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RI ARA

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Millions of Retirees Spend $5,000 Annually on Medicare Premiums

An estimated 10 million Medicare beneficiaries who are covered by a Medigap policy and a Part D plan, will spend about $5,000 in 2019 ($416 month) just for Medicare premiums, according to a national survey conducted by The Senior Citizens League (TSCL). "Medicare Part B and Medigap premiums are among the fastest growing costs in retirement, yet the annual cost -of-living adjustment (COLA) is adjusted using an index that does not include any Medicare premium data," says Mary Johnson, a Medicare and Social Security policy analyst for The Senior Citizens League. "Consequently, the annual COLA increase lags behind the growth in Medicare premiums significantly," Johnson says. "This is a major reason why it's important for retirees to compare both health and drug plan coverage during Medicare's fall Open Enrollment period," she says.

Research by Johnson found that Medicare Part B premiums grew 198 percent from 2000 through 2019, and the average Medigap premium grew 135 percent over the same period. But, since 2000, COLAs have raised Social Security benefits just 50 percent. "The disparity between the COLA and premiums means that today's retirees rely more heavily on other sources of income in retirement, such as savings and pensions," Johnson notes. The U.S. Government Accountability Office however, recently **estimated** that 48 percent of U.S. households age 55 and over have no retirement savings.

The Medicare Open Enrollment period is going on right now, and continues through December 7th. Johnson, who volunteers to help friends compare plans says this is the time to evaluate the health and drug coverage you have now, and to switch plans if you can find better coverage at a lower cost. "Retirees with a Medigap supplement and Part D plan who are having trouble affording their premiums may want to learn about options for Medicare Advantage and compare it with their current coverage," Johnson says.

For 2020, 49 percent of Medicare Advantage plans nationwide will charge no monthly premium other than the Part B premium and, among those that do, the premium averages $36 per month, according to a data note from the Kaiser Family Foundation. Including the monthly Part B premiums, Medicare beneficiaries covered by a Medicare Advantage plan may spend about $180 per month – less than half the monthly average of people with Medigap coverage," Johnson says.

There are significant trade - offs in total out-of-pocket costs though, particularly for people who are seriously ill, and those who require a lot of services or hospitalization. Medicare Advantage plans require co-pays for almost every service and the use of in-network providers. On the other hand, Medigap plans pay most, or even all, of out-of-pocket costs, and beneficiaries can use any doctor.

In some areas of the country, another issue may be access to Medicare Advantage plans. In rural areas, there may be few plans and participating providers available. "Where I live, we only have one Medicare Advantage insurer in my county, and just two plans to choose from," Johnson says. "While the premiums for those Medicare Advantage plans are lower than those for most Medigap plans, some doctors, particularly specialists, don't participate in the plans. In addition, these plans require prior authorizations for procedures more often than we see under Medigap coverage," she says.

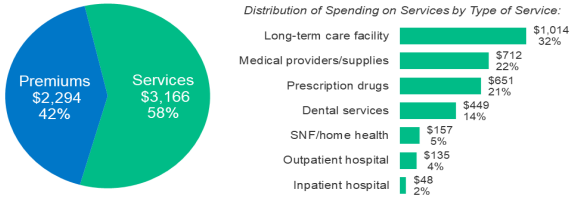
Consumers should be careful to nail down details about a new Medicare Advantage plan before disenrolling from a Medigap supplement. Unlike virtually all other health insurance, there are only limited guaranteed coverage periods for Medigap, and it may be difficult or impossible to purchase a Medigap supplement later on if enrollees want to drop Medicare Advantage. In most states, the only period when Medigap coverage is guaranteed is generally when an individual first becomes eligible to enroll in Medicare. "After that, insurers may require going through underwriting, and may exclude coverage for pre-existing conditions and charge more," Johnson notes. Seventy-two percent of participants in The Senior Citizens League's Senior Survey think Congress should amend the law to allow for a Medigap Open Enrollment period with guaranteed coverage rules.

"Comparing plans is best undertaken with free, unbiased, one – on - one help from a Medicare benefits counselor," Johnson observes. "Call your area agency on aging or **locate** your local State Health Insurance Program (SHIP) and ask for help comparing plans during Medicare Open Enrollment," suggests Johnson. Open Enrollment is now underway and runs through December 7th.

Read More on how Seniors struggle to afford health care

Figure 1

Average Out-of-Pocket Spending on Services and Premiums Among Traditional Medicare Beneficiaries in 2016



Average Total Out-of-Pocket Spending, 2016: $5,460

NOTES: SNF is skilled nursing facility. Analysis includes beneficiaries living in the community and long-term care facility residents, and excludes beneficiaries with Part A only or Part B only for most of the year or Medicare as a Secondary Payer, and beneficiaries in Medicare Advantage.
SOURCE: KFF analysis of Centers for Medicare & Medicaid Services 2016 Medicare Current Beneficiary Survey.

KFF HENRY J. KAISER FAMILY FOUNDATION

Medicare open enrollment 2020: Skipping this step, or rushing through, could cost you

About 60 million Medicare recipients have the chance to change their coverage during **the health care service's annual open enrollment season**, which opened on October 15 and closes on December 7. But research indicates fewer than 4 in 10 seniors review their Medicare plan each year to find the best deal.

That means millions of Medicare recipients may be making a costly mistake: The program's open enrollment period represents the only time of the year when seniors can tweak their drug coverage, says Diane Omdahl, the chief executive and founder of **65 Inc.**, which provides fee-based Medicare advice to seniors. Skipping the process, or rushing through it, can mean losing out on savings or choosing a plan that doesn't cover your prescriptions, she adds.

Medicare's complexity may explain why seniors are more likely to check for cheaper auto insurance or cable plans than reassess their coverage each year, according to research from WellCare Health Plans.

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"If I put a nickel away for every time I hear, 'How do normal people do this?'" Omdahl says. "When you think back to when Medicare started in 1965, those who hit 65 had already hit their life expectancy. They retired at 65. Medicare was one-size-fits-all."

That's not the case now. **Medicare Advantage plans**, offered by private insurance companies, provide coverage of Part A and Part B, or hospitalization and doctor visits, respectively. Some also include drug coverage. While they are gaining in popularity, with one-third of Medicare recipients now enrolled in one, they also add to the complexity of choosing the best plan to fit your needs.

"The more complex it becomes, the more the risk for errors," Omdahl adds.

Medicare Plan Finder update

And this year may prove even more complex. An updated **Medicare Plan Finder**, the online comparison tool run by the Centers for Medicare & Medicaid Services, means seniors should plan on taking extra time to familiarize themselves with the new technology, Omdahl recommends.

Some Medicare Advantage plans are also offering expanded non-medical benefits in 2020,

such as covering rides to doctors' appointments or grab bars – extras that may seem enticing but should be scrutinized carefully, says Casey Schwarz, senior counsel for education & federal policy at the Medicare Rights Center, a nonprofit consumer service group.

Know what you can and can't do

Medicare's open enrollment period isn't about enrolling in the program; that's pegged to when you turn 65.

Instead, the open enrollment period allows you to make a number of changes if you're already enrolled. According to the Medicare.gov, the major changes you can make include:

- Switch from Original Medicare to a Medicare Advantage plan or vice versa.
- Change your Medicare Advantage plan
- Join a Medicare prescription drug plan or pick a new drug plan
- Drop your drug coverage

But the current open enrollment period isn't the only chance to make changes to Medicare Advantage plans. There's a do-over window that runs from January 1 through March 31 that allows you to pick a new Medicare Advantage plan if you already have one.

However, switching from Original Medicare to a Medicare Advantage plan isn't possible during the January-March window, nor is switching drug plans if you're in Original Medicare, according to Medicare.gov.

Don't skip the process

The biggest pitfall facing seniors is simply skipping the open enrollment period, says Medicare Rights Center's Schwarz.

Don't rush

Take your time during the current open enrollment period to analyze the options and think through your health needs for 2020, experts say. As mentioned above, the Medicare Plan Finder has been updated, which means seniors may need extra time to become acquainted with the new service.

The revamped finder allows you to compare three plans side-by-side. But Schwarz says it doesn't sort plans by which medications are on their formularies. That means you'll need to drill down into each plan to check drug coverage.

Medicare enrollees can also get free help through their State Health Insurance Assistance Programs, or SHIP. Services such as Omdahl's 65 Inc. will also provide guidance for a fee, while some insurance brokers that sell Medicare Advantage plans also offer guidance on picking plans.

Read the fine print and call providers

Be prepared for extra research if you're considering a Medicare Advantage plan. Unlike Original Medicare, Medicare Advantage plans provide coverage for networks of doctors and providers, which is why experts recommend calling your medical specialists to check whether they'll be included in your 2020 plan.

Likewise, the expanded non-medical benefits in Medicare Advantage plans next year may seem appealing, such as getting access to transportation to medical appointments, Schwarz says. But read the fine print.

"Understand what these benefits are and who is eligible for it," she recommends. "The non-medical benefits may only be available to people with certain chronic conditions."

CMS Extends Needed Relief for People with Medicare Mistakenly Enrolled in Marketplace Plans

This week, the Centers for Medicare & Medicaid Services (CMS) announced in **guidance** the phase out and extension of a critical relief pathway for current and former Marketplace enrollees who mistakenly delayed their Medicare Part B enrollment. Eligibility for this policy will sunset on June 30, 2020.

Under this time-limited policy—known as equitable relief—people who are eligible for Medicare and have Marketplace coverage can apply to enroll in Medicare Part B without penalty. Those who have already transitioned to Medicare can request that any Part B late enrollment penalties they may have received be reduced or eliminated.

By extending this policy, CMS is appropriately responding to the needs of people with Medicare. On our National Consumer Helpline, we continue to hear from people who are struggling to navigate Marketplace to Medicare transitions, or access equitable relief, due to inadequate or incorrect federal agency guidance.

CMS also announced plans to increase communication efforts to Medicare-eligible individuals about the risks of delayed Part B enrollment. In December 2019, CMS will launch a new monthly mailing sent to all Marketplace enrollees within a month of their 65th birthday. The mailing will notify them about important decisions related to their Medicare enrollment.

The Medicare Rights Center recently joined a coalition of nearly 80 state and national organizations in **asking** CMS to retain this important relief until the agency has sufficiently corrected the outreach and education issues that continue to cause serious enrollment errors. The continuance and improved communication strategy will give CMS additional time to put those guarantees in place. We applaud CMS for doing right by people with Medicare. We look forward to working with our agency partners, State Health Insurance Assistance Programs (SHIPs), local Social Security Offices, and others to help people navigate these and other Medicare transitions, and to ensure all who qualify obtain needed relief.

Medicare Rights encourages older adults and people with disabilities who may be eligible for equitable relief to apply for this assistance, and to contact our National Consumer Helpline with any questions or concerns that may arise. Importantly, as CMS clarified last year and again today, even after the eligibility window closes on June 30, those who qualified for equitable relief while the policy was active can access it at any time in the future.

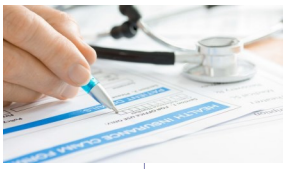
For more information on time-limited equitable relief and how to apply:

- View the new CMS Fact Sheet, **Assistance for Individuals with Medicare Part A and Exchange Coverage Information for SHIPs and Exchange Assisters**
- Visit **Medicare Interactive**, the Medicare Rights' free online counseling tool
- Call the Medicare Rights' free national helpline at **1-800-333-4114**
- Find your State Health Insurance Assistance Program (SHIP) at **1-877-839-2675** or by going to **www.shiptacenter.org**
- Contact the Social Security Administration at **1-800-772-1213**, or go to **socialsecurity.gov**, or visit your local Social Security office

Kaiser Family Foundation Releases Early Assessment of 2020 Medicare Advantage Plans

With more than **22 million people with Medicare (34%)** enrolled in Medicare Advantage plans in 2019, the private plan alternative to the traditional Medicare program, it is important to understand what the plan landscape looks like for 2020. The Kaiser Family Foundation (KFF) **recently released** a brief which provides an overview of the Medicare Advantage plans that will be available for 2020, based on an analysis of data from the Centers for Medicare & Medicaid Services (CMS). They found that:

- **Overall number of plans increases from 2019 to 2020.** Nationwide, 3,148 Medicare Advantage plans will be available, which is an increase of 414 plans since 2019. The average person with Medicare who is considering Medicare Advantage will have 28 plans to choose from in 2020, up from 24 in 2019. Paradoxically, this amount of choice may cause beneficiaries to struggle to find the correct plan for their circumstances.



- **Variation in number of plans available.** There will be wide variation in the number of plans individual counties will have available, with a high of 60 plans and a low of zero. Metropolitan counties will have an average of 31 plans, while non-metropolitan counties will have an average of 16 plans.
- **More plans, but not as many different plan sponsors.** The average beneficiary will be able to choose from plans offered by seven companies in 2020, which is similar to 2019. In all, well over 100 firms will offer Medicare Advantage plans in 2020.
- **Extra Benefits.** Nearly all beneficiaries have access to a Medicare Advantage plan that provides benefits that are not covered by traditional Medicare. The most common extra benefits are dental, fitness, vision, and hearing. Some extra benefits are included in fewer plans, such as in-home support, bathroom safety, telemonitoring services, and support for caregivers of enrollees. These benefits may not be available to all enrollees – people should contact plans or read plan materials to find out if benefits they are interested in are widely available or only for a subset of enrollees, for example, people with certain chronic conditions.

Read the KFF release on Medicare Advantage for 2020.

FDA Keeps Brand-Name Drugs On A Fast Path To Market — Despite Manufacturing Concerns

After unanimously voting to recommend a miraculous hepatitis C drug for approval in 2013, a panel of experts advising the Food and Drug Administration gushed about what they'd accomplished.

"I voted 'yes' because, quite simply, this is a game changer," National Institutes of Health hepatologist Dr. Marc Ghany said of Sovaldi, Gilead Science's new pill designed to cure most cases of hepatitis C within 12 weeks.

Dr. Lawrence Friedman, a professor at Harvard Medical School, called it his "favorite vote" as an FDA reviewer, according to the **transcript.**

What the panelists didn't know was that the FDA's drug quality inspectors had recommended against approval.

They issued a scathing 15-item disciplinary report after finding multiple violations at Gilead's main U.S. drug testing laboratory, down the road from its headquarters in Foster City, Calif. Their findings criticized aspects of the quality control process from start to finish: Samples were improperly stored and catalogued; failures were not adequately reviewed; and results were vulnerable to tampering that could hide problems.

Gilead Foster City doesn't manufacture drugs. Its job is to test samples from drug batches to ensure the pills don't crumble or contain mold, glass or bacteria, or have too little of an active antiviral ingredient.

Recent news reports have focused public attention on poor quality control and contamination in the manufacturing of cheap generic drugs, particularly those made overseas. But even some of the newest, most expensive brand-name medicines have been plagued by quality and safety concerns during production, a Kaiser Health News analysis shows.

More disturbing, even when FDA inspectors flagged the potential danger and raised red flags internally, those problems were resolved with the agency in secret — without a follow-up inspection — and the drugs were approved for sale.

Erin Fox, who purchases medicines for University of Utah Health hospitals, said she was shocked to hear from KHN about manufacturing problems uncovered by authorities at the facilities that make brand-name products. "Either you're following the rules or you're not following the rules," Fox said. "Maybe it's just as bad for branded drugs."

The pressure to get innovative drugs like Sovaldi into use is considerable, both because they offer new treatments for desperate patients and because the medicines are highly profitable...**Read More**

Many on Medicare Still Face Crippling Medical Bills

Even with Medicare coverage, older Americans with serious health conditions are often burdened by medical bills, a new study finds.

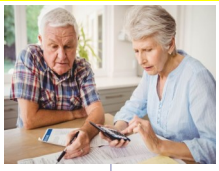
In a survey, researchers found that more than half of seriously ill Medicare beneficiaries said they'd had major trouble paying medical bills. Prescription drugs were the biggest hardship, followed by hospital and ambulance bills.

For some, medical bills had far-reaching consequences: More than one-third said they'd used up their savings, while almost one-quarter had been unable to pay for basics like food and heat.

Researchers said that while Medicare is a broadly popular program, the new findings highlight its gaps for the most vulnerable older Americans.

"Studies find that, on average, Medicare beneficiaries are satisfied with the program," said Michael Anne Kyle, a doctoral student at Harvard University who worked on the study. "But there's a group of people where the cost and financial strain is concentrated."

The findings were published Nov. 4 in *Health Affairs*. They come from a survey of 742 Medicare beneficiaries who were seriously ill. The researchers defined that as having a medical condition that, over the past three years, had required at least two hospital stays and care from three or more doctors.



Overall, 53% said they'd had a "serious problem" paying medical bills. Most said they'd received some financial help from family members or friends, and one-quarter described their medical costs as a "major burden" to their family.

Often, Kyle noted, when the topic of financial strain on families comes up, it centers on long-term care, such as nursing homes, which is not covered by Medicare.

But this study shows that for some older Americans, the issues begin with prescriptions and medical bills. And it is often the whole family that bears the strain -- financial and otherwise, Kyle said.

"I think we haven't fully grappled with the amount of work that goes into informal care," she said.

According to Judy Feder, a fellow with the Urban Institute's Health Policy Center, in Washington, D.C., "Medicare is a hugely valuable program. That said, it has holes."

That includes the famous "donut hole," said Feder, who was not involved in the study.

The term refers to the coverage gap in most Medicare prescription drug plans, where beneficiaries temporarily have to pay a larger percentage of their drug costs, after passing a coverage limit.

That hole could be one reason why prescriptions were the biggest financial burden reported in the survey, Feder suggested.

Overall, 30% of survey respondents said they'd had a serious problem paying for medications. Meanwhile, 20% to 25% reported problems with paying hospital, ambulance or emergency department bills.

Feder pointed to another well-known issue in the traditional Medicare program: There is no cap on what beneficiaries pay out-of-pocket.

If such gaps were addressed, that might help relieve financially strapped families, Feder said.

The study did not separate respondents according to whether they had traditional Medicare or were enrolled in a Medicare Advantage plan, Kyle said. So it's not clear whether that makes a difference in the financial burden to seriously ill beneficiaries.

The researchers also found that many respondents were unprepared for the financial toll they'd face. Less than half said they felt "adequately informed" about what their insurance would cover.

"Are people being told about out-of-pocket costs?" Kyle said. "I think we can be doing much more to make sure patients are informed."

More information

The Medicare program has resources for people who need **help covering costs**.

Lowering drug prices will not affect innovation

Peter Bach explains in **Bloomberg News** that lowering drug prices will not affect **drug innovation** in a meaningful way. We will still find cures and more people will be able to afford the medications they need.

The **Congressional Budget Office (CBO)** analyzed **Speaker Nancy Pelosi's bill** to lower drug prices on up to 35 brand-name drugs a year and found that new drugs will continue to be discovered at almost the same rate as today. The CBO projects only a three-five percent drop in new drug discoveries.

Bach believes if Pelosi's bill were enacted, pharmaceutical companies will have less incentive to develop drugs we don't need. For example, a drug that treats Duchenne muscular dystrophy, Exondys 51, which costs almost $1 million a year here has not been found to be effective in Europe so is not available there.

Under Pelosi's plan, Medicare and others would pay a maximum of 1.2 times what Germans, Australians, Canadians, Japanese and French pay for a number of high-cost brand-name drugs that lack serious generic competition. Any drug not sold abroad would be priced at Medicaid rates. (Today, Americans pay four times more than the Swiss for our drugs. However, some specialty drugs, such as Kymriah, a CAR-T cell therapy, which treats leukemia, costs about the same in the UK as in the US. So, there's still plenty of financial incentive for pharmaceutical companies to discover new drugs of this type.)

Medicare currently is forbidden by law to negotiate drug prices with pharmaceutical companies. It cannot negotiate prices of retail drugs we buy at the pharmacy. It must pay the price pharmaceutical companies charge for intravenous drugs administered in doctors' offices. And, Medicare must reimburse hospitals for the cost of drugs administered in hospital no matter how high. Drug prices paid by commercial insurers are about the same as Medicare's.

The CBO estimates that, if Pelosi's bill passed, the federal government would save $345 billion on Medicare between 2023 and 2029. Medicare's **Office of the Actuary** projects that individuals, states and employers would save an additional $243 billion. (Note: Savings on drug costs would be far greater if we paid the average of what other wealthy countries paid for all our drugs.)

If Pelosi's bill passed, the savings could be used for targeted public drug innovation through the NIH. Or, savings could be used to improve Medicare benefits.

Of course, savings are only a piece of the story. Today, Americans with health insurance are seven times less likely to take their medicines than people in other wealthy countries. They are too expensive.

To be clear, until Democrats have control of the Senate, there's little if any chance Pelosi's bill will be enacted into law. But, at least now there's compelling evidence that we can lower drug prices with little effect on innovation.

If you support making drug prices in the U.S. affordable, **please sign this petition.**

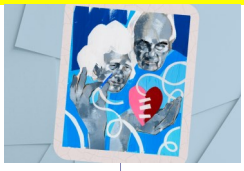
When Caring For A Sick Spouse Shakes A Marriage To The Core

For a dozen years, Larry Bocchiere, 68, didn't find it especially difficult to care for his wife, Deborah, who struggled with breathing problems. But as her illness took a downward turn, he became overwhelmed by stress.

"I was constantly on guard for any change in her breathing. If she moved during the night, I'd jump up and see if something was wrong," he said recently in a phone conversation. "It's the kind of alertness to threat that a combat soldier feels. I don't think I got a good night's sleep for five years. I gained 150 pounds."

As her chronic obstructive pulmonary disease worsened and heart failure set in, Deborah was taking 24 medications each day and rushing to the hospital every few weeks for emergency treatments.

"Toward the end, I couldn't stay in the same room with her for too long because I couldn't stand to watch her being so sick," Bocchiere said. His wife died in 2013.



Marriages are often shaken to the core when one spouse becomes sick or disabled and the other takes on new responsibilities.

"You have to rewrite the relationship's expectations. And the longer you've been married, the harder that is to do," said Zachary White, an associate professor of communications at Queens University of Charlotte. With Donna Thomson, he's the author of "**The Unexpected Journey of Caring: The Transformation From Loved One to Caregiver.**"

Compared to adult children who care for their parents, spouses perform more tasks and assume greater physical and financial burdens when they become caregivers, an **analysis of 168 studies** shows. Symptoms of depression as well as strains on relationships are more common.

Communication often becomes problematic, as husbands and wives feel disoriented and uncertain about how to respond to each other. Especially early on, illness tends to "heighten emotion and short-circuit communication," write Barbara Kivowitz and Roanne Weisman in their book, **"Love In The Time of Chronic Illness: How to Fight the Sickness – Not Each Other**."

Both women were cared for by their husbands (Kivowitz suffered from chronic pain; Weisman had a stroke). "We were gobsmacked by how much illness took over the relationship," Kivowitz said earlier this year in a **video presentation.**

Complicating these issues is isolation. "We often hear about family members who won't get involved or are overly critical of the well spouse but never pitch in or visit," said Robert Mastrogiovanni, 72, president of the **Well Spouse Association,** which offers support groups to members. "And then there are lifelong friends who drop out of the picture."

Most of the time (55%), older spouses are caregiving alone as husbands or wives come to the end of their lives, without help from their children, other family members or friends or paid home health aides, according to **research published earlier this year**.

The risk is that marriages will be undermined by illness and essential emotional connections lost.

"The well spouse can go from being a partner and a lover to a nurse and a caregiver, which is an entirely different kind of relationship," said Mastrogiovanni, who cared for his wife, Kathleen. She had multiple sclerosis for 50 years before she passed away last year. ...**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

November is Pancreatic Cancer Month

SAVE THE DATE – WORLD PANCREATIC CANCER DAY – NOV. 21, 2019!

November is Pancreatic Cancer Awareness Month, when we as a community shine the brightest! It is yet another occasion for us to celebrate our survivors and honor loved ones who have fought this disease. There is also a unique opportunity this month to raise awareness, educate the world by sharing our stories, raise money for research and let patients know that we will **never give up.**

The Hirshberg Foundation strives to guide and embrace each patient, support every family and fund the foremost cutting-edge researchers who will yield results and turn the tide. We accomplish this by funding **Seed Grants**, providing **patient services** and giving communities **opportunities to unite through our events**. We couldn't do any of it without you, especially in November.

Show your support this month by joining our November awareness campaign: **Celebrate**, **Participate** and **Dedicate**! Each word represents an action you can take to make a difference in the fight against this disease. It remains the Hirshberg Foundation's heartfelt promise to never give up in this fight against pancreatic cancer, and together, we can fulfill that promise.

'I wish I had known sooner' — Alex Trebek wants you to learn the signs of pancreatic cancer

He'll take "awareness" for $1,000.

"Jeopardy" host Alex Trebek drew on his personal experience with Stage 4 pancreatic cancer in a new public-service announcement, urging the public to learn more about the disease and raise awareness ahead of World Pancreatic Cancer Day on Nov. 21.

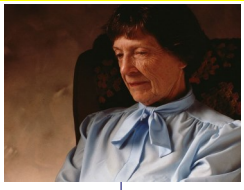
"In order to help patients fight and survive this disease, more attention and awareness are needed," Trebek, 79, said in a **one-minute video spot** in support of the World Pancreatic Cancer Coalition. "I wish I had known sooner that the persistent stomach pain I experienced prior to my diagnosis was a symptom of pancreatic cancer."

Number of Americans With Dementia Will Double by 2040: Report

Nearly 13 million Americans will have dementia by 2040 -- nearly twice as many as today, a new report says.

The number of women with dementia is expected to rise from 4.7 million next year to 8.5 million in 2040. The number of men with dementia is projected to increase from 2.6 million to 4.5 million.

Over the next 20 years, the economic impact of Alzheimer's disease and other forms of dementia will be more than $2 trillion. Women will shoulder more than 80% of those costs, according to a report released Tuesday at the 2019 Milken Institute Future of Health Summit, in Washington, D.C.



"Longer life spans are perhaps one of the greatest success stories of our modern public health system," said lead author Nora Super, senior director of the Milken Institute Center for the Future of Aging.

"But along with this success comes one of our greatest challenges," she added in an institute news release. "Our risk of developing dementia doubles every five years after we turn 65; by age 85, nearly one in three of us will have the disease."

With no cure on the horizon, reducing the risk of dementia and its cost must be the focus, Super noted.

"Emerging evidence shows that despite family history and personal genetics, lifestyle changes such as diet, exercise and better sleep can improve health at all ages," she said.

The report recommends expanded research; programs to maintain and improve brain health; increased access to testing and early diagnosis, and services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.

"As this important new report shows, dementia is one of the greatest public health challenges of our time," said Sarah Lenz Lock, the AARP's senior vice president for policy and brain health.

"It also demonstrates that we have the power to create change, whether by helping consumers maintain and improve their brain health, advancing research on the causes and treatment of dementia, or supporting caregivers who bear so much of the burden of this disease," Lock said in the news release.

More information

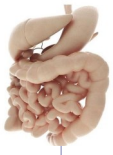
The U.S. National Institute on Aging has more about **dementia.**

Most Seniors 85+ Do Well After Colon Cancer Surgery: Study

Patients aged 85 and older who have colon cancer surgery have high survival rates, a new study finds.

People are living longer, so more seniors are being diagnosed with colon cancer, according to the authors of a study presented Tuesday at a meeting of the American College of Surgeons, in San Francisco.

"Given the burden of colon cancer in this [age group], we were hoping to identify and better understand factors that were associated with survival in these patients," said lead study author Dr. Roma Kaur. She is a research fellow in the department of surgery at the University of Rochester Medical Center, in New York.



For the study, Kaur's team analyzed short-term survival data on nearly 3,800 patients, aged 85 and older, with stage 2 and 3 colon cancer. Each had surgery to remove part of the colon.

Thirty days after surgery, 89% of the patients were alive, and 83% were alive 90 days after their surgery, the findings showed.

The risk of death was higher for patients who had surgery during an unplanned hospital admission. It was also higher for patients who had an open operation, in which a larger incision is made, than for those who had minimally invasive surgery.

The risk was also higher for those who had complications prior to surgery, such as perforation, bleeding and a serious infection called sepsis, the study authors said.

Nearly half of the patients were diagnosed and operated on during an unplanned hospital admission, the authors noted in a meeting news release.

"It seems a large number of patients are coming into the hospital with a problem that is severe enough to require admission … and then getting diagnosed with cancer and undergoing an operation during that same hospitalization," Kaur said.

"We found that 80% had an open operation, as opposed to a minimally invasive one, so these patients are being subjected to open operations because, in part, it's taking place in an acute setting," she explained.

Research presented at meetings should be considered preliminary until published in a peer-reviewed journal.

More information

The U.S. National Cancer Institute has more on **colon cancer**.

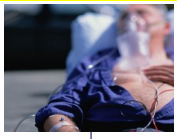
'Dramatic Increase' Seen in U.S. Deaths From Heart Failure

Heart failure deaths are reaching epidemic proportions among America's seniors, a new study finds.

About one in eight deaths from heart disease are from heart failure, and nine out of 10 are among those over 65 years of age, researchers report.

"We are now in the midst of a 'silver tsunami' of heart disease and heart failure," said senior study author Dr. Jamal Rana, chief of cardiology at Kaiser Permanente Oakland Medical Center, in California.

"This will require both innovation in clinical care for our patients and urgent policy initiatives at the health care systems level to be better prepared for its impact," Rana added in a Kaiser news release.



The report was published online Oct. 30 in *JAMA Cardiology*.

According to lead author Dr. Stephen Sidney, "The United States is now experiencing a dramatic increase in the number of older people dying from heart disease, and especially heart failure." Sidney is a senior research scientist with the Kaiser Permanente Northern California division of research.

Heart failure is a chronic, progressive disease where the heart muscle is weakened and can't pump blood efficiently, which increasingly reduces quality of life as patients decline.

For the study, Sidney and his colleagues used data from the U.S. Centers for Disease Control and Prevention.

The investigators found that more than 647,000 Americans died from heart failure in 2017, which was about 51,000 more deaths from heart failure than in 2011.

The rate of deaths due to heart failure increased by 21%. When the researchers added the aging population as a factor, the rate of heart failure deaths jumped to 38%.

Sidney added that since the number of Americans over 65 increased by 10 million between 2011 and 2017, and is expected to grow by another 22 million by 2030, heart failure rates will likely only worsen.

Vitamin D is Key to Muscle Strength in Older Adults

Vitamin D deficiency is linked with poor muscle health in older adults, a new study finds.

Maintaining muscle health helps seniors maintain their independence, mobility and quality of life. It also lowers their risk of falls and frailty.

Researchers looked at more than 4,100 people, aged 60 and older, in England. About 4 in 10 with vitamin D deficiency had muscle weakness -- twice the level found among those who had adequate vitamin D levels.

Impaired muscle performance was three times more common among those with vitamin D deficiency (25.2%) than those with adequate vitamin D (7.9%).

Further analysis showed that vitamin D deficiency significantly increased the odds of impaired muscle strength and performance.

The study also confirmed the benefits of exercise. Participants who got regular moderate physical activity were much less likely to have poor muscle strength and physical performance, according to the researchers at Trinity College Dublin in Ireland.

"Maintaining muscle function is incredibly important, and often overlooked, in promoting healthy aging," said researcher Maria O'Sullivan, an associate professor in nutrition. "Addressing this through multimodal approaches that incorporate physical activity, reversing vitamin D deficiency and other modifiable diet and lifestyle components require further investigation."

First author Niamh Aspell, who did her doctoral studies at Trinity, said the findings support the need for public health strategies to eliminate vitamin D deficiency in older people.

"Future research, however, should identify and focus on older adults with vitamin D deficiency and aim to better understand if reversing this deficiency improves skeletal muscle function," she said in a college news release.

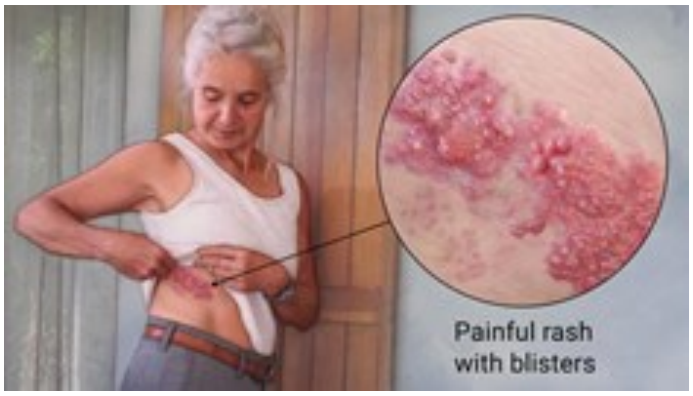
Shingles

Learn about shingles and the varicella zoster virus, tips on how to treat post-herpetic neuralgia, and the shingles vaccine.

Shingles is a disease that affects your nerves. It can cause **burning, shooting pain, tingling, and/or itching**, as well as a rash and blisters.

Click on the links below for more information

- **What Is Shingles?**
- **How Do You Get Shingles?**
- **Can You Catch Shingles?**
- **What Are the Symptoms of Shingles?**
- **How Long Does Shingles Last?**
- **Long-Term Pain and Other Lasting Problems**
- **Have a Rash? Go to the Doctor**
- **Should You Get the Shingles Vaccine?**
- **What Can You Do About Shingles?**



Here Are 7 Reasons to Stop Putting Off Your Flu Shot

Have you gone for your yearly **flu shot** yet? We hope the answer is yes — but statistically, it's probably no. That's because only *two in five* people report getting the vaccine annually, according to a **2016 CDC report.** This is in spite of the fact that experts say it's one of the best health measures you can take each season and will keep you from experiencing the awfulness of flu symptoms like a high fever, chills, and bad cough. Maybe you're postponing it because you feel too overwhelmed right now with work. Or you're blowing it off completely because you're one of those people who insist they *never* get the flu anyway. Whatever your thinking is, give this list of reasons to get the vaccine a read—it might help you see the wisdom in rolling up your sleeve.

You'll cut your flu risk roughly in half

True, the vaccine doesn't eliminate the possibility of contracting the flu, and how effective the flu shot is varies from season to season, says **Laraine Washer, MD,** hospital epidemiologist at University of Michigan Medical Center. But the vaccine used during the 2015-2016 flu season slashed the risk of getting it by roughly 50%, according to **one study.** And "studies in healthy young adults show that flu vaccination decreases risk of influenza-like illness by 40% to 60% when the flu vaccine is well-matched to circulating viruses," Dr. Washer explains.

You won't develop more serious flu-related issues

While fever, muscle aches, fatigue, and a cough are the main symptoms of the flu, "some patients have headaches or a **sore throat,** and vomiting or diarrhea can occur more often in children," says Dr. Washer. The real danger, however, is that a bout with the flu could lead to a much more alarming illness. "This includes pneumonia, or a serious complication of [an existing] chronic medical condition," says Lisa Kearns, MD, MS, clinical assistant professor of internal medicine at The Ohio State University Wexner Medical Center.

Friends and family members\ will thank you

The vaccine isn't just about keeping you healthy. It also protects the people you know and love — as well as coworkers, neighbors, and strangers you might casually interact with. "Those most at risk include children, pregnant women or women who will be pregnant during flu season, anyone who has a compromised immune system, and people with asthma, diabetes, or cardiovascular disease," says Dr. Kearns. "In general, adults older than age 50 are considered higher risk, as well." But if you don't get the flu, then your grandmother, your best friend's new baby, your sister with asthma, and other members of vulnerable groups can't catch it from you.

You won't put your life in danger

Lots of people still think of influenza as extremely unpleasant but relatively harmless. However, the **CDC** estimates between 140,000 and 710,000 hospitalizations occur as the result of the virus on an annual basis. "In addition, **from 12,000 to 56,000 deaths** are associated with flu every year," says Dr. Washer. Fatalities are generally caused by "pneumonia, dehydration, or worsening of other health problems," she explains. Even if you're pretty healthy, it's still possible to end up with a case that could leave you out of commission for weeks.

You'll save money

While your health is the most important factor, getting sick hits you in the pocketbook too. First, there's the copay you need to fork over to see your doctor; next comes the money you'll drop at the drugstore to treat your fever, aches, and cough with over the counter products that can ease your flu symptoms. Depending on where you live, you could end up an average of $100 — and that doesn't include what you lose if you've used up all your paid time off or your company doesn't compensate you on sick days.

You'll be protected for months

"You want to be sure to get the flu shot before influenza begins circulating in your community, so October is a good time to get your flu shot," says Dr. Washer. She also notes that the nasal spray flu vaccine should not be used this season. Dr. Washer says there are "concerns that it is not as effective as the flu shot." Now is the best time to get that jab.

It's available almost everywhere

Your doctor's office, the local urgent care clinic, your company or campus health center, the pharmacy down the block — the flu vaccine is so widely available right now, it's almost impossible to claim that you don't have the time to drop into one of these venues and get inoculated. Not only is it easy to find, but getting the flu shot takes minutes, and you might even be able to score it for **free**.

As We Age, How Safe Is Surgery?

Experts say age alone is not a risk factor in having a procedure As you age, your body's heart, kidney, lungs and other organ functions deteriorate. Under normal conditions, this is nothing to worry about. But when faced with intense stress, like a surgical procedure, the body can't always bounce back. "Replacing someone's hip when they're eighty-five is harder than when they're fifty. That becomes a more difficult task.

Your body takes longer to recover," says Dr. Clifford Ko, a colorectal surgeon at the University of California and director of research and optimal patient care at the American College of Surgeons.

Adults age 65 and older account for more than 40% of all inpatient surgical operations and 33% of outpatient procedures each year. But, unsurprisingly, this population faces higher rates of post-procedure mortality and complication rates.

Now, a new effort hopes to improve the health outcomes of older patients undergoing surgery.

The Risks of Surgery

"In modern surgery, it's a rare event to die from surgery," says Dr. Emily Finlayson, director of the University of California San Francisco's Center for Surgery in Older Adults. "The risk comes from being able to recover."

But death from surgery can still happen. In a 2017 **study** of patients ages 68 to 95 who had emergency abdominal surgery, for example, 20% died.

Among older patients, those over 80 are particularly vulnerable. **Read More**

Test Given at 8 May Predict Your Brain Health in Old Age

If you were good with words and puzzles at age 8, you're likely to fare well on tests of mental acuity at age 70, too.

That's among the findings of a new study that followed the thinking abilities of a group of Britons born in the 1940s. Researchers found that their performance on standard cognitive tests at age 8 predicted their performance around age 70. People who scored in the top quarter as kids were likely to remain in that bracket later in life.

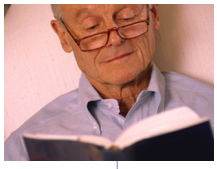
"Cognition" refers to our ability to pay attention, process information, commit things to memory, to reason and to solve problems.

And it's no surprise, experts said, that there is a correlation between childhood and adulthood skills.

However, no one is saying that your brain-health destiny is set in childhood, according to senior researcher Dr. Jonathan Schott, a professor of neurology at University College London.

In this study, for example, education also mattered. Older adults who'd gone further in their formal education tended to score higher, regardless of their test performance as children.

A number of past studies have linked higher education levels to a lower risk of dementia. And the new findings bolster that evidence, said Rebecca Edelmayer, director of scientific engagement at the Alzheimer's Association.



"It's really unique to have data like this, from a cohort that was followed for 60 years," said Edelmayer, who was not involved in the study.

Why would education matter in dementia risk? It's not certain, but Dr. Glen Finney, a fellow of the American Academy of Neurology, explained the "cognitive reserve" theory: Dementia is marked by the buildup of abnormal proteins known as "plaques" and "tangles." In people with more education, the brain might be better equipped to compensate for such damage, allowing it to function normally for a longer period.

It's also thought that mental engagement later in life might hold similar benefits. That could mean "challenging yourself to learn something completely new" -- like studying an instrument or a foreign language, said Finney, who directs the Geisinger Health System's Memory and Cognition Program in Wilkes-Barre, Pa. He was also not part of the study.

Beyond education, Finney noted, there is a body of evidence that other lifestyle factors are important in healthy brain aging. Blood pressure control is one, he said. Finney pointed to a recent clinical trial finding that intensive treatment of high blood pressure lowered older adults' risk of developing mild cognitive impairment.

That refers to subtler problems with memory and thinking that may precede dementia.

In general, the same things that protect the heart -- exercise, controlling cholesterol and blood sugar, and a healthy diet -- are also believed to be good for the brain, Edelmayer said.

"We just don't know yet what the best recipe is for [dementia] risk reduction," she said.

The current findings were published online Oct. 30 in *Neurology*. They're based on more than 500 U.K. adults born in 1946. When they were 8 years old, they took tests of reading comprehension and other skills. When they were around age 70, they were tested for skills like memory and information processing.

They also underwent PET scans to detect any buildup of plaques in the brain.

It turned out that among participants who tested "cognitively normal," about 18% did have signs of plaques in their brains. And on average, their test scores were lower, versus participants with no evidence of plaques.

That does not mean those people are destined to develop dementia, Edelmayer pointed out.

However, the findings do support a growing belief among researchers, according to Schott.

The fact that plaques exert subtle influences on mental performance even in people without symptoms is noteworthy. This "provides more evidence for the growing view that when disease-modifying therapies become available, they may have maximum benefits when given very early -- and ideally prior to symptom onset," Schott said.

How would that be done? In the future, Edelmayer said, it might be possible to use certain biological "markers" -- such as plaques seen in brain scans -- to identify people who are on a trajectory toward dementia.

"But we're not there yet," she stressed. "There's a lot of work to be done."

According to the Alzheimer's Association, 5.8 million Americans are living with Alzheimer's disease -- a number that is expected to balloon to nearly 14 million by 2050.

More information

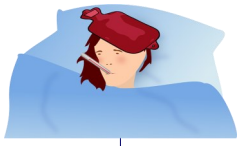
The Alzheimer's Association has advice on **maintaining brain health.**

Don’t let the hospital keep you in bed if you’re able to walk

Don’t let the hospital keep you in bed if you’re able to walk. Even if you’re only in the hospital a few days, it’s critical to move around. If you remain bed-bound, you could end up so weak that you’re worse off when you leave the hospital than you were when you were admitted.

According to the American Academy of Nursing, as many as two thirds of all older adults who are hospitalized leave the hospital unable to walk independently even though they walked independently when they were admitted to the hospital.

Kaiser Health News reports that hospitals sometimes keep older patients in bed and do not let them move around in order to ensure they do not fall. Hospitals put side rails on the beds and install motion sensor alarms to prevent their older patients from getting out of bed. Many hospitals do not have enough staff to support patients who want to walk. As a result, patients lose their strength.



Many older patients who are not allowed to walk while in hospital leave the hospital far less independent than they were when they were admitted. Their lack of independence can be long-term and serious. It easily can take three months of rehab therapy for an older adults to regain the ability to walk and their independence. Hospitals do not usually track the frequency with which hospitalized patients get out of bed.

One study found that one in three hospitalized patients over 70 years old are **more disabled** when they leave the hospital than when they were admitted.

Here’s the problem: Hospitals have far greater incentives to **prevent falls** than to ensure their patients’ independence upon discharge. If a patient falls, a hospital may face financial penalties. The Centers for Medicare and Medicaid Services (CMS) will not pay the hospital to treat injuries of a patient who has fallen under its watch. And, hospitals with the highest fall rates receive lower federal payments. The penalties were put in place because falls can be fatal for older adults; falls are the primary cause of fatalities as well as nonfatal injuries.

What to do? Walk as much as possible in hospital. Older adults who walk as little as 275 steps a day have **lower readmission rates** after 30 days.

Cold Weather Safety for Older Adults

If you are like most people, you feel cold every now and then during the winter. What you may not know is that just being really cold can make you very sick.

Older adults can lose body heat fast—faster than when they were young. Changes in your body that come with aging can make it harder for you to be aware of getting cold. A big chill can turn into a dangerous problem before an older person even knows what's happening. Doctors call this serious problem hypothermia.

What Is Hypothermia?

Hypothermia is what happens when your body temperature gets very low. For an older person, a body temperature of 95°F or lower can cause many health problems, such as a heart attack, kidney problems, liver damage, or worse.

Being outside in the cold, or even being in a very cold house, can lead to hypothermia. Try to stay away from cold places, and pay attention to how cold it is where you are. You can take steps to lower your chance of getting hypothermia.

Keep Warm Inside

Living in a cold house, apartment, or other building can cause hypothermia. In fact, hypothermia can happen to someone in a nursing home or group facility if the rooms are not kept warm enough. If someone you know is in a group facility, pay attention to the inside temperature and to whether that person is dressed warmly enough.

People who are sick may have special problems keeping warm. Do not let it get too cold inside and dress warmly. Even if you keep your temperature between 60°F and 65°F, your home or apartment may not be warm enough to keep you safe. This is a special problem if you live alone because there is no one else to feel the chilliness of the house or notice if you are having symptoms of hypothermia.

Here are some tips for keeping warm while you're inside:

- Set your heat to at least 68–70°F. To save on heating bills, close off rooms you are not using. Close the vents and shut the doors in these rooms, and keep the basement door closed. Place a rolled towel in front of all doors to keep out drafts.
- Make sure your house isn't losing heat through windows. Keep your blinds and curtains closed. If you have gaps around the windows, try using weather stripping or caulk to keep the cold air out.
- Dress warmly on cold days even if you are staying in the house. Throw a blanket over your legs. Wear socks and slippers.
- When you go to sleep, wear long underwear under your pajamas, and use extra covers. Wear a cap or hat.
- Make sure you eat enough food to keep up your weight. If you don't eat well, you might have less fat under your skin. Body fat helps you to stay warm.

Drink alcohol moderately, if at all. Alcoholic drinks can make you lose body heat.

Ask family or friends to check on you during cold weather. If a power outage leaves you without heat, try to stay with a relative or friend.

You may be tempted to warm your room with a space heater. But, some space heaters are fire hazards, and others can cause carbon monoxide poisoning. The Consumer Product Safety Commission has information on the use of space heaters. Read the following for more information**: Reducing Fire Hazards for Portable Electric Heaters and Seven Highly Effective Portable Heater Safety Habits.**

- Bundle Up on Windy, Cold Days
- Illness, Medicines, and Cold Weather
- What Are the Warning Signs of Hypothermia?
- **Call 9-1-1 right away if you think someone has warning signs of hypothermia.**

...Read More

For More Information About Cold Weather Safety

Eldercare Locator
1-800-677-1116 (toll-free)
https://eldercare.acl.gov

Low Income Home Energy Assistance Program
National Energy Assistance Referral Hotline (NEAR)
1-866-674-6327 (toll-free)
energyassistance@ncat.org
https://liheapch.acf.hhs.gov/help

National Association of Area Agencies on Aging
1-202-872-0888
info@n4a.org
www.n4a.org