

January 3, 2021 E-Newsletter

\$2,000 Stimulus Checks Likely Would Have Passed Senate if McConnell Had Not Blocked it

More than enough Republican senators would have joined Democratic colleagues to vote in favor of the proposal to increase stimulus checks to \$2,000, with the legislation almost certainly passing the chamber had Senate Majority Leader **Mitch McConnell** (R-Ky.) not blocked it on Tuesday.

McConnell blocked the proposal by objecting to a move from Senate Majority Leader Chuck Schumer (D-N.Y.) to pass the bill by unanimous consent. President **Donald Trump** had

urged Congress to increase COVID-19 relief checks from \$600 to \$2,000 last week, something that Democrats quickly agreed to. With at least five Republican senators being on record as supporting the increase, the bill was likely to pass with a minimum of 53 votes if McConnell allowed it to move forward.

GOP Senators Marco Rubio (Fla.), Josh Hawley (Mo.) and Susan Collins (Maine) have all said they would vote in favor of the proposal, with Hawley



vowing to block the Senate from voting to override President Donald Trump's veto of the annual National Defense Authorization Act (NDAA) unless

McConnell allows a vote on the increased direct payments.

Republican Senators David Perdue and Kelly Loeffler of Georgia have also indicated support for increasing the payment. Both incumbents are locked in tight races with Democratic challengers in next week's Georgia runoff elections, with the outcome determining

whether Democrats or Republicans will control the Senate in 2021.

After blocking Schumer's call for a vote on the bill, McConnell proposed a new version of the bill that ties the \$2,000 checks to abolishing Section 230 while establishing a commission to look into unsubstantiated claims of massive voter fraud in the presidential election, an issue that has been heavily pushed by the outgoing president since losing to President-elect Joe Biden in November....[**Read More**](#)

Biden administration should remove Trump's Social Security Administration appointees

The Biden administration is going to have a lot of work to do in its initial days just in removing the Trump administration's political appointees, among them those at the Social Security Administration. Joe Davidson writes in an opinion piece for [**The Washington Post**](#) that Social Security Works and other advocacy groups have a petition demanding that these Social Security Administration Trump appointees be removed, signed by nearly 230,000 people. The Association of Administrative Law Judges and National Council of SSA Field Operations Locals agree, saying they have "no confidence" in Commissioner Andrew Saul and Deputy Commissioner David Black.

Social Security Works is also asking President-elect Joe Biden to remove Deputy Commissioner Mark Warshawsky. Social

Security Works says that he is behind Social Security's attack on people with disabilities. The current Social Security administration is conducting more eligibility reviews of people with disabilities that can lead to lower or no benefits. And, a [**proposed regulation**](#) calls for reviewing eligibility at the "earliest point" to ensure people return to work as soon as possible.

Biden has not agreed to removing Commissioner Saul. Even if he does, it might not be easy, although Social Security Works says that the Supreme Court gives the President the authority to do so. Trump appointed Saul for a six-year term ending 2025. It's also possible that Saul might agree to resign.

With Saul as Commissioner, Biden could face a challenge



reversing the SSA final regulations as well as the ones that are still pending. It appears that the law requires the Commissioner to do so.

According to Social Security Works, Trump's appointees have closed Social Security field offices, reduced staffing and more to make it hard to get Social Security benefits. In addition, they have left people feeling unsure about Social Security's future.

President Obama appointed Carolyn Colvin to head the Social Security Administration. But, the Republican-led Senate would not confirm her appointment. Consequently, SSA has only been run by Senate-confirmed Democratic appointees in eight of the last 40 years.

Saul and his Republican colleagues at SSA also want to

put SSA lawyers in charge of hearing appeals from people with disabilities challenging the denials of their eligibility for benefits. Putting SSA lawyers in charge would prevent these appellants from having administrative law judges conduct independent reviews or from having judges with experience conduct reviews.

Alex Lawson, Executive Director of Social Security Works says: "Union busting and the demoralization of the SSA workforce is causing many employees to resign. This makes it difficult for SSA to provide beneficiaries with a high-quality level of service. The agency needs new leadership at the top who will work to strengthen the agency and make it a desirable place to work, instead of driving people away."

ADD
YOUR
NAME

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

2020 on track to be deadliest year in US history

This year is on track to be the deadliest in U.S. history with a total of more than 3 million deaths expected by the end of December, due in large part to the coronavirus pandemic, according to data from the Centers for Disease Control and Prevention (CDC).

The Associated Press reported Tuesday that preliminary numbers suggest the U.S. will have at least 3.2 million deaths by the end of 2020, about 400,000 more than in 2019.

The U.S. has recorded more than 319,000 coronavirus-related deaths as of Tuesday, with more than 18 million total infections, according to data compiled by Johns Hopkins University.

While the AP noted that deaths normally rise by about 20,000 to 50,000 each year due to aging and a continuously growing population, the 15 percent increase in deaths from 2019 is the largest single-year increase since 1918, when hundreds of thousands of U.S.

soldiers and Americans died from a flu pandemic.

Data from the CDC revealed that the nation's mortality rate had fallen in 2019, due largely to reductions in deaths related to heart disease and cancer, and life expectancy had increased by several weeks for the second consecutive year.

"It was actually a pretty good year for mortality, as things go," Robert Anderson, who oversees CDC death statistics, told the AP regarding 2019 death statistics.

However, Anderson added that life expectancy could show a drop by as much as three full years in 2020.

While COVID-19 has played a major factor in the rise in deaths, deaths from heart and circulatory diseases, diabetes and dementia have also increased this year, according to Anderson.

Additionally, deaths attributed to pneumonia early in the year



may have been coronavirus-related and not recorded as such at the start of the pandemic.

While suicide deaths saw a drop in 2019 compared to 2018, Anderson said that preliminary data show they did not continue to fall this year.

Drug overdose deaths also got much worse in 2020, though the AP noted that these had already been on the rise before the coronavirus pandemic hit the country.

Although year-end data is not yet available, data released by the CDC last week showed that there were more than 81,000 drug overdose deaths in the 12 months ending in May. This is the highest ever recorded in a single year.

Despite concerns of a continued increase in coronavirus-related deaths as people travel for Christmas and the winter months force people indoors, where the virus is better able to spread, the Food

and Drug Administration's approval of two coronavirus vaccines has signaled a hopeful start in an eventual end to the pandemic.

Health care workers and lawmakers have already begun receiving the vaccine developed by Pfizer and BioNTech, and **Anthony Fauci**, the nation's leading infectious disease expert, Health and Human Services Secretary **Alex Azar** and National Institutes of Health (NIH) Director Francis Collins **were scheduled to receive the Moderna vaccine** on camera Tuesday along with several NIH front-line workers.

Final data has shown both vaccines, which each require two doses administered several weeks apart, to be around 95 percent effective at preventing COVID-19. However, for those over the age of 65, Moderna's vaccine was found to be 86 percent effective

Analysis: Some Said the Vaccine Rollout Would Be a 'Nightmare.' They Were Right.

There are already signs that distribution of the COVID vaccines will be messy, confusing and chaotic.

Even before there was a vaccine, some seasoned doctors and public health experts warned, Cassandra-like, that its distribution would be "**a logistical nightmare.**"

After Week 1 of the rollout, "nightmare" sounds like an apt description.

Dozens of states say they didn't receive nearly the number of promised doses. Pfizer says millions of doses sat in its storerooms, **because no one from President Donald Trump's Operation Warp Speed** task force told them where to ship them. **A number of states** have few sites that can handle the ultra-cold storage required for the Pfizer product, so, for example, front-line workers in Georgia have had to travel 40 minutes to get a shot. At some hospitals, residents

treating COVID patients protested that **they had not received the vaccine** while

administrators did, even though they work from home and don't treat patients.

The potential for more chaos is high. Dr. Vivek Murthy, named as the next surgeon general under President-elect Joe Biden, said this week that the Trump administration's prediction — that the general population would get the vaccine in April — was realistic only if everything went smoothly. He instead predicted wide distribution by summer or fall.

The Trump administration had expressed confidence that the rollout would be smooth, **because it was being overseen by a four-star general, Gustave Perna**, an expert in logistics. But it turns out that getting fuel, tanks and



tents into war-torn mountainous Afghanistan is in many ways simpler than passing out a vaccine in our privatized, profit-focused and highly fragmented medical system. Gen. Perna apologized this week, saying he wanted to "**take personal responsibility.**" It's really mostly not his fault.

Throughout the COVID pandemic, the U.S. health care system has shown that it is not built for a coordinated pandemic response (among many other things). States took wildly different COVID prevention measures; individual hospitals varied in their ability to face this kind of national disaster; and there were huge regional disparities in test availability — with a slow ramp-up in availability due, at least in some part, because no payment or billing mechanism was established.

Why should vaccine

distribution be any different?

In World War II, toymakers were conscripted to make needed military hardware airplane parts, and commercial shipyards to make military transport vessels. The Trump administration has been averse to invoking the Defense Production Act, which could help speed and coordinate the process of vaccine manufacture and distribution. On Tuesday, it indicated it might do so, but only to help Pfizer obtain raw materials that are in short supply, so that the drugmaker could produce — and sell — more vaccines in the United States.

Instead of a central health-directed strategy, we have multiple companies competing to capture their financial piece of the pandemic health care pie, each with its patent-protected product as well as its own supply chain and shipping methods.... **Read More**

Retiree Living the RV Dream Fights \$12,387 Nightmare Lab Fee

Lorraine Rogge and her husband, Michael Rogge, travel the country in a recreational vehicle, a well-earned adventure in retirement. This spring found them parked in Artesia, New Mexico, for several months.

In May, Rogge, 60, began to feel pelvic pain and cramping. But she had had a total hysterectomy in 2006, so the pain seemed unusual, especially because it lasted for days. She looked for a local gynecologist and found one who took her insurance at the Carlsbad Medical Center in Carlsbad, New Mexico, about a 20-mile drive from the RV lot.

The doctor asked if Rogge was sexually active, and she responded yes and that she had been married to Michael for 26 years. Rogge felt she made it clear that she is in a monogamous relationship. The doctor then did a gynecological

examination and took a vaginal swab sample for laboratory testing.

The only lab test Rogge remembered discussing with the doctor was to see whether she had a yeast infection. She wasn't given any medication to treat the pelvic pain and eventually it disappeared after a few days.

Then the bill came. **The Patient:** Lorraine Rogge, 60. Her insurance coverage was an Anthem Blue Cross retiree plan through her husband's former employer, with a deductible of \$2,000 and out-of-pocket maximum of \$6,750 for in-network providers.

Total Bill: Carlsbad Medical Center billed \$12,386.93 to Anthem Blue Cross for a vaginosis, vaginitis and sexually transmitted infections (STI) testing panel. The insurer paid \$4,161.58 on a negotiated rate of



\$7,172.05. That left Rogge responsible for \$1,970 of her deductible and \$1,040.36 coinsurance.

Her total owed for the lab bill was \$3,010.47. Rogge also paid \$93.85 for the visit to the doctor.

Service Provider: **Carlsbad Medical Center** in Carlsbad, New Mexico. It is owned by **Community Health Systems**, a large for-profit chain of hospital systems based in Franklin, Tennessee, outside Nashville. The doctor Rogge saw works for Carlsbad Medical Center and its lab processed her test.

Medical Service: A bundled testing panel that looked for bacterial and yeast infections as well as common STIs, including chlamydia, gonorrhea and trichomoniasis....[Read More](#)



Pfizer to supply US with additional 100M doses of vaccine

Pfizer said Wednesday it will supply the U.S. government with an additional 100 million doses of its COVID-19 vaccine under a new agreement between the pharmaceutical giant and the Trump administration.

Pfizer and its German partner BioNTech said that will bring their total current commitment to 200 million doses for the U.S. That should be enough to vaccinate 100 million people with the two-shot regimen. The government also has an option to purchase an additional 400 million doses.

"This new federal purchase can give Americans even more confidence that we will have enough supply to vaccinate every American who wants it by June 2021," said Health and Human Services Secretary Alex Azar in a statement. The cost to taxpayers: \$1.95 billion for the additional 100 million doses.

To aid vaccine production, the government said it is using its authority under a Cold War-era law that allows it to direct private manufacturing.

Pfizer's vaccine was the first to be approved for emergency use by the Food and Drug Administration. It has now been joined by another two-shot vaccine from Moderna, developed in close collaboration with the National Institutes of Health. The government began shipping the Pfizer vaccine to states last week, and the one from Moderna this week.

The priority groups for first vaccination include health care workers and nursing home residents. Gradually more Americans will have access to the free vaccines, which have been shown to be highly effective in clinical studies undertaken so far.

Separately, HHS announced it has joined forces with another big pharma company — Merck — to support the large-scale manufacture of a promising treatment for patients suffering from severe COVID-19 illness.

The treatment, still under investigation and not yet approved by the FDA, is known



as MK-7110. It has the potential to minimize the damaging effects of an overactive immune response to

COVID-19. This immune overdrive unleashes a cascade of effects on the human body, complicating the life-saving efforts of doctors and nurses.

The government is paying Merck about \$356 million to fast-track production of its treatment under the auspices of Operation Warp Speed, a joint effort between HHS, the Pentagon, and drug companies to develop vaccines and treatments for COVID-19. It's the same collaboration that led to Moderna's vaccine. The money will allow Merck to deliver up to 100,000 doses by June 30, if the FDA clears the treatment for emergency use.

The current wave of COVID-19 is straining hospitals in a number of states, from California to Pennsylvania, and Oklahoma to Rhode Island. Having better treatments would help keep patients out of intensive care, improving their

chances of survival and reducing the burden and stress on hospital staff.

Under the Pfizer deal announced Wednesday, the company will deliver at least 70 million of the additional vaccine doses by June 30, with the remaining 30 million to be delivered no later than July 31.

"With these 100 million additional doses, the United States will be able to protect more individuals and hopefully end this devastating pandemic more quickly," Pfizer CEO Albert Bourla said in a statement. "We look forward to continuing our work with the U.S. government and healthcare providers around the country."

Pfizer initially had a contract through Operation Warp Speed to supply the government with 100 million doses of its vaccine. The drugmaker will receive nearly \$2 billion for that deal as well....[Read More](#)

Nursing homes face daunting task of getting consent before they give coronavirus vaccines

More than 3 million elderly and infirm residents of nursing homes and other long-term-care facilities may face delays in getting **coronavirus** vaccines as the facilities confront the difficult task of obtaining consent, which consumer advocates, operators and some health officials say should have been simplified and started earlier by the federal government.

Obtaining consent presents one of the toughest hurdles as officials mobilize to inoculate residents of these facilities, many of whom have dementia or Alzheimer's disease.

Facilities must track down relatives or attorneys in those cases, which could take days or weeks. In some instances, they may need to resolve disputes when family members disagree on whether their loved ones should receive a vaccine.

Even residents of sound mind may be anxious about a new vaccine and need time to weigh risks and benefits and consult with relatives.

Federal health officials gave top priority for vaccines to long-term-care residents and staff members after outbreaks ravaged

facilities, **killing more than 113,000 residents and staff members** and

accounting for more than a third of all U.S. covid-19 deaths. Health and Human Services Secretary Alex Azar recently said the government has the capacity to inoculate all long-term-care residents by Christmas. But the retail pharmacies administering the vaccines have indicated the process probably will take several months as a result of logistical and consent challenges that will require multiple visits to facilities. That process will be occurring over what is projected to be the deadliest period of the pandemic.

"It's a mess," said Mike Wasserman, medical director of a California facility and past president of the California Association of Long Term Care Medicine, who has talked to other nursing homes about the rollout. "The federal government just hasn't provided good direction, and the direction keeps changing every day. And you get different stories from different people at different levels."

Operators of nursing homes and other long-term-care



facilities have been scrambling to resolve the conflicting directions.

The government's partnership with Walgreens and CVS to distribute vaccines gave the companies discretion to secure permission however they wanted. The Centers for Disease Control and Prevention, which oversees that partnership, advised that verbal consent is enough.

But the pharmacies wanted more, imposing onerous consent rules far stricter than what nursing homes have used for seasonal flu shots, operators said. The pharmacies eased up after complaints.

Advocates say the Trump administration could have prevented this confusion had they instructed pharmacies at the outset that verbal permission was sufficient

"We knew months ago, before any vaccine was approved, that these complex logistical issues were going to have to be dealt with once a vaccine was rolled out," said Mike Dark, a staff attorney with California Advocates for Nursing Home Reform. "If people who need the

vaccine don't get it, we are going to see more deaths and more transmission."

Dark said the federal government could have taken steps to reach out to facilities ahead of the vaccinations with a coordinated education campaign and by encouraging safe family visits so residents could discuss the decisions in person.

CVS originally said it would require three hard-copy written consent forms from each resident or their proxy. They planned to mail the forms to the facilities, which some nursing home operators fretted hadn't arrived a week before the shots were to be administered. Homes and advocates complained that those requirements were burdensome, particularly when they would need to track down family members for signatures.

CVS now allows residents capable of decision-making to give verbal consent and will accept emailed consents from medical decision-makers for those who are not capable of giving permission, a spokesman said.... [Read More](#)

UnitedHealth Group found guilty of denying millions needed care, under court supervision

If you've ever wondered whether your health insurer was trying to get away with not paying your insurance claims when it was legally required to, you should stop. Based on mounds of evidence, most health insurers inappropriately deny coverage for services a lot of the time. Most recently, **UnitedHealth Group was fined** for failing to pay for tens of thousands of mental health services their members received.

UnitedHealth Group was ordered into court-monitored supervision through a special master by a California federal judge for wrongly denying more than 67,000 mental health and substance use disorder treatment

claims. The court order requires UnitedHealthcare's subsidiary, UBH, United Behavioral Health, to retrain its employees. It must also reprocess these claims.

One lawyer involved in the case, from PsychAppeal, made clear that UnitedHealth was not the only health insurance company guilty of this extreme misconduct. Of course not. They all tend to engage in the same behaviors. That's how they stay competitive.

Meanwhile, back in March of this year, the state of **Rhode Island found UnitedHealth to be in violation** of its obligations to pay for mental health and substance abuse services. It



UnitedHealthcare

fined United Health \$3.2 million for its

noncompliance.

UnitedHealth Group also has been sued by a class of At&T and CenturyLink workers, claiming that it has taken more than \$1 billion each year that workers have contributed to their ERISA plans to offset money UnitedHealth owes in other unrelated plans.

Violationtracker.org lists at least 25 lawsuits against UnitedHealth Group or one of its subsidiaries that have been settled in the last two years. How many cases of fraud or misconduct have not been brought against UnitedHealth and other health insurers?

Penalties are likely far smaller than the crimes, which tend to leave people without needed care, in medical debt or worse.

We don't know what members of Congress think about these violations, especially those that deprive people of medically reasonable and necessary services. Here's some food for thought: In other wealthy countries, private health insurers are not at liberty to decide for themselves when to pay claims and when to deny them. The federal government decides for them. These games can't happen. We should urge our members of Congress to step up and protect Americans from these abuses in a similar way.

What does 'DNR' mean? Varying interpretations may affect patient care

When patients have a do-not-resuscitate (DNR) order, it means they have chosen not to receive cardiopulmonary resuscitation (CPR). But hospital nurses report significant variations in the way DNR orders are perceived or acted on in clinical practice, reports a survey study in the January issue of the *American Journal of Nursing (AJN)*.

"While the definition of DNR might seem straightforward, its interpretation in clinical practice can be complicated," according to the new research, led by Patricia A. Kelly, DNP, APRN, AGN-BC, AOCN, of Texas Health Presbyterian Hospital of Dallas, and Kathy A. Baker, Ph.D., APRN, ACNS-BC, FCNS, FAAN, of Harris College of Nursing and Health Sciences at Texas Christian University.

Differing perceptions of DNR orders may lead to unintended consequences

Do-not-resuscitate orders have been a part of healthcare for more than 40 years. Published guidelines define DNR in terms of deciding to withhold CPR only, however, studies have

shown healthcare providers and patients may be confused about the meaning and implications of DNR orders. An American Nurses Association position statement emphasizes that "patients with do-not-resuscitate orders must not be abandoned, nor should these orders lead to any diminishment in quality of care."

Based on her experiences, clinical nurse Karen Hodges, BSN, RN, OCN wondered, "How do nurses understand and act on DNR orders?" In response, Drs. Kelly, Baker, and colleagues performed a survey and interviews with 35 hospital nurses involved in caring for patients with DNR orders.

Analyzing the responses, the researchers identified one major theme: "Varying interpretations of DNR orders among nurses were common, resulting in unintended consequences." Within this overarching theme, there were three key subthemes:

- ◆ While the nurses provided clear definitions of DNR, they gave varying interpretations of the specifics of care. For



example, while nurses agreed that DNR meant no CPR, some interpreted it as meaning no other aggressive lifesaving measures.

- ◆ The nurses reported situations where healthcare team members disagreed about how DNR orders affected clinical care and responsibilities. One nurse pointed out that having a DNR doesn't mean the person is a hospice patient: "It doesn't mean that you're not going to do everything that you would for anybody else."

- ◆ The nurses encountered family conflicts and confusion about DNR orders, particularly when the patient's condition changed, and patients and family members sometimes disagreed about DNR status.

These differing perceptions have the potential to affect care in many ways, including varying responses when the patient's condition deteriorates, tensions among team members, and differences in role expectations. "Lack of clarity and agreement about what DNR means in practice has a far-reaching

impact," Dr. Kelly and colleagues write. "It's critical for nurses to understand that DNR orders do not substitute for plans of care."

Maureen Shawn Kennedy, MA, RN, FAAN, editor in chief of *AJN*, notes that the study is important because, "Everyone—nurses, physicians, and families—needs to be on the same page in understanding the level of care a patient will receive."

Dr. Kelly, Baker, and coauthors believe that nurses play a key role in making sure that patients, families, and healthcare providers have a clear understanding of what DNR orders mean—and what they don't mean. "In every setting, nurses have opportunities to clarify such misinterpretations through practice, education, advocacy and policy, and research," the researchers conclude. "After 40 years as one of the most widely recognized medical abbreviations, DNR should mean 'do not resuscitate,' not an acronym that may diminish care."

Strengthening Medicare Trust Fund must be a priority

Almost from its inception, the Medicare Trust Fund has been at risk of running out of money. The life of the Trust Fund has fluctuated tremendously over the last several decades. Whenever necessary, Congress has stepped in to keep Medicare strong. Given the new Congressional Budget Office projection that the Trust Fund will run out of funding in 2024, President-elect Joe Biden should prioritize Congressional action to strengthen the Medicare Trust Fund once again.

The Medicare Trust Fund covers most of the cost of inpatient services under Medicare Part A. Every working American pays a small percentage of their earned income into the Medicare Trust Fund, which their employers match. When they become eligible for Medicare, if they

have contributed to the Trust Fund for at least 10 years, they receive Part A coverage premium-free. They are responsible only for out-of-pocket costs, deductibles and copays. (People with Medicare contribute about 25 percent of the cost of outpatient services in monthly premiums under Medicare Part B. General tax revenues cover the remaining costs.)

In 1975, the Medicare Trust Fund was projected to have a 24-year life, writes David Muhlestein in the [Health Affairs blog](#). Seven years later, it was projected to be exhausted in five years. A decade after that, it had just four years of funding. But, Congress took action and, in 2002, the Trust Fund again had a projected life of more than two decades, 28



years. With the passage of the Affordable Care Act in 2010, the Trust Fund received a new injection of funding from higher

payroll contributions of people with high incomes. At that time, it was projected that the Trust Fund had 19 years before exhaustion. But, as things evolved and, now, with the pandemic and a high unemployment rate, the Trust Fund is receiving less money than projected. Consequently, the Congressional Budget Office again has revised its estimate of when the Trust Fund will be exhausted to 2024.

It is not clear what will happen if the Medicare Part A Trust Fund is depleted in 2024, and we do not want to find out. People will continue to pay in. But, that money will cover only

about **83 percent of the cost of inpatient care**. Unless Congress acts, beginning in 2024, CMS will either have to delay payments to Part A health care providers until money comes in or adjust their rates down to 83 percent of negotiated rates. Either way, the providers are sure to sue for the full amount they are due or stop treating people with Medicare.

What's crystal clear is that President Biden will need to work closely with Congress to arrive at a solution to shore up the Medicare Trust Fund.

More Information

- ◆ [Four things to know if your income is low and you have Medicare](#)
- ◆ [Expand Social Security, don't means test it](#)

Trials Find Full-Dose Blood Thinners May Harm, Not Help, COVID Patients in ICU

Because COVID-19 is known to raise the odds for dangerous blood clots, blood thinners have quickly become part of routine care for many hospitalized patients.

But three clinical trials testing full doses of these drugs in COVID-19 patients have now paused recruitment of critically ill patients because the medications could end up doing more harm than good.

According to experts at the U.S. National Institutes of Health (NIH), the finding is limited to COVID-19 patients who are so sick they require care in the intensive care unit (ICU).

Based on trial findings, and acting on the recommendations of oversight boards that are charged with patient safety in clinical trials, "all the trial sites have paused enrollment of the most critically ill hospitalized patients with COVID-19," the NIH said in a statement released Tuesday.

"Enrollment continues for moderately ill hospitalized COVID-19 patients in the trials,"

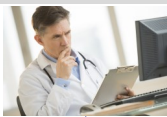
the NIH added, because benefits may still outweigh risks for patients who don't need ICU care.

According to the NIH, results so far from the three trials show that full-dose blood thinners do *not* appear to lessen the need for organ support in critically ill, adult COVID-19 patients in intensive care.

On the other hand, there could be potential harm: Increased bleeding is a complication of full-dose use of blood thinners.

One doctor on the frontlines of the pandemic agreed that full-dose anticoagulants come with hazards.

"While lower doses of blood thinners may be helpful for both treatment and prevention of blood clots in patients with mild to moderate COVID-19, higher doses may be associated with harm due to increased risk of bleeding —potentially affecting the GI tract, lungs and brain," said Dr. Robert Glatter, an emergency medicine physician at Lenox Hill Hospital in New



York City. "Such abnormal bleeding could be lethal if not quickly diagnosed and treated."

Further analyses of the data will be made available as soon as possible, the NIH said.

The three trials are being conducted on four continents. Each compares the use of full doses of blood thinners against the use of lower doses, which are often used to prevent blood clots in hospitalized patients.

These trials were launched because health care providers have noted that many COVID-19 patients, including those who have died from the disease, developed blood clots throughout their bodies, even in their smallest blood vessels. This unusual clotting can cause serious problems such as lung failure, heart attack and stroke, according to the NIH.

"At the recommendation of the oversight boards, patients who do not require ICU care at the time of enrollment will continue to be enrolled in the trial," the NIH said.

"Whether the use of full-dose compared to low-dose blood thinners leads to better outcomes in hospitalized patients with less COVID-19 severe disease remains a very important question. Patients who require full-dose blood thinners for another medical indication are not included in these trials," the NIH noted.

Dr. Teresa Murray Amato is chair of emergency medicine at Long Island Jewish Forest Hills, also in New York City.

Responding to the NIH announcement, she said, "As we learn more about the COVID-19 virus, we are continuing to explore medical treatment."

She stressed that full-dose blood thinners might still have a role to play in the care of hospitalized patients who do not need ICU care.

"The study is continuing for less critically ill patients in the hope that we will continue to develop safe and effective treatments," Amato said.

For-profit dialysis care puts off transplants

Lizzie Presser reports for **Pro Publica** on how the corporate for-profit health care system is rigged against Black Americans and puts shareholder interests ahead of patients' care needs. Presser looks specifically at how Black Americans with chronic kidney disease are three to four times likelier to reach kidney failure than white Americans, even though they suffer from similar rates of disease.

Among other health inequities, Black Americans are twice as likely to develop diabetes than white Americans and that makes it more likely that their kids will have diabetes. Black Americans are also more likely to be uninsured or underinsured, and to struggle to pay for their medications. They are more likely to suffer from hypertension and diabetes, which are primary drivers of kidney disease. And, the formula

for determining whether kidneys are functioning factors in race in a way that undermines Black Americans' ability to get needed care.

You might not know it, but the US has Medicare for all with kidney failure. Everyone with kidney failure is eligible for Medicare. Medicare covers all the medically necessary care that people with kidney failure need.

Unfortunately, treating kidney failure has become a big for-profit business. DaVita and Fresenius are the two biggest corporate players with 70% of the market. And, their incentive is not to refer their patients for transplants. They profit the longer their patients remain on dialysis.

Put differently, if you go to a for-profit facility for dialysis, you are less likely to get on a waiting list for a transplant. The



incentives are not there for the facility to make the referral. They lose patients and revenues with each person who gets a transplant.

But, dialysis facilities are the gateway to a kidney transplant. Patients tend to look to the people who care for them at these facilities for help getting referrals for transplants. Black patients fare worse than white patients.

Black Americans are 18 percent less likely to get care from a nephrologist in the year before getting dialysis, in part because they are less likely to be insured. As a consequence, one specialist says mortality rates are seven times higher for Black patients than white patients. If you have diabetes and do not have good access to specialty care, you are likely not to get drugs that can ward off kidney failure. You are more likely to go

without a transplant.

Patients with kidney failure benefit greatly from kidney transplants. There are not enough living donors, so many people must rely on kidneys from people who have just died. Demand for kidneys far exceeds supply.

The Centers for Medicare and Medicaid Services (CMS) has laid out specific protocols for dialysis centers to notify their patients about transplant options. But providers like DaVita are not following guidelines, and CMS is not enforcing them. And, it does not track or publicize rates of referrals from different dialysis centers, nor does it penalize centers that have low referral rates. There are also no rules that ensure equal access to referrals and evaluations for patients. This must change.

Popular Blood Pressure Meds Won't Up COVID Risk: Study

Two widely used types of blood pressure drugs aren't tied to an increased risk of COVID-19 infection or complications, according to a new study.

In the early stages of the global pandemic, it was noted that people with high blood pressure had worse COVID-19 outcomes, and there was concern that angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blocker (ARB) blood pressure medications might be a factor.

To learn more, the researchers analyzed data from more than 1.1 million patients in the United States and Spain who were

taking four types of blood pressure drugs: ACE inhibitors, ARBs, calcium channel blockers (CCBs) or thiazide diuretics (THZs).

The investigators found that patients taking ACE inhibitors or ARBs had no higher risk of COVID-19 diagnosis, hospitalization or complications than those who took CCBs or THZs.

The findings were published online Dec. 17 in *The Lancet Digital Health*.

The results add to similar findings and support regulatory and clinical recommendations



that patients shouldn't stop taking ACE inhibitors or ARBs due to concerns about increased COVID-19 risk, the study authors said.

"The clear answer is that ACE inhibitors and ARBs pose no increased risk as compared to other treatments," said research team leader Dr. Marc Suchard, a professor in the Fielding School of Public Health at the University of California, Los Angeles.

The findings show no clinical reason to switch from an ARB to an ACE inhibitor to reduce COVID-19 risk, the researchers

said in a news release from the Columbia University Irving Medical Center, in New York City.

"Based on our results, if there is a risk difference, it's marginal and would be very challenging to further refine outside such a large-scale international study," Suchard said.

Lead author Daniel Morales, a clinical research fellow at the University of Dundee in the United Kingdom, said the study generated 1,280 comparisons to assess the safety of these drugs, producing "highly consistent results."

Cancer Survivors at Higher Odds for Second Cancer: Study

Cancer survivors are at greater risk of developing another cancer and dying from it, a new study finds.

These new cancers can result from a genetic predisposition, from treatments such as radiation and chemotherapy used to fight the first cancer, as well as from unhealthy lifestyles such as smoking and obesity, according to researchers from the American Cancer Society.

Some of these factors can't be controlled, but others can, noted lead researcher Dr. Ahmedin Jemal, a senior vice president at the society.

"We can do a lot for smoking and overweight and obesity," he said. "We have to get primary

care clinicians to do a more concerted effort to educate, or counsel, their patients."

Jemal added that screening smokers for breast, cervical, colon and lung cancer is essential.

Dr. Alice Police, regional director of breast surgery at Northwell Health Cancer Institute in Sleepy Hollow, N.Y., said not smoking and maintaining a healthy weight can go a long way in keeping a second cancer at bay.

"More and more data are showing that these things are particularly important in cancer patients," said Police, who was not part of the study.



"Particularly in breast cancer, we have a ton of data showing that those things will help prevent the second breast cancer."

She regularly speaks to patients about the importance of diet, exercise and smoking cessation in cancer prevention.

"We're not as good at that in this country as they are in Europe and other countries," Police said. "We're still mostly a fee-for-service medical establishment, and prevention doesn't pay as a treatment does, and that's really a problem in the U.S."

Drawing from 12 cancer-tracking registries, the researchers collected data on

more than 1.5 million Americans who beat cancer between 1992 and 2017.

Among the survivors, more than 156,000 had a second primary cancer, and more than 88,800 died from it.

Men had an 11% higher risk of developing a second cancer and a 45% higher risk of dying from it, compared with the general population, the study found.

Women had a 10% higher risk of developing a second cancer and a 33% higher risk of dying from it, researchers reported... [Read More](#)

Resolve to Keep Your Asthma, Allergies Under Control in 2021

If you have allergies or asthma, keeping them under control might be a good New Year's resolution, experts suggest.

"In 2021, along with your allergy and asthma symptoms, you'll still need to keep COVID prevention top of mind," said Dr. Luz Fonacier, president of the American College of Allergy, Asthma and Immunology (ACAAI).

"It's always a challenge to implement new health routines as you begin the new year, and this year will have particular challenges," Fonacier said in an ACAAI news release. "But with

a few small tweaks, you may see some surprising benefits – like breathing easier and having fewer allergy symptoms. Can you think of a better way to ring in the new year?"

Here are some suggestions for asthma/allergy-related resolutions:

- ◆ Keep taking COVID-19 prevention measures, such as wearing a mask, using hand sanitizer, social distancing and not traveling. You and all family members should get a flu shot.
- ◆ Try to stay active. Even if



gyms are closed, use Zoom classes, apps and other ways to get exercise. If you live in a warmer region, it may be possible to exercise outdoors, even if it's just a 20- to 30-minute walk a day.

- ◆ If you're in colder regions, remember that exercising in cold air can make asthma symptoms worse. Don't exercise outdoors if it's cold and windy. Use your inhaler before exercise and as needed during exercise. Wearing a mask can warm the air before you breathe it in.

◆ If asthma limits your ability to exercise, consult your allergist.

◆ You shouldn't smoke and neither should anyone else in your home. Secondhand smoke is particularly harmful to children's lungs, and children with asthma who are exposed to secondhand smoke at home have nearly double the risk of hospitalization than children with asthma who aren't exposed.

◆ Stick to a healthy diet and avoid any foods that may cause an allergic reaction.

Think You Gained Weight During Quarantine? You Might Be Wrong

That "quarantine 15" weight gain may be all in your head, not on your hips.

A team from Florida State University (FSU) compared information on actual and perceived weight changes among a sample of college students from January to April 2020. Participants were far more likely to believe they had gained weight — even when they hadn't.

"We found that one in 50 participants had a change in body mass that would change their weight category, about 2% of people," said lead author Pamela Keel, a research professor of psychology at FSU

in Tallahassee. "But 10% — five times as many people — described their weight as higher. Some people lost weight, a very few gained, but the vast majority stayed the same."

Students' weight concerns fueled other anxieties, the study found.

"Our participants believed they had gained weight and that increased their concerns about their eating and increased their concerns about their weight," Keel said in a university news release.

"That can set people up to engage in risky behaviors, like



extreme dieting, juice cleanses, fasting, excessive exercise and other compulsions around eating and exercising," she added.

Keel urged people to use objective measures instead of subjective feelings to evaluate the pandemic's effects on their weight. If they have concerns, they should talk to their doctor, she added.

Weight is often a convenient place for people to place their worries, especially during times of heightened stress about a threat they can't control, like the COVID-19 pandemic. Keel said warnings from the U.S. Centers

for Disease Control and Prevention that the risk of severe illness or death is greater in those with elevated body weight can contribute to increased worries about weight gain.

"They are funneling that distress into something they believe they can control and weight is a great punching bag for people," she said. "That's grounded in the diet and weight-obsessed culture and the constant promise that it's just readily in someone's grasp to change the way they feel by changing the way they look."

5 foods to avoid for arthritis

Some people find that making changes to their diet improves their arthritis symptoms. This may involve avoiding inflammatory foods, such as saturated fat and sugar. It may also involve avoiding foods that are high in purines.

In this article, we look at five types of food a person with arthritis may benefit from avoiding, as well as foods that may help.

Inflammatory fats

Several types of fat increase inflammation in the body. According to the [Arthritis Foundation](#), a person with arthritis should limit:

- ◆ **Omega 6 fatty acids:** These include oils, such as corn, safflower, sunflower, and vegetable oil. Omega 6 fatty acids are not harmful in moderation, but many people in America consume a lot of them.
- ◆ **Saturated fat:** Meat, butter, and cheese contain this type of fat. Saturated fat should account for less than **10%** of someone's total calorie intake per day.
- ◆ **Trans fats:** This type of fat is harmful to human health because it reduces "good" **cholesterol**, increases "bad" cholesterol, and raises inflammation levels. Manufacturers have been removing trans fats from most

prepared foods over the last few years but check the nutrition facts panel to be sure.

Sugar

One study in *Nutrients* indicates that people who drink regular sugar-sweetened soda have an increased risk of RA. **Harvard Health** note that excess sugar consumption also increases the risk of dying from heart disease. It can also lead to obesity, inflammation, and other chronic diseases.

Many products contain added sugars. Always check food labels on breakfast cereals, sauces, and soft drinks, as these may contain surprising amounts of added sugars.

Advanced glycation end products (AGEs)

AGEs are inflammatory compounds that can accumulate in tissues, particularly as someone ages. An article in [Patient Education](#) explains that people with diseases such as **diabetes** and RA often have increased AGE levels. So, reducing AGE levels may help reduce inflammation.

Fat and sugar both increase AGE levels in the body. Some food processing methods and high temperature cooking also increase the AGE levels in food.

Nightshades

Nightshades are a group of vegetables that contain the



compound solanine. Studies have not confirmed that nightshades can trigger arthritis pain, but

the [Physicians Committee for Responsible Medicine](#) indicate that removing them from the diet helps improve symptoms in some people.

Nightshade vegetables include:

- ◆ tomatoes
- ◆ bell peppers
- ◆ chili peppers
- ◆ eggplant
- ◆ potatoes

The [Arthritis Foundation](#) advise that people who suspect nightshades might exacerbate symptoms exclude them from their diet for a couple of weeks, then reintroduce them one at a time.

Keeping a food diary may help a person keep track of any reactions they have to a specific food.

Foods high in purines

For people who have gout, a doctor may advise a low purine diet combined with the medication.

Purines are substances in foods that the body converts to uric acid. Uric acid can build up in the bloodstream, causing a gout attack. According to the [Centers for Disease Control and Prevention \(CDC\)](#), the following foods are

high in purines:

- ◆ red meat
- ◆ organ meat, such as liver
- ◆ beer and other alcohol
- ◆ cured meats such as ham, bacon or lunch meats
- ◆ some seafood, such as mussels and scallops

However, a **2018 review** identified that some purine-rich vegetables, such as cauliflower, mushrooms, and beans, have no links to gout risk.

Types of arthritis

There are several types of arthritis, all of which cause pain, swelling, and stiffness in the joints. The most common form of arthritis is osteoarthritis. Other forms include:

- ◆ [rheumatoid arthritis \(RA\)](#)
- ◆ [psoriatic arthritis](#)
- ◆ [juvenile idiopathic arthritis](#)
- ◆ [gout](#)
- ◆ [lupus](#)
- ◆ [ankylosing spondylitis](#)

According to the Centers for Disease Control and Prevention (CDC), **23%** of adults in the United States have a form of arthritis.

Click below for more information



Blood Pressure Often Differs Widely Between Two Arms: Study

Blood pressure readings between the two arms can be different, and that disparity can sometimes be a warning sign of heart trouble down the road.

That's the finding of an analysis of 24 past studies: When people have at least a 5-point difference in blood pressure between the two arms, their risk of heart attack, stroke or premature death inches up. And the greater the difference, the more those risks climb.

Experts said the findings give more support to something that's been advocated, but not commonly done by doctors and nurses: Checking patients' blood pressure in both arms.

"Unfortunately, blood pressure is not routinely measured in both arms," said Dr. Jeffrey Berger, a cardiologist who was not involved in the study. "But I think it should be."

Berger directs the Center for

the Prevention of Cardiovascular Disease at NYU Langone Health in New York City. He said he always checks blood pressure in both arms, and thinks it should be a matter of routine in all patients.

"It's such a simple thing to do," Berger said.

It's not that the blood pressure difference, itself, is the problem. But a discrepancy between arms might be a sign of early atherosclerosis that is developing asymmetrically, Berger explained.

Atherosclerosis refers to a hardening and narrowing in the arteries that, eventually, could lead to heart disease or stroke.

Measuring blood pressure in both arms gives doctors "a simple way of noticing possible arterial stiffening," said Dr. Christopher Clark, lead researcher on the new analysis.

There's no way to "fix"



between-arm discrepancies, but that's not the point, said Clark, a clinical senior lecturer at the University of Exeter Medical School in the United Kingdom.

Instead, he explained, doctors can consider between-arm differences one "marker" of a patient's heart disease risk.

And then what? Berger said it depends on a patient's overall health. Eating more healthfully and getting regular exercise is always wise, he said, but some people might need medication, like a statin, to ward off cardiovascular trouble.

The findings, published online Dec. 21 in the journal *Hypertension*, are based on 24 studies from around the world, involving almost 54,000 adults in all. Over 10 years, 11% had a fatal or non-fatal heart attack or stroke.

It's normal, Clark said, to

have a few points of variation in blood pressure between the two arms -- due to anatomy and the fact that one hand is typically dominant.

"Our interest was to identify when that difference is large enough to be regarded as signifying more than this," Clark said. "When is the difference large enough to suggest a change in the arteries that might signify additional risk of strokes or heart attacks?"

Overall, his team found, people's risks started to climb when the two arms showed at least a 5-point difference in systolic blood pressure (the "top" number in a blood pressure reading).

For each 1-point increase, the risk of dying from heart disease causes in the next 10 years rose by 1% to 2%. Meanwhile, the odds of suffering a first-time heart problem or stroke also crept up... [Read More](#)

How Are 'Super Agers' Protected From Alzheimer's and Mental Decline?

Some older folks are still sharp as tacks and dementia-free well into their 80s and beyond. Now German researchers have uncovered a possible reason why: Their genes may help them fend off protein build-up in the brain. The finding is based on a study of brain images of 94 participants, all aged 80 or older. They were characterized by the amount of tau protein tangles and beta-amyloid protein plaques found in their brains.

Those who scored highest on memory tests — so-called "super agers" — had brain protein profiles similar to those of healthy folks who were much younger. In other words, they had very little build-up of tangles and plaques.

But those who were aging normally and scored lower on memory tests had more tangles than younger people. And those who had already been diagnosed with mildly impaired thinking skills had a greater build-up of both tangles and plaques.

"In simple terms, 'super aging' refers to exceptionally high cognitive functionality, even

when you turn 80 or 90 years old," said lead researcher Merle Hoenig. She's a postdoctoral fellow at Research Center Juelich and the University Hospital Cologne in Germany. Queen Elizabeth, she said, would be one famous qualifier.

Abnormal build-up of both tau and plaques are considered a warning sign for impaired thinking, according to the U.S. National Institute on Aging.

But some older people seem to have little or no mental deterioration even into their 80s or 90s.

The New York Times recently profiled a Colombian woman who was at high risk for early-onset Alzheimer's disease due to an inherited genetic mutation. But it never happened. When she died at age 77 of cancer, she only had mild dementia, the first symptoms of which appeared six years earlier.

It turned out that she also carried another rare gene mutation. And while she did develop an extremely high build-up of beta-amyloid plaque, that



second genetic mutation appeared to protect her from a similarly large build-up of tau tangles.

Hoenig said super agers seem to benefit from some sort of similarly protective dynamic.

"In our study, we observed that super agers do not appear to accumulate aging-associated proteins, such as tau and amyloid pathology," she noted. "In contrast, normal agers did present tau pathology, arguing that this 'proteinopathy' may be part of the normal aging process."

But what might keep brain protein in check?

Hoenig suspects the answer probably lies in some combination of lifestyle choices and genetic predisposition. The new study didn't examine the effects of lifestyle choices, and she said more research is needed.

On the genetic side, Hoenig said the new findings point to a need to explore the "molecular signature" in the brains of individuals who are resistant to the build-up of age-related

proteins.

That could lead to development of new treatments for Alzheimer's disease and other aging-associated illnesses, she said.

Heather Snyder, vice president of medical and scientific operations with the Alzheimer's Association, said there is evidence to suggest that genetics play a role in Alzheimer's risk and possibly even protect against it.

Researchers are already searching for ways to use that evidence to prevent or delay build-up of tangles and plaques, and to find new methods to improve delivery of nutrients both within and across brain cells.

Snyder said the Alzheimer's Association and the Tau Consortium have 13 programs in the works designed to do exactly that. Those efforts will likely have bearing not only on future treatment of Alzheimer's but also on other tau-influenced diseases, such as fronto-temporal dementia and lewy body dementia, she said.

New Research Finds Vitamin D and Calcium Supplements Can Reduce Fracture Risk

Calcium and vitamin D have long been associated with strong bones; calcium is a building block of bones, and vitamin D is necessary to help our bodies absorb enough calcium.

Although most experts agree that these nutrients play a key role in bone health, it's been less clear if taking supplements of one or both nutrients is effective in

preventing fractures caused by osteoporosis, or brittle, fragile bones with reduced bone mass.

A new analysis published on December 20, 2019, in *JAMA Network Open* found that fracture risk could be cut significantly by taking vitamin D and calcium supplements



together, but there were no benefits observed from supplementing with vitamin D alone.

This meta-analysis of existing studies about vitamin D and calcium and risk of fracture provides some new insight, says David J. Kaufman, MD, an orthopedic surgeon at Northwestern Medicine in Lake

Forest, Illinois, who was not involved in the analysis.

"Although vitamin D supplementation alone does not seem to reduce the fracture risk, there seems to be a synergistic effect of taking vitamin D and calcium together," Dr. Kaufman says... [Read More](#)

Most Kidney Patients OK With Getting Text Reminders on Care

Adults living with kidney failure are receptive to using mobile devices to help with their care, according to a new study.

Mobile health can provide many benefits for patients, especially for those whose care is complicated and who have dietary restrictions, researchers said. Whether people on dialysis are ready to incorporate mobile technology in their care would be a limiting factor.

"Importantly, mobile technology has been used to improve treatment adherence; address patient-reported symptoms in real time; improve nutrition, activity and mental health; assist in empowering

patients to reverse the predominantly one-way care delivery system, and place the patient at the center of their own health care," said study lead author Dr. Wael Hussein of Satellite Healthcare in San Jose, Calif.

Satellite Healthcare surveyed 949 dialysis patients. About 8 of 10 owned smartphones or other internet-capable devices such as tablets. About 72% said they use the internet, and 70% had intermediate or advanced proficiency in mobile health.

The main reasons for using mobile health were making appointments, communicating with health care personnel and



obtaining laboratory results. The main concern with mobile health was privacy and security, according to the study.

Older patients, those who were Hispanic, and those with less than a college education were less adept with mobile health. Employment was associated with higher proficiency.

The findings were published in the December issue of *CJASN*, the Clinical Journal of the American Society of Nephrology.

"Mobile health can be utilized to bring along a number of

interventions that can help people on dialysis manage their health and improve independence," Hussein said in a journal news release. He added that the findings should encourage health care providers and technology developers to invest in mobile health innovations.

In an accompanying editorial, a patient who has lived with kidney disease for 18 years noted that "integrating mobile health into the kidney health care system will empower patients to embrace taking charge of their health."

ADHD Raises Adult Suicide Risk, Especially for Women

Adults with attention-deficit/hyperactivity disorder (ADHD) have a strikingly high prevalence of attempted suicide, with women being at particular risk, researchers say.

The study of nearly 22,000 Canadian adults found that 14% of those with ADHD had attempted suicide. That was roughly five times the rate of adults without ADHD, at 2.7%.

The findings among women were particularly worrisome, the researchers said. Almost one-quarter of those with ADHD said they had attempted suicide.

"To see these numbers is devastating," said lead researcher Esme Fuller-Thomson, a professor at the University of Toronto's Factor-Inwentash Faculty of Social Work in Canada.

She stressed, though, that the results do not imply ADHD, per se, leads to suicide attempts.

A large part of the relationship appeared to be explained by higher rates of depression and anxiety disorders among people with ADHD, the study found.

And certain adults with ADHD had greater odds than others: Those with a history of drug or alcohol abuse, for example, were more likely to report a suicide attempt. The same was true of adults who had been exposed to parents' domestic violence as children.

What's unclear is the timing of things, Fuller-Thomson said. The researchers don't know when the suicide attempts happened, and whether they came before or after issues like drug or alcohol abuse.

What is clear is that people with ADHD — especially women — faced a much greater-than-average risk of a suicide attempt.



That's, unfortunately, not surprising, said Stephen Hinshaw, a professor of psychology at the University of California, Berkeley.

In his own long-running research project, Hinshaw has found that girls with ADHD had a high prevalence of suicide attempts by their mid-20s, which is right on par with the new study's findings.

And, Hinshaw said, girls with both ADHD and childhood traumas like physical or sexual abuse had an even higher risk of suicide attempt by adulthood.

That's not to say that self-harm begins in adulthood, though.

Hinshaw said that self-harm without suicidal intent, such as cutting, often begins in the early-to mid-teens.

The current findings, published online recently in *Archives of Suicide Research*, come from a

nationally representative survey of 21,744 Canadian adults, including 529 with ADHD.

Among men with ADHD, 8.5% said they had ever attempted suicide, versus 2% of men without the disorder. Of women with ADHD, 23.5% reported a past suicide attempt, compared with just over 3% of other women.

Fuller-Thomson noted that "a lot of factors could be contributing" to the stark findings among women.

In a previous study, her team found that young women with ADHD had heightened rates of various health issues and adversities (from chronic pain and depression, to smoking and substance abuse, to poverty and a history of child abuse)... [Read More](#)