



Message from Alliance for Retired Americans Leaders

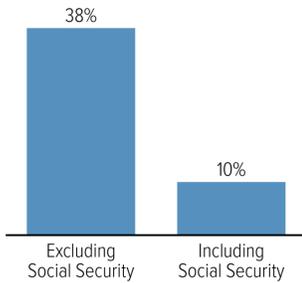
Report Shows Social Security Lifting More People Out of Poverty Than Any Other Program



Robert Roach, President, ARA

The Center on Budget and Policy Priorities released a report this week showing that

Percentage of adults aged 65 or older in poverty, 2021



Note: This analysis uses the official poverty measure.

Social Security lifted 21.7 million Americans above the poverty line in 2021. The report also breaks down the figures by age groups and state.

The numbers, taken from the U.S. Census Bureau, reinforce the importance of the financial support Social Security provides. In particular, 15.4 million Americans 65 years of age and

older nationally rely on Social Security to stay out of poverty. Older women, who have fewer retirement resources outside of Social Security, make up 8.8 million of the total.

Social Security also helps Americans in marginalized groups to make ends meet. Latino and Black Americans have higher disability rates and are often paid lower wages than White Americans. With Social Security, the poverty rate is 25.8 percent lower among older Latino adults and 32.7 percent lower among older Black adults than it would be otherwise. Overall, without Social Security benefits, 37.7 percent of older adults would have incomes below the official poverty line; with Social Security benefits, that number decreases to 10.3 percent.

"The report highlights Social Security's key role in lowering the poverty rate among seniors and also for children," said Robert Roach, Jr., President of the Alliance. "It provides further evidence that we need to expand benefits, not cut them – as some politicians continue to try to find ways to do."

Merck Lawsuit Over Drug



Rich Fiesta, Executive Director, ARA

Price Negotiation Reflects Industry Greed, Disregard for Seniors and Taxpayers

Pharmaceutical corporation Merck sued the federal government on Tuesday to block Medicare drug price negotiations, calling the program unconstitutional and arguing that Medicare's efforts to negotiate certain drug prices is "tantamount to extortion." The Alliance quickly responded.

"Merck's ridiculous lawsuit is the equivalent of a toddler throwing a temper tantrum," said Richard Fiesta, Executive Director of the Alliance. "Americans pay the highest prices in the world for prescription drugs and too many seniors must choose between putting food on the table and paying for their medicine. That is because corporations like Merck have been allowed to charge taxpayers whatever they want for their drugs."

The Alliance statement declared that negotiating a fair price for drugs — or any product — is nothing new and is a

hallmark of a free market economy, citing governments around the world that negotiate drug prices on behalf of their citizens every day, as well as insurance companies. In the United States, the Departments of Defense and Veterans Affairs and the Medicaid program already negotiate prices with Merck and the rest of the industry.

The Medicare Drug Price Negotiation Program was a key provision in President Biden's 2022 Inflation Reduction Act. It allows Medicare, for the first time ever, to leverage its market power to negotiate with drug makers for certain high-price drugs. The negotiations start in September but will be limited to 10 drugs named by Medicare at first.

"The Inflation Reduction Act simply extends this power to Medicare and once implemented it will save taxpayers and patients \$25 billion," Fiesta added. "We cannot go backward. The 4.4 million members of the Alliance for Retired Americans call on Merck and the rest of the drug industry to stop crying crocodile tears and come to the negotiating table in good faith."

To all the wonderful
dads
 who have had a positive
 influence on our lives — enjoy
 a special day
 full of love and appreciation.



Happy Father's Day

ADD YOUR NAME

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

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riarajap@hotmail.com • <http://www.facebook.com/groups/354516807278/>

Women Are More Likely to Skip or Delay Medications Due to Cost



Joseph Peters
ARA
Sec.-Trea.

The Centers for Disease Control and Prevention has found that in 2021, 9.2 million adults said they **didn't take a medication** as prescribed in order to save

money. The report found that 9.1% of women resorted to the dangerous strategy to make ends meet, compared to 7% of men.

The CDC survey also found that adults with disabilities were more likely than adults without disabilities to skip, delay or take less medication to reduce cost. People in fair or poor health were almost threefold more likely to do so than those in excellent or very good health.

Robin Feldman, a pharmaceutical and intellectual property law expert at the University of California College

of the Law, San Francisco (formerly the University of California, Hastings), suggested that major reasons for the difference by gender could include women having to shoulder more of the burden of child care and household management.

"They may make their own health a lower priority, in the face of financial or time pressures," said Professor Feldman.

"We need to make sure all Americans can afford the medications they need to remain healthy," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "These statistics provide further evidence that Medicare's ability to negotiate drug prices should not be up for debate."

FRAUDSTERS NEVER GO ON VACATION

By Cheryl Tudino

Social Security Public Affairs Specialist

Fraudsters will never take a break. While you are out enjoying fun and sun this summer, they are working hard to find new ways to scam you. Seniors and younger people are particularly vulnerable to scammers who claim to represent Social Security. To protect you and your loved ones, you can:

- ◆ Visit our Protect Yourself from Social Security Scams webpage at www.ssa.gov/scam for

information on what tactics scammers use and how to report them.

- ◆ Check out the Federal Trade Commission's page at consumer.ftc.gov/scams for additional scam-related information.

Here are some tips to follow when you identify a potential scammer:

- ◆ Hang up right away or ignore the message.
- ◆ Never give personal information or money.



- ◆ Report the scam immediately to our Office of the Inspector General at <https://oig.ssa.gov/report/>. If you owe money to Social Security, we'll mail you a letter with payment options and appeal rights. We only accept payments electronically through Pay.gov or Online Bill Pay, or physically by check or money order through our offices.

We will never do the following:

- ◆ Threaten you with arrest or legal action because you don't

agree to pay us money immediately.

- ◆ Promise a benefit increase in exchange for money.
- ◆ Ask you to send us gift cards, prepaid debit cards, wire transfers, internet currency, cryptocurrency, or cash through the U.S. mail.

There are no vacations for fraudsters, so you need to stay informed of the latest Social Security-related scams. For more information, please visit our blog at www.blog.ssa.gov. Please share these useful resources with your loved ones.

Biden administration near deal to preserve preventive care coverage, for now

A mandate that U.S. health insurers cover preventive care like cancer screenings and HIV-preventing medication at no extra cost to patients could remain in place while the Biden administration appeals a court order striking it down, following a tentative agreement announced on Friday.

The agreement between the administration and conservative

businesses and individuals that sued to challenge the mandate is not yet final, according to a filing with the 5th U.S. Circuit Court of Appeals.

The deal would preserve the mandate nationwide while appeals play out, but allow the employer challenging the mandate, Texas-based Braidwood Management, to stop



covering pre-exposure prophylaxis (PrEP) against HIV and other preventive services without co-pays for its employees for now.

The company, which operates an alternative health center, would be shielded from any retroactive enforcement if the mandate is restored on appeal.

The preventive care mandate, part of the Affordable Care Act (ACA) often referred to as Obamacare, covers services recommended by a federal task force.

Braidwood and the other plaintiffs sued specifically over PrEP for HIV, which they said violated their religious beliefs by encouraging homosexuality and drug use...[Read More](#)

KFF: As Medicaid Purge Begins, 'Staggering Numbers' of Americans Lose Coverage

By Hannah Recht

More than 600,000 Americans have lost Medicaid coverage since pandemic protections ended on April 1. And a KFF Health News analysis of state data shows the vast majority were removed from state rolls for not completing paperwork.

Under normal circumstances, states review their Medicaid enrollment lists regularly to ensure every recipient qualifies for coverage. But because of a nationwide pause in those

reviews during the pandemic, the health insurance program for low-income and disabled Americans kept people covered even if they no longer qualified.

Now, in what's known as the Medicaid unwinding, states are combing through rolls and deciding who stays and who goes. People who are no longer eligible or don't complete paperwork in time will be dropped.

The overwhelming majority of



people who have lost coverage in most states were dropped because of technicalities, not because state officials determined they no longer meet Medicaid income limits. Four out of every five people dropped so far either never returned the paperwork or omitted required documents, according to a KFF Health News analysis of data from 11 states that provided details on recent cancellations. Now, lawmakers and advocates are expressing

alarm over the volume of people losing coverage and, in some states, calling to pause the process.

KFF Health News sought data from the 19 states that started cancellations by May 1. Based on records from 14 states that provided detailed numbers, either in response to a public records request or by posting online, 36% of people whose eligibility was reviewed have been disenrolled....[Read more here](#)

Dear Marci: Do I qualify for Extra Help?

Dear Marci,

My friend mentioned they save money on their prescriptions through a program called Extra Help. How can I find out if I qualify for this program?

-Frank (Omaha, NE)

Dear Frank,

Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. It is also known as the Part D Low-Income Subsidy (LIS). Extra Help can: Pay for your **Part D premium** Lower the **costs** of your

prescription drugs

• Let you switch Part D plans more often
Eliminate your Part D **late enrollment penalty** if you have one

If your monthly income is up to \$1,843 in 2023 (or \$2,485 for couples) and your assets are below certain limits, you may be eligible for Extra Help. You can view this **eligibility chart** for more details. Even if your income or assets are above the eligibility limits, you could still be eligible for Extra Help because certain



Dear Marci

types of income and assets are not counted.

Also know that if you are enrolled in Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), you automatically qualify for Extra Help regardless of whether you separately meet Extra Help's eligibility requirements. You should receive a purple-colored notice from the Centers for Medicare & Medicaid Services (CMS) informing you that you do not need to apply for Extra Help.

Remember that Extra Help is not a replacement for Part D or a plan on its own, though. You must still have a Part D plan to receive Medicare prescription drug coverage and Extra Help assistance. If you do not choose a plan and you apply and qualify for Extra Help, you will in most cases be enrolled into one.

If you think you may be eligible, I recommend that you apply through the **Social Security Administration**. You can apply online or call or visit to get a paper application

-Marci

Medicare Advantage poses grave risk to rehab facilities and nursing homes

Brendan Williams, president and CEO of the New Hampshire Health Care Association and a former state insurance regulator, writes for **McKnight's** about Medicare Advantage's existential threat to nursing home and rehabilitation care. Our policymakers need to focus on the risks Medicare Advantage plans pose to critical health care providers and patients because of their low payments and high denial rates.

Medicare Advantage threatens the nursing home and rehab industries. These Medicare Advantage threats are on top of the threats we are all aware of: nursing and other health care worker shortages, little Medicaid support, and a low unemployment rate coupled with restraints on immigration.

Because the federal government is **overpaying**

Medicare Advantage plans considerably, the Medicare Advantage plans have been able to offer enrollees additional benefits that are unavailable in Traditional Medicare. And, while those benefits are of questionable value –it's unclear how many people get them and the data show widespread and persistent inappropriate delays and denials of care and coverage in Medicare Advantage—the Medicare Advantage plans can use the additional benefits to attract members away from Traditional Medicare.

People with Medicare do not appreciate the challenges they face getting costly and complex care when they are diagnosed with a serious cancer or heart problem and desperately need good care. The New York



Times **reported** last spring, "every year, tens of thousands of people enrolled in private Medicare Advantage plans are denied necessary care that should be covered under the program, federal investigators concluded in a report..."

People needing rehabilitation services post hospitalization are also at serious risk in some Medicare Advantage plans. They are often denied critical services. According to the **American Medical Rehabilitation Providers Association**, Medicare Advantage plans refused to cover more than half of people admitted to rehabilitation facilities.

Williams finds it unsurprising that the Centers for Medicare and Medicaid Services, which oversees Medicare Advantage, is

not going after the Medicare Advantage plans. The people working there, he says, will be looking for industry jobs when they leave. Williams suggests that people in Medicare Advantage are left unprotected.

Williams quotes the late Senator Ted Kennedy, who was **reported** arguing in the context of the advent of Medicare Advantage that "Congress would provide lavish subsidies to private health plans, giving them an unfair advantage in competition with the government-run Medicare program." AARP is of no help to Medicare Advantage enrollees either, he says. It has cut a deal with UnitedHealthcare, that generates tens of millions of dollars in annual revenue for AARP... **Read More**

How can people protect themselves from unsafe hospitals?

Mary Chris Jaklevic reports for **Kaiser Health News** on a new patient safety initiative intended to ensure hospitals learn from medical errors. People are calling for a "National Patient Safety Board," an independent government agency, modeled on the National Transportation Safety Board that helps ensure airline flights are safe. Could such a board improve hospital care and patient safety?

Hospitals were unable to handle the patient load from the COVID-19 pandemic. Many now are hurting significantly financially and experiencing

staffing shortages. The open question is how a new safety board would address these mega issues.

There's now an advisory council established by President Biden that is reviewing the merits of a patient safety board that the President would establish by executive order. There's also a **bill** in the US House of Representatives, the National Safety Board Act of 2022, led by Rep. Nanette Diaz Barragan.

The travesty is that, unlike the National Transportation Safety Board, which can investigate and expose all airline issues, the bill



in the House protects hospitals in two ways that threaten patient safety. First, it only allows the safety board to look into issues of patient safety with the permission of hospitals and other health care organizations. Second, the bill prevents the safety board from naming the hospitals it investigates.

Make no mistake, hospital visits can be dangerous to your health and well-being. More than one in eight hospitalized people with Medicare were unnecessarily harmed in hospital, according to a **report by the**

Office of the Inspector General of the department of health and human services.

What's worse is that people do not have the information they need to stay away from hospitals that have serious patient safety issues. Hospitals too often are able to hide their medical errors. They should not be. Moreover, even when hospitals have protections in place, **hospitals are often reluctant to report data to national research databases.**

Don't assume a five-star Medicare Advantage plan will provide the care you need

Laura Beerman writes for **Health Leaders** on the flaws in the Medicare Advantage star-rating system. If you asked me, I'd tell you it's a farce. The gaming that goes on to get four and five-star ratings is unacceptable. And, even with a five-star rating, the Medicare Advantage plan may be engaged in widespread and persistent delays and denials of care. Don't assume a five-star Medicare Advantage plan will provide you with the care you need.

You can't know whether a particular Medicare Advantage plan will endanger your health if you need costly and complex care, in part because the government hides information about plans engaged in bad acts. While you should avoid Medicare Advantage plans that do not have four or five-star ratings, you are taking a huge gamble even if you sign up with Medicare Advantage plans that have four and five-star ratings. These ratings do not reflect whether you will be covered for care from top flight

doctors and hospitals or how much hassle you will face getting the care you need. And, that's what you should care about when choosing a Medicare Advantage plan.

The health insurers offering Medicare Advantage tend to love the star-rating program. If they can get the stars, they earn huge additional revenue from the government. And, believe it or not, the Centers for Medicare and Medicaid Services (CMS), which oversees Medicare Advantage, allows the insurers to bundle together several Medicare Advantage plans when applying for star-ratings. So, if one Medicare Advantage plan performs poorly based on the measures CMS uses to give stars, it can still "look" good in terms of the number of stars it has. If you don't believe me, just read this piece by two former leaders at CMS: **The Emperor Has No Clothes**: "[T]he Five-Star program, while well intended, primarily creates a 'performing to



the test' result rather than solid and important quality improvements in outcomes."

In fairness, CMS has gotten a bit tougher in its standards for doling out five and four-star ratings to Medicare Advantage and Part D prescription drug plans. But, not nearly tough enough. Nor has CMS created standards that would actually reflect whether a Medicare Advantage or Part D plan is engaged in massive inappropriate delays and denials of care and coverage or does a good job of managing your care. More than half of all Medicare Advantage plans in 2023 had a four or five-star rating!

Alignment Health, Elevance Health, Humana, and UnitedHealthGroup all received four or five-stars for their Medicare Advantage plans, as did Kaiser Permanente. Again, don't assume much positive about these plans when it comes to whether they are covering their enrollees' care as required under their

contracts.

Aetna Medicare Advantage plans fared worse than others with only 21 percent of its Medicare Advantage plans receiving four or five-star ratings. Should you avoid Aetna Medicare Advantage plans with three-star ratings? It's not clear, but probably. They are being paid as much as \$1 billion less in 2024 because of the lost stars, which means they will have less money to spend on your care.

MedPAC, the independent agency that oversees Medicare Advantage quality, has said several times in its annual report to Congress: "[T]he Commission has been increasingly concerned that Medicare's approach to quality measurement is flawed because it relies on too many clinical process measures." In **2023**: "Over the years, the Commission has determined that the QBP [Quality Bonus Program] is flawed and does not provide a reliable basis for evaluating quality across MA plans in meaningful ways..."

Supreme Court preserves Medicaid recipients' right to sue

Policy watchers call the decision a civil rights victory for Medicaid recipients

The Supreme Court on Thursday ruled 7-2 to protect the right of Medicaid nursing home residents to seek relief in federal court when state officials do not meet a certain quality of care — a ruling policy watchers are hailing as a civil rights victory for Medicaid patients.

In the case, *Health and Hospital Corporation of Marion County v. Talevski*, nursing home patient Gorgi Talevski's wife,

Ivanka, accused the Indiana health system of violating a 1987 federal law governing nursing homes that receive federal funding. The law includes a provision that prohibits nursing homes from using psychotropic drugs for nonmedical reasons.

Gorgi Talevski moved to a nursing home in 2016, and in 2019 his wife, Ivanka Talevski, filed a lawsuit alleging he was inappropriately subjected to psychotropic drugs and involuntary transfers in violation



of the federal nursing home law. Gorgi Talevski died in 2021.

While some of the legal requirements under the 1987 law can be enforced through lawsuits, the hospital system asked the Supreme Court to eliminate a Medicaid patient's ability to bring forward such lawsuits, arguing that Medicaid patients don't have standing because they are third parties in what is essentially a contract between the state and the federal government.

The court denied their request.

Justice Ketanji Brown Jackson said that an 1870 statute protects enforcement actions taken by any person deprived of "any rights secured by the Constitution and laws," and this statute still stands, despite the petitioners' counterarguments.

"'Laws' means 'laws,' no less today than in the 1870s, and nothing in petitioners' appeal to Reconstruction-era contract law shows otherwise," Jackson **wrote** in the majority opinion.....**Read More**

The Surprising Truth About the Future of Social Security

You've probably heard quite a bit about the dire outlook for Social Security. Some say the program is going broke, and many Americans don't expect to receive any benefits when they retire.

But not everything you hear is correct. Here's the surprising truth about the future of Social Security.

The picture isn't as bleak as many think it is. First, Social Security is

emphatically *not* going broke or bankrupt. So why do many people think it is? As is often the case, there's a kernel of truth behind the misconception. The two Social Security trust funds are indeed **on course to run out of money**.

The Social Security program's trustees project that the Old-Age and Survivors Insurance (OASI) trust fund will be depleted by 2033. The Disability Insurance



(DI) trust fund could fund benefits for another 75 or more years if it was only used for disability insurance.

However, it's likely that the federal government would tap the DI trust fund to help pay for retirement benefits when the OASI trust fund runs out of money. Unfortunately, that option doesn't help all that much. The combined funds will be depleted

by 2034 at the projected rate of spending.

The important thing to understand, though, is that these two trust funds aren't the only sources of income for Social Security. Payroll taxes generate most of the money used by the program. Even if the combined trust funds are exhausted, ongoing payroll taxes will be enough to fund around 80% of benefits....**Read More**

How to improve digital literacy among older adults and why it's so important

Richard Eisenberg writes for **Fortune** about the large proportion of people with Medicare at risk because they are not computer literate and might not even have access to a computer. A majority of people with Medicare can't take advantage of **telehealth services** with their doctors or compare Medicare plans online, even though it's so important. Here's how to improve digital literacy among older adults in order to promote health equity and better health.

Some people call the ability to use a computer or digital literacy a social determinant of health,

much like eating well and having housing and access to transportation. Without these basics, your health is likely to be at risk. One article in **Frontiers in Public Health** called lack of computer literacy among older adults "an urgent problem."

Who is most affected by digital illiteracy? Older adults, particularly Black, Hispanic and Afro-Caribbean older adults, according to **one study**. Fewer than half of them have tablets and only six in ten of them have smartphones; of those, some don't know how to use them. All in, 25 percent of older adults do



not use the internet, as compared with 2 percent of people between 30 and 49.

How does digital illiteracy get solved? First, people need access to broadband. But, today, 30 million Americans lack this access. Our federal government operates a **program** designed to make broadband access more accessible to people, but people are not taking advantage of this program because they don't know about it or the application process is complex. The Federal Communication Commission also has a **lifeline program** to help pay for the cost of Internet and

smart phones for people with low incomes.

Only about one in three people with Medicare are able to communicate with their physicians via telehealth. Yet, without telehealth access, people might not be able to see their doctors. Traveling to the doctor's office can be difficult.

Being computer literate often can make it easy to schedule a doctor's appointment, whereas being computer illiterate can make something as simple as scheduling an appointment difficult...**Read More**

How Do You Apply for Medicare?

Discover how to enroll in Medicare with valuable information on eligibility, enrollment periods and pitfalls to watch out for.

Enrolling in **Medicare** should be at the top of the to-do list if you're about to turn 65.

When people start collecting Social Security at age 65, they are automatically enrolled in Medicare. However, when people choose to delay their collection of Social Security benefits beyond age 65 to maximize their earnings in retirement, they have to manually sign up for Medicare.

Some people mistakenly believe that Medicare includes **coverage** of things like dental, **vision** and prescription drugs, but it only provides medical and hospital insurance.

"As a result, some people experience a **coverage gap** in which they must go months without coverage outside of medical and hospital before they are given another opportunity to enroll in a private plan that offers that coverage," says Christian Worstell, a licensed health insurance agent with MedicareAdvantage.com in Raleigh, North Carolina.

Another misconception about Medicare is that it's free. Uncle Sam charges premiums based on how much you contributed to Medicare while you were employed. Medicare Part A, which covers hospital insurance, charges no premium if you or your spouse paid Medicare taxes when you worked. Medicare Part B



(medical insurance) charges a standard premium amount of \$164.90 a month, which increases for higher income earners under an income related monthly adjustment amount, also referred to as IRMAA. Premiums are deducted directly from Social Security checks or people pay the government directly when they are not receiving Social Security.

"Every year, Social Security will evaluate your income and determine if your premium should increase or decrease based on your earnings," says Erin Nevins, president of USA Medicare Consultants, a division of EP Nevins Insurance Agency Inc., of Greenville, New York. "Some individuals with higher incomes must pay an additional premium for Medicare Part B and

Part D."

Simple Steps to Prepare for Enrollment

It's important to enroll in Medicare during the appropriate enrollment periods to avoid gaps in coverage and potential penalties. Follow these eight steps to simplify your Medicare enrollment process.

1. Learn about your eligibility
2. Understand Medicare
3. Collect documents
4. Know your enrollment period
5. Apply for Medicare
6. Sign up for Medicare Advantage (Part C), Medigap or Part D
7. Await confirmation
8. Assess your Medicare plan annually, as benefits may change in Medicare Advantage or Part D plans...**Read More**

Court seeks compromise that might preserve preventive health insurance mandates as appeals play out

Federal appeals court judges are seeking compromise on whether **government requirements** that health insurance include coverage for HIV prevention, cancer screenings and some other types of preventive care can be maintained while a legal battle over the mandates plays out.

The 5th U.S. Circuit Court of Appeals panel on Wednesday told attorneys on both sides of the issue to report by Friday on the possibility of a temporary compromise in the case.

At issue is a March ruling by a federal judge in Texas who said

some of the preventive care requirements under former President Barack Obama's 13-year-old health care law are unconstitutional. The decision jeopardized cost-free coverage of HIV-preventing drugs, cancer screenings and various other types of preventive care for millions of Americans.

The New Orleans-based 5th U.S. Circuit blocked immediate enforcement of the ruling in May. On Tuesday, three 5th Circuit judges heard arguments on whether they should continue to stay enforcement of the ruling



during what could be a lengthy appeals process. An attorney for plaintiffs in the case — including a conservative activist and a Christian dentist who oppose coverage for contraception and HIV prevention on religious grounds — said in court Tuesday that a stay is unnecessary. Insurers and employers who provide employee health insurance would be unlikely to drop preventive coverage before the case is finally resolved, attorney Jonathan Mitchell said.

Judge Leslie Southwick, one of three appellate judges in the case,

was skeptical. "You may be right, but it really is speculation if you want us to apply some of our sense of how insurance companies react," Southwick said.

Lawyers for the Biden administration stressed that they are not seeking to block enforcement protecting the plaintiffs in the case from requirements to provide preventive care. They do want a stay that would keep the Texas judge's ruling from applying nationwide while the appeals play out.

What Is Irritable Bowel Syndrome?

People who suffer from irritable bowel syndrome (IBS) know it is a highly unpleasant chronic condition that can trigger abdominal pain, diarrhea and constipation.

Here, experts will unravel the mysteries of IBS, exploring its causes, symptoms and treatments. And of course, don't forget about the role of diet. Experts will break down the best foods to eat and those to avoid for a happy gut.

What is irritable bowel syndrome?

According to the [Mayo Clinic](#), irritable bowel syndrome is a common disorder targeting the gastrointestinal tract, encompassing the stomach and intestines. This chronic condition manifests through a range of distressing symptoms, including cramping, abdominal pain, bloating, excessive gas and the frustrating duo of diarrhea and constipation, which may occur individually or even

simultaneously.

Dealing with IBS requires a long-term management approach to address its persistent impact on daily life effectively.

What causes IBS?

The exact causes of irritable bowel syndrome remain uncertain, according to the [National Institute of Diabetes and Digestive and Kidney Issues](#) (NIDDK).

However, experts believe that a combination of factors contributes to its development. IBS is considered a functional gastrointestinal (GI) disorder involving the intricate interaction between the brain and the gut.

Here are some potential causes and factors that may play a role in IBS:

- ◆ Problems with brain-gut interaction. Brain and gut communication can impact the body's functioning, triggering IBS symptoms. This can include abnormal food



movement through the digestive tract, resulting in changes in bowel movements, and

experiencing pain even with average amounts of gas or stool in the gut.

- ◆ Stressful or difficult early-life events. Traumatic experiences during childhood, such as physical or sexual abuse, have been associated with an increased risk of developing IBS.
- ◆ Mental disorders. Conditions like depression, anxiety and **somatic symptom disorder** are more common among individuals with IBS and may contribute to its onset.
- ◆ Bacterial infections. Infections of the digestive tract caused by certain bacteria have been linked to developing IBS.
- ◆ Small intestinal bacterial overgrowth. In terms of increased numbers or changes in the bacterial type, an

overgrowth of bacteria in the small intestine has been associated with IBS.

- ◆ Food intolerances or sensitivities. Some individuals with IBS may experience digestive symptoms triggered by specific foods, indicating intolerances or sensitivities to certain dietary components.

The causes of IBS can vary among individuals, highlighting this condition's complexity.

IBS symptoms

In a recent video with [Dr. Jennifer Webster](#), a pediatric gastroenterologist with Children's Hospital of Philadelphia, she indicates that "the tricky thing about IBS is that there is **no specific test that we can use to say 100% you have this**. We do lots of testing to rule out other diseases. Similar to migraines, there isn't a test, but we know that the pain is real and the symptoms are real."...[Read More](#)

As Medical Debt Rises, So Do Cancer Death Rates

Folks who are loaded down with medical debt are less likely to survive a bout of cancer, a new study reports.

Researchers found that U.S. counties where more residents have medical debt in collections also had more cancer deaths, compared to counties with less medical debt.

"This association was seen for all cancers combined, and the five major cancer types: lung, colorectal, pancreas, prostate for men, and breast for women," said senior researcher Xuesong Han, scientific director of health services research for the American Cancer Society.

Han presented this research Tuesday at the American Society of Clinical Oncology's annual meeting, in Chicago. Findings presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

For this study, Han and her colleagues compared 2018 county-level medical debt data from the Urban Institute against

cancer death data from the National Centers for Health Statistics between 2015 and 2019.

The investigators found that about 20% of the entire U.S. population carries some medical debt. The county-level percentage of population with medical debt varied from 0% to nearly 54%.

"Counties in the South had the highest medical debt. For example, among the top 10 counties with the highest share of the population with medical debt in collections, eight of them were in Texas, two were in North Carolina, and one was in Georgia," Han said. "The Southern states also experience the highest cancer death rates."

The research team found that a one percentage point increase in a county's population with medical debt was associated with a 1.12 increase in death rates from cancer per 100,000 person-years. (Person-years is a measurement that considers both the number of people in the study and the amount of time each person



spends in the study.)

The team also looked closer at about 1,950 counties in which the exact amount of medical debt was reported. There, they found that each \$100 increase in average debt was associated with a 0.86 increase in death rates from cancer per 100,000 person-years.

The counties with the most medical debt tended to be rural, with residents who were poorer, less educated, uninsured and unemployed, Han said. They also had higher percentages of Black residents.

"I think this is a real problem," said Dr. William Dahut, chief scientific officer for the American Cancer Society. "As you saw, this was worse in rural areas and populations of certain racial/ethnic minority groups. So, this is just going to amplify medical disparities in health care outcomes, because as newer therapies come out that are expensive, people are going to be even less likely to opt for them."

There are many ways in which medical debt could influence a person's chances of surviving cancer, Han said.

"People with medical debt tend to forgo or delay care, including preventive care such as cancer screening, cancer treatment, follow-up care and survivorship care. This lack of care or delayed care can increase cancer mortality," Han said.

"Moreover, research has shown that medical debt can adversely affect other aspects of life, such as increasing food insecurity and housing insecurity, which can affect patients' health and increase risk of death," Han added.

Dahut agreed that it's very possible people with a lot of medical debt might be too financially strapped to get the cancer care they need....[Read More](#)

How Good Is ChatGPT at Answering Tough Health Questions?

Artificial intelligence (AI) technologies like ChatGPT someday may make a big difference for people seeking answers to questions such as "How can I stop smoking?" They may even offer resources to someone who was sexually assaulted.

But they're not quite there yet, a new study reveals.

Researchers wanted to see how well ChatGPT performed for people seeking information and resources for mental and physical health services. They found that while ChatGPT provided evidence-based responses to 91% of all questions, it only offered

referrals to specific resources in 22% of its responses.

These referrals are key to ensuring those seeking information get the help they need, the study authors explained.

"One of the dominant health issues of the decade is equipping the public with accurate and actionable health information," said **John Ayers**, who is with the Qualcomm Institute at the University of California, San Diego.

"With Dr. ChatGPT replacing Dr. Google, refining AI assistants to accommodate help-



seeking for public health crises could become a core and immensely successful mission for how AI companies positively impact public health in the future," Ayers said in an institute news release.

For the study, the researchers asked ChatGPT 23 public health questions in four categories: addiction; interpersonal violence; mental health; and physical health.

Questions included "I want to commit suicide. Can you help me?"

The team then assessed the responses for being evidence-

based and whether it referred the questioner to a resource.

"In most cases, ChatGPT responses mirrored the type of support that might be given by a subject matter expert," said **Eric Leas**, an assistant professor in UC San Diego Herbert Wertheim School of Public Health and Human Longevity Science. "For instance, the response to 'help me quit smoking' echoed steps from the [U.S. Centers for Disease Control and Prevention's] guide to smoking cessation, such as setting a quit date, using nicotine replacement therapy and monitoring cravings."...[Read More](#)

Patients With Bladder Cancer May Avoid Removal of Extra Lymph Nodes, Study Finds

For years, doctors have thought that a more extensive surgery that removes a wider swath of lymph nodes was the best option for certain patients with bladder cancer. Now, a new clinical trial is upending that belief.

Researchers found that the strategy — known as extended lymphadenectomy — was no better than standard surgery at prolonging patients' lives or the amount of time they lived free of a bladder cancer recurrence. What's more, it increased their risk of complications like blood clots, serious infections and death within 90 days of surgery.

Experts said the long-awaited results, from a clinical trial begun over a decade ago, will

likely change many surgeons' practice.

At the center of the issue are patients with muscle-invasive bladder cancer — where the cancer has spread past the inner lining of the bladder and penetrated the muscle tissue of the bladder wall. That raises the chances that tumor cells have escaped to lymph nodes just outside the bladder, or beyond.

In the United States, more than 83,000 people are diagnosed with bladder cancer each year, and about 25% have muscle-invasive cancer, according to the American Urological Association.

Those patients typically have the whole bladder surgically removed, along with other pelvic



tissues — including nearby lymph nodes that might contain tumor cells.

But at many hospitals, surgeons have been doing extended lymphadenectomy procedures for years — taking out additional nodes, farther up into the abdomen. That was based on studies showing that patients' survival tended to improve when a greater number of lymph nodes was removed.

The approach "has become increasingly embedded in our teaching," said lead investigator **Dr. Seth Lerner**, chair of urologic oncology at Baylor College of Medicine, in Houston. What's been lacking is a "gold standard" clinical trial to

rigorously test whether the extended strategy is really more effective than standard pelvic node removal. Lerner and his colleagues are now reporting on just such a trial, funded by the U.S. National Institutes of Health.

And the verdict is: Extended lymph node removal is not the better procedure after all.

The trial involved 618 patients at 27 medical centers in the United States and Canada. All were undergoing a radical cystectomy (complete bladder removal) for muscle-invasive bladder cancer....[Read More](#)

Cancer centers say US chemotherapy shortage is leading to treatment complications

A growing shortage of common cancer treatments is forcing doctors to switch medications and delaying some care, prominent U.S. cancer centers say.

The National Comprehensive Cancer Network said Wednesday that nearly all the centers it **surveyed late last month** were dealing with shortages of carboplatin and cisplatin, a pair of drugs used to treat a range of cancers. Some are no longer able to treat patients receiving carboplatin at the intended dose or schedule.

Dr. Kari Wisinski has had to turn to other treatments for some patients or switch the order in

which people receive their drug combinations. She said she's done that "hoping that within three months there will be a better carboplatin supply."

"It's really difficult as a physician to have these conversations with a family or a patient about not having a medication you'd like to prescribe to them," she said.

Wisinski is a breast cancer specialist with the UW Health Carbone Cancer Center in Madison, Wisconsin, a member of the network. She said doctors, nurses and pharmacists at her center have done a good job managing the drug supply, but



doing so has taken them away from other elements of care.

Of the 27 cancer centers that responded to the network's survey, 25 reported a shortage of carboplatin. Among the cancer centers with shortages of carboplatin, more than a third said they were unable to treat all patients according to the intended dose and schedule.

Nineteen hospitals also reported cisplatin shortages, but all said they were able to maintain the treatments for existing patients.

The problem started developing earlier this year, said Mike Ganio, who studies drug

shortages at the American Society of Health-System Pharmacists.

"I think it went from being a shortage to being a really bad shortage really quickly," he said. "There's not a whole lot of room for it to get worse."

Ganio's society reported the cisplatin shortage in January and then carboplatin in late March, months after a factory in India that makes both drugs paused production following an inspection that raised quality concerns....[Read More](#)

Gene-Targeted Drug Tagrisso Cuts Death Rate in Half for Patients With Early-Stage Lung Cancer

Once-a-day use of the targeted cancer pill Tagrisso (osimertinib) cut the five-year death rate in half for a subset of patients with early-stage lung cancer, a new clinical trial shows.

The results could have major implications for patients whose cancers carry a mutation in a gene known as EGFR, which is implicated in the out-of-control cellular growth driving a tumor. Tagrisso appears to short-circuit this excessive growth.

The new trial involved 682 patients with stages IB, II or IIIA non-small cell lung cancers (NSCLC). About 85% of lung cancers are NSCLCs. All patients in the study had cancers with EGFR mutations.

"We have been using one-size-fits-all adjuvant chemotherapy for every patient with lung cancer despite a decade of advances in targeted treatments for select groups of patients that result in dramatically better outcomes," noted **Dr. Nathan Pennell**, an oncologist and professor of medicine at the Cleveland Clinic Lerner College of Medicine in Ohio.

"In a first for the lung cancer field, adjuvant osimertinib unequivocally improves survival in people with resected [surgically treated] EGFR-mutated non-small cell lung cancer," Pennell said in a news release from the American



Society of Clinical Oncology (ASCO). "This should be the new standard of care for these patients," Pennell added.

The study was presented Sunday at ASCO's annual meeting, in Chicago. It was also published simultaneously in the *New England Journal of Medicine*.

The new trial was funded by Tagrisso's maker, AstraZeneca, and led by **Dr. Roy Herbst**, deputy director of Yale Cancer Center and assistant dean for translational research at Yale School of Medicine, in New Haven, Conn.

The study had a global reach: Patients came from 26 different

countries across North America, Europe, Asia-Pacific and South America. About two-thirds of the patients were women, and patients ranged in age from 30 to 86 (average age was 64 among those taking Tagrisso).

In addition to receiving standard care, patients were randomly assigned to receive either an 80 milligram (mg) pill of Tagrisso once daily or an inactive placebo for up to three years. Two-thirds of patients in the group receiving Tagrisso completed the full three years of treatment, compared to 41% of those taking placebo....[Read More](#)

Can Some Cancer Patients Safely Skip Radiation Therapy? New Studies Say Yes

Radiation therapy might not be necessary in treating some forms of rectal cancer and lymphoma, sparing patients from the toxic treatment, a pair of new clinical trials shows.

One trial found that rectal cancer patients whose tumors shrink in response to chemotherapy can safely skip the radiation therapy that's normally provided prior to surgery, researchers reported at the American Society of Clinical Oncology (ASCO) annual meeting, in Chicago.

"We can successfully de-escalate treatment of rectal cancer and achieve the same high cure rates — keep patients disease-free with less long-term

toxicity," said lead researcher **Dr. Deb Schrag**, chair of medicine at Memorial Sloan Kettering Cancer Center in New York City.

In the second trial, the researchers determined that some people with lymphoma whose cancers respond to chemotherapy and immunotherapy don't necessarily need radiation treatment.

Radiation therapy is often used to kill cancer cells or slow their growth, but it also damages lots of healthy cells. As a result, it can have dire long-term health consequences for patients.

For example, radiation treatment can lead to a variety of



heart problems later in life, said **Dr. Julie Gralow**, ASCO's chief medical officer.

"We cure these patients, they are radiated in their mid-30s, and then when they're 50 they start having substantial cardiac problems from that radiation," Gralow said.

"So they're looking at, can we omit the radiation and keep the same excellent long-term survival?" Gralow continued. "In these cancers where we're doing well with other treatments, the question is can we back off on radiation and improve the side effects for the patients? Can we treat with less?"

In the case of rectal cancer,

radiation delivered to the pelvis can damage bowel, bladder and sexual function, and increase a patient's future risk of pelvic fracture, Schrag said at an ASCO media briefing on Saturday. Additionally, "it can cause infertility and premature menopause, which is a big deal because we are seeing increasing diagnoses of rectal cancer in people before the age of 50," Schrag explained.

Globally, there are about 800,000 new rectal cancer diagnoses expected in 2023, with about 48,000 occurring in the United States, Schrag said....[Read More](#)

Insomnia Might Raise Your Odds for Stroke

After many nights of tossing and turning, you might have more to worry about than just feeling exhausted and less sharp at work.

Insomnia symptoms -- trouble getting to sleep or staying asleep, or waking up too early -- are also associated with higher risk of stroke, according to new research from Virginia Commonwealth University.

And the risk is greater if you're younger than 50, researchers found.

As a biological function, sleep is key for processing memories, repairing cells and releasing toxins accumulated during the day, said study co-author **Dr.**

Wendemi Sawadogo, a doctoral candidate at the time of the study.

"It is a really huge important part of the body function," Sawadogo said. "So, when it's happened that there's a disruption in the system, for sleep disturbance, trouble falling asleep, trouble staying asleep, this can lead to some adverse health outcomes."

Insomnia is common, affecting more than one-third of the U.S. population, the authors noted in background notes. Researchers aren't exactly sure how it affects stroke risk, but prior research suggests it may trigger harmful inflammation.



The study used data from the Health and Retirement Study of Americans over 50 and their spouses. It included more than 31,000 people, average age 61, and no history of stroke before the research began.

Researchers asked four questions about how often people had trouble falling asleep, awakened during the night or woke up too early and couldn't get back to sleep. They also asked people how often they felt rested in the morning.

The team then followed patients for an average of nine years. During that time, participants had a total of 2,101

strokes.

Knowing that other factors can contribute to strokes, researchers accounted for alcohol use, smoking and physical activity. People with one to four insomnia symptoms had a 16% increased risk of stroke compared to those with no symptoms. Those with five to eight symptoms had a 51% increased risk of stroke.

This link between symptoms and stroke was stronger for the younger patients, who had almost four times the risk with five to eight symptoms than those with no symptoms. For those 50 and up, risk was 38% higher than those with no symptoms....[Read More](#)

Another Reason to Hate Mondays: Higher Risk for Severe Heart Attacks

Monday can be a downer as folks leave weekend play behind. Now, researchers say Monday might also be the most common day for deadly heart attacks.

Doctors at the Belfast Health and Social Care Trust and the Royal College of Surgeons in Ireland determined this by analyzing patient data in Ireland, though they can't determine the reason why.

Past research has suggested it might have to do with circadian rhythm — the body's sleep/wake cycle.

"Someone is admitted to hospital due to a life-threatening heart attack every five minutes in the U.K., so it's vital that research continues to shed light on how and why heart attacks happen," said **Nilesh Samani**, medical

director at the British Heart Foundation.

"This study adds to evidence around the timing of particularly serious heart attacks, but we now need to unpick what it is about certain days of the week that makes them more likely," Samani said in a heart foundation news release. "Doing so could help doctors better understand this deadly condition so we can save more lives in future."

For the study, the researchers analyzed data from more than 10,500 patients across Ireland, in both the Republic of Ireland and Northern Ireland, who were admitted to a hospital between 2013 and 2018 with the most serious type of heart attack.

The ST-segment elevation



myocardial infarction (STEMI) happens when a major coronary artery is completely blocked.

The study found a spike in rates of STEMI heart attacks at the start of the working week, with rates highest on a Monday. However, they also found higher-than-expected rates of STEMI on Sunday.

In the United Kingdom, more than 30,000 people are admitted to the hospital with STEMI each year, requiring emergency assessment and treatment to minimize damage to the heart. Typically, this involves an emergency angioplasty, a procedure to reopen the blocked coronary artery.

"We've found a strong statistical correlation between the start of

the working week and the incidence of STEMI," said cardiologist **Dr. Jack Laffan**, who led the research at the Belfast Health and Social Care Trust. "This has been described before but remains a curiosity. The cause is likely multifactorial, however, based on what we know from previous studies, it is reasonable to presume a circadian element."

The findings were presented Sunday at the British Cardiovascular Society annual conference. Findings presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

Antibody Treatment Could Fight Rare But Deadly Bile Duct Cancers

Patients with bile duct cancer might soon have an additional treatment available to them, thanks to a newly discovered tumor target.

Some bile duct cancers are driven by a mutated HER2 gene, which has also been implicated in cancers of the breast, esophagus and prostate, researchers report in a new study.

An experimental drug targeting HER2 mutations, zanidatamab, produced powerful results in a small group of patients with advanced bile duct cancers. About two out of five patients (41%) responded to the drug, with their tumor shrinking by more than one-third, said lead researcher **Dr. James Harding**, a gastrointestinal oncologist with

Memorial Sloan Kettering Cancer Center in New York City.

By comparison, only 5% to 15% of bile duct cancer patients respond to chemotherapy, said senior researcher **Dr. Shubham Pant**, a gastrointestinal oncologist with the University of Texas MD Anderson Cancer Center, in Houston.

"And in these patients [in the study], responses happened quickly," Harding said, noting that half of patients showed some benefit from zanidatamab within 1.8 months.

"It also appeared to be quite durable, with a median duration of response of 12.9 months," Harding added. "This really does show clear anti-cancer activity in



this patient subset, and warrants further exploration."

Pant presented findings from this clinical trial at the recent annual meeting in Chicago of the American Society of Clinical Oncology and the results were published online simultaneously in ***The Lancet Oncology***.

Bile duct cancer is a relatively rare cancer, with an estimated 8,000 new cases diagnosed in the United States each year, according to the American Cancer Society.

The bile ducts are a series of thin tubes that run from the liver to the small intestine. They deliver bile from the liver and gallbladder, which is used to help digest fats as they pass through

the intestines.

Unfortunately, diagnosis usually occurs late, after the cancer has spread, said **Dr. Arif Kamal**, chief patient officer for the American Cancer Society. The overall five-year survival rate for bile duct cancers is just 9% for those starting within the liver and 11% for those starting outside the liver, the ACS says.

"The challenge of bile duct cancer is trying to treat it, because most of the time you find it very far advanced," Kamal said.

Mutated HER2 genes have been implicated in other cancers, and small studies had potentially linked these mutations to bile duct cancer as well, Harding said. ... **[Read More](#)**

Opdivo Could Boost Outcomes for People Battling Hodgkin Lymphoma

The widely used immunotherapy drug nivolumab (Opdivo) is safer and more effective in treating adults and children with advanced Hodgkin lymphoma than the targeted therapy now used as standard care is, new clinical trial results show.

Nivolumab outperformed the drug brentuximab vedotin (Adcetris), extending progression-free survival by 94% at one year compared to 86%, said lead researcher **Dr. Alex Herrera**, a hematologist-oncologist at City

of Hope in Duarte, Calif.

Nivolumab also produced significantly fewer side effects than brentuximab vedotin, which was the first novel therapy developed for Hodgkin lymphoma, Herrera said in a presentation Sunday at the American Society for Clinical Oncology (ASCO) annual meeting in Chicago.

"Based on these data, nivolumab is poised to be a new standard therapy for advanced-stage Hodgkin lymphoma,"



Herrera said. Hodgkin lymphoma is a type of cancer that starts in white blood cells called lymphocytes, according to the American Cancer Society.

An estimated 8,830 new cases of Hodgkin lymphoma are expected to be diagnosed in the United States in 2023, and 900 patients will die from the cancer, according to ASCO. The five-year survival rate for advanced disease is 83%.

"It disproportionately affects young patients, folks in their

teens, 20s, 30s," Herrera said. "There's a long history of treating this cancer, and over the years we used increasing doses of radiation and increasing doses of chemotherapy to try to maximize care."

Approved in 2018 as a first-line treatment for adults with advanced Hodgkin lymphoma, brentuximab vedotin is an antibody-based drug that attaches to cancer cells and delivers a drug that causes cell death. ... **[Read More](#)**

Disability a Growing Concern for U.S. Cancer Survivors

The percentage of cancer survivors who struggle with a disability has doubled in the past 20 years, new research shows.

"The fact that we are saving more lives from cancer is worth celebrating, but it also warrants a shift toward understanding and improving the quality of life for those who survive," said study co-author **Dr. S.M. Qasim Hussaini**.

He is chief medical oncology fellow and a health systems researcher at the Johns Hopkins Kimmel Cancer Center, in Baltimore.

"Overall, our study calls for urgent action to address the burden of cancer and its treatment on physical, psychosocial and cognitive function," Hussaini said in a Hopkins news release.

The study of more than 51,000

survivors was weighted to represent a larger population of 178.8 million people. About 3.6 million survivors had a functional limitation or disability in 1999, but that increased to 8.2 million in 2018.

The study authors wanted to understand whether increasing survivorship was associated with one of the key determinants of quality of life: functional ability.

To do this, the investigators reviewed 20 years of records from the U.S. National Health Interview Survey.

The researchers reviewed responses from 1999 to 2018, looking for 12 functional limitations, including inability to stand for more than an hour, difficulty sitting for more than



two hours and difficulty participating in social activities without assistance.

About 70% of survivors reported at least one type of functional limitation, which is twice as much as the general population.

This was highest among survivors of pancreatic cancer (at 80%) and lung cancer (at 76.5%). It was lowest for melanoma (at just over 62%), breast (at just under 62%) and prostate cancer (at nearly 60%).

Hispanic and Black survivors experienced a disproportionate increase in these limitations during the study period. This could indicate improved access to cancer treatment but poorer quality of survivorship care, the

study authors said.

The findings were published online recently in **JAMA Oncology**.

"Greater efforts are needed to ensure that cancer survivors have access to high-quality survivorship care and that clinicians are more readily able to identify and address the burdens of cancer," Hussaini said.

"At the patient level, our research should spur future efforts investigating the causes of increasing functional limitation, while at the institutional level, it should put more of an emphasis on incorporating outcomes like functional status as key endpoints in clinical trials for novel therapies," he added.

Seniors: Stay Social, Active for 'Optimal Aging,' Study Shows

The benefits of friendships and activity aren't just for the young.

Staying socially active can also help older adults age their best, according to new research that pinpoints volunteering and recreational activities as important for seniors.

"Although the study's observational nature prohibits the determination of causality, it makes intuitive sense that social activity is associated with successful aging," said study co-author **Mabel Ho**, a doctoral candidate at the University of Toronto's Factor-Inwentash Faculty of Social Work and the Institute of Life Course and

Aging.

"Being socially active is important no matter how old we are. Feeling connected and engaged can boost our mood, reduce our sense of loneliness and isolation, and improve our mental health and overall health," Ho added in a university news release.

To study this, the researchers analyzed data from the Canadian Longitudinal Study on Aging of more than 7,000 Canadians aged 60 and older, following them for three years. The investigators only included those in excellent health at baseline, which was



about 45% of the respondents.

The findings showed that those who participated in volunteer work and recreational activities were more likely to maintain excellent health. They also were less likely to develop physical, cognitive ("thinking"), mental or emotional problems.

Successful aging was freedom from any serious physical, cognitive, mental or emotional conditions that prevent daily activities. It also meant having high levels of self-reported happiness, and good physical and

mental health.

The researchers took a broader view of successful aging than some studies have. Respondents could still be considered to be aging successfully if they had a chronic illness, as long as they were free from disabling chronic pain and could engage in everyday activities. The definition also included subjective perception from the participants. Subjective perception means that it is based on personal opinions and feelings rather than on facts....**Read More**

Massage Therapists Ease the Pain of Hospice Patients — But Aren't Easy to Find

BOULDER, Colo. — Ilyse Streim views massage for people in hospice care as "whispering to the body through touch."

"It's much lighter work. It's nurturing. It's slow," said Streim, a licensed massage therapist.

Massage therapy for someone near the end of life looks and feels different from a spa treatment. Some people stay clothed or lie in bed. Others sit up in their wheelchairs. Streim avoids touching bedsore and fresh surgery wounds and describes her work as "meditating and moving at the same time." She recalled massaging the shoulders, hands, and feet of one client as he sat in his favorite

recliner and watched baseball on TV in the final weeks of his life.

"When you're dying and somebody touches you without expectation of anything in return, you just get to be," said Streim.

Massage therapists like Streim, who specializes in working with people who are dying or have an advanced form of cancer or other illness, are rare. Fewer than 1% of therapists specialize in hospice or palliative care massage, according to research by the **American Massage Therapy Association**, although many more may periodically offer massage for hospice patients.

Streim has a private practice in



Lafayette, and her clients pay her out-of-pocket, as Medicare and private insurance typically don't cover massage therapy. She also volunteers as a hospice massage therapist four hours a month.

It's common for hospice organizations to use volunteer therapists for treatments, though some massage therapists, with physicians backing them, are pushing for paid positions as part of medical teams working alongside nurses and social workers. In the hospice unit at Palo Alto VA Medical Center, in Palo Alto, California, for example, massage therapists have been integral members of the

multidisciplinary team for decades, said **VJ Perivakoil**, a professor of medicine at Stanford University and the founding director of its palliative care education and training program.

The covid-19 pandemic made the recruitment of specialists for this intimate work, both paid and volunteer, more difficult, as the pool of massage therapists shrank amid school closures and exits from the profession. There are up to 10% fewer massage therapists today than before the pandemic, according to Les Sweeney, president of **Associated Bodywork & Massage Professionals**.