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President's Message

Dear NINPAA family and friends,

Happy Nurse Practitioners Week to all! It is time for all of us to celebrate our professional accomplishments and raise awareness of the extraordinary contributions that NPs make to the health of millions of Americans.

It is my honor and privilege to serve as the President of NINPAA. I am grateful for the progress NINPAA has made within a short period of time. I am thankful to the Executive Board, Directors-at-Large, Committee Members, and to all those working hard to make our association successful.

NINPAA encourages networking at both state and national levels and strives to provide educational and professional development among its members. NINPAA will also strive to get graduating Nurse Practitioners in their clinical and employment placements. Our Inauguration was a great success. We had many successful activities: health fairs in different states, educational workshops in conference calls, discussion panels, helping other NPs in finding jobs, helping NP students in finding clinical placements. This is our first Newsletter and our first NP-Week Celebration. I want to thank our Newsletter Editor, Tesmol James, and team for working hard to make this a great success.

Henry Ford said, "Coming together is a beginning, staying together is progress, and working together is success." As Henry Ford said, let us work together and make our Association a success.

Thank you.

Aney Paul, DNP, PNP, MPH



EDITORIAL NOTE

Educate Lead Innovate Transform Empower (ELITE)

The new dawn awaits in every heart yearning to open the doors of hope for a better today. NINPAA took the first steps in January 2016 and it's just the beginning for a great rewarding journey for Indian Nurse practitioners in America. We are committed to educate the community and peers, lead the healthcare to a new dimension, innovate through technology, transform many lives, and empower like never before. NINPAA is writing this story to last a life time and let the meaning of this year's echoes in each heart to make that ELITE change to touch many lives. We bear the torch to shine the light upon the hills to lead the path.

Teshmol James MSN, RN, FNP-BC

Secretary Corner

November 4th is an auspicious day for NIPAA members because along with our first NP week celebration, our first Newsletter will also be inaugurated. This year's theme focuses on the entrepreneurship aspect of our profession reflecting our dreams and aspirations in promoting frontline NPs to fill the Physician gap in the community and lead the American people towards a brighter future. I am happy and proud to serve as the secretary for the National Indian Nurse Practitioners Association of America. Thank you all for your support.

Anu Varghese, MSN, RN, DNP, FNP

NINPAA GATHERING SPEED: REACHING ACROSS THE NATION




National Indian Nurse Practitioners Association of America (NINPAA)
Cordially invites you and your family

Nurse Practitioners Week Celebration NY 2017

Nurse Practitioners As Entrepreneurs

Saturday, November 4, 2017
11:00 AM to 3:00 PM

Sitar Palace
 38 Orangetown Shopping Center
 Orangetown, NY 10962

Contact Information:

President Dr. Anu Varghese, DNP, FNP, FNP-BC (845) 304-1580	Executive Vice President Bridget Pollock, FNP (215) 570-4270	Vice President Chitra Mary, FNP (302) 981-0109	Secretary Dr. Anu Varghese, DNP, FNP (508) 740-8811	Treasurer Priscilla Math, FNP (718) 610-3083	Program Coordinator Leena Anand, FNP (914) 439-0783
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FUEL YOUR KNOWLEDGE THROUGH MONTHLY PRESENTATION: PHQ-9 for Depression Screening



Alphonsa Mathew DNP FNP

Major depressive disorder (MDD) is one of the most common mental disorders among American adults (SAMHSA, 2013) with symptoms that result in decreased quality of life, disability, loss of productivity and suicidal ideation. The incidence of major depressive disorder is greater among patients with chronic illness (CDC, 2012; Spearing & Bailey, 2012). However, depression among the chronically ill often goes undetected without effective screening practices. Primary care (PC) settings offer a unique opportunity to recognize depression in these individuals and uses minimal staff time and resources using the Patient Health Questionnaire-9 (PHQ-9), a validated primary care depression screening instrument (Spitzer, Kroenke, & Williams, 1999). A retrospective chart review of 76 unscreened patients was conducted to compare the results (number of patients) diagnosed with depression by the current practice without the use of the screening tool (PHQ-9). Please visit:

<https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/218>

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + ____ + ____ + ____ = Total Score: ____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complex regional pain syndrome (CRPS) Deepa Jose MSN, ANP, GNP

CRPS types I and II known as reflex sympathetic dystrophy (RSD) and causalgia) was first reported by Weir Mitchell during the Civil War, where he observed injured soldiers with peripheral nerve damage from gunshot wounds developed a constant burning pain, which he called "causalgia". Pain is the hallmark of the condition, and commonly manifests as spontaneous pain, with hyperalgesia and allodynia. Associated signs include vasomotor and sudomotor active disturbances and passive movement disorders in addition to trophic changes.

For the diagnosis of CRPS the patient should demonstrate at least one symptom in each of the following categories: Sensory: Hyperesthesia - increased sensitivity to sensory stimulation
 Vasomotor changes" Temperature abnormalities, including skin color changes
 Sudomotor: Fluid retention - sweating abnormalities, edema
 Motor: Decreased range of motion, weakness, tremor, dyskinesia, or neglect
 Differential diagnosis: Painful diabetic neuropathy, Entrapment syndromes, Discogenic disease, Thoracic outlet syndrome, Deep venous thrombosis, Cellulitis, Vascular insufficiency and Lymphedema.

Treatment must be multimodal and individualize, but widespread differences exist among clinicians recommend. Initial conservative therapy during the acute stage may include TENS, elevation of the affected extremity, systemic corticosteroids, oral analgesics, and tricyclic antidepressants combined with physical therapy. Paravertebral sympathetic ganglion blockade and Continuous sympathetic nerve blockade
Ketamine is the only potent NMDA-blocking drug currently available for clinical use.

NINPAA MILESTONES

