

LETTERS

To the editor: I write on behalf of the AANA Peer Assistance Advisors Committee, and in collaboration with Dr Leigh Taylor in response to her article: “[Substance Abuse and Misuse Identification and Prevention \(SAMIP\): An Evidence-based Protocol for CRNAs in the Workplace](#),” in the June 2020 *AANA Journal*. In addition to the information Dr Taylor presented, we wish to elaborate on the AANA resources that are available to those with substance use disorder or to those who have encountered a colleague who is struggling with alcohol or other drug use. We invite your readers to explore the following links for additional tools and resources about safe intervention, treatment recommendations, and considerations for practice re-entry:

- aana.com/sudworkplacere-sources
- AANA Position Statement and Policy Considerations: [Addressing Substance Use Disorder for Anesthesia Professionals](#) (2016).

Additionally, we wish to remind readers of the AANA Peer Assistance Helpline (1-800-654-5167) which functions twenty-four hours a day, seven days a week, offering live, confidential, and individualized help and support for yourself or CRNA/SRNA colleagues. For more information about the Helpline and AANA’s almost 40-year commitment to reducing the risk of SUD in nurse anesthesia, supporting those who need help, and advocating for non-punitive alternatives to discipline addressing in the workplace and state monitoring programs, please

visit aana.com/AboutPeerAssistance. We thank Dr Taylor for helping advance this work.

In addition to the steps needed for mitigation of SUD in the anesthesia professional presented in Dr Taylor’s model in the June 2020 *AANA Journal* article, we similarly agree that safe intervention and referral to treatment for CRNAs is paramount to public safety, hospital reputation, professional reputation, and of course, CRNA safety.

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For this article and other content related to medication-assisted treatment (MAT) and opioid use disorder (OUD), visit www.aana.com/mat.

To the editor: We wish to report what may be the first phase 4 experience with BYFAVO (remimazolam).

In July 2020, Acacia Pharma, Inc. received FDA approval for BYFAVO. The commercial release occurred in

late January 2021 and became available to our practice, which may be the first commercial, clinical use in North America. The unique pharmacokinetics of this novel “soft” drug primarily involves its carboxylic ester linkage providing a markedly rapid recovery profile through tissue esterase hydrolysis.¹

Our practice has used BYFAVO (remimazolam) in more than 20 patients during the month of February, 2021, primarily focusing on geriatric patients who have had the concomitant need for short-duration amnesia/analgesia and rapid recovery. We care for more than 800 surgical patients per month in an area of the country where there’s a large proportion of active men and women over the age of 65. Preventing delirium and other peri-operative neurological derangements in the elderly is a challenge for clinicians striving to provide a safe surgical experience while optimizing outcome. Of primary importance is ensuring brain health,² avoid-

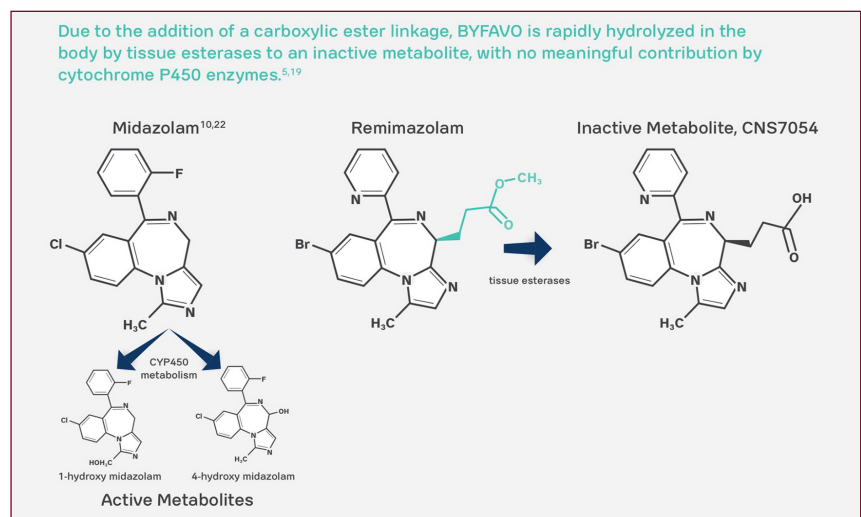


Figure 1.

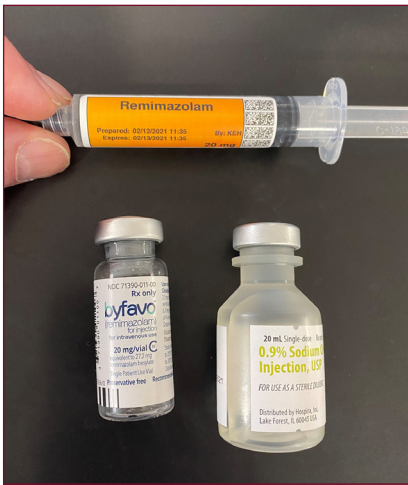


Figure 2.

ing morbidity, mortality, excessive length of stay, and cost of care.

We've targeted remimazolam use in select, older patients where we felt propofol, ketamine, midazolam,

or dexmedetomidine might have inferior clinical profiles. The procedures included cataract surgery, rigid laryngoscopy, bronchoscopy, intramedullary nailing, and hemiarthroplasty/hip fracture. The drug appears to be easily titrated and remimazolam is metabolized by tissue esterases to essentially inactive metabolites with little clinical significance, although there may be concerns in those with severe hepatic disease.³

In assessing the return of responsiveness (MOAA/S scores⁴) following administration of 5 mg to 20 mg over varying time intervals, we have appreciated a remarkably clear distinction compared to our historical pharmaceutical benchmarks. It has been our experience

that BYFAVO (remimazolam) appears to cause less “insult” to our patients’ neuropsychiatric function following their surgical procedures.

REFERENCES

1. Information found at <https://acaciapharma.com/products/byfavo>
2. Schenning KJ, Deiner SG. Postoperative delirium in the geriatric patient. *Anesthesiol Clin.* 2015;33(3):505-516. doi:10.1016/j.anclin.2015.05.007
3. Sneyd JR. Remimazolam: new beginnings or just a me-too? *Anesth Analg.* 2012;115:217-9.
4. Chernik DA, Gillings D, Laine H, et al. Validity and reliability of the Observer's Assessment of Alertness/Sedation Scale: study with intravenous midazolam. *J Clin Psychopharmacol.* 1990 Aug;10(4):244-51. PMID: 2286697.

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