



Message from Alliance for Retired Americans Leaders

Alliance for Retired Americans Hosts 2022 Retirement Security Symposium



Robert Roach

More than a dozen speakers from unions and government agencies, young workers and others shared strategies to address the continuing retirement security emergency in America at the Alliance's Retirement Security Symposium: An Intergenerational Seminar on Tuesday. Attendees discussed pensions as well as other cornerstones of retirement security, including Social Security and Medicare. Several dozen attendees attended in person at AFL-CIO Headquarters in Washington, DC and scores more participated virtually.

Alliance President Robert Roach, Jr. served as the convenor and made opening and closing remarks. Alliance Executive Director Richard Fiesta gave a presentation on Social Security and Medicare.

"Strengthening and expanding Social Security and educating younger workers about the value of traditional pensions are essential for both policymakers and union organizers," said President Roach. "We are

building an intergenerational movement that includes more young workers joining the fight to defend our pensions. It is a key part of the effort to improve the retirement security of all Americans."

AFL-CIO President Liz Shuler gave the opening remarks in a special video about Labor's role in the passage of the American Rescue Plan, which included the Butch Lewis Act.

Rep. John Larson of Connecticut, Chairman of the House Ways and Means Social Security Subcommittee, spoke about the need to protect and expand Social Security now.

"Social Security is the nation's #1 insurance program, the #1 anti-poverty program for the elderly and children, and Republicans are talking about holding the debt ceiling hostage to make cuts at a time when the program needs to be enhanced," said Rep. Larson. "It needs to be enhanced because people are getting below poverty level checks, there hasn't been an increase in more than 50 years."

You can watch Rep. Larson's full remarks here. Other highlights included:

- ◆ Senior officials from the Pension Benefit Guaranty Corporation (PBGC) spoke about the PBGC's Pension Insurance programs, Special

Financial Assistance for Multiemployer Plans under the American Rescue Plan, and PBGC Reports.

- ◆ **Meghan Rozarie**, Senior Associate with the Retirees Organization and Field Services Department of the American Federation of Teachers (AFT), offered a presentation that included how the retirement crisis had affected her own family.

- ◆ **Mike Walden**, Incorporator and former President, National United Committee to Protect Pensions (NUCPP) and Ken Stribling, current NUCPP President, represented Pension Warrior Rita Lewis.

- ◆ **Ilana Boivie**, Senior Research Economist for the Strategic Resources Department with the Machinists Union (IAMAW), spoke about "Trends in Retirement Bargaining: What Do (Young) Workers Want?"

- ◆ **Sisto Campana**, Labor Advocate with the American Federation of State, County and Municipal Employees (AFSCME) updated participants on the status of public pension plans.

Videos of the presentations and additional material are available [here](#).

Retirees Congratulate Pelosi on Remarkable Career as Speaker



Rich Fiesta

House Speaker Nancy Pelosi (CA) announced on Thursday that she is stepping down from her House Democratic

leadership but will remain in Congress.

"Seniors could not have asked for a better champion or more tireless advocate than Nancy Pelosi," said Fiesta. "Speaker Pelosi has shepherded landmark legislation through the U.S. House during her career, including the Inflation Reduction Act earlier this year to finally rein in prescription drug prices and the American Rescue Plan which saved millions of pensions in 2021."

"History will remember her for protecting the earned Social Security and Medicare benefits that we have paid for through a lifetime of work during the course of her unmatched leadership," Fiesta added.

House Majority Leader Steny Hoyer (MD) and Majority Whip James Clyburn (SC) also announced that they will not seek leadership positions.

The Alliance's complete statement lauding Speaker Pelosi is available [here](#).

3 SIMPLE WAYS TO FIGHT FLU

1. Get vaccinated
2. Stop the spread by practicing healthy habits and get tested if you're sick
3. Take antiviral medications as prescribed by your doctor

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Audits — Hidden Until Now — Reveal Millions in Medicare Advantage Overcharges

Newly released federal audits reveal widespread overcharges and other errors in payments to Medicare Advantage health plans for seniors, with some plans overbilling the government more than \$1,000 per patient a year on average. Summaries of the 90 audits, which examined billings from 2011 through 2013 and are the most recent reviews completed, were obtained exclusively by KHN through a three-year Freedom of Information Act lawsuit, which was **settled in late September**.

The government's audits uncovered about \$12 million in net overpayments for the care of 18,090 patients sampled, though the actual losses to taxpayers are likely much higher. Medicare Advantage, a fast-growing alternative to original Medicare, is run primarily by major insurance companies.

Officials at the Centers for Medicare & Medicaid Services have said they intend to extrapolate the payment error rates from those samples across the total membership of each plan — and recoup an estimated \$650 million as a result.

But after nearly a decade, that has yet to happen. CMS was set to unveil a final extrapolation rule Nov. 1 but **put that decision off** until February.

Ted Doolittle, a former deputy

director of CMS' Center for Program Integrity, which oversees Medicare's efforts to fight fraud and billing abuse, said the agency has failed to hold Medicare Advantage plans accountable. "I think CMS fell down on the job on this," said Doolittle, now the health care advocate for the state of Connecticut.

Doolittle said CMS appears to be "carrying water" for the insurance industry, which is "making money hand over fist" off Medicare Advantage. "From the outside, it seems pretty smelly," he said.

In an email response to written questions posed by KHN, Dara Corrigan, a CMS deputy administrator, said the agency hasn't told health plans how much they owe because the calculations "have not been finalized."

Corrigan declined to say when the agency would finish its work. "We have a fiduciary and statutory duty to address improper payments in all of our programs," she said.

The 90 audits are the only ones CMS has completed over the past decade, a time when Medicare Advantage has grown explosively. Enrollment in the plans **more than doubled** during that period,



passing 28 million in 2022, at a cost to the government of \$427 billion.

Seventy-one of the 90 audits uncovered net overpayments, which topped \$1,000 per patient on average in 23 audits, according to the government's records. Humana, one of the largest Medicare Advantage sponsors, had overpayments exceeding that \$1,000 average in 10 of 11 audits, according to the records.

CMS paid the remaining plans too little on average, anywhere from \$8 to \$773 per patient.

Auditors flag overpayments when a patient's records fail to document that the person had the medical condition the government paid the health plan to treat, or if medical reviewers judge the illness is less severe than claimed.

That happened on average for just over 20% of medical conditions examined over the three-year period; rates of unconfirmed diseases were higher in some plans.

As Medicare Advantage's popularity among seniors has grown, CMS has fought to keep its audit procedures, and the mounting losses to the government, largely under wraps.

That approach has frustrated both the industry, which has

blasted the audit process as "fatally flawed" and **hopes to torpedo it**, and Medicare advocates, who worry some insurers are getting away with ripping off the government.

"At the end of the day, it's taxpayer dollars that were spent," said David Lipschutz, a senior policy attorney with the Center for Medicare Advocacy. "The public deserves more information about that."

At least three parties, including KHN, have sued CMS under the Freedom of Information Act to shake loose details about the overpayment audits, which CMS calls Risk Adjustment Data Validation, or RADV.

In one case, CMS charged a law firm an advance search fee of \$120,000 and then provided next to nothing in return, according to court filings. The law firm filed suit last year, and the case is pending in federal court in Washington, D.C.

KHN **sued CMS** in September 2019 after the agency failed to respond to a FOIA request for the audits. Under the settlement, CMS agreed to hand over the audit summaries and other documents and pay \$63,000 in legal fees to Davis Wright Tremaine, the law firm that represented KHN. CMS did not admit to wrongfully withholding the records....**Read More**

FAQ: How We Rate Nursing Homes

Nursing home care can be as short as a few days or weeks after a hospitalization, or it can be years if aging family members can no longer live on their own. To help find the best match for a loved one, U.S. News evaluated more than 15,000 nursing homes throughout the country and rated most of them in two different areas: short-term rehabilitation and long-term care.

This FAQ explains how nursing homes were evaluated and responds to questions that nursing home residents and families may have about the U.S. News ratings. **Where can I find the nursing home ratings?**

Best Nursing Homes allows you to search for a nursing home by name, state, city or ZIP code

and filter based on ratings, size and certain capabilities.

Nursing Homes by Location allows you to search by state or local area.

Why does U.S. News rate nursing homes?

On any given morning this year, approximately 1.1 million individuals, including 1 in 10 individuals age 85 and above, will reside in a U.S. nursing home.

The quality of care provided at the more than 15,000 U.S. nursing homes (also sometimes called skilled nursing facilities, SNFs, post-acute care or sub-acute care facilities) varies widely. U.S. News wants to help families research and find a



nursing home that excels in the type of care they need.

The U.S. News Best Nursing Homes Short-Term Rehabilitation, Long-Term Care and Overall ratings offer individuals and families a starting point in their search for a nursing home, whether they are in need of short-term rehabilitation, long-term care or are interested in a home's overall care.

When did U.S. News begin rating nursing homes?

Since their inception in 2009, the U.S. News Best Nursing Home ratings have relied on data from **Nursing Home Compare**, a program run by the Centers for Medicare & Medicaid Services

(CMS), the federal agency that sets and enforces standards for nursing homes.

In 2018, U.S. News added a Short-Term Rehabilitation rating, evaluating the care delivered to patients after a hospitalization for surgery, heart attack, **stroke**, injury or similar condition.

In 2019, U.S. News added a Long-Term Care rating, evaluating the care delivered to residents who are no longer able to live independently and need help with daily activities such as eating, getting in or out of bed or wheelchair, using stairs or getting dressed, as well as administering needed medical care....**Read More**

Prescription drug middlemen, PBMs, will always drive up drug costs

There's a move afoot in Congress to do something about prescription drug middlemen—Pharmacy Benefit Managers (“PBMs”). But, whatever the fix, it won't bring down drug prices. Here's a primer as to why:

What are PBMs? PBMs are large companies, often owned by health insurers and/or large pharmacy chains, that are supposed to negotiate lower drug prices with pharmaceutical companies by securing discounts and “rebates” off of their prices. Based on those negotiations, PBMs design a health insurer's drug formulary—a list of covered drugs—structuring copay tiers and processing prescription drugs claims, among other things.

What happens to the discounts and rebates the PBMs secure? PBMs and their clients (generally, insurance companies) often pocket most of those rebates rather than use them to lower drug prices for patients. They claim that their ability to retain some – or all – of that money is what drives them to negotiate for lower prices. That promise appears disingenuous at best when much of that money never reaches patients.

Why don't insurers insist on PBMs distributing the rebates? PBMs demand higher administrative fees from insurers

when insurers do not allow them to retain the rebates. And, when insurance companies insist on receiving the rebates from PBMs, there is no assurance that the insurance company will pass the savings along to patients. Moreover, if the insurance company itself owns the PBM, as several do, the insurer effectively pockets the rebates.

What are some of the PBMs' strategies?

- ◆ They maximize their own profits by negotiating and retaining the largest rebates possible. When rebates are designed as a percentage of the list price, the higher the price, the larger the rebate opportunity for the PBM. That perverse incentive undermines the PBM promise of lowering the cost of prescription drugs.
- ◆ It is in the PBM's interest to put the most expensive drugs on their formularies and keep some of the less costly alternatives (*e.g.* generics) off of their formularies.
- ◆ PBMs often “claw back” money from community pharmacies when a patient's copay is larger than the drug price the PBM negotiated with a pharmacy. Those patients are paying larger copays than what



they would have paid had they purchased the drug without insurance.

How can Congress address these problems with PBMs?

- ◆ **Eliminate the multiple restrictions on federal price negotiations, require the federal government to meaningfully negotiate the prices of all prescription drugs, and make those prices available to all Americans.** The value of government drug price negotiations should be made available to everyone – including through Medicare Part D plans and commercial insurers and directly to those Americans without insurance.
- ◆ **The federal government, not PBMs, should determine which prescription drugs are on a formulary.** The federal government should determine which drugs deliver the most value and construct the appropriate formulary. When formularies are developed based upon negotiations between PBMs and manufacturers, both parties have a business case to inflate drug prices.
- ◆ **Build upon the successful model of formulary development at the Veterans**

Administration and establish one clinically solid formulary for all Americans. The VA has one main formulary, designed by clinicians to meet the clinical needs of veterans and negotiated within parameters established by those clinicians. There are no middlemen; the VA's only interest is in getting the most clinically appropriate formulary at the best value for all veterans. The same philosophy should be applied everywhere.

- ◆ **Allow patients to import prescription drugs from other countries.** The United States allows wholesalers to purchase and sell drugs that are manufactured overseas. The federal government should construct a list of nations with drug-approval processes comparable to that in the United States and allow Americans to import prescription drugs from those countries.

In sum, the most meaningful way to bring down drug prices is through government drug price negotiation. For now, Congress should allow people to import prescription drugs from abroad and require insurers to cover those imported drugs that cost less than they do in the US.

3 Social Security Moves to Make Before 2023

As 2022 winds down, now is the time to start thinking about your finances for the next year. Regardless of whether you're close to retirement or still have years left in your career, there are a few Social Security moves to make right now. While each of these steps doesn't take much time, they can set you up for a more financially comfortable retirement.

1. Determine your full retirement age

Your **full retirement age** (FRA) is the age at which you'll receive the full benefit amount you're entitled to based on your career earnings. If you were born in 1960 or later, your FRA is 67 years old. Those born before 1960 will have an FRA of either 66 or 66 and a certain number of months, depending on your exact birth year.

The earliest you can file for Social Security is age 62, but for every month you begin claiming before your FRA, your benefit amount will be reduced. If you **delay claiming benefits** until after your FRA (up to age 70), you'll receive your full benefits plus a bonus amount each month.

When you know your FRA, it's easier to decide the age at which you want to begin claiming. If you plan to retire and file for Social Security at the same time, knowing your FRA will also help determine your retirement age.

2. Check your estimated benefit amount

Even if you're years away from retirement, you can still see an estimate of your future benefit amount. To do this, you'll need to check your online statements through your **mySocialSecurity**



account online. This will give you an estimate of your benefit

amount based on your real earnings throughout your career.

Keep in mind that this number assumes you'll be filing at your FRA. If you end up claiming early or delaying benefits, that will affect your benefit amount. Also, if you still have many years left before retirement, your benefit amount could change, depending on your future earnings.

3. Assess your savings

When you know approximately how much you can expect to receive from Social Security, it's easier to gauge how much you'll be able to depend on your benefits in retirement. From there, you can do a general assessment of your savings to see **whether they'll be enough** to

bridge the gap between what Social Security will provide and what you need to retire comfortably. If you find that you'll be collecting less than you expected from Social Security, you may need to increase your savings rate.

This is still a wise move, even if retirement is years or decades away. If you find that you'll need to rely more heavily on your savings than expected, giving yourself more time to save will make it far easier to reach your target.

A new year means setting new financial goals, and it's a fantastic time to double-check that your retirement plans are on track. By making these three key moves right now, you can head into 2023 as prepared as possible.

Medical debt is a profit center for banks and private equity

Noam N. Levey and Aneri Pattani report for **Kaiser Health News** on how people's medical debt has become a profit center for banks and private equity firms. Banks and private equity firms now offer payment plans to pretty much all patients who cannot afford to pay their medical bills. It's a multi-BILLION dollar business.

Banks and private equity firms profit every time that patients can't afford their medical bills. And, their profit margins are insane, as much or more than 29 percent! Hospitals don't usually charge patients interest for late payments.

Patients end up paying hundreds, if not thousands, of

dollars extra because they sign up with these bank and private equity medical debt payment plans. Interest rates can be 11.5 percent! And, the rate can rise to 27 percent for about one in five patients who do not repay their loans during the promotional period.

Not surprisingly, lower income patients tend to be burdened with larger interest rates because they are unable to make as large monthly payments as higher income patients.

Financing plans for paying off hospital and other medical debt are common. Fifty million people report being on such a plan. While most of these people do not pay



interest, more than ten million of them do. Banks and private equity firms not only get the interest but a cut of the payments owed.

Interest payments on medical debt owed to hospitals and other medical providers is relatively new. And, at least at some hospitals, rates keep going up. Today, almost half of all UNC patients have loans with the top interest rate. Less than three years ago, fewer than one in ten paid the highest rate. Patients at UNC are no different from patients in many other states.

Interest can easily amount to more than a third of the cost of the medical bill if people opt to pay it

over five years. If their bill is \$7,000, they will pay a minimum of \$2,500 in interest at a rate of 13 percent. Many people end up giving up basic necessities like food and heat in order to repay these loans, according to a **Kaiser Health News** analysis. If they don't repay their medical debt, their **hospital can sue them** or garnish their wages.

You could be lucky and use a hospital that does not offer financing with interest. If you are offered financing with interest, you should not agree to it, if at all possible. And, if your bill seems too high, it's worth **verifying that it is accurate.**

Provention prices diabetes drug above analysts' estimates at \$13,850/vial

Nov 18 (Reuters) Provention Bio Inc (**PRVB.O**) has priced its diabetes drug teplizumab at \$13,850 a vial, it said on Friday, a day after receiving U.S. approval and far higher than some analysts' expectations.

The company's shares reversed course from premarket gains to trade down nearly 12% as the high pricing stoked fears over insurance coverage.

The U.S. Food and Drug Administration on Thursday **approved use of the**

drug for patients, with stage 2 of type 1 diabetes, to delay the onset of insulin dependence in those aged 8 years and above.

A 14-day regimen, or a course of the drug would translate to a wholesale price of \$193,900, the company said on a conference call. The wholesale price is not necessarily what patients pay for a drug.

"This (price) is much higher than perhaps what the Street was expecting," said Gregory Renza,



an analyst at RBC Capital Markets.

"Investors will have some level of concern that this pricing could lead to insurance hurdles," said SMBC Nikko Securities analyst David Hoang, who was expecting the treatment to cost \$70,000 to \$80,000 per course.

Type 1 diabetes is an autoimmune disease caused by the destruction of beta cells in the pancreas that produce insulin.

More than 1.8 million people in the United States suffer from type

1 diabetes, according to Provention.

In October, the company signed a co-promotion deal for the drug with Sanofi (**SASY.PA**), offering the French drugmaker first negotiation for exclusive global rights to commercialize the drug in exchange for an upfront payment of \$20 million.

Teplizumab belongs to a class of drugs known as anti-CD3 therapies, which bind themselves to certain white blood cells to suppress the body's immune response.

What if You Could Go to the Hospital ... at Home?

Hospital-at-home care is an increasingly common option, and it is often a safer one for older adults. But the future of the approach depends on federal action.

Late last month, Raymond Johnson, 83, began feeling short of breath. "It was difficult just getting around," he recently recalled by phone from his apartment in the Jamaica Plain neighborhood in Boston. "I could barely walk up and down the stairs without tiring."

Like many older adults, Mr. Johnson contends with a variety of chronic health problems: arthritis, diabetes, high blood pressure, asthma, heart failure and the heart arrhythmia known as atrial fibrillation.

His doctor ordered a chest X-ray and, when it showed fluid

accumulating in Mr. Johnson's lungs, told him to head for the emergency room at Faulkner Hospital, which is part of the Mass General Brigham health system.

Mr. Johnson spent four days as an inpatient being treated for heart failure and an asthma exacerbation: one day in a hospital room and three in his own apartment, receiving hospital-level care through an increasingly popular — but possibly endangered — alternative that Medicare calls Acute Hospital Care at Home.

The eight-year-old Home Hospital program run by Brigham and Women's Hospital, to which Faulkner Hospital belongs, is one of the country's largest and provided care to 600 people last year; it will add more



patients this year and is expanding to include several hospitals in and around Boston.

"Americans have been trained for 100 years to think that the hospital is the best place to be, the safest place," said the program's medical director, Dr. David M. Levine. "But we have strong evidence that the outcomes are actually better at home."

A few such programs began 30 years ago, and the **Veterans Health Administration adopted them** more than a decade ago.

But the hospital-at-home approach stalled, largely because Medicare would not reimburse hospitals for it. Then, in 2020, Covid-19 spurred significant changes.

With hospitals suddenly overwhelmed, "they needed beds," said Ab Brody, a professor of geriatric nursing at New York University and an author of a recent **editorial on hospital-at-home care** in the Journal of the American Geriatrics Society. "And they needed a safe place for older adults, who were particularly at risk."

In November 2020, Medicare officials announced that, while the federally declared public health emergency continued, hospitals could apply for a waiver of certain reimbursement requirements — notably, for 24/7 on-site nursing care. Hospitals whose applications were approved would receive the same payment for hospital-at-home care as for in-hospital care...**Read More**

Medicare Will Cap Insulin At \$35 Per Month, But Is Your Prescription Still Covered By Your Plan? Better Check

The recently enacted Inflation Reduction Act requires Medicare Part D plans to cap insulin costs at \$35 per month

per **covered** prescription starting in 2023, but to get the savings, diabetic Medicare beneficiaries first need to confirm that their insulin will be **covered** by their plan next year, warns the Senior Citizens League (TSCL). "If your insulin isn't covered by your plan, the \$35 cap will not apply and you could wind up with thousands of dollars in pharmacy bills," says Mary Johnson, a Medicare, and Social Security policy analyst for The Senior Citizen League.

"Medicare Advantage and freestanding prescription drug plans make changes to their plans every year and can drop coverage of a drug without informing enrollees of the change in advance," says Johnson. During Medicare Open Enrollment, underway now through December 7, Medicare beneficiaries can learn about changes to their current plans, confirm coverage of drugs in their current plans, compare options for coverage in 2023, and switch plans if they can find a better match.

For the past 17 years, Johnson has been helping friends and family check and compare their Medicare coverage options during the annual Medicare Open Enrollment Period. "Drug plans don't send their formularies by mail unless enrollees request a copy," Johnson says. Even with the list of covered drugs, plans can make changes after the formulary was printed. "Calling the plan's customer service number is one way to confirm continued coverage of your insulin in 2023, but it requires going through automated menus, getting put on hold, confusing terminology, and a process that can drive up your blood pressure," says Johnson.

Medicare's Drug Plan Finder, the online tool that can be useful in helping Medicare beneficiaries verify these details, carries a warning this year — *"This new \$35 cap may not be reflected when you compare 2023 plans. You should talk to someone for help comparing plans."* "We absolutely agree that help is needed this year, but many Medicare beneficiaries have no idea where to get experienced assistance with this task,"



Johnson says. "Free, unbiased help is available in almost every area of the country. Beneficiaries and other family members

can find contact information online through their **State Health Insurance Assistance Program (SHIP)**. Many of these programs operate through local Area Agencies on Aging and can help you over the phone or set up appointments for in-person visits. "Do not put this task off. It is easy when you call and let a Medicare counselor do the work to get you through this," Johnson says.

Johnson's first case this Open Enrollment season is a neighbor who is enrolling in Medicare for the first time. He takes 10 prescription drugs, including two types of insulin — Humalog and Lantus. Johnson, who has been doing drug plan searches, immediately hit a dead end on her first search attempt using the **Medicare Drug Plan Finder**. The initial results appeared to indicate that no drug plan in their area covered her neighbor's insulin prescriptions. Even worse, it appeared he might be on the hook for as much as \$5,737.39 in premiums and out-

of-pocket prescription costs next year. "Something wasn't right, but I was not sure at first what else to try," she said.

Johnson tried calling a few drug plans directly to learn more about the insulins that the plans offered on their formularies. "It was horrifying," says Johnson. The calls took about an hour per call to confirm the prescribed insulins were covered by the plan. One of the plans had customer service representatives who answered questions about drug coverage in Medicare Advantage plans, even though information for free-standing Part D plans was specifically requested. One plan representative only disclosed the fact that she was discussing Medicare Advantage after the first 30 minutes. Even worse, the plan representative never confirmed what insulins the plan covered," Johnson says. "Another plan put me on hold after every single question but finally confirmed that Lantus at least, would be covered by their plan at \$35 per month, even though the Medicare Plan Finder showed the *generic* version of Lantus was not covered by that plan.... **Read More**

Unlocked & Loaded: Most Guns Used in Suicides Are Easily Accessed

Guns cause more than half of all suicides in the United States each year, and new research finds most of these are handguns owned by the deceased that were stored unlocked and loaded.

Researchers used data from the National Violent Death Reporting System to examine the deaths of more than 117,000 people who killed themselves with guns between 2003 and 2018.

"These results highlight that more often than not, unsecured handguns are the driving force in firearm suicide in America," said senior author **Michael Anestis**, executive director of the New Jersey Gun Violence Research Center at Rutgers University.

"That said, some groups -- like men and individuals who identify as American Indian/Alaskan native -- are more likely than their peers to use long guns in their suicide death," Anestis said in a

Rutgers news release. "As we encourage secure firearm storage and storing firearms away from home during times of stress, it is important to discuss more than just handguns."

About 65% of the victims used a handgun, the research found. About 77% owned the gun they used. That gun was stored loaded in more than 63% of cases and unlocked about 59% of the time.

The research team also studied where on their bodies individuals wounded themselves. In about 81% of cases that was the head. Most other wounds were to the chest.

Suicide victims with wounds to the chest or abdomen tended to be younger. The study also found that women were more likely than men to die from gunshot wounds to areas of the body other than the head.



Men were twice as likely as women to use a rifle in their death. They were also more likely to store their firearms unlocked.

Also, younger individuals were more likely to have used firearms that had been stored unlocked. This may indicate they were using unsecured guns owned by their parents, researchers said.

"These findings highlight the powerful role that secure firearm storage could play in firearm suicide prevention, including our efforts to prevent suicide among children and adolescents who might otherwise access their parents' unsecured firearms," Anestis said.

While there were few variations by race, those who were American Indian/Alaskan Native were far more likely than those who identified as white to use a rifle or shotgun. This may be

explained by other differences in these groups, such as using guns for hunting.

When guns are in the home, the risk of death is elevated for everyone who lives there, past research has shown.

"If we can shift social norms on securing firearms and if we can provide easy paths toward legally storing firearms away from home during times of stress, we have an opportunity to prevent thousands of tragedies every year," Anestis said.

"Doing this requires not only that we understand the disproportionate role of unsecured firearms, but that we acknowledge the risk that comes from rifles and shotguns, particularly in communities in which hunting is common," he noted.



Pfizer's New Booster Shot Shows Protection Against Emerging Omicron Variants

(HealthDay News) -- Pfizer's updated COVID booster shots are proving their mettle against emerging omicron variants, the company **announced** Friday.

The latest version of the vaccine generated virus-fighting antibodies against four more omicron lineages, including the troubling BQ.1.1 variant.

Notably, the immune response wasn't as strong against these newer variants as it is against the BA.5 strain. But adults 55 and older experienced a nearly ninefold jump in antibodies

against BQ.1.1 a month after receiving the updated booster, according to a new preprint **study**. That's compared to a twofold rise in people who got another dose of the original vaccine.

The preliminary data hasn't yet been vetted by independent experts, but Moderna also recently **announced** early evidence that its updated booster generated antibodies against BQ.1.1.

It's too soon to know how



much real-world protection such antibody boosts translate into, or how long it will last. Antibodies are only one type of immune defense, and they naturally wane with time.

After dominating the country for months, the BA.5 variant is now responsible for only 30% of new cases, according to the U.S. Centers for Disease Control and Prevention. The BQ.1.1. variant now accounts for 24% of cases, up from 2% in early October, while its close cousin BQ.1

accounts for 20% of cases.

"Any kind of boost really reduces your chances of getting very sick from COVID," **Dr. Kathryn Stephenson**, of Beth Israel Deaconess Medical Center in Boston, told the *Associated Press* earlier this week.

Updated boosters are available for anyone 5 or older, but only about 35 million Americans have gotten one so far, according to the CDC. Nearly 30% of seniors are up-to-date with the newest booster, but only about 13% of all adults are.

Observable traits predict changes in cognitive and physical health

A new measurement system based on phenotypic (observable) data can identify individuals at risk for adverse health outcomes based on their computed "aging score." After collecting these data from nearly 1,000 people aged 24 to 93, NIA-funded researchers found that individuals with higher biological aging scores exhibited faster physical and cognitive decline, developed multiple health conditions, and had shorter lifespans. The approach may be a better predictor of health outcomes over time than the traditional focus on a person's chronological age, which is based on birthdate. Findings from the study were published in *Nature Aging*.

NIA's Baltimore Longitudinal Study of Aging (BLSA), the United States' longest-running scientific study of human aging, has shown that the manifestations of aging are highly variable across individuals. Because people age differently, chronological age alone does not provide a complete picture of the influences on and the effects of aging. Phenotypes, which are observable traits based on genes and the environment's impact on those genes, may provide insight into biological aging. Phenotypes could reveal biological aging at the cellular and molecular level, and indicate how fast health changes will occur, such as the



progression of chronic disease and decline in physical and cognitive function.

For this phenotypic study, researchers from NIA, Johns Hopkins Bloomberg School of Public Health, Yale School of Medicine, and the University of Maryland School of Medicine used data from 968 BLSA participants. The researchers organized the phenotypic data into four groups: body composition such as waist size, energetics such as oxygen consumption, homeostatic mechanisms such as blood pressure, and neuroplasticity/neurodegeneration such as brain volume and nerve firing.

For each phenotype, the researchers measured the difference between an individual's changes over time and the sex- and age-specific average changes over time in the study population. Notably, by using these changes over time as a reference, the resulting phenotypic scores accounted for nonlinear rates of change. These nonlinear rates are important because certain measures of aging, such as fitness, do not change in a linear way over time. The study also included changes in mobility and cognitive testing, the number of medical conditions reported by participants, and participants' lifespan.... **Read More**

Flu Has Started Early and With a Punch: CDC

Flu season has struck the United States hard and early, burdening hospitals that are also coping with a surge in other respiratory viruses, including RSV and COVID-19.

The nation has seen at least 4.4 million cases of flu so far this season, with 38,000 hospitalizations and 2,100 deaths from flu, the U.S. Centers for Disease Control and Prevention reported Friday.

While typically flu rates don't begin to rise until December or January, 27 U.S. states now have high or very high flu levels. The South and Southwest have been hit hardest but the numbers are growing in other regions,

especially among those 65 and older and children younger than 5, the *Associated Press* reported Friday.

"It's so important for people at higher risk to get vaccinated," Lynnette Brammer of the **CDC's influenza division** said in a news release Friday. The CDC recommends flu shots for anyone 6 months and older.

Hospitalization rates from the flu haven't been so high so early since the 2009 swine flu pandemic, the *AP* noted.

Dr. Mark Griffiths, a pediatric emergency physician in Atlanta, called the combination of RSV (respiratory syncytial



virus), flu and COVID a "viral jambalaya." "I tell parents that COVID was the ultimate bully. It bullied every other virus

for two years," said Griffiths, who is with Children's Health Care of Atlanta.

Griffiths told the *AP* that children's hospitals in his area have at least 30% more patients than usual.

Meanwhile, COVID-19 is still responsible for more than 3,000 daily hospital admissions, according to the CDC.

Flu vaccination rates are lower than in past years, especially in adults. This may be due to the past two flu seasons being mild,

experts say.

No vaccines exist for RSV, which is an infection of the lungs and respiratory tract that is common in children but can also infect adults. The virus is especially dangerous for those with chronic illnesses and those who are frail.

With holiday festivities approaching, infectious disease specialists urge caution. Some suggest avoiding public crowds in the days before Thanksgiving, getting COVID tests before gatherings and wearing masks indoors, especially if a loved one is old or frail.

HDL 'Good' Cholesterol's Role in Heart Health Under Scrutiny

Blood levels of HDL, the famously "good" kind of cholesterol, may not make a big difference to heart health after all -- particularly for Black people, a large new study suggests.

The study, of nearly 24,000 U.S. adults, found that low HDL levels were tied to a somewhat higher risk of heart attack among white people. That was not the case for Black adults, however.

Meanwhile, high HDL levels -- traditionally lauded as heart-healthy -- made no difference in heart risks for Black or white adults.

Experts said the findings call for a reevaluation of how HDL is used to predict people's risk of developing heart disease. More broadly, they said, researchers need to figure out whether various "traditional" heart disease

risk factors have similar effects for all people.

"We need to expand our understanding of risk factors for all racial and ethnic groups," said senior researcher Nathalie Pamir, an associate professor of medicine at Oregon Health & Science University in Portland.

That understanding, she added, turns into treatment guidelines. "And our guidelines have to work for everyone," Pamir said.

HDL, or high-density lipoprotein, first gained its reputation as the "good" cholesterol with the Framingham Heart Study. Back in the 1970s, it found a correlation between higher HDL levels and a lower risk of heart attack.

The Framingham study is a major, still ongoing research project: Decades ago, it identified



many of the factors now considered key in whether people develop heart problems or suffer a stroke: High blood pressure, high levels of "bad" LDL cholesterol, smoking and obesity raise those risks, while exercise and higher HDL lower the odds.

Today, HDL is considered too low if it's below 40 mg/dL for men or 50 mg/dL for women. Values between those numbers and 59 mg/dL are considered normal, but people are encouraged to shoot for a "desirable" 60 or higher.

The problem is, the Framingham participants were all white. And some recent studies with greater racial diversity have questioned whether low HDL is "bad" for everyone's heart.

The new findings, Pamir said, show that for Black Americans,

that idea does not hold up.

The study, published Nov. 21 in the *Journal of the American College of Cardiology*, involved 23,901 U.S. adults age 45 and up who were free of coronary heart disease at the outset. That refers to heart disease caused by a buildup of artery-clogging "plaques."

About 42% of the participants were Black, and 58% were white.

Over the next decade, just over 1,600 people suffered a heart attack or died of coronary heart disease. It turned out that low HDL predicted a modestly higher risk of heart trouble, but in white people only: Those with low levels had a 22% higher risk than white participants with normal HDL....[Read More](#)

Feast on Gratitude This Season – It Could Be Good For You, Mentally and Physically

Overindulgence is a Thanksgiving tradition rarely praised by health experts. But when it comes to the reason for the season – gratitude – feel free to serve up as much as you can.

That's because research suggests expressing gratitude might be not only a nice thing to do, but a healthy one, too.

Gratitude is a simple concept, said Emiliana Simon-Thomas, science director of the Greater Good Science Center at the University of California, Berkeley. But it has many facets.

It can refer to feelings toward another person or a general sense

of reverence, such as for God or nature. It's studied as both an inherent trait and a temporary emotion, said Simon-Thomas, who led an extensive initiative on the science and practice of gratitude. It's both related to and distinct from compassion, she said – compassion is about giving help, while gratitude is about receiving it.

Research on gratitude's benefits hasn't been as extensive as in some other areas of psychological well-being, said Dr. Christopher Celano, associate director of the Cardiac



Psychiatry Research Program at Massachusetts General Hospital in Boston.

Although many aspects of positive psychological well-being have been linked to physical health, he said the specific effects of gratitude can be difficult to pin down.

But despite the research gaps, Celano said, "it's important for people to cultivate gratitude, as it may be beneficial for health, both physically and mentally."

Celano was co-author on a study, published in 2018 in the *Journal of Positive Psychology*,

showing that in people who had been treated for acute coronary syndrome (where blood flow to the heart is blocked, as in a heart attack), those who expressed gratitude two weeks after the event were more likely to stay on their medications six months later. They showed higher levels of physical activity, too.

A study of people with heart failure, published in 2016 in *Spirituality in Clinical Practice*, associated gratitude with better mood and sleep. A 2009 study in the *Journal of Psychosomatic Research* also linked it to better sleep quality....[Read More](#)

There's a Best Time of Day to Exercise for Women's Heart Health

Regular exercise has long been hailed as a great way to preserve heart health, but could a morning workout deliver more benefits than an evening visit to the gym?

New research suggests that for women in their 40s and up, the answer appears to be yes.

"First of all, I would like to stress that being physically active or doing some sort of exercise is beneficial at any time of day," noted study author Gali Albalak, a doctoral candidate in the department of internal medicine at Leiden University Medical Centre in the Netherlands.

Indeed, most public health guidelines ignore the role of timing altogether, Albalak said, choosing to focus mostly on "exactly how often, for how long and at what intensity we should be active" to gain the most heart health benefits.

But Albalak's research focused on the ins and outs of the 24-hour wake-sleep cycle — what scientists refer to as circadian rhythm. She wanted to know whether there might be "a possible additional health benefit to physical activity" based



on when people choose to exercise.

To find out, she and her colleagues turned to data previously collected by the UK Biobank that tracked physical activity patterns and heart health status among nearly 87,000 men and women.

Participants ranged in age from 42 to 78, and nearly 60% were women.

All were healthy when outfitted with an activity tracker that monitored exercise patterns over the course a week.

In turn, heart status was

monitored for an average of six years. During that time, roughly 2,900 participants developed heart disease, while about 800 had a stroke.

By stacking heart "incidents" up against exercise timing, the investigators determined that women who primarily exercised in the "late morning" — meaning between approximately 8 a.m. and 11 a.m. — appeared to face the lowest risk for having either a heart attack or stroke....[Read More](#)

Using an Online Pharmacy to Buy Meds? It's Buyer Beware, FDA Says

It might be tempting to buy prescription medication online, but buyers should beware, the U.S. Food and Drug Administration warns.

While some pharmacy websites operate legally and can offer convenience, privacy and lower costs, others may be selling unapproved, counterfeit and unsafe medications, the **FDA** advises.

Many unsafe online pharmacies do exist, offering prescription medications without requiring a prescription and selling them at "deeply discounted" prices.

These pharmacies may use fake "store fronts" designed to mimic licensed pharmacies. They may imply or say that their medicines come from countries with high safety standards,

according to the FDA.

Yet, what they're selling could be made anywhere without safety or effectiveness. The drugs could also be fake or expired.

Be wary if the online pharmacy does not require a doctor's prescription, the FDA cautioned. Other red flags: The pharmacy is not licensed in the United States or by your state board of pharmacy and doesn't have a licensed pharmacist on staff to answer questions.

You should also beware medicine that looks different from what you receive at your usual pharmacy, arrives in damaged packaging, is labeled in a foreign language, has no expiration date or is expired.

A price that seems too good to be true is another warning sign.



An unsafe online pharmacy may not provide clear written protections about guarding your personal and financial information, may charge you for products you never ordered or received, or may sell your information to others.

The medications from these pharmacies may have too much or too little of the active ingredient that treats your condition. They may contain a different active ingredient or a harmful substance.

These medications may fail to help you but may also have an unexpected interaction with other medicines you take, cause an allergic reaction or have a dangerous side effect. They may not have been stored properly,

which could make them ineffective.

Despite all of these problems, it is still possible to find a safe online pharmacy.

The FDA suggests looking for one that always requires a doctor's prescription, provides a physical address and telephone number in the United States and has a licensed pharmacist on staff to answer your questions.

This online pharmacy should be licensed with a state board of pharmacy. You can check the pharmacy's license in the state's board of pharmacy license database by using the location tool on the FDA's **BeSafeRx website**. Don't use a pharmacy that isn't listed.

Flu Shot Could Be Lifesaver for Folks With Heart Failure

People battling heart failure should make the time to get their flu shots now, a new study suggests.

Not only will the shots help prevent influenza in this high-risk group, but it could also reduce pneumonia infections and cardiac complications, researchers report.

"If you have heart failure, you should get your flu shot because it can save your life -- that is what we found in this study," said lead investigator **Dr. Mark Loeb**, a professor of pathology and molecular medicine at McMaster University in Ontario, Canada. "It is underappreciated

that influenza vaccine can save people from cardiovascular death."

In the study, investigators from McMaster, the Population Health Research Institute of McMaster (PHRI) and Hamilton Health Sciences tracked more than 5,000 patients with heart failure in 10 countries across Africa, Asia and the Middle East. Few people in these areas get regular flu shots.

The patients received either an influenza vaccine or a placebo annually between June 2015 and November 2021.

Over a year, influenza vaccines



reduced pneumonia by 40% and hospitalizations in patients with heart failure by 15%, according to the study.

During the fall and winter flu season, it reduced deaths by 20%.

People with heart failure are already vulnerable to poor health outcomes, with a 50% chance of dying within five years, Loeb said. About 20% are hospitalized for cardiovascular complications every year.

"Importantly, we looked at low- and middle-income countries, where 80% of cardiovascular disease occurs and where flu

vaccination rates are low," Loeb said in a university news release.

The study is the first clinical trial of the flu vaccine's effectiveness in patients with heart failure.

"The flu shot should be part of the standard practice in people with heart failure, given how simple, inexpensive and safe it is. Avoiding one-sixth of deaths from heart disease and preventing hospitalizations makes it very cost-effective and that can have an important public health and clinical impact," said study co-author **Dr. Salim Yusuf**, executive director of PHRI.

Seizure Risk Rises in Months After COVID

A bout of COVID-19, even a milder one, may raise the risk of having a seizure in the next six months, a large new study suggests.

Researchers found that of over 300,000 Americans who had suffered a case of COVID-19 or the flu, COVID sufferers were 55% more likely to be diagnosed with a seizure or epilepsy in the next six months.

And a deeper look showed that the increased risk was among people who were not hospitalized: Of those who dealt with COVID at home, just over 0.7% were later diagnosed with a first-time seizure or epilepsy.

That compared with just under 0.5% of people who were sick at home with the flu.

The link between COVID-19 and seizures was also stronger among children than adults.

The absolute risks are small, stressed senior researcher **Dr. Arjune Sen** of the University of Oxford in the United Kingdom. And this type of study, he said, cannot get at the underlying reasons.

But the study, published online Nov. 16 in the journal **Neurology**, adds to the many that have arrived at similar conclusions: After COVID,



people can face longer-term health problems. For some, that means a new medical condition, such as diabetes or heart disease. Many others deal with the wide range of ongoing symptoms known as long COVID — including neurological issues like loss of smell, headaches, dizziness and "brain fog."

Given that, it's logical to ask whether seizure risk could be elevated post-COVID, said **Wyatt Bensken**, an adjunct assistant professor at Case Western Reserve University School of Medicine, in Cleveland.

Bensken, who wrote an **editorial** published with the study, said the findings raise a number of questions. One is: How do people fare in the long run when they have post-COVID seizures? Are many having a one-time seizure, or a short-term issue? How often will they go on to have a chronic seizure disorder?

Given that, it's logical to ask whether seizure risk could be elevated post-COVID, said **Wyatt Bensken**, an adjunct assistant professor at Case Western Reserve University School of Medicine, in Cleveland....**Read More**

AHA News: Some Reduced-Carb Diets May Decrease Diabetes Risk, But Others May Raise It

When it comes to reduced-carb diets, it may be quality, not quantity, that matters most.

New research finds that animal-based, low-carbohydrate eating was associated with a higher Type 2 diabetes risk, whereas plant-based, low-carb eating was associated with a lower diabetes risk. The research, recently presented in Chicago at the American Heart Association's Scientific Sessions conference, is considered preliminary until published in a peer-reviewed journal.

"To prevent the risk of Type 2

diabetes for generally healthy people without prediabetes or diabetes, the quantity of carbs might not matter as much as the quality of the protein, fats and carbs," said lead study author Yeli Wang, a research fellow in the department of nutrition at the Harvard T.H. Chan School of Public Health in Boston. "The key is to pay attention to the quality of the food."

Low-carb diets are popular because research shows they can rapidly reduce weight within six to 12 months. However, it's



unclear why they are so efficient at shedding pounds or how they affect long-term health. Diets that restrict carbs increase fat and protein, and one theory is that this leads to a feeling of fullness, which helps reduce hunger. Another theory is that restricting carbs increases the body's metabolism and helps burn calories.

There are at least a dozen popular low-carb diets, including the ketogenic diet – which severely restricts carbohydrates – and the Paleo diet, which

emphasizes fruits, vegetables and lean meats and is modeled on foods that would have been available to humans during the Paleolithic Age. Some studies have suggested that very low-carb diets may improve blood glucose levels in people with prediabetes or Type 2 diabetes. But the number of carbs consumed in these diets varies and the emphasis on eating fats raises concerns about how the diets may affect cholesterol levels and heart health... [Read More](#)

Don't Know the Signs of Pancreatic Cancer? You're Not Alone

While pancreatic cancer is particularly deadly because there is no early detection test and only limited treatments, there are symptoms that can signal the disease, a leading pancreatic cancer nonprofit says.

Unfortunately, most Americans do not know what those signs are.

In a recent survey, the Pancreatic Cancer Action Network (PanCAN) found most adults are unaware of the signs that could help them detect the disease earlier, so the organization is offering a [guide](#) to help people become more aware of the symptoms.

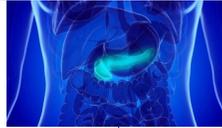
The most common symptoms of pancreatic cancer are abdominal or back pain, weight loss or loss of appetite and digestive problems. Other common symptoms include

yellowing of the skin and eyes, known as jaundice; an oily or watery stool; and new-onset diabetes.

"Pancreatic cancer symptoms are vague and can be confused with many other abdominal or gastrointestinal issues. Understanding these symptoms along with certain risk factors and your own family history can provide confidence," said [PanCAN President and CEO Julie Fleshman](#).

"We know it can be difficult speaking to your doctor about pancreatic cancer, so we want to empower everyone to be their best health advocate with this new tool," she said in an organization news release.

Pancreatic cancer has a five-year survival rate of just 11%,



according to PanCAN. The disease was responsible for the deaths of numerous high-profile people,

including Alex Trebek, Ruth Bader Ginsburg, Steve Jobs and Aretha Franklin.

Despite those high-profile cases, 83% of adults in the survey did not know the signs or symptoms of pancreatic cancer. Older adults were least likely to have that information, which PanCAN called troubling, given that 90% of patients diagnosed with the disease are 55 and older.

An early diagnosis could improve a patient's treatment options, possibly including surgery.

Anyone who experiences symptoms, especially older Americans, can download and

bring the PanCAN guide to their health care provider and discuss their concerns, the nonprofit suggested.

PanCAN is sharing stories about pancreatic cancer this month, designated for awareness of the disease. The organization has invested \$174 million in research, including \$10.5 million this past year. PanCAN's Precision Promise clinical trial seeks to accelerate new treatment options and its Early Detection Initiative works to develop a strategy to diagnose pancreatic cancer early.

The new survey was conducted in online interviews with 1,045 male and female respondents, 18 and older and nationally representative by gender, age, ethnicity and census region between Sept. 30 and Oct. 3.

FDA Approves First Lab-Grown Meat Product

Americans could soon be eating chicken that's grown in a lab from cultured animal cells, rather than raised at a farm or facility.

The U.S. Food & Drug Administration [announced](#) Wednesday that the environment-friendly chicken made by California-based Upside Foods is safe to eat, although it is not yet fully approved for sale.

"Our goal is to support innovation in food technologies while always maintaining as our priority the production of safe food," the FDA said. "Human food made with cultured animal cells must meet the same stringent requirements, including safety requirements, as all other

food." The idea behind the firm's production plan is to use animal cell culture technology to take living cells from chickens, then to grow those cells in a controlled environment.

The business walked the FDA through its production process, establishment of cell lines and cell banks, manufacturing controls, and all components and inputs.

Before its products are approved for sale, Upside still needs a grant of inspection from the United States Department of Agriculture Food Safety and Inspection Service (USDA-FSIS) for its manufacturing facility, according to the FDA. The food



itself will also require a mark of inspection from USDA-FSIS.

The FDA is closely coordinating with USDA-FSIS to make sure the food would be properly regulated and labeled.

Upside Foods CEO and founder [Dr. Uma Valeti](#), who is also a cardiologist, started the business while working for the Mayo Clinic growing human heart cells in a lab.

He called the new product a "watershed moment in the history of food," in a statement, *CBS News* reported.

The company's California facility can produce more than 50,000 pounds of chicken yearly, *CBS News* reported.

Now, the FDA added that it is ready to work with more firms on developing cultured animal cell food and production processes.

"We encourage firms to have these conversations with us often and early in their product and process development phase, well ahead of making any submission to us," the FDA said.

Multiple firms that are working on various foods using cultured animal cells are already talking with the FDA, according to the agency. This includes food made from seafood cells, which the FDA would solely oversee, *CBS News* reported.

A Vaccine Against Deadly Fentanyl Might Be Near

Researchers report they have created a vaccine to fight fentanyl addiction, in a potential breakthrough in the opioid epidemic.

The shot would block the ability of fentanyl to enter the brain and cause the "high" that users crave. It could be used to prevent relapses in people trying to quit opioids, once it gets through clinical trials, the scientists said.

"We believe these findings could have a significant impact on a very serious problem plaguing society for years — opioid misuse," said study author **Colin Haile**, a research associate professor of psychology at the University of Houston and the Texas Institute for Measurement, Evaluation and Statistics.

"Our vaccine is able to generate anti-fentanyl antibodies that bind to the consumed fentanyl and prevent it from entering the brain, allowing it to be eliminated out of the body via the kidneys. Thus, the individual will not feel the

euphoric effects and can 'get back on the wagon' to sobriety," Haile explained in a university news release.

The team has tested the drug on animals but plans to start manufacturing a clinical-grade vaccine in the coming months and to start human trials. However, research in animals does not always pan out in humans.

More than 150 people die every day in the United States from overdoses of synthetic opioids including fentanyl. About 80% of people who try to quit suffer a relapse.

Fentanyl is 50 times stronger than heroin and 100 times stronger than morphine. Even a tiny amount, 2 milligrams, is likely to cause death.

Scientists created the vaccine using a derivative from *E. coli* bacteria, to help boost immune response to the vaccine.

"The anti-fentanyl antibodies were specific to fentanyl and a fentanyl derivative, and did not



cross-react with other opioids, such as morphine. That means a vaccinated person would still be able to be treated for pain relief with other opioids," Haile said.

Even people who don't ordinarily consume fentanyl but who use other drugs sometimes experience fentanyl overdoses because the drug is often added to street drugs like cocaine, methamphetamine, counterfeit benzodiazepines like Xanax, and other opioids, such as oxycodone and hydrocodone.

Opioid use disorder is treated with a mix of medications, including methadone, buprenorphine and naltrexone, the researchers noted.

This new vaccine could be a "game-changer," said **Therese Kosten**, director of the developmental, cognitive & behavioral neuroscience program at the University of Houston (UH).

"Fentanyl use and overdose is a particular treatment challenge

that is not adequately addressed with current medications because of its pharmacodynamics, and managing acute overdose with the short-acting naloxone is not appropriately effective as multiple doses of naloxone are often needed to reverse fentanyl's fatal effects," said Kosten, who was senior author of the study.

Others on the research team were Greg Cuny, a professor of drug discovery at the UH College of Pharmacy and researchers from Baylor College of Medicine and the Michael E. DeBakey Veteran's Affairs Medical Center, both also in Houston.

The findings were published online recently in the journal **Pharmaceutics**.

Funding was provided by the U.S. Department of Defense through the Alcohol and Substance Abuse Disorders Program managed by RTI International's Pharmacotherapies for Alcohol and Substance Use Disorders Alliance.

Vision impairment is associated with as many as 100,000 U.S. dementia cases

Up to 100,000 U.S. dementia cases could have potentially been prevented with improved eye care, according to an NIA-funded study published in *JAMA Neurology*.

While the search for breakthrough drugs or interventions that could be treatments for Alzheimer's disease and related dementias

continues, scientists are also exploring existing ways to address modifiable risk factors for these diseases.

The Lancet Commission on Dementia Prevention, Intervention, and Care had previously expanded its list of other modifiable risk factors for dementia. These include factors



such as hearing loss, high blood pressure, obesity, smoking, lack of exercise, diabetes, brain injury, excessive alcohol consumption, and exposure to air pollution.

This newer research featured data from the NIA-funded University of Michigan **Health and Retirement Study** (HRS), a longitudinal study tracking

changes in health and economic circumstances for more than 20,000 older adult volunteers. The scientists found that one of the top preventive actions that may reduce risk for Alzheimer's and related dementias is getting vision problems corrected, through methods such as eye exams, eyeglasses, and cataract surgery....**Read More**

69 vs. 70: Bias Against Older Organ Donors May Be Costing Lives

The difference between age 69 and age 70 is, of course, just a single year.

Yet, organizations that receive organs for transplant patients are less likely to choose one from the older donor, a **new study** finds.

American organ procurement organizations and transplant centers were about 5% less likely to select or accept an organ from 70-year-old donors than from those who died at 69.

This is called left-digit bias, which unconsciously places value on the first digit in a number — 7 in 70, for example — and is linked to ageism, according to researchers from the University of Michigan and University of

California, San Francisco.

While previous research had found this bias in using donor kidneys, researchers wondered if it would happen if other organs were included.

"Donated organs are a lifesaving resource, but there are many more people on the waiting list than there are available organs," said co-author **Dr. Clare Jacobson**, a general surgery resident at University of Michigan Health, in Ann Arbor.

"We were interested in looking at how we could make small changes to optimize our current supply of deceased donor organs,



with the goal of both serving the patients on the waiting list and honoring the gift of life these donors are providing," she said in a university news release.

For the study, the researchers used data from the United Network for Organ Sharing, a nonprofit that manages the nation's organ transplant system. That the centers were 5% less likely to choose an organ from a 70-year-old suggests that about 1 donor in 18 will be rejected altogether, Jacobson said.

"This demonstrated bias is not limited to a single transplant center, [organ procurement

organization] or even step in the transplant process, and is seen across organ types," Jacobson said. "In our role as stewards of these gifted organs and for all patients waiting for a transplant, interventions must target every step in the transplantation process to overcome our prejudiced thinking."

That same left-digit bias was not significant in selecting organs when donors were age 59 compared to age 60, the researchers found. Jacobson said other factors such as weight, blood work and other health problems may get greater consideration when donors are younger.