



Message from Alliance for Retired Americans Leaders

House GOP's Plans to Cut Social Security and Medicare Advance



Robert Roach, President, ARA

Rep. Chip Roy (R-TX) **said** last Sunday on CNN's "State of the Union" that Republicans don't plan to alter benefits for current Social Security and Medicare recipients.

However, at least 127 members of the House Republican Study Committee have released a budget for fiscal 2023 that will increase the eligibility ages for Social Security and Medicare, and reduce benefits for people 54 and younger by changing the Social Security benefit formula.

In addition, many House Freedom Caucus members demanded that Kevin McCarthy commit to leverage the debt ceiling vote to force President Biden and Democrats to agree to slash Social Security and Medicare in exchange for voting for him as Speaker.

House Democratic Whip Katherine Clark (MA) said that GOP plans to use the debt limit to force cuts to Social Security and Medicare show that "the keys have been handed over to extremists." She added that the threats amount to "taking our seniors hostage."

The GOP plans come despite a recent CBS News/YouGov **poll showing** that 71% of Americans believe that protecting Social Security and Medicare should be a high priority for the new Congress.

"The House Republicans are making dangerous and unreasonable demands," said **Robert Roach, Jr., President of the Alliance.** "We must not allow them to use our earned benefits as a bargaining chip."

Ohio Alliance Files Voting Rights Lawsuit Over New Photo ID Requirement

The Ohio Alliance, Northeast Ohio Coalition for the Homeless, Ohio Federation of Teachers and Union Veterans Council have **filed a lawsuit** over an Ohio law requiring



Rich Fiesta, Executive Director, ARA

voters to show photo ID at the polls. Previously, voters had been able to show alternative forms of identification, such as utility bills or bank statements.

The measure also limits the number of days to request and return an absentee ballot and eliminates early in-person voting the Monday before an election.

The suit alleges that the changes make it substantially harder to vote in person and by mail, while at the same time making it more difficult for voters to correct any mistakes made in the process, especially for young, elderly, and Black voters, as well as members of the military and others living abroad.

"The Ohio Alliance is the latest chapter to go to court to block burdensome voting restrictions that are designed to suppress the vote," said **Richard Fiesta, Executive Director** of the Alliance. "We will never stop fighting to protect our hard-won constitutional rights and our democracy."

HHS Announces Key Dates for Implementation of Medicare Drug Price Negotiation

The U.S. Department of Health and Human Services (HHS) has announced key 2023 dates for the Medicare Drug Price Negotiation Program which lowers drug costs for millions of Americans.



Joseph Peters ARA Sec.-Trea.

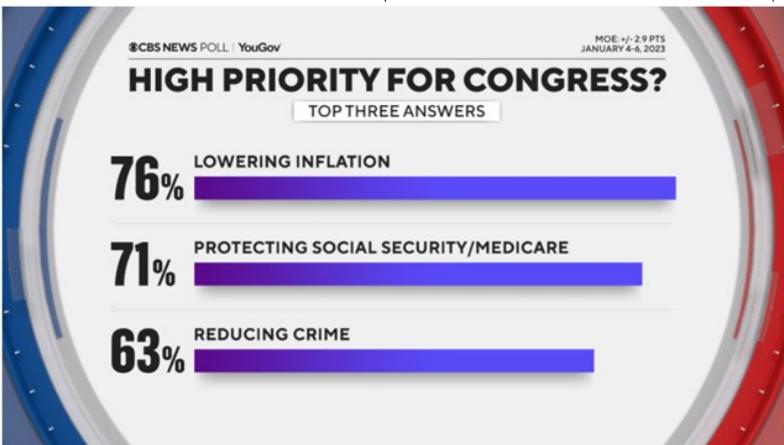
For the first time in history, because of the Inflation Reduction Act, Medicare will have the ability to negotiate prescription drug prices. That

process begins this year, and the first negotiated prices will go into effect in 2026. By September 1, 2023, the Centers for Medicare and Medicaid Services will publish the first 10

Medicare Part D drugs selected for the Medicare Drug Price Negotiation Program. The negotiated maximum fair prices for these drugs will be announced by September 1, 2024 and prices will be in effect starting January 1, 2026.

Other major provisions of the Inflation Reduction Act took effect on January 1, including:

- ◆ Insulin co-pays are capped at \$35 per month for Medicare beneficiaries;
- ◆ All recommended adult vaccines are free for Medicare beneficiaries;
- ◆ Corporations that raise the price of drugs sold to Medicare faster than the rate of inflation must pay rebates back to Medicare "Relief from skyrocketing drug prices has finally begun," said **Joseph Peters, Jr., Secretary-Treasurer** of the Alliance. "Millions of seniors will be paying less for important drugs this year, with more relief to come."



ADD YOUR NAME

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

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Year-End Funding Package Includes Medicare and Medicaid Policies

In late December, Congress passed an omnibus spending bill (**P.L. 117-328**) that funds the federal government through the current fiscal year (September 30, 2023) and makes several important changes to Medicare and Medicaid.

Medicare

Medicare Telehealth

PHE Waiver Extension—The bill extends most of the COVID-19 public health emergency (PHE) Medicare telehealth **flexibilities** through 2024 and directs the Department of Health & Human Services (HHS) to study telehealth utilization and assess potential fraud.

Medicare Mental Health Care

Provider Expansions—Medicare mental health coverage has **known gaps**, which the spending bill helps **close**. One **long-sought** change will allow Medicare Part B to cover services provided by marriage and family therapists and licensed professional counselors beginning January 1, 2024.

Intensive Outpatient Services—

To further ease access, the package revises Medicare's partial hospitalization benefit to establish coverage of intensive outpatient services beginning January 1, 2024.

Crisis Psychotherapy

Services—It also increases payments for mobile crisis care (crisis psychotherapy services furnished by a mobile unit or in other non-facility settings)

starting on January 1, 2024.

Workforce

Development—It provides for 200 new Medicare-supported graduate medical education (GME) residency positions, half of which are allocated for psychiatry and psychiatry subspecialties.

Provider Outreach—To promote uptake, the omnibus requires HHS to educate providers on the availability of crisis psychotherapy services, behavioral health integration services, and opioid use disorder treatment services under Medicare.

COVID Treatments—The bill temporarily (through December 2024) allows Part D plans to cover oral antiviral treatments that have an emergency use authorization (EUA). This update will permit Medicare to cover COVID-19 treatments like Paxlovid once the PHE ends and those products shift to the commercial market.

Medicare Coverage Changes and Extenders

Lymphedema Compression Garments—Under the bill, compression garments for the treatment of lymphedema will be covered under Part B as durable medical equipment (DME) starting in January 2024.

In-home intravenous immune globulin services (IVIG)—It also provides permanent Medicare coverage for items and services related to the administration of



IVIG, beginning on January 1, 2024.

Durable Medical

Equipment—

The omnibus continues the blended payment rates for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in certain non-competitive bid areas through 2023.

Hospital at Home Waiver—It extends (through December 31, 2024) the Acute Hospital Care at Home initiative.

Medicaid

Medicaid Home- and Community-based Services (HCBS)

Money Follows the Person and Spousal Impoverishment—The bill continues the Medicaid Money Follows the Person program and protections from spousal impoverishment for people receiving HCBS through September 30, 2027.

These critical Medicaid

policies that we have long supported help older adults and people with disabilities live with choice, dignity, and independence.

Medicaid PHE Coverage

Continuous Coverage Requirement—The omnibus sunsets the Medicaid continuous coverage requirement. Created in 2020 by the **Families First Coronavirus Response**

Act (FFCRA), this provision has allowed states to maintain their Medicaid rolls in exchange for a 6.2% federal match rate (FMAP) bump. The FFCRA tied this

coverage policy to the duration of the PHE; it will now end on April 1.

At that time, the enhanced FMAP will begin to **reduce gradually**, eventually reaching zero on December 31, 2023. The maintenance of effort (MOE) requirements tied to the FMAP increase—that states may not make eligibility standards, methodologies, or procedures for determining Medicaid eligibility more restrictive than they were on January 1, 2020—will continue to apply during the phase-down period.

Medicaid Eligibility and Funding

Enhanced Eligibility

Postpartum and for Children—The bill also requires states to give children (under the age of 19) 12 months of continuous coverage in Medicaid and CHIP and permanently extends the American Rescue Plan **policy** allowing states to provide 12 months of postpartum coverage to pregnant individuals in Medicaid and CHIP.

Funding for the U.S.

Territories—The omnibus extends Puerto Rico's higher federal Medicaid match (76%) through September 30, 2027, and permanently extends a higher federal match (83%) for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands. These updates will provide much-needed consistency and fiscal stability.

The Medicare Drug Price Negotiation Program Is Underway

This week, the Department of Health and Human Services (HHS) released a **timeline** for the **Inflation Reduction Act's** (IRA) Medicare Drug Price Negotiation Program. This program implements Medicare's new authority to directly negotiate prescription drug prices. Through the program, Medicare will have the ability to negotiate prescription drug prices with the goal of lowering the cost of the most expensive drugs for people with Medicare Parts B and D. In addition, the Centers for Medicare & Medicaid Services (CMS), the agency that will handle most aspects of the negotiation, released

a memo outlining additional implementation steps, including opportunities for public feedback.

Before the first round of Medicare-negotiated drug prices takes effect in 2026, CMS must establish the program and its pricing mechanisms. The agency is laying the groundwork now by collecting data and public feedback on various issues, including which drugs are statutorily eligible for negotiation; manufacturer costs including research, development, production, and distribution; market data; revenue and sales;



alternative therapies; and processes to negotiate, monitor, enforce decisions, and resolve disputes. CMS

will be drafting guidance for public comment early this year and must choose which drugs will be subject to negotiation by September 1, 2023.

At the same time, the agency must educate the public about the Medicare Drug Price Negotiation Program as well as other **landmark changes** made in the IRA. Those include modernizing the Part D benefit, establishing an out-of-pocket cap on prescription drug costs, easing access to the Low-Income

Subsidy (LIS) program, and making vaccines and insulin more affordable for millions.

At Medicare Rights, we look forward to the implementation process. We will continue to engage wherever possible to bring the perspective of people with Medicare to these conversations, communications, and decisions. We will also continue to work to build on the successes of the IRA, to strengthen access and affordability for all.

[Read the timeline for the Medicare Drug Price Negotiation Program.](#)

Confused by an avalanche of Medicare ads? Deceptive marketing has some experts calling for action.

Many are frozen in place by the immensity of choices. Experts advise on how to make sense of your Medicare plan and ensure you're getting what you were promised.

If the volley of flyers, brochures, letters, emails, social media ads and other marketing materials unleashed by insurance companies during Medicare open enrollment last fall had you feeling under siege, you're not alone.

"I am a college graduate, but I do not understand any of it," says Liz Markowski, 74, of Vergennes, Vermont, a retired nurse and small-business owner. "Frankly, I don't want to understand it. I just want to be able to go to my doctor when I need to."

Confusion is rampant. Complaints about deceptive marketing aimed at enticing Medicare-eligible consumers to join or switch plans more than doubled between 2020 and 2021, according to a report released in December by Democrats on the Senate Finance Committee.

The avalanche of competing plans is especially challenging for people experiencing cognitive decline, Harvard Medical School professors warn in a recent health policy article.

A bill introduced in Congress in the fall of 2022 would attempt to ease some of the bewilderment by prohibiting private insurers from using the term "Medicare" in plan names or marketing



materials, with fines for those who fail to comply. But the marketplace is likely to remain baffling.

Private insurers offer some 3,000 Medicare Advantage plans nationwide, along with myriad Medigap, Part D, vision and dental policies.

Making sense of Medicare

So, it makes sense to take steps now to ensure a productive open enrollment journey in 2023.

Here's what experts and experienced Medicare consumers recommend adding to your list of New Year's resolutions:

Know your plan

Only 6% to 12% of consumers switch plans during Medicare open enrollment, according to a study released in November by the Kaiser Family Foundation covering the years 2008 to 2020.

Some people stay put because they are happy with their current plans and find nothing better when they shop around. But others may be frozen in place by the immensity of choices, says Senior Policy Analyst Jeannie Fuglesten Biniek, lead author of the study.

Also read: Medicare is broken - and not in the way you might think

Begin with the basics

If you're in the confused camp, make time early in the year to nail down the basics:

"A lot of people don't know what they have," says Chuck Bradley, 76, a retired human resources executive from Watertown, Connecticut, whose friends often turn to him for advice about health insurance. "It is confusing." ...[Read More](#)

This Might Be the Biggest Social Security Mistake You Can Make

Seniors get a range of choices for claiming Social Security. You can sign up for benefits as early as age 62, but you won't be entitled to your complete monthly benefit based on your wage history until you reach full retirement age (FRA).

FRA kicks in at either 66, 67, or 68 and a certain number of months, depending on your birth year. You can also delay your Social Security claim beyond FRA and boost your benefits in the process.

Now, age 70 is generally considered the latest age to sign

up for [Social Security](#).

While you won't be forced to file at that point, you will no longer benefit financially by delaying your claim.

Not surprisingly, many seniors opt to sign up for Social Security at [age 62](#) to get their money as soon as possible. Even though it means locking in a lower monthly benefit for life, that's not automatically a poor choice.

Some people claim Social Security at 62 because they worry that if they don't, the program will run out of money and they'll lose



their chance to get paid.

And subscribing to that line of thinking is perhaps the biggest Social Security mistake you could make.

Social Security is not going away

Social Security is indeed facing some financial challenges in the coming years that could eventually result in benefit cuts. But the program is not on the verge of going bankrupt and never paying another dollar again. And it's important to note that distinction so that you don't end

up filing for benefits at the wrong time. In fact, let's say Social Security benefits are slashed by 50% -- well beyond what the program's trustees are predicting. Let's also say you're entitled to a monthly benefit of \$2,000 at an FRA of 67. Filing for Social Security at age 62, in that case, would mean slashing your benefit to \$1,400. If benefits are then cut by 50%, you'll be left with \$700 a month. If you wait until FRA in this scenario, you'll have \$1,000 a month instead....[Read More](#)

Dear Marci: How is the GEP different this year?

Dear Marci,
I missed my Initial Enrollment Period so am now planning to enroll this month during the General Enrollment Period. I've been hearing conflicting information about it from my family and friends, though. Has the General Enrollment Period changed?
-Rob (Indianapolis, IN)

Dear Rob,

Yes, there has been a major change to the General Enrollment Period (GEP), as of January 1, 2023. This may explain why you've heard some conflicting

information about this enrollment period recently. Hopefully I can clear up any confusion for you! First, the GEP takes place January 1 through March 31 each year. As you mentioned, the GEP is usually for people who missed their [Initial Enrollment Period \(IEP\)](#) and do not qualify for a [Special Enrollment Period \(SEP\)](#).

When you enroll during the GEP, there's a good chance you'll owe a [premium penalty](#) for not enrolling sooner. Because of this, using the GEP to enroll is not



Dear Marci

ideal.

Also, before 2023, if you enrolled during the GEP, your Medicare Part B would not start until July 1. This meant that even if you signed up with Social Security on January 1, your coverage would not be effective until July 1—six months later. That's a long time to wait for health insurance!

Thanks to the passage of key parts of the [Beneficiary Enrollment Notification and Eligibility Simplification \(BENES\) Act in the Consolidated Appropriations Act of 2021](#), though, this months-

long waiting period has been eliminated. **As of January 1, 2023, enrollments made during the GEP are effective the first of the next month.** This means that if you enroll in Medicare on January 20, for example, your coverage will be effective on February 1—not July 1 like in past years.

This is a big win for the Medicare program and its beneficiaries! It will also be great for you, Rob, when you use the GEP to enroll this year. Best of luck!

-Marci

Medicare Begins to Rein In Drug Costs for Older Americans

Reforms embedded in the Inflation Reduction Act will bring savings to seniors this year. Already some lawmakers are aiming to repeal the changes.

Steve Lubin spent a lot last year on insulin to control his Type 2 diabetes.

A retired nurse in Philadelphia, Mr. Lubin relies on Medicare for health coverage, including a Part D plan to cover drug expenses.

Yet his out-of-pocket costs kept mounting, including a deductible of \$480, monthly supplies of two forms of insulin, and higher prices once he entered the "coverage gap." His total insulin tab in 2022: \$1,582.

So Mr. Lubin, 68, was cheering for the sprawling federal Inflation Reduction

Act, which among other provisions called for capping insulin prices for Part D beneficiaries at \$35 a month, with no deductible. He signed petitions

circulated by the American Diabetes Association and the Pennsylvania Health Access Network asking Congress to vote yes.

"My income is definitely down from when I was working, and the expenses go up," he said. "It's difficult."

But Mr. Lubin also supported the bill because, after working in an intensive care unit for years, he had seen patients suffer the serious consequences of diabetes when they could not afford their prescriptions.



"You'd take their history and find out that they were rationing their insulin or couldn't take it at all," he recalled.

In August, **Congress passed the bill**, and President Biden signed it. Mr. Lubin's out-of-pocket insulin costs for 2023 will fall to \$630. The legislation establishes **other requirements to lower drug prices for Medicare beneficiaries**, about three-quarters of whom have Part D plans.

"It's one of the biggest changes to the way Medicare deals with prescription drugs," said David Lipschutz, associate director of the Center for Medicare Advocacy.

"It signals lawmakers' willingness to take on a very powerful lobby."

Some provisions took effect on Jan. 1; others will phase in over several years. "Collectively, these represent substantial out-of-pocket cost savings, especially for those who use expensive drugs," said Juliette Cubanski, deputy director of the Kaiser Family Foundation's Medicare policy program. They could also bolster Medicare by reducing its spending.

Beneficiaries will see three significant changes in 2023..
....**Read More**

Remember, not one Republican voted for this legislation.

Veterans eligible for free emergency suicide care starting Tuesday, January 17, 2023

Any U.S. **military veteran in "acute suicidal crisis"** will be able to access emergency health care at any facility for free starting next week, the Department of Veterans Affairs announced Friday.

The big picture: Veterans must be enrolled in the VA system to be eligible for most medical benefits, but that requirement won't apply to emergency suicide care under the new policy. The move grants access to care to up to nine million veterans who are not currently enrolled, **according to the VA.**

Driving the news: The new policy, which takes effect Tuesday, guarantees "no cost"

emergency care at both VA and private health care facilities, the VA said.

- ◆ The change covers "inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days," per the VA.
- ◆ The policy will also cover transportation costs and follow-up care during that period.

What they're saying: "Veterans in suicidal crisis can now receive the free, world-class emergency health care they deserve – no matter where they need it, when they need it, or whether they're enrolled in VA care," Secretary for Veterans Affairs Denis



McDonough **said in a statement.**

- ◆ "This expansion of care will save Veterans' lives, and there's nothing more important than that."
Worth noting: Friday's announcement is part of the Biden administration's larger efforts to reduce military and veteran suicides.
- ◆ Though the **VA's 2022 annual report** found that veteran suicides decreased in 2020, researchers and advocates have warned that the government continues to undercount suicides.
- ◆ A **joint study** by the veteran suicide prevention nonprofit

America's Warrior Partnership, the University of Alabama, and Duke University found that the rate of veteran suicide could be more than double the figures released by federal officials.

- ◆ Veterans **remain more likely to die by suicide** compared to the non-veteran U.S. population.

Go deeper: Mental health expert will lead military's suicide prevention review
*If you or someone you know may be considering suicide, contact the **National Suicide Prevention Lifeline** at 988 (En Español: 1-888-628-9454; Deaf and Hard of Hearing: dial 711 then 1-800-273-8255) or the **Crisis Text Line** by texting HOME to 741741.*

Social Security Quiz: Can You Answer These 6 Questions Correctly?

Most Americans are familiar with **Social Security**, but few have a complete understanding of exactly how it works. In fact, some simply believe that once they retire, Social Security will kick in and cover their retirement expenses for the rest of their lives. Others feel the opposite, believing that Social Security might be nice to have but that it doesn't contribute a significant amount of retirement income.

The truth is that for about half of beneficiaries, Social Security provides at least 50% of their

retirement income. For about 1 in 4 retirees, Social Security provides at least 90% of their income. In other words, Social Security plays a significant role in the retirement security of older Americans. But without paying attention and developing a strategy, you might not be maximizing your potential benefits.

Although you can rely on tax and financial advisors, it's important that you understand at least the basics of how Social



Security operates. The earlier in your work career you can learn these facts, the better you'll be positioned when it comes time for you to ultimately retire. For example, you'll surely want to know how to get the highest Social Security benefit possible based on your work record, and you'll also want to recognize how different claiming strategies can be used in conjunction with your own personal retirement savings.

To see if you understand the

ins and out of Social Security, **take this quick six-question quiz developed by GOBankingRates**. Although far from comprehensive, if you can grasp these important primary concepts, you'll be well on your way toward both getting all of the benefits you're entitled to and positioning yourself in the best way possible in terms of retirement income.

Take the Social Security quiz now!

Retirees may be particularly vulnerable to inflation

These days, many people are having a hard time coping with higher living costs. And while inflation levels have been decreasing on a month-to-month basis since peaking in mid-2022, it's still a lot more expensive to live than it was, say, a year ago.

Retirees may be particularly vulnerable to **inflation** since many live on a fixed income that consists largely of Social Security benefits. And so if you've been struggling to pay your bills, you may be thinking of going back to work in some capacity after having retired.

It's not a bad idea in theory. But you might run into a few snags.

A less lucrative prospect than expected

At first, the idea of working to make up for a financial shortfall in retirement might seem like a no-brainer. If you go out and

start earning a paycheck again, you'll have more wiggle room to cover different essential bills, from housing to healthcare to food.

But you could end up facing some unwanted tax surprises when you go back to work as a retiree. First, your extra income might bump you into a higher tax bracket, forcing you to pay a higher rate of tax on some of your money.

Second, earning an income from a job could lead to a scenario where you're being taxed on some of your **Social Security** benefits. Federal taxes on benefits (as opposed to state taxes, which are determined by states individually) apply when provisional income (your modified adjusted gross



income plus half of your annual Social Security benefit) reaches \$25,000 as a single tax-filer and \$32,000 as a couple filing a joint tax return.

Clearly, these are not very high thresholds. But earning even just a few thousand dollars a year from a job could bump you into a category where you're now losing a portion of your Social Security benefits to taxes. So all told, you may not come out ahead financially despite returning to work.

Make sure working makes financial sense

If you've really been struggling to make ends meet in retirement and you need a serious income boost, then taking on a job may be a no-brainer. But before you rush to get yourself a part-time job that

will boost your income by, say, a few hundred dollars a month, run the numbers to make sure that really makes sense financially -- especially in the context of being taxed on your Social Security benefits.

Of course, working as a retiree could benefit you in ways that aren't just financial. If you've been struggling with loneliness and a lack of structure, a part-time job could fill that void.

But if working doesn't end up being a smart move financially, you could always anchor your schedule and fill those empty hours with volunteer work instead. When you don't earn money from the work you're doing, you can rest assured that the IRS won't tax you on it -- or use it as a reason to tax another income source you rely on.

We Have A New WEP & GPO Repeal Bill, H.R. 82

House Member Garret Graves (R-LA) has introduced a new WEP/GPO full repeal in Congress which was given the same number as last year's bill. House Resolution 82 in the last session got 305 co-signers, well more than needed to pass, but it was never voted on. The probable reason for the lack of a vote was that only 40 out of the 60 U.S. Senators needed to pass in the upper house were willing

to sign on. So that repeal bill



Social Security Fairness

wasn't going anywhere. Once again, we have our work cut out for us!

Your assignment for this week is to call your Representative's offices--both home district and D.C. (The numbers are already in your cell-phone directory, right?) and THANK THEM for supporting H.R. 82 last year and encourage them to sign onto H.R.

82 Graves. (Find

information on your Representative and a link to their website, so you can email them here: <https://www.house.gov/>)

If your Representative didn't sign on, or even if they did, remind them that:

- ◆ More than 2 million retirees lose part or ALL of their earned Social Security benefits.

- ◆ Both the WEP and the GPO formulas are mathematically and/or functionally incorrect for what they try to achieve. They are bad legislation.
- ◆ Both provisions target lower-income retirees more harshly than those with bigger pensions.
- ◆ The people affected by these offsets have paid into Social Security just like everyone else!...[Read More](#)

When to Consider Moving to a Senior Care Facility

It can be difficult to **understand the various senior care options** available, as well as when it's time to transition yourself, or a loved one, to a **senior care facility**. **Assisted living, for instance, may be an appropriate option to ease the journey from independent living to facility-based care, and it offers a variety of benefits.**

Michael Tehrani, MD, a geriatric physician with Brand New Day, a California Medicare Advantage plan, praises these facilities. "Patients don't have to worry about much other than enjoying themselves. The gym, games and **social activities** are all provided for them," he says.

"At home, seniors might feel alone without much to do, but when they are in assisted living, they are surrounded by others who share similar interests."

What Is Assisted Living?

In general, **assisted living** is a facility where older adults receive care and supervision. These facilities usually have communal areas and private or semi-private **rooms** to house their seniors.

Assisted living differs from other types of senior care, such as **live-in senior care** or nursing home care. The main difference between **nursing homes** and **assisted living** is that nursing homes offer skilled nursing care,



like the administration of medical treatments or procedures.

In contrast, assisted living is a lower level of care, primarily focused on various activities of daily living rather than complex medical management. With live-in senior care, a full-time caregiver remains in the private residence to care for the senior.

The Pros of Assisted Living

Michelle Feng, a licensed psychologist and the chief clinical officer of Executive Mental Health in Los Angeles, says that some of the pros of assisted living include:

- ◆ **Increased socialization and connection.** "This increases engagement and **combats**

loneliness. For those that are worried about something happening to them at home, the additional support in an assisted living facility can lead to decreased anxiety and an increased sense of safety," Feng explains.

- ◆ **Safety.** Feng warns that "remaining at home can have its drawbacks when living there is no longer safe or has become too difficult to manage. Keeping up the home and seemingly simple things like changing lightbulbs and smoke detector batteries can be more stressful, as a **fall** can result in more severe consequences as we get older."...[Read More](#)

Frequent Use of Antibiotics Linked With Higher Odds for Crohn's, Colitis

Overuse of antibiotics may trigger inflammatory bowel disease (IBD), new research suggests.

Among folks who were 40 or older, a new study found that antibiotics may increase the risk for bowel diseases, such as Crohn's and ulcerative colitis, for one to two years after use. And the greatest risk was posed by two classes of antibiotics — nitroimidazoles and fluoroquinolones — often used to treat gut infections.

The researchers said these drugs indiscriminately target all bacteria, not just those that cause disease.

"Antibiotics may impact the development of IBD through alteration of the microbiome," said lead researcher **Dr. Adam Faye**. He is an assistant professor at New York University's Grossman School of Medicine, in New York City.

To reduce your risk for IBD, Faye advises using antibiotics only when needed and not for viral diseases such as colds, flu or other respiratory and gastrointestinal illness.

"We want patients to improve quickly, so we may be more apt to prescribe an antibiotic in some

of these settings, but in addition to exacerbating bacterial resistance patterns, this is another reason to practice antibiotic stewardship," Faye said. "In other words, use antibiotics when needed, but be cautious about prescribing them for an infection that will likely be self-limiting or is more likely viral."

Overuse of antibiotics can alter the bacterial balance in the gut, called the microbiome, with serious consequences, Faye warned.

This study, however, doesn't prove that antibiotics cause inflammatory bowel disease, only that there appears to be a connection.

For the study, Faye's team used a Danish national medical database from 2000 to 2018 of more than 6.1 million Danes who had not been diagnosed with IBD. In all, 91% were prescribed at least one course of antibiotics during the study period.

From 2000 to 2018, more than 36,000 people were diagnosed with ulcerative colitis and nearly 17,000 with Crohn's disease.

Faye's team found that among



people who had taken antibiotics, those between 10 and 40 years of age were 28% more likely to be diagnosed with IBD, as were 48% of 40- to 60-year-olds, and 47% of those in their 60s or older.

The risk was a little higher for Crohn's disease than for ulcerative colitis: 40% among those aged 10 to 40; 62% among 40- to 60-year-olds; and 51% among those in their 60s or older.

The researchers noted that the risk rose with each course of antibiotics — adding 11% to the risk for the youngest group, and 14% for the oldest.

Those who took five or more courses of antibiotics had the highest risk of developing an IBD: For those aged 10 to 40, risk jumped 69%. It doubled for those between 40 and 60, and was 95% higher for those in their 60s or older.

How much time had passed since taking antibiotics was also a factor. It was as much as 66% higher in the first two years, dropping to as little as 13% after four or five years.

Dr. Bethany DeVito, associate chief of ambulatory

clinical gastroenterology at Northwell Health in Great Neck, N.Y., noted that the gut microbiome is very complex.

"Any alterations in the microbiome can lead to diseases in, especially, the GI tract with irritable bowel syndrome," she said, after reviewing the findings. "There's talk about it being a factor in causing inflammatory bowel disease, because of the inflammation that can come about from altering the microbiome."

Antibiotics can alter the microbiome and cause diarrhea, gas and bloating. So, DeVito said, the link with IBD is not surprising.

"Only use antibiotics if you have a clear indication for it," she advised. "Many patients want antibiotics for all sorts of illnesses and doctors may find it hard to resist prescribing them."

These requests can be annoying, and doctors must hold their ground and say no, DeVito said.

"Everyone's looking for a magic pill without realizing that there are consequences to that magic," she said.

Artificial Pancreas Device May Help Folks With Type 2 Diabetes

An artificial pancreas has long been considered the holy grail for people with type 1 diabetes, and **new research** suggests a more convenient version of this technology may help the millions of people living with type 2 diabetes.

Type 2 is the more common form of diabetes, and is closely linked to obesity.

The pancreas produces insulin, the hormone that helps blood sugar (or glucose) enter cells to be used as energy. People with type 1 diabetes make little to no insulin. When insulin is in short supply, glucose builds up, causing extreme fatigue, blurry vision, weight loss and confusion. Some people with type 2 diabetes also need to take daily insulin to keep their blood sugar in check.

Enter the artificial pancreas, an

automated insulin delivery system that mimics the pancreas' function.

"About 20% to 30% of people living with type 2 diabetes use insulin therapy to manage their diabetes, and we have shown that this way of delivering insulin with a closed-loop system is much more effective than their current insulin injections at reaching glucose targets," said study author **Dr. Charlotte Boughton**, a clinical lecturer at the University of Cambridge in England.

With closed-loop systems for type 1 diabetes, the user enters information several times a day about the timing and size of their food intake, but insulin delivery between meals and overnight is automated. By contrast, the new



system for people with type 2 diabetes is a fully closed loop. This means users don't have to input any information.

It was developed using over-the-counter devices, including an off-the-shelf glucose monitor and an insulin pump with an app called CamAPS HX. This software predicts how much insulin is needed to keep blood sugar levels in the target range. People wear the blood sugar sensor and insulin pump and carry a smartphone with them for the system to work, Boughton said.

"This fully automated closed-loop system is a safe and much more effective way for people living with type 2 diabetes to manage their glucose levels than current standard treatment with insulin," she said.

Just how effective was it? When people with type 2 diabetes used the new system, they spent twice as much time with glucose levels in the target range than when they tested blood sugar and gave themselves insulin shots, the investigators found.

Boughton said this is equivalent to an additional eight hours a day and was achieved without increasing the risk of dangerously low glucose levels.

"We anticipate that the improvement in glucose control we have seen may reduce the risk of diabetes complications such as eye disease, kidney disease and amputations, but a much larger study with longer follow-up is required to investigate this," she added.... **Read More**

Water Weight: How to Lose It for Good

Water weight. It's the bane of dieters looking to lose pounds, causing bloating, puffiness and disappointment when stepping on a scale.

While a full 60% of your body is water, sometimes too much water is retained. That can make losing weight frustrating because it may seem like you aren't actually losing weight. Varying water levels can make a person's weight fluctuate by 2 to 4 pounds in just one day.

The amount of water your body contains is a function of your body's composition, sex and age, but eating can cause you to retain a few extra pounds of water. This extra water is fluid the kidneys would normally purge from the body.

"Most of our weight is water," said **Dr. Gabe Neal**, a family medicine physician and clinical assistant professor at the Texas

A&M College of Medicine. "It's the heaviest thing in our body besides our bones, and it is one of the first to go when you start losing weight."

So the question is, how do you lose water weight?

The **MIDSS** (Measurement Instrument Database for the Social Sciences) has some advice.

Why do you retain water?

There are lots of reasons, including too much salt or carbs, menstrual hormones and dehydration.

"Water, when used efficiently, goes all over our bodies," Neal **said** recently. "We want it to go to our arteries, veins, tissue and cells throughout. However, when it goes to places between the cells and around the fat — an area called the 'third space' — it becomes a problem."



It takes about two days to lose one to three pounds of water weight. But how fast excess

water leaves the body can depend on diet and physical activity. The healthier your diet and the more physically active you are, the faster you can get rid of excess water. Water weight can also be a sign of a chronic condition, such as heart or kidney disease, which needs treatment. In women, changing menstrual cycles and hormones can also affect water weight, according to the MIDSS.

How to lose water weight

One way to prevent water retention is to reduce the amount of salt in your diet. This includes eating fewer processed foods that are often high in salt and using less salt at the dinner table. Processed foods like instant noodles, cheese, soup mixes,

pasta sauce, frozen meals and savory snacks use salt for flavor and as a preservative to extend shelf life, the MIDSS says.

"From a chemistry standpoint, water follows salt," Neal explained. "If your diet has a lot of sodium, then the water will follow and not go where it's supposed to."

Natural foods, such as vegetables, seeds and nuts, are low in salt, so choose these to keep water weight down.

Another tip is to stay hydrated by drinking water. That may seem counterintuitive, but water helps kidney function and aids in flushing excess water and salt from the body. When you are dehydrated your body retains extra water to keep dehydration at bay, according to the **National Academy of Sports Medicine** (NASM)...[Read More](#)

For Seniors, Declining Sense of Smell Could Signal Frailty

Doctors already test seniors' hearing and vision. Sense of smell could be added to screenings one day, according to researchers who found links between its loss and risk of frailty in older adults.

"We use our sense of smell to identify the threat of a fire or to enjoy the fragrance of flowers on a spring day. But just like vision and hearing, this sense weakens as we age," said study co-author **Dr. Nicholas Rowan**. He is an associate professor of otolaryngology—head and neck surgery at Johns Hopkins

Medicine, in Baltimore.

"We found that both impaired olfactory identification and sensitivity functions are associated with frailty, which is interesting because it shows that it's not just your aging brain at work here, but it may also be something peripheral, like something at the level of your nose that is able to predict our impending frailty and death," Rowan added in a Hopkins news release.

For the study, the researchers analyzed data from 1,160 older



adults enrolled in the National Social Life, Health and Aging Project between 2015 and 2016.

Participants, average age 76, were exposed to five scents to measure olfactory identification and six scents to measure sensitivity levels.

Olfactory sensitivity is the ability to detect an odor's presence. Olfactory identification is the ability to detect and name an odor. The latter relies on higher-order brain functioning to interpret and classify the odor.

These results were then

matched to the participant's frailty score, based on five markers: weight loss; exhaustion; weakness; slow walking speed; and low physical activity.

The researchers found that for every one-point increase in both olfactory identification and sensitivity scores, there was a significant and meaningful reduction in frailty status. The study can't prove cause and effect, but the implication is that improvements in smell were associated with improved health status and resilience, the study authors noted...[Read More](#)

Pharmacists Can Be Key to Helping Folks Kick Opioid Addiction

Pharmacists could play an important role in helping curb the U.S. opioid epidemic, a new study suggests.

Researchers studied the impact of a Rhode Island law allowing specially trained pharmacists to prescribe buprenorphine, a medication used to treat opioid use disorder.

The study began with 100 patients who received the medication at a pharmacy. After they were stabilized, 58 were randomly selected to receive further care either through the pharmacy or in a clinic or

physician's office.

After one month, the pharmacy group had dramatically higher rates of continued care. About 89% were still receiving care, compared to 17% who had switched to a physician or clinic.

"We have a serious treatment gap. We are missing 90% of the people with opioid use disorder who need and want treatment," said co-author **Jeffrey Bratberg**, a clinical professor of pharmacy practice at the University of Rhode Island College of Pharmacy in Kingston.



"Pharmacists are an underutilized partner in the health care workforce, especially the behavioral health care workforce. There is a pharmacy within five miles of where 95% of Americans live."

More than 100,000 people died from overdose deaths in 2022.

"Treatment with medications can only work if it is available and accessible in the community," said study co-author **Dr. Josiah Rich**, a professor of medicine at Brown University School of Medicine in

Providence, R.I. "This disease kills by stigma and isolation. Our study showed that a diverse patient population could benefit from treatments offered in a community pharmacy."

President Joe Biden has signed a law eliminating a waiver that was previously required to prescribe buprenorphine, which may increase the number of pharmacies offering addiction treatment this year. Ten states now allow pharmacists to obtain federal authorization to prescribe controlled substances...[Read More](#)

DNA Fragments in Blood Promise Cheap, Easy Test for Cancer

Researchers are reporting progress on a blood test that can detect multiple cancers in a relatively simpler, and potentially less pricey, way than other tests under development.

The test picks up certain cancer signals in the blood using a fairly straightforward method: counting bits of DNA that appear to be "broken" in unexpected places.

In the new study, scientists found that the approach can distinguish people with any of 11 different types of cancer from people who are cancer-free. Not only that, it can do so using a relatively small blood sample, according to senior researcher **Dr. Muhammed Murtaza**, of the University of Wisconsin's School of Medicine

and Public Health, in Madison.

That's relative to other blood tests that are under development for cancer screening, which typically require multiple tubes of blood.

"The biggest advantage of our approach would probably be in cost-effectiveness," Murtaza said, although he added that it's hard to make predictions on real-world costs.

The study, published Jan. 11 in the journal *Science Translational Medicine*, is among the latest in the broader push to develop blood tests that can serve as a one-stop screening for multiple cancers.

A number of companies are working on such "multi-cancer" early detection tests. Essentially,



they are all based on the fact that tumors shed bits of genetic material in the blood. If a test can detect those tumor signals, that could provide a simple, noninvasive way to screen for various cancers — including ones that now lack any screening method.

Where the tests vary is in what, exactly, they are measuring, Murtaza explained.

He and his colleagues took the approach of analyzing DNA "fragmentation patterns." Both tumor cells and healthy cells regularly release pieces of DNA into the blood. But because tumors express different genes than normal body cells do, they also differ in how those DNA bits break off.

The new test looks at the "end position" of DNA fragments in the blood, to see if the breaks happened in "unexpected places," Murtaza said. He described it as a "simple method" that allows for a smaller blood sample containing a limited supply of DNA (which, in the world of DNA, amounts to a minimum of 1 million fragments).

For the study, the researchers analyzed blood samples from 286 healthy people, 103 who had non-cancer medical conditions, and 994 people with one of 11 types of cancer. They ranged from breast and ovarian cancers to melanoma to rarer cancers like bile duct tumors and the deadly brain cancer glioblastoma....[Read More](#)

Social Isolation Can Raise Odds for Dementia

Social isolation is a substantial risk factor for dementia in older adults, according to a pair of studies that add evidence to past research on this threat.

But these new studies offer a potential solution: using technology to encourage older adults to text and email to stay in touch.

Although the studies don't prove lack of regular social contact causes dementia, researchers said they do strengthen observations that isolation increases the risk. They suggested that relatively simple steps to increase social support may reduce that risk.

About 1 in 4 people over age

65 in the United States is socially isolated.

"Social connections matter for our cognitive health, and it is potentially easily modifiable for older adults without the use of medication," said **Dr. Thomas Cudjoe**, senior author of both studies. He's an assistant professor of medicine at Johns Hopkins University School of Medicine in Baltimore.

The **first study** used data collected on more than 5,000 Medicare beneficiaries for a long-term study of health and aging trends that began in 2011. Participants were asked to complete an annual two-hour, in-person interview to assess their



mental functioning, health status and overall well-being.

About 23% reported social isolation at the start. They showed no signs of dementia.

After nine years, 21% of participants had developed dementia. And the risk was 27% higher among socially isolated older adults, researchers found.

"Socially isolated older adults have smaller social networks, live alone and have limited participation in social activities," said study co-author **Alison Huang**, a senior research associate at Johns Hopkins Bloomberg School of Public Health. "One possible

explanation is that having fewer opportunities to socialize with others decreases cognitive engagement as well, potentially contributing to increased risk of dementia."

In **the other study**, researchers found that communications technology, such as telephones and email, lowered the risk for social isolation.

To research this, they used data from participants in the same nationwide health and aging study. They found that more than 70% of seniors who were not socially isolated at their initial appointment had a working cellphone and/or computer....[Read More](#)

Most Clergy Agree With Science on Treatment of Depression: Study

Worries that clergy will urge depressed congregants to rely on prayer and not other mental health care appear to be unfounded.

A nationwide survey found that 90% of clergy members embraced a medical understanding of the causes and treatment of depression. About 10% said they would recommend using religious means alone to address depression.

"We consider this good news," said study co-author **Mark Chaves**, a professor of

sociology, religious studies and divinity at Duke University in Durham, N.C.

"We've known for a while that a lot of people bring their mental health challenges to clergy," he said in a university news release. "There's been concern about what clergy have been telling them. Have they been telling them just to pray, or to see a doctor? This should allay concerns."

Clergy can often be the first point of contact for a person with depression, the study authors



noted. The survey results largely held true across denominations, said study co-author **Anna Holleman**, a postdoctoral research associate.

"We couldn't find any subset of clergy in which anything but a small minority rejected medical wisdom," she said.

For the study, the researchers used data from Duke's National Survey of Religious Leaders, which includes U.S. clergy across the religious spectrum.

The survey was conducted in

2019 and 2020, largely before the COVID-19 pandemic. It drew responses from about 1,600 congregational leaders. That included about 890 who were the primary leaders of their congregation, and their responses were used for this study.

The authors said this is the first nationally representative sample of clergy focused on depression. It asked for clergy opinions on the causes of depression and appropriate treatments for it, Holleman said....[Read More](#)

Over One-Quarter of Adults Age 71 and Older Have Vision Impairment

Older age, less education, and lower income associated with all types of vision impairment

Among adults aged 71 years and older, more than one-quarter have vision impairment (VI), with older age, less education, and lower income associated with all types of VI, according to a study published online Jan. 12 in *JAMA Ophthalmology*.

Olivia J. Killeen, M.D., from the University of Michigan in

Ann Arbor, and colleagues used data from the 2021 National Health and Aging

Trends Study to present updated national epidemiological estimates of VI and blindness in older U.S. adults. Data were included for 3,026 individuals (29.5 percent aged 71 to 74 years; 55.2 percent female).

The researchers found that in U.S. adults aged 71 years and



older, the prevalence of VI was 27.8 percent. The prevalence of distance and near visual acuity and contrast sensitivity impairments was 10.3, 22.3, and 10.0 percent, respectively. Associations with all types of VI were seen for older age, less education, and lower income. The prevalence of near visual acuity and contrast sensitivity impairments were increased in

association with non-White race and Hispanic ethnicity.

"It is important that we follow the current study with future surveillance and intervention studies because of the tremendous patient and economic burden of near visual acuity impairment on our society," write the authors of an accompanying editorial.

Long COVID After Mild Infection? It Fades Within a Year

A large, new study offers reassuring news for folks dealing with long COVID symptoms such as trouble breathing, mental fog and loss of taste or smell: Most of these issues resolve within a year for those who had a mild COVID infection.

"The study provides the longest followup we have of long COVID-19 patients and offers some optimism that many of these symptoms – with support – will improve over about a year," said **Dr. William Schaffner**, an infectious disease specialist at Vanderbilt University Medical Center in Nashville, Tenn., and medical director of the National Foundation for Infectious

Diseases. He has no ties to the new research.

People with long COVID experience new, lingering or worsening symptoms for more than four weeks after the initial COVID-19 infection, according to the U.S. Centers for Disease Control and Prevention.

Symptoms run the gamut from fatigue, shortness of breath and cough to brain fog, dizziness and changes in taste or smell. As many as 1 in 5 adults in the United States may have long COVID.

For the **study**, a team at K.I. Research Institute in Kfar Malal, Israel, analyzed electronic health records of close to 2 million



people in Israel tested for COVID through October 2021. They looked at COVID symptoms that lasted for more than one month, comparing conditions in vaccinated and unvaccinated people, with and without COVID-19.

What did they find? People with COVID were more likely to report loss of smell and taste, breathing issues, heart palpitations, dizziness and brain fog, but most of these symptoms improved within 12 months for those who had mild infections, the study found.

Vaccinated people who became infected had a lower risk for breathing difficulties and a

similar risk for other conditions when compared with people who were unvaccinated when they got sick, the study showed.

"A year is a long time, it's not overnight," Schaffner said. "The need to be vaccinated continues to be very important because that prevents severe disease."

Researchers aren't sure why some people develop long COVID and others don't. Schaffner said there simply isn't good data that parses out which variant caused infection, whether and how much vaccination has occurred and how much time has elapsed since vaccination...**[Read More](#)**

U.S. Cancer Deaths Decline Overall, But Prostate Cancers Make Rebound

Cancer deaths continue to decline, dropping 33% since 1991 and saving an estimated 3.8 million lives, according to the American Cancer Society's annual statistics report.

But individual trends within that overall success story highlight the struggle to find the best ways to prevent, detect and treat cancer for all Americans, the society said.

On the positive side, the United States saw an "astounding" 65% reduction in cervical cancer rates among 20- to 24-year-old women between 2012 and 2019, a direct result of human papillomavirus (HPV) vaccination, said **Dr. William Dahut**, chief scientific officer at the American Cancer Society (ACS).

"The effort that our children went through over the last 20 years or so to go through vaccinations have actually saved

lives," Dahut said, noting that the plummeting case level "totally follows the time when HPV vaccines were produced."

Chief executive officer **Karen Knudsen** added that "this is some of the first real-world evidence that HPV vaccination is likely to be effective in reducing cancer incidence and [death rates]."

Unfortunately, rates of advanced prostate cancers are on the rise, likely driven by confusion and conflict over screening guidelines, ACS officials said.

The second-leading cause of cancer death for U.S. men, prostate cancer cases rose 3% a year from 2014 through 2019 after two decades of decline, **the report** found.

There's also been a 5% year-over-year increase in diagnosis



of men with advanced prostate cancer, "so we are not catching these cancers early, when we have an opportunity to cure men," Knudsen said.

Black men, in particular, are being affected by the rise in prostate cancer, according to the report.

"Black men, unfortunately, have a 70% increase in incidence of prostate cancer compared to white men and a two- to fourfold increase in prostate cancer [death rates] as related to any other ethnic group in the United States," Knudsen said.

The nation's leading authority on health screening, the U.S. Preventive Services Task Force, recommends that men between 55 and 69 years of age discuss the potential benefits and harms of prostate cancer screening with their doctor and then decide for themselves.

American Cancer Society guidelines recommend that doctors discuss screening with men at an earlier age — 40 for those with a close relative who has had prostate cancer, 45 for men at high risk, and 50 for nearly all others.

The concern is that the screening tool — the blood-based PSA (prostate-specific antigen) test — can be influenced by factors other than prostate cancer, Knudsen said. For example, inflammation of the prostate can cause a rise in PSA.

Men who undergo prostate cancer surgery or radiation therapy can wind up with lifelong side effects like impotence or incontinence. Because of this, screening guidelines have tended to be conservative...**[Read More](#)**

Could 6 Minutes of Exercise Help Shield Your Brain From Alzheimer's?

Six minutes of high-intensity exercise might prolong the lifespan of a healthy brain, perhaps delaying the start of Alzheimer's and Parkinson's diseases, a new, small study suggests.

Researchers found that short but intense cycling increased the production of a protein called brain-derived neurotrophic factor (BDNF), which is essential for brain formation, learning and memory. It's thought that BDNF might protect the brain from age-related mental decline.

"BDNF has shown great promise in animal models, but pharmaceutical interventions have thus far failed to safely harness the protective power of BDNF in humans," said lead study author **Travis Gibbons**,

from the University of Otago in New Zealand.

"We saw the need to explore non-pharmacological approaches that can preserve the brain's capacity which humans can use to naturally increase BDNF to help with healthy aging," Gibbons said.

The report was published Jan. 11 in the *Journal of Physiology*.

BDNF promotes the brain's ability to form new connections and pathways, and also helps neurons survive. Animal studies have shown that increasing the availability of BDNF boosts cognitive performance, such as thinking, reasoning or remembering.

For this study, the researchers wanted to look at the influence



of fasting and exercise on BDNF production in humans.

Working with a dozen men and women, the investigators compared fasting, low-intensity cycling for 90 minutes, six-minute high-intensity cycling, and a combination of fasting and exercise.

Brief but vigorous exercise was the most efficient way to increase BDNF compared to one day of fasting with or without lengthy, low-intensity exercise, the researchers said. BDNF increased four to five times more compared to fasting, which showed no BDNF change, or prolonged activity, which showed a slight increase in BDNF.

More work is needed to better understand these findings, the study authors noted.

The researchers hypothesize that the brain switches its favored fuel source for another to meet the body's energy demands. This could mean metabolizing lactate instead of glucose during exercise, which potentially could initiate pathways that lead to more BDNF in the blood. The BDNF boost could be due to an increased number of blood platelets, which store large amounts of BDNF. This is more heavily influenced by exercise than fasting, they explained.

Ongoing research will further study the effects of calorie restriction and exercise... **[Read More](#)**

What Are Hernias, and How Are They Treated?

Moving a heavy object or even coughing can result in a medical condition known as a hernia.

While it's common, many people don't know what a hernia is, according to an expert at Penn State Health, who offered details on causes, symptoms and treatment.

"While we typically associate heavy lifting or strenuous activity with the development of a hernia, other congenital abdominal wall defects can lead to hernia formation with less strenuous activity," said **Dr. Michael Abboud**. He is chief of surgery at

Penn State Health St. Joseph Medical Center in Reading, Pa.

"Hernias may develop in a number of different locations, and can be present at birth or develop later in life, for a number of reasons," Abboud explained in a Penn State news release.

Classically, a hernia is an organ or tissue bulging beyond its normal confines. This can happen when muscle structure has a weak area, such as in the abdominal wall. The contents of the abdomen push through the wall and form a pouch.

People can develop a variety of



hernias — inguinal (groin), umbilical (navel area), ventral (abdominal) or incisional (along a prior abdominal incision).

Most that develop over time owe to a loss of integrity in the muscles and tendons that would contain these organs and support the torso, according to Penn State Health. In response to increased pressure, the abdominal wall can rupture at its weakest point. A hernia that has formed may continue to grow.

Genetic or systemic disorders may predispose people to hernia. Hernias can also form when a

surgical wound doesn't heal properly.

Risk factors include chronic coughing, smoking, heavy lifting, straining, obesity and pregnancy, according to Penn State Health.

Small hernias can be free of symptoms or can cause pain or discomfort. Patients with a hernia may complain of a bulge somewhere in the abdominal wall. Coughing or straining may aggravate their pain.

Larger hernias can push against the overlying skin, leading to areas of reddening, decreased blood flow or a break in the skin... **[Read More](#)**

Don't Ignore Your Acid Reflux, Expert Warns

If you have frequent heartburn or think you may have acid reflux disease, see an expert before you suffer serious complications, one expert warns.

"Gastroesophageal reflux disease [GERD] is when you get acid and chemical damage to the lining of the esophagus," said **Dr. James East**, a gastroenterologist at Mayo Clinic Healthcare in London.

While the stomach can resist acid, the esophagus is less able to do so, East noted.

Heartburn is a key symptom of reflux disease, but the disease is much more involved than that one outward sign.

Other symptoms can include feeling like you have a lump in the throat, having difficulty swallowing, having chest pain, coughing or having worsening asthma-type symptoms.

"Complications of reflux disease include esophagitis, inflammation in the bottom of the esophagus," East said. "If this is persistent, you can develop scarring and a stricture," or narrowing of the esophagus.

Over time, patients have to worry about Barrett's esophagus, a condition that happens when the lining of the esophagus becomes damaged by acid reflux.



Then the valve between the esophagus and the stomach may begin to fail, leading to acid and chemical damage of the esophagus, according to Mayo Clinic Healthcare.

Many people with Barrett's esophagus, which also raises the chances of esophageal cancer, have no symptoms. It's important for people with Barrett's esophagus to have regular checkups to check for precancerous cells, East said.

Risks include being a white man over the age of 50, having a family history of Barrett's esophagus or esophageal cancer,

and smoking. Other risks are having excess abdominal fat or reflux disease lasting more than five years.

"If you have three of those risk factors, then you should have a screening endoscopy for Barrett's esophagus," East said in a clinic news release.

Screening for Barrett's esophagus includes using a lighted tube with a camera at the end, called an endoscope, and passing it down the throat to check for signs of change in esophagus tissue. A biopsy can be done to remove tissue and confirm the diagnosis... **[Read More](#)**