Area Events

Statewide Pharma Events
If you would like to participate in any of the area group networking or if you have a pharmaceutical rep that would like to sponsor an event. Please have them contact the MANP office at 601-407-3226 for more information.

NW MS- Board Dir., Kent Hawkins

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Hattiesburg- Board Dir., Lisa Morgan

SW MS -James Hawley of Centreville

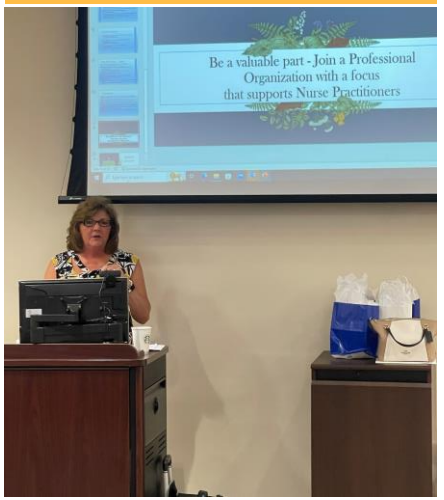
Gulf Coast - Rebecca Graves

See our Website at
https://www.msanp.org/upcoming-events

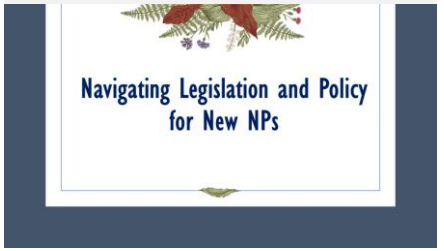
Career Opportunities

Job Postings
To post your job here, contact us at msanp@msanp.org for details and pricing.

USM Presentation to NP Students



MUW Presentation to NP Students



MANP had an opportunity to speak to NP students at MUW on July 10, 2023. We had great discussions concerning navigating legislation and policy-making. We shared some of the legislative actions that occurred in the 2023 session and what's on the agenda for 2024.

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CERTIFIED MEDICAL EXAMINER QUALIFICATIONS
Be licensed, certified, or registered in your state where laws and regulations to perform physical examinations are allowed. These include nurse practitioners, physician assistants, physicians, osteopaths, and chiropractors.

ACCREDITATION

MANP has applied to American Association of Nurse Practitioners (AANP) for 8 contact hour(s) of continuing education. This activity was planned in accordance with AANP Accreditation Standards and Policies.

COST

MANP members:	$275
Non-members:	$375
Join & Go:	$475

A cancellation charge of $50.00 will be applied to refund requests in writing, emailed to msanp@msanp.org up to 14 days prior to the event. NO REFUNDS will be granted after the cancellation deadline of 08/31/2021. The cancellation policy is strictly enforced.

TO REGISTER FOR THIS EVENT

1. Go to msanp.org log in or register for new users
2. Go to the Upcoming Events page using the links at top of page
3. Click the link to Register Online or click Print Form for mail or fax

MANP's training course is designed for healthcare providers meeting state requirements, including nurse practitioners (NPs), physician assistants (PAs), physicians (MD or DO) and chiropractors (DCs). The curriculum for this course is provided in accordance with the Federal Motor Carrier Safety Administration (FMCSA) to prepare candidates for the National Registry of Certified Medical Examiners (NRCME) certification examination. This course includes course materials, forms, FAQs and sample questions in preparation and review for the examination. FMCSA regulations and guidelines are reviewed regularly and the training is updated as required to maintain training curriculum.

Friday, September 15, 2023
Virtual (Live) Event
8:30am to 5:30pm

COURSE CONTENTS

- Background, rationale, mission and goals of the FMSCA
- CME's roles and responsibility
- FMCSA certification testing and recertification for the Examiner
- Responsibilities of commercial motor vehicle operators
- Procedures for proper operator identification, medical history, medication history and document review
- DOT examination and documentation
- Knowledge of waivers, exemptions, and referrals
- performing and obtaining diagnostic testing or medical opinions from a specialist or treating provider for driver clearance
- Educating and informing the driver about disqualifications, abnormal findings that may require additional follow up or clearance
- Determination of the driver's certification, outcome and period of time valid for certification
- FMCSA login, reporting, and filing
- Navigation of the FMCSA website for helpful information and reporting

email: msanp@msanp.org
Website: https://www.msanp.org

Mississippi Association of Nurse Practitioners

Matt Gatlin PhD, FNP, COI

Burkholderia Pseudomallei in Mississippi

Infectious Disease traditionally considered isolated to tropical regions are now encroaching into new geographic areas, Mississippi included. In July 2022, the MSDH confirmed Burkholderia pseudo-mallei responsible for melioidosis was found in the soil on the Mississippi Gulf Coast, marking the first time this bacterium was identified in the environment in the continental United States.

B. pseudomallei is a pathogenic gram-negative bacterium, causing melioidosis, that until recently was considered a bacterium that iscommonly found in soil with varying degrees of moisture and surface water of tropic to sub-tropic regions. Due to potential pathogenicity, it is noted in the Bacterial Special Pathogens Branch of the CDC. With this pathogen now in our state it is beneficial for practitioners to consider when formulating differentials.

Transmission primarily occurs with contact of contaminated water or soil, or by inhalation, with an increased incidence during the rainy periods. Infection can occur through inhaling contaminated dust or droplets, ingestion of contaminated food or water. Infection can also occur via contact with contaminated soil through open areas of skin. Generally, otherwise healthy individuals will not develop melioidosis; however, individuals with co-morbidities that impact neutrophil function or excessive alcohol intake are at greater risk of infection and severity.

Melioidosis can manifest in various forms, which can make diagnosis challenging. Symptoms range from mild to severe, localized to systemic, with an incubation period ranging from a few days to several years; however, symptoms usually appear within 2 to 4 weeks. Localized cutaneous infections usually present as cellulitis, ulcers, or possible abscesses typically via skin breaks. Pulmonary involvement usually presents as pneumonia with associated symptoms of SOB, cough, and high fevers. A chest x-ray may show cavitary lesions similar to those seen with tuberculosis. Severe infections including sepsis usually present with a faster symptom onset of high fever, chills, headache, and confusion. The gold standard for diagnosis is culture identification or by detecting an antibody a response to the bacteria. Antibody testing is useful, though it is more helpful in diagnosing chronic or latent infections, while PCR assay is useful for rapid results.

Treatment includes the timely initiation of antibiotics. Despite resistance, several antibiotic treatment options remain available and have proven effective. Treatment generally consists of IV antibiotics initially, followed by a course of oral antibiotics. The antibiotic(s) of choice are Ceftazidime (Fortaz) or if penicillin allergy, Meropenem (Merrem) is an option. Oral antibiotic options include TMP/SMX (Bactrim) or Amoxicillin/clavulanate (Augmentin) if pregnancy or renal concerns. Duration varies and is dependent on the location and severity of infection with a range of a minimum of 2 to 8 weeks of intravenous (IV) antibiotics, followed by 2 to 24 weeks of oral antibiotics.

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(Continued page 11)

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Mississippi Board of Nursing Update

On August 1, the Mississippi Board of Nursing refiled Title 30, Part 2840 Advanced Practice, Rule 1.3 Monitored Practice with the Mississippi Secretary of State.

Summary: The MS Board of Nursing identifies Monitored Practice Hours as overly restrictive of the APRN's practice and seeks to renew the temporary suspension of same until proposed action on rules can be finally promulgated.

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.

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MISSISSIPPI ASSOCIATION OF NURSE PRACTITIONERS

Lauren Sasser & Holly Titsworth, AccentCare

Improving Quality of Life in MS

For Nurse Practitioners, home health services are a valuable option for patients who need medical care but prefer to stay at home. As one of the nation's largest post-acute health care providers, AccentCare's mission is for patients to receive understanding, empathy, and excellence in health care, while families experience compassionate support from a trusted guide at each step of their loved ones health journey.

AccentCare's Mississippi locations provide rehabilitative therapies such as physical therapy, speech therapy, and occupational therapy. These services give Nurse Practitioners options for their patients who have chronic conditions, disabilities, or acute illnesses that require medical attention, but do not need a stay in a hospital. The services can also help patients recover from surgery, injury, or infection. Home health can also improve the quality of life and independence of patients, as well as reduce the risk of complications and hospital readmissions.

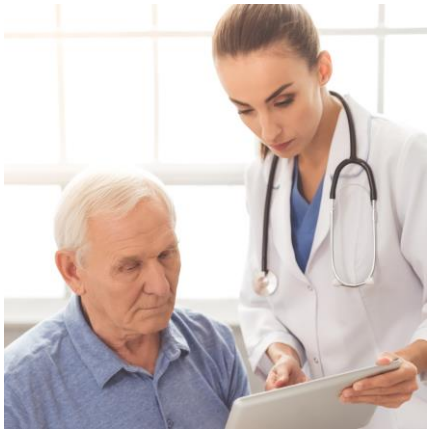
AccentCare's wide range of home health services meet the diverse needs of patients in Mississippi, including behavioral health therapy in the home. Mental health can be a sensitive topic for many people who don't want to visit a therapist. With our behavioral health services, they can address their mental or4

they can address their mental or behavioral challenges in the comfort of their own home, where they have more privacy and where they feel safe and comfortable.

As a trusted guide, AccentCare wants to make patient admissions as easy as possible for our referral sources and partners. Home Health referrals can be called in at 1- 800-782-4663, faxed in at 601-991-2746, or emailed to an Account Executive's eFax account. In order to begin the referral process, we need these items:

1. Patient demographics
2. Signing doctor's name
3. Diagnosis
4. Insurance information
5. Requested disciplines

For a Behavioral Health referral, we will need the diagnosis associated with the need. AccentCare's behavioral experts see patients with Late-life depression and dementia. AccentCare wants to respect the patients and families wishes of allowing the loved one to remain in their home setting as long as possible. These specific services are only available in certain areas in Mississippi. For confirmation of locations, please speak with a representative to see if the service is available in a specific



market. For intake, Call: 800-782-4663, or Fax: 601-991-2746.

Patients are accepted on home health services when they meet the criteria set forth by Medicare. There are many things to consider, but the most prevalent criteria for home health is that the patient exhibits a taxing effort to leave the home, making it difficult to receive services that are required elsewhere, other than the home. When a patient meets the home health criteria then nursing, physical therapists, occupational therapists, and social workers can come to the home to provide care and education to patients and families.

Patients are always assessed to determine the right level of care. Should a patient request hospice, or it be determined that hospice is a more appropriate level of care, we notify the referral source, the signing MD, and make all arrangements for a smooth transition from home health or to admit straight to hospice.

Hospice requirements differ from home health. Hospice admission requirements are directed by Medicare guidelines. The requirements are most effective when a hospice consultant is face-to-face with patients and families to discuss and answer their questions.

AccentCare has several locations in Mississippi that serve different counties and cities. For locations you can log onto https://www.accentcare.com/locations-contact-us/

With the rising cost of health care, home health services present an opportunity to save money for patients, insurers, and the health care system. AccentCare is dedicated to delivering high-quality and safe care to its patients. The company has received several national recognitions for its quality and safety efforts, such as the HomeCare Elite award, the Strategic Healthcare Programs (SHP) Best Superior Performer award, and the Accreditation Commission for Health Care (ACHC) accreditation.

AccentCare commits to being a comprehensive and responsive partner, allowing it's communities and partners to succeed for their patients and families.

The post-acute health care organization wants to improve the quality of life for Mississippi residents and provide them with personalized and professional home health care in the comfort of their own homes.

If you know someone who needs home health care in Mississippi, you can contact AccentCare to find out more about their services and eligibility criteria. You can visit the website at www.accentcare.com or call 1-800-782-4663.

Photo Credit: submitted by author

Lauren Sasser is the VP Sales & Home Health representative for AccentCare MS. She has been an RN for over 30 years with experience in both Operations and Sales, as well as Home Health and Hospice. She is responsible for multi-state oversite. You may contact AccentCare at communications@accentcare.com

Robert Ware, DNP, MHA, CEN, ACNPC-AG, FNP-BC

Candida auris

In healthcare, there are always new and emerging infectious organisms that pose a threat to patients. On January 11, 2023, the Mississippi State Department of Health (MSDH) sent notice to all hospitals and healthcare providers that there have been cases of Candida auris (C. auris) identified in Mississippi. At the time of the notification there were six cases of invasive infection, with two deaths, and 37 colonized individuals had been identified statewide in Mississippi since November 2022.

Candida auris, though still rare in the United States, was discovered in 2009, and is an emerging organism that poses a threat to patient's life and welfare. Candida auris is often a multi-drug resistant fungus that causes serious infections with significant morbidity and mortality in vulnerable populations. The patient population most likely to be affected are those with multiple commodities, who are residents of health care facilities or frequently admitted to facilities. Individuals who have chronic wounds or indwelling lines and medical devices are also at risk for C. auris. According to the Centers for Disease Control and Prevention (CDC) and communication from MSDH healthy individuals are not considered at risk if they have close contact with individuals with C. auris.

Some strains are reported by the CDC as resistant to all three available classes of antifungals. Candida auris requires special laboratory methods to identify and can be mistaken for other yeast infections. Other yeast infections that C. auris may be misidentified for include but are not limited to, Candida parapsilosis, Candida lusitaniae, Candida haemulonil, and Candida sake. According to the CDC, colonized individuals may shed C. auris within healthcare facilities. C. auris can live on surfaces for long periods of time. Therefore, early identification and good infection prevention measures are a must.

Infectious disease specialists are highly recommended when treating patients with C. auris infections. Even following treatment for invasive infections, patients remain colonized with C. auris for extended periods of time, and in some cases, indefinitely (CDC).

Based on very limited data available at the time of this publication, an echinocandin drug is recommended for initial therapy for adults and children over 2 months of age. Dosing information is available on the CDC website at https://www.cdc.gov/fungal/candida-auris/c-auris-treatment.html

According to the most recent information available from the CDC, "Data are lacking about the most appropriate therapy for pan-resistant strains. Combination antifungal treatment yielded promising results in laboratory testing but has not been evaluated in clinical settings."

CDC (2023) does not recommend treatment of C. auris identified from noninvasive sites (such as respiratory tract, urine, and skin colonization) when there is no evidence of infection.

Strict adherence to infection control measures and meticulous care must be

Due to C. auris being a relatively new organism and still somewhat rare in the United States it is still uncertain exactly what cleaning and disinfectant solutions are effective. It is thought that quaternary ammonia compounds may not be effective. There are some antimicrobial products registered with the EPA that claim to be effective against C. auris. For a list of these products refer to EPA's List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris.

For further information about Candida auris visit the Centers for Disease Control and Prevention and the Mississippi State Department of Health's website.
https://www.cdc.gov/fungal/candida-auris/index.html

https://msdh.ms.gov/page/resources/19566.pdf

https://www.cdc.gov/fungal/candida-auris/c-auris-treatment.html

Photo credit: submitted by the author

Dr. Robert Ware is the Director of Operations for the Mississippi Baptist Hospitalist Program, which employs 33 hospitalists, 2 Neuro-Hospitalist, 14 nurse practitioners, and 4 RNs. Dr. Ware serves as Adjunct Faculty at Baptist Health Science University in the Acute Care Nurse Practitioner Program. Dr. Ware is a MANP charter board member and has served as President, Vice-President, and Treasurer.

Parental Depression Screening Among Primary Care Providers

Lindsay Kemp, DNP, FNP-C

Screening and surveillance for risk and protective factors are an integral part of routine care for the pediatric patient. Communication with the family regarding social support systems and other psychosocial factors such as poverty, parental mental health, and substance abuse should be implemented into practice to promote the health of pediatric patients. Primary care providers have a unique opportunity to address not only the pediatric patient but the environmental factors that influence the patients' health and future development. When providing care to a pediatric patient, it may be a misconception by the primary care provider that they are not responsible for the health of the parent. While the parent may not be the patient at the routine pediatric appointment, providers may be forfeiting the opportunity to improve the pediatric patient's overall health by deferring screening for risk factors such as parental depression.

Depression is one of the most common mental health disorders in the United States, affecting over 16 million adults (Bartlett, J.D., 2017). Mothers and fathers can experience depression. Untreated or unrecognized depression can be a debilitating condition with lifelong effects for guardians and children. Depression is a widespread condition affecting approximately 7.5 million parents in the U.S. each year and may be putting at least 15 million children at risk for adverse health outcomes. Based on evidentiary studies, major depression in either parent can interfere with parenting quality and increase the risk of children developing mental, behavioral, and social problems (England et. al, 2009). Depression can affect parental duties such as bonding and nurturing, decisions making ensuring child safety, and many other parental roles and areas of daily living. Many parents and guardians may not recognize these side effects or understand the impact their mental health has on their child's current and future health. Others may recognize their symptoms and be reluctant to seek help due to experienced feelings of inadequacy. While discussing the effects of parental depression with guardians can sometimes be difficult, primary care providers are positioned to be unbiased, supportive, understanding, and be an encouragement to guardians suffering from depression.

The American Academy of Pediatrics released a policy statement in 2019 acknowledging paternal postpartum depression (PPD), as a clinical problem. However, the statement recommended only pediatricians to screen solely mothers at the 1-, 2-, 4-, and 6-month visits and to "consider screening fathers as well" at the 6-month visit. In addition to the recommendation by the AAP, the US Preventive Services Task Force recommendations are focused exclusively on interventions to prevent maternal depression, specifically recommendations on interventions to prevent perinatal depression (Walsh et. al, 2020).

The Journal of Pediatrics, January (2020) suggested that the new recommendation is out of touch with contemporary American families, and it is inadequate to treat the recognition and management of paternal depression as extra or optional. Given the long-term effects that parental depression can have on the development and mental status of pediatric patients, primary care providers have an opportunity to improve the health of pediatric patients through improved screening at routine visits. To promote optimal outcomes for children, pediatric providers must assess the mental health and adjustment to parenting of all new parents, regardless of gender or marital

status, and make appropriate referrals for needed care (Walsh, T.B., et. al, 2020).

Providers can utilize multiple screening tools to implement improved parental depression screening into their clinical practice. One simple strategy is to administer a PHQ-2 questionnaire to guardians at the patient's routine appointment. A positive PHQ-2 would prompt follow-up with a PHQ-9 questionnaire. Should the PHQ-9 screening determine the risk for parental depression, the primary care provider can recommend further evaluation or provide resource information to the guardian. Referrals for the guardian would be dependent on the primary care provider's practice. Providers should familiarize themselves with referral options within their geographic location. If the provider is in a primary care location that provides services to all ages, the guardian may wish to follow up at this practice or obtain information for other local resources. It would be the discretion of the provider and guardian to determine further evaluation and treatment options. This may depend on the primary care provider's practice or available resources within the community. For the provider, a positive parental depression

screening indicates a positive risk factor for the pediatric patient. Conducting these screenings in a positive, professional manner justifies the reason these screenings are encouraged and exist. Not only does the provider have an opportunity to promote the health of a pediatric patient, but they have the unique opportunity to influence improved health and wellbeing of the guardian responsible for the pediatric patient.

Screening and surveillance for risk and protective factors are an integral part of routine care for the pediatric patient. Unrecognized or untreated parental depression can have drastic effects on a pediatric patient's present and future psychological and physiological health.

Healthcare providers have a unique position to screen parents at routine pediatric visits and offer valuable resources to parents and guardians.

Implementing improved parental screening offers a greater opportunity to identify depression, offer treatment sooner, and inadvertently influence the lifelong health and well-being of pediatric patients, parents, and society.

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Photo Credit; submitted by author

Dr. Lindsay Kemp, Assistant Professor at MS University for Women Graduate Nursing Family and Doctoral programs, has nearly 15 years of experience in healthcare. She works in the emergency medicine program at Baptist Memorial Hospital- Golden Triangle.

Let's talk about hormones

Deborah Verucchi, MSN, CFNP

The topic of hormones is popular among women of all ages. Anxiety, weight gain, irritability and fatigue are often blamed on hormones. When hormones are brought up to a health care provider, they are often dismissed and overlooked. I am certain that most providers have had women ask if their hormones may be off balance, and they request to have their hormones checked. Can hormones actually be the cause for some of these symptoms? When should we take this seriously? When should we check hormones?

Hormones affect everything in our bodies. We are born with hormones and they are constantly changing. Not just as we grow and mature, but also as we age later in life. Once an adolescent female reaches puberty and menarche (the first menses), these changes become measurable with the monthly menstrual cycle. Hormone levels change every day of the month, depending on the phase of the cycle. Hormones surge, stimulating ovulation, and then crash, causing the menstrual cycle. Hormone changes are normal and natural. However, the personal experiences may differ. There is usually not something "wrong" with the patient's hormones. It is the response and change of the hormones that may cause symptoms. Some are mild while others may be severe.

Most common complaints of hormone changes include: mood swings, irritability, anxiety, temperature changes, alternating from feeling hot to cold, night sweats, bloating, cramping, acne, bowel changes, headaches, trouble sleeping, fatigue and even brain fog. PMDD (premenstrual dysphoric disorder) is a severe type of mood disorder related to the changes in the menstrual cycle. It is often underdiagnosed and difficult to treat. Postpartum depression is another example of an extreme response to hormone changes that occur after childbirth and needs to be addressed immediately.

Perhaps the most common and dramatic of all hormone changes occur during perimenopause, approximately 5-7 years prior to menopause. The average age of menopause is 51 years of age, according to The Menopause Society (formerly known as The North American Menopause Society, or NAMS). Menopause is diagnosed when a woman has had no menses for a solid 12 months. Surgical menopause occurs immediately when both ovaries have been surgically removed. As hormone levels decline, the body goes through a transition of learning to function without hormones. Symptoms usually become more intense and more frequent. The most common perimenopausal symptoms include hot flashes, night sweats, irritability, depression, trouble sleeping, weight gain, decreased libido, vaginal dryness and urinary complaints.

So, when do we draw hormones? Patients are asking to have hormones tested. To satisfy the patient, hormones may be drawn and most of the time patients are told that their hormones are "normal". This may be true, but this response may leave the patient feeling confused and not knowing what to do about their symptoms. The best reflection of what hormones are doing is monitoring the cycle pattern. Keeping a menses calendar and recording symptoms is helpful to determine if there is potentially a hormonal cause for the symptoms. A calendar of 3 months is usually enough time to notice trends. There are ways to manage the hormone changes and adequately treat these, usually with hormonal contraception. The type to use varies and is patient specific.

During perimenopause, cycle changes are usually the first thing that is noticed. Cycles may become irregular and are often heavier before they cease.

It would be nice if cycles just gradually faded away, but this is usually not the case. It may be helpful to draw hormone levels in certain cases. During peri-menopausal ages, if a woman has not had a cycle in a few months, drawing a follicle stimulating hormone (FSH) and estradiol may provide some assistance. However, these levels may still change and are never a certainty of menopausal status. If a woman has had a hysterectomy or a uterine ablation, there is no cycle to determine if a woman is in menopause, so hormone levels may be helpful. If a woman is on hormonal contraception, hormone levels are not accurate and are not necessary.

Bottom line, hormone symptoms are real and just because someone is not in menopause, it does not mean that they are not having hormone symptoms. It also does not mean that they can not be treated. Every situation is different, and women can be treated with a variety of nonhormonal and hormonal therapies to manage these symptoms. What type of treatment depends on the woman's age, reproductive status, risk factors and symptoms. We do not use hormone levels to determine how much or what to give a patient. However, they may be used as a guide by someone that understands hormone therapy. We should treat symptoms and not numbers.

So, if a woman complains of hormone issues, the most important thing to do is to listen. Draw hormone levels when appropriate and refer to a provider with experience in hormones when needed. Guidelines change often and have evolved over the years. Research has provided more insight to hormones and direction for safe treatment options.

The American College of Obstetrics and Gynecologists (ACOG) has provided guidelines for women's health for over 60 years and can be reviewed at www.acog.org.

The Menopause Society, formerly The North American Menopause Society (NAMS) is a worldwide organization providing the most up to date research and recommendations for menopause and perimenopausal symptoms. This is a valuable resource for providers and patients at: www.menopause.org.

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