



### Message from Alliance for Retired Americans Leaders

#### Democrats Debate Whether President Biden Should Negotiate with Speaker McCarthy on Debt Limit



Robert Roach, President, ARA

House lawmakers and the White House continued to spar this week over whether to include Social Security and Medicare in

negotiations over raising the debt limit. President Biden has steadfastly **pledged** not to cut the programs, insisting that the debt ceiling should be addressed "without conditions."

Most Democrats are dead set against negotiating as President Biden signals he is prepared to meet with Speaker McCarthy (CA), arguing any talks will just be "**gobbled up**" by Republicans who will then ask for more.

Senate Majority Leader Charles Schumer (NY), for example, doesn't want Democrats to negotiate with House Republicans until the House GOP shows it can actually pass legislation to raise the debt ceiling.

The debate comes as a bipartisan group of U.S. lawmakers is preparing a plan to make a deal to change the debt ceiling from a fixed dollar amount to a percentage of national economic output, the Problem Solvers Caucus's top Republican, Rep. Brian Fitzpatrick (PA), said on Sunday. Many seniors' advocates see the **deal** as an opening to cut Social Security and Medicare and are therefore

sharply against it.

"Seniors have lived up to their commitment by paying into Social Security and Medicare during their lifetime," said Robert Roach, Jr., President of the Alliance. "We expect the government to live up to its commitment to protect and enhance these programs for the American people."

"We must not allow those promises to be broken, and seniors to be held hostage by strong-arm, GOP debt ceiling tactics or back door approaches that lead to a similar outcome."

#### Drug Corporations Plan Price Increases on Life-Saving Medications Despite Billions in Increased Profits



Rich Fiesta, Executive Director, ARA

Major pharmaceutical corporations are set to increase prices on over 350 unique medications this month, continuing a trend of drug industry **profiteering**, according to **Accountable.US and Reuters**. A previous **Accountable.US report** showed that many of these companies and the trade group PhRMA have spent over \$205 million in recent years fighting efforts to rein in the cost of prescription drugs.

Pharmaceutical giants Pfizer, Bristol Myers Squibb, AstraZeneca, and Sanofi reported billions in increased 2022 earnings, stock buybacks, and dividends before announcing price hikes in January on essential medications, including

expensive cancer treatments.

- Despite seeing a 140% increase in net earnings in 2021 and a 42% increase in **the first nine months of 2022**, Pfizer plans to increase the prices of nearly 100 drugs, including 7.9% increases on cancer drugs Ibrance And Xalkori. That was despite Pfizer spending \$2 billion on stock buybacks and \$6.7 billion on shareholder dividends through the third quarter of 2022.

- AstraZeneca is planning to increase prices on at least two cancer treatment medications and one asthma treatment after **reporting** net earnings of \$2.39 billion in the first nine months of 2022, over five times more than the same period of 2021.

"The Inflation Reduction Act has begun to lower drug prices, and that has already made pharmaceutical executives look for ways to keep making outrageous profits on the backs of our sickest citizens," said Richard Fiesta, Executive Director of the Alliance. "We must continue to address this exploitation of seniors, and all consumers, by building on the strides we have made with the Inflation Reduction Act."

#### Pandemic Food Benefit is Set to End, and Seniors Risk Additional Food Insecurity

Next month, a pandemic-related benefit increase for participants in the Supplemental Nutrition Assistance Program (SNAP) program, often referred to as food stamps, is scheduled to **expire**. The change could come despite advocates warning



Joseph Peters ARA Sec.-Trea.

it will put many seniors at a higher risk for food insecurity at a time of increased prices. Three years ago, when the covid pandemic hit and the country shut

down, the federal government responded with programs that helped with expenses such as food and housing. Among them was a temporary boost to SNAP benefits, known as emergency allotments, that increased monthly funds for a single-person household from a minimum of \$16 a month to the maximum, now \$281 a month, across the board. In March, following the passage of a government spending bill recently by Congress, that boost will end.

Seniors are often more vulnerable to food insecurity because many lack transportation, remain reluctant to gather at food distribution centers due to Covid-19 fears, and have fewer options for adding to their incomes.

"After taking on hunger that affects seniors and Americans of every age during the pandemic, we cannot go backwards," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "SNAP benefits must not be cut, or we will never be able to address food insecurity in our country."

## Did Your Health Plan Rip Off Medicare?

Today, KHN has released details of 90 previously secret government audits that reveal millions of dollars in overpayments to Medicare Advantage health plans for seniors.

The audits, which cover billings from 2011 through 2013, are the most recent financial reviews available, even though enrollment in the health plans has exploded over the past decade to over 30 million and is expected to grow further.

KHN has published the audit spreadsheets as the industry gears for a final regulation that could order health plans to return hundreds of millions, if not billions, of dollars or more in overcharges to the Treasury Department — payments dating back a decade or more. The decision by the Centers for Medicare & Medicaid Services is expected by Feb 1.

KHN obtained the long-hidden audit summaries through a three-year Freedom of Information Act lawsuit against CMS, which **was settled in late September.**

In November, **KHN reported** that the audits uncovered about \$12 million in net

overpayments for the care of 18,090 patients sampled. In all, 71 of the 90 audits uncovered net overpayments, which topped \$1,000 per patient on average in 23 audits. CMS paid the remaining plans too little on average, anywhere from \$8 to \$773 per patient.

The audit spreadsheets released today identify each health plan and summarize the findings. Medicare Advantage, a fast-growing alternative to original Medicare, is run primarily by major insurance companies. Contract numbers for the plans indicate where the insurers were based at the time.

Since 2018, CMS officials have said they would recoup an estimated \$650 million in overpayments from the 90 audits, but the final amount is far from certain.

Spencer Perlman, an analyst with Veda Partners in Bethesda, Maryland, said he believes the



data released by KHN indicates the government's clawbacks for potential

overpayments could reach as high as \$3 billion.

"I don't see government forgoing those dollars," he said.

For nearly two decades, Medicare has paid the health plans using a billing formula that pays higher monthly rates for sicker patients and less for the healthiest ones.

Yet on the rare occasions that auditors examined medical files, they often could not confirm that patients had the listed diseases, or that the conditions were as serious as the health plans claimed.

Since 2010, CMS has argued that overpayments found while sampling patient records at each health plan should be extrapolated across the membership, a practice commonly used in government audits. Doing so can multiply the overpayment demand from a few thousand dollars to hundreds of millions for a large

health plan.

But the industry has managed to fend off this regulation despite dozens of audits, investigations, and whistleblower lawsuits alleging widespread billing fraud and abuse in the program that costs taxpayers billions every year.

CMS is expected to clarify what it will do with the upcoming regulation, both for collecting on past audits and those to come. CMS is currently conducting audits for 2014 and 2015. UnitedHealthcare and Humana, the two biggest Medicare Advantage insurers, accounted for 26 of the 90 contract audits over the three years.

Humana, one of the largest Medicare Advantage sponsors, had overpayments exceeding the \$1,000 average in 10 of 11 audits, according to the records.

That could spell trouble for the Louisville, Kentucky-based insurer, which relies heavily on Medicare Advantage, according to Perlman. He said Humana's liability could exceed \$900 million... **Read More**

## Understanding the Different Elder Care Options

Explore the different elderly care options available to your loved one.

This article is based on reporting that features **expert sources.**

Different Senior Care Options

The time to start **researching elder care facilities,** experts recommend, is before you need one. There are numerous options for elder care, and you don't want to be caught flat-footed in the event of an unexpected health crisis. Those sudden situations can force you to make a quick decision without the knowledge to make an informed choice.

Before understanding the types of **senior living facilities,** it's important to establish the kinds of care that can take place in these facilities:

**Custodial care.** This is any type of care that can be done by nonmedical or unlicensed assistive personnel, according to the Centers for Medicare and Medicaid. This may involve

assisting the elderly with activities of daily living, such as bathing, dressing or eating. Or, it could be helping a

senior with grocery shopping and bills. Custodial care is a primary offering at nursing homes and is generally not covered by **Medicare.**

**Skilled nursing care.** Skilled nursing care requires trained or licensed personnel to perform a task, such as IV therapy, wound care or medication administration. **Medicare Part A** offers some coverage of skilled nursing after a qualifying hospital stay.

There are several different **types of long-term care facilities,** according to the National Institute on Aging, including:

- ◆ **Assisted living facilities.**
- ◆ Skilled nursing facilities.
- ◆ Board and care homes.
- ◆ **Continuing care retirement communities.**

Another option, of course, is



to provide care for the elder in his or her home. Let's take a look at each option.

### **Home-Based Care**

Many elders prefer to remain at home as long as possible. In fact, "99% of the people I meet say they want to stay at home," says Howard S. Krooks, an elder law attorney with Cozen O'Connor who practices in Florida, New York and Pennsylvania. He's also past president of the National Academy of Elder Law Attorneys.

That's great if the elder has enough support from adult children or other friends and relatives to help with whatever needs they have, such as shopping, cleaning, driving and other so-called activities of daily living. If not, they may need to enlist a home care agency or hire an eldercare aide. That, of course, costs money. "Some states have a waiting list, and in many cases, the number of hours

approved by Medicaid are insufficient for the proper care of a loved one," Krooks says.

Medicare typically doesn't cover home care at all. That means paying out of pocket or with a long-term care insurance policy. "Home care is an option if you can pay yourself or with a combination of Medicaid and self-pay," Krooks says. But to qualify for Medicaid, one's assets must be so low that an adult child or other person has to pick up some of the costs.

### **Home Health**

Home health is another type of home-based care that includes skilled nursing care or a type of therapy, such as physical or occupational therapy. Medicare Part A covers home health that involves skilled nursing or therapy care as part of a care plan, but it does not cover assistance with activities of daily living or homemaking services.... **Read More**

## Shortage of home health aides undermines people's ability to age in place

Since the Covid-19 pandemic, it has become increasingly hard for people to get the care they need at home. **The Wall Street Journal** reports on a woman with ALS who needed to rely on seven different caregivers over six months because of the shortage of home aides. This home health aide shortage undermines people's ability to **age in place**, and it's not likely to end any time soon.

Mary Barket has ALS. She struggles to manage with activities of daily living such as cooking, cleaning and bathing. On some days, she could not get her home health agency to send an aide to help her. She has no family or other volunteer caregiver.

Without a home aide, the situation can be dire for Barket. She can barely use her hands.

And, she can't go out on her own for food.

When people must rely on multiple aides, it jeopardizes continuity of care. In order to get the home health care they need, patients and their families have to teach each new aide about their daily habits anew. When do they wake up, nap, go to sleep? What do they eat at each meal? What do they wear? How do they like to spend their days, and more?

Unfortunately, we are facing home health aide shortages and significantly high turnover rates. The supply chain is inadequate to meet needs for the large number of people who rely on home health care to age in place. Covid-19 has increased demand for aides, making it harder for people to hire them.

Home health agencies have been increasing wages for home



care workers, expanding their benefits, offering training and giving signing bonuses. Agencies are looking to ensure job satisfaction and reduce turnover rates.

But, annual income for home health aides still averages under \$30,000. Average pay remains under \$15 an hour, though the agencies generally charge double that or more for their time. The work can be quite difficult both physically and emotionally and the hours unpredictable.

The US has seen a doubling of home health aides in the 10 years between 2008 and 2018. There were 2.26 million in 2018, up from 900,000. And, the numbers should grow another 550,000 or so by 2033.

The home health care industry is growing much faster than other industries. But, it is not growing

fast enough. Demand for home health care far exceeds supply. **Do you need to hire home health aides?** Medicare covers home health aides **to a limited degree** for some people needing physical therapy or skilled nursing, who are homebound, for whom leaving home requires a considerable effort.

Otherwise, **unless you also have Medicaid**, you will likely have to pay out of pocket.

If you're hiring home health aides, you should look into hiring two, one as backup. You might also want a geriatric care manager to coordinate care and help find back-up aides when a caregiver is not available.

**Be prepared:** Keep a checklist with your loved ones daily routines to share with the home health aides.

## Medicare Will Save U.S. Billions Negotiating Drug Prices

The **Inflation Reduction Act** passed by Congress last year allows Medicare to bargain with drug companies on the prices of 10 of the highest-priced drugs in 2026 before adding 15 more in 2027, 15 more in 2028 and 20 more each year after that.

If that had happened in 2018, 2019 and 2020 for 40 drugs, it would have saved the U.S. \$26.5 billion, about 5% of all drug spending, according to researchers from Brigham and Women's Hospital and Harvard Medical School in Boston.

"That's a pretty sizable

reduction in spending from a very small number of drugs," study author **Dr. Benjamin**

**Rome**, a primary care physician at Brigham and Women's Hospital and an instructor at Harvard Medical School, told *NBC News*.

But experts noted that drug companies could try to undermine the impact of the law.

"Drug companies are likely to fight mightily against the interpretation of each provision so that the hammer does not fall on their drugs," said **Robin**



**Feldman**, a pharmaceutical and intellectual property law expert at the University of California College of the Law, San Francisco, told *NBC News*.

The study "shows what is possible," Feldman said.

The government will be able to negotiate the prices of drugs that have been on the market for nine years and for biologics that have been available for 13 years if there are no generics or other comparable alternatives, *NBC News* reported.

Drug companies may try to

hold onto profits by allowing a select few manufacturers to make generic versions of their drugs, Rome said. They could also do something called "evergreening," in which they reintroduce their drug after making incremental changes.

"I don't think anyone would be surprised to find the industry pushing back," said **Tricia Neuman**, a Medicare expert with KFF, told *NBC News*.

## Long COVID Sidelined Many American Workers

Long COVID has taken a heavy toll on the U.S. workforce, a new report shows.

The New York State Insurance Fund's **analysis** of workers' compensation claims found that long COVID was preventing workers from returning to their jobs, or they were going back but with symptoms that might affect their performance.

A full 71% of workers' compensation claims for people with long COVID during the first two years of the pandemic stated they needed continuing medical treatment or were not able to work for at least six months.

"Long COVID has harmed the workforce," the report authors wrote.

The findings "highlight long COVID as an under-appreciated yet important reason for the many unfilled jobs and declining labor participation rate in the economy, and they presage a possible reduction in productivity as employers feel the strains of an increasingly sick workforce."

About 18% of the long COVID patients in the study still had not returned to work more than a year after their COVID-19 infection. More than 75% of



them were younger than 60.

And that only tells part of the story.

The U.S. Government Accountability Office **estimates** that long COVID has affected 7.7 million to 23 million Americans.

The employees analyzed in the study probably already knew enough about workers' compensation to file claims, **Katie Bach**, a nonresident senior fellow at the Brookings Institution, told the *New York Times*.

Bach's own research suggests

about 500,000 people in the United States are currently not working because of long COVID, the *Times* reported.

"It's a pretty conservative estimate," report co-author **Gaurav Vasisht** said of the analysis findings. He is executive director and chief executive officer of the New York State Insurance Fund.

"It's not capturing people who may have gone back to work and didn't seek medical attention and may still be suffering, so you know, they're just toughing it out," Vasisht told the *Times*...**Read More**

## Dear Marci: How do I get immunosuppressants covered?

Dear Marci,  
My mother is having a kidney transplant soon, and I am helping with the logistics of her recovery. I believe Medicare should cover the immunosuppressant drugs she will need after, but the details are confusing. How will her immunosuppressants get covered?  
-Pauline (Austin, TX)

### Dear Pauline,

As you likely know, after getting a kidney transplant, a kidney recipient will need to take immunosuppressant drugs for the rest of their life to prevent their body from rejecting the donor organ. Medicare covers these drugs differently depending on the circumstances:

#### Time-limited Part B coverage

If someone receives a kidney transplant in a Medicare-approved facility, Medicare Part B will cover their immunosuppressant drugs for 36 months after their hospital departure if:

- ◆ They had Part A at the time of the transplant
  - ◆ They have Part B when getting their prescription filled
  - ◆ And, they are only eligible for ESRD Medicare
  - ◆ If the kidney transplant was successful, Medicare **coverage will end** 36 months after the month of the transplant
- Note: If someone did not have Medicare at the time of their transplant, they can enroll retroactively in Part A within a year of their transplant.
- Part B coverage for the rest of one's life**

If someone receives a kidney transplant in a Medicare-approved facility, Part B will cover their immunosuppressants for the rest of their life if:

- ◆ They had Part A at the time of the transplant
  - ◆ They had Part B when getting their prescription filled
  - ◆ And, they qualify for Medicare based on age or disability
- Part B-ID coverage**



Dear Marci

If someone's ESRD Medicare benefits end 36 months after their transplant, they may qualify for Medicare's new Part B-ID coverage of immunosuppressants if they:

- ◆ Qualify for Part B coverage of immunosuppressants prior to losing ESRD Medicare
  - ◆ Do not have Medicaid or other public or private health insurance that covers immunosuppressants
- Part B-ID coverage may not be the best choice if any other insurance is available. Part B-ID only covers immunosuppressant drugs and does not include coverage for any other Part B benefits or services. It also does not allow someone access to Part A.

#### Part D coverage

If someone does not have Part A when they receive a transplant, their immunosuppressants will be covered by Part D when they are enrolled in Medicare. Part D coverage for this type of drug

typically means higher costs and additional restrictions, such as having to go to specific in-network pharmacies for drugs, as compared to coverage under Part B.

All Part D formularies must include immunosuppressant drugs. **Step therapy** is not allowed once someone is stabilized on their immunosuppressant drug. However, **prior authorization** can apply. This might mean a Part D plan will verify that, for example, Part B will not cover the drugs before providing coverage. It's good to look for plans that have the fewest coverage restrictions and where one's pharmacy is in-network and has preferred cost-sharing available to minimize costs and disruptions.

I hope this helps. I'm wishing your mom a successful transplant and speedy recovery!

Marci

## Case study: Medicare Advantage delays, denials and consequences

Rick Timmins, a retiree in Washington State, reports the delays and denials he has faced trying to get care while enrolled in a Medicare Advantage plan in Washington State. The costs of these delays and denials have been substantial and the consequences severe. What's worse is that he is locked in to Medicare Advantage, no longer able to switch to Traditional Medicare.

Many people join Medicare Advantage when they turn 65 in order to save money on the supplemental coverage that is needed to protect themselves financially in Traditional Medicare. They also often save money on prescription drug coverage, which Medicare Advantage usually covers. What they often don't realize is that once they've been in a Medicare

Advantage plan for more than a year, they have **no right to buy Medicare supplemental coverage** if they want to switch to Traditional Medicare, except in Connecticut, Massachusetts, Maine and New York.

Rick Timmins had a rapidly growing painful lump in his neck. But, his Medicare Advantage plan made him wait five months before it authorized him to see a dermatologist. And, when the dermatologist referred him to a surgeon, the Medicare Advantage plan made him wait an additional two months.

Timmins made countless calls to his Medicare Advantage plan to try to speed up the approval process. But, he could not get a straight answer as to why the prior authorization was taking so



long. Customer service could not even find his prior authorization request.

As it turned out, his Medicare Advantage plan had subcontracted the prior authorization to Optum, another company, without telling him. When he finally learned that this is what had happened, his Medicare Advantage plan could not provide him with Optum's contact information.

The Medicare Advantage plan's website provided inaccurate information about his claims and out-of-pocket costs. He paid \$6,570 out of pocket although his maximum out-of-pocket amount is \$6,500. And, the MA plan's customer service staff could not explain the frequent claims denials for services he received at the

cancer center or his financial liability.

As a result of all these delays, his lump, which turned out to be cancerous, grew larger and became a more aggressive tumor. He needed extensive surgery and immunotherapy over the course of a year to treat the cancer. All this additional treatment cost him more physically, financially and emotionally. He had a longer and painful recovery from a partial amputation of his ear and exploratory surgery in his neck.

Timmins would like to switch to Traditional Medicare, but he can't. Insurers offering supplemental coverage to fill gaps in Traditional Medicare will not sell him a policy. And, he does not have a right to it. He is locked in to Medicare Advantage for the rest of his life.

## Social Security Has an Immigration Problem -- and It's Getting Worse

If the past dictates the future, between 80% and 90% of today's U.S. workforce is going to be reliant, in some capacity, on **Social Security** income when they retire. This 80% to 90% range reflects the percentage of retirees leaning on Social Security as a "major" or "minor" source of income across 20 years of annual Gallup surveys.

Unfortunately, this program responsible for doling out millions of benefit checks each month isn't on the soundest financial footing. A very big reason for that is America's worsening immigration problem.

Social Security is facing a greater than \$20 trillion funding shortfall

Since 1940, which is when the first retirement benefit checks were issued, the Social Security Board of Trustees has released a lengthy annual report that examines the short-term (10-year)

and long-term (75-year) outlook for the program. It's effectively an under-the-hood look at how much revenue Social Security is bringing in, where that money is being disbursed, and how financially sound the short-term and long-term future of the program is, based on a variety of macroeconomic factors and demographic changes.

For each of the past 38 years, the Social Security Board of Trustees Report has estimated that there would be a long-term funding shortfall. This means the existing payout schedule, including annual cost-of-living adjustments, isn't sustainable over the next 75 years. The 2022 Trustees Report forecast a **\$20.4 trillion cash shortfall through 2096**.

If there is a silver lining for the program responsible for pulling more than 22 million people



(including over 16 million seniors) out of poverty each year, it's that this projected funding shortfall doesn't equate to bankruptcy or insolvency for Social Security. If you've qualified for a retirement benefit or other protections, such as survivor or disability benefits, you'll receive a monthly check when eligible.

However, the Trustees Report projects that Old-Age and Survivors Insurance Trust Fund benefits may need to be **cut by 23% come 2034** if something isn't done to fix Social Security's shortcomings. This would mean hundreds of dollars in monthly benefits being removed from the checks of 48.6 million retired workers in roughly 11 years.

This cash shortfall is a function of **more than half a dozen problems**. Some are well-known, such as the ongoing retirement of

baby boomers from the workforce, which is weighing down the worker-to-beneficiary ratio. Others, such as historically low birth rates, are mostly flying under the radar.

But it's America's worsening immigration problem that **could be the biggest concern**.

Social Security has a huge immigration problem

Look at social media message boards, and you'll find one commonly repeated viewpoint: That undocumented workers receiving benefits are to blame for Social Security's financial shortcomings. Immigration into the U.S., in general, seems to be a regular scapegoat for why America's top retirement program is struggling.

But this school of thought **couldn't be more wrong....Read More**

## House Speaker Kevin McCarthy says cuts to Medicare and Social Security will be 'off the table'

House Speaker Kevin McCarthy on Sunday said that cuts to Medicare and Social Security were "off the table" ahead of upcoming talks with President Joe Biden over the debt ceiling.

**During an appearance** on the CBS program "Face the Nation," the California Republican said that while the GOP wanted spending cuts as part of a deal to raise the debt limit, they did not want to target those two specific programs.

"Let's take those off the table" he said. "If you read our Commitment to America, all we talk about is strengthening

Medicare and Social Security. So — and I know the president says he doesn't want to look at it, but we've got to make sure we strengthen those."

When host Margaret Brennan asked McCarthy if "strengthen" meant that he wanted to raise the retirement age — which is generally between 66 and 67 — he disputed that notion.

"No, no, no. What I'm talking about — Social Security, Medicare, you keep that to the side," he reaffirmed.

McCarthy during the interview said that he wanted to come to an agreement with



Democratic leaders on a budget, and said that GOP leaders would be looking at everything in assessing spending levels —

including defense-related programs.

"I want to make sure we're protected in our defense spending, but I want to make sure it's effective and efficient," the speaker said. "I want to look at every single dollar we are spending, no matter where it is being spent. I want to eliminate waste wherever it is."

The White House has repeatedly said that it would

not negotiate spending cuts as it relates to the debt ceiling, but McCarthy appeared optimistic regarding a breakthrough.

"Now, I know his staff tries to say something different, but I think the President is going to be willing to make an agreement together," he said.

The United States earlier this month hit its debt limit of roughly \$31.4 trillion, but the Treasury Department is taking steps to fund the government's financial obligations through June.

## Inflation Is Cooling. Will That Be Bad News for Social Security Recipients in 2024?

It's fair to say that many seniors on Social Security struggled to cover their bills in 2022 due to inflation. The same applied to consumers across the board.

But the good thing to come out of rampant inflation was an 8.7% cost-of-living adjustment (COLA) for Social Security recipients in 2023. That's the largest raise beneficiaries have gotten in decades, and it's well beyond the 5.9% raise that came through in

2022.

Meanwhile, that 8.7% COLA is already helping seniors on Social Security gain buying power. The reason? The rate of **inflation** has dropped substantially since that COLA got approved in October 2022. And if that trend continues, seniors on Social Security might finally land in a position where they can use some of their benefits to shore up their finances.

But while cooling inflation



might seem like a good thing for seniors (and consumers in general), it could have one major downside. And it's something Social Security recipients may not be happy about come 2024.

Will lower levels of inflation lead to a stingy Social Security raise?

Prior to 2022, recent Social Security COLAs hadn't been much to write home about. But because inflation started to soar

in 2021 and then really ramp up in 2022, Social Security benefits were adjusted accordingly.

In fact, Social Security COLAs are based on third-quarter data from the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). In December 2022, the CPI-W rose 6.3% on an annual basis. That's a notable jump, historically speaking. But it's clearly not nearly as high a jump as 8.7%....**Read More**

# RI ARA HealthLink Wellness News

## Updated Boosters Cut Risk of XBB Variant Infection by Nearly Half

In a finding that suggests the updated bivalent COVID booster shots are worth getting, new government data shows they cut the chances of infection with the new XBB variant by nearly half.

While those ages 49 and under saw a 48% reduction in risk, the shots were slightly less effective in older individuals -- about 40% in adults ages 50 to 64 and 43% in those 65 and up. Effectiveness was seen for both the Pfizer and Moderna boosters, the **study** from the U.S. Centers for Disease Control and Prevention found.

While the boosters were modified last summer to target the Omicron subvariants BA.4 and BA.5, the latest research reveals they're also working against XBB, which is now **responsible** for about half of new cases in the United States.

This is "quite reassuring," **Dr.**

**Brendan Jackson**, head of the CDC's COVID response, said during a media briefing Wednesday, *NBC News* reported. "These updated vaccines are protecting people against the latest COVID-19 variants."

To determine the latest boosters' effectiveness, the CDC researchers studied test results for more than 29,000 adults who tested with COVID symptoms at pharmacies between Dec. 1 and Jan. 13, comparing those with boosters to those without the added shots.

Not many Americans have availed themselves of this extra protection: The CDC **reports** that only 15% of Americans have received updated boosters.

"With this data, we see there is a benefit that might convince



some people to sign up and get a bivalent booster," **Dr. Peter Hotez**, co-director of the Center for Vaccine Development at Texas Children's Hospital, told *NBC News*.

The success of these boosters in protecting people is similar to that of annual flu shots, which typically reduce risk by 40% to 60%, according to the CDC.

Still, the government data may not paint the full picture. It doesn't include asymptomatic people, and it doesn't include those who may have been hospitalized instead of being tested at pharmacy, *NBC News* reported.

Those who got boosters may also be protecting themselves in other ways, such as wearing masks indoors or limiting travel, **Dr. Greg Poland**, director of the Mayo Clinic Vaccine

Research Group, told *NBC News*.

Hotez said he would like to see data on booster performance after five or six months and information on effectiveness against hospitalization.

But soon-to-be-released CDC data shows the updated boosters reduced the risk of death from COVID by nearly thirteen-fold when compared to no vaccination, Jackson said Wednesday, and death rates for those who were boosted were twofold lower than those who died from COVID after being vaccinated but not boosted.

On Thursday, the U.S. Food and Drug Administration's vaccine advisory committee will **meet** to weigh an agency proposal to turn the bivalent COVID boosters into an annual shot, much like what is done with flu vaccines.

## What Is Chromium Picolinate? Do You Really Need It?

Chromium picolinate is a supplement that many folks take, as it's touted to unlock insulin, burn fat and build muscle.

But do you really need to add it to your diet when the mineral chromium is already present in many foods, albeit in tiny amounts?

"There is little evidence or support for chromium supplementation, though advertisements suggest it can enhance muscle mass and help

with weight loss and insulin sensitivity," said **Samantha Heller**, a senior clinical nutritionist at NYU Langone Medical Center in New York City.

The European Food Safety Authority Panel on Dietetic Products, Nutrition and Allergies agrees, saying there is **no convincing evidence that chromium is an essential nutrient**.



Tell that to athletes and bodybuilders, who claim chromium picolinate supplements are a safe and effective alternative to steroids and growth hormones.

And some tout chromium's benefits in helping people with diabetes lower their blood sugar levels.

According to Mount Sinai in New York City, as many as 90% of American have diets that are

low in chromium. People with low chromium levels can include:

- ◆ The elderly
- ◆ Those who do a lot of strenuous exercise
- ◆ Those who eat a lot of sugary foods
- ◆ Pregnant women.

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## Poll: Many more older adults delayed care because of cost in 2022

Nearly four in ten Americans reported that they or a family member delayed health care last year because of the cost. That's an all-time high and a huge increase from the year before. Even with Medicare, many more older adults also report delaying care.

The **Gallup poll** shows a 12 percent increase in Americans skipping health care in 2022 from 2021. There was no change in people's response to the question of whether they or a family member skipped care between 2020 and 2021. But, 2022 was a

year of tremendous inflation, which has made life even more difficult for most adults.

Even more troubling is that Americans reported that they or their family members often delayed treatment for serious conditions in 2022. Of the 38 percent who reported delays in care, 27 percent said that the delays were for very serious or somewhat serious treatments.

Not surprisingly, people with annual incomes under \$40,000 were more likely to say that they or a family member had delayed



care for a serious health condition (34 percent) than people with incomes above \$100,000 (18

percent). And, 12 percent more people with lower incomes delayed care for serious conditions in 2022 than in 2021. People with incomes between \$40,000 and \$100,000 delayed care almost as much as people with incomes under \$40,000 (29 percent).

Women and younger adults also were more likely to report delays in getting medical treatments for serious conditions

for themselves and family members. Almost one in three women (32 percent) reported delaying care in sharp contrast to one in five men. That's an increase of 12 percentage points for women in just one year.

About one in eight (13 percent) people with Medicare reported delaying care in 2022. That's nearly double-- a six percent increase--those reporting delays in care just a year earlier. Still, people with Medicare were less likely to report delaying care because of cost than working people and young adults.

## Older LGBTQ Adults Face Unique Challenges in Giving and Receiving Care

Every morning, Luther Moxley helps his partner of 35 years, Wayne Curtis, out of bed and into his wheelchair. Curtis, who has Parkinson's disease and is partially blind, washes himself seated in the shower, but he needs Moxley to dry him and help him back into his chair.

Moxley makes their meals and cuts Curtis' food into bite-sized pieces. He manages the household and does the grocery shopping. He takes Curtis to and from the doctor and anywhere else he needs to go. But in truth, they rarely go anywhere anymore.

"We're pretty much isolated," said Moxley, 74, who cares for

83-year-old Curtis full time. Though Curtis has some family, there are none who will help. The couple has no children. Moxley, who has no surviving family, wonders what will happen to him should he someday need care of his own.

"I guess I would have to go into some kind of assisted living," he said.

Their situation is all too common among people who identify as LGBTQ, whose caretaking needs are rising as the population ages. The National Resource Center on LGBTQ+ Aging estimates that by 2030, there will be 7 million U.S.



adults 65 and older who identify as LGBTQ.

The number could grow even higher when younger generations reach their senior years. A 2021 Gallup poll shows the percentage of people who identify as LGBTQ grows with each subsequent generation. Roughly 21% of Generation Z adults openly identify this way, compared to 11% of millennials, 4% of Generation X and 3% of baby boomers.

And unlike their cisgender and heterosexual peers, LGBTQ people are more likely to end up as caregivers for friends, partners or family members. An estimated 1 in 5 LGBT people

are caregivers, compared to 1 in 6 people in the general population, according to a 2015 caregiving report from National Alliance for Caregiving and the AARP Public Policy Institute.

LGBTQ people are less likely to have children to help care for them and are more likely to live alone, said David Vincent, chief program officer for SAGE, a New York City-based national advocacy and service organization for older LGBTQ adults. They also are more likely to face discrimination and feel isolated. "Their support networks are incredibly thin."...[Read More](#)

## Initial Symptoms Could Predict How Fast Alzheimer's Progresses

Memory loss is the most common symptom associated with Alzheimer's disease — the terrifying prospect of slowly forgetting yourself and everything around you.

But people who exhibit memory loss early on in their dementia actually have a slower rate of decline than those who develop other symptoms earlier, a [new study](#) reports.

Difficulty forming sentences, making plans, solving problems or judging space and distance — these symptoms all herald a steeper and faster decline for Alzheimer's and dementia patients than do early memory problems, researchers found.

"People with memory changes

in fact have a slightly slower rate of disease progression than people who have other symptoms, like language or judgment issues, in terms of their ability to function independently and take care of themselves," said lead researcher [Dr. Jagan Pillai](#), a neurologist with the Cleveland Clinic Center for Brain Health, in Ohio.

If these early symptoms prove to be a reliable clue, they could help patients and their families better prepare for what's ahead, he said.

Future Alzheimer's drug trials could also avoid potential bias by making note of people's early symptoms and sorting out those



expected to have a more rapid decline, Pillai added.

"In clinical trials, everyone with Alzheimer's disease is lumped together," Pillai said. "You can imagine bias occurring if the medication arm of the trial has more people with non-memory problems than the placebo arm. That could bias the results."

For the study, his team analyzed data on more than 2,400 people with dementia, drawn from a database maintained by the National Alzheimer's Coordinating Center.

Many Alzheimer's treatment centers in the United States regularly feed information into

the federal database, which since its start in 1984 has grown into a large repository of patient data for research.

Memory problems are the most common early symptom of Alzheimer's and dementia. Nearly 80% of the time, memory loss serves as the first sign that something is wrong, results show.

"When anyone thinks about Alzheimer's disease, they think about someone having memory loss and how it progressed over time to affect other areas of their function or their thinking," Pillai said. "It's less well-known to the general public that Alzheimer's can present with other symptoms initially."...[Read More](#)

## Sleep Apnea Linked to Weaker Bones, Teeth

People who have sleep apnea may have another issue to worry about — weaker bones and teeth.

Known as low bone-mineral density, the condition is an indicator of osteoporosis and can increase the risk of fractures and cause teeth to become loose and dental implants to fail, according to new research from the University at Buffalo (UB) in New York.

To study this, researchers used cone beam computed tomography (CBCT) — a type of X-ray — to measure bone density in the heads and necks of 38 adults. Half of the study

participants had sleep apnea.

These scans found that participants with sleep apnea had significantly lower bone-mineral density than the participants without the condition.

Sleep apnea can cause difficulty breathing while asleep, which can lead to low levels of oxygen in the body, inflammation, oxidative stress and shortened breathing patterns.

These symptoms may each have a chronic negative effect on bone metabolism and eventually bone density, said senior



author [Dr. Thikriat Al-Jewair](#). She is an associate professor of orthodontics in the UB School of Dental

Medicine and director of the school's Advanced Education Program in Orthodontics.

"While the link between obstructive sleep apnea and low bone-mineral density has yet to be fully explored, this study offers new evidence on their connection that could have several implications for orthodontic treatment," Al-Jewair said in a university news release.

"If a patient has been

diagnosed with sleep apnea, this can influence treatment planning and management. CBCT imaging has become an integral part of daily orthodontic practice and could be used as a screening tool for low bone-mineral density," she said.

"Orthodontists could then inform their patients of their propensity for low bone-mineral density and encourage them to seek further consultation with their physician, as well as warn the patient of possible adverse outcomes, increased risks and effects on treatment time," Al-Jewair added.

## Blood Clots in the Lungs: Consider Surgery Earlier to Help Save Lives

The American Heart Association has issued a new scientific statement on pulmonary embolism (PE), a sometimes-fatal condition in which a blood clot travels to the lungs.

The American Heart Association (AHA) **statement** suggests surgery be considered for more people with high-risk PE.

Refined definitions of risk levels may make it easier to identify which patients would benefit from surgical intervention, the AHA said.

The association also called for development of patient registries to monitor treatment effectiveness for intermediate and high-risk patients, and more education for doctors and surgeons on surgical intervention options.

"This statement demonstrates that modern surgical management strategies and mechanical circulatory support results in excellent survival (97%) even among the sickest patients, including those who present with cardiac arrest and have had CPR," said **Dr. Joshua Goldberg**, who led the statement writing group.

"Modern surgical strategies and mechanical circulatory support are drastically underutilized," Goldberg said in an AHA news release. He's an attending cardiothoracic surgeon at the Westchester Heart and Vascular Center in Valhalla, N.Y.

Goldberg said the statement authors hope it will provide greater awareness of the safety and effectiveness of modern



surgical intervention and mechanical circulatory support for the most unstable patients.

"In addition, we hope this statement will facilitate improved understanding of the disease process and effective treatments and encourage future research to improve the survival of patients with this common and deadly disease," Goldberg said.

Nearly 45% of patients with PE progress to severe symptoms. When that happens, the clot causes high pressure in the lungs and damage to the right heart chamber, with a high risk of death.

Even when current treatment guidelines are followed, the risk is roughly 40% in some groups.

Treatment options for patients include anticoagulation therapy

or thrombolysis, breaking up the clots with medications or a catheter procedure. Other options are advanced surgical interventions and mechanical circulatory support.

The statement suggests considering surgery earlier.

The statement was prepared on behalf of the American Heart Association's Council on Cardiovascular Surgery and Anesthesia; the Council on Arteriosclerosis, Thrombosis and Vascular Biology; the Council on Lifestyle and Cardiometabolic Health; and the Council on Peripheral Vascular Disease.

It was published online Jan. 23 in the AHA's journal, *Circulation*, and presented simultaneously at a meeting of the Society of Thoracic Surgeons, in San Diego.

## Chronic Pancreatitis: Surgery Can Help, But Healthy Lifestyle Is Key

Many people who have surgery for chronic pancreatitis continue to have health struggles in the years afterward — with some dying at a young age, a new study finds.

**The study**, done at one U.S. medical center, is the largest to look at overall survival in the years after people have surgery for chronic pancreatitis — a condition in which the pancreas becomes permanently damaged by inflammation.

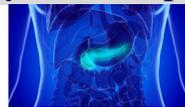
And it found that while short-

term survival was high, more than one-third of patients died within 10 years of surgery, often at a young age.

Among patients who died, the median age at death was about 50. That means half were younger than that.

Experts said the findings underscore how serious chronic pancreatitis can be, and how important it is for patients to have long-term care after surgery.

"It can't just be go to your



primary care provider once a year," said lead researcher **Dr. Gregory Wilson**, an assistant

professor of surgery at the University of Cincinnati College of Medicine, in Ohio.

Instead, he said, patients need continuing care for physical health conditions like diabetes, and in many cases, psychological counseling and care for addiction — whether to alcohol, smoking or the opioids many patients are prescribed to manage their pain.

The pancreas is a vital organ that produces enzymes that aid digestion and hormones that regulate blood sugar. Chronic pancreatitis involves ongoing inflammation in the organ that disrupts its normal functioning.

Its causes vary and are sometimes unknown, but long-term heavy drinking is one big contributor. Smoking is a risk factor, as well. Some cases are related to inherited gene mutations....**Read More**

## Marriage Could Be a 'Buffer' Against Dementia

Tying the knot is now tied to healthier aging brains: People who stay married for the long haul may gain some protection from dementia, a new study suggests.

Researchers found that compared with both divorced people and lifelong singles, older adults in a long-term marriage were less likely to develop dementia. Roughly 11% were diagnosed with dementia after age 70, versus 12% to 14% of their divorced or single counterparts.

When the researchers weighed other factors that could affect dementia risk — like education levels and lifestyle habits — long

-term marriage was still linked to a protective effect: Divorced and unmarried adults were 50% to 73% more likely to be diagnosed with dementia.

The study is not the first to tie marital status to dementia risk, according to researcher **Bjorn Heine Strand**, a senior scientist with the Norwegian Institute of Public Health, in Oslo.

"Marriage has been reported to be associated with reduced dementia risk in numerous studies, and our results add to this evidence," Strand said.

The big question is why the link exists. Figuring out the reasons, Strand said, is important



— especially considering changing demographics and social norms. The elderly population is growing, meaning more people are at risk of dementia; meanwhile, more people are getting divorced or saying no to marriage altogether.

The findings, published in the *Journal of Aging and Health*, are based on over 8,700 Norwegian adults whose marital status was tracked from age 44 to 68. Strand's team then looked for correlations with participants' likelihood of being diagnosed with dementia after age 70.

Overall, just under 12% were diagnosed with dementia during

the study period, while another 35% developed mild cognitive impairment — problems with memory and thinking skills that may, or may not, progress to dementia.

In general, Strand's team found, marital status was not strongly tied to the risk of milder impairments. But there was a clear relationship with dementia risk: Staying married conferred more protection, versus being divorced (consistently or "intermittently") or unmarried (which counted singles and people who lived with a partner)...**Read More**

## 'Spare Tire' in Middle Age Could Mean a Frail Old Age

Any 'middle-age spread' of excess weight around your tummy could raise your risk of becoming frail decades later, a new study suggests.

Obese folks who've packed on pounds around their waist are more likely to develop symptoms of frailty, including exhaustion, weak grip strength, slow walking speed and reduced physical activity levels, researchers say.

Those symptoms can make a person more likely to hurt themselves in a fall, suffer disability, require hospitalization, have a lower quality of life and die prematurely.

Frailty affects as many as 17% of older adults, according to the American Academy of Family Physicians.

The new study, published Jan. 23 in *BMJ Open*, tracked more

than 4,500 people in Norway for an average 21 years, starting at an average age of 51. Measurements of body mass index (an estimate of body fat based on height and weight) and waist circumference were taken at the start.

Waistlines were categorized as "normal" if they were 37 inches or less for men and 31 inches or less for women; "moderately high" as 37-40 inches for men and 32-35 inches for women, and "high" if above 40 inches for men and 35 inches for women.

People who were obese at the outset were nearly 2.5 times more likely to be frail or on the edge of frailty by the study's end, said lead researcher **Shreeshti Uchai**, a research fellow in the Department of Nutrition at the University of Oslo.



Likewise, people with a large waist circumference were twice as likely to be pre-frail or frail compared to those with a normal waistline, while those with a moderately large waistline were 57% as likely.

However, the risk of frailty was not increased in people who either started off with a normal BMI but a moderately large waistline or those who were overweight but with a normal waistline.

Higher odds of frailty also were observed among folks who put on weight or grew a spare tire, compared with those who kept about the same weight and waistline throughout the study.

The findings add to mounting evidence that obesity aggravates age-related declines in muscle strength, aerobic capacity and

physical function, researchers said.

They speculate that extra fat might spur increased inflammation in aging people, which is likely to boost natural age-related declines in muscle mass and strength. As people grow weaker, their risk of frailty increases.

Frailty often is looked at as someone wasting away, but this study shows that some aging adults can be seen as "fat and frail," the researchers said in a journal news release.

The study "highlights the importance of routinely assessing and maintaining optimal BMI and [waist circumference] throughout adulthood to lower the risk of frailty in older age," the researchers concluded.

## Kaiser Health News: Rural Seniors Benefit From Pandemic-Driven Remote Fitness Boom

By Christina Saint Louis

Eight women, all 73 or older, paced the fellowship hall at Malmo Evangelical Free Church to a rendition of Daniel O'Donnell's "Rivers of Babylon" as they warmed up for an hourlong fitness class.

The women, who live near or on the eastern shore of Mille

Lacs Lake (Minnesota), had a variety of reasons for showing up despite fresh snow and slippery roads. One came to reduce the effects of osteoporosis; another, to maintain mobility after a stroke.

Most brought hand and ankle weights, which they would use



in a later portion of the program focused on preventing falls, known as Stay Active and

Independent for Life, or SAIL. The class meets twice a week in Malmo, a township of about 300 residents. It is run by Juniper, a statewide network of providers of health promotion classes.

A few years ago, older adults who were interested in taking an evidence-based class like SAIL — meaning a class proved by research to promote health — had only one option: attend in person, if one was offered nearby. Read more [here](#).

## Breast Pain Doesn't Always Mean Cancer: When to Get a Mammogram

While anyone can experience breast pain, don't panic: It's rarely cancer.

Penn State Health offers some reassurance about what might cause the pain and when it might be time to have a mammogram.

"We see a lot of patients who come looking for answers that have widespread, cyclical breast pain," said **Dr. Alison Chetlen**, a staff physician at Penn State Health Breast Center in Hershey, Pa.

"We usually start with reassurance, perhaps eliminating the underlying cause of the pain," she said in a Penn news release. "Sometimes it is related to their menstrual cycle or underlying hormonal fluctuations. Is it musculoskeletal? If so, perhaps medication and a warm compress will help. Something

like arthritis of the rib joints also can cause pain that mimics breast pain. In such cases, the pain is not actually coming from the breasts."

Women, men and transgender people can each experience breast pain. Reasons vary.

"It's extremely rare for breast cancer to be the source of breast pain," Chetlen said. "We worry more when we have a patient present with a lump, bloody nipple discharge, or a lump under the armpit. Breast pain is typically not the initial sign of breast cancer."

Men can have breast pain in all stages of life. Typically, it's caused by gynecomastia, an increase in the amount of breast glandular tissue caused by a hormone imbalance.



"Even as boys change into men they can experience pain behind the nipple, which can be quite painful,"

Chetlen said. "Ninety-nine times out of 100, it is gynecomastia, which is benign."

Hormone therapy may cause breast pain for transgender women. Transgender men may have pain in native breast tissue or in tissue left behind after a breast reduction or mastectomy.

Pain that worsens over time, is localized to one area, interferes with daily activities or includes a lump, redness or warmth needs an immediate visit to your physician, Chetlen advised.

"Usually the referring physician will request a diagnostic workup," she said. "The diagnostic evaluation isn't black and white. We listen to the

patient's story and tailor the diagnostic workup to the patient and their specific symptoms."

Patients who perform regular breast self-exams will be better able to help their doctor determine the source of their pain, Chetlen noted.

"Regular breast self-exams are part of understanding and being in touch with your body, so if there are any changes, you'll be the first to know," she said. Sometimes a patient with a breast concern will say they have never looked at or felt their breasts.

"That makes determining the cause of their symptom more challenging because they aren't as in touch with their bodies as others," Chetlen explained. "It is important to get to know your body, listen to your body and be an advocate for yourself."

## Wintertime Wandering: A Real Danger for People With Alzheimer's

Winter weather can add a layer of danger to the wandering behavior common in people with dementia.

The Alzheimer's Foundation of America (AFA) offers some suggestions to help prevent wandering and prepare folks to react quickly if it occurs.

"During the winter, it's especially important for families living in areas affected by cold weather, snow and ice," said **Jennifer Reeder**, director of educational and social services for the foundation.

"Being proactive by understanding and addressing the reasons someone may wander, while also having a plan in place in case of an emergency, are the best ways to protect the person's safety and quality of life," she said in an AFA news release.

Start by figuring out what motivates your loved one with dementia to wander outdoors.

It may be that it gives the person a feeling of purposefulness, excitement or pleasure.

It could also be triggered by too much stimuli and the desire to get away from noises and people. It may also signal an unmet need, such as hunger, thirst or the need to use the bathroom.

You may be able to fill any of these needs more safely and reduce risky wandering, Reeder said.

Try creating walking paths around the home with visual cues and stimulating objects. Engage the person with dementia in simple tasks. Offer stimulating and enjoyable activities, such as exercise, music or crafts. And, of course, ensure basic needs are met.

Make sure the home is safe. Start by keeping walkways free of clutter and tripping hazards. Be mindful about how having



certain objects in view, such as car keys, jackets and purses, might trigger the person to leave suddenly.

Install electronic chimes or doorbells on doors. That will alert you if the individual tries to exit. Consider using a smart doorbell with an app that can notify you when someone is entering or exiting the home.

Notice what times of day make your loved one more active and try to provide stimulating activities during that time. Encourage healthy sleep habits to reduce the chances of the person leaving during the middle of the night.

Keep a record of wandering patterns -- frequency, duration, time of day -- to help guide you in the future.

Have a safety plan. This could include a list of places a person might go, such as their previous

home or place of employment. Be sure you have a recent close-up photo of your loved one and accessible medical information for first responders.

Keep a list of folks to contact if the person goes missing. Ask neighbors to call you if they see the person out on their own.

Look into community safety programs, such as Project Lifesaver, which can provide locating technology. First responders can activate this if your loved one is missing. If possible, get input from the person with dementia when developing the plan.

If you need more advice, reach out to a social worker at AFA's helpline. It's available by phone at 866-232-8484; text at 646-586-5283, and web chat at [www.alzfdn.org](http://www.alzfdn.org)

## Troubling Signs TB Is Gaining Resistance Against Combo Antibiotics

New drugs may be needed to fight the deadliest form of tuberculosis, because it may no longer respond to current treatments.

An animal **study** by Johns Hopkins University researchers found that an approved antibiotic regimen may not work for TB meningitis due to multidrug-resistant strains. Small human studies have also provided evidence that a new combination of drugs is needed.

Doctors currently use a regimen of three antibiotics -- bedaquiline, pretomanid and linezolid (BPaL) -- to treat TB of the lungs due to multidrug-resistant (MDR)

strains. The new study showed that is not effective in treating TB meningitis because bedaquiline and linezolid are restricted in crossing the blood-brain barrier, a network of cells that stops germs and toxins from entering the brain.

About 1% to 2% of TB cases progress into TB meningitis. This leads to brain infection that causes increased fluid and inflammation.

Tuberculosis is caused by the bacteria *Mycobacterium tuberculosis* and is considered a global health threat.

"Most treatments for TB



meningitis are based on studies of treatments for pulmonary TB, so we don't have good treatment options for TB meningitis," senior author **Dr. Sanjay Jain** said in a Hopkins news release. He's director of the university's Center for Infection and Inflammation Imaging Research in Baltimore.

The BPaL regimen has been approved for MDR strains of TB since 2019.

For the study, researchers synthesized a chemically identical version of the antibiotic pretomanid. They conducted experiments with mouse and

rabbit models of TB meningitis.

They used positron emission tomography (PET) imaging to measure penetration of the antibiotic into the central nervous system and used direct drug measurements in mouse brains.

Imaging showed excellent penetration of pretomanid into the brain or the central nervous system of the mouse and rabbit models. But levels in the cerebrospinal fluid (CSF) that bathes the brain were several times lower than in the brains of mice. ...**Read More**

## Silent Killer: Shield Your Family From Carbon Monoxide

This dangerous gas is produced when fuels burn incompletely.

This can happen in furnaces, both gas- and wood-burning fireplaces, space heaters and vehicles that burn fossil fuel. It's also possible in water heaters, gas clothes dryers and stoves, as well as other equipment, including grills, generators and power tools.

The **Nebraska Regional Poison Center** offers some tips on staying safe, recognizing

carbon monoxide (CO) poisoning and treating a person who has been poisoned with the gas:

- ◆ Start by installing carbon monoxide detectors on every level of your home. Replace batteries every six months.
- ◆ Have all fuel-burning appliances inspected regularly. Ventilate fuel- and gas-burning heaters to the outside.
- ◆ Do not use a gas range or an oven to heat a room. Never use a charcoal grill or hibachi



inside, the center advises.

- ◆ Run generators at a safe distance from the home. Don't run them next to a window or a door, which can be dangerous.
- ◆ Avoid sitting in a car with the engine running if deep snow or mud is blocking the exhaust pipe. Never leave a car running in an attached garage, even with the garage door open. Have your vehicle's muffler and tailpipes checked regularly.

CO poisoning can be mistaken for flu. Symptoms include headache, nausea, vomiting, dizziness, drowsiness, confusion and potentially loss of consciousness.

More than 400 Americans die each year from CO poisoning, according to the U.S. Centers for Disease Control and Prevention. About 50,000 people end up in U.S. emergency rooms because of the gas. Death rates are highest in those aged 65 and older.