

June 19, 2022 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders



President Roach Tells Senate Committee Social Security Must Be Expanded



Robert Roach, Jr.
 President, ARA

Alliance President Robert Roach, Jr. testified Thursday at a Senate Budget Committee hearing focused on expanding Social Security for all beneficiaries.

Entitled, "Saving Social Security: Expanding Benefits and Demanding the Wealthy Pay Their Fair Share or Cutting Benefits and Increasing Retirement Anxiety," the hearing laid out the case for increasing benefits as millions of seniors struggle to make ends meet. [Click here to see the video of the hearing.](#)

The testimony came on the same day that Sen. Bernie Sanders (VT), Chairman of the Senate Budget Committee, and other Democratic legislators put forward new Social Security legislation that would increase benefits by \$200 per month and extend the system's solvency past the year 2096 by ensuring that the wealthiest Americans pay their fair share of Social Security taxes.

Sen. Sanders' legislation, the Social Security Expansion Act, which the Alliance strongly supports and has formally endorsed, addresses the challenges seniors face by

- ◆ Expanding Social Security benefits across-the-board for current and new beneficiaries by \$200 per month, or \$2,400 per year;
- ◆ Increasing Cost-Of-Living-



Sen. Bernie Sanders
 Robert Roach, Jr.

Adjustments by adopting the Consumer Price Index for the Elderly (CPI-E);

- ◆ Updating the Special

Minimum Benefit for Social Security recipients by making it easier to qualify, assisting low-income workers to stay out of poverty

"We need improvements because older Americans today are hurting," said President Roach at the hearing. "And I have seen examples for myself firsthand. I have observed on many occasions seniors at the supermarket checkout who had to put food back because the grocery bill was more than they had. Seniors are having to make decisions between food and medicine on a daily basis." In addition, the Alliance has endorsed Connecticut Rep. John Larson's legislation in the House, H.R. 5723, Social Security 2100: A Sacred Trust Act. It also strengthens Social Security and repeals the Windfall Elimination Provision and Government Pension Offset, both of which unfairly claw back the Social Security benefits of workers or their spouses or survivors if they worked for a period of time in jobs not covered by Social Security.

New Drug Prices Soar to Median of \$180,000 a Year
 A study published in the JAMA medical journal has found that in 2020 and 2021, nearly half of new drugs were priced at more than \$150,000 per year. That is



Rich Fiesta,
 Executive Director, ARA

in sharp contrast to 2008, when fewer than 10 percent of drugs were introduced at that price level. The median launch price of a new drug in the United States has soared from \$2,115 in 2008 to \$180,007 in 2021, a 20% annual inflation rate over the period, researchers at Harvard-affiliated Brigham and Women's Hospital in Boston found.

"More than 47% of new drugs now cost \$150,000 or more annually," said Richard Fiesta, Executive Director of the Alliance. "If anyone needs further proof that Medicare must be able to negotiate lower prices, they should look at the prices for new drugs that are entering the market."

Medicare Advantage Insurance Firms Accused of Submitting False Bills to Inflate Profits



Joseph Peters, Jr.
 Secretary Treasurer ARA

The Justice Department has filed a lawsuit alleging that some Medicare Advantage insurance companies mined patient records for outdated, irrelevant conditions and illegally billed Medicare more to increase profits.

One of the insurers inflated bills by millions of dollars, the government alleged in a false-claims lawsuit filed in U.S. District Court in California.

The case was part of a broader government crackdown on abusive billing practices in the Medicare Advantage program,

Medicare's privatized insurance option. The Justice Department is pursuing civil lawsuits against several companies that participate in the system, from major insurers to prestigious nonprofit hospital systems, alleging unfair gains realized by taking taxpayer money under false pretenses.

The Palo Alto Medical Foundation, which has 1,600 doctors, and its parent affiliate, Sutter Health, which runs 24 hospitals in Northern California, settled one case with the government in August 2021 for \$90 million. When a sample of hundreds of their cases were audited, 96 percent of their diagnoses for strokes, 90 percent of their cancer diagnoses, and 66 percent of fractures were found to be invalid.

"The Palo Alto case is just one example," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "The government is investigating allegations of a troubling pattern of egregious behavior by Medicare Advantage insurers that involve the theft of taxpayers' funds."

[For more information on the Windfall Elimination Provision \(WEP\) and Government Pension Offset \(GPO\) Task Force next step](#)



ADD YOUR NAME

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

Sanders, Warren, and Colleagues Introduce Legislation to Expand Social Security

Senators Sanders, Warren, and Colleagues Introduce Legislation to Expand Social Security by \$2,400 a Year and Extend Solvency for 75 Years

WASHINGTON, June 9 – Senate Co-Chairs of the Expand Social Security Caucus Sens. Bernie Sanders (I-Vt.) and Elizabeth Warren (D-Mass.) on Thursday – joined by Sens. Cory Booker (D-N.J.), Kirsten Gillibrand (D-N.Y.), Jeff Merkley (D-Ore.), Alex Padilla (D-Calif.), Chris Van Hollen (D-Md.), and Sheldon Whitehouse (D-R.I.), with Rep. Peter DeFazio (D-Ore.) introducing companion legislation in the House – introduced legislation that would expand Social

Security benefits by \$2,400 a year and fully fund it for the next 75 years past the year 2096 – all without raising taxes by one penny on over 93 percent of American households. These estimates reflect an analysis of the legislation conducted by the Social Security Administration on the request of Sen. Sanders and Rep. DeFazio. The analysis was also released today in a letter from Chief Actuary Stephen Goss.

This follows the recent release of an annual **report** by the Trustees of the Social Security and Medicare trust funds that showed Social Security currently has a \$2.85 trillion surplus and



can pay out every benefit owed to every eligible recipient until the year 2035.

“At a time when half of older Americans have no retirement savings and millions of senior citizens are living in poverty, our job is not to cut Social Security,” said Sen. Sanders. “Our job must be to expand Social Security so that every senior citizen in America can retire with the dignity they deserve and every person with a disability can live with the security they need. And we will do that by demanding that the wealthiest people in America finally pay their fair share of taxes. It is absurd that a billionaire in America today

pays the same amount of Social Security taxes as someone making \$147,000 a year. It is time to scrap the cap, expand benefits, and fully fund Social Security. I am very proud that the Social Security Administration has estimated that our legislation to expand Social Security benefits by \$2,400 a year will fully fund Social Security for the next 75 years by applying the payroll tax on all income – including capital gains – above \$250,000 a year.”

[Read the full Press Release](#)

[Read the bill text, here](#)

Unfortunately there is no mention of repealing the WEP/GPO.

Medicare Out-of-Pocket Costs You Should Know and Expect

by **[Elaine Hinzey, RDN, LD](#)**

With a bit of thought before enrolling in Medicare, you can prepare for inevitable health care costs before bills appear in your mailbox.

Although **[Medicare helps to cover the costs of most medical services](#)**, it's essential that you still plan for some out-of-the-pocket costs and understand that it's not truly “free” health care.

When it comes to Medicare premiums, deductibles, copays and penalty fees, it's best to be prepared so you can avoid some of the most common and costly misunderstandings.

The Cost of Original Medicare Premiums

Most people don't have to pay a Medicare Part A (hospital) insurance premium when they come of Medicare-eligible age (typically age 65). However, if you paid Medicare taxes for less than 30 quarters (by working and paying taxes for 7.5 years) during your life or have a disability and have exhausted other entitlements, Medicare Part A could cost you roughly \$499 a month (\$5,652 a year).

Medicare Part B (medical) insurance will cost about \$170 each month (\$1,782 a year) in 2022 for most people, but you'll pay more if your individual income is more than \$91,000, and people who file jointly with their spouse will pay more if

their joint income is more than \$182,000.

If you're on original Medicare and opt to purchase Part D health insurance to cover the cost of your prescription medications, as most people do, the Centers for Medicare and Medicaid Services estimates that a stand-alone premium will cost you an average of \$30 a month, and premiums vary from plan to plan. Similar to Part B, people with Medicare who have higher incomes will pay higher premiums for Part D plans.

The Cost of Medicare Advantage Premiums

Premiums for Medicare Advantage plans vary based on the insurer and county. The average premium for a Medicare Advantage plan in 2022 is \$19 per month. **[Medicare Advantage](#)** is an insurance plan purchased from a private insurance company as an alternative to original Medicare. The plans receive payments from the federal government to provide Medicare's benefits to enrollees. Although your premiums may be lower with a Medicare Advantage plan, the network of doctors covered by the plan will likely be smaller. Medicare Advantage plans can also require prior approval before obtaining services or can deny coverage for health care



received. However, with a Medicare Advantage plan, you won't need a separate prescription drug plan, and some coverage for **[dental](#)**, hearing and **[vision care](#)** may be included.

You can not purchase additional **[Medigap](#)** coverage with Medicare Advantage as you can with original Medicare. Unlike original Medicare, Medicare Advantage plans have a cap on how much you can spend out of pocket for Medicare covered hospital and physician services (Part A and Part B).

Deductibles and Copayments With Medicare

Deductibles are the money you must pay out-of-pocket for health care before **[your insurance coverage](#)** kicks in. In 2022, the Medicare Part A deductible is \$1,556 during each benefit period. Once you've paid this amount, you'll owe \$0 for hospital stays lasting up to 60 days.

If your stay is longer than 60 days, you will pay daily coinsurance of \$389 starting on day 61 and continuing through day 90 of your hospitalization. From days 90 to 150, the coinsurance amount increases to \$778 per day.

The Part B deductible in 2022 is \$233. After you pay this, you'll be expected to pay 20% of the Medicare-approved amount

for doctor and hospital services, outpatient therapies and durable medical equipment such as blood sugar meters, walkers and commode chairs.

Medicare Advantage Plans (Part C) and Part D coverage may also have deductibles, depending on the plan and insurance company you have chosen. In 2022, a stand-alone Part D plan can't charge more than \$480 in deductibles. Your copayment for medication can depend on many factors, including whether it is a name-brand or generic drugs, and which pharmacy fills the prescription.

Understanding

Out-of-Pocket Maximums

Original Medicare (parts A and B) has no out-of-pocket maximum.

“There is no cap on the limit that somebody can pay under Part B, and that's usually one of the selling points of a Medicare Advantage plan where Medicare Advantage plans do cap,” says Joel Mekler, a health benefits professional, Medicare expert, and writer of the “Medicare Moments” weekly column in the New Castle (Pennsylvania) News

For people who choose a **[Medicare Advantage plan](#)**, which does have an out-of-pocket maximum, you might still need to pay a deductible....**[Read More](#)**

Trauma Surgeons Detail the Horror of Mass Shootings in the Wake of Uvalde and Call for Reforms

When Dr. Roy Guerrero, a pediatrician in Uvalde, Texas, testified before a U.S. House committee Wednesday about gun violence, he told lawmakers about the horror of seeing the bodies of two of the 19 children killed in the Robb Elementary massacre. They were so pulverized, he said, that they could be identified only by their clothing.

In recent years, the medical profession has developed techniques to help save more gunshot victims, such as evacuating patients rapidly. But trauma surgeons interviewed by KHN say that even those improvements can save only a fraction of patients when military-style rifles inflict the injury. Suffering gaping wounds, many victims die at the shooting scene and never make it to a hospital, they said. Those victims who do arrive at trauma centers appear to have more wounds than in years past, according to the surgeons. But, the doctors added, the weapons used aren't new. Instead, they said, the issue is that **more of these especially**

deadly guns exist, and these weapons are **being used more frequently** in mass shootings and the day-to-day violence that plagues communities across the nation.

The doctors, frustrated by the carnage, are clamoring for broad measures to curb the rise in gun violence.

Weeks after the Uvalde school shooting, what steps the country will take to prevent another attack of this magnitude remain unclear. The House on Wednesday and Thursday passed measures aimed at reducing gun violence, but approval in the Senate seems uncertain at best.

Many physicians agree something substantial must be done. "One solution won't solve this crisis," said Dr. **Ashley Hink** of Charleston, South Carolina, who was working as a trauma surgery resident at the Medical University of South Carolina in 2015 when a white supremacist killed nine Black members of the Mother Emanuel African Methodist Episcopal Church. "If anyone wants to hang their hat on one solution,



they're clearly not informed enough about this problem."

The weapons being fired in mass shootings — often defined as incidents in which at least four people are shot — aren't just military-style rifles, such as the AR-15-style weapon used in Uvalde. Trauma surgeons said they are seeing a rise in the use of semiautomatic handguns, such as the one used during the Charleston church shooting. They can contain more ammunition than revolvers and fire more rapidly.

Overall gun violence has increased in recent years. In 2020, firearm injuries became the leading cause of death among children and adolescents. Gun-related homicides rose almost 35% in 2020, **the Centers for Disease Control and Prevention reported** in May. Most of those deaths are attributed to handguns.

Still, trauma surgeons such as Dr. **Rob Todd** at Atlanta's Grady Memorial Hospital blamed military-style rifles and the end of the national assault

weapons ban in 2004 for higher levels of deadly gun violence.

A **study recently published** by JAMA Network Open found that for every mass shooting death, about six other people were injured. Trauma surgeons interviewed by KHN said the number of wounds per patient appears to have increased.

"I feel we are seeing an increase in the intensity of violence over the past decade," said Dr. **Joseph Sakran**, a trauma surgeon at Johns Hopkins Hospital in Baltimore. He cited the number of times a person is shot and said more gun victims are being shot at close range.

Survival rates in mass shootings depend on multiple factors, including the type of firearm used, the proximity of the shooter, and the number and location of the wounds, said Dr. **Christopher Kang** of Tacoma, Washington, who is president-elect of the American College of Emergency Physicians....**Read More**

Medicaid Weighs Attaching Strings to Nursing Home Payments to Improve Patient Care

The Biden administration is considering a requirement that the nation's 15,500 nursing homes spend most of their payments from Medicaid on direct care for residents and limit the amount that is used for operations, maintenance, and capital improvements or diverted to profits.

If adopted, it would be the first time the federal government insists that nursing homes devote the majority of Medicaid dollars to caring for residents. The strategy, which has not yet been formally proposed, is among **several steps** officials are considering after the covid-19 pandemic hit vulnerable nursing home residents especially hard. During the **first 12 months of the pandemic**, at least 34% of the people killed by the virus lived in nursing homes and other long-term care facilities even though residents of those facilities make up fewer than 1% of the U.S. population.

Medicaid, the federal-state

health insurance program for low-income people, pays the bills for 62% of long-term care residents in nursing homes. In 2019, that totaled \$50.8 billion. Medicare, which covers short-term nursing home visits for older adults or people with disabilities, spent \$38.2 billion that year. (Officials have not included Medicare payments in their discussions of a direct care spending mandate.)

"The absolutely critical ingredient" for good care is sufficient staffing, **Dan Tsai**, a deputy administrator at the Centers for Medicare & Medicaid Services and Medicaid director, told KHN.

CMS requested public comments on a possible direct care spending mandate in its proposed update of nursing home payment policies and rates for next year. Tsai also spoke about it at a meeting with Illinois state officials, nursing home workers, residents, and relatives in



Chicago in April.

Studies have found a strong connection between staffing levels and care. CMS doesn't require specific numbers of nurses and other staff members, although some states do.

"We want to make sure that the dollars get to the direct care workforce to ensure high-quality care," Tsai told KHN. To receive a government paycheck, nursing homes must follow dozens of requirements aimed at ensuring high-quality care. They can be penalized for violations. But federal investigations **have found** that inspectors can miss serious problems and that inspections don't consistently meet CMS standards. Infection control has been one of the most **common violations**.

In its request for public comment, CMS asked several questions, including: "Is there evidence that resources that could be spent on staffing are

instead being used on expenses that are not necessary to quality patient care?"

The federal interest follows **laws enacted in three states** — Massachusetts, New Jersey, and New York — to mandate spending on care. Massachusetts requires nursing homes to spend at least 75% of revenue on residents' care. New Jersey's nursing homes must spend at least 90% of Medicaid payments on resident care, and no more than 5% can go to profits. New York mandates that at least 70% of nursing home revenue — including payments from Medicaid, Medicare, and private insurance — be used to care for residents and that at least 40% of the money for direct care pay for "resident-facing" staff. Profits are capped at 5%. All three states promise a boost in state Medicaid payments to facilities that comply with the laws...**Read More**

Items and Services Not Covered by Medicare

By **Elaine Hinzey, RDN, LD**

While a great deal of the population would go uninsured without Medicare, it's important to note that not all medical costs are covered 100%, or even at all.

You may be surprised to discover that budgeting for health care is still necessary once you're on **Medicare**, especially for those on a limited income.

It's important to educate yourself on what is, and isn't, paid for by Medicare so that you're not caught off guard by medical bills. Here are the things that Medicare doesn't cover.

What Medicare Doesn't Cover

- ◆ **Medically unreasonable and unnecessary services and supplies.**

- ◆ **Health care costs for spouses and dependents.**

- ◆ **Deductibles and copayments.**

- ◆ **Long-term hospitalization.**

- ◆ **Dental, vision and hearing.**

- ◆ **Non-medically necessary foot care.**

- ◆ **Nursing home care.**

- ◆ **International medical care.**

- ◆ **Cosmetic surgery.**

Medically unreasonable and unnecessary services and supplies

Examples of items and services that fall into this category include excessive therapies or diagnostic



procedures, or exams and treatments for which the patient has no symptoms or diagnoses.

Health care costs for spouses and dependents

Casey Schwarz, senior counsel, education and federal policy at MedicareRights.org, explains that people who are eligible for Medicare but are currently covered by an employer **health plan** have to think about their loved ones, as well as themselves.

"Oftentimes employer coverage is family coverage, meaning it covers you and your spouse and dependents. Medicare is coverage just for you. So for some people, it

makes sense to keep their employer plan even if Medicare is going to be the primary payer because they want to keep the coverage for their spouse and children."

Deductibles and copayments Many people fail to budget for deductibles and copayments. In 2022, original Medicare members have to pay a \$1,556 Part A deductible before their coverage kicks in. That is in addition to a \$233 deductible for Part B. After the Part B deductible has been fulfilled, Medicare will cover 80% of doctor services, **lab tests** and X-rays....**Read More**

Can you trust AARP when it comes to choosing a Medicare Advantage plan or health clinic?

Back in the 90's, when I was launching the Medicare Rights Center, AARP partnered with United Healthcare to offer standardized Medicare supplemental insurance policies for people in traditional Medicare. Since then, AARP has partnered with UnitedHealthcare to support its private Medicare Advantage plans. Now, Fred Shultz reports for **Kaiser Health News**, that AARP is partnering with Oak Street Health, which operates health clinics in more than 20 states. Can you trust AARP when it comes to choosing a Medicare Advantage plan or using a health clinic?

Make no mistake. AARP, a non-profit trade association for older adults, is partnering with health insurers and health clinics in order to generate hundreds of millions of dollars in income. If AARP had meaningful data to

assess and choose partners offering high quality products and services, its partnerships could add value for its members. But, no one has that ability because the data is not available.

AARP's partnerships with UnitedHealthcare and Oak Street are all about the money, pure and simple. And, therefore you cannot trust the AARP name when it comes to deciding whether you should join a Medicare Advantage plan operated by UnitedHealthcare or visit a health clinic operated by Oak Street. AARP is generating \$1 billion a year from these partnerships. Talk about conflicts of interest.

As it turns out, Oak Street is under investigation by the Justice Department because of its marketing practices. It could be charged with violating the



federal false claims act. Naturally, Oak Street denies any wrongdoing, and it claims it offers

"value-based care." I say, "no data, no value."

Oak Street is one of the 99 "**direct contracting entities**" that CMS has contracted with as part of an experiment intended to reduce Medicare spending and improve quality of care for people in traditional Medicare. But, the experiment injects for-profit middlemen into traditional Medicare that show no evidence of delivering value as I and many others have argued.

As health economist Marilyn Moon explains, these partnerships put AARP in a compromising position. These partnerships are very different from AARP partnering with a travel company to help its members get travel discounts.

The partnerships could keep AARP from advocating to promote the needs of their members.

For example, because of its partnership with Oak Street, AARP does not appear to have spoken out against the privatization of traditional Medicare through direct contracting entities/REACH. REACH is a government experiment in which Oak Street and other private equity and insurer entities are paid to "manage" care for people in traditional Medicare.

AARP claims that its partnerships do not affect its advocacy on behalf of its members. Even if that were true, the appearance of a conflict in and of itself is troubling.

5 Social Security Changes Americans Would Love to See

Just about everyone in America has a stake in Social Security. Perhaps for that reason, there is a **surprising level of agreement** across the political spectrum about the types of changes we'd like to see in the nation's retirement program to address a **looming funding shortfall**.

Recently, the University of

Maryland's Program for Public Consultation surveyed about 2,500 registered voters and found that large majorities of both Democrats and Republicans agreed on proposals to both increase revenue and trim benefits.

Following are key areas in which both "red" and "blue"



voters are on the same page — and a few cases where they are breaking with the longstanding orthodoxy of their political parties.

- ◆ Make more wages subject to the payroll tax
- ◆ Reduce benefits for high earners
- ◆ Increase the retirement age

- ◆ Increase the payroll tax
 - ◆ Increase the minimum benefit
-**Read More on these 5 changes.**

"Scrap The Cap"
"We're Movin' In"
Video

Many Localities Not Ready for Launch of 988 Mental Health Hotline

Gaps in strategic planning, financial preparedness, availability of services, and system coordination are reported

(HealthDay News) -- Half of jurisdictions may not be prepared for the July launch of the new national 988 emergency mental health telephone service, according to the results of a survey conducted by RAND Health Care.

Jonathan H. Cantor, from the RAND Corporation in Santa Monica, California, and colleagues assessed preparedness

for the July 16, 2022, shift of the National Suicide Prevention Lifeline network to a three-digit number (988). The analysis included responses from 180 public health officials.

The survey found that just over half of survey respondents (51 percent) said that they were not involved with the development of a strategic plan related to the launch of 988. Only around 16 percent reported that they had a budget to support 988 operations. Most respondents (85 percent)



reported that there was a mental health emergency response hotline or call center operating in their jurisdiction, but fewer than half of those hotlines were part of the Lifeline network. Just under half of participants' jurisdictions (48 percent) had a short-term crisis stabilization program, only 28 percent had urgent care units for mental health, and only 22 percent had crisis call centers or hotlines that can schedule intake and outpatient appointments on behalf of individuals in need.

Among jurisdictions with hotlines, just over half (55 percent) had staff specifically trained to interact with children and adolescents, but fewer than half had training to interact with individuals experiencing homelessness (46 percent) or LGBTQIA+ individuals (45 percent).

"These findings highlight areas of need that will be relevant for jurisdictions to address both prior to the launch of 988 in July 2022 and in the months that follow," the authors write.

Senior Citizens League News

Biden Administration Seeks More Direct Care for Nursing Home Patients

According to a new report from *Kaiser Health News*, "The Biden administration is considering a requirement that the nation's 15,500 nursing homes spend most of their payments from Medicaid on direct care for residents and limit the amount that is used for operations, maintenance, and capital improvements or diverted to profits.

If adopted, it would be the first time the federal government insists that nursing homes devote the majority of Medicaid dollars to caring for residents."

The report points out that

"Medicaid ... pays the bills for 62% of long-term care residents in nursing homes. In 2019, that totaled \$50.8 billion. Medicare, which covers short-term nursing home visits for older adults or people with disabilities, spent \$38.2 billion that year."

It further points out that the Center for Medicare and Medicaid Services (CMS) does not require a specific number of care givers for each patient, even though studies have shown that there is a "strong connection" between the number of caregivers and the quality of care for each patient.

Nursing home industry groups



"oppose requirements," according to the article. Among other things, they "... argue that forcing owners to spend more money on direct care leaves less money for maintaining their facilities and that the quality of care will suffer. They also claim Medicaid doesn't cover the cost of caring for residents."

You can read the entire report by clicking [HERE](#).

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Prices for New Drugs Soar

According to a report by *Bloomberg News*, research have found that over 47% of new drugs introduced in 2020 and 2021 cost more than \$150,000 per year, compared to just 9% of

new drugs from 2008 to 2013.

The median introductory price of a new drug in the US soared from \$2,115 in 2008 to \$180,007 in 2021, a 20% annual inflation rate over the period, researchers at Harvard-affiliated Brigham and Women's Hospital in Boston found.

Drug companies regularly introduce new medicines that aim to improve upon the efficacy or tolerability of existing treatments. While public attention has focused on year-to-year price hikes for existing prescription medicines, the study indicates that soaring launch prices also contribute to rising costs.

Social Security: Top Things To Know for Summer 2022

Social Security is far from a stagnant, unchanging benefits program. Social Security is actually quite dynamic, with numerous changes occurring from year to year.

While the broad strokes of how the system operates remain the same, changes in payouts,

payment dates and other details can change at any time

- ◆ Watch the Inflation Readings
- ◆ Payment Dates for Those Born Between the 1st and 10th of the Month



- ◆ Payment Dates for Those Born Between the 11th and 20th of the Month

- ◆ Payment Dates for Those Born Between the 21st and 31st of the Month
- ◆ Exceptions to the Calendar Rule

- ◆ The Social Security Trust Fund May Last One More Year Than Previously Expected
- ◆ Maximizing Earnings Now Can Help You Earn the Highest Possible Social Security Payout

.....[Read More on these topics](#)

New Scam Warning Released

A Treasury Department watchdog last Friday released public service announcements cautioning the public about IRS impersonation scams.

The scams rely on impersonators who either claim to be IRS employees on the

phone or create fake official-looking letters and emails. They try to trick taxpayers into providing personal information that can be used for identity theft or send money via debit card, wire transfer, or gift



card to settle fake tax bills. "If you receive a suspicious phone call from someone claiming to be from the IRS, just hang up," J. Russell George, the Treasury Inspector General for

Tax Administration, said in a statement.

George said that as of March 31, more than 16,000 people reported losing more than \$85 million collectively to people impersonating IRS employees.

What to know about osteoarthritis of the spine

Spinal osteoarthritis (OA) is a chronic degenerative disease of the spine that involves wear and tear of the spinal joints. Spinal OA usually causes pain, stiffness, and inflammation of the joints in the spine.

What is spinal OA?

The Arthritis Foundation notes that spinal OA is the **most common** type of OA that affects the back. Spinal OA can occur anywhere across the spine, but it **usually affects** **Trusted Source** the low back and, sometimes, the neck.

OA of the spine occurs when the cartilage that protects the facet joints erodes. Facet joints are small joints in the vertebrae at the back of the spine. As the cartilage breaks down and becomes thinner, the spinal bones begin to grind against each other when a person moves.

Eventually, bony projections called bone spurs or osteophytes can form in the joints, pressing on nerves and causing damage and pain. Fluids may also build up, leading to swelling or inflammation in the joints.

The **National Institute of Arthritis and Musculoskeletal and Skin Diseases** **Trusted Source** notes that people with spinal OA may



experience difficulty performing daily activities, such as walking, climbing stairs, or getting in and out of a chair.

Anyone can get spinal OA, although the likelihood increases with age. According to the **American Association of Neurological Surgeons**, X-ray studies show that 50% of people aged 65 years or older have evidence of OA in at least one joint.

Symptoms

Spinal OA is a progressive condition that **can start** slowly and worsen over time. There may be no symptoms in the early stages, but, over time, a person may experience excruciating pain after waking up, doing physical activity, or sitting for long periods. Sometimes, a sudden movement can trigger symptoms.

People may experience various

symptoms of spinal OA, including:

- ◆ **pain**
- ◆ stiffness or loss of flexibility
- ◆ tenderness and **swelling**
- ◆ limited range of movement
- ◆ a grinding or popping feeling in the spine, known as crepitu

Causes

Scientists do not know the exact cause of spinal OA. However, several factors may increase a person's risk of developing the condition. These factors **include** **Trusted Source**:

- ◆ **Age:** The risk of spinal OA increases with age. This **may** **Trusted Source** be due to bodily changes often associated with aging.
- ◆ **Injury:** Injury or repetitive trauma to the back due to sports, accidents, or work-related activities can affect the functions and structures of the spine and result in spinal OA.
- ◆ **Sex:** OA is **more**

common in females than in males.

- ◆ **Genetics and hereditary factors:** Some people with OA have family members with the same condition.
- ◆ **Obesity:** Excess body weight **can put pressure** **Trusted Source** on the back and spine, increasing the risk of damage.
- ◆ **Stress on the joints:** Engaging in activities that involve repetitive stretching, bending, and twisting **can stress** **Trusted Source** the facet joints. Examples include physically demanding jobs, some sporting activities, and repetitive tasks.

...**Read More on**...

- ◆ **Diagnosis**
- ◆ **Treatment**
- ◆ **Medications**
- ◆ **Physical therapy**
- ◆ **Surgery**
- ◆ **Outlook**

Could Milk Raise a Man's Odds for Prostate Cancer?

Men who drink lots of milk may be more likely to develop prostate cancer than men who don't, new research finds.

When compared to men who consumed just 1 or 2 teaspoons of milk every day, men who drank about 1¾ cups of milk daily were about 27% more likely to develop prostate cancer, a new study showed.

What's more, they had about a 60% increased risk for developing prostate cancer compared with men who steered clear of dairy altogether.

The new study wasn't designed to say how, or even if, milk consumption ups the risk for prostate cancer, but researchers have their theories.

"Insulin-like growth factor-1 is known to be a risk factor for prostate and breast cancer, and it turns out that dairy consumption raises the level of this hormone," said study author Dr. Gary

Fraser. He is a professor of preventive medicine at Loma Linda University School of Medicine and School of Public Health in California.

Prostate cancer needs hormones to grow, and there are other hormones found in cow's milk, too, he said. Fraser and colleagues previously published similar **findings linking dairy to breast cancer**.

"This issue needs a little more clarity before we conclude that there is a causal link, but there could be, and if you had a bad family history of prostate cancer, I would be inclined to go on a **plant-based diet** now," Fraser said.

Plant-based alternatives to cow's milk include soy, oat, almond, cashew and other nondairy milks. These nondairy calcium sources did not increase prostate cancer risk in the new



study.

For the study, the researchers asked more than 28,700 men about their diets. A handful of men were also asked to recall all the food and drinks that they consumed in the previous 24 hours.

None of the men had prostate cancer when the study began, but 1,254 men developed prostate cancer after about eight years of follow-up. Researchers created a statistical model to control for other factors that could affect the results, including family history of prostate cancer, race or age.

Milk consumption increased the risk for all types of prostate cancer, including the more aggressive form.

The increase in risk for prostate cancer was directly tied to low- or regular-fat milk, not yogurt or cheese, and this

increase plateaued after about two-thirds of a cup of milk each day, Fraser said.

The study did have its share of limitations. Asking people to recall what they ate isn't always the most reliable method of gathering information.

The research is published in the June 8 issue of the *American Journal of Clinical Nutrition*.

Outside experts aren't ready to say that milk increases prostate cancer risk.

It's too early to draw that conclusion, said Dr. Otis Brawley, a professor of oncology at the Johns Hopkins University School of Medicine in Baltimore.

"We do know that **obesity**, consuming too many calories, and not getting enough exercise increases the risk of aggressive prostate cancer," Brawley said.

...**Read More**

Injected 'Hydrogel' May Be New Option Against Back Pain

Like fixing a flat on the roadside, a new injectable hydrogel is showing promise as a remedy for worn-down spinal discs -- pumping them back up and relieving chronic back pain.

The gel, with the brand name **Hydrafil**, is injected directly into worn discs using X-rays to guide the needle, said lead researcher Dr. Douglas Beall, chief of radiology services at Clinical Radiology of Oklahoma in Edmond. As outlined in a pilot study, the gel fills in cracks and tears in the spinal disc, adhering to the disc's center and outer layer.

"It goes in as a heated liquid that cools off and becomes kind of the consistency of a medium hard eraser," Beall said. "It creates kind of a Fix-a-Flat,

filling the disc back up and returning the biomechanical integrity of the disc."

Twenty patients treated with the gel experienced a 67% reduction in their back pain during a one-year follow-up, Beall said.

The patients also experienced an 85% improvement in disability caused by their back pain. Beall said the gel caused no harmful reactions in any of the patients.

The bones in your spinal column -- the vertebrae -- are separated by rubbery cushions called spinal discs. These discs act as shock absorbers, preventing the vertebrae from rubbing together and allowing you to move, bend and twist



comfortably. **Degenerative disc disease** occurs as people age. Spinal discs tend to dry out and wear away over time. They also can be torn or injured as a result of daily activities or sports.

By Beall's estimates, as many two-thirds of people with back pain caused by degenerative disc disease could be considered candidates for this hydrogel therapy.

He is scheduled to present these findings Sunday in Boston at a meeting of the Society of Interventional Radiology. Findings presented at meetings are considered preliminary until published in a peer-reviewed journal.

Hydrafil was designated as a

breakthrough device in 2020 by the **U.S. Food and Drug Administration**, which allows expedited review when evidence suggests an experimental product could provide more effective treatment for a serious condition compared to current options, researchers said.

Other hydrogels already are being used to treat injured or worn discs, but those products are inserted surgically as a soft solid, "which can pop out of place if you're not highly skilled in placing it," Beall said.

"Because this gel is injectable, it requires no incision, and it augments the whole disc, restoring its structural integrity, which nothing we have currently can do," he said. ...**Read More**

Shingles Won't Raise Risk for Dementia: Study

(HealthDay News) -- If you've survived a painful bout of **shingles**, at least you won't have to worry that it might raise your future risk of dementia, new research indicates.

Shingles, caused by the reactivation of the chickenpox virus, results in a blistering rash from nerve inflammation, and there has been speculation that the inflammation may boost the chances of a dementia diagnosis down the road, so a team of scientists decided to investigate.

They analyzed data from more than 247,000 people in Denmark who visited a hospital or were prescribed antiviral medication for shingles over the course of

20 years, and 1.2 million age- and sex-matched people without the illness. The average age of people in the study was 64.

Of those who had shingles, 9.7% developed **dementia** up to 21 years later. The rate was 10.3% among those with no history of shingles, the investigators found.

After adjusting for other health conditions — such as diabetes, cancer and traumatic head injury — people with shingles actually had a 7% lower risk of dementia than people who did not have shingles, according to the study



published online June 8 in the journal *Neurology*. "We were surprised by these results," said study author Dr. Sigrun Alba

Johannesdottir Schmidt, from Aarhus University Hospital in Denmark.

"The reasons for this decreased risk are unclear, but it could be explained by missed diagnoses of shingles in people with undiagnosed dementia," Schmidt said in a journal news release. "**Shingles vaccination** is encouraged for older people because it can prevent complications from the disease, but our study suggests it

is unlikely to reduce dementia risk."

The study did find that people who had shingles that had spread to the central nervous system had nearly twice the risk of developing dementia, but such complications affect fewer than 0.1% of people with shingles, Schmidt noted.

"As a person's age increases, so does their risk of dementia, and it's important to determine which factors may contribute to this risk," Schmidt said. "Shingles most often affects people over age 50. The good news is that our study found it does not seem to increase a person's risk for dementia."

Weight-Loss Surgery May Greatly Lower Odds for Many Cancers

Dropping a load of pounds through weight-loss surgery can significantly decrease your risk of developing or dying from cancer, according to three new studies.

Obese folks who underwent bariatric surgery were at least two times less likely to develop certain types of cancer and more than three times less likely to die of cancer than heavy people who didn't get the procedure, according to a study presented Tuesday at the American Society for Metabolic and Bariatric Surgery's (ASMBS)

annual meeting, in Dallas. Another much larger study by the Cleveland Clinic found similar, if smaller, benefits from **weight-loss surgery** -- a 32% lower risk of developing cancer and a 48% lower risk of cancer-related death, according to results published June 3 in the *Journal of the American Medical Association*.

People need to lose at least 20% of their body weight to gain this protection against cancer, a goal that's far beyond



the reach of people trying to **shed pounds through diet and exercise**, said lead researcher Dr. Ali Aminian, director of the

Cleveland Clinic's Bariatric and Metabolic Institute.

"Most patients with lifestyle change only cannot reach that threshold," Aminian said. "I think this study suggests that instead of just focusing on lifestyle modification to reduce the risk of cancer, we need to use effective treatments for obesity."

The new studies' findings

make sense, said ASMBS President Dr. Shanu Kothari said.

"We've known that people who undergo weight-loss surgery live longer compared to folks who qualify for the surgery but don't have it," Kothari said. "The main reason is they have fewer heart attacks, but now we're seeing they're also having fewer cancers. That's why they live longer."**Read More**

Weekend Binge Drinking: Not as Harmless as You Think

Many may consider an episode of binge drinking -- defined as 5 or more drinks on one occasion -- as just being harmless fun. But a new study suggests that even moderate drinkers who indulge in binge drinking can suffer lasting consequences.

Researchers found that among people who typically drank at moderate levels, those who sometimes binged were at increased risk of alcohol-related problems, both in recent times and nine years later.

Alcohol problems included having irresistible urges to drink;

needing to drink more and more to get the same effect; emotional or psychological symptoms related to alcohol, and drinking despite it causing issues at work, school or home.

In the study, moderate drinkers who said they'd **binged** in the past month were almost five times more likely to report multiple alcohol problems, versus other moderate drinkers. Nine years later, they still had double the risk.

Lead researcher Charles Holahan said the findings



highlight an important fact: Even people who fit the "moderate" drinking definition can have unhealthy drinking patterns.

In fact, moderate drinkers accounted for most instances of binge drinking, and most of the alcohol problems, reported in the study, said Holahan, a professor of psychology at the University of Texas at Austin.

A researcher not involved in the study said it shows that the official definition of "moderate" drinking misses a key part of the

story: drinking patterns.

"The guidelines on moderate consumption are not sufficient," said Katherine Keyes, a professor at Columbia University Mailman School of Public Health.

Under those guides, moderate drinking means averaging no more than one drink a day for women, and no more than two a day for men. But those are averages, and there is a difference between moderate drinkers who regularly have a glass of wine or beer with dinner and those who sometimes go on a binge, Keyes said....[Read More](#)

Diabetes, Affecting Millions Worldwide

A form of diabetes caused by malnutrition is significantly different from **type 1** or **type 2** diabetes and should be considered a distinct form of the disease, a new study says.

The findings may prove crucial in developing effective treatments for **malnutrition-related diabetes**, which is rare in wealthy nations but affects tens of millions of people in Asian and sub-Saharan African countries, according to the researchers.

Patients with this form of diabetes are mainly thin, poor teens and young adults who rarely live more than a year after diagnosis. Insulin injections usually don't help and can even cause death from low blood sugar.

The disease was first identified nearly 70 years ago, but treatment is unclear due to a lack of research into the condition.

"Current scientific literature offers no guidance on managing malnutrition-related diabetes, which is rare in high-income nations but exists in more than 60 low- and middle-income countries," said study author Dr. Meredith Hawkins, founding director of the Global Diabetes Institute at the Albert Einstein College of Medicine in New York City.

"The doctors in those countries read Western medical journals, so they don't learn about malnutrition-related diabetes and don't suspect it in their patients," Hawkins explained in a college



news release. "We hope our findings will increase awareness of this disease, which is so devastating to so many people, and will pave the way for effective treatment strategies."

In this first comprehensive study of people with the disease, Hawkins and colleagues conducted metabolic tests on 20 men in India, ages 19 to 45, likely to have malnutrition-related diabetes, as well as people with type 1 and type 2 diabetes and people without diabetes.

The researchers concluded that malnutrition-associated diabetes is significantly different metabolically from type 1 and type 2 diabetes, and should be considered a distinct type of

diabetes.

The study was published June 2 in the journal *Diabetes Care*.

Diabetes affects 1 in 10 adults worldwide, and three-quarters of them (400 million) live in low- and middle-income countries, Hawkins noted.

"In those countries where it's been studied, the prevalence of malnutrition-related diabetes among people with diabetes is about 20%, meaning that about 80 million people may be affected worldwide," she said.

"For comparison, an estimated 38 million people are now living with HIV/AIDS. So we clearly need to learn a lot more about malnutrition-related diabetes and how best to treat it," Hawkins said.

Another Smoking Hazard for Men: Brittle Bones

(HealthDay News) -- You can add more risk of broken bones to the long list of health harms that smoking poses to men.

Along with cancer and respiratory diseases, men who smoke have a significantly increased risk of **osteoporosis**, **fractures** and early death, a new study finds.

Previous research has shown that men are more likely to smoke and to have a higher risk of **smoking-related health problems** than women.

In this new paper, researchers from the University of Nevada, Las Vegas conducted a meta-analysis of 27 studies that included data on nearly 30,000

cases of broken bones over the past three decades and concluded that smoking increases a man's risk of breaking a bone by as much as 37%.

"Smoking is a major risk factor for osteoporosis and risk of fracture," said study author Dr. Qing Wu, an associate professor in UNLV's School of Public Health and the Nevada Institute of Personalized Medicine.

"Men tend to smoke more than women, increasing their risk for osteoporosis, which has traditionally been thought of as a women's disease," he said in an UNLV news release.



These findings suggest that quitting smoking would significantly reduce the risk of fractures in all smokers, particularly in men, Wu and his colleagues pointed out.

They also said that the findings bolster data from previous studies showing that between 21% and 37% of males with broken bones die within a year of suffering their fracture.

It's believed that smoking increases the risk of fractures because chemicals in cigarettes impair tissue repair and fracture healing, and also reduce the body's ability to absorb vitamin D and calcium, nutrients that are critical for strong **bone mineral**

density.

Osteoporosis-related fractures are a major health issue and cause of disability in older people and often lead to premature death, the researchers noted.

The findings were published June 3 in the journal *Scientific Reports*.

Smoking is the leading cause of preventable disease, disability and death in the United States. There are about 34.2 million adult smokers in this country, including 16.7% of men and 13.6% of women, according to the study.

Monkeypox May Sometimes Spread Through the Air

After adding, and then deleting, a recommendation that U.S. travelers wear masks to protect themselves from monkeypox, the U.S. Centers for Disease Control and Prevention still says that those traveling to countries where the disease is spreading and "other people who may be in close contact with a person who has been confirmed with monkeypox" should consider wearing masks.

Why the new guidance? The advice comes as experts say the monkeypox virus can sometimes spread through the air, at least over short distances, but it's not clear exactly how much that contributes to the spread of the disease.

When it updated its **guidance** last week for travelers, the CDC advised: "Wear a mask. Wearing a mask can help protect you from many diseases, including monkeypox."

But in a statement released Tuesday, the agency said it "removed the mask

recommendation from the monkeypox travel health notice because it caused confusion," *The New York Times* reported.

The CDC still **advises** monkeypox patients to wear a surgical mask, "especially those who have respiratory symptoms," and also asks other household members to "consider wearing a surgical mask" when in the presence of the person with monkeypox.

As of Wednesday, the United States **had confirmed** 35 cases of monkeypox in 12 states and the District of Columbia. Worldwide, more than a thousand people have been diagnosed with the disease since the first case in the outbreak was reported on May 13, and at least another thousand cases are under investigation, the *Times* reported.

In previous monkeypox outbreaks, most cases occurred among people who had close contact with an infected person or animal, but airborne



transmission was still the only explanation for some cases.

But in media and public briefings, health officials have not specifically discussed the possibility of airborne transmission of the monkeypox virus or the use of masks for protection, according to the *Times*.

Still, monkeypox does not spread easily, unlike pathogens such as coronavirus or flu virus.

Monkeypox infection requires "really close sustained contact," Andrea McCollum, the CDC's leading expert on the virus, told the *Times*.

"This is not a virus that was transmitted over several meters," she explained. "That's why we have to be really careful how to frame this."

When the *Times* asked McCollum whether health officials should make the possibility of airborne transmission more widely known, she replied, "It's a fair

point to make, and it's something we certainly should consider moving forward."

Planning for potential airborne transmission of **monkeypox** is particularly important in hospitals, Dr. Donald Milton, an expert on viruses at the University of Maryland, told the *Times*.

The many unknowns of monkeypox -- including the primary method of transmission -- were discussed at a conference last week organized by the World Health Organization.

"It's very ambiguous what the true or dominant route of transmission is, and some of that can be addressed in animal models," Nancy Sullivan, a researcher at the U.S. National Institute of Allergy and Infectious Diseases, said at the conference, the *Times* reported. "Probably that needs to take a front seat for some of the laboratory research."

Diabetes May Mean Worse Long-Term Outcomes for Breast Cancer Survivors

Breast cancer is tough to beat, but if you also have diabetes and poor blood sugar control your long-term risk of death rises, researchers report.

Their study included 488 women with metastatic breast cancer, which is cancer that has spread to other organs. Overall survival rates five years after cancer diagnosis was similar between the 50% of women in the study with **diabetes** and those

without diabetes.

But among the women who survived at least eight years after their breast cancer diagnosis, survival rates at 10 years were 67% for those with diabetes and 87% for those without diabetes.

Survival rates at 10 years were also higher among those with good blood sugar control (83%) compared to those with poor blood sugar control (63%),



according to the study presented Sunday at the Endocrine Society's annual meeting, in Atlanta. Such research is considered preliminary until published in a peer-reviewed journal.

"Our findings suggest that in patients with breast cancer who have a relatively good prognosis despite their cancer diagnosis, a more proactive management of blood sugar may lead to a longer

life span," said lead researcher Dr. Y.M. Melody Cheung, from Brigham and Women's Hospital and Harvard Medical School, both in Boston.

"These findings are important as they suggest that diabetes treatment and blood sugar goals should be tailored specifically to patients even with advanced cancer based on their projected prognosis," she said in a meeting news release....[Read More](#)

Stress Can Age, Weaken Your Immune System

Stress may take a huge toll on your health, weakening your immune system and opening the door to serious illness, a new study suggests.

Traumatic events, job strain, daily stressors and discrimination may all speed aging of the **immune system**, increasing the risk for cancer, heart disease and other illness, including COVID-19, researchers report.

"New T-cells are needed to respond to novel infections like COVID-19 and for vaccine efficacy. ... Immune aging may help explain why older people

are more likely to have more severe COVID-19 cases and tend to have weaker responses to vaccines," said lead researcher Eric Klopack, a postdoctoral scholar at the Leonard Davis School of Gerontology at the University of Southern California, Los Angeles.

Smoking and drinking alcohol, risky lifestyle habits that are often a response to stress, can also weaken an immune system, he added.

"These health behaviors might



help explain the link between stress and immune aging," Klopack said. "People who experience more stress may be more likely to engage in risky health behaviors. These behaviors may reduce the production of new naive cells."

The good news is that not drinking or smoking might help offset some of the immune aging associated with stress, he said. But even with lifestyle changes, the immune system naturally begins to weaken as people age, a condition

called **immunosenescence**. In old age, the immune system includes many worn-out white blood cells and only a few new white blood cells that can fight infection. A weakened immune system is linked with cancer, heart disease and the risk of infectious diseases, such as **pneumonia**.

Another possible explanation for weakening of the immune system involves **cytomegalovirus (CMV) infection**, Klopack said.....[Read More](#)

You, Your Family and Cancer: How Genetic Counseling Works

(HealthDay News) —If you have a family history of cancer and are considering genetic counseling to measure your risk for the disease, an expert offers some advice.

Genetic counseling can help you understand your family's cancer history and how it applies to you, said Tanya Eble, an associate professor of molecular and human genetics and a genetic counselor at Baylor College of Medicine in Houston. She outlined a number of red flags for **hereditary cancer** in a person's individual or family history.

- ◆ Cancer diagnosed at an early age — for example, breast cancer diagnosed before menopause.
- ◆ Rare cancers like **ovarian** or **pancreatic**

cancer and cancers in a less commonly affected gender — for example, breast cancer in men.

- ◆ Multiple primary cancers in a single family member.
- ◆ Multiple generations of family members impacted by the same type of cancer or specific constellations of cancer.

When conducting genetic counseling, Eble asks patients for a four-generation family history.

"It's helpful to come prepared to answer questions about the types of cancers and ages of diagnosis in your family," she said in a Baylor news release. "Bring a family member's genetic test report if you have it. When a variant was identified,



it's helpful to know the exact change in the gene and whether it is a known pathogenic variant or an unknown variant. We may want to test specifically for that variant."

Information about healthy relatives can also be helpful.

"If you come because your paternal grandmother had breast cancer and your father has six sisters, I might be reassured about a hereditary cancer syndrome if all those sisters are now in their 80s with no cancer," Eble said. "If the sisters are young, I might still be concerned because they might still develop cancer."

Family get-togethers "can be a good time to start the conversation about family history," she said. "There's usually someone in the family

who has that information and can share. But remember that different people have different levels of comfort when talking about their family history."

Other resources include online tools like **My Family Health Portrait**, developed by the U.S. Surgeon General and the U.S. National Human Genome Research Institute.

If your family history suggests a need for genetic testing, you can provide a genetic sample either through a blood draw or mouth swab. A genetics provider will review the results of the test with you and discuss what it means for your health.

It's important to follow up with your physician about the test results to discuss what health management and screening plan best suits you, Eble said.

What to know about iron deficiency anemia and aging

Iron deficiency anemia is a condition in which the body does not have enough healthy red blood cells due to a shortage of iron. It is common among older adults, with possible causes including nutritional deficiencies, blood loss, taking certain medications, and poor absorption.

The body uses **iron** in the production of red blood cells (RBCs), which transport oxygen around the body. Without sufficient iron, a person may not be able to produce enough healthy RBCs to satisfy the body's needs. The result may be **iron deficiency anemia**,

which can cause symptoms such as fatigue, weakness, and shortness of breath.

A person typically receives iron from their diet. However, a dietary deficiency or the body's inability to use iron correctly can lead to iron deficiency anemia. This condition is **common** among older adults due to multiple contributing factors that can affect how the body gets or uses dietary iron.

In this article, we discuss the prevalence of iron deficiency anemia in older adults and explain how to treat and manage



the condition. **Why does it often occur in older adults?**

Iron deficiency anemia is relatively **common** in aging populations.

Research from 2018 notes that depending on the population in question, **12–47%** Trusted Source of older adults will develop some form of **anemia**. Other evidence notes that anemia is most frequent in older age, potentially affecting about **17%** of the population over the age of 65 years.

Research also suggests that iron deficiency anemia, specifically, accounts for about **one-third** of

anemia cases in older adults.

Although some cases of iron deficiency anemia may be mild, anemia in older adults can contribute to a number of adverse outcomes, including longer hospital stays and even mortality. As a result, doctors will work to diagnose and treat even mild cases of anemia.

Multiple underlying factors can play a role in iron deficiency anemia, more than one of which may contribute to a person's diagnosis... **Read More**

You Can Drink Coffee With Your Thyroid Medication: Study

It's OK to drink coffee soon after taking a liquid thyroid medication, a new study finds.

Current product labels and treatment guidelines recommend patients take **thyroid hormone replacement therapy** on an empty stomach, but this new research shows that absorption of liquid levothyroxine is not affected by consuming coffee shortly after taking the medication.

"The results demonstrate that the absorption of levothyroxine sodium oral solution was not

affected by the consumption of coffee, potentially offering patients and providers more dosing flexibility," said Kris Washington, medical director of New Jersey-based Vertice Pharma, which makes **the drug**.

For the study, 40 adults were given a single 600 microgram dose of liquid levothyroxine two times: a few minutes before drinking 8 ounces of black, unsweetened coffee; and under fasting conditions.



Blood samples were collected to measure volunteers' thyroid levels for 48 hours after dose. There were 40 days between the two situations.

The findings confirm that drug absorption is the same whether patients fast or drink coffee, according to findings presented Saturday at a meeting in Atlanta of The Endocrine Society. Research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.

The researchers said the results are potentially good news for patients who have been instructed to take levothyroxine 30 to 60 minutes before coffee to avoid a drug interaction.

"The lifestyle adjustment required to adhere to these recommendations is often burdensome to the patient and may lead to difficulty in achieving ideal thyroid hormone levels, resulting in both patient and provider frustration," Washington said in a society news release.