

February 27, 2022 E-Newsletter

Social Security Is Doing Something It Hasn't Done Since 1982

Social Security is arguably the most important social program in this country. Every year, 21.7 million Americans are lifted out of poverty solely because of their monthly Social Security payout, according to the Center on Budget and Policy Priorities.

It's also a program the vast majority of Americans will lean on, to some degree, during retirement. National pollster Gallup found that 85% of nonretirees surveyed in April 2021 expect to rely on Social Security as a major or minor source of income to make ends meet in their golden years.

Yet, for as successful as **Social Security** has been for decades, it's not without its own set of serious financial concerns.

Social Security hasn't done this in four decades

Just as investors can review a publicly traded company's income statement and balance sheet to gain an understanding of how much revenue a company is bringing in and where those dollars are going from a cost perspective, Social Security's "balance sheet" is published annually.

Every year, the Social Security Board of Trustees releases a lengthy report that examines every facet of the program. This includes complete data on how much revenue Social Security generated from its three income sources -- the payroll tax, the taxation of benefits, and interest



income -- and how many of those dollars were funneled into payments and administrative costs.

Since the Social Security Amendments of 1983 were passed by Congress and **signed into law by then-President Ronald Reagan**, the program has been building up its cash reserves. This is to say that Social Security has consistently brought in more revenue every single year than it's paid out. Between 1982 and 2020, Social Security's asset reserves ballooned from approximately \$25 billion to \$2.91 trillion.

But this trend has shifted. Although the 2022 Board of Trustees report won't be published for at least a few more months, the Social Security

Administration does update its investment holdings on a monthly basis. The program's asset reserves are required by law to be invested in special-issue bonds, like U.S. Treasury bonds. Between the end of December 2020 and the end of December 2021, the total investments held by Social Security *declined* by more than \$31 billion. That's the **first cash outflow for Social Security since 1982**.

Worse yet, these outflows are only slated to get worse. Based on the intermediate-cost model (i.e., the projection the Board of Trustees believes is likeliest to occur), Social Security's cash outflow could shrink the program's asset reserves to just \$1.34 trillion by 2030....**Read More**

It's time to get rid of Social Security's not-so-hidden tax

Now comes the news that about half of Social Security beneficiaries expect to be taxed on their benefits this year. So reports The **Senior Citizens League**, a group that represents seniors. The number expecting to pay the tax is 49%, it reports. Last year 47% of beneficiaries said they paid the tax.

The Social Security tax is a scandal sitting in plain sight. It is a stealth tax levied on middle-income seniors that was not supposed to hit them. And it is an egregious example of double taxation, because the people paying tax on the benefits also paid tax on the money they put into the system.

Actually, it's worse than that.

While your money is sitting in the trust fund it isn't invested like normal pension money. Instead it is lent to Uncle Sam at low rates of interest so he can use it for government spending.

If the president wants to boost his sagging popularity while helping the middle class and doing the right thing, he should cut the tax, or raise the thresholds at which it applies.

The critical thing to understand about the taxation of Social Security benefits is that it was introduced only in 1984, courtesy of a commission chaired by Alan Greenspan, and the tax thresholds were never indexed for inflation.

This year, your benefits will be taxed if your income tops \$25,000 a year (or \$32,000 for joint filers).

The figure in 1984, when the tax first kicked in: \$25,000 a year, and \$32,000 for joint filers.

During the intervening 38 years, wages and consumer prices have tripled. And the thresholds haven't moved at all.



As a result, a tax that hit only the top 10% of Social Security recipients back then now hits about half.

It is no coincidence that, in 1984 the median family income was \$26,000, or around the threshold. Today **it's about \$80,000**.

"Unlike other federal income taxes, Congress has never adjusted the income thresholds that subject Social Security benefits to taxation since the tax became effective in 1984," says Senior Citizen's League analyst Mary Johnson.

Even worse, when the tax was introduced it only applied to 50% of your benefits. But today, thanks to further tax hikes introduced in 1993, it goes up to 85% of your benefits, and it does so pretty fast. Once your income tops \$34,000 a year, or \$44,000 for joint filers, you're in the 85%

zone.

This is no small potatoes. Last year this double tax (or triple tax) walloped senior citizens for \$41 billion, according to the **trustees' latest report**. It's expected to cost them \$44 billion this year. Worse yet, the Social Security administration is expecting the tax take to double over the next seven years and to hit \$100 billion a year within a decade.

One of the dirty secrets of Social Security is that the government is counting on inflation to bail out the system, and a major reason for that is that it pushes people into higher tax brackets, both for payroll taxes when you're working and this tax on benefits when you retire....**Read More**

Medicare Beneficiaries Win Right to Appeal “Observation Status” Reclassifications

Last month, the U.S. Court of Appeals for the Second Circuit **upheld** a ruling that Medicare must provide recourse—appeal rights—to beneficiaries who are admitted to the hospital as “inpatients” and subsequently reclassified as “outpatients” receiving “observation services.” This decision will help people with Medicare pursue coverage for vital post-hospital nursing home care that could otherwise be unaffordable.

The Center for Medicare Advocacy, Justice in Aging, and pro bono firm Wilson Sonsini Goodrich & Rosati brought the underlying case on behalf of a nationwide class of Medicare beneficiaries. In 2020, a federal court **ruled** in their favor, finding that traditional Medicare beneficiaries who are initially admitted as inpatients and whose status is later changed have the right to appeal to Medicare for coverage as inpatients.

The Second Circuit also sided with the beneficiaries, **agreeing** that the federal government “violates [the beneficiaries’] due process

rights by declining to provide them with an administrative review process for the reclassification decision.”

The judges go on to note that “[t]he decision to reclassify a hospital patient from an inpatient to one receiving observation services may have significant and detrimental impacts on plaintiffs’ financial, psychological, and physical well-being. That there is currently no recourse available to challenge that decision also weighs heavily in favor of a finding that plaintiffs have not been afforded the process required by the Constitution.” The reclassification at issue, which is typically made through opaque hospital processes and without the patient’s input, can indeed have significant and lasting impacts. As the **Center for Medicare Advocacy and Justice in Aging** explain:

“One of the key consequences of an “observation” designation is the non-coverage of nursing home care. Such coverage is only available if a beneficiary has been hospitalized for at least



three days as an inpatient. Patients like Martha Leyanna of Delaware, described in the court’s decision, may thus spend more than three days in the hospital, receiving identical care to that received by patients classified as inpatients, but because their care has been designated as “outpatient” observation services, still lack the three-day “inpatient” hospitalization that is required for nursing home coverage. Ms. Leyanna, who has since passed away, spent her entire savings of \$10,000 for nursing home care. Patients may also be forced to forgo required health care altogether because they cannot afford it without Medicare coverage. Yet beneficiaries whose status is changed from inpatient to observation have no opportunity to appeal to Medicare to show that their deprivation of inpatient hospital coverage was wrongful. The trial court had found that this lack of appeals procedures violates the Due Process Clause of the constitution.”

Medicare Rights applauds this

ruling, and our partners—the Center for Medicare Advocacy and Justice in Aging—for their tireless work and advocacy. We frequently hear from older adults and people with disabilities who are caught in the reclassification trap, and for whom needed post-acute care is out of reach.

The court’s ruling will help many of these clients and allow current and future beneficiaries to take a more active role in building their health and economic security. As a result of the case, those in the **nationwide class** (patients with traditional Medicare who were switched from inpatient to observation status after January 1, 2009) will be able file appeals for nursing home coverage and reimbursement for out-of-pocket costs, while people currently in the hospital who experience a reclassification will be able to request an expedited appeal. Critically, those who need help in the future will have the legal right to it.

Social Security online statements provide key information to help you boost your benefits

The Social Security Administration **recommends beneficiaries** visit its website as the first stop for service as the agency works to reopen its field offices.

But many people are reluctant to apply for benefits online. Only about half of retirees have used that method since 2013, according to the **Center for Retirement Research at Boston College**.

That’s even as the Social Security Administration has ramped up its tools for online applications, and it’s expected to continue to do so following a **recent executive order** signed by President Joe Biden.

There’s also another valuable resource — **newly redesigned online benefit statements** — that may hold key information for boosting your Social Security retirement benefits.

The statements can be

accessed online by creating a **My Social Security** account. People age 60 and up who do not currently receive benefits and who have not signed up for an online account should receive their statements in the mail three months before their birthday.

With the redesigned layout, the Social Security Administration aims to make it easier for workers to find information at a glance and simplify its complex programs. Those statements are also now accompanied by fact sheets tailored to specific age cohorts.

The agency recommends that workers of all ages check their statements annually for accuracy. That goes for workers of all ages who contribute to the program — from 18 to 70 and up.

Those records also hold clues



for how to get the most out of your benefits, experts say. Plus, there’s additional information that’s not included in those statements that you should seek out.

The redesigned statements now have a blue bar graph including benefit estimates when someone is claiming at nine different sample ages.

If you claim at age 62, when you first become eligible, you take permanently reduced benefits.

The amount of your benefit checks will increase for each year you wait up to age 70. If you claim at your full retirement age — generally 66 or 67, depending on your year of birth — you will receive 100% of the benefits you earned. Wait past that age, and your benefits will increase even more. That stops at age 70, as there’s no increase

for delaying benefits past that point.

The chart included in the statement shows your projected monthly retirement benefit amount from ages 62 through age 70.

“The blue bar form is a welcome addition for workers who need information to help them make good choices about their benefits,” said David Freitag, a financial planning consultant and Social Security expert at MassMutual.

Earnings record

The new statements also include a table of a worker’s earnings history, with earnings taxed for Social Security and Medicare broken out separately. However, the new statement includes only 20 years’ worth of earnings, while the previous statement format included all of the years on a worker’s earnings record. **Read More**

Community Statement Highlights Need for Medicare Coverage for Medically Necessary Oral

Many people with Medicare **lack coverage for oral and dental services**, despite the clear need for such care. Untreated infections in the mouth have been closely linked to other chronic conditions like **rheumatoid arthritis, dementia, stroke, and heart disease**. In addition, people without dental care may have pain or looseness in their teeth or may lose teeth altogether. In 2019, **17% of people 65 or older had no remaining teeth**.

Access to oral health care is also an equity issue. There are clear racial and ethnic disparities in access to such care, and people with low incomes are especially affected. The lack of comprehensive coverage through

Medicare, and the spotty coverage through Medicaid, leaves many older adults and people with disabilities forced to pay out of pocket for dental care, including most forms of medically necessary care.

While Medicare Rights continues to advocate for legislation to expand Medicare to include **comprehensive dental benefits**, we are also working with partners ongoingly to secure coverage of “medically necessary dental” care administratively—an interim step that would complement but not require a legislative fix.

Medically necessary dental care is care that treats oral disease that would otherwise likely delay or jeopardize the



effectiveness of important and life-saving medical treatments such as organ and stem cell transplantation, heart valve repair or replacement, chemotherapy, and management of autoimmune diseases. While Medicare is not currently permitted to cover **most dental care**, medically necessary care is, as the term suggests, medically necessary for the effective use of Medicare covered treatments. Therefore, it may be possible for the Centers for Medicare & Medicaid Services to interpret such care as falling outside of the routine dental exclusion.

Medicare Rights joined with over 230 other organizations, including medical and dental

associations, health care groups, and advocates to **explain the need for medically necessary dental coverage in Medicare**. The statement draws upon the experiences of experts and advocates who have seen the problems people with Medicare encounter while this coverage gap remains. The goal of this statement is to bring attention to this important need and spur change.

Medicare Rights will continue to advocate at both the Congressional and the Administrative level to expand coverage for oral health care to reflect the reality that dental health is intrinsically linked to whole-body health.

Medicare hospital star-ratings are a farce

Every year, Medicare penalizes hospitals that underperform. This year, it penalized 764 hospitals because they had high rates of patient infections and complications that could have been avoided. Jordan Rau of **Kaiser Health News** reports that, of those it penalized, it gives five star-ratings to 38, signaling that they are among the best in the nation.

Medicare penalized an additional 138 hospitals with four-star ratings. Do not rely on these star-ratings exclusively when choosing a hospital!!!!

Medicare penalizes hospitals financially with a one percent reduction in payments if

Medicare patients experienced high readmission rates, death rates, infection rates, and/or said they had a poor experience. The goal is to get hospitals to minimize bedsores, hip fractures, infections and blood clots.

Many hospitals that you might think of as first-rate were penalized this year, including the Cleveland Clinic in Ohio, the Mayo Clinic in Red Wing, Minnesota and Phoenix, Arizona. Each of these hospitals had Medicare five-star ratings.

It's not at all clear that the penalties are changing hospital practices, based on recent



analyses. It's also not clear that all hospitals are reporting accurate information that would result in assessing penalties against them. The penalties are a big financial hit for hospitals.

The penalties might save Medicare money, but they seem poorly designed. They must be charged to the 25 percent of hospitals with the greatest safety issues, even if these hospitals perform about the same as other hospitals or they have improved significantly from the prior year.

Medicare cannot impose a penalty on critical care access hospitals. They tend to be rural hospitals. They can also be

rehab, psychiatric and long-term care hospitals. Hospitals in Maryland are also excluded because they are paid under an all-payer system.

Of note, Medicare does not penalize Medicare Advantage plans that perform poorly in the same way. It is not required to reduce payments to the worst performing MA plans. In fact, it doesn't even recoup tens of billions of dollars in overpayments to them, driving up costs for everyone with Medicare and eroding the Medicare Trust Fund.

Prior authorization in Medicare Advantage harms patients, sometimes severely

MedPage Today reports on a poll finding that prior authorization requirements in managed care plans, such as Medicare Advantage, lead to patients needing hospitalization, becoming disabled or dying, according to one in three physicians. Why does Medicare allow prior authorization—with its often unjustified barriers to care—in Medicare Advantage plans?

No one can deny that sometimes people get care that they don't need. But, what makes health insurers able to

determine what care is needed? On what do they base their decisions?

As a general rule, health insurers are not held to account for their prior authorization policies. Yet, this **AMA survey** found that three in ten physicians say that health insurers rarely if ever use prior authorization criteria that is evidence-based. And, 91 percent of physicians say that insurer prior authorization criteria have a negative impact on their patients' health outcomes.

Almost one in five physicians



(18 percent) said that an insurer's prior authorization requirement resulted in a life-threatening event for a patient or a health outcome that “required intervention to prevent permanent impairment or damage.” On top of that one in 12 physicians said that their patients became disabled or physically harmed or died as a result of prior authorization requirements.

Congresswoman Suzan DelBene of Washington State has a bill, **Improving Seniors**

Timely Access to Care Act, intended to standardize prior authorization programs in Medicare Advantage plans. It would require health plans to disclose their requirements and greater oversight of them.

Some states limit or have introduced bills to limit insurers from using prior authorization, including New York, Texas, Illinois and Indiana.

More than 1,000 practicing physicians completed the survey.

Does social security pay a month behind?

The Social Security Administration pays benefits for the prior month and stipulates that the beneficiary live for the entire month that benefits are due.

Similar to how an employer would pay its workers, sending a paycheck for hours put in, the Social Security Administration sends benefits the month after the month for which they are due. So, for example recipients receive January benefits in February, February's come in March and so forth.

Should a beneficiary unfortunately die the day before a month finishes, his or her survivors or estate will be required to return the payment for the month that he or she died. Under Social Security regulations a person must live for an entire month for which benefits are paid.

In what circumstance would the death of a beneficiary require a payment to be returned?

Should a beneficiary pass away on 1 March, his or her survivors

will be able to keep the payment that is scheduled for the recipient in March, which is payment for the month of February.

However, should the beneficiary die on 31 March, his or her survivors will be required to return any payment made on his or her benefits that comes in April. The agency cannot pay benefits for the month of death.

You must communicate the death of the beneficiary to the Social Security Administration immediately. This cannot be done online, nor applying for survivors benefits, you will need to contact the agency. Usually funeral homes will assist the survivors in this task. If you want them to make the report you will need to give them the deceased person's Social Security number.

In the case of benefits that are received via direct deposit, you should also contact the financial institution that receives the benefits payments so that they can return any future payments that are received.



How to get in touch with the Social Security Administration Since the start of the covid-19 pandemic Social

Security offices nationwide have been closed to the public for face-to-face services except in critical and limited circumstances, and then only **by appointment**.

However, the agency has expanded its offering of services that contributors and beneficiaries can **access online**. Offices could open by **30 March** after the Social Security Administration announced that it along with the three unions that represent staff have come up with a plan to safely reenter their workplaces to improve access to services. Until then though, the agency advises to use the **National 800 Number, contact your local office** or reach the agency online at **www.socialsecurity.gov**.

When are Social Security benefits payments sent out?

The Social Security Administration sends payments

out to around 70 million Americans each month. In order to tackle this enormous administrative undertaking, the agency staggers the disbursement of Social Security benefits across the month to ease the workload. Distribution of the monthly payments are based on the recipient's birth date.

◆ **Birth date 1st - 10th** - Second Wednesday of the month

◆ **Birth date 11th - 20th** - Third Wednesday of the month

◆ **Birth date 21st - 31th** - Fourth Wednesday of the month

Payments for Supplemental Security Income (SSI) are scheduled for the first day of the month, except when that falls on a Saturday, Sunday or national holiday. In these instances, the SSI payments will go out at the very end of the previous month.

To check the date when your payment is schedule for this year, you can check the Social Security administration's **2022 payment calendar**.

Social Security: Can I Use My Social Security Statement as Proof of Income?



Your Social Security statement gives you access to estimates for retirement, disability and survivor benefits you and your family may be eligible for and shows your earnings history and how much you've paid in Social Security and Medicare taxes. Your Social Security statement can also be used as proof of income.

his proof may be necessary you apply for a loan, such as a mortgage, or for government

assistance, such as subsidized housing or energy assistance, AARP reported. You can also use your Social Security statement to prove that you don't receive benefits, that you have applied for benefits or have never received Social Security benefits or Supplemental Security Income.

Your Social Security statement may go by other names, such as "budget letter," "benefits letter," "proof of income letter" or "proof of award letter."

To request a copy, log into your **"mySocialSecurity"** online account. Select the link "Get a Benefit Verification Letter," and then "Customize Your Letter," AARP advised. Select the information you want to include and click "Apply to Letter." You can print the letter or save a copy online.

If you don't already have an account, you can create one one from the **mySocialSecurity** page. The system will prompt you for some personal information to

verify your identity, a username and password. The SSA says it implements strict verification and security features to keep your information safe.

You can also call Social Security at 800-772-1213 or contact your local Social Security office. **Keep in mind that local Social Security offices are closed to walk-in visits due to the pandemic but are on track to reopen on March 30.**

What Happens If You Want To Stop Social Security and Go Back To Work?

Social Security benefits can be a great help for retirees, but knowing exactly when to claim them can also be confusing. This is particularly true if you claim your benefits but then get a good work opportunity. As Social Security benefits don't typically pay you more than you could earn with a real job, you might wonder what your options are to stop your Social Security without losing it. The good news is that the Social Security

Administration does offer such a provision, but only as a one-time scenario. Here's how to take advantage of it.

How To Stop Social Security If You Go Back To Work

You'll have to file what's known as a "withdrawal of benefits" if you want to suspend your Social Security payments and go back to work. You can only do this if you've filed for your retirement benefits within



the previous 12 months, however. At that time, you'll also have to repay everything that you've earned from Social Security thus far, and this includes any benefits paid to your spouse, children or other beneficiaries. At that point, the Social Security Administration will treat your filing as if it never occurred. Bear in mind that since other beneficiaries may be affected, the Social Security

Administration requires them to sign a consent form as well.

To withdraw your benefits, you'll have to file Form SSA-521. At that point, you'll still have up to 60 days to reconsider and withdraw your application if you so desire. Otherwise, your request will be processed, and you'll have to return the money that you received....**Read More**

What's the Difference Between a Senior Living Community and Independent Living?

Independent living is an early option for older adults on the senior living continuum.

“Independent living” and “living independently” sound similar but actually have different meanings for older adults. Living independently simply entails continuing on as always in your own home, whereas independent living represents a choice within the range of **senior living** communities.

If you're considering a move to independent living for the amenities, convenience and sense of togetherness it offers, experts in geriatric care and senior life describe what that entails and where it fits among senior living community options.

Senior Living Levels

“Senior living is kind of an umbrella, more of an overarching term that incorporates the aspects of independent living, assisted living and memory care primarily,” says Kevin Bowman, executive vice president of community operations at Brookdale Senior Living, the

largest senior living provider in the U.S.

Traditional **nursing home facilities** tend to

fall outside the senior community realm. “Sometimes we think of skilled nursing as a bit separate, as some senior living providers don't provide skilled nursing services,” says Bowman.

Here are basic categories of senior residence types, with some overlap among them:

Independent living. For active older adults with little to no need for personal care or assistance, **independent living** settings such as apartments or villas offer meals, services, activities and social gathering sites that promote ease, convenience and a sense of community for residents. There may be an onsite or on-call health care provider available.

Assisted living. For older adults with health or mobility issues requiring more support, **assisted living residences** offer services such as medication management and assistance with personal activities such as toileting,



grooming and dressing.

Services typically include meals, housekeeping, laundry and transportation. Activities that foster mental and physical stimulation and social engagement are a major focus in assisted living.

Group homes. Also known as adult family homes, these relatively small residences are located in regular neighborhoods, where licensed caregivers provide meals and assistance with personal activities like hygiene and dressing for about six to 10 older adults, frequently with some level of cognitive impairment. Often, these are single-level homes to make mobility easier and avoid fall risks from stairs.

Memory care. Memory care may be necessary for **older adults with cognitive impairment or dementia.** Safety and security are a paramount concern in memory care residences. Staff or team members undergo additional training and development to work with these residents and

provide tailored activities and programs to connect with them wherever they are cognitively and emotionally day to day.

Continuing care retirement community. Also known as life plan communities, **CCRCs** represent a specific product line encompassing a spectrum of residence and care levels that can range from independent living through assisted living, memory care and skilled nursing facilities. CCRCs represent a significant financial investment, typically requiring an upfront membership fee known as a buy-in.

Read More About

- ◆ **Senior Living Community vs. Independent Living**
- ◆ **Why Choose Independent Living?**
- ◆ **Independence With a Little Help**
- ◆ **Transitioning to Assisted Living**
- ◆ **Independent Living Costs**

Senior Citizen League Update for Week Ending February 19, 2022

Government Will Stay Open – for Now

As we reported last week, Congress needed to act by last Friday in order to stop the government from shutting down. Thankfully, they managed to do that.

After they passed another CR – a continuing resolution - they now have until March 11 to either pass legislation to fully fund the government through the rest of the 2022 fiscal year or face the possibility of shutdown once again.

As we explained last week, this is important for seniors because a shutdown could affect Social Security payments, veterans' payments, as well as create issues for Medicare, among many other things.

Key members of the Senate have been working to finalize the needed funding legislation and it is expected they will be able to finally pass it prior to the March 11 deadline. This, of course, is

legislation they were supposed to have passed by the end of September of last year.

It seems that no matter which party is in control of Congress, they are not able to pass funding legislation on time.

New Survey Shows Concerns About U.S. Drug Supply Chain

A survey conducted by US Pharmacopeia (USP) has revealed that seven of 10 US physicians say that the COVID-19 pandemic has heightened drug supply chain problems, limiting their ability to provide quality patient care.

According to the survey:

- ◆ **95%** of physicians surveyed believe COVID-19 revealed vulnerabilities in the medicines supply chain that are not going away.
- ◆ **90%** are concerned that the global medicines supply chain may not be reliable in a time of crisis.



◆ **83%** believe drug shortages have become a bigger problem in recent years.

◆ **73%** feel their trust in the ability of the supply chain to deliver safe, quality medicines have eroded.

◆ A **large majority** believe responsibility for keeping the supply chain resilient spans sectors and countries.

Clearly, Congress has a lot to do when it comes to ensuring a safe and reliable drug supply in the United States, beginning with lowering drug prices so that those who need them can afford them.

This is an on-going project of TSCL's, and we will be working hard to first, lower drug prices, and then make sure the system is reliable.

What's Next for Drug Price Reduction?

As we reported last week,

President Biden is still pushing Congress to pass legislation to lower drug prices and members of his staff are working on developing legislation that might gain enough support to pass the Senate.

In the meantime, others are looking for alternative ways to lower prices without legislation. Pressure is being put on the Biden administration to use its executive powers to reduce costs. In addition, one senator has introduced a bill to cap the price of insulin and other members of Congress are exploring other ways to lower some drug prices.

TSCL will continue to push for lower drug prices, and we will closely watch whatever new plans are developed to try and accomplish that.

RI ARA HealthLink Wellness News

More than one in four older adults skip care because of cost

In two separate surveys, one of older adults and one of their caregivers, **Fair Health** looked at whether costs were impeding access to care for older adults and how much older adults know about their health care costs before receiving care. Their survey finds that more than one in four people with Medicare skipped care because of the cost.

A majority of older adults say that they think cost is a key consideration when deciding whether to get care and what care to get. (Only one in four

older adults do not think about out-of-pocket costs.) But more than one in three of them (35 percent) struggle to get information on their costs.

The survey also found that nearly one in three older adults do not engage in shared decision-making about their care with their physicians and other healthcare providers. That said, almost one in two older adults (45 percent) would like to engage in shared decision-making conversations with their



physicians.

Because many older adults cannot get information upfront on healthcare costs, a sizable portion of them (27 percent) say it often keeps them from getting care. Overall, more than one in four older adults skipped care because of the cost. And just less than one in three older adults with household incomes under \$50,000 said they skipped care because of the cost.

People living in households with higher incomes skipped

care less often. About one in five older adults in households with incomes over \$50,000 and under \$100,000 skipped care. About one in six older adults in households with incomes over \$100,000 skipped care.

These survey findings suggest that Medicare does a somewhat better job than corporate health insurance at covering costs. A **recent survey** found that costs were a barrier to care for one in three Americans of all ages.

Mental Health Woes Can Rise in Year After COVID Recovery

COVID-19 can take a heavy toll on the body, but new research shows that patients are also 60% more likely to suffer lingering mental and emotional woes in the year following their infection.

These problems included anxiety, depression, suicidal thoughts, opioid use disorder, illicit drug and alcohol use disorders, sleep disturbances, and problems thinking and concentrating.

"If after COVID-19 people are suffering from **sleep problems** or **depression** or **anxiety**, you're not alone. We see thousands of people like you. Definitely seek help," said lead researcher Dr. Ziyad Al-Aly. He is a clinical epidemiologist at Washington University School of Medicine in St. Louis and the Veterans Affairs St. Louis Health Care System.

Al-Aly believes these problems need to be taken

seriously.

"I want us to pay more attention to things like that so they don't balloon or become much larger crises down the road," he said. "We see an increased risk of **opioid use**. We see an increased risk of **suicidal ideation**, we see depression, we see anxiety, and to me, it's almost like a perfect storm for another opioid epidemic and another suicide epidemic."

Although it's not clear how the virus affects the brain, Al-Aly believes damage is done as COVID-19 enters brain cells.

"The virus can actually enter the brain and cause an array of different problems, including disruption of neuron connections, the elevation of some inflammatory markers, disruption of signaling, and changes in the architecture of the brain, which may also explain the **brain fog** or neurocognitive



[thinking] decline," he explained.

Doctors need to be on the lookout for these problems among patients who have recovered from COVID-19, Al-Aly said.

"Physicians really need to understand that COVID-19 is a risk factor for these problems. So definitely ask about mental health, ask about sleep, ask about pain," he said. "Most importantly, diagnose these conditions early and address them before they become much, much worse crises down the road."

For the study, Al-Aly and his colleagues used a U.S. Department of Veterans Affairs database to collect information on nearly 154,000 adults who had COVID-19 from March 1, 2020, through Jan. 15, 2021.

The researchers used these data to compare mental health outcomes with nearly 6 million

people who didn't have COVID-19 and another 6 million people from before the pandemic began.

Most of the participants were older white men, but because of the large size of the study, more than 1 million women and more than 2 million Black patients and adults of all ages were included.

Al-Aly's team found that people who had COVID-19 were 35% more likely to suffer from anxiety, and nearly 40% more likely to suffer from depression or stress-related disorders. Among these patients, there was a 55% increase in the use of antidepressants, and a 65% increase in the use of **benzodiazepines** to treat anxiety.

These patients were also 41% more likely to have sleep disorders and 80% more likely to have thinking declines that included forgetfulness, confusion and a lack of focus, the researchers noted....**Read More**

Human Brain Doesn't Slow Down Until After 60

You used to be able to make snap judgments in your 20s, but now it feels like you take a lot longer to react to questions, decisions and challenges put before you.

Don't fret, it's not that you're losing brain power.

Your response time does tend to slow down as you age, but a new study argues that's not because your brain's processing speed is deteriorating.

Your brain remains as nimble as ever until you hit your 60s, according to a report published Feb. 17 in the journal *Nature Human Behaviour*.

So why, then, has a mound of previous research led experts to believe that mental speed peaks at age 20?

It's because your response time is hindered by factors outside your mental ("cognitive")



sharpness, said lead researcher Mischa von Krause, a research fellow with Heidelberg University's Institute of Psychology in Germany.

"Our research now shows that this slowing is *not* due to a reduction in **cognitive processing speed**," von Krause said. "Until older adulthood, the speed of information processing in the task we studied barely

changes."

But you grow less impulsive with age, and your **physical reflexes** also start declining in your 20s. Those factors slow the speed at which you respond to the world around you, but it's not because your brain is growing less sharp, the researchers said....**Read More**

High blood pressure may lower or raise dementia risk among older adults depending on age

High and low blood pressure levels among different older age groups were associated with varying dementia risks, according to research published in *JAMA Internal Medicine*. The prospective observational study showed that high systolic blood pressure in people more than 60 years old decreases the risk of dementia, but both lower and higher blood pressure are associated with decreased dementia risk in people older than 75.

Although midlife **hypertension** is associated with an increased risk for dementia, this risk in older people has not been well researched. Previous studies have reported a U-shaped association between blood

pressure and dementia risk, where both high and low blood pressure are associated with increased risk; however, the evidence for this association is limited. The *JAMA Internal Medicine* study collected blood pressure, onset of dementia, and mortality data from seven population-based cohort studies, including the NIA-funded Adult Changes in Thought (ACT) study.

Researchers analyzed data on more than 17,000 participants from these cohorts and divided the participants into different age groups. In the younger age groups (60 to 70 years old), higher blood pressure was associated with lower dementia risk. The older age groups (75



years and older) showed the U-shaped association where high and low blood pressures were associated with decreased dementia risk. Interestingly, these associations for decreased dementia risk were not attributable to longer survival with lower blood pressure.

This study provides new evidence about how blood pressure affects dementia risk in older people, which previously has not been clearly defined. The researchers note that these observational study results contradict evidence from randomized controlled trials, including the NIA-supported Systolic Blood Pressure Intervention Trial - Memory and Cognition in Decreased

Hypertension (SPRINT MIND) study that suggested controlling high blood pressure **can reduce dementia risk**. They explain that the novel association in this study may be because their cohorts consist of a broader, older population rather than a specific subgroup of older people with high blood pressure and other cardiovascular risk factors.

Since this was an observational study, the study authors suggest further research is needed to understand the cause behind the associations that it found, including randomized controlled trials to find the best strategies for controlling blood pressure in older people.

Got Hives? Here's How to Relieve Them at Home

(HealthDay News) -- When you break out in hives, you want relief fast.

This common skin reaction is characterized by itchy bumps or raised, swollen patches. Fortunately, hives are usually harmless and short-lived, a Chicago dermatologist says.

"A single hive tends to last for a few minutes to a few hours. Most hives clear within 24 hours," Dr. Danilo Del Campo said in an **American Academy of Dermatology** news release.

Several factors, including sunlight, stress and an allergic reaction to food or medicine, can cause hives, also known as urticaria.

While anyone can get **hives**, Black women, people who have eczema, and smokers are at increased risk.

If you have darker skin, hives are often the same color or slightly darker or lighter. If you have lighter skin, hives will appear red or pink.

Del Campo offered these tips to get relief from **hives**:

- ◆ Ease itchiness with a cool, damp washcloth, anti-itch cream or lotion, or colloidal oatmeal baths.
- ◆ Try not to scratch, which irritates your skin more. Keeping fingernails short can reduce scratching.



- ◆ Bathe in warm water. Don't rub the itchy skin with a washcloth, loofah or mesh sponge. It's best to apply soap or cleanser by gently putting it on your skin with your hands.
- ◆ Use fragrance-free cleanser rather than an unscented one. An unscented product contains fragrance that's been covered up so that you cannot smell it. Because an unscented product contains fragrance, it can still irritate your skin.
- ◆ Wearing loose-fitting, 100% cotton clothing can reduce the irritation on your skin.
- ◆ If you often get hives or they

last a long time, keep track in a journal. This can help you identify what's triggering your hives, so you can take steps to prevent them.

- ◆ "If your hives don't clear after following these tips, talk to a board-certified dermatologist," Del Campo said.
- ◆ Get immediate medical care or go to the nearest emergency room if you have hives along with any of the following: problems swallowing, feeling light-headed or faint, have swelling in your mouth or throat, a racing heart or shortness of breath or trouble breathing.

AstraZeneca boosts oncology credentials with breast cancer trial success

(Reuters) - AstraZeneca (**AZ.N.L**) said its Enhertu cancer drug has been shown to significantly help women suffering from a type of breast cancer that leaves them with poor treatment options, opening the door to a much larger potential patient group.

AstraZeneca, which is working on the drug with Japan's Daiichi Sankyo (**4568.T**), said on Monday that Enhertu prolonged

survival and slowed the progression of metastatic breast cancer with low levels of a protein known as HER2.

The improvement was "clinically meaningful" when compared with standard chemotherapy, it said, adding that detailed results of the late-stage trial would be presented at an as-yet undisclosed medical conference.



The company said it would reach out to regulatory agencies to enable a speedy review of a wider use for the drug.

While the study was limited to low-HER2 patients whose tumours had spread to other parts of the body, analysts have said a positive trial read-out could portend future use at earlier stages of the disease with potentially hundreds of

thousands of new eligible patients per year.

The read-out is set to bolster the Anglo-Swedish company's status among analysts as one of the world's fastest growing major pharma groups, thanks to a high success rate in cancer drug development.

Best Ways to Bring Down a Fever

Over-the-counter medications and comfort measures can bring a high temperature down.

Having a fever makes you feel like your body is cooking from within. Being feverish leaves you lethargic, sometimes mixing the high body temperature with uncomfortable chills. And in the era of **COVID-19** fever can take on a new meaning.

If you're a parent, it's tempting to panic when your child spikes a high temperature. However, in and of itself, a fever is usually harmless. A temperature rise is often the body's first response to common viral or bacterial illnesses and serves as a warning sign that you're getting sick.

Below, an urgent care expert and a **pediatrician** explain when you should seek medical advice for a fever, or when to manage at home with over-the-counter products and simple-but-effective comfort measures.

What Constitutes a Fever?

To cope with a fever at home, it helps to understand what your

body's internal temperature ranges mean.

"A fever, which is an increase in body temperature, is actually one of our body's natural defenses against outside attacks like infections," says pediatrician Dr. Shelly Vaziri Flais, an American Academy of Pediatrics spokesperson and a partner with Pediatric Health Associates based in Naperville, Illinois.

There's no single number that constitutes a normal temperature - it's really a range. Thresholds for concern over fever also depend on whether it's an infant, teen, young or older adult experiencing the fever.

A normal temperature runs anywhere from about 97 degrees to about 100 degrees Fahrenheit, Flais says. As a primary care pediatrician, she tells parents that upper 99s can be within the normal range for a child depending on the child's age, general health and what they're



doing at the time. For instance, a kid's temperature could slightly rise when they exercise, take a hot bath or wear clothes that are too warm.

A temperature above 100.4 F (or 38 degrees Celsius) is considered a fever for everyone, Flais says.

When you're older, your day-to-day temperature may be lower than it used to be. It's good to have a sense of what your normal temperature is, so you know when it's abnormal for you.

"As we get older, our metabolism (somewhat) declines and our base core temperature – our body temperature as it normally is – may actually be a little lower than typical," says Dr. Devin Minior, chief medical officer for Banner Urgent Care, part of Arizona-based Banner Health. "And so, when individuals develop a fever, they're off their baseline by a couple degrees. And even

though they're under that 100.4 degrees Fahrenheit, or 38 degrees Celsius, they may have a fever."

Managing a Fever at Home

Having the appropriate thermometer, familiar over-the-counter drugs and basic comfort supplies allow you to track and stay on top of a fever and its related symptoms, or just feel a bit better while waiting a fever out.

Thermometer Options:

- ◆ **Rectal (digital).**
- ◆ **Oral (digital).**
- ◆ **Underarm/axillary (digital).**
- ◆ **Ear (tympanic membrane).**
- ◆ **Forehead (temporal artery).**

To monitor fever at home, oral thermometers work best, but rectal thermometers are preferred for infants and toddlers....[Read More](#)

Getting Active Can Keep Those 'Senior Moments' at Bay

Want to preserve all those precious memories, including your first kiss and how you felt the first time you got behind the wheel of a car?

If you do, start moving: New research shows that when sedentary older adults started to exercise, they showed improvements in episodic memory, or the ability to vividly recall meaningful moments and events.

These benefits were most pronounced among folks who weren't experiencing any memory loss yet, but everyone saw some benefit when they exercised consistently several times a week.

Episodic memory is the first to show changes in people living with Alzheimer's disease, said Dr. Neelum Aggarwal, a neurologist at Rush Alzheimer's



Disease Center in Chicago, who was not involved in the new study.

"As episodic memory is often tested in the physician office and is a complaint that is often cited by patients ... having a treatment plan that includes exercise is a positive and empowering way for patients to take care of their physical and brain health," she noted.

"**Walking** is the most underrated form of aerobic exercise, yet for many persons, is accessible, free to do and has multiple benefits beyond physical movement, namely reducing stress and enhancing well-being — all of which are important for brain health," Aggarwal said.

And you don't have to exercise every day, the study authors noted...[Read More](#)

What Can I Do to Prevent Heart Disease?

There are many steps you can take to keep your heart healthy. **Try to be more physically active. Talk with your doctor** about the type of activities that would be best for you. If possible, aim to get at least 150 minutes of physical activity each week. Every day is best. It doesn't have to be done all at once.

Start by doing activities you enjoy—brisk walking, dancing, bowling, bicycling, or gardening, for example. Avoid spending hours every day sitting.

If you smoke, quit. Smoking is the leading cause of preventable death.

Smoking adds to the damage to artery walls. It's never too late to get some benefit from **quitting smoking**. Quitting, even in later life, can lower your risk of heart disease, **stroke**, and **cancer** over time.

Follow a heart-healthy diet. Choose foods that are low in **trans and saturated fats, added sugars, and salt**. As we get older, we become more sensitive to salt, which can



cause swelling in the legs and feet. Eat plenty of fruits, vegetables, and foods high in fiber, like those made from whole grains. Get more information on **healthy eating** from NIA. You also can find information on the **Dietary Approaches to Stop Hypertension (DASH)** eating plan and the U.S.

Department of Agriculture's **Food Patterns**. **Keep a healthy weight.** Balancing the calories you eat and drink with the calories burned by being

physically active helps to maintain a healthy weight. Some ways you can maintain a healthy weight include **limiting portion size** and being **physically active**. Learn more about how to **maintain a healthy weight** from NIA.

Keep your diabetes, high blood pressure, and/or high cholesterol under control. Follow your doctor's advice to manage these conditions, and take medications as directed....[Read More](#)

Risk for Parkinson's Disease Falls After a Heart Attack

A new study hints that heart attack survivors may have an unusual advantage over other people: a slightly lower risk of developing Parkinson's disease.

Researchers found that compared with similar people who had never suffered a heart attack, survivors were 20% less likely to be diagnosed with Parkinson's over the next 20 years.

The big caveat: **The findings** do not prove a true "protective" effect. And even if that were the case, no one would advocate letting your heart health go to ward off Parkinson's.

"This is an epidemiology study, and it can't prove cause and effect," said James Beck, chief scientific officer for the

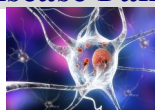
nonprofit Parkinson's Foundation.

There could be various reasons that heart attack was linked to a lower risk of Parkinson's, according to Beck, who was not involved in the study.

Plus, he noted, the risk reduction was quite small.

The findings -- published Feb. 16 in the *Journal of the American Heart Association* -- do add to evidence that certain risk factors for heart disease, including smoking and high cholesterol, are paradoxically tied to a lower risk of Parkinson's.

Parkinson's disease affects nearly 1 million people in the United States, according to the Parkinson's Foundation.



It is a brain disease that over time, destroys or disables cells that produce dopamine, a chemical that helps regulate movement and emotional responses.

The most visible symptoms of Parkinson's are movement-related -- tremors, stiff limbs and coordination problems -- but the effects are wide-ranging and include depression, irritability and trouble with memory and thinking skills.

"We still don't know the cause of PD, why it progresses, or how to stop it," Beck said.

There are, however, some known risk factors for the disease. Older age is one, as are certain environmental factors -- including a history of head trauma and job exposures to

pesticides or heavy metals.

"But most people with those exposures do not develop Parkinson's," Beck pointed out. In general, he said, researchers suspect the disease arises from a complex interaction between genetic susceptibility and environmental factors.

As for protective factors, some research suggests that regular exercise and a healthy diet -- like the traditional Mediterranean diet -- may be associated with a lower Parkinson's risk.

Then there are the studies with more puzzling results: Some have linked certain risk factors for heart disease and stroke -- smoking, high cholesterol and diabetes -- to lower odds of developing Parkinson's....**Read More**

AHA News: Research Says Fad Diets Don't Work. So Why Are They So Popular?

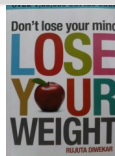
Two years into a pandemic that landed people in their living rooms, generating countless hours of television bingeing and stress eating, the nation has a new problem to worry about: Nearly half of U.S. adults, many already classified as overweight, reported they put on extra pounds.

Turning to fad diets or cleanses may be tempting for those looking for a quick fix or a dramatic drop in weight. But experts caution against answering the siren call of products, apps and ads that promise to help you shed

pandemic pounds while living your best life.

"Avoid them, because they don't work and can even be counter-productive," said Charlotte Markey, a professor of psychology at Rutgers University in Camden, New Jersey. "They can even lead to weight gain, not weight loss."

Even when fad diets appear to make sense -- for example by focusing on reducing calories -- research shows the results can be counterintuitive. Eating fewer calories can lead to hormonal changes that stimulate appetite



and make people crave higher-calorie foods, according to research. Some fads even cut out entire food groups, such as wheat, gluten or dairy, which contain nutrients needed for good health.

While the American Heart Association and other health organizations encourage maintaining a healthy weight, they emphasize the importance of healthy eating patterns over trendy diet fads or dramatic weight loss programs. Research-supported healthy eating patterns include the

Mediterranean diet and Dietary Approaches to Stop Hypertension -- or DASH -- diet that are low in animal fats, high in fiber from fruits, vegetables, nuts and whole grains, and include lean meats, fish and poultry for protein. These patterns have been shown to improve heart and brain health, reduce chronic illness and help people live longer.

But despite the evidence stacked against it, fad dieting remains popular. Researchers have begun exploring why....**Read More**

Brut, Sure Brand Deodorants Under Recall Due to Benzene

(HealthDay News) -- Six Brut and Sure aerosol antiperspirant and deodorant sprays sold in the United States and Canada have been recalled by their maker due to the presence of the chemical benzene.

"Benzene is classified as a human carcinogen. Exposure to benzene can occur by inhalation, orally, and through the skin and it can result in cancers including leukemia and blood cancer of the bone marrow and blood disorders which can be life-threatening," stated a **news release** from TCP HOT Acquisition LLC dba HRB Brands.

"While benzene is not an

ingredient in any of the recalled products, our review showed that unexpected levels of benzene came from the propellant that sprays the product out of the can," the company said. But it added that there have been no reports of adverse events related to the recall, which is being conducted out of an "abundance of caution."

Similar recalls have been issued for other consumer products that surprisingly contained benzene in the past six months: **Pantene/Herbal Essence** dry spray shampoos; **Old Spice** spray deodorants; and **Neutrogena/**



Aveeno spray sunscreens.

Five of TCP's recalled products are: Brut Classic Antiperspirant Aerosol (4 oz) (UPC 00827755070085); Brut Classic Antiperspirant Aerosol (6 oz) (UPC 000827755070108); Brut Classic Deodorant Aerosol (10.0 oz) (UPC 00827755070047); Sure Regular Antiperspirant Aerosol (6.0 oz) (UPC 00883484002025); Sure Unscented Antiperspirant Aerosol (6.0 oz) (UPC 00883484002278).

A sixth recalled product was sold only in Canada: Brut Classic Deodorant Aerosol

(154g) (UPC 00827755070177).

Consumers should stop using the recalled products immediately and dispose of them appropriately, said the company, which also advised consumers to contact a health care provider if they experience any problems that may be associated with use of the recalled products.

For more information or to request a refund, consumers can contact the company at 1-866-615-0976 or go to its **website**.

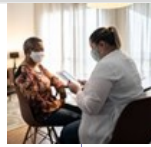
How Much Does 24/7 In-Home Care Cost?

In-home care can be a great option for seniors – if you can afford it. There comes a time in most seniors' lives when medical conditions, loneliness or an inability to care for oneself forces families to decide about where a senior should be living. While some families may decide that moving to a senior living facility is best, for others, **staying at home** as long as possible is preferable. Often that decision to remain at home can only happen with the assistance of a visiting aide or other caregiver providing 24-hour in-home care. Senior home care can take a variety of forms, but generally speaking, it's care provided to a senior in their own home. Typically, services include assistance with activities of daily living, such as bathing, dressing, toileting and household tasks such as cooking, cleaning and running errands. Many families hire an agency that sends

a caregiver to the home for several hours each day or a few times a week, depending on the senior's needs. A live-in caregiver or 24/7 in-home care are also options that some families choose. Is In-Home Care Better?

Consider in-home care in comparison to assisted living, where the senior moves from the family home into a new place. These locations typically offer **dormitory-like rooms or private apartments**. Some are situated in sprawling or very swanky campuses that can cater to a wide variety of needs and preferences.

Assisted living facilities typically have staff on site round-the-clock to assist in the event of an emergency and help keep seniors safe. Most offer meals, either in-room or in a communal dining hall, and these



communities tend to offer **activities and social events** for residents.

While many people presume that staying at home as long as possible is best, that's not always the case. Each individual's case needs to be evaluated independently, says Haidy Andrawes, center administrator at Park Vista Assisted Living in Fullerton, California. "The choice to move from in-home care into a senior living environment usually comes about when the individual's care needs have increased or safety has become a concern."

Safety is a key component of whether or not home care is a better option than assisted living, and installing grab bars and safety bars in the shower and other potentially hazardous locations throughout the residence to prevent falls is a major consideration. If the senior

struggles to walk upstairs, installing a stair lift can be a helpful assistive device that enables them to remain in the home longer.

Similarly, if cognitive problems such as **dementia** or **Alzheimer's disease** are beginning to surface, installing extra locks or latches that make wandering out of the house and potentially into danger more difficult can be helpful adaptations that make **staying in the home safer**.

If these needs can be met, then "staying in one's home is always desirable," says Kim Elliott, senior vice president and chief nursing officer with Brookdale Senior Living, a Tennessee-based company that has more than 800 senior living and retirement communities across the United States...[Read More](#)

These Simple Steps Can Help Seniors Manage Their Health Care

(HealthDay News) -- Navigating the health care system can be challenging, but an expert urges older people not to try to go it alone.

"It's common for someone who hasn't had any health problems suddenly to be faced with their own issues and the need to navigate the health care system," said Maria Radwanski, manager of care transitions and outpatient adult care management at Penn State Health Milton S. Hershey Medical Center.

"Before that happens, talk with friends who've been dealing with health concerns — especially if they've been in the hospital — to hear about their experiences so you have a better idea of what it might be like," Radwanski said in a Penn State Health news release.

Another tip: Ask a trusted friend or loved one to accompany you to **medical appointments**.

"It's so important for a patient to understand what the doctor says," Radwanski said. "Often, a patient won't fully digest what the doctor's saying. I advise seniors to have someone else at the appointment with a pen and paper to write everything down and make sure there's appropriate follow-up."

When they see a doctor, older patients should bring an updated list of health concerns — including any changes in their medical history or new symptoms — as well as a list of all current prescription and over-the-counter medications they take, including



any supplements, along with their dosages. Some people may find it easier to bring all their medications to their appointment, Radwanski said.

If you don't understand your health insurance coverage or medical bills, ask a trusted loved one or **a professional** to go over them with you.

"There are groups out there and advocacy **services** through senior centers that are a good resource to helping understand health care financials," Radwanski said. "They offer continuing education -type programs for the public all the time to help people understand what insurance will and won't cover."

Older patients and **their advocates** can also work with

care managers or financial aid staff at a medical center to help sort through their bills.

Some seniors may be uncomfortable asking for help or may not even realize they need it. So it's important for adult children and other trusted individuals to ask, but to do so carefully.

"You'll want to get permission to have these conversations with your mom or dad, aunt or uncle now, ahead of a medical crisis," Radwanski said. "Come in with love and respect, ideally in a face-to-face conversation. Let them know how much they're cared for, that you want the best for them and that you have some concerns you'd like to discuss with them. Then ask their permission to do that."

Early Trial Offers Hope Treating Rare 'Brittle Bone' Disease

An experimental drug may help build bone mass in some adults with a rare brittle-bone disease, a small preliminary study suggests.

The disease is called **osteogenesis imperfecta**. It's caused by defects in certain genes involved in making collagen -- a key protein in the body's connective tissue. Osteogenesis imperfecta (OI) is

present at birth, and may leave children with soft bones that are deformed or break easily -- though the severity of the condition ranges widely.

While experts have known the culprit genes involved in osteogenesis imperfecta, the new study points to a mechanism in the disease process: overactivity



in a protein called TGF-beta. And when the researchers infused eight adult patients with a drug that inhibits the protein, five showed an increase in bone density.

The findings are preliminary, and much work remains ahead, stressed researcher Dr. Brendan Lee, a professor of molecular and human genetics at Baylor College

of Medicine in Houston.

"One has to be cautious," he said, "because more bone does not necessarily mean better bone."

But the broader hope is that by understanding the mechanisms of OI, better treatments -- possibly with benefits outside the bone -- can be developed, according to Lee....[Read More](#)