



Message from Alliance for Retired Americans Leaders

Researchers Find Evidence That Aerobic Exercise Reinigorates the Aging Brain



Robert Roach

A new **study** by the Institute for Exercise and Environmental Medicine has found evidence that regular aerobic exercise

improves blood flow to the brain which researchers believe can keep older people sharper as they age.

The brain requires about 20% of the body's total blood flow to maintain its function as an organ but as people age, blood starts to flow less freely in and out of the brain. Less blood flow not only means the brain is receiving lower levels of oxygen and nutrients but more toxins can build up in the brain.

The researchers set out to see if exercise could specifically improve brain blood flow. They followed a group of adults aged 60-80. Each group exercised for 30 minutes four to five times a week, with half "power walking" and the others working on stretching and muscle-toning.

After a year of exercise, researchers performed brain scans and arterial tests to see how well blood was flowing in and out of the participants' brains. The power walking group showed a significant improvement in brain blood flow by the end of the year, but the stretching and toning group did not.

"This study provides more evidence of the importance of staying active," said Alliance President Robert Roach, Jr.

"Doctors have told us for years that aerobic exercise is important for our hearts, and it turns out it's good for our brains as well."

RSV Hospitalization Rate is 10 Times Higher for Seniors This Year Experts



Rich Fiesta

are **sounding the alarm** as an unusually high number of older Americans are contracting Respiratory Syncytial Virus (RSV) and experiencing complications. The CDC estimates that RSV hospitalization rates are 10 times higher than they were at the

same point in the season during previous years.

The situation has been exacerbated as more seniors shed masks and venture out to places that might have seemed too risky a year ago. RSV can cause severe illness for adults aged 65 years and older, but it's often overlooked because it's mainly thought of as a pediatric illness.

RSV symptoms can resemble those of a common cold, including runny nose, sneezing, coughing, and fever. People who are infected can generally recover after resting and drinking plenty of fluids, but complications like trouble breathing and pneumonia can occur, especially for older patients.

"It's important to stay vigilant, especially as we enter the holiday season," said Richard Fiesta, Executive Director of the Alliance. "The CDC is urging people who experience cold or flu symptoms to contact their doctor for guidance."

Long-Term Care Affordability Crisis Looms As Middle-Income Seniors Age

New research **indicates that**



Joseph Peters

the population of middle-income seniors will increase by 89 percent between now and 2033 – and that nearly 75 percent won't be

able to afford long-term care. Only 3% of Americans currently have long-term care insurance.

Since Medicare doesn't pay for long-term care services, older Americans with mid-level incomes are often forced to either pay high out of pocket costs or spend down their assets so they qualify for Medicaid.

"Congress needs to take this long term crisis seriously," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "In addition to the costs being out of reach for most families, there is a shortage of caregivers to take care of these Americans. People who do this important work deserve to be paid a fair wage, and should be able to join or form a union to improve working conditions and safety."

H R. 8 2, Repeal the WEP/GPO — Here is where we are now?

Here is where we are now:

The Social Security Fairness Act, H.R. 82, has 305 co-signers, far more than it needs to pass, but the Chair of Ways and Means called it up for a hearing one day before it could qualify for a floor vote, ending the qualifying period and nullifying our broad bi-partisan House support.

To save the bill, the original H.R. 82 sponsor, Rodney Davis, has set up a Discharge Petition, which needs **218 in-person signatures to require a floor vote**. We are hoping that our Representatives will understand our urgent cause and demand a vote on H.R.82 NOW.

Despite the curveball the Ways and Means Committees

threw at us, we continue battling to repeal the WEP/GPO by insisting that the **House pass H.R.82 now**. Make sure your Congressperson understands the problem and signs the DISCHARGE PETITION this week!

THANK YOU!

Watch the Sign the H.R. 82 Discharge Petition Video below



ADD YOUR NAME

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

Congress should lift debt ceiling, protect against Republican threats to Social Security and Medicare

In an op-ed for **The Hill**, Nancy Altman, Chair of Social Security Works, speaks to the Democrats' need to lift the debt ceiling during the lame duck session of Congress. If they don't, the Republicans have made clear that they will refuse to raise the debt ceiling without cuts to Social Security and Medicare.

The public supports strengthening and expanding Social Security and Medicare. Still, Republican policymakers have said and continue to say that they want to cut these programs. Medicare and Social Security demonstrate that government can be a force of good. Privatizing them, however, would be good only for Wall Street.

It's because the Republicans in Congress have claimed they want to cut Social Security that the so-

called "red wave" turned into a "red mirage." For example, in Arizona, Mark Kelly prevailed against Blake Masters, who argued for turning Social Security over to Wall Street during his campaign. Similarly, in New Hampshire, Maggie Hassan prevailed against Don Bolduc, whose campaign platform included **cutting and privatizing** both Social Security and Medicare.

In Wisconsin, **Ron Johnson** nearly lost re-election. He had argued for cutting Social Security and Medicare in coded language. He said that he wanted to turn Social Security and Medicare into "earned benefits," which is code for eliminating their guaranteed benefits.

But, this all notwithstanding, the Republicans will hold a slim majority in the House in 2023. And, they plan to use that

SOCIAL SECURITY WORKS.

majority to prevent Congress from raising the debt ceiling, endangering the US and worldwide economy . . . unless Congress cuts Medicare and Social Security.

Altman notes that Republicans have said **explicitly and repeatedly** that they plan to hold the economy hostage. The Republican candidates for the House Budget Committee all **told Bloomberg** of their intention to insist on cuts to Social Security and Medicare in exchange for their support for raising the debt ceiling.

The incoming House Majority Leader, Kevin McCarthy has not explicitly said he wanted these cuts. But, he has made clear that he wants big policy changes—implying cuts to Social Security and Medicare—in exchange for Republican support for lifting the

debt ceiling. Representative Buddy Carter of Georgia said that Republicans' "main focus" was on "entitlements," code for Medicare and Social Security.

If you have doubts that Republicans would follow through on their threat, you need only look to 2011 and 2013 when they attempted to carry it out. Fortunately, they failed to cut Social Security and Medicare as a result of grassroots opposition. However, they did succeed at cutting some discretionary spending programs.

The wisest course for Democrats would be to act now to raise the debt ceiling or end it altogether, before the Republicans take control of the House in the new year. That way, they could be sure to protect Social Security and Medicare.

Social Security's Record 2023 Increase Isn't All It's Cracked Up to Be

Retirees feeling crushed by the highest inflation in decades are getting some relief. The Social Security Administration has announced that benefits will receive an 8.7% **cost-of-living adjustment (COLA)**, the highest bump since 1982. In pure dollar terms for the average Social Security recipient, it'll be the largest COLA on record. Don't get me wrong, this is a great thing -- many retirees need every extra dollar they can get.

But look past the headline number, and you'll see that it doesn't change the financial position many retirees find themselves in already. In this annual COLA review, I'll guide struggling retirees and those preparing to enter their golden years.

The math behind Social Security falls apart rather quickly

This year's COLA is a step up from last year's 5.9%. I **wrote about it** then and illustrated how some basic living expenses could quickly eat up a retiree's benefits. You might be wondering how much Social Security can cover once you revisit how high living expenses are these days. As a reminder, the average retired Social Security recipient receives \$1,669 per month in benefits.

According to Statista, the average rent in the United States in 2022 is \$1,295 per month. That's increased by 17% from the \$1,100 it was the prior year! Not only is that rise far more than what this year's COLA will cover, but for those who depend entirely on their benefits, that's 77% of their income. That's not even factoring in a laundry list of other living costs like utilities, medical care, and groceries.

Most living expenses are going up, not down, which makes Social Security much more of a financial crutch than the safety net many think it is. But don't let that get you down. Realizing this truth is the first step to a brighter financial future and adding some shine to those golden years. Here are some tips for navigating retirement.

1. Clearing a low bar

Many don't notice how low of a financial bar Social Security is. The average retiree's benefits total \$20,028 annually. That's the equivalent of working a full-time job at \$9.63 per hour. For those able to work, simply adding income to your life is the most effective and quickest medicine. The great thing is that clearing a low bar means you can make a

 **The Motley Fool.**

huge difference in your financials with relatively little output.

The minimum wage in the United States is \$7.25 per hour, but most jobs pay more these days. The average hourly wage for an entry-level job is \$16, and many significant corporations will start at \$10 to \$12 per hour. You can greet shoppers at your local retailer a few nights a week and possibly add thousands to your annual income. Remember, Social Security retirees can keep their benefits with no income limit once they reach full retirement age.

2. Consider a transition versus hard retirement

Retirement doesn't have to be an all-or-nothing proposition. Don't forget that whatever your career is, you likely have decades of experience and knowledge. Are you in sales? Consider winding down your client base to a manageable group of high-value clients. Are you an expert on a topic? Consider consulting, which can generate high income for fewer hours than a typical nine-to-five job.

Some people view retirement age as a cliff that's rapidly approaching. But life is about perspective, and you still have

options if you're financially unprepared for full retirement in your older years. Creating income is very doable as you scale back your career; it just might not be in the day-in, day-out style of grind you're used to. But taking this path can make Social Security the crutch it's supposed to be, instead of what puts your food on the table.

3. Put your money to work
Investing is a critical component of any retirement strategy. Leaving your wealth all in cash is asking inflation to eat away your purchasing power. Of course, you don't want to take much risk in your later years. Consider investments that will diversify your portfolio, like **index funds**, or those that generate passive income, like **dividend stocks** and **bonds**. It's never too late to get started, and putting extra capital to work while you can will make your later years easier.

Retirement is a unique experience for everyone, one that depends on your individual decisions and circumstances throughout life. But you can continually improve your situation, even if you're not working with the best hand.

6 Shakeups to Social Security Expected in the New Year

Social Security will be seeing a lot of changes in 2023, many of them tied to the **biggest cost-of-living adjustment (COLA) in more than 40 years**. The new COLA will impact payments to **Social Security beneficiaries**, but it's not the only change you will see in 2023.

New COLA Takes Effect

The big news for 2023 is an 8.7% jump in the Social Security COLA, which is the highest since an 11.2% increase in 1981. The COLA's steep hike next year is due to this year's soaring inflation rate, which is also the biggest in 41 years.

The average monthly Social Security payment for all retired workers will rise to an estimated \$1,827 in 2023 from \$1,681, the SSA said – a gain of \$146 a month.

For anyone receiving Social Security benefits, the new payment amount will start in January 2023, according to the SSA. For those receiving Supplemental Security Income (SSI), the new payment amounts will begin on Dec. 30, 2022. Beneficiaries who receive both types will see

their payments follow the same schedule, with the SSI increase arriving shortly before the Social Security increase. One thing to keep in mind: The 2023 COLA of 8.7% won't apply to all Social Security recipients. Some **payment increases will be higher than 8.7% and some will be lower** due to a variety of factors, including your primary insurance amount (PIA) and when you sign up for Medicare. Beginning in December, the SSA will start **mailing COLA notices to beneficiaries** providing details on next year's payment amounts.

Increase in Social Security Disability Thresholds

The SSA pays monthly benefits to people who are unable to work for a year or more because of a disability, and the benefits usually continue until recipients can work again on a regular basis. However, there are also instances when you might have a qualifying disability even if you're still working, such as if you can't do work you previously did because of your medical condition. In this case, you are only eligible up to a certain



amount of income. When you pass that threshold, you cannot be considered to have a qualifying disability. Following are the threshold changes for next year, based on average monthly earnings:

SSI Federal Payment Standard Rises

Social Security recipients who **also qualify for Supplemental Security Income (SSI) benefits** will see an increase in the maximum Federal SSI payment amounts in 2023, based on the 8.7% COLA. For individuals, the standard rises to \$914 a month from \$841 in 2022. For couples, the payment rises to \$1,371 a month in 2023 from \$1,261 in 2022.

Rise in Max Benefits for Workers Retiring at Full Retirement Age

Americans who retire at **full retirement age** — either 66 or 67, depending on when you were born — will see a bump in their maximum benefits next year. The maximum will rise to \$3,627 a month in 2023 from \$3,345 a month in 2022.

Maximum Taxable Earnings

Will Increase for Those Still Working

Anyone who has ever received a paycheck knows that part of that check is withheld to pay Social Security taxes. There is a limit on the amount of your annual earnings that can be taxed by Social Security, called the maximum taxable earnings. That limit will rise to \$160,200 in 2023 from \$147,000 in 2022.

Change to Earnings Test Exempt Amounts

Social Security withholds benefits if your earnings exceed a certain level and if you are under the full retirement age (FRA). This is called the retirement earnings test exempt amount. According to the SSA, one of two different exempt amounts apply — a lower amount in years before the year you reach FRA and a higher amount in the year you reach FRA.

If you are under full retirement age, the earnings test exempt amount rises to \$1,770 a month in 2023 from \$1,630 a month in 2022. If you have reached FRA, the amount rises to \$4,710 a month in 2023 from \$4,330 in 2022.

Social Security's Huge 2023 COLA Could Hurt Seniors in the Long Run

Last month, seniors learned they'd receive an 8.7% Social Security cost-of-living adjustment (COLA) for 2023. That will add an extra \$147 to the average benefit check beginning in January. While some may have wished for more, this will still help ease the pain for retirees struggling with inflated costs on pretty much everything this year.

Social Security's not in great shape

You've probably heard people say that Social Security's running out of money. That's led many to assume that benefits aren't going to be around for them when they retire -- but that's not true.

The program receives funding from three sources:

1. Social Security payroll taxes that all workers pay on the first \$147,000 they earn in 2022 (\$160,200 in 2023)

2. **Social Security benefit taxes** that seniors pay if their income exceeds certain thresholds for their tax-filing

status

3. Interest earned on money in Social Security's trust funds

Payroll taxes provide the bulk of Social Security's money, and they're not going anywhere. Neither are the benefit taxes that some seniors pay. It's possible the latter could even bring in more money over time as larger average checks force more seniors to pay taxes on their benefits.

But Social Security's trust funds have dwindled as an increasing number of baby boomers have exited the workforce to claim benefits, leaving fewer workers behind to pay Social Security payroll taxes. The latest Trustees Report, which was released in June 2022, predicted the trust funds would be depleted in 2035 unless the government intervenes before then. After this it would only be able to pay out about 80% of scheduled benefits.



That was the best estimate at the time, but an **8.7% COLA** could speed up that deadline. The program will pay out even more benefits in 2023, and this could deplete the trust funds faster than expected.

But nothing's set in stone yet

We won't know what effect the 8.7% COLA has on Social Security's long-term funding until we see the new Trustees Report next June. But regardless, there's probably still going to be time left for the government to avoid serious benefit cuts.

Most Congresspeople agree that Social Security's funding crisis is a problem that needs solving, but right now there's disagreement on how to do that. Some possible strategies it might use include:

- ◆ Increasing the Social Security payroll tax rate (currently 12.4%, split evenly between employee and employer)
- ◆ Raising the **full retirement age**

(FRA), which determines when a person qualifies for the full benefit they've earned based on their work history

- ◆ Increasing the ceiling on income subject to Social Security payroll taxes

- ◆ Slashing benefits for some or all beneficiaries

It could also use a combination of the options above. There's no way for us to know right now. That's why it's a good idea to take steps to reduce your reliance on **Social Security** whenever possible. This could involve getting a part-time job or stepping up your personal savings while you're still working so you have a larger nest egg to fall back on in retirement.

You should also stay up to date on any changes the government makes to Social Security in the next few years. Hopefully, things will take a turn for the better -- but for now, all we can do is wait and watch.

How Much Social Security Can Spouses and Ex-Spouses Get in 2023?

What's the maximum spousal benefit in 2023?

The maximum spousal benefit is 50% of the other spouse's **full retirement age** benefit. The maximum monthly Social Security retirement benefit at age 67 -- that's the full retirement age for anyone born after 1959 -- is \$3,808 in 2023. The maximum spousal benefit is 50% of that amount, or \$1,904.

But it's pretty unlikely you'd qualify for the full \$1,904. For your spouse to get the maximum full retirement benefit of \$3,808, he or she would need to have earned at least Social Security's taxable maximum amount for 35 years. In 2023, this amount is \$160,200, though it increases every year. Essentially, few people qualify for maximum Social Security benefits because only about 6% of workers earn more than the taxable maximum in any given year.

The average monthly benefit for retired workers is

substantially less. In January, after the 2023 **cost-of-living adjustment** takes effect, it will be approximately \$1,827. If your spouse or ex-spouse receives the average benefit, your maximum benefit would be \$913.50 per month.

As with retirement benefits, spousal benefits are reduced when you start early. If you claim as soon as you become eligible at age 62, your maximum benefit would be just 32.5% of your spouse's full benefit.

But if you're claiming spousal benefits, your benefit will max out at your full retirement age. You won't earn extra delayed retirement credits for waiting past your full retirement age. You'll get the maximum benefit at age 67, assuming you were born in 1960 or later.

Who qualifies for spousal benefits?

To get spousal benefits, you need to be at least 62 or caring



for your spouse's child who's younger than 16 or disabled. If you're currently married, you need to have been married for at least a year. Your spouse must already be taking Social Security, as well.

If you're divorced, you'll only be eligible if your marriage lasted at least 10 years and you've been divorced for a two-year minimum. You'll also need to be unmarried to collect Social Security based on an ex's work record. While your ex-spouse needs to be eligible for Social Security -- meaning your ex-spouse needs to be at least 62 and have a minimum of 40 work credits -- he or she doesn't actually need to be collecting it in order for you to take spousal benefits.

Will Social Security give me both benefits?

No. Social Security doesn't allow you to double dip. You'll get whichever is higher: your

own retirement benefit or a spousal benefit, but not both. Taking spousal benefits may result in a higher benefit if your spouse substantially outearned you. But if you were employed for most of your adult years, your own retirement benefit will probably be higher than your spousal benefit. Even if your own retirement benefit is modest, it's likely higher than 50% (or less) of your spouse's benefit. That's why only about 3% of Social Security beneficiaries receive spousal benefits.

Whether you're expecting to receive your own Social Security or spousal benefits, consider creating a **my Social Security account** to estimate what your future benefits will be. If your checks will fall short, you may need to invest more, work longer so you can qualify for more money on your own record, and delay benefits for as long as possible.

Medicare to Expand Access to Behavioral Health and Substance Abuse

Last week the **Centers for Medicare and Medicaid Services (CMS)** finalized policies aimed at expanding access to behavioral health and substance use disorder treatment services for Medicare beneficiaries in rural areas.

Starting Jan. 1 of next year, the annual Medicare physician payment rule and Medicare hospital outpatient and ambulatory surgical centers

rule will do the following:

- ◆ **Make it easier for addiction counselors, family therapists and others** to offer services, particularly in rural areas.
- ◆ **Make a pandemic-era flexibility permanent** that allows hospital outpatient departments to bill for in-home telebehavioral health services.
- ◆ **Extend Medicare coverage to**



include opioid treatment

programs that initiate

the prescribing of buprenorphine — a medication-assisted treatment — via telehealth. Medicare will also cover such services provided through mobile units.

- ◆ **Other provisions include** new monthly payments for comprehensive treatment and management services for

patients with chronic pain, as well as expanded access to certain cancer-screening coverage and dental care.

In addition, CMS will offer enhanced Medicare payments to incentivize hospitals to purchase N95 respirators manufactured in the United States, in an effort to sustain domestic production of the masks for future public health emergencies.

Some Lawmakers Want to Take Social Security Away From Higher Earners. Will it Happen?

Social Security is on shaky ground financially. In the coming years, the program expects to owe more in benefits than it takes in as baby boomers exit the workforce, shrinking its primary revenue source -- payroll taxes.

If lawmakers don't manage to find a way to pump more money into **Social Security**, the program may have to reduce benefits universally once its trust funds run out of money. And we could be in that situation in just a little more than a decade.

Of course, lawmakers don't want that to happen. So many seniors get the bulk of their income from Social Security.

If **benefit cuts** were to happen, it could spur a massive poverty crisis among the elderly.

As such, lawmakers have tossed around different ideas that could help shore up Social Security's finances. These include raising full retirement age (the age at which recipients can claim their monthly benefits in full), raising the wage cap for Social Security taxes, and raising the Social Security tax rate itself.

There's also a less-popular solution that's been introduced to the mix. It's called means testing, and it could go a long way toward making Social Security



more solvent. But it's also an extremely controversial concept that could leave higher earners out in the cold.

How means testing for Social Security might work

Right now, Social Security eligibility doesn't hinge on retirement income. If you're eligible for a certain benefit based on your earnings history, that's the benefit you're entitled to as a senior. It doesn't matter if your annual income at the time of your Social Security claim is \$20,000 or \$2 million. Means testing would seek to change that. Means testing involves

looking at Social Security recipients' income to determine whether they're entitled to benefits -- and denying benefits to higher earners.

As a random example, lawmakers might decide that anyone earning more than \$250,000 a year in retirement isn't eligible for Social Security at all. Or, there might be a phase-out, where you can claim your full Social Security benefit as long as your income doesn't exceed \$150,000, but from there, benefits are incrementally reduced until they're whittled down to \$0.... **Read More**

What Is a Payday Loan?

Payday Loan Definition

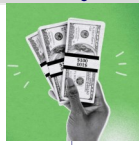
A payday loan is a type of short-term unsecured personal loan, generally of \$500 or less, and typically due on your next payday. The loan amount is based on your income, and you need an active bank account, a valid ID, and proof of income (pay stub) to qualify.

Payday loans are known for having very high-interest rates. Because of this, you should only take out a payday loan if you're sure you can pay it back.

How does a payday loan work?

When you request a payday loan, the lender confirms your income with a pay stub, gathers your checking account information and then proceeds to deliver payment of the requested amount.

If the loan is issued at a store, the lender will disburse the cash, and you must leave a postdated check for the loan amount, plus interest. This check is payable on or around your next payday. If you apply for the loan online, the



lender deposits the funds electronically and obtains permission to automatically debit your bank, credit union or prepaid card account.

Depending on the lender and the state you live in, if you can't repay the loan by the next payday, the lender will add a fee, and the cycle repeats. You must contact the lender if you are not able to repay the loan so the lender can renew it. If you don't, the lender can simply deposit the postdated check, exposing you to possible

returned check fees due to insufficient funds.

How do I get a payday loan?

If payday loans are legal in your state (more on that below), you will find no shortage of options. Brick-and-mortar stores aren't hard to come by, but several online alternatives are also available. To qualify for a payday loan, you must have a verifiable source of income, be at least 18 years old and have an active checking account... [Read More](#)

Some Social Security Beneficiaries Will Enjoy an Unusual Raise in 2023 -- and It Has Nothing to Do With COLA

Whether you're already retired or just entering the labor force, there's a high likelihood that **Social Security** will play an important role in helping you pay the bills during your golden years. When national pollster Gallup surveyed retirees and nonretirees earlier this year, 89% of current retirees said they lean on Social Security as a needed source of income (to some varied degree), while 84% of nonretirees expect to rely on Social Security in some capacity during retirement.

Given these figures, it's no shock that Social Security's annual cost-of-living adjustment (COLA) is a much-awaited announcement

The CPI-W has determined cost-of-living adjustments (COLA) since 1975

Social Security's COLA is the benefit increase passed along most years that accounts for **inflation**. Since Social Security was designed with retired workers in mind, cost-of-living adjustments ensure that seniors can sustain their current standard of living and (ideally) purchase the same amount of goods and services year after year.

Prior to 1975, the program's COLA was something of a crapshoot. Between 1940, which is when retired worker payments began, and 1975, special legislative sessions of Congress approved 11 cost-of-living adjustments. These benefit boosts were completely arbitrary, with no COLA at all during the 1940s.

This was followed by the largest COLA in history in 1950 -- a whopping 77%!

Thankfully, things have been a bit more predictable over the past 47 years. Since 1975, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) has been Social Security's measure of annual price changes. If the aggregate price for a large predetermined basket of goods and services the CPI-W covers climbs from one year to the next -- note, **only third-quarter CPI-W readings are used** in the COLA calculation -- beneficiaries will receive a "raise" in the following year.

The 2023 Social Security COLA is going to be historic. However, it doesn't tell the full story.

An unusual "raise" awaits most Social Security beneficiaries in 2023

Following the release of September's inflation data by the Bureau of Labor Statistics (i.e., the last data point needed to calculate COLA for the following year), the Social Security Administration announced an 8.7% cost-of-living adjustment for 2023. This 8.7% "raise" is the largest on a percentage basis in 41 years. On a nominal-dollar basis, it's the biggest on record.

But there's a big difference between how much Social Security checks move up from one year to the next and how much of that increase beneficiaries get to keep. For example, the average retired



worker is expected to receive **an extra \$146 each month next year**. But with the cost of food, gasoline, electricity, medical care, shelter, and so on climbing, a considerable amount of this \$146, or perhaps all of it, will go right back out the door as an expense. This is a very common occurrence.

However, **something unusual is set to happen in 2023. For only the second time this century (2012 being the other exception)**, Medicare Part B monthly premiums will decline -- from \$170.10 to \$164.90. Medicare Part B is the segment responsible for outpatient care, and it's typically deducted directly from an individual's Social Security benefit each month. Lower-than-expected spending on Alzheimer's drug Aduhelm resulted in larger Supplemental Medical Insurance Trust Fund reserves, which is being passed onto Medicare Part B recipients in the form of lower monthly premiums next year.

This roughly 3% year-over-year decline might not sound like much, but it's a big deal considering that medical care inflation has predominantly outpaced Social Security's annual COLAs for decades. Thanks to Medicare Part B premiums falling in 2023, Social Security beneficiaries enrolled in Medicare will see a real-money "raise" (i.e., above and beyond the inflation rate) that allows them to keep more of next year's COLA.

It's not all good news...

Considering the historically high inflation consumers have been dealing with this year, this unusual circumstance is a blessing. But don't count on this becoming the norm.

According to an analysis conducted by nonpartisan senior advocacy group The Senior Citizens League, the purchasing power of Social Security income **has fallen by 40% since 2000**. What \$100 used to be able to buy in goods and services can now only purchase \$60 worth of those same goods and services. In 2023, this purchasing power loss should shrink modestly. However, seniors are nowhere close to making up for the bulk of their lost purchasing power over the past 22 years.

The **culprit for this mess** is the CPI-W, which tracks the spending habits of "urban wage earners and clerical workers." In other words, people who aren't likely to be senior citizens or be receiving a Social Security check. Because the CPI-W does a terrible job of tracking inflation for the people who matter most (i.e., seniors), it doesn't provide enough weight for the most important expenses, such as medical care and shelter. This is what's resulted in the constant loss of purchasing power for beneficiaries.

With no clear path to switching out the CPI-W for a more accurate inflationary measure, I'm afraid the loss of purchasing power retirees have become accustomed to since the beginning of the century will likely recommence in 2024.

Could Social Security Bail You Out If a Recession Hits in 2023?

Will a recession hit in 2023? That's a question on a lot of people's minds right now.

The Federal Reserve has been raising interest rates for months in an attempt to slow the pace of inflation. But its interest-rate policies could fuel a major pullback in consumer spending as borrowing becomes prohibitively expensive. And that could be enough to spur a **recession** and a period of rampant unemployment.

As a general rule, it's a good idea to have money set aside in an emergency fund in case you lose your job -- during a recession or otherwise. But since so many financial experts have been sounding warnings about a recession in 2023, it could make sense to beef up your savings in the coming months.

That may not be possible, though, especially if you're not a particularly high earner or have other expenses you're grappling with. And if you're nearing retirement age, you might just tell yourself that in a worst-case

scenario, you'll file for **Social Security** ahead of schedule if a recession hits and you need money to pay your living expenses in the absence of having a job.

That may be a viable plan, in theory. But it could also have unfavorable long-term consequences.

There's a danger in claiming Social Security early

If you've already reached full retirement age (FRA) for Social Security purposes, you're eligible to collect your full monthly benefit based on your earnings history. FRA kicks in at 66, 67, or somewhere in between, depending on when you were born. But if you haven't yet reached FRA and plan to use Social Security as a fallback option if a recession strikes, you could end up in a dire financial situation down the line.

Claiming Social Security ahead of FRA will shrink your monthly



benefit for life. And that's a hit you may not be able to afford if you don't have a very large nest egg. The earliest age at which you can sign up for Social Security is 62. Let's say you'll be turning 62 in March and you're laid off at that point. If you don't have savings (retirement, emergency, or otherwise), you may have no choice but to claim Social Security right away.

But doing so will mean slashing your monthly Social Security benefit by 30% -- for life. And that could put you in a very tough spot down the line.

That's why it's so important to do what you can to build up some savings, whether it's by putting more money in the bank or ramping up your IRA or 401(k) contributions. You can withdraw from an IRA or 401(k) plan without penalty once you turn 59 1/2, though you'll need to be careful about doing so during a recession. If stock values plummet at the same time, taking a retirement-plan withdrawal

could mean locking in a permanent loss.

In fact, your very best bet is to have money in cash to cover several months' worth of living expenses. If you're still gainfully employed, you have an opportunity to build up more of an emergency stash. You may even want to hit pause on your IRA or 401(k) contributions if your emergency fund needs work, since that's money you might need to tap at a moment's notice. (Either that, or make sure to keep some cash in your retirement plan.)

Be careful when using Social Security as your backup plan

If you're old enough to **claim Social Security in 2023** and a recession forces you out of a job, you can file for benefits and use that money to get by. But locking in a lower monthly benefit for life could leave you cash-strapped during your later years.

A better bet is to do what you can to boost your emergency cash reserves. That way, you won't have to rush your filing out of

How Many Hours Can You Work and Still Collect Social Security?

As the name would imply, **Social Security retirement benefits** were meant to be paid out to beneficiaries after they stop working.

You can continue to work as long as you want, and you can still collect Social Security benefits. However, you should be aware that continuing to work after claiming Social Security benefits could reduce the amount that you receive, particularly if you have not yet reached full retirement age.

Working Before Full Retirement Age

From the perspective of the Social Security Administration, full retirement age for those born in 1960 or later is 67. If you continue to draw income before you reach full retirement age, the SSA considers you a worker rather than a retiree. As such, some of your benefits may be held back.

Specifically, for every \$2 you earn above a certain limit, the SSA will withhold \$1 of your earnings. For 2022, the earnings limit is \$19,560. Thus, if you are under full retirement age and you

earn \$39,560 in 2022, your Social Security benefits will be reduced by \$10,000.

As to how many hours you can work and still collect Social Security, this will obviously depend on your hourly wage. For example, if you earn \$20 per hour, you can work 978 hours per year before your Social Security benefits are reduced, assuming you haven't yet reached full retirement age. At 40 hours per work week, that means you can work just over 24 weeks before hitting the earnings limit. If your salary is higher, that number obviously will be adjusted downward.

Working the Year You Reach Full Retirement Age

Things change the year you reach full retirement age. At this point, the amount you can earn before any benefits get withheld is \$51,960, as of 2022. Further, benefits are reduced by just \$1 for every \$3 you earn above the earnings limit. For example, if you're earning \$50,000 the year



you reach full retirement age, you won't see any reduction in your benefits at all. But if you earn

\$60,960, your annual benefit will be reduced by \$3,000. Note that this reduction ends in the month that you reach full retirement age.

Working After Full Retirement Age

For some people, working after full retirement age is not the definition of "retirement." But for others, working after age 67 can be a joy — or a requirement.

Regardless of the reasons you might have, the good news is that once you reach full retirement age, you'll no longer suffer any penalties for working. You'll be entitled to your full monthly Social Security benefit regardless of how many hours you work. Even if you decide to work full time or run a business, you'll get to keep your earnings and all of your Social Security payments.

You'll Always Be Made Whole

Losing Social Security benefits because you might have to work can be a tough choice to make. But the good news is that ultimately it's not an either-or

proposition. If you lose Social Security benefits because you are working, they are never actually "lost." Rather, they are simply suspended. The SSA will always make you whole for any suspended benefits.

Once you reach full retirement age, the Social Security Administration will recalculate your monthly payout and increase your payments to make up for your deferred benefits.

What Is Considered Income?

There is one final way you can still "work" and collect all of your Social Security at the time you expect it, rather than as deferred payments. Essentially, if all of your income is passive, you can earn as much as you'd like and it won't have any ramifications on your Social Security earnings. Specifically, the SSA counts only wages or salary from a job, or the net profit from self-employment, as earnings. Investment income, pensions, veterans' benefits, annuities, interest and government or military benefits are not counted.

RI ARA HealthLink Wellness News

Could NSAIDs Like Ibuprofen, Aleve Make Arthritic Knees Worse?

Over-the-counter pain relievers like aspirin, Aleve or ibuprofen don't do a thing to slow the progression of knee arthritis, and might even make things worse, a new study suggests.

Knee arthritis patients who regularly took nonsteroidal anti-inflammatory drugs (NSAIDs) wound up with worse knee inflammation and weakened cartilage, compared to a "control" group not taking the medications, [researchers report](#).

"We found that the participants who were taking NSAIDs regularly for four years showed worse results with regard to synovitis," which is inflammation within the knee, said lead researcher [Dr. Johanna Luitjens](#), a postdoctoral scholar with the University of California, San Francisco's department of radiology and biomedical imaging.

"Also, we saw that the composition of the cartilage was

worse in the group of NSAID users compared to the controls," Luitjens added.

NSAIDs block the production of body chemicals that cause inflammation. People regularly pop these pills to provide short-term relief of arthritis pain.

Aspirin, ibuprofen (Motrin, Advil) and naproxen sodium (Aleve) are the most common NSAIDs, available over the counter at any pharmacy or grocery store.

For this study, Luitjens and her colleagues analyzed data gathered from more than 1,000 participants in a federally funded long-term observational study of knee arthritis. Participants entered the study between February 2004 and May 2006.

The researchers compared 277 people who were prescribed NSAIDs regularly for at least a year with 793 people not treated with the drugs.



All of the participants received knee MRI scans at the beginning of the study and then four years

later.

The researchers looked over the MRIs to see if NSAID treatment helped or hurt, adjusting their findings using a graded arthritis measurement to provide a better apples-to-apples comparison between the two groups, Luitjens said.

The results showed that NSAID users had worse joint inflammation and cartilage quality at the beginning of the study compared to the control group, and their knee health had deteriorated even more after four years.

"There were no protective mechanisms from NSAIDs in reducing inflammation or slowing down progression of osteoarthritis of the knee joint," Luitjens said. "The use of NSAIDs for their anti-

inflammatory function has been frequently propagated in patients with osteoarthritis in recent years and should be revisited, since a positive impact on joint inflammation could not be demonstrated."

NSAIDs might not be effective in controlling the sort of inflammation that comes with knee arthritis, Luitjens suggested. It's also possible that NSAIDs cause cartilage to become weaker, similar to the way that steroids affect cartilage.

It also might be that people taking NSAIDs tend to be more active, using the meds so they can be pain-free while they play, Luitjens added. That sort of activity could cause more wear and tear and create more knee inflammation.

A randomized, controlled clinical trial will be needed to confirm what was observed in this study, Luitjens noted....[Read More](#)

How Benign Are 'Benign' Breast Findings? Study Finds Link to Higher Cancer Risk

Many women feel a lump in their breast or receive an abnormal result on a screening mammogram that turns out to be a cyst or other type of non-cancerous growth.

With this news comes a huge sigh of relief, but it may not be the end of the story, [new research](#) suggests.

While these growths are not cancerous, their presence may increase the risk of breast cancer down the road. Women who have benign breast conditions, such as cysts and fibroadenomas, are almost twice as likely to be diagnosed with breast cancer in the next 20 years, researchers from Spain reported.

The new findings should "encourage women with benign breast lesions to participate in breast cancer screening programs because they are at an increased risk and they might benefit [from] a higher degree of breast cancer early detection," said study author [Marta](#)

[Román](#), an epidemiologist at the Hospital del Mar in Barcelona.

"Because women with a benign breast disease are at an increased risk for breast cancer, the information on benign breast disease, together with information on [breast] density, age, and family history of breast cancer can be used to define risk groups to design personalized screening strategies," she said.

For example, someone without benign breast disease, dense breast tissue, or a family history of breast cancer might be offered screening with standard mammography every three or four years instead of every two years. Meanwhile, someone at high risk with dense breasts, a first-degree family history of breast cancer and/or benign breast disease might be offered screening mammography or even MRI every year.

In Spain, women between 50 and 69 years of age are screened



for breast cancer every two years. The American Cancer Society suggests women between 45 and 54 years of age get mammograms every year. After that, older women can switch to every other year or continue yearly screening.

Benign breast lesions might be risk factors for breast cancer, Román said.

"Instead of the benign lesion progressing through time to an incident breast cancer, which is the common thinking, they are markers of an increased likelihood of developing breast cancer in the future," she said.

These growths are caused by an increase in breast tissue and certain cells within the breast, and the more tissue and cells, the greater the chances of abnormalities developing that may later turn into cancer.

For the study, the researchers compared breast cancer risk among more than 770,000 women. Of these, about 17,800

women were diagnosed with benign breast disease, and roughly 11,700 were diagnosed with breast cancer during about 20 years of follow-up.

Women with a history of benign breast growth including fibroadenomas and cysts were more likely to be diagnosed with breast cancer. This risk persisted for at least two decades and held regardless of age, the study found.

About 25 in every 1,000 women with benign breast disease were diagnosed with breast cancer. By contrast, around 15 of every 1,000 women without a history of benign breast disease were diagnosed with breast cancer during the study period.

The findings, which were published earlier this year in the [International Journal of Environmental Research and Public Health](#), were also presented Thursday at the European Breast Cancer Conference, in Barcelona....[Read More](#)

CT Screenings Can Dramatically Improve Lung Cancer Outcomes

Annual lung cancer screening for heavy smokers can provide a big boost in lung cancer survival over the long term, a new study shows.

When low-dose CT screening identifies early-stage lung cancer, patients have an 80% chance of surviving 20 years, researchers found. And for some, the odds are as high as 100%.

But only 16% of lung cancers are caught early, and more than half of people with lung cancer die within a year of being diagnosed, according to the American Lung Association. The average five-year survival rate is less than 19%.

This study shows "how powerful screening is," said **Dr. Andrea McKee**, a volunteer spokeswoman for the lung association and chair of radiation oncology at Lahey Hospital & Medical Center in Burlington, Mass. She was not involved in the study.

By detecting and treating the cancer when it is small, patients can be effectively cured in the long term, the study authors say.

Lung cancer screening, however, is underutilized. A

recent lung association report revealed that only 6% of eligible Americans had undergone the screening. In some states, lung cancer screening rates are as low as 1%.

Dr. Claudia Henschke, the new study's lead researcher, pointed out some obstacles to screening.

"There's been talk about too many false positives and radiation. But the radiation dose is very low. It's less than that of a mammogram, and women have had that for many years," said Henschke, a professor of radiology at the Icahn School of Medicine at Mount Sinai in New York City.

And false positive results should not be an issue, she said, "because we have very good protocols."

The U.S. Preventive Services Task Force recommends annual lung cancer screening for those 50 to 80 years old who have smoked a pack a day for 20 years or have quit within the past 15 years.

"Screening is a real lifesaving step and patients need to keep



asking their doctor because you have to have a prescription to get the screening," Henschke said.

She and her colleagues started looking at the benefits of screening in 1992. In 2006, they pegged 10-year survival at 80% for patients whose cancer was found early through screening.

The current study looked at 20-year survival. It found that among nearly 1,300 patients whose cancer was found early, overall survival was also 80%. For the 139 patients with nonsolid cancerous lung nodules and the 155 patients with partly solid nodules, survival was 100%. For the remaining patients with solid nodules, the survival rate was 73%, the researchers found.

Moreover, the survival rate for stage 1 cancer, where the tumor is small and hasn't spread beyond the lung, was 86% regardless of whether it was solid or not. For patients with tumors 10 millimeters or smaller, the 20-year survival rate was 92%, the researchers found.

The challenge now is to get more smokers and former

smokers screened, Henschke and McKee said.

Lung cancer screening is the "new kid on the block," Henschke said. The data that shows its effectiveness has only been around since 2011, and it wasn't covered by Medicare, Medicaid and private insurance until 2016, she noted.

McKee said tobacco companies have muddied the message, and smokers themselves are ambivalent because of "stigma."

"There's been so much debate about lung cancer screening, in part because you have big tobacco throwing confusion and delay into the mix, trying to make it difficult for people to have honest conversations about screening. Then you have stigma, so some people feel like they did it to themselves, and that they somehow deserve to have lung cancer," McKee said.

The findings will be presented Tuesday at the annual meeting of the Radiological Society of North America, in Chicago. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

Should Older Seniors Risk Major Surgery? New Research Offers Guidance

Nearly 1 in 7 older adults die within a year of undergoing major surgery, according to an important **new study** that sheds much-needed light on the risks seniors face when having invasive procedures.

Especially vulnerable are older patients with probable dementia (33% die within a year) and frailty (28%), as well as those having emergency surgeries (22%). Advanced age also amplifies risk: Patients who were 90 or older were six times as likely to die than those ages 65 to 69.

The study in JAMA Surgery, published by researchers at Yale School of Medicine, addresses a notable gap in research: Though patients 65 and older undergo **nearly 40%** of all surgeries in the U.S., detailed national data about the outcomes of these procedures has been largely missing.

"As a field, we've been really remiss in not understanding long-term surgical outcomes for older

adults," said **Dr. Zara Cooper**, a professor of surgery at Harvard Medical School and the director of the Center for Geriatric Surgery at Brigham and Women's Hospital in Boston.

Of particular importance is information about how many seniors die, develop disabilities, can no longer live independently, or have a significantly worsened quality of life after major surgery.

"What older patients want to know is, 'What's my life going to look like?'" Cooper said. "But we haven't been able to answer with data of this quality before."

In the new study, Dr. Thomas Gill and Yale colleagues examined claims data from traditional Medicare and survey data from the National Health and Aging Trends study spanning 2011 to 2017. (Data from private Medicare Advantage plans was not available at that time but will be included in future studies.)

Invasive procedures that take



place in operating rooms with patients under general anesthesia were counted as major surgeries. Examples include procedures to replace broken hips, improve blood flow in the heart, excise cancer from the colon, remove gallbladders, fix leaky heart valves, and repair hernias, among many more.

Older adults tend to experience more problems after surgery if they have chronic conditions such as heart or kidney disease; if they are already weak or have difficulty moving around; if their ability to care for themselves is compromised; and if they have cognitive problems, noted Gill, a professor of medicine, epidemiology, and investigative medicine at Yale.

Two years ago, Gill's team conducted research that showed 1 in 3 older adults had not returned to their baseline level of functioning six months after major surgery. Most likely to recover were seniors who had

elective surgeries for which they could prepare in advance.

In **another study**, published last year in the Annals of Surgery, his team found that about 1 million major surgeries occur in individuals 65 and older each year, including a significant number near the end of life. Remarkably, data documenting the extent of surgery in the older population has been lacking until now.

"This opens up all kinds of questions: Were these surgeries done for a good reason? How is appropriate surgery defined? Were the decisions to perform surgery made after eliciting the patient's priorities and determining whether surgery would achieve them?" said **Dr. Clifford Ko**, a professor of surgery at UCLA School of Medicine and director of the Division of Research and Optimal Patient Care at the American College of Surgeons....**Read More**

As COVID Restrictions Lifted, Asthma Attacks Rose

(HealthDay News) -- When COVID-19 restrictions lifted in the United Kingdom, the risk for severe asthma attacks doubled.

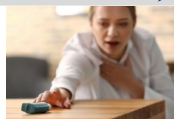
While having COVID isn't more likely to cause asthma attacks than other respiratory infections, it may have been that safety measures, such as wearing masks and reduced socializing, kept these attacks at bay, the authors of a new study suggested.

"Our study was observational, so it can't prove cause-and-effect. But our findings do raise the possibility that certain elements of the public health measures introduced during the pandemic -- such as wearing face masks --

could help in reducing respiratory illnesses moving forward," study lead author **Adrian**

Martineau said in a news release from Queen Mary University of London. He is a clinical professor of respiratory infection and immunity at the university.

The researchers studied the data from more than 2,300 adults with asthma who participated in the university's COVIDENCE UK study between November 2020 and April 2022. The participants answered a monthly online questionnaire that asked about face covering use, social mixing and asthma symptoms.



COVID restrictions were imposed in the spring of 2020. In April 2021, social mixing restrictions and the need for face coverings started relaxing in the U.K.

When restrictions were lifted, fewer people wore face coverings. They were more likely to mix socially. The study found that people subsequently had a higher risk of COVID and other acute respiratory infections.

"It is also reassuring to see that COVID-19 was not significantly more likely to trigger asthma attacks than other respiratory infections in our study participants," said study co-

author **Florence Tydeman**, noting some of the other results. At the time of the study, she was a statistician and epidemiologist at the university.

In their answers in April 2021, less than 2% of study participants said they had a severe asthma attack during the previous month.

By January 2022, nearly 4% had a severe attack in the past month.

More than 300 million people around the world have asthma, with symptoms that include breathlessness, chest tightness, wheezing and coughing.

Relax, a Little Stress Might Be Good for You

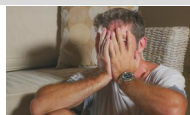
If holiday demands get you frazzled, you can take heart from a new study: When it comes to stress, a little is good.

"The bad outcomes of stress are pretty clear and not new," said **Assaf Oshri**, lead author of the study and an associate professor in the University of Georgia College of Family and Consumer Sciences.

"But there's less information about the effects of more limited stress," Oshri said in a university

news release. "Our findings show that low to moderate levels of perceived stress were associated with elevated working memory neural activation, resulting in better mental performance."

Working memory is the short-term information you use everyday for things like remembering a phone number or recalling directions on how to get someplace.



For the study, the researchers analyzed MRI scans from the Human Connectome Project, a project sponsored by the U.S. National Institutes of Health. Scans came from more than 1,000 people with diverse racial and ethnic backgrounds.

Those who reported having low or moderate stress levels had increased activity in the parts of the brain that involve working memory.

Meanwhile, those who reported high stress had a decline in those areas, the findings showed.

The research team assessed perceived stress levels through questions like these: "In the last month, how often have you been upset because of something that happened unexpectedly?" and "In the last month, how often have you found that you could not cope with all the things that you had to do?"...**Read More**

Exercise Might Ease Side Effects of Breast Cancer Treatment

(HealthDay News) -- An exercise program, even if it's not as intense as national guidelines suggest, could help breast cancer patients undergoing radiation therapy reduce fatigue and have a better quality of life, new research suggests.

Researchers from Edith Cowan University in Australia included 89 women in **this study** -- 43 participated in the exercise portion; the control group did not.

Exercisers did a 12-week home-based program. It included weekly resistance training sessions and 30 to 40 minutes of aerobic exercise.

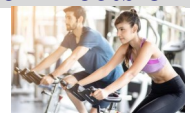
Researchers found that patients who exercised recovered from cancer-related fatigue more quickly during and after radiation therapy compared to the control group. Exercisers also saw a significant increase in health-related quality of life, which could include measures of emotional, physical and social

well-being.

"The amount of exercise was aimed to increase progressively, with the ultimate target of participants meeting the national guideline for recommended exercise levels," said study leader **Georgios Mavropalias**, a postdoctoral research fellow in the School of Medical and Health Sciences.

"However, the exercise programs were relative to the participants' fitness capacity, and we found even much smaller dosages of exercise than those recommended in the [Australian] national guidelines can have significant effects on cancer-related fatigue and health-related quality of living during and after radiotherapy," Mavropalias said in a university news release.

The Australian national guidelines for cancer patients call for 30 minutes of moderate intensity aerobic exercise five



days a week or 20 minutes of vigorous aerobic exercise three days a week. This is in addition to strength training exercises two to three days a week.

About 1 in 8 women and 1 in 833 men are diagnosed with breast cancer during their lifetimes, according to Living Beyond Breast Cancer, a Pennsylvania-based nonprofit organization.

The study showed a home-based exercise program during radiation therapy is safe, feasible and effective, said study supervisor professor **Rob Newton**, a professor of exercise medicine.

"A home-based protocol might be preferable for patients, as it is low-cost, does not require travel or in-person supervision and can be performed at a time and location of the patient's choosing," he said in the release.

"These benefits may provide substantial comfort to patients."

Study participants who started an exercise program tended to stick with it. They reported significant improvements in mild, moderate and vigorous physical activity up to a year after the program ended.

"The exercise program in this study seems to have induced changes in the participants' behavior around physical activity," Mavropalias said. "Thus, apart from the direct beneficial effects on reduction in cancer-related fatigue and improving health-related quality of life during radiotherapy, home-based exercise protocols might result in changes in the physical activity of participants that persist well after the end of the program."

Study findings were recently published in the journal **Breast Cancer**.

The benefits of eating cooked vegetables

When I was growing up, my mother always taught me that vegetables lost their nutrients when cooked. Little did she know. Hannah Seo reports for the **New York Times** on the array of vegetables that are better eaten cooked.

Sautéing, microwaving or roasting can actually boost the nutrients in some vegetables. The heat can help bring out certain compounds that are good for you. Which vegetables, you ask? The New York Times has you guessing. I failed the test. How about you?

Spinach

Spinach has loads of nutrients, including **vitamin C** and **B6**, iron, **calcium** and **magnesium**. It also has oxalate that can keep your body from absorbing the calcium and iron in your gut.

Cooking the spinach kills some of the oxalate, allowing you to absorb the iron and calcium.

Though you will lose some vitamin B and C when you cook spinach, overall you will get greater nutritional benefits. And, you'll likely eat more!

Mushrooms

Mushrooms have a lot of antioxidants. Much as with spinach, grilling or microwaving them can deliver more antioxidants. Sauteing them has been found to increase their protein and your body's ability to absorb their fatty acids and carbohydrates. But, deep frying or boiling mushrooms may reduce the antioxidants. Mushrooms are also tastier cooked, so you'll likely eat more of them.



Carrots

Cooked **carrots** offer carotenoids, which are antioxidants. But, the way you cook the carrots matters. Boiling, steaming and microwaving carrots tends to preserve carotenoids and enhance antioxidants.

Green beans

Green beans contain lectin, a protein that can keep you from absorbing nutrients, particularly calcium, iron, and zinc. But, if you pan fry, roast or microwave green beans at a high heat, the lectins no longer have that effect and you benefit from the green beans' antioxidants.

Garlic

Raw garlic gives you allicin, which may contribute to **heart health** and reduced risk of cancer. That said, you are not

likely to eat much raw garlic, so it might not matter.

Onions

Onions are better for you when eaten raw. Cooking tends to reduce their micronutrients and antioxidants. But, if you sauté or roast onions in low heat for less than five minutes, you should still get more antioxidant benefits.

Beets

Beets can help lower your blood pressure and offer many health benefits. They have betalains and provide antioxidants, flavonoids and anti-inflammatory benefits. Overcooking and boiling beets will reduce these benefits.

Vitamins: It's Best to Get Them From Food, Not a Bottle

(HealthDay News) -- Bottled vitamins might seem a convenient way to get all the important nutrients, but the best delivery method is still just eating actual healthy food.

"We have plenty of studies showing that when we look at food as the bioavailable source of certain nutrients of vitamins and minerals, they tend to be one of the best options," said **Kristin**

Kirkpatrick, a registered dietitian with Cleveland Clinic, in Ohio.

For example, you can take a capsule of fish oil, but eating wild fatty fish makes it easier to control what you're getting. The supplement industry isn't regulated in the same way as food.

Kirkpatrick suggested that the best way to get a mix of vitamins



and minerals is eating more colorful foods. Aim for getting six different colorful foods in your diet daily.

A bowl of oatmeal can help get one color. Adding blueberries is a second one. Even coffee counts. The beverage is loaded with antioxidants.

Check with your doctor about whether you might be deficient in

certain vitamins, Kirkpatrick advised.

Vitamin D, in particular, is one that may require taking a supplement to get enough of it.

"Vitamin D is typically poorly absorbed through food," Kirkpatrick explained in a clinic news release. "A D3 supplement is more mimicking the UV rays of the sun, that's where we get the best vitamin D."

Common treatment for joint pain may be linked to faster arthritis progression, research suggests

One of the most common pain relief treatments for arthritis, corticosteroid injections, may actually be associated with faster progression of the disease, according to new research.

Osteoarthritis, the most prevalent type of arthritis, occurs when the cartilage that cushions a joint breaks down over time, causing pain and stiffness. More than 32 million U.S. adults suffer from the condition, which most often affects the hands, the hips and the knees. There is no cure, but the discomfort is sometimes treated with corticosteroid shots. Hyaluronic acid injections are also used, although they're less likely to be covered by insurance.

Two small unpublished studies, to be presented Tuesday at the Radiological Society of North America's annual meeting, found

that on average, knee arthritis advanced more quickly among patients who got corticosteroid injections than those who didn't. By contrast, hyaluronic acid injections were associated with slower progression of the disease relative to a control group.

"Our papers show that there should be much more awareness that corticosteroids could have possible progression of OA," or osteoarthritis, said Azad Darbandi, a medical student at the Chicago Medical School who co-authored one of the studies.

Both studies assessed patients from the Osteoarthritis Initiative, a yearslong observational research project involving nearly 5,000 people with knee osteoarthritis. Darbandi's research analyzed X-rays from 50 patients



who got corticosteroid shots, 50 who got hyaluronic acid and another 50 in a control group. The scans, collected annually for four years, revealed worse arthritis progression among participants injected with corticosteroids compared to the other two groups.

The second study, from the University of California, San Francisco, examined MRI scans from 210 participants, 44 of whom received corticosteroid shots and 26 of whom got hyaluronic acid.

The researchers looked at scans that were taken at the time of the injections, as well as two years before and after, and found more severe cartilage deterioration by the two-year follow-up mark among the steroid-taking group.

"Knowing that helps patients make a more informed choice about if they want an injection and, if they do, which injection they might prefer," said Dr. Upasana Bharadwaj, a postdoctoral researcher in UCSF's radiology and biomedical imaging department who co-authored the study.

But prior research on this subject is mixed. A **2019 report suggested** that corticosteroid shots in the hips and the knees could accelerate the condition and even hasten the need for joint replacement operations. But an **analysis last year** found a similar progression of arthritis among those who got steroids and those who got hyaluronic acid... **Read More**