

April 3, 2022 E-Newsletter

Message from the Alliance for Retired Americans Leaders

Seniors Celebrate Affordable Care Act's 12th Anniversary



Rich Fiesta, Executive Director, ARA

As the Affordable Care Act (ACA) celebrated its **twelfth anniversary** Wednesday, a number of changes the program for the

future. These include making premium reductions permanent, filling in the Medicaid gap and preventing a drop in Medicaid enrollment.

The ACA has been strengthened since its inception. The American Rescue Plan, the COVID-19 relief bill that President **Biden** signed into law last March, ramped up the financial assistance available to people buying coverage on their own through HealthCare.gov or state-run exchanges.

That boost made a big difference, often reducing premiums by thousands of dollars a year. However, the extra financial help ends at the end of this year, when premiums will go back up for millions of consumers unless Congress makes the increase permanent or extends it.

A dozen states, including Florida and Texas, still **haven't expanded Medicaid** to cover all low-income residents, as the Affordable Care Act originally envisioned — refusing to accept federal funds that were available for that purpose.

Biden and the Democrats have discussed having the federal government insure those people directly through federal action. According to several estimates, more than **2 million Americans** would become eligible for Medicaid as a result.

"Thanks to the ACA, over 130 million people have gained protection from discrimination against pre-existing conditions and no longer have to worry about arbitrary caps or limits on coverage," said **Richard Fiesta**, Executive Director of the Alliance. "Another 30 million people have coverage under the ACA through either private health insurance or Medicaid."

He added, "Coverage for pre-existing conditions and free preventive care have been tremendously important for older Americans. In addition, the ACA closed the Part D doughnut hole coverage gap, which forced millions of seniors to pay 100% out of pocket for their prescription drugs for many years. As the 13th year of this landmark law begins, there is a lot to build on."

Retirees on Fixed Incomes Live Day-to-Day Amid Rising Inflation

With inflation levels at a 40-year high, many Americans are feeling the squeeze from rising prices nationwide. Yet for those over the age of 65 who **rely on a fixed income, historic inflation presents a dire threat to their**



already strained budgets.

Roughly half of older people who are living alone already struggle to get by on less than \$27,000 a year, which the **Elder Index** regards as the bare minimum for a healthy single renter to cover expenses. This means that even the slightest increase in prices can push an older person into poverty.

And while cost-of-living increases to Social Security checks provide some relief to medium- and long- term effects of inflation, they do little to protect retirees from short- term price increases. This proves especially detrimental for the 12 percent of older adults who survive solely on Social Security income.

Elderly populations across the U.S. have already reported cutting back on necessities such as meat, vegetables, personal care and even hot showers. Seniors experiencing homelessness are expected to **triple in number** by the next decade, due in part to rapid inflation.

"Far too many older Americans struggle to survive on Social Security checks alone," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "That's why it's so urgent to expand Social Security and increase benefits by



Joseph Peters, Jr. Secretary Treasurer ARA

making the wealthiest Americans pay their fair share to help ensure a secure retirement for all."

Democrats Eye Plans to Substantially Drop the Price of Insulin



Robert Roach, Jr. President, ARA

Senate Democrats are **proposing legislation** to cap insulin prices at \$35 a month, after previous attempts to reduce drug prices

stalled in Congress. The cap would likely be combined with a bipartisan bill targeting pharmacy middlemen known as pharmacy benefit managers and is a top priority of Sens. Raphael Warnock (GA) and Jeanne Shaheen (NH).

With prices of insulin in the U.S. **7 times** those in other countries, the proposed plan could provide financial relief to at least 1 out of 5 insulin users with different types of private health insurance, **a new KFF analysis** of insurance claims data has found. According to the American Diabetes Association, nearly 1 in 3 people over the age of 65 have Type 1 or Type 2 diabetes.

"We welcome all proposals that bring relief to people facing skyrocketing prescription drug costs," said Robert Roach, Jr., President of the Alliance. "Of course, allowing Medicare to negotiate lower prices for all prescription drugs remains our number one goal."



ADD YOUR NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

Big Pharma Is Betting on Bigger Political Ambitions From Sen. Tim Scott

Sen. Tim Scott, a rising star in the Republican Party with broad popularity in his home state of South Carolina, is getting showered with drug industry money before facing voters this fall.

Scott was the top recipient of pharma campaign cash in Congress during the second half of 2021, receiving \$99,000, [KHN's Pharma Cash to Congress database](#) shows, emerging as a new favorite of the industry. Though Scott has been a perennial recipient since arriving in Congress in 2011, the latest amount is nearly twice as much as his previous highest haul.

Why Tim Scott? South Carolina's junior senator is someone widely viewed as destined for greater things

during his political career. And this is an existential moment for the American pharmaceutical industry when securing allies is critical. Congress is under intense pressure to rein in the high prices of medicines in the U.S., which are often several times those in other developed countries. Roughly 1 in 4 adults report difficulty affording their prescription drugs, according to [KFF polling](#). Further, [83% of Americans support](#) the idea of Medicare negotiating with pharmaceutical firms to lower prices for both its beneficiaries as well those with private insurance — that's 95% of Democrats, 82% of independents, and 71% of Republicans.



The industry needs people like Scott, who has introduced several health-related bills in recent years and maintains [drug industry-friendly positions](#), in its corner. He opposes proposals introduced in legislation backed by most Democrats in Congress to let Medicare negotiate prices. In 2019, when the Senate Finance Committee considered a drug pricing bill crafted by Sen. Chuck Grassley (R-Iowa) and Sen. Ron Wyden (D-Ore.), Scott [voted against](#) a measure that would have amended the legislation to allow Medicare drug price negotiation. (Scott himself was absent but registered his opposition through a proxy vote.) In September, as the top Republican on the [Senate's](#)

[Special Committee on Aging](#), he released a [report](#) arguing that [HR 3](#), a sweeping measure from House Democrats to tamp down prices, would result in "shattered innovation" and "bankrupt businesses," echoing arguments made by pharma companies.

"Democrats propose the federal government should be in charge of deciding the price of treatments, instead of a competitive free marketplace sustained by companies driving innovation," the report stated. The bill would have allowed the federal government to negotiate prices for certain costly medicines and penalize drug companies that don't cooperate, among other provisions.... [Read More](#)

The FDA is expected to authorize 2nd boosters for people 50 and up

Anyone 50 years and older could soon be eligible for a second booster dose of the Moderna or Pfizer-BioNtech COVID-19 vaccine. The Food and Drug Administration is expected to authorize the additional booster shots without holding a meeting of its independent vaccine advisors.

The plan comes as evidence increases that protection from three shots is fading and a fourth shot would help boost immunity back up. And as [BA.2, an even more contagious](#) version of the omicron variant, continues to spread in the U.S., concern is



mounting it could fuel another surge. "We have a large number of people who are at least four to six months past their third shot," says [Dr. Eric Topol](#), founder and director of the Scripps Research Translational Institute, who supports the move.

"Without protection against the omicron variant, particularly now we're confronting BA.2, there's a very high risk of hospitalization and death," he says.... [Read More](#)

[Update, FDA approves second booster.... Read More](#)

Roundup: 2022 Medicare benefits and more

We're already three months into the new year. It seems time to put together all the information you might need to be on top of your Medicare health care costs and how to save money in 2022.

What are your typical costs? Even with Medicare, health care costs can be quite high. The typical person spends more than [\\$6,000 out of pocket](#) on premiums, deductibles and coinsurance.

- ◆ [2022: Medicare out-of-pocket costs](#)
- ◆ [2022: Medicare Part D coverage and costs](#)
- ◆ [What are Medicare premium and other costs in 2022?](#)

What are the advantages of traditional Medicare and the risks of Medicare Advantage

plans? Unlike Medicare Advantage, traditional Medicare covers your care from most doctors and hospitals in the US without administrative obstacles. The key reason people do not opt for traditional Medicare is that they need to buy supplemental coverage to fill coverage gaps. because traditional Medicare has no out-of-pocket cap. (People with Medicaid and some people with retiree benefits from their jobs have that coverage.) Supplemental coverage can cost more than \$2,000 a year. But, once you have Medicare supplemental coverage, your out-of-pocket costs are quite small. Medicare Advantage has an out-of-pocket cap, but depending upon the plan you choose, you could be



responsible for as much as \$7,550 out of pocket, posing a serious financial barrier to care. You can't buy supplemental coverage to fill gaps in Medicare Advantage and generally are limited to coverage for care from a restricted network of doctors and hospitals.

- ◆ [Four things to think about when choosing between traditional Medicare and Medicare Advantage plans](#)
- ◆ [Ten ways Medicare Advantage plans differ from traditional Medicare](#)
- ◆ [How to save money on care Medicare does not pay for?](#)
- ◆ [2022: Programs that lower your health care costs if you have Medicare](#)

- ◆ [Important national resources for older adults](#)
- ◆ [Area Agencies on Aging help with free local resources for older adults](#)

How to save money on drugs?

- ◆ [Millions safely import low-cost drugs from abroad](#)
- ◆ [Mark Cuban launches low-cost drug pharmacy](#)

How to save money on emergency care?

- ◆ [Round up: Emergency care](#)

Who to call with questions about Medicare? [Avoid agents and brokers](#), many of whom profit from steering you to coverage that benefits them and might not benefit you. Instead, for free unbiased assistance, call your [State Health Insurance Assistance Program](#) or SHIP.



National WEP/GPO Repeal Task Force Day of Action May 18, 2022 Washington D. C.More Information to follow.



Senior Citizens League Update for Week Ending March 26, 2022

President Again Calls for Lower Drug Prices in his New Budget Proposal

It was just three weeks ago that Congress finally passed legislation to fund the federal government for the rest of the current 2022 fiscal year. Now, President Biden has sent to Congress his proposed budget for fiscal year 2023, which will begin on October 1.

It is important to know that the budgets Presidents send to Congress each year never are enacted as is. Instead, they become the starting point for negotiations in Congress and they reflect where the President's priorities are for the coming fiscal year.

And while indicating his support once again for legislation to lower prescription drug prices as well as funding for other parts of last year's budget proposal his new budget avoids offering price tags or revenue assessments for them.

White House officials said the budget omitted the details to essentially create a place holder in the document and give

Democrats on Capitol Hill the space and flexibility to negotiate a final agreement.

In particular, the President is seeking ways to win the vote of Senator Joe Manchin (D-W.Va.) who almost single-handedly stopped the President's proposal this year that would have lowered drug prices, among many other things.

The White House had some hopeful news last week when Senator Manchin told climate activists and clean-energy executives that he is interested in restarting negotiations on a slimmed-down version of the Build Back Better Act that would focus on climate change, prescription-drug prices, and deficit reduction, according to a person familiar with the matter.

In his new budget proposal the President also promises large-scale efforts to unclog supply-chain bottlenecks that are raising costs.

Last week in a speech to the National Association for Business Economics Conference Cecilia Ross, Head of the



President's Council of Economic Advisors, told the group that the President is looking to help address

many of the costs in childcare, prescription drug healthcare, and other parts of his Build Back Better proposal. She said he's looking to pass what he can, that this is his agenda and he will be fighting for it every day. She said he is committed to deficit reduction along the way as well.

The proposal calls for \$138 billion for the Department of Health and Human Services, a \$29.4 billion or 27.1% increase compared to fiscal 2021, which agencies were operating under with some adjustments until passage of this month's fiscal 2022 spending law.

Also, of interest to many TSCCL supporters, the Department of Veterans Affairs would receive \$135 billion under the proposal, an increase of \$30.7 billion, or 29.4%, compared to fiscal 2021.

* * * *

President Seeks to Prepare for Future Pandemics

Even as we seem to be getting back to normal in our everyday lives, the new Omicron subvariant virus is spreading in the nation. While it seems to be even more contagious than the original Omicron, it does not generally produce more severe illness.

Health officials believe that we will be all right until late next fall or winter, at which time our immunity from the vaccines will begin to wear off. In the meantime, they will continue to track the virus and make determinations about what to do as the situation develops.

In his new budget proposal, the President would like health agencies to get \$81.7 billion in mandatory funding over five years to help prepare for future pandemics.

The administration wants to start a program to give free vaccines to adults without insurance, modeled after the existing one for children, and spend \$975 million boosting the nation's stockpile of disease countermeasures.

All You Need To Know About Collecting Social Security While Still Working

Social Security retirement benefits are meant as a supplemental income source, to be used in conjunction with personal retirement savings or pensions. As such, many "retirees" continue to work part-time or side jobs in order to **maintain their standard of living**. One important thing to note, however, is that in some cases earning outside income can reduce the amount of your Social Security payout. Here's a brief overview of what you need to know about collecting Social Security while still working.

Full Retirement Age

If you wait until your full retirement age to claim Social Security benefits, you're in luck. No matter how much you earn on the side, your Social Security earnings won't be reduced. For

those born between 1943 and 1954, full retirement age is 66. Full retirement age increases by 2 months every year for those born between 1955 and 1959, until it reaches 67 for those born in 1960 or later.

Payout Reduction for Working Before Full Retirement Age

The Social Security Administration doesn't prevent you from working and earning after you've begun drawing payments, but it will temporarily reduce your benefits if you haven't yet reached full retirement age. Specifically, the SSA will reduce your benefits by \$1 for each \$2 in earnings you have above the annual limit. In 2021, this limit is \$18,960.

Imagine a scenario in which you're 63 and drawing Social



Security benefits but also working a part-time job and earning \$28,960. In 2021, your benefits will be reduced by \$5,000, as you're earning \$10,000 above the annual limit.

However, you shouldn't let this deter you from working while drawing Social Security benefits. What many taxpayers overlook is that no matter how much the SSA withholds from your payouts, you're still entitled to that money. Once you hit full retirement age, the SSA will increase the amount of your benefit to account for prior withholdings.

Special Rules for the Year You Hit Full Retirement Age

In the year you reach full retirement age, you're likely to go over the SSA earnings limit,

as you might still be working your full-time job for half the year or more. In recognition of this, the SSA makes some adjustments to the earnings withholding policy. Rather than reducing benefits by \$1 for every \$2 you earn, in the year you hit full retirement age, your benefits are only reduced by \$1 for every \$3 you earn. Additionally, the earnings limit gets a substantial boost, from \$18,960 to \$50,520.

So, if you earn \$59,520 before hitting full retirement age, your payout will be reduced by \$3,000, as you're \$9,000 over the earnings limit. However, the month you hit full retirement age, your benefits will be adjusted upwards to reflect the prior withholding.

Bill of the Month: The Case of the \$489,000 Air Ambulance Ride

Sean Deines and his wife, Rebekah, were road-tripping after he lost his job as a bartender when the pandemic hit. But while visiting his grandfather in a remote part of Wyoming, Sean started to feel very ill. Rebekah insisted he go to an urgent care center in Laramie.

“Your white blood count is through the roof. You need to get to an ER right now,” Deines, 32, recalls a staffer saying. The North Carolina couple initially drove to a hospital in Casper but were quickly airlifted to the University of Colorado Hospital near Denver, where he was admitted on Nov. 28, 2020.

There, specialists confirmed his diagnosis: acute lymphoblastic leukemia, a fast-growing blood cancer.

“Literally within 12 hours, I

needed to figure out what to do with the next step of my life,” said Deines.

So, after he was started on intravenous treatments, including steroids and antibiotics, in Colorado to stabilize him, the couple decided it was prudent to return to North Carolina, where they could get help from his mother and mother-in-law. They selected Duke University Medical Center in Durham, which was in his insurance network.

His family called Angel MedFlight, part of Aviation West Charters of Scottsdale, Arizona, which told Rebekah Deines that it would accept whatever the couple’s insurer would pay and that they would not be held responsible for any remaining balance.



Sean Deines was flown to North Carolina on Dec. 1, 2020, and taken by ground ambulance to Duke, where he spent the next 28 days as an inpatient.

By his discharge, he felt better and things were looking up.

Then the bills came.

The Patient: Sean Deines, 32, who purchased coverage through the Affordable Care Act marketplace with Blue Cross Blue Shield of North Carolina.

Medical Service: A 1,468-mile air ambulance flight from Colorado to North Carolina, along with ground transportation between the hospitals and airports.

Service Provider: Aviation West Charters, doing business as Angel MedFlight, a medical transport company.

Total Bill: \$489,000, most of which was for the flight from Denver, with approximately \$70,000 for the ground ambulance service to and from the Denver and Raleigh-Durham airports.

What Gives: Insurers generally get to decide what care is “medically necessary” and therefore covered. And that is often in the eye of the beholder. In this case, the debate revolved first around whether Deines was stable enough to safely take a three-plus-hour commercial flight to North Carolina during a pandemic or required the intensive care the air ambulance provided....[Read More](#)

Am I a Senior Citizen? Age, Terminology, and What "Old" Really Means

What makes someone a senior citizen? Age definitions tend to be a moving target. Some places offer **senior discounts** or memberships to people who have barely passed the half-century mark, but social programs like Medicare are generally off-limits to people under 65. So when exactly does a person become a senior citizen? Where is the

boundary between middle age and old age?

The short answer is that it varies. But while there is no universally accepted standard regarding the age at which people become senior citizens, most Western industrialized nations consider the onset of old age to be at age 60 or 65. That’s when most



Americans retire and become eligible for assistance programs based on age.

But there’s more to age than just a number. This article examines the different meanings behind the terms and concepts associated with getting older and explores how people’s perceptions of age have changed

over time.

Contents

- ◆ [Old, elderly, or geriatric? Definitions and connotations](#)
- ◆ [When does old age begin?](#)
- ◆ [The positive and negative effects of age stereotypes](#)

Dear Marci: What is an Annual Wellness Visit?

*Dear Marci,
My sister just went to her doctor for an Annual Wellness Visit and recommended I do the same. I don’t think I’ve had this type of appointment before, though. What is it and what should I expect?*

-Douglas (Westminster, CO)

Dear Douglas,

The **Annual Wellness Visit (AWV)** is a yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Keep in mind that the AWV is not a head-to-toe physical. Also, this service is similar to but separate from the one-time **Welcome to Medicare preventive visit**.

During your first Annual Wellness Visit, your PCP will

develop your personalized prevention plan.

Your PCP may also:

- ◆ Check your height, weight, blood pressure, and other routine measurements
- ◆ Give you a health risk assessment
- ◆ Review your functional ability and level of safety
- ◆ Learn about your medical and family history
- ◆ Make a list of your current providers, **durable medical equipment (DME)** suppliers, and medications
- ◆ Create a written 5-10 year screening schedule or checklist
- ◆ Screen for cognitive impairment, including diseases such as Alzheimer’s and other forms of dementia



Dear Marci

◆ **Screen for depression**

◆ Provide health advice and referrals to health education and/or preventive counseling services aimed at reducing identified risk factors and promoting wellness

AWVs after your first visit may be different. At subsequent AWVs, your doctor should:

- ◆ Check your weight and blood pressure
- ◆ Update the health risk assessment you completed
- ◆ Update your medical and family history
- ◆ Update your list of current medical providers and suppliers
- ◆ Update your written screening schedule
- ◆ Screen for cognitive issues

◆ Provide health advice and referrals to health education and/or preventive counseling services

Original Medicare covers the Annual Wellness Visit at 100% of the Medicare-approved amount when you receive the service from a **participating provider**. This means you pay nothing (no deductible or coinsurance). Medicare Advantage Plans are required to cover AWVs **without applying deductibles, copayments, or coinsurance** when you see an in-network provider and meet Medicare’s requirements for the service.

Contact your healthcare provider if you want to schedule your Annual Wellness Visit!

-Marci

Private equity-owned hospice and home health agencies drive up Medicare spending, jeopardize quality of care

Jake Johnson writes for **Common Dreams** about a new report from the **Private Equity Stakeholder Project** that focuses on private equity's "disastrous" hold on home health care and hospice care. Vulnerable older adults and people with disabilities are paying a high price, as is the Medicare program. Congress is sitting back and watching.

Non-profit agencies once provided most home health and hospice services. Today, **for-profit** companies have taken over the majority of these two industries. Two in three hospices are for-profit and two in five home health care agencies are for-profit. Private equity has invested heavily in the corporations that own these agencies.

Medicare home health care and hospice care can be good money for corporations, so long as care is limited and low-cost. So, they are likely working to get more people to take advantage of these benefits. More Medicare investment in

this care would be wonderful—many people who would benefit from this coverage are unaware they are eligible for it—if the money is being spent wisely and being directed towards more people with Medicare who want and need these benefits.

But, if private equity investment in **nursing homes** and **PACE programs** is any indication, people are getting far lower quality hospice and home health care from companies with private equity backing, and Medicare is spending more than it should for their care. Private equity **ownership of nursing homes** is associated with poorer care and more deaths. The home health and hospice industries are even less regulated than nursing homes.

With private equity, profits come first. The cost to vulnerable older adults and people with disabilities receiving care from private-equity backed companies is likely high but hard



to measure. In a 2021 Congressional hearing on private-equity owned nursing homes,

Congressman Bill Pascrell of New Jersey asked, "How many grandmothers and grandfathers died because profits were prized above lives, with our taxpayer dollars funding this?"

So, are any private-equity owned hospice agencies delivering quality care and not driving up Medicare spending needlessly? As with Medicare Advantage plans, we do not have good agency-specific information. The Private Equity Stakeholder Project report concludes, more generally: "Unfortunately, for-profit home healthcare and hospice companies have been linked to lower standards of care compared to their non-profit counterparts, including, but not limited to, a lower number of visits to patients by healthcare professionals (registered nurses, physicians, or nurse practitioners) in their final days in hospice, higher rates of

hospitalization in home healthcare, and poorly paid—yet highly stressed—employees in both sectors." "This is additionally troubling, because such for-profit entities serve higher percentages of people of color and those with low incomes."

Congress needs to start paying attention. Already a number of home health and hospice agencies have been charged with overbilling Medicare, underpaying their workers and neglecting patient care needs. For example, there are allegations that Kohlberg Kravis-owned BrightSpring, a home health care agency, put patients at risk, and other private-equity backed agencies have been charged with fraudulent billing of Medicare and Medicaid.

In October of last year, Senator Elizabeth Warren **reintroduced** the Stop Wall Street Looting Act to stop private equity's "predatory" and "abusive" practices, but that bill is going nowhere at the moment.

Identity Fraud Losses Total \$52 Billion in 2021, Impacting 42 Million U.S. Adults

A new study shows that traditional identity fraud losses, caused by criminals illegally using victims' information to steal money, exploded in 2021 to \$24 billion (USD)—an alarming 79% increase over 2020. Further, the number of adults in the United States impacted by traditional identity fraud grew more than 50%, reaching more than 15 million victims.

These findings are from the 2022 edition of Javelin Strategy & Research's annual identity fraud study. Javelin, part of the Escalent family, helps its clients make informed decisions in a digital financial world. The study's Platinum sponsors

include AARP, Equifax, FIS and Iris Powered by Generali ("Iris"). Silver sponsors of the report include BioCatch and Neustar, joined by Bronze sponsors Experian and TransUnion.

The study also found that losses from identity fraud scams, in which a fraud operator influences a victim to divulge or expose their personal information, added another \$28 billion in impact victimizing an additional 27 million U.S. adults. Taken together, identity fraud losses totaled \$52 billion and affected 42 million U.S. adults.

"Criminals reverted to pre-pandemic tactics in 2021 by



focusing on virtual attack vectors such as bots, malware and a variety of identity fraud scams,"

said John Buzzard, Javelin's lead fraud and security analyst and author of the report. "Further, the 2021 data has shown criminals will change strategies to evade detection and maximize the amount of information they can extract from victims."

"Criminals reverted to pre-pandemic tactics in 2021 by focusing on virtual attack vectors such as bots, malware and a variety of identity fraud scams," said John Buzzard, Javelin's lead fraud and security analyst and author of the report. "Further, the

2021 data has shown criminals will change strategies to evade detection and maximize the amount of information they can extract from victims.

The study, now in its 19th year, uncovered major shifts in the way criminals defrauded victims in 2021. Among the trends observed were huge increases to account takeover fraud and new account fraud in which fraud operators deployed multiple tactics to steal victims' personal information to drain them of billions of dollars. The findings include...[Read More](#)

Boomers Face This Risk in Retirement: Here's How to Avoid It

Baby boomers seem to be overestimating how long their retirement savings will last — or maybe underestimating how long they'll live.

Recent research from the Center for Retirement Research

at Boston College found that boomers may be drawing down their retirement wealth faster than previous generations because they lack the widespread access to pensions that older



generations enjoyed. Using data from the University of Michigan's Health and Retirement Study, CRR researchers determined that the more annuitized resources retirees

have at their disposal, the slower they draw down their wealth. A **financial adviser** can help you calculate how much retirement savings and income you'll need once you stop working.

[Here's how to avoid this risk.](#)

When Is It Time for a Knee Replacement?

Knee replacement surgery is one of the most common procedures in the United States, with more than 790,000 performed each year.

Deciding the time for knee replacement needs to be determined by you and your doctor, but certain factors make it more likely, according to experts at Keck Medicine of the University of Southern California.

◆ **Bad arthritis.** "Osteoarthritis, rheumatoid arthritis and post-traumatic **arthritis** affect the knee through different mechanisms, however, these different conditions are similar in that they all result in loss of cartilage, which causes pain and loss of motion," Dr. Nathanael Heckmann, orthopedic surgeon at Keck Medicine, said in a Keck news

release. "When these symptoms become severe, knee replacement surgery may provide considerable symptom relief by replacing the worn-out surfaces of the knee."



- ◆ **When nonsurgical treatments such as medications, steroid injections and physical therapy are no longer effective.** "As time passes, these arthritic conditions tend to progress in severity, rendering these types of treatments less and less effective," Heckmann said.
- ◆ **Your knee pain prevents you from doing normal activities or caring for yourself.** "In general, the timing of a total knee replacement is determined by the impact the

knee is having on your quality of life," said Dr. Jay Lieberman, chief of orthopedic surgery at

Keck Medicine. "If conservative treatments are not working and you have significant pain while walking, you may be a good candidate for surgery."

- ◆ **Severe knee pain.** Especially if it happens even when resting and you can't sleep.
- ◆ **Swollen knees.** Particularly if your knee is always swollen.
- ◆ **Your knee has become deformed.** If you have advanced arthritis, it can affect the way you walk, which can also lead to further problems elsewhere in your body.
- ◆ **You're of a certain age.** While knee replacements are done in people of all ages, they're most common in those

older than 60. That's because younger people's more active lifestyles may place too much strain on the artificial knee and shorten how long it lasts, and second replacement surgeries may not be as successful.

If you're thinking about knee replacement surgery, you need to know that you may have to avoid high-impact activities. "Total knee replacement is quite successful in enabling patients to return to an active lifestyle -- patients can perform all types of recreational activities, including hiking, bicycling, skiing, surfing, tennis and golf," Lieberman said in the release. "In general, we do not limit activities but suggest that patients avoid impact activities on a consistent basis to reduce wear on the prosthesis."

Stroke Tied to Higher Risk for Depression and Other Mood Disorders

Stroke survivors may have a higher risk of developing depression or another mood disorder within the first year, according to new research that compared their risk to the general public as well as people who survived a heart attack.

Past research shows depression is common after stroke, affecting nearly one-third of survivors. For the new study, researchers wanted to dig deeper and see how stroke impacts other mental disorders.

The study, published

Wednesday in the American Heart Association journal *Stroke*, focused on 86,111 people in Danish hospitals from 2004 to 2018 with no history of mental health disorders who had a stroke.

It found that stroke survivors had a 15% risk of developing a mood disorder, primarily depression, within the first year. This risk corresponded to an approximately 2.3-fold increased risk compared with matched individuals from the Danish



general population. Stroke survivors also had an increased risk for other mental health problems, including substance abuse disorders and stress and anxiety disorders, as well as brain disorders such as dementia. But these conditions were less common.

"Prevention of these outcomes has obvious importance. But unfortunately, that is easier said than done," said Nils Skajaa, the study's lead author. He called for increased recognition of post-

stroke mental disorders and early interventions, including counseling.

"Although risks tended to be higher after severe stroke, risks were still increased in patients with mild stroke -- which emphasizes a need for mental health evaluation even in patients with seemingly full physical recovery," said Skajaa, a Ph.D. student in clinical epidemiology at Aarhus University Hospital in Denmark....[Read More](#)

What is empyema?

Empyema is a health condition that affects the space between the outermost layer of the lungs and the inner lining of the chest wall, known as the pleural space. This space exists to help the lungs expand and contract.

The pleural space naturally contains a small amount of fluid. Empyema happens when extra fluid begins to collect there. Different strains of bacteria cause fluid and **pus** to build up in the pleural space. **Often, pneumonia** causes

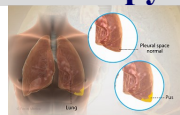
empyema.

In this article, learn about the symptoms, causes, and risk factors for empyema, as well as the treatment options.

Empyema symptoms

Symptoms of empyema may include:

- ◆ having pneumonia that does not improve
- ◆ a **fever**
- ◆ chest pain
- ◆ a cough



- ◆ pus in mucus
- ◆ difficulty breathing
- ◆ a crackling sound in the chest

◆ decreased breathing sounds a dull sound when tapping chest
On an X-ray, a healthcare professional may be able to see the buildup of fluid in the area. Without treatment, empyema can progress through **three stages** [Trusted Source](#):

- ◆ **Symptoms**
 - ◆ **Causes**
 - ◆ **Risk factors**
 - ◆ **Diagnosis**
 - ◆ **Treatment**
 - ◆ **Rare complications**
 - ◆ **Outlook**
-[Read More on each of the topics related to Empyema](#)

Activities of Daily Living for Seniors

Losing the ability to perform basic self-care skills can make it difficult and even dangerous to live alone, but it may be possible to accommodate for some losses.

Independence is a precious commodity we particularly value as we age; but when you're no longer able to do things like shop for food, prepare meals or handle medications, it can put you at risk for an accident, injury or illness.

Activities of Daily Living Needed to Remain at Home

What are ADLs? Activities of

daily living, or ADL, are the life tasks that people need to be able to perform to live safely at home and be independent. How someone can handle any or all of these basic self-care skills helps determine what level of care or support they might need.

ADLs are needed for an individual's basic functional living, and being able to perform the activities of daily living independently are key for anyone who wants to live on their own.

Activities of daily living



examples include:

- ◆ Feeding.
- ◆ Contenance (the ability to control bladder and bowel function).
- ◆ Walking independently.
- ◆ Toileting (the ability to get to and from the bathroom and use the toilet without assistance).

Instrumental Activities of Daily Living

In addition, the instrumental activities of daily living, or IADLs, are equally important for older adults who live on their

own.

These IADL skills are:

- ◆ Using the Telephone.
- ◆ Shopping.
- ◆ Preparing food.
- ◆ Housekeeping.
- ◆ Doing laundry.
- ◆ Using transportation.
- ◆ Handling medications.
- ◆ Handling finances.

[...Read More on each of the above topics](#)

Will a Little Drinking Help Your Heart? Maybe Not

If you believe an occasional tittle is good for your heart, a new study may make you reconsider the notion.

Some previous research has suggested that light drinking may benefit the heart, but this large study concluded that any amount of drinking is associated with a higher risk of heart disease, and that any supposed benefits of alcohol may actually be due to healthy lifestyle habits practiced among light and moderate drinkers.

"The findings affirm that alcohol intake should not be recommended to improve cardiovascular health; rather, that reducing alcohol intake will likely reduce cardiovascular risk in all individuals, albeit to different extents based on one's

current level of consumption," study senior author Dr. Krishna Aragam said in a Massachusetts General Hospital news release. He's a cardiologist at the hospital and an associate scientist at MIT's Broad Institute.

In the study, the researchers analyzed data from more than 371,000 British adults who had an average of nine drinks a week.

As in previous studies, this new paper found that light to moderate drinkers had the lowest heart disease risk, followed by people who did not drink. People who drank heavily had the highest risk.

However, light to moderate drinkers tended to have healthier lifestyles than those who didn't drink, including more physical



activity, more vegetables in their diet and less smoking. Taking just a few healthy lifestyle factors into account made any benefit associated with alcohol less significant, according to the study published March 25 in the journal JAMA Network Open.

The researchers also conducted a genetic analysis of samples from study participants and discovered substantial differences in heart risk from drinking, with minimal increases in risk when going from zero to seven drinks per week, much higher increases when going from seven to 14 drinks per week, and especially high risk with 21 or more drinks per week.

Significantly, the findings suggested a rise in heart risk

even at levels of drinking considered "low risk" by the U.S. Department of Agriculture (less than two drinks per day for men and one drink per day for women), the study authors noted.

The finding that the connection between heart risk and drinking is an exponential one rather than a linear one was supported by an additional analysis of data from more than 30,000 U.S. participants in the Mass General Brigham Biobank.

That means that reducing drinking can benefit even people who have just one alcoholic beverage per day, but the health benefits of cutting back may be more substantial in those who drink more, according to the researchers...Read More

Undiagnosed Heart Disease May Be Common in People With Heart Attacks Not Caused by Clots

More than two-thirds of people who have a type of heart attack not caused by a blood clot also may have undiagnosed heart disease, according to a small study from Scotland.

The study, published Monday in the American Heart Association journal *Circulation*, focused on people who had what's known as Type 2 heart attacks, which result from strain caused by an illness such as infections or fast heart rates that can lower blood pressure or oxygen in the blood. But when researchers conducted advanced heart imaging, they discovered study participants also had conditions such as narrowed arteries or weakened heart

muscles that were frequently undiagnosed. Fewer than a third of those patients were being treated for heart disease.

"This is the first evidence from a study to demonstrate underlying heart artery disease and heart weakness is common in this condition," said the study's senior author Dr. Andrew Chapman of the BHF Centre for Cardiovascular Science at the University of Edinburgh in Scotland.

In the more commonly recognized type of heart attack, called Type 1 myocardial infarction, blood supply to the heart is disrupted, usually by a blood clot, causing heart muscle



in that area to die. A Type 2 myocardial infarction occurs when heart muscle is damaged from the strain of not getting enough oxygen through impaired blood supply.

In recent years, highly sensitive blood tests that detect levels of troponin, a protein released into the blood when heart muscle is damaged, have made it easier to quickly diagnose heart attacks. Up to half of all people with elevated troponin levels are believed to have experienced Type 2 heart attacks. Yet less than one-third of these patients are managed by cardiologists and fewer than 20% are examined for underlying cardiovascular disease, according

to a 2020 study published in *Circulation: Cardiovascular Quality and Outcomes*.

The new study included 93 people, averaging 66 years old, who had been diagnosed with a Type 2 heart attack. Advanced heart imaging tests showed 68% had signs of coronary artery disease – a buildup of plaque in the arteries. Among them, 3 in 5 had been undiagnosed. And 34% of the full group had left ventricular systolic dysfunction, a weakening of the heart muscle that can lead to heart failure or sudden death. This condition had been undiagnosed in 84% of the patients who had it. Only 10 patients had normal heart images...Read More

Too Few People With Opioid Disorder Receive Best Treatments

Even though medication is considered the most effective therapy for opioid addiction, many Americans who need it don't receive it, a new study finds.

"Evidence supporting the effectiveness of medication for opioid use disorder — such as methadone, buprenorphine or naltrexone — is unequivocal, but most people who needed [opioid addiction] treatment in the U.S. did not receive this gold standard treatment," said study lead author Pia Mauro. She is an assistant professor of epidemiology at Columbia University Mailman School of Public Health, in New York City.

The United States is in the midst of an **opioid crisis**, with scores of Americans dependent on narcotic pain relievers, including heroin and synthetic

opioids.

For the study, Mauro's team analyzed 2019 national survey data on teens and adults who could benefit from medication for **opioid addiction**. All met criteria for a past-year opioid addiction, reported past-year medication for opioid addiction or received past-year specialty treatment for opioid use.

People who were institutionalized and homeless people who weren't in shelters weren't included in the study.

The analysis showed that only 28% of teens and adults with opioid addiction received medication, 15% received services without medication, and 57% received no treatment.

Youth aged 12 to 17 did not receive medication in the past year, and only 13% of adults 50 and older received medication.



Among adults, the likelihood of receiving medication compared to no treatment was lower for those 50 and older than for those aged 18 to 25.

Race made a difference, too. Nearly one-third of white individuals received medication, compared with about 20% of Black and multiracial people, and 15% of Hispanics. On the other hand, similar percentages of each racial and ethnic group received non-medication services.

Rates of treatment with medication were lower among women, more likely among adults with at least some college education, and less likely in small cities than in large cities, the findings showed.

The study was published online March 23 in ***JAMA Network Open***.

"Our nationally representative research revealed critical gaps in treatment engagement and use of **medication for opioid use disorder**. Increased efforts to address barriers to care are critically needed," Mauro said in a school news release.

Since 2020, Medicaid has been required to cover all three U.S. Food and Drug Administration-approved medications for opioid addiction.

Policies that expand Medicaid coverage for these medications could potentially increase access to effective treatment in the publicly insured population, said study co-author Hillary Samples, an assistant professor at Rutgers School of Public Health in New Jersey.

5 Barriers to Eating a Heart-Healthy Diet That Have Nothing to Do With Willpower

(American Heart Association News)

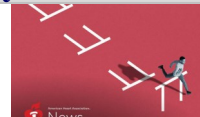
The major ingredients of a heart- and brain-healthy diet are fairly well-established: fruits and vegetables, whole grains, beans, nuts, fish and low-fat dairy. Research shows people who stick to this eating pattern are less likely to get sick and more likely to live longer free of chronic disease.

So why isn't everyone eating this way?

Making lifestyle changes can be difficult, even when we know

we should. But often, it's not just about willpower. Research shows a slate of intertwined barriers, some obvious and some more under the surface, that can severely impact access to healthy choices and contribute to health disparities.

They are "part of a really big picture related to our food environment," said Penny Kris-Etherton, a professor of nutritional sciences at the Pennsylvania State University



College of Health and Human Development in University Park. "It's such a complicated

problem."

In a scientific statement last year giving dietary guidance for cardiovascular health, the American Heart Association outlined five issues that make it harder to adhere to healthy eating patterns: targeted food marketing, structural racism, neighborhood segregation, unhealthy built environments and food insecurity, also known

as nutrition insecurity.

"This is affecting quality of life and life expectancy," said Kris-Etherton, one of the report's co-authors. She also co-edited a 2020 paper published in the Journal of the American Heart Association about the barriers that contribute to disparities in diet-related cardiovascular disease. "Somehow, we have to make healthier foods readily available to underserved people..." **Read More**

TB Cases Declined in U.S. During Pandemic

Reported cases of tuberculosis (TB) dropped significantly across the United States during the COVID-19 pandemic, but delayed or missed diagnoses may have contributed to the decline.

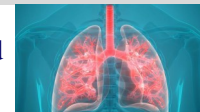
"Delayed or missed tuberculosis disease diagnoses are threatening the health of people with TB disease and the communities where they live," said Dr. Philip LoBue, director of the division of tuberculosis elimination at the U.S. Centers for Disease Control and Prevention.

"A delayed or missed TB

diagnosis leads to TB disease progression and can result in hospitalization or death — and the risk of transmitting TB to others," LoBue explained in a CDC news release.

According to **preliminary data** published March 24 by the CDC, reported TB cases plunged 20% in 2020 and stayed 13% lower in 2021 than before the pandemic. Pre-pandemic, TB cases typically fell between 1% and 2% a year, the CDC said.

The report offered several possible reasons for the larger



declines in 2020 and 2021.

For one, COVID-19 prevention measures such as mask use and social distancing may have helped reduce the spread of TB.

And widespread disruptions to health care during the pandemic may have delayed TB diagnoses. The pandemic also put significant strain on public health services, including TB prevention and control services.

In addition, similarities in COVID-19 and TB symptoms may have resulted in missed TB diagnoses.

TB is caused by a bacteria that usually attacks **the lung**, but TB germs can attack any part of the body, including the kidney, spine or brain, according to the CDC.

Case reports show that some people eventually diagnosed with TB were evaluated for COVID-19 — but not tested for TB — during multiple health care visits. As a result, some TB may have been missed or gone undiagnosed until it was more advanced... **Read More**

Black Patients Less Happy With Care After Knee, Hip Replacement

Recovering from **hip or knee replacement surgery** can be tough for anyone, but a new study from one hospital showed that Black patients were less likely than white patients to be satisfied with their care after the procedure.

Researchers reviewed survey responses from more than 2,500 people who underwent hip replacement and more than 2,100 people who had knee replacement at the Hospital for Special Surgery (HSS) in New York City between July 2010 and February 2012.

"Our aim was to determine whether overall patient assessment scores differed by

race or socioeconomic status," said senior investigator Dr. Susan Goodman, a rheumatologist at HSS.

In both groups, Black patients were more likely than whites to say they were "not completely satisfied" with their care after surgery, but there was no difference between Black and white patients in satisfaction with the outcome of their surgery.

A patient's primary health insurance coverage was not associated with satisfaction in any of the patient groups, according to the study, presented Tuesday at the American



Academy of Orthopaedic Surgeons annual meeting, in Chicago. Such research is considered

preliminary until published in a peer-reviewed journal.

"The study is important because we know that Black patients generally wait longer to seek treatment, presenting with worse **pain** and function prior to surgery, and we are trying to sort out the barriers to seeking timely care," said study co-author Dr. Mark Figgie, chief emeritus of HSS' Surgical Arthritis Service.

"Patient outcome measures indicate that although Black patients achieve significant

improvement after surgery, it does not reach the same level as those who seek timely treatment," Figgie noted in an HHS news release.

"Confidence in the health care system may contribute to the delay in seeking care, and this is something we need to address," he added.

"More research is needed to investigate other factors, such as perceived staff courtesy and baseline pain and function, to understand why **disparities** exist so we can achieve a high level of patient satisfaction for everyone," Goodman said in the release.

Blood Sugar, Cholesterol Issues in 30s Could Raise Alzheimer's Risk

Your 30s can be a magical time filled with career strides, vacations you can actually afford, love, marriage and even a growing family of your own.

It's likely not the decade where you begin to fret about your risk for developing Alzheimer's disease in the future. But maybe it should be.

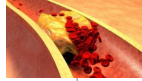
This is the main takeaway from new research based on data from the multi-generational **Framingham Heart Study**.

Investigators found that folks who developed **Alzheimer's disease** later in life were more likely to have had lower levels of high density (HDL) or "good" cholesterol and higher levels of

dangerous blood fats called triglycerides as early as age 35 compared with folks who didn't go on to develop dementia.

"High cholesterol and blood sugar and diabetes and heart disease are pretty well-established as risk factors for Alzheimer's disease, but most of the research linking the conditions has been done in people who are much older," said study author Lindsay Farrer, chief of biomedical genetics at Boston University School of Medicine.

It turns out these patterns are detectable much earlier in life. "This has never been observed before," he said.



The findings suggest that folks should start taking control of their health and lifestyle sooner, Farrer said.

This means scheduling annual well visits in your 30s. During these visits, your doctor will check cholesterol and blood sugar levels, and the results could give you a head's up that it's time to start prioritizing your health.

"Making changes, including getting more exercise and eating a healthier diet, may help lower your risk for Alzheimer's disease," Farrer said.

"We know that there are other risks for Alzheimer's disease, particularly genetic factors, that you can't modify, and this makes

those that you can even more important," he added.

The researchers looked at data on close to 5,000 people who underwent thorough exams about every four years for most of their lives, including during three specific age periods: 35-50, 51-60 and 61-70.

During these visits, researchers assessed cholesterol, triglycerides, blood sugar, blood pressure, smoking and body mass index (BMI). Participants were followed for 38 years, on average, to see who showed signs of cognitive, or mental, decline....**Read More**

Mental Decline Can Follow a Heart Attack

As if recovering from a heart attack wasn't hard enough, new research shows many patients may suffer severe **thinking declines**.

Researchers in Poland found that in the six months after a **heart attack**, 50% of patients experienced some decline in thinking, memory and ability to perform basic tasks.

"Assessment of cognitive status isn't a routine clinical practice among cardiology patients, so our knowledge of it is largely unknown," explained lead researcher Dr. Dominika Kasprzak, a cardiologist at the J. Strus Hospital in Poznan. "We

have a lot of unanswered questions, so further study is necessary to investigate these problems."

Still, there is a high prevalence of thinking dysfunction in patients following a heart attack, she said.

"These disturbances can be both temporary and permanent. There is a group of patients who will develop deficits only after longer observation. We should be aware of these cognitive deficits and monitor patients after heart attack regularly, but also in terms of their cognitive



status," Kasprzak said. "If we detect changes in cognitive functioning early, we are able to

implement appropriate management, and we have time to refer them to other specialists, such as psychologists or neurologists," she added.

For the study, Kasprzak and her colleagues tested the thinking abilities of 220 heart attack patients a few days after their heart attack and again six months later. Their average age was 60.

About 50% of patients had normal cognitive functioning when tested both times, but the

other 50% had some thinking impairments. About 35% to 40% of patients showed impairment in the days after their heart attack, and 27% to 33% showed impairment six months later, the researchers found.

For about 50% of the patients who suffered thinking impairment, their problems were temporary, but for the other half, they were permanent. About 1 in 9 patients who had normal cognitive functioning after their heart attack showed cognitive decline six months later, the researchers noted....**Read More**

Men Offered Surgery More Often Than Women When Carpal Tunnel Strikes

Men are more likely than women to be offered surgery to ease carpal tunnel syndrome, but a small new study from one hospital suggests that gender may have nothing to do with the disparity.

Instead, the difference may exist because the condition tends to be more severe in men, the researchers said.

Carpal tunnel syndrome occurs when the median nerve in the wrist is compressed due to trauma, arthritis or inflammation of wrist tendons, resulting in numbness, weakness and tingling in the hand and arm.

Patients with mild symptoms are typically given **nonsurgical treatments** such as bracing or

steroid injections, while those with severe symptoms are often offered minimally invasive surgery called **carpal tunnel release**, which relieves pressure on the median nerve by cutting the carpal ligament.

"However, for patients with moderate symptoms, it's not as obvious whether a nonsurgical or surgical approach is best," said study senior author Dr. Duretti Fufa, a hand and upper extremity surgeon at the Hospital for Special Surgery in New York City.

The researchers reviewed the records of 949 patients treated for carpal tunnel syndrome at the hospital and grouped them according to disease severity.



Among the 141 women and 90 men with moderate symptoms, women were 23% less

likely than men to be offered surgery, and Hispanic and Black women were four times less likely than men in their racial groups to be offered surgery.

While the trends were strong, they were not statistically significant due to the size of the study, the researchers noted.

The results were presented Tuesday at the American Academy of Orthopaedic Surgeons annual meeting, in Chicago. Such research is considered preliminary until published in a peer-reviewed journal.

"Overall, our findings suggest

that increased utilization by males was largely explained by the fact that men were more likely to present with more severe carpal tunnel syndrome," Fufa said in a hospital news release.

"I suspect that with larger numbers of patients to study, differences based on gender and race may prove to be significant. In the meantime, we hope our findings increase awareness of potential biases to ensure we are providing equitable care to all patients," she said.

This is especially important "for patients with moderate disease symptoms where the decision to pursue surgery is more subjective," Fufa added.

As Climate Change Worsens Allergy Season, Tips on How to Cope

Climate change is prompting longer pollen seasons and higher pollen counts, which spells trouble for people with seasonal allergies, allergists warn.

"Allergy seasons have been changing in North America and across the globe, and we see greater changes the further you get from the equator," explained Dr. Kara Wada, an allergist immunologist at Ohio State's Wexner Medical Center. "In the U.S., the time between our thaw and our freeze is much longer, so plants have longer to reproduce and produce more pollen."

Along with more severe and longer-lasting symptoms for **allergy sufferers**, longer

pollen seasons have led to an increase in the number of people diagnosed with seasonal allergies for the first time.

There were 19.2 million American adults diagnosed with seasonal allergies in 2018, according to the U.S. Centers for Disease Control and Prevention. But seasonal allergies affect up to 60 million people in the United States and are the sixth leading cause of chronic illness.

Seasonal allergy sufferers first need to identify their allergens and then take steps to avoid them, Wada said.

Monitor **pollen levels** and



avoid spending time outdoors when pollen counts are high.

Keep windows closed in the car and at home.

Use high-efficiency filters in your heating and cooling system, and change them regularly.

If you do go outside, change your clothes and bathe when you return home, to remove pollen from your skin and hair.

If possible, begin taking antihistamines recommended by your doctor a few weeks before spring allergy season begins.

Consider **immunotherapy**, which can desensitize the immune system to allergens.

Once immunotherapy is complete, patients may need little to no allergy medication.

"There are incredibly helpful, really effective treatments and an allergist immunologist can help you figure out the perfect combination to help treat your symptoms and get you feeling better," Wada said in a university news release.

"If allergies go untreated, not only are your symptoms going to worsen with stuffy nose, sneezing, but that also can sometimes progress into **sinus infections**, and recurrent sinus infections can sometimes require surgery," Wada added.

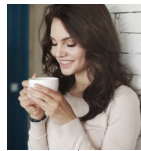
Drink Up! Daily Coffee Tied to Longer, Healthier Life

In yet another finding that highlights the health perks coffee can brew, new studies show that having two to three cups a day not only wakes you up, it's also good for your heart and may help you live longer.

In this largest ever analysis of nearly 383,000 men and women who were part of the UK Biobank, researchers discovered that, over 10 years, drinking two to three cups of coffee a day lowered the risk for heart disease, stroke, dangerous heart arrhythmias, dying from heart disease and dying from any cause by 10% to 15%.

"Observational analyses have shown that **coffee drinking** is associated with lower rates of cardiovascular events and lower all-cause mortality compared to individuals not drinking coffee," said Dr. Gregg Fonarow, director of the Ahmanson-University of California, Los Angeles, Cardiomyopathy Center.

An earlier analysis of the UK Biobank found that coffee drinking was associated with lower mortality, even among those drinking up to eight cups per day. This finding was seen in



people who were fast and slow metabolizers of caffeine. These associations were consistent for ground, instant and decaffeinated coffee, said Fonarow, who had no part in the latest study.

"This new study reinforces these findings associated with two to three cups per day in terms of **arrhythmias**, cardiovascular disease mortality and all-cause mortality," he said.

Still, Fonarow said that because this is an observational study, it can't prove that coffee was responsible for these

protective effects, only that there appears to be a connection.

"Overall, however, these results provide further evidence that coffee drinking appears safe and may be part of a healthy nutritional approach," Fonarow added.

Decaffeinated coffee didn't guard against arrhythmia but was linked to lower cardiovascular disease, with the exception of **heart failure**. That suggests caffeinated coffee is a bit better, the researchers noted...[Read More](#)