

**HORMONE THERAPY**

“Menopausal Hormone Therapy: What We Know Now” (June), by Karen Roush, is very informative and well written. I’ve worked as a full-time women’s health NP for 23 years, and it’s refreshing to read a well-researched article whose author is a clinician.

My favorite sentence: “Before performing a risk assessment, it’s important to understand the woman’s perception of risk and what she considers to be an acceptable risk-benefit balance.” As I frequently tell students for whom I act as a preceptor in the clinical setting, the patient’s best choice is the one she will take.

As I begin the process of enrolling in a doctorate of nursing practice program, Ms. Roush’s article serves as an encouraging reminder that I can still contribute to the clinical, practical application of this degree.

Ramona G. Scott, MSN, NP
Knoxville, TN

**WEIGHT LOSS**

“Helping Patients with Weight Loss” (July, http://bit.ly/p8SMqK) is an excellent guide to the basics of weight loss and key behavior modifications. However, I was disappointed to find only one short paragraph on the emotional aspects of eating.

Many in our culture have developed a strong emotional attachment to food as a way to comfort themselves. This act of self-medicating brings temporary relief from anxiety and stressful situations but leads to eating too much—and, often, to eating too much high-calorie food.

I’d love to see a follow-up article that focuses on managing stress and negative emotions using techniques such as meditation and relaxation, exercise, yoga, and counseling. Combined with the useful tips in this AJN article, such information could help to combat a national health problem.

Carol Blanchard, RN
Boston

This article discusses in great detail the responsibility and struggles of patients, but is light on how clinicians can actually help patients to successfully lose weight.

We need to work with patients—step-by-step, throughout the process—to ensure positive outcomes. For example, clinicians can use body mass index indicators to identify problems during office visits and ensure that patients leave with a few recommendations for ways they can improve their overall health and weight. They can also go home with a referral to a specialist, such as a nutritionist, who can help them combat some of the barriers discussed in this article.

Expecting patients to remember and understand a significant amount of information, contact various specialists independently, make life changes, deal with failures, and still be successful may be one of the reasons achieving weight loss has become such an overwhelming problem for so many.

Afi Alfred, RN
Boston

**CONTACT PRECAUTIONS**

The March issue’s Emerging Infections column (“The Contact Precautions Controversy”) says, “[R]esearch consistently finds statistically significantly higher levels of depression and anxiety among patients placed under contact precautions or in isolation.” I’m not sure we needed research to tell us this, although it’s good to have it verified.

I can’t help wondering why, if patients experience such anxiety, hasn’t a mask been developed that is transparent—or at least translucent? I’d think that just seeing a caregiver’s expression would decrease anxiety.

Virginia M. Wepfer, MSN, RN
Lake Milton, OH

**SOCIAL JUSTICE**

I was moved by “Speaking Out on Social Justice” (Viewpoint, August). After teaching nursing students about congestive heart failure and Erik Erikson’s stages of psychosocial development, I instilled in them the idea that nursing doesn’t stop after we go home.

Yes, politics is our business—in the hospital, in nursing homes, in patients’ homes, on Capitol Hill. I want my students to feel a sense of responsibility. We have a great opportunity now to take charge of issues ranging from health disparities to gender-based violence. We must act!

Miguel A. Acosta, MSN, RN
Fort Lauderdale, FL

**INSULIN ADMINISTRATION AT SCHOOL**

“Battle Over Unlicensed Volunteers Giving Insulin in Schools” (In the News, August) raises an important topic: a child requiring insulin administration may need people other than the school nurse to give the injection.

I’m currently in my senior year of a bachelor of science in nursing program, but I used to teach in a high school and junior college. Some students carried insulin pumps and were able to self-administer injections. But what about the younger students?

When the school nurse is unavailable, other adults with proper training should be allowed to administer insulin injections. It’s a potentially life-saving skill akin to the ability to perform CPR.

Laura O’Brien
Rockford, IL


corrections