

FOR IMMEDIATE RELEASE
March 6, 2008

MEDSURG Nursing News Briefs **The Journal of Adult Health**

Nurse Support Can Help Identify Patients with Sleep Apnea, Improve Treatment Compliance

Gasping for breath in the middle of the night is a frightening experience and a familiar one for those suffering from sleep apnea. According to Debra Berry in the February 2008 issue of *MEDSURG Nursing*, the most common cause of apnea sufferers' breathing troubles is an obstructed airway.

The condition, known as obstructive sleep apnea (OSA), is the most common form of sleep apnea and affects millions of Americans. In her article, Berry notes that 80%-90% of cases go undiagnosed, and she explores the risk factors and treatments, as well as the important role nurses play in caring for OSA patients.

According to Berry, continuous positive airway pressure (CPAP) is the primary treatment for OSA. Patients wear a mask that keeps their airway open by applying positive air pressure. The downside to this effective treatment, Berry says, is that patients often don't stick with it, complaining of nasal dryness, congestion, excessive noise from the mask and facial abrasions. Berry notes several randomized studies that indicate nursing support and intensive patient education improved CPAP compliance.

Berry recommends nurses become more knowledgeable of the symptoms and risk factors of OSA as they are in a unique position to identify patients with sleep apnea, educate them on OSA risks and provide support in establishing treatment. Taking these extra steps may help prevent adverse patient events. (*Case Study: Obstructive Sleep Apnea; Debra Berry, MSN, APRN, ACNP-BC, CCNS, CCRN; MEDSURG Nursing; February 2008; www.medsurngursing.net*)

Cervical Cancer/HPV Vaccine Awareness Up, But More Efforts Needed to Ensure Access and Availability

Cervical cancer remains a leading killer of women, however, thanks to a test for the human papillomavirus (HPV), the leading cause of cervical cancer, and the development of an HPV vaccine, tools exist to conquer this disease. Cervical cancer is in the public eye and tops public policy agendas, and education, outreach and prevention are at an all-time high. In the 'Cancer: Caring and Conquering' column in the February 2008 issue of *MEDSURG Nursing*, Sarah F. Wells provides an overview of cervical cancer risk factors, screening tools, prevention efforts and public policy goals.

Wells, associate director of Women in Government, an organization of female state legislators providing leadership, networking and education resources for public policy issues, says most states are making efforts to prevent cervical cancer and promote vaccination. Positive steps are being made, however, the number of uninsured women without access continues to rise.

According to Wells, Women in Government recommends the following awareness and prevention efforts in 2008:

- State departments of health should develop and implement plans to ensure girls and women have access to and receive cervical cancer screening and the HPV vaccine.
- States should consider adding the HPV vaccine to the list of required vaccines to enter middle school.
- States should encourage insurance providers to cover cervical cancer screening and the HPV vaccine.
- States should act so uninsured and underinsured women have access to cervical cancer/HPV vaccination and screening.

The 'Cancer: Conquering and Caring' column is made possible through an educational grant from C-Change (www.c-changetogether.org). (*Cervical Cancer: An Overview with Suggested Practice and Policy Goals*; Sarah F. Wells, MA; *MEDSURG Nursing*; February 2008; www.medsurnursing.net)

Nurses and Physicians Must Collaborate to Improve Medical-Surgical Patient Care

As nurses continue to leave the profession, studies have found that conflict with physicians is one stressor in the work environment. When conflict resolution and collaborative environments exist, recruitment and retention are likely to increase and patient outcomes improve. A study in the February 2008 issue of *MEDSURG Nursing* measured nurses' and physicians' perceptions of their collaborative behavior on medical-surgical units.

Gina Aya Nelson and co-authors found nurses feel they lack the assertiveness to communicate their opinions and contributions when interacting with physicians, and the authors say that until these issues are resolved, nurses may not enjoy the collaborative relationships they would like with physicians. According to the authors, physicians perceive they value and use input from nurses and are comfortable with the physician-nurse team. The two groups differ on this point, say the authors, as nurses did not share this perception.

Nelson and co-authors suggest nurses receive assertiveness training to improve their assertiveness skills and self-esteem. They recommend further studies to determine if their results can be generalized. (*Nurse-Physician Collaboration on Medical-Surgical Units*; Gina Aya Nelson, MSN, RN; Major L. King, PhD, RN, CNS; Stephanie Brodine, MD; *MEDSURG Nursing*; February 2008; www.medsurnursing.net)

#

Members of the media: Feel free to use these news briefs as filler in your publications. For more information, or if you would like to interview one of the authors, contact Linda Alexander at linda@ajj.com or 856-256-2300, ext. 2411.

More information and a complimentary copy of *MEDSURG Nursing* can be obtained by visiting www.medsurnursing.net.