The Alaska Nurse

AaNA

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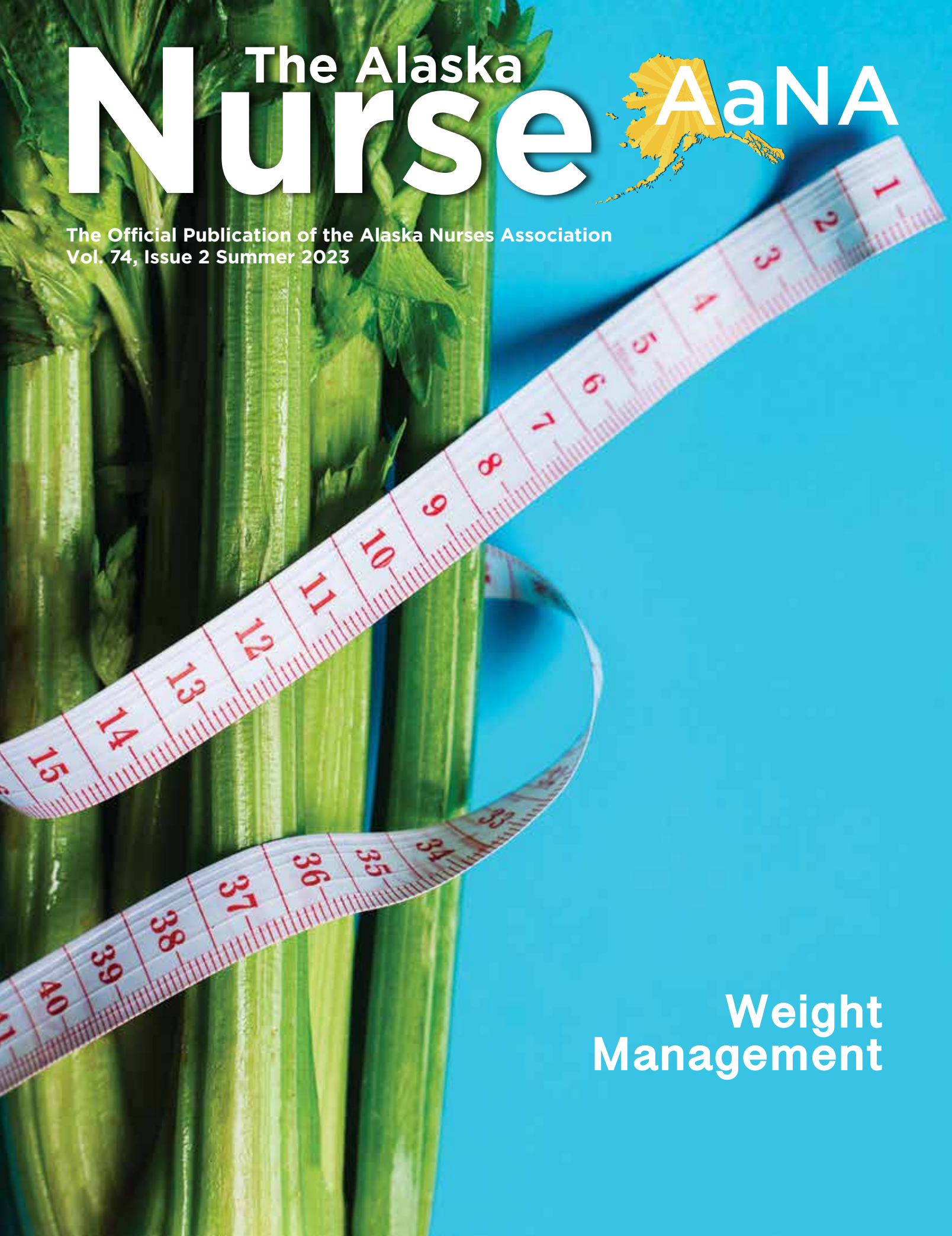

Weight Management

www.aknurse.org
3701 E. Tudor Rd. Ste. 208,
Anchorage, AK 99507

To update your address, contact AaNA:
Phone: 907.274.0827
Email: aknurse@aknurse.org

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From our President

I hope this letter finds you all in high spirits as we embrace summer! After bidding farewell to a long winter filled with snow, the arrival of this warm season is a delightful change of pace. As I sit here, savoring the sun's gentle rays and surrounded by nature's kaleidoscope of colors, I can't help but feel gratitude for the sheer beauty of it all.

Those who have followed my writings know well that I have a soft spot for two subjects that often find their way into these letters: gardening and hiking. So you can imagine my delight when I discovered that I could devote this entire letter to my passions, considering our focus on weight management and nutrition in this issue of The Alaska Nurse.

Over the summer, our gardens become a source of abundant nourishment, offering a wealth of fresh, wholesome produce. As I wander through my garden, witnessing the soon-to-be flourishing peas, zucchini, and lettuce, I'm reminded of the vital link between gardening and good nutrition.

The act of nurturing plants from seed to harvest empowers us to take charge of our dietary choices, making conscious decisions to prioritize nutritious options. There is an undeniable satisfaction that comes from plucking a ripe tomato or crisp cucumber straight from the garden and incorporating it into a wholesome meal. The flavors are unparalleled, and the nutritional benefits are abundant. Moreover, gardening offers us an opportunity to explore a diverse array of vegetables, encouraging us to incorporate a wider range of nutrient-rich foods into our diets.

Summertime's extended daylight hours and favorable weather also provide us with an abundance of opportunities to engage in outdoor activities that invigorate our bodies and souls. Embrace the beauty of our surroundings by embarking on leisurely walks or invigorating hikes through the local hills. As you traverse the trails, take a moment to immerse yourself in the serenity of nature, but also remember to exercise caution and be mindful of wildlife encounters.

Beyond the direct connection between gardening and nutrition, it's important to recognize the broader impact of these activities on our overall well-being. Engaging in gardening and outdoor pursuits such as hiking offers numerous physical and mental health benefits. The physical exertion involved in maintaining a garden or embarking on a hike contributes to maintaining a healthy weight and promotes cardiovascular health. The fresh air, sunshine, and immersion in nature provide a much-needed respite from the demands of daily life, while reaping the rewards of an active lifestyle.

I am always eager to hear your gardening stories, hiking escapades, and the delicious meals you create with your homegrown harvest. You can share your experiences and ideas by emailing me at jane@aknurse.org. Wishing you a season filled with green veggies, good health, and countless adventures outdoors!

Stay safe and take care!

Jane Erickson

Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

In This Issue

AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to Andrea@aknurse.org.

A Union of Professionals

AFT Nurses and Health Professionals News Roundup

ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

Oregon nurses union on a winning streak

The Oregon Nurses Association added three new bargaining units within the Providence Health System this spring. The elections added 215 new members, including registered nurses, physical therapists, social workers, doctors and nurse practitioners. These groups are part of a larger movement of healthcare workers joining unions in Oregon and across the country. And at the Legacy Mount Hood Medical Center in Gresham,

Ore., more than 300 nurses voted in favor of ONA union recognition in April. Nearly 700 health professionals have been organized in the state this year, and more are expected to join soon.

SEE HOW THEIR ORGANIZING EFFORTS PAID OFF: www.aft.org/news/oregon-nurses-union-winning-streak

AFT calls a Code Red for our nurses preschools

For National Nurses Week, we are highlighting our Code Red campaign, which is a response by the AFT and our healthcare affiliates around the country who are leading efforts to secure safe patient limits and other crucial protections to improve the quality of care our patients receive. From state and federal legislation requiring safe patient levels, to enforceable workplace violence standards and collectively bargained contracts that help to recruit and retain frontline caregivers, the AFT's national campaign, Code Red: Understaffing = Patient Care Crisis, leverages a variety of strategic approaches to improve the quality of care for our patients when they need it most.

LEARN ABOUT THE CODE RED CAMPAIGN: www.aft.org/CodeRed

Retirees learn to become an organizing force

More than 100 retired union activists convened in Orlando, Florida on April 17-20 for the first organizing conference of the AFT Retirees Program. The goal of the conference was to train retirees in how to be better organizers and mobilizers. Workshops were interactive and included topics such as organizing principles, messaging and community engagement. The conference stressed the importance of retirees to the AFT's organizing strategy, emphasizing how crucial they are to the union's success. Retirees came away from the conference with plans to grow and empower retiree chapters in their states.

CHECK OUT THE RETIREES PROGRAM: www.aft.org/news/retirees-learn-become-organizing-force

From invisibility to solidarity: An AAPI experience

Union leader Jessica Tang remembers growing up with no teachers who looked like her, and no Asian American or Pacific Islander history lessons in her classrooms. She hears similar stories from young people today, but also takes heart from seeing more and more AAPI educators and labor leaders, and she celebrates the many resources the AFT offers to support AAPI educators and students.

READ JESSICA'S INSPIRING STORY: aftvoices.org/from-invisibility-to-solidarity-an-aapi-experience-2102ea7e0c1e

Spring issue of AFT Health Care highlights 'Profiteering in Education'

AFT President Randi Weingarten was among a group that gathered with legislators from the Connecticut General Assembly's Public Health Committee and U.S. Sen. Richard Blumenthal to advocate for legislation that would benefit hospital workers, the Hartford Courant reports. This important legislation at both the federal and state levels would improve working conditions for healthcare workers, including creating staffing requirements at

hospitals, bans on mandatory overtime for nurses, and protections for nurses against violence in the workplace.

VIEW THE NEW ISSUE: www.aft.org/hc/spring2023/hall_bernstein

Federal bill aims to protect patient care by addressing hospital staffing

Members of Congress are redoubling their efforts to pass legislation to protect patient care by addressing the hospital staffing problem. Sen. Sherrod Brown (D-Ohio) and Rep. Jan Schakowsky (D-Ill.) reintroduced the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act on March 30, holding a press conference in front of the U.S. Capitol, where dozens of supporters gathered, including members of the AFT Nurses and Health Professionals program and policy council.

TAKE A LOOK AT THE LEGISLATION: www.aft.org/news/federal-bill-aims-protect-patient-care-addressing-hospital-staffing

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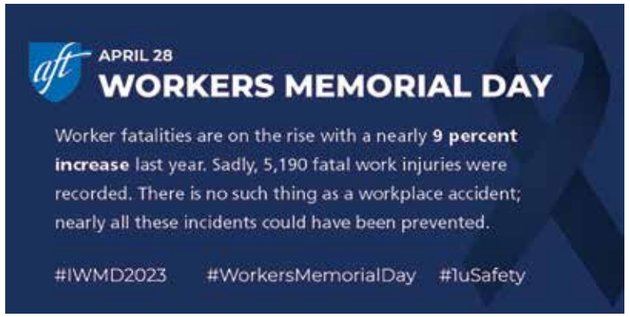
Workers Memorial Day observed

"Honor the dead and fight for the living." On April 28, Workers Memorial Day, we took time to reflect on



and honor those who've lost their lives on the job. And, as always, we recommit ourselves to the fight for safe working conditions. Safe working conditions aren't a privilege, they're a right.

SEE HOW THE FIGHT FOR WORKPLACE SAFETY CONTINUES: aflcio.org/about-us/conferences-and-events/workers-memorial-day

AFT welcomes more HBCUs to our union family

Ida B Wells. W.E.B. Du Bois. Toni Morrison, Stacey Abrams, Kamala Harris. These are just a few of the accomplished graduates of historically Black colleges and universities, but there are millions more whose experiences, while not quite as high-profile, have been just as profound. Now the AFT is more connected than ever to that legacy, as we welcome 17 HBCUs to our higher education family. We take a close look at the powerful role these increasingly popular institutions play in higher education and how unions intersect with their important work.

GET FAMILIAR WITH HBCUS : www.aft.org/news/aft-welcomes-more-hbcus-union-family

Why unions? Life-changing benefits and more

Although unions are more popular than they have been in decades, anti-union sentiment still thrives across the nation. In her latest column, AFT President Randi Weingarten describes the life-changing potential of unions and why we must continue to fight for workers' rights to organize. Beyond a tongue-in-cheek observation by The Atlantic that union membership boosts one's marriage prospects, research shows that unions provide higher pay and better benefits—especially for Black, Hispanic and female employees—and unions also work for more adequate staffing of public services, respect on the job and more.

FIND OUT WHAT UNIONS DO: www.aft.org/column/what-unions-do

ENDING THE SCOURGE OF WORKPLACE VIOLENCE

FOUR UNION LEADERS SHARE THEIR EXPERIENCES AND STRATEGIES

This is a shortened version of an article by the same name that appeared in the Spring 2023 issue of AFT Health Care. View the original article at www.aft.org/hc/spring2023

Healthcare workers help all of us in our darkest hours – relieving our pain, restoring our health, and comforting us and our loved ones. They deserve respectful, dignified, and safe workplaces. But more and more, they fear coming to work. Workplace violence has been increasing, making hospitals among the most dangerous places to work. Driven by the corporatization of care, which puts profits over patients, and exacerbated during the Covid-19 pandemic, the staffing crisis is feeding into this crisis of violence.

To better understand the extraordinary challenges facing healthcare workers, we spoke with four union leaders about their experiences with workplace violence and the changes – both institutional and legislative – needed to keep healthcare workers safe:

• **Donna Phillips**, an ICU nurse at Providence Alaska Medical Center, the Labor Council Chair of the Alaska Nurses Association, and an AFT vice president.

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• **Stacey Sever**, a former emergency room and flight nurse with Providence Health & Services, and the Health and Safety Committee Chair of the Alaska Nurses Association.

• **Jill Hasen**, a physician assistant in the University of Michigan's Rogel Cancer Center, and the president of the United Physician Assistants of Michigan Medicine.

• **Carolyn Cole**, a community mental health nurse with the Broome Developmental Disabilities Services Office, and an executive board member and council leader of New York State's Public Employees Federation.

As these four leaders make clear, we can't count on hospitals and healthcare systems to protect workers. We have to fight for the changes that will keep healthcare workers safe through collective bargaining and legislative action. That's why the AFT, led by its Healthcare Staffing Shortage Task Force, is calling for passage of the federal Workplace Violence Prevention for Health Care and Social Service Workers Act. Passed by the House of Representatives in 2021 but stalled in the Senate, this bill would require the Occupational Safety and Health Administration (OSHA) to issue a standard on workplace violence prevention planning and implementation.

EDITORS: What experiences have you and your members had with workplace violence?

STACEY: I've been a nurse with the same hospital here in Anchorage for 25 years. Most of my clinical experience is in the emergency department (ED), but I have also been an ED flight nurse and a nurse educator. Now I'm working a desk job, and one of the things that pushed me to this job was the increasing violence that I've seen over the years. Of course, earlier in my career we'd see violence in the emergency room from a patient who was under the influence of drugs or alcohol or who had mental health issues, but that happened maybe once every six months. Now, it happens once a shift in different departments, and it has become a serious issue. Staff are getting hurt and losing days on the job because of their injuries.

DONNA: I've seen the same increase in violence with little done to give workers increased protection. There are no metal detectors in our hospital, and we've had patients come into the ED with firearms in their backpacks. Hospitals can be highly emotionally charged environments. When patients or their loved ones are in a health crisis and they feel they're not getting the one-on-one attention they need, they get upset—understandably—and can easily be pushed to the brink. I've had people grab my arm so hard that I thought it was going to be fractured.

STACEY: We're also seeing increased violence in our outpatient clinics and in other units in our hospital. And the obstetrics area has seen increased violence from the partners who come in with our patients. Staff are quite frequently subjected to verbal abuse, including racist slurs. And staff are increasingly unsafe even off the job, when they're in the community. One patient recognized a caregiver at the mall and threatened them. These incidents are happening so often now that they almost blur together.

CAROLYN: Over the 40 years of my nursing career, I've experienced my share of workplace violence: I've been kicked, punched, shoved, peed on… you name it. But in my time as a community mental health nurse for New York State, I've experienced workplace violence at levels I've never seen before. My caseload is primarily patients with a dual diagnosis of mental illness and developmental disabilities. I travel out in the community alone to visit them, and it can be dangerous.

One of my patients, a 79-year-old woman with a history of aggression, headbutted me and broke my eye socket, nose, and cheekbone. A month later, I was called to the home she was living in, and she was chasing a staff member around the room, trying to beat them with a walker. Thankfully, in these instances no one was gravely injured, but other healthcare workers in my agency have been injured so badly by patients that they've been put permanently on disability.

EDITORS: Give us the bigger picture as you see it. What underlying problems are driving workplace violence?

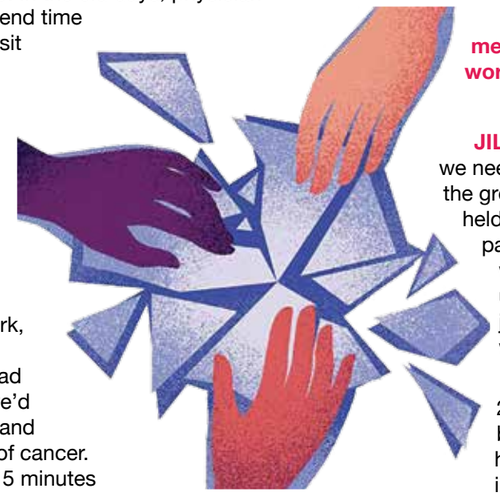
JILL: One key problem is that hospitals and EDs have been severely understaffed and overworked. Between Covid-19 and the numbers of people who use emergency care as primary care, the last few years have seen these shortages worsening.

DONNA: And they're worsening at the same time that issues with mental health and substance abuse are growing. We have seen many patients become aggressive and verbally abusive because they're having withdrawal symptoms from alcohol or opioids.

STACEY: An additional problem I see is that when patients come in, they are sicker than they have ever been before. But hospitals keep cutting staff while putting constraints on our time with patients. We've seen an increase in pressure ulcers and other hospital-acquired conditions because we're being pulled away from being able to give the extra care that we are used to providing. Management has unrealistic expectations of what can be done with the number of staff on a unit and is even adding patients to already overworked nurses.

In nursing school, you learn how important it is to develop trust with your patient and their family, but you can't do that if you can't spend time with them. When we're not allowed the time to do that, it can feel like we're cutting corners. And going home after a shift thinking, "I wish I'd done something more," really weighs on nurses.

JILL: It weighs on us, too. In the old days, physician assistants could actually spend time with our patients; we could sit and talk and really connect to build that trust. I think that's all lost now in this corporate push to get more patients and more profits in the door. Now I get just 15 minutes with each patient, and I have to see so many patients per shift because management says that's the national benchmark, but does that make it right? I just saw a patient who'd had a hemipelvectomy, where we'd removed half of their pelvis and the rest of the leg because of cancer. It's not right that I only get 15 minutes with that patient, or that I have to tell them, "I know we just cut off half of your body—and by the way, there's a positive margin in there, so we might have to take more—but I've got to go."



CAROLYN: Not having enough time and resources to do your job is incredibly stressful for staff, which creates another concern for workplace violence. Over the last several years, we've seen more nurses struggling with addiction and mental health issues and a spike in bullying and violent incidents between staff members. The strain of overwork can cause tempers to flare, and without management taking this problem seriously and providing needed mental health services and support, things can escalate.

JILL: That just underscores the ripple effect of the lack of staffing. We're in a pressure cooker, and emotions get high on all sides. When I'm an hour behind and patients are yelling, I feel like I'm failing. And I end up in the bathroom at work crying, being snippy with a nurse, or yelling at the lady in the car beside me as I drive home. None of us set out to react in these ways, but stress can push people to do things they wouldn't do under normal circumstances.

DONNA: Under the corporate model, administrators push and push and push people until they crack.

STACEY: Solving this crisis is going to take something much bigger. It's going to take legislation and a huge culture change to make sure that the healthcare environment is a safe place to be for patients and healthcare workers.

EDITORS: How are you and your members fighting to make your workplaces safer?

JILL: We organized to get the changes we need. I actually started our union from the ground up. I stood up in a meeting and held up the word "union" on a piece of paper like Norma Rae because our working conditions had become untenable. Employees hated their jobs; everyone was burnt out and wanted to quit.

We got our first contract in June 2021, so this work is new and hard, but we're making progress. We're having the necessary conversations in labor-management committees and workgroups and bringing attention to the workload issues that our frontline workers are experiencing so that we can get a resolution.

One of the most beneficial measures is the workplace violence prevention team, a multidisciplinary group that meets regularly to debrief about any incidents and make sure people are getting the communication, help, and resources they need in the aftermath. The team also provides training and education and develops prevention strategies that influence policies and procedures related to workplace violence and safety. We've seen positive changes as a result.

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STACEY: As a union, we've also pushed to increase safety measures in our facility. Fortunately, the hospital has slowly embraced the concept of scene safety, and has put in some measures to help identify patients who are at risk for violence. Now, there's a red banner that is placed in a patient's electronic medical record to indicate they have violent tendencies, and there's talk of using discreet signs outside these patients' rooms directing ancillary staff to check with nurses before entering the room, so no one goes in alone.

But we need to do far more. Tragically, Doug Brant, a Providence Home Health Care nurse, was murdered in December by a patient's grandson during Brant's first visit to the patient's home. That horrific incident seems to have motivated our administrators to revitalize workplace violence prevention programs system-wide. Here at Providence Alaska Medical Center, they've hired a quality program manager for workplace violence prevention who is reestablishing our workplace violence committee. When that committee was initially formed before the pandemic, I had to fight to join it; this time, I've been invited, so I'm hopeful that now we'll see meaningful action. We cannot continue to put nurses, or any staff, in harm's way.

STACEY: We dedicated the spring 2019 issue of our magazine, The Alaska Nurse, to workplace violence. We surveyed our members to find out how they're impacted by violence and spoke with nurses throughout the state to bring awareness to how dangerous workplace violence makes our jobs. In 2018, Alaska enacted workplace violence protection legislation with HB 312, which allows healthcare facilities to press charges for assault on healthcare workers. Trying to win federal legislation, we asked our Congressional delegation to support the Workplace Violence Prevention for Health Care and Social Service Workers Act, which demands an OSHA standard on workplace violence.

DONNA: This legislation is critical because hospitals are not going to move on this issue unless they are forced. It took the state legislation, the American Hospital Association reversing its position that no OSHA standard was needed because hospitals could be accountable to themselves on workplace violence, and the Joint Commission issuing its standard.

STACEY: The hospital was definitely not moved to make changes out of the goodness of their hearts. They were losing staff over this issue, and it was costing them money. It's unfortunate that this is what makes businesses do the right thing. The worker has to be the one to push for change, but it has to be legislated and regulated in order to actually put changes in place.

EDITORS: What other changes are needed to help prevent violence and keep healthcare workers safe?

DONNA: We need to deal with our recruitment and retention problem. It's not enough to hire people; you have to create an environment where they want to stay. One way to increase retention is to legislate a reasonable nurse-patient ratio, with fines for noncompliance. Legislation would be huge for improving workplace violence, moral injury, and retention. Because what we're doing now just isn't working.

JILL: Valuing workers starts with recruitment and means paying all staff a living wage with work flexibility and time off, which means resolving workload issues to improve work-life balance. Nurses cannot do their jobs if they don't have enough medical assistants, and they cannot spend time with their patients if they're consistently responsible for tasks outside their scope of practice. We can't continue working like this.

CAROLYN: We need to ensure that staff have the resources and support to do their jobs well, without the fear of violence. In the unfortunate event that they experience violence, they need to be taken seriously, not treated as if being assaulted is in their job description.

My mother died of cancer when I was 20, and I still remember how wonderful her healthcare team was, how great they were in caring for her and helping us cope. Forty years later, it's scary to wonder who would care for me if I became sick. This is a national problem, and I think a lot of it is due to healthcare becoming more about profit than people. Corporations can make a great profit and still invest in healthcare worker safety. We need to restore respect to the healthcare field and to those of us who have devoted our lives to caring for patients. A lot has been taken from us. But we are fighting back.

GLP-1 Medications Offer Hope in Treating Obesity

By Julie Cottrell, RN

For many decades now, nurses have been under extreme amounts of stress. As scientists discover new treatments and extend our life span through genetic breakthroughs, many healthcare professionals have witnessed the increasing demand for these new discoveries. Patients have learned to self-advocate and insist on these new treatments, thus placing more stress on the entire medical community.

Historically, nurses have always placed others before themselves. This is one quality that is quite unique to the profession of nursing. Nurses are very proficient at teaching their patients what they should and should not do before and after a procedure and advocating for all their needs.

Surprisingly enough, the American Nurses Association (ANA) approximates that 55 percent of nurses in practice today are considered obese. There are many reasons for this. Increased cortisol production occurs when an individual experiences high levels of stress in their daily life. Lack of sufficient sleep is another factor among nurses working on-call shifts, night shifts, and rotating shifts. Within hospital campuses, limited healthy food choices can exist, and missed meal breaks are exceedingly common.

It is often easier to grab a soda and chips that can be eaten on the run than to sit down and partake in a mindful, healthy, well-balanced meal that takes at least 30 minutes to consume. Very often in a 12-hour shift, a bedside nurse may get one 15-minute break and perhaps a 30-minute lunch that is interrupted several times.

We are humans with basic needs, yet often those needs go unmet. These issues have always existed and as our world becomes more focused on convenience, our choices remain unhealthy, contributing to the ongoing obesity crisis. When is a nurse supposed to take time to eat a healthy meal, sleep eight hours, exercise three to five days a week, and socialize outside of their profession?

What many nurses may not realize is that the ANA Code of Ethics for nurses references self-care several times: "The same duty that we owe to others we owe to ourselves. Self-regarding duties primarily concern oneself and include the promotion of health and safety, preservation of wholeness and integrity..."

Despite changing fads related to weight and body type – from the ultra-thin models of the 90s to the Brazilian butt lifts gaining in popularity today – the medical community has maintained recognition that obesity is linked to many poor health outcomes. By utilizing the basic metabolic index (BMI) chart, obesity is determined by one's percentage of body fat. There are many BMI calculators available to figure

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out where one would fall. A BMI greater than 27.58 percent is considered obese.

Type 2 diabetes has been directly correlated with obesity for decades. The first medication that was utilized for the treatment of diabetes and weight loss was Metformin (also known as Glucophage). This is an oral preparation that helps regulate and reduce the production of glucose by the liver and decreases the absorption of glucose by the gastrointestinal tract as well as increasing the target cell insulin sensitivity.

Another popular obesity treatment, bariatric surgery, is only considered for patients with a BMI greater than 40 percent, or a lower threshold of 37 percent for those with comorbidities such as cardiovascular disease or diabetes. The results of bariatric surgery are permanent, though it doesn't come without risk. Patients may experience infections, weight regain within ten years of surgery (unless the patient can maintain a healthy lifestyle), acid reflux, bowel obstructions, and malabsorption of nutrients – often leading to iron deficiency anemia.

Today, obesity is a well-known and increasingly used medical diagnosis that has insurance and pharmaceutical companies looking ahead toward long-term solutions for weight loss.

Fortunately, obese individuals have more choices than ever to try new approaches to weight loss, including an increasingly popular class of medications called GLP-1 (glucagon-like peptide-1) agonists. These drugs were initially designed to lower blood glucose and A1C levels in type 2 diabetics. Laboratory studies have found that, along with lowering blood glucose and A1C levels, GLP-1 drugs have the extraordinary side effect of promoting significant weight loss in obese individuals.

"How do these medications work?" you may ask. Simply put, GLP-1 is one of two main incretin hormones, the metabolic hormone that is found in the gut naturally. Incretin causes the secretion of insulin into the gut after a meal is eaten. It also slows down the digestion of food so that a person has the feeling of fullness after eating for a longer period. GLP-1 agonists mimic the action of incretin, enhancing insulin secretion and lowering blood sugar.

GLP-1 medications are usually injections that are dosed on a daily or weekly schedule and include:

- Semaglutide (Ozempic, Wegovy)
- Liraglutide (Victoza, Saxenda)
- Dulaglutide (Trulicity)
- Exenatide, Exenatide ER (Byetta, Bydureon bcise)
- Lixisenatide (Adlyxin)

As early as 2005, the first GLP-1 agonist medication was introduced as Exenatide and marketed under the trade name of Byetta. This medication is prescribed as a twice-daily injection to be taken before the two largest meals of the day and is often taken with Metformin for optimal diabetes control. Exenatide also has the added side effect of weight loss, but historically, unless a patient was diagnosed with type 2 diabetes, insurance companies would not cover the cost of the medication as a weight loss solution.

The Food and Drug Administration (FDA) is currently only approving certain GLP-1 medications strictly for weight loss. Insurance companies will generally cover GLP-1 drugs for patients with a BMI in excess of 37 percent.

One of the most popular GLP-1 drugs is Semaglutide, marketed as Ozempic and Wegovy, which are the same molecular structured medication. The FDA has approved Wegovy for weight loss exclusively, and Ozempic remains a treatment for type 2 diabetes. Wegovy has been approved with a higher dose of Semaglutide for weight loss and the maintenance of weight loss with a weekly subcutaneous injection.

Liraglutide, under trade names Victoza and Saxenda, is another GLP-1 agonist medication. Victoza is used in the treatment of type 2 diabetes, while Saxenda, like Wegovy, is a higher-dosing preparation strictly used for the treatment and management of weight loss, with a daily subcutaneous injection.

Dulaglutide (brand name Trulicity) is a GLP-1 medication that is approved for the treatment of type 2 diabetes only. It is given as a weekly subcutaneous injection.

One GLP-1 medication exists as a pill: Rybelsus (Semaglutide). This medication is used as a stand-alone treatment for type 2 diabetes only. It is not prescribed for weight loss.

The medication that has proven to be the most effective for controlling A1C and weight loss is Tirepazide, marketed under the trade name Mounjaro. Unlike the other GLP-1 medications, Mounjaro is a GIP (glucose dependent insulinotropic polypeptide) agonist in addition to being a GLP-1 agonist. GIP is the other primary incretin hormone secreted by the endocrine cells of the small intestine. Because of the dual incretin hormone actions, Mounjaro rapidly becoming the star of diabetic and weight loss drugs across the nation. The FDA is currently in the process of releasing Mounjaro as a stand-alone treatment for obesity.

GLP-1 medications have side effects that include nausea, vomiting, constipation, diarrhea, and satiety. Some individuals taking these medications have also experienced a loss of cravings for carbohydrates, especially in the simple sugar forms. When laboratory testing for GLP-1 medications during the developmental stages, researchers found increased development of Medullary Thyroid Tumors (MTC) in laboratory rats, which lead to the development of thyroid C-cell tumors and Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). It remains unknown if these medications contribute to MTC in humans. The FDA has contraindications for prescribing these medications to patients with a history of MTC or MEN 2.

Most patients that choose the use of GLP-1 medications do so with the knowledge that this is a lifelong medication regimen. Still, mindful eating, carving out time for self-care, and finding exercise that excites joy and incorporates interest: these remain essential ingredients for healthy weight management even among those using GLP-1 medications.

Proper support is critical throughout one's weight loss journey, and obesity needs to be treated by healthcare providers who specialize in this area. For many who have struggled with their weight, GLP-1 drugs offer new hope and represent a giant leap forward in obesity treatment.

AaNA's 2023

Our Kids Art Contest Winners

At the Alaska Nurses Association, we always enjoy honoring Alaska's amazing nurses during Nurses Week. This year, we held our eighth annual Kids Art Contest as part of the celebrations. With the help of the community, it was our most successful year yet! Nearly 200 kids from across Alaska created art related to the theme "Alaska Nurses Take Care of You and Me."

Because we received so many entries, the AaNA Nurses Week Taskforce held a preliminary vote to select 15-20 finalists from each age category (Kindergarten & 1st Grade, 2nd & 3rd Grade, and 4th through 6th Grade). During our two Nurses Week events held at the Bear Tooth Theatrepub, event-goers viewed the finalists' submissions and selected their favorites. The top three selections from each age category are featured here.

We hope you enjoy these beautiful depictions of our profession by Alaska's talented young artists!

Kindergarten to 1st Grade Winners

1st Place: Hyori Gal, 1st Grade, Anchorage

2nd Place: Dmitry Stuart, 1st Grade, Anchorage

3rd Place: Cameron Cardoza, K, Eagle River

2nd to 3rd Grade Winners

1st Place: Eleanor Schroeder, 3rd Grade, Sutton

2nd Place: Skyler Meeuwsen, 3rd Grade, Sutton

4th to 6th Grade Winners

1st Place: Nadia Rodriguez, 6th Grade, JBER

3rd Place: Alyvia Golden Brown, 5th Grade, Sutton

3rd Place: Jaida Dexter, 2nd Grade, Eagle River

2nd Place: Chia Butera, 4th Grade, Eagle River

Grand Prize Winner

Nadia Rodriguez, 6th Grade, JBER

For Better Eating Habits, Reflect, Replace, Reinforce

When it comes to eating, many of us have developed habits. Some are good, and some are not so good. Even if you've had the same eating pattern for years, it's not too late to make improvements.

Making sudden, radical changes, such as eating nothing but cabbage soup, can lead to short term weight loss. However, such radical changes are neither healthy nor a good idea and won't be successful in the long run. Permanently improving your eating habits requires a thoughtful approach in which you reflect, replace, and reinforce.

- **REFLECT** on all of your specific eating habits, both bad and good; and, your common triggers for unhealthy eating.
- **REPLACE** your unhealthy eating habits with healthier ones.
- **REINFORCE** your new, healthier eating habits.

REFLECT

Create a list of your eating and drinking habits. Keep a food and beverage diary for a few days. Write down everything you eat and drink, including sugary drinks and alcohol. Write down the time of day you ate or drank the item. This will help you uncover your habits. For example, you might discover that you always seek a sweet snack to get you through the mid-afternoon energy slump. It's good to note how you were feeling when you decided to eat, especially if you were eating when not hungry. Were you tired? Stressed out?

Highlight the habits on your list that may be leading you to overeat. Common eating habits that can lead to weight gain are:

- Eating too fast
- Always cleaning your plate
- Eating when not hungry
- Eating while standing up (may lead to eating mindlessly or too quickly)
- Always eating dessert
- Skipping meals (or maybe just breakfast)

Look at the unhealthy eating habits you've highlighted. Be sure you've identified all the triggers that cause you to engage in those habits. Identify a few you'd like to work on improving first. Don't forget to pat yourself on the back for the things you're doing right. Maybe you usually eat fruit for dessert, or you drink low-fat or fat-free milk. These are good habits! Recognizing your successes will help encourage you to make more changes.

Create a list of "cues" by reviewing your food diary to become more aware of when and where you're "triggered" to eat for reasons other than hunger. Note how you are typically feeling at those times. Often an environmental "cue", or a particular emotional state, is what encourages eating for non-hunger reasons. Common triggers for eating when not hungry are:

- Opening up the cabinet and seeing your favorite snack food.
- Sitting at home watching television.
- Before or after a stressful meeting or situation at work.
- Coming home after work and having no idea what's for dinner.
- Having someone offer you a dish they made "just for you!"
- Walking past a candy dish on the counter.
- Sitting in the break room beside the vending machine.
- Seeing a plate of doughnuts at the morning staff meeting.
- Swinging through your favorite drive-through every morning.
- Feeling bored or tired and thinking food might offer a pick-me-up.

Circle the "cues" on your list that you face on a daily or weekly basis. While the Thanksgiving holiday may be a trigger to overeat, for now focus on cues you face more often. Eventually you want a plan for as many eating cues as you can.

Ask yourself these questions for each "cue" you've circled:

- **Is there anything I can do to avoid the cue or situation?** This option works best for cues that don't involve others. For example, could you choose a different route to work to avoid stopping at a fast food restaurant on the way? Is there another place in the break room where you can sit so you're not next to the vending machine?
- **For things I can't avoid, can I do something differently that would be healthier?** Obviously, you can't avoid all situations that trigger your unhealthy eating habits, like staff meetings at work. In these situations, evaluate your options. Could you suggest or bring healthier snacks or beverages? Could you offer to take notes to distract your attention? Could you sit farther away from the food so it won't be as easy to grab something? Could you plan ahead and eat a healthy snack before the meeting?

REPLACE

Replace unhealthy habits with new, healthy ones. For example, in reflecting upon your eating habits, you may realize that you eat too fast when you eat alone. So, make a commitment to share a lunch each week with a colleague, or have a neighbor over for dinner one night a week. Another strategy is to put your fork down between bites. Also, minimize distractions, such as watching the news while you eat. Such distractions keep you from paying attention to how quickly and how much you're eating.

Eat more slowly. If you eat too quickly, you may "clean your plate" instead of paying attention to whether your hunger is satisfied.

Eat only when you're truly hungry instead of when you are tired, anxious, or feeling an emotion besides hunger. If you find yourself eating when you are experiencing an emotion besides hunger, such as boredom or anxiety, try to find a non-eating activity to do instead. You may find a quick walk or phone call with a friend helps you feel better.

Plan meals ahead of time to ensure that you eat a healthy well-balanced meal.

REINFORCE

Keep your eating patterns consistent. Follow a healthy eating pattern regardless of changes in your routine. Plan ahead for weekends, vacations, and special occasions. By making a plan, it is more likely you'll have healthy foods on hand for when your routine changes.

Get support from family, friends, and others. People who have successfully improved their eating habits often rely on support from others to help them stay on course and get over any "bumps." Sometimes having a friend or partner who is also focused on implementing healthy habits can help you stay motivated.

Reinforce your new, healthy habits and be patient with yourself. Habits take time to develop. It doesn't happen overnight. When you do find yourself engaging in an unhealthy habit, stop as quickly as possible and ask yourself: Why do I do this? When did I start doing this? What changes do I need to make? Be careful not to berate yourself or think that one mistake "blows" a whole day's worth of healthy habits. You can do it! It just takes one day at a time!

DECODING EATING DISORDERS

By Andrea Nutty, AaNA Programs Director

Eating disorders are serious and potentially life-threatening illnesses which can cause a variety of severe impacts to one's physical and mental health. Often stereotyped as a teenage girl's affliction, eating disorders span all age groups, genders, races, cultures, socioeconomic statuses, and body types. In fact, the majority of individuals with eating disorders are not visibly emaciated, the Academy for Eating Disorders explains.

More than doubling between 2000 and 2018, and rising more during the pandemic, eating disorders are increasingly common. Approximately 9 percent of Americans will experience one or more eating disorders during their lifetime, according to the National Association of Anorexia Nervosa and Associated Disorders.

Nurses in a variety of practice settings can play a crucial role in identifying and supporting patients with eating disorders. This article will provide an overview of the three most commonly diagnosed eating disorders: anorexia nervosa, bulimia nervosa, and binge eating disorder (BED), as well as their symptoms, health consequences, and common comorbidities. We will also discuss the importance of empathetic communication and include a list of local and national resources for healthcare workers and patients.

All eating disorders involve severe disturbances in an individual's eating behaviors and related thoughts and emotions. Eating disorders are not choices; rather, they are brain-based illnesses that require both medical and psychiatric treatment components.

According to the Alaska Eating Disorders Alliance, there is significant symptom overlap between types of eating disorders, and patients can move from one diagnostic category to another over time. Behavioral signs common to all eating disorder types include social withdrawal, difficulty concentrating, sleep disturbances, mood swings, avoiding eating in front of others, food-related rituals, and depressive or anxious symptoms.

Anorexia nervosa is characterized by extreme restrictions related to caloric intake and food types, weight loss and/or lack of ability to maintain an appropriate weight, intense fear of gaining weight, and distorted body image. While all patients with anorexia engage in self-starvation behaviors, some individuals may also binge eat and purge or exercise compulsively. Additionally, many who struggle with these symptoms are not underweight (despite significant weight loss); this is called atypical anorexia.

Over time, anorexia can lead to severe health effects, including death. Sufferers may develop osteopenia, anemia, muscle wasting, emaciation, lanugo, brachycardia, amenorrhea, infertility, constipation, and lethargy. Brain damage, heart damage, and multiorgan failure may also occur. Anorexia has the highest mortality rate of ***any*** mental illness, according to the National Institute of Mental Health.

Bulimia nervosa is another serious disorder characterized by episodes of binge eating that sufferers feel they cannot control followed by compensatory behaviors such as forced vomiting, fasting, and use of laxatives or diuretics. A fear of gaining weight and intensely negative body image are also associated with bulimia. Patients with bulimia frequently maintain a normal weight or are overweight.

A number of serious health consequences affect individuals suffering from bulimia. These include a chronically sore throat, acid reflux, anemia, lanugo, gastrointestinal upset, severe dehydration, enamel erosion and tooth decay, and electrolyte imbalances that can cause stroke, cardiac arrest, and death. Additional signs include weight fluctuations and calluses on the back of the hand from repeated self-induced vomiting.

Binge eating disorder (BED) is the most common eating disorder in the United States, with a lifetime prevalence of 2.8 percent, according to the National Institute of Mental Health. This condition is characterized by repeated episodes of binge eating without regularly using the compensatory behaviors associated with bulimia nervosa. BED sufferers describe a loss of control related to binge eating episodes and followed by intense shame or distress.

Like bulimia and anorexia, patients with BED experience great impacts to their health, including constipation, gastrointestinal upset, acid reflux, weight gain, and comorbidities associated with obesity such as hypertension, elevated cholesterol levels, heart disease, gallbladder disease and gallstones, and type 2 diabetes, according to Keck School of Medicine at University of Southern California. Though most clinically obese individuals do ***not*** have an eating disorder, up to two-thirds of those struggling with BED are clinically obese. However, it is important to note that not all patients with BED are overweight or obese, and BED can be diagnosed at any weight.

Anorexia nervosa, bulimia nervosa, and binge eating disorder frequently present with comorbid mental health conditions, anxiety being the most common for all three, according to data from the National Comorbidity Survey Replication (NCS-R). Of the three disorders, bulimia has the highest rate of comorbidity; 94.5 percent of patients with bulimia meet diagnostic criteria for another mental health condition within their lifetime. Comparatively, this applies to 78.9 percent of those with BED and 56.2 percent of those with anorexia nervosa.

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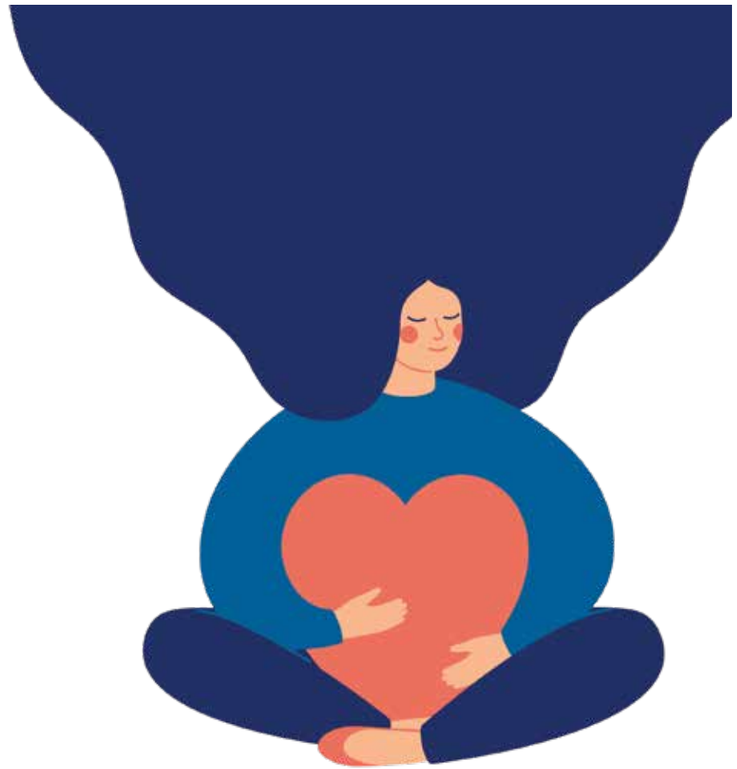
HARMFUL PHRASING	ALTERNATIVE PHRASING
Comments related to weight and appearance (e.g. “you look so good/healthy” or “you have lost/gained weight”)	“It’s great to see you!” “How are you feeling?” “Have you noticed any changes you’d like to discuss?”
Overweight, obese	Larger body or higher weight
Thin, skinny	Smaller body or lower weight
“You aren’t eating enough” “You need to eat more”	“Is your body getting enough energy to take you through the day?”
“You’re eating too much, you need to eat less, try portion control”	“Are you aware of hunger and fullness cues? Do you find yourself sometimes not eating enough only to overeat later?”
Clean eating, healthy eating, referring to foods as “healthy” or “unhealthy”	Eat a variety of foods for energy, nourishment, and enjoyment

Eating disorders are complex but treatable, and recovery is possible. According to the National Center of Excellence for Eating Disorders (NCEED), patients experiencing eating disorders are often reluctant to acknowledge their symptoms and less than half seek professional help. With proper treatment, 60 percent of patients make a full recovery, and mortality falls to just 2 to 3 percent (versus 20 percent without treatment).

Given this, it is essential to create a non-judgemental environment and to build trust with patients diagnosed with or exhibiting signs of eating disorders. Make sure to be considerate with your approach and language; some commonly used words and phrases can be unintentionally triggering or harmful to patients. A medical provider resource by the Carolina Resource Center for Eating Disorders outlines many of these and suggests alternatives; a few examples are included here:



The Carolina Resource Center also offers suggested conversation starters and additional questions to ask when concerned about a patient’s thoughts or behaviors related to eating or weight.

CONVERSATION STARTERS

- Do you currently suffer with or have you ever suffered with an eating disorder?
- Have any members of your family suffered with any eating disorder?
- Are you dissatisfied with your eating patterns?
- Do you ever eat in secret?
- Does your weight affect the way you feel about yourself?

An answer of “yes” to any of these conversation starter questions is classified as an abnormal response and should result in a referral for further assessment, the center says.

ADDITIONAL HELPFUL QUESTIONS

- Can you describe your relationship with food?
- What do you eat on an average day?
- What was the last thing you ate and when?
- Are there foods you avoid?
- Do you tend to see foods as ‘good’ or ‘bad’?
- Do you eat when you are not hungry?
- How often do you weigh yourself?
- Do you ever feel hopeless because of your struggles with food and body shape/size/weight?

Treatment of eating disorders requires a multidisciplinary team approach to address the medical, psychological, nutritional, pharmacologic needs of the patient. Ideally, the team should also include a patient’s close family members or loved ones as their supporters. Treatment is individualized and levels of care range from intensive outpatient or partial hospitalization programs to residential or inpatient treatment, depending on the patient’s medical and psychiatric stability.

Nurses can take on a variety of roles related to caring for patients with eating disorders. A nurse may provide inpatient care, serve as a patient’s case manager, or be the first to recognize signs of a patient’s disordered eating while working in an outpatient clinic or school nurse’s office. Those with expertise in eating disorders may wish to obtain the interdisciplinary Certified Eating Disorder Specialist (CEDS) credential from the International Association of Eating Disorders Professionals.

No matter the role, nurses are well-equipped to provide compassionate care for those with eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder. The hallmarks of a good nurse – active listening, empathy, open and collaborative communication, and a caring presence – are the most crucial qualities one needs when it comes to supporting individuals with eating disorders. Take these qualities, seek additional knowledge, and use a holistic and patient-centered approach. Voila! You’re ready to make a difference in the lives of patients with eating disorders.

Calendar of Events

Book Club virtual
Hosted by AaNA
Ongoing, meets every other month
Contact hours available
www.aknurse.org

TUESDAY TALKS virtual
Hosted by AaNA
June 20 @ 6 PM
Contact hours available
www.aknurse.org

2023 Love a Nurse Run
Hosted by AaNA
June 24, 2023
www.aknurse.org

TUESDAY TALKS virtual
Hosted by AaNA
July 18 @ 6 PM
Contact hours available
www.aknurse.org

TUESDAY TALKS virtual
Hosted by AaNA
August 15 @ 6 PM
Contact hours available
www.aknurse.org

Wheezin', Sneezin' & Itchin' in Alaska in-person
Hosted by AAFA Alaska Chapter
September 2023
Girdwood
www.aafaalaska.com

Nursing Narratives in-person
Hosted by AaNA
October 12, 2023
Beartooth Theatrepub
www.aknurse.org

2023 Trending Topics in Nursing Conference hybrid
Hosted by AaNA
October 12 & 13, 2023
Anchorage & Virtual
www.aanaconference.org

2023 General Assembly hybrid
Hosted by AaNA
October 14, 2023
Anchorage & Virtual
www.aknurse.org

Visit www.aknurse.org/events for frequent updates and information on AaNA events and local continuing education opportunities.

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org