

MAGAZINE

FEBRUARY 2024

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**GREATEST
SCIENTISTS**
John Craig Venter



WELCOME

to the Floridacare Family

Prevention rather than cure should be the watchword of each person for their health care, in order to avoid risk factors that can lead us to suffer from a disease. We must promote a healthy physical and mental lifestyle, and that is the objective of this magazine, that whoever reads it, can know the importance of preventive health.

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Why is wellness important?

Over the past year, we have all experienced new challenges that have affected our physical, mental, and social well-being. Many of us have felt tired and stressed, which is why wellness and self-care are more important than ever. Below, we share some new ideas to achieve your well-being in all its dimensions and you can nourish your mind and body.

1. Do exercises
2. Drink water regularly.
3. Track your fitness.
4. Take multivitamins.
5. At the office, stand up every 30 minutes.
6. Go outside
7. Get enough sleep.
8. Eat organic food if possible.
9. Practice gratitude.
10. Read books
11. Eat more fruits and vegetables.
12. Correct your posture.
13. Take a daily probiotic.
14. Get vaccinated.
15. Minimize sugar intake.
16. Meditate.
17. Listen to music.
18. Share with friends and family.
19. Do not abuse electronic equipment
20. Organize your days.



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Health Plans

A pill to **SLOW AGING?**



Researchers have been looking for decades for ways to delay human aging and prevent diseases. The prognosis for success appears to be improving

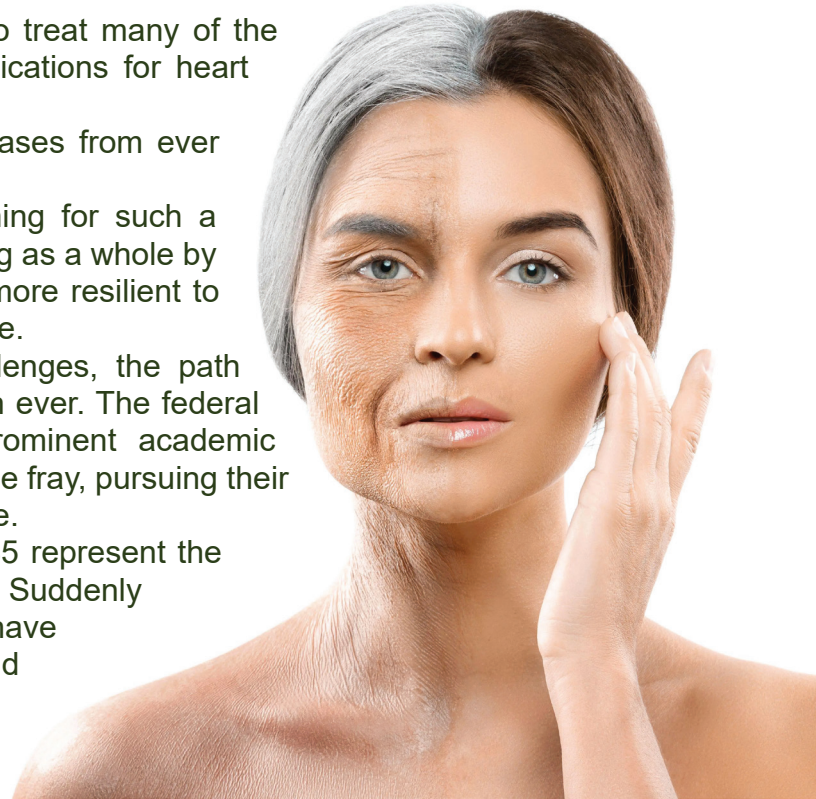
Medical professionals have figured out a way to treat many of the diseases that accompany aging: We have medications for heart disease, diabetes, arthritis — even Alzheimer's.

But what if a pill could help prevent these diseases from ever occurring?

For decades now, scientists have been searching for such a medical Holy Grail: safe medicines that treat aging as a whole by slowing cellular decay or by making your body more resilient to the factors that trigger physical and mental decline.

Despite the research costs and scientific challenges, the path toward such a pill is attracting more interest than ever. The federal government is involved, as well as many prominent academic institutions. Billionaire “biohackers” have joined the fray, pursuing their own age-defying theories and sparing no expense.

There's a reason for the urgency: People over 85 represent the fastest-growing segment of the U.S. population. Suddenly we're confronted with this world that's going to have more and more people living into their 80s, 90s and 100s in the near future.



Finding a way to keep these adults healthy in their latter decades not only enhances their quality of life, but experts say it could be a boon for the economy and a break for the health care system, which shells out trillions of dollars each year to treat chronic diseases that become more common with age. It's not about living to 200; it's about living to 90 in good health.

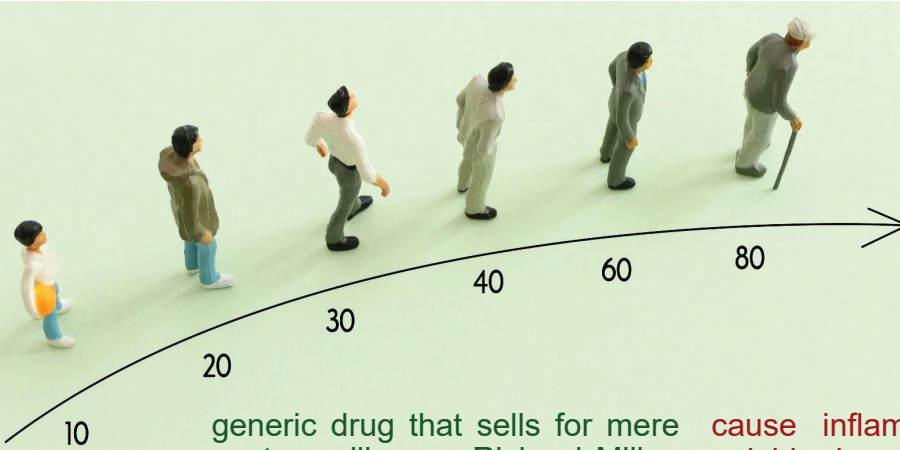
But if the race to finding such a disease-blocking pill was 10

miles long, we're only at mile 2. What's holding back progress? A dearth of data. While various medicines are showing promise in animals, it will take considerable time and money to test their long-term impact on humans.

Then there's regulatory red tape: Aging is not currently recognized as a preventable condition by the Food and Drug Administration, so there's no clear pathway to approve medications to treat it.

However, experts in the field are hopeful this will change.

Promising treatments that never panned out, like resveratrol or biotech-backed experimental drugs, have also muddled the course. Still, there have been real breakthroughs, and a handful of medications stand out as top contenders for usage in ways that transcend individual diseases and that could help sustain health more broadly. Here's a look at three of them.



Metformin

The diabetes medication taken by millions has been under the anti-aging microscope for years, and experts say it remains a front-runner in the race toward a broad-purpose anti-disease drug. Studies show metformin has protective benefits against cardiovascular disease and may be able to reduce the risk of other age-related illnesses like cancer, dementia and stroke.

More recent research published in July in *Aging Cell* found the decades-old medication may also protect against loss of muscle in older adults. It's a drug that targets all the biological hallmarks of aging, it is also safe, and has few side effects, it's generic, it's cheap.

Nir Barzilai, M.D., director of the Institute for Aging Research at the Albert Einstein College of Medicine, is in the process of launching a large, six-year clinical trial, called TAME, to test whether older adults taking metformin can escape, or at least delay, the development of age-related diseases. He hopes the 3,000-person study will also show that the aging process can be a target for drug development, which could help usher in other drug approvals.

"It's [aging] that drives the diseases," Barzilai says. "The idea is if you target aging, you prevent not one disease but a huge number of diseases."

A lack of funding has slowed the study's start. The estimated \$50 million trial isn't one that the pharmaceutical industry is eager to bankroll, since metformin is a

generic drug that sells for mere cents a pill, says Richard Miller, an aging expert at the University of Michigan. Researchers are instead working off a patchwork of grants and donations. But those in the know predict the trial will be ready to go in a few years.

Rapamycin

Rapamycin, discovered in the 1970s, is currently used to help prevent organ rejection after a kidney transplant and to treat certain types of cancer. In mice, it does much more.

It has repeatedly been shown to help prevent cancer in rodents and slow down the progression of dementia. Researchers say it helps mice maintain their muscle, delays heart disease and improves vaccine response. A pivotal study found that the drug can extend the life of older mice by 14 percent for females and 9 percent for males by postponing disease; other studies have produced similar results.

The focus now is on humans and whether rapamycin will afford them the same disease-delaying benefits. A small number of early-phase human trials are underway. Dog trials, too — and those are the ones to pay attention to while we wait for more human data.

Senolytics

This newer class of drugs takes aim at senescent cells, also called zombie cells, which are damaged cells that refuse to die. As we age, the body becomes less effective at removing them, so they start to accumulate and release chemicals that can

cause inflammation, damaging neighboring cells and driving disease. Some senolytics have been approved by the FDA to treat conditions like cancer; others are naturally occurring and are sold as supplements.

Now, researchers from several universities and medical centers are testing the ability of senolytics to prevent or slow the development of human diseases like Alzheimer's, osteoarthritis and kidney disease. Private companies are also pouring money into senolytics research — so stay tuned.

If you're tempted to run to the pharmacy for senolytics supplements in the meantime, just remember the potential benefits are completely unproven in people. Keep in mind, too, that supplements are not regulated like other over-the-counter medications and could cause side effects or interact with other drugs you're taking.

In fact, that cautionary advice holds true for all products that claim to cure aging. There's nothing you can buy over the counter or in a prescription drug that has been proven to slow aging in people.

The most powerful prescriptions for now, medical researchers agree, are the everyday habits that help keep the body and brain in top shape — diet, exercise, sleep and meaningful relationships. One day, a pill may be more effective than these. It may be years away or never truly achieved. But what has been proven is that the notion is no longer silly.

WHAT DOES IT TAKE TO GET TO 100?



Centenarians reflect on their longevity and share advice for living a very long life

There are an estimated 90,000 centenarians living in the U.S. It's a small percentage of the population, yes, but it's a number that's expected to keep increasing. By 2060, there could be about 600,000 people who are 100 or older, according to the U.S. Census Bureau.

What's it take to get there? That's a question geriatrician Thomas Perls, M.D., has been investigating for decades with the New England Centenarian Study, based at Boston University's Chobanian & Avedisian School of Medicine. As expected, there's no miracle drug or radical regimen that will guarantee centenarian status. Scientists say environment and lifestyle both play a role, as do genetics — especially for those who live past 100.

"Look at your family history," Perls says. If people are living into their 90s and beyond, "I think that can be very, very good news for you." It's all the more reason to "set your sights high and do the right things to help facilitate and enable that tremendous gift that you've been given," Perls adds.

This means exercise, eat right, don't smoke, socialize with others and make sure you're getting enough sleep — that's what the research says, at least.

"I think if you do all those things, you will improve your chances," says one 105-year-old Navy veteran and centenarian study participant from Kingsport, Tennessee, who asked to be identified only by his initials, R.W.M. "That won't guarantee you're going to live to 100, I just think it sure does help."

AARP spoke with three other centenarians about their history, their habits and their advice for people who want to make it to 100 and beyond.

Gladys McGarey, 102

Just as World War II was ending, Gladys McGarey, M.D., was starting her career in medicine at a hospital in Cincinnati, where she was the first female intern. That was nearly 80 years ago, and McGarey hasn't stopped working since. After all, "there's work that needs to be done," the Scottsdale, Arizona, centenarian says.

She released a book this year, *The Well-Lived Life: A 102-Year-Old Doctor's Six Secrets to Health and Happiness at Every Age*. In it, McGarey, who was a cofounder of the American Holistic Medical Association, outlines advice for others hoping to live — and enjoy — a long life.

Her recommendations deviate from the usual, focusing instead on principles such as listening to and laughing with others, and understanding your purpose in life.

"We all have a reason to be here at the time that we're here. And the reason isn't the same for everyone," McGarey says. She encourages people to think of themselves as one piece in a very large jigsaw puzzle. "On all sides of our being, we touch other people. There isn't one of us that isn't important in our own way," she says.



Harriet Harris, 102

Was it any habits or behaviors that earned Harriet Harris her centenarian status? "Well, not really," the Pekin, Illinois, resident says. "I smoked some when I was younger, but it was just to be cool," says Harris, who is also part of the New England Centenarian Study. Though she was never much of a drinker, she also wasn't an athlete — "I'm on the lazy side," she laughs — and "always craved sweets." Harris was, however, actively involved with her church, even serving as the treasurer for 45 years; and she stayed socially engaged playing bridge. Plus, she's got some good genes.

Her father was 96 when he passed away, and up until about two months shy of his death, he routinely came into the small department store the family ran downtown. Harris has cousins who lived into their late 90s, and ancestors who celebrated birthdays decades beyond the life expectancy of the time. Even so, her long life has surprised her.

"I thought maybe I'd get to 80 years, the turn of the century. I truly never expected to make it this far along," Harris says.

William Aho, 105

"I guess my life has been interesting all the way along," says William Aho, a 105-year-old participant in the New England Centenarian Study.

The World War II veteran says his decades have been filled with good friends, good family and an abundance of activities — from golfing to skiing to boating to hiking. He's also had a chance to see the world, thanks to a long career in poultry science.

Aho's advice for others who want to live as long? "Inherit good genes," the Storrs, Connecticut, resident and University of Connecticut professor emeritus says. "I know a lot of people who take good care of themselves that don't last as long."



Why Friends are **GOOD FOR YOUR HEALTH** and well-being



New research reinforces our need for people who can share our joys and sorrows

When her father died, Margarite Avendano found herself “a little bit alone” after tending to him full time as his health declined.

As a caretaker, she says, “you kind of hide yourself. There’s a stigma. You become more isolated.”

So she decided to work on her own health — by making new friends. She joined an online companionship community and started going to the Y.

“I was so shy at first, but slowly I found people of similar ages and with similar interests,” says Avendano, who describes herself as being in her 70s and lives in San Mateo, California. She made friends who get together to go hiking, dancing and to dinner and the movies.

Friends help reduces stress and fatigue

Soon she noticed that she’d gotten “more alert and focused. I became healthier and more conscious of everything I did, because there was a reason to get up every morning and to get out and have fun and move.”

Avendano is not imagining these positive effects. A new study of older adults finds that even momentary social interactions with friends reduce fatigue and stress. It follows a wealth of earlier research showing that friendships later in life forestall dementia, Alzheimer’s and physical decline.

“There are a lot of sneaky things that happen when you’re socializing that you don’t even think about,” says Bryan James, an epidemiologist at the Rush Alzheimer’s Disease Center in Chicago and one of the most prolific investigators of this topic. “You’re actually being physically active, going to a museum together, or just on a walk, and engaging with the world around you.”

Conversations with friends can also exercise the brain in the same way as the puzzles doctors recommend that people use to stay sharp, James says.

“It cognitively stimulates you. You have to remember people. You have to remember people’s names. These things activate parts of your brain that aren’t activated when you’re sitting on your couch.”



An epidemic of loneliness

The latest findings about this come in the wake of a report by the U.S. surgeon general warning of “an epidemic” of loneliness and isolation in the country. Even before COVID-19, Surgeon General Vivek Murthy said in May, half of American adults reported experiencing loneliness — a condition Murthy said is worse for their health than obesity,

physical inactivity or smoking up to 15 cigarettes per day.

That’s a particular concern for older people, says Alyssa Goldman, a sociologist at Boston College and coauthor of the latest study of how even short interactions with friends can help.

Among over-50s, 1 in 4 say they feel isolated at least some of the time, and 1 in 3 lack regular companionship, according to another pre-pandemic survey, by the University of Michigan

Institute for Healthcare Policy and Innovation.

In a study funded by the National Institute on Aging, Goldman and Cornell sociologist Erin York Cornwell asked older adults to take brief surveys on their smartphones five times a day asking who they were with and how they felt. Those in the company of non-family-member friends and neighbors were significantly less likely to experience fatigue or stress.



A shoulder to lean on

Goldman theorizes that the reasons are similar to those that James gives.

“It’s also that maybe older adults — and this is speculation, since we don’t have data on the conversation topics — if they’re stressed about a problem, talking with a friend may provide a new perspective compared to what someone might hear from family members.”

Other large-scale, yearslong studies have found that frequent social activity reduces cognitive decline by an average of 70 percent, and reduces physical disability.

Conversely, loneliness has been associated with decreased cognitive function, an increased risk of dementia and a faster decline in motor skills. And negative social interactions, such as rejection or unsympathetic behavior,

worsen cognitive decline.

Having friends is as simple an intervention as it is effective, James says.

Most other steps to preserve health in old age “are things you almost have to force people to do,” he says. “We all know it’s better to eat healthy, but we don’t want to. It’s a lot easier to sit on the couch rather than getting out to exercise.”

INTROVERTS VS. EXTROVERTS



But being social, at least for extroverts, “is something you’re just naturally drawn to. Something we enjoy doing is actually good for us.”

As for introverts, “if you’re an introverted person and like to be cut off from other people, maybe you’re okay with that,” James says. His own mother, for example, is very social, but his father likes to stay home and listen to audiobooks.

“I don’t think he needs to interact with as many people as my mother or I do. There’s an interaction between how much you enjoy being social and how much you get out of it, so introverted people may not benefit as much” from social interaction.

Dyane Protzmann Rogelstad considers herself an introvert. A professional musician and a music teacher who lives in northern Colorado, she has made connections with friends who share her interest in music, however. One has become a regular brunch companion; she meets another to have dinner and watch football.

“That’s an intellectual high for me because we always talk about interesting things,” says Rogelstad, who is 58. “It’s absolutely a lifeline.” Kim Arasato, 64, moved to California, where she didn’t know anyone. She ended a long-term relationship. And her coworkers in her job as a school counselor are mostly younger than

she is.

But she managed to make friends, including Avendano, who occasionally meets up with her for hikes and conversation.

“I’m a pretty independent person, but I’m also an extremely social person,” Arasato says. “I need people. I love friendships. It just really helps you feel good about what you’re doing.”





Ways to make new friends

The large body of research showing that friendships late in life improve both physical and mental health begs the question: How can older adults make new friends?

Younger people form connections much more easily — at school, at college, at work, on sports teams, through their kids' activities, says Andrew Dowling, founder and CEO of Stitch, one of several apps and websites that help older adults connect,

and that Avendano, Rogelstad and Arasato all used to find new friends.

"But after those things stop, they can find themselves isolated," Dowling says. "Partially it's hard because our brains are wired to make us apprehensive about meeting strangers."

Sociologist Goldman has seen local libraries start groups for older adults to create new ties, and a campaign to install outdoor benches where older friends can sit and chat.

"There's a huge public health focus right now on what can we do in communities to help older people who are living independently find friendships," Goldman says.

She and others also urge starting younger to reinforce friendships so they last for life.

"The message here is to be as socially active for as much of your life as you possibly can," says epidemiologist James.



Places to socialize

Religious institutions and civic organizations such as Rotary clubs welcome new members. Community Meetups offer a way to meet like-minded people around shared interests, and some are specifically for older adults. And volunteering can be a bonding opportunity.

Several online organizations bring together older members,

including Virtual Senior Center, which offers online courses in which classmates can interact. AARP offers a Virtual Community Center with classes and entertainment. Find out about AARP events in your area here. Teleparty syncs up movies and shows from streaming services so that people can watch them together, virtually, and chat about them. And Stitch is among

several fast-growing services through which over-50s can host or attend events in person or online, from walks and museum visits to cocktail parties.

"It's actually a natural part of getting older," says Dowling, who is 54 and surfs with friends near his home in Australia: "You will find yourself alone unless you're proactive about making social connections."

6 Things Women Wish Their Doctors Told Them About

TURNING FIFTY



As you go through life, you gain wisdom, empathy and experience. At age 50 and beyond, many women feel more grateful for each passing day, more confident in their decisions, and more able to make better choices about how to spend their time.

But age 50 is also when aging starts to take its toll on your physical health, experts say, prompting changes that can be unexpected. For women, the fluctuating hormone levels that come with menopause exacerbate the effects of aging on the body, says Kathryn Rexrode, M.D., chief of the division of women's health at Brigham and Women's Hospital and professor of medicine at Harvard Medical School.

Menopause officially occurs one year after a woman has her last menstrual period; in the United States, the average age for menopause is 51.

"For women, 50 is an age which is an inflection point, when biologic aging is

catching up," Rexrode says. "Women say, 'What's happening to my body? It used to act this one way, and now it's acting differently.'"

The good news is that there is a lot you can do to respond to those changes. "Yes, we need to accept certain changes in our bodies, but there are many things we can do to keep our bodies healthy and vibrant as we age," Rexrode says.

We talked to Rexrode and other experts to find out what to expect and what you need to know to age gracefully.

1. You May Get a Belly

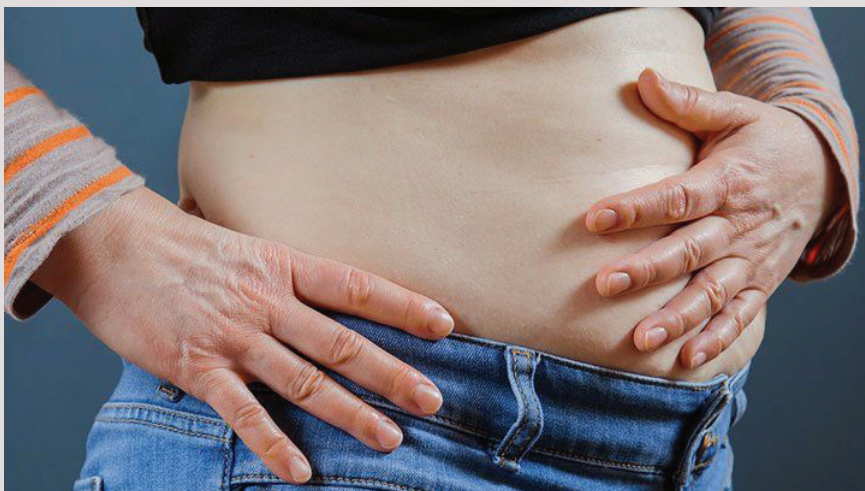
If you've always had an hourglass figure, your 50s can be a rude awakening. You can eat the same foods and exercise the same as you always have, yet your waistline may start to disappear.

Estrogen signals your body to store fat in your breasts, buttocks and thighs to prepare for pregnancy. After menopause, when estrogen levels plummet, "women may notice a shift in their fat distribution – more in the belly rather than on the hips," Rexrode explains.

Women gain on average about 1.5 pounds each year between age 50 and 60, studies show.

A thicker midsection doesn't just make it tough to button your jeans. Studies have found that belly fat – known as visceral adipose tissue – is also harmful for your health.

The fix: Abdominal exercises alone won't melt away belly fat. Instead, focus on overall weight loss by making healthy lifestyle changes. You can cut your daily calories with simple changes such as drinking less alcohol or not eating after 6 p.m. Then, find a way to boost your physical activity. Even a small increase makes a difference, but Rexrode recommends aiming for an hour of exercise a day (See "How to Lose Belly Fat After Age 50.")



2. Alcohol will hit you harder

You're not imagining it. As you age, that glass of wine or after-dinner cocktail affects you more than it used to.

"People get more sensitive to alcohol's side effects," Rexrode says. Your body metabolizes alcohol more slowly as you get older. In addition, because muscle mass declines with age, there is less muscle tissue to absorb the alcohol. Meanwhile, the medications you take can also interact with alcohol, intensifying its effects.

The fix: Try a mocktail. Thanks to the growing number of booze-free beverages on the market, you don't have to drink alcohol to enjoy a delicious after-dinner drink. If you do choose to drink alcohol, follow the U.S. Dietary Guidelines, which call for women to consume no more than one standard drink in a day. Generally speaking, that's 12 ounces of beer, 5 ounces of wine or 1.5 ounces of spirits.



3. Heart disease is a greater risk that you realize

More women in the U.S. die of heart disease than any other cause, but many women still don't recognize it as something they need to worry about, says Martha Gulati, M.D., an expert in women's heart disease at Cedars-Sinai Medical Center's Smidt Heart Institute in Los Angeles.

In a 2019 survey of 1,553 women published in the journal *Circulation*, only 44 percent correctly identified heart disease as the leading cause of death for women in the United States.

"When we ask them, 'What's your leading health concern?' they say breast cancer," Gulati says. "In fact, women have a tenfold greater risk of dying from heart disease than they do from dying of breast cancer."

A woman's risk of heart disease rises notably after menopause, and that's often when women first develop cardiovascular risk factors such as high blood pressure or high cholesterol. Even women who have always been told they have low blood pressure may find that it suddenly rises after menopause, bumping up their chance of having a heart attack or stroke, Gulati says.

The fix: Ask your health care provider to assess your risk of a cardiovascular event in the next 10 years (or do it yourself using this calculator). Then focus on lowering risks you can control by adopting a healthier lifestyle. You will get the most bang for your buck by adding more physical activity to your day, Gulati says. When it comes to your diet, eat more plants and avoid saturated fat.



4. Sex might become uncomfortable

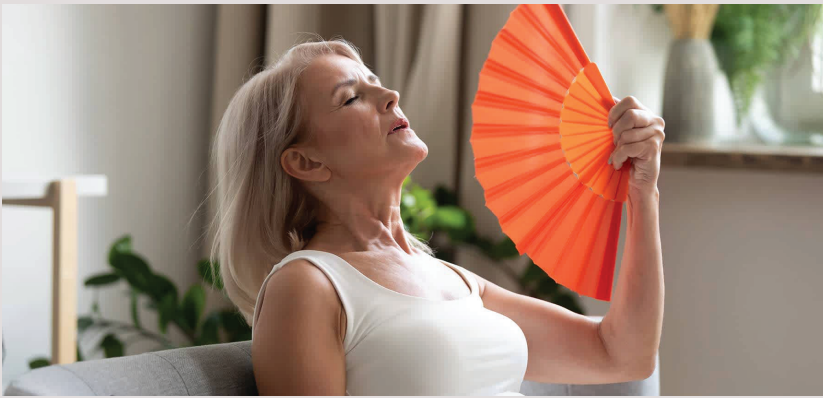
After menopause, low hormonal levels make the vaginal walls thin and dry, leading to sensitivity, painful intercourse and a loss of desire, says Karyn Eilber, M.D., a urogynecologist at Cedars-Sinai Medical Center in Los Angeles.

About 17 to 45 percent of postmenopausal women say they find sex painful, according to studies cited by the North American Menopause Society.

Although it can feel awkward, it's important to communicate problems

with your partner and your health care provider, Eilber says, because the condition is treatable.

The fix: For some women, over-the-counter lubricants and moisturizers do the trick. If not, talk to your doctor about different types of hormone therapy. Vaginal estrogen cream is safe for most women, Eilber says, and it "can build back up the lining of the vagina, which helps with lubrication and to maintain elasticity."



5. Your sleep patterns change

If you've gone through menopause, you may already know how a hot flash can wake you up, drenched in sweat, from a deep sleep. But even after hot flashes subside, other hormonal changes and the increase in your core body temperature that happens in middle age can impact the quality and duration of your sleep, says

Kristin Daley, a psychologist and sleep medicine expert who chairs the clinical practice committee for the Society of Behavioral Sleep Medicine.

You may wake more often during the night or notice that your sleep seems less restful. In addition, you won't be able to bounce back as quickly from a poor night of sleep or if you experience a time change while traveling, Daley says.

"Our time in bed and our circadian rhythm become more vulnerable to negative influences," Daley says. "If you were the person who could sleep with the blinds open, you might not be that person anymore. We become incredibly sensitive to light exposures."

The fix: Research shows you can still get a great night's sleep by practicing good sleep hygiene. Try to go to bed and wake up at roughly the same time every night. Keep your bedroom as dark as possible. And turn the thermostat down to 65 to 67 degrees Fahrenheit at night. Getting exercise and exposure to bright light every day are also important, Daley says. (See "7 Expert Tips for a Better Night's Rest.")

6. Your bones get more brittle

Beginning around age 50, everyone starts to lose some bone density. For women, however, menopause significantly accelerates that bone loss. By some estimates, women lose as much as 20 percent of their skeletal mass during menopause.

"The drop in estrogen has a very direct effect on bone," Rexrode says.

That puts women at greater risk of osteoporosis, a bone-weakening disease that can lead to fractures. Osteoporosis affects about one in five women over age 50, but only one in 20 men.

The fix: Weight-bearing exercise such as strength training, walking, hiking, climbing stairs, tennis and dancing can help strengthen bone. "It shifts the formative structures inside the bone, telling the bones to stay strong," Rexrode says. At the same time, make sure you get enough calcium and vitamin D, either from your diet or from supplements. Aim for 1,200 milligrams of calcium and at least 600 IU of vitamin D per day.



FDA APPROVES NEW TREATMENT FOR **HOT FLASHES**

The first-of-its-kind pill gives another option to women going through menopause

The estimated 80 percent of women who get hot flashes when going through menopause have a new option to help them get some relief. The treatment is a drug called Vezah, just approved by the U.S. Food and Drug Administration (FDA).

Menopause typically occurs between the ages of 45 and 55. Sudden hot flashes, often accompanied by sweating, flushing and chills, can persist for many years and disrupt daily life. Research shows that these flares can affect quality of sleep and concentration. They can also interfere with one's ability to work,

according to a new study published in Mayo Clinic Proceedings.

"Hot flashes as a result of menopause can be a serious physical burden on women and impact their quality of life," said Janet Maynard, M.D., director of the Office of Rare Diseases, Pediatrics, Urologic and Reproductive Medicine in the FDA's Center for Drug Evaluation and Research, in a statement. "The introduction of a new molecule to treat moderate to severe menopausal hot flashes will provide an additional safe and effective treatment option for women."



How the drug works

The first-of-its-kind pill — called a neurokinin 3 (NK3) receptor antagonist — works by acting on a part of the brain that helps regulate a person's body temperature. Estrogen helps to keep that part of the brain properly balanced. When a woman's estrogen levels fall during menopause, the imbalance leads to hot flash symptoms.

"It's very targeted," Claudia Mason, M.D., a gynecologist with Cleveland Clinic, says about the new drug. "And when things are targeted like that, they tend not to have as many side effects because they're not hitting all over the map."

In clinical trials, moderate to severe hot flashes were reduced in study participants who took Veozah (fezolinetant). Common side effects of the drug include abdominal pain, diarrhea, insomnia, back pain, hot flush and elevated hepatic transaminases (liver enzymes).

The label on the medication, a pill taken once daily with or without food, includes a warning for liver injury, and the FDA says patients should have their blood tested for liver damage before taking Veozah.

The treatment, from drugmaker Astellas Pharma, is expected to cost \$550 for a one-month supply. How much people will pay out of pocket will depend on their insurance coverage.



Expanding Treatment Options

This new medicine is the latest in a tool kit of treatments for hot flashes.

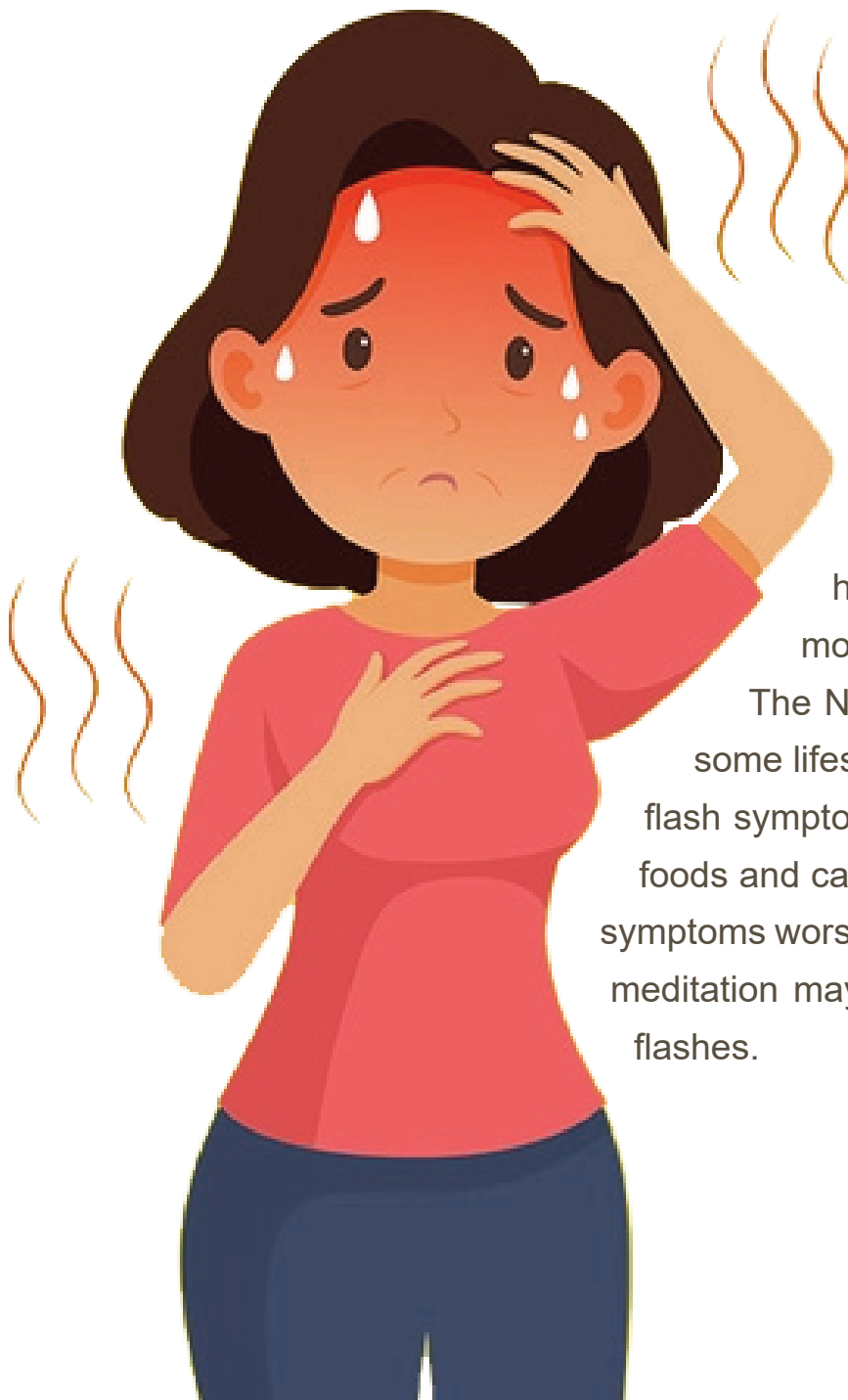
One alternative is hormone therapy. However, not all women are good candidates for hormones, including those with a history of blood clots, heart attack and stroke.

Mason says Veozah could be an option for them. “We have loads of women

that are going through menopause every single day, and so options are always good.” However, she notes that unlike hormone therapy, this new medication does not treat other symptoms caused by menopause, like vaginal discomfort.

The FDA has also approved an antidepressant, paroxetine, to treat hot flashes. And Mason anticipates more treatments will become available.

The National Institute on Aging notes that some lifestyle changes can help to reduce hot flash symptoms, such as avoiding alcohol, spicy foods and caffeine, which can make menopausal symptoms worse. Research shows that mindfulness meditation may also be used to help manage hot flashes.



Healthy Food

Chili Chicken with Hominy Hash



YIELDS:

4

PREP TIME:

15 min

COOK TIME

25 min

TOTAL TIME:

40 min

INGREDIENTS:

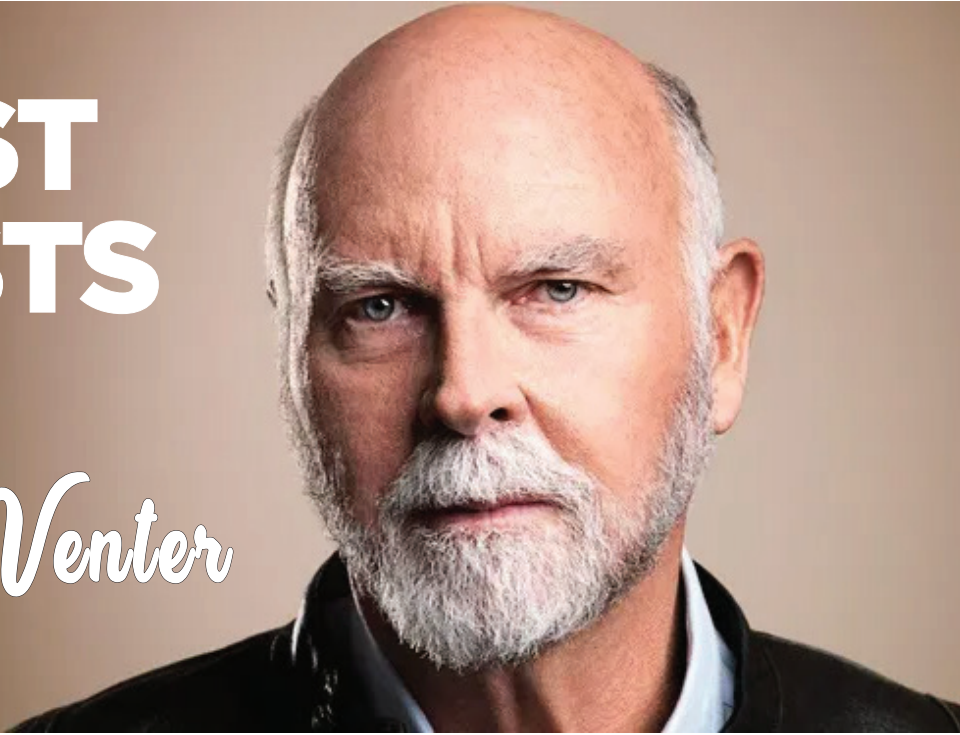
- Deselect All
- 2 teaspoons chili powder
- 1 teaspoon ground cumin
- Kosher salt
- 1/4 teaspoon ground cinnamon
- 1/2 teaspoon grated lime zest
- 8 skin-on, bone-in chicken thighs (about 2 1/2 pounds)
- 1 15-ounce can white hominy, drained, rinsed and patted dry
- 1/2 medium acorn squash, seeded and diced
- 1 yellow bell pepper, chopped
- 3 tablespoons extra-virgin olive oil
- 1 tablespoon fresh lime juice, plus wedges for serving
- 2 scallions, thinly sliced
- 1/4 cup chopped fresh cilantro

DIRECTIONS:

1. Position racks in the upper and lower thirds of the oven; preheat to 425 degrees F. Line 2 baking sheets with foil. Mix 1 1/2 teaspoons chili powder, 1/2 teaspoon cumin, 3/4 teaspoon salt, the cinnamon and lime zest in a bowl. Rub the spice mixture all over the chicken, then transfer to one of the baking sheets; set aside until ready to roast.
2. Toss the hominy, squash, bell pepper, 2 tablespoons olive oil, the remaining 1/2 teaspoon each chili powder and cumin, and 1/4 teaspoon salt in a medium bowl. Spread on the other baking sheet. While the kale stands, cut the dates into thin slivers and the apple into matchsticks. Add the dates, apples, cheese and almonds to the kale. Season with pepper, toss well and set aside.
3. Transfer the chicken to the upper oven rack and the hominy to the lower rack. Roast, stirring the hominy occasionally, until the hominy is lightly browned and the chicken is cooked through, about 25 minutes. Divide the salmon, salad and rolls evenly among four plates.
4. Transfer the hominy to a bowl and add the lime juice, the remaining 1 tablespoon olive oil, the scallions and cilantro. Season with salt and toss. Serve with the chicken and lime wedges.

GREATEST SCIENTISTS

John Craig Venter



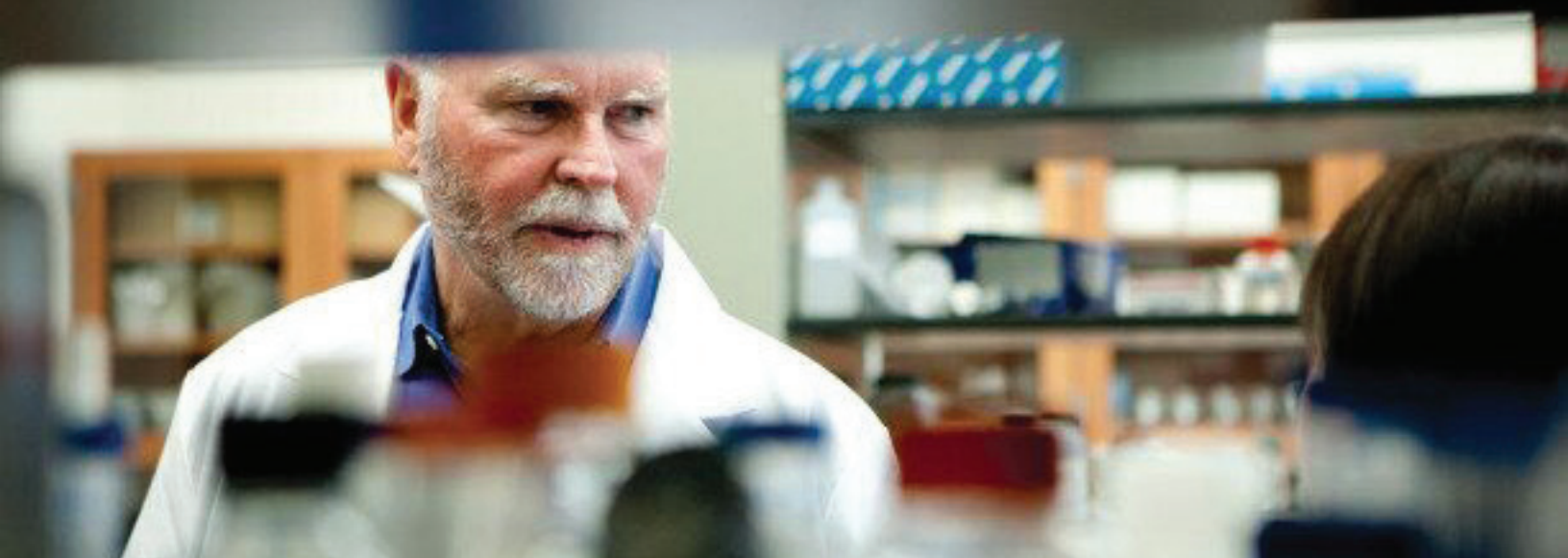
American-born biochemist-geneticist J. Craig Venter is acknowledged, along with geneticist Francis Sellers Collins (1950-), as being a primary force behind the Human Genome Project. Venter, with private funding, and Collins, with public funding, independently mapped and sequenced human DNA. Their reports appeared in 2001 (one in *Nature* and the other in *Science*). A sheet of 5 stamps (Scott No. 561) issued by Palau in 1999 provides an opportunity to honor J. Craig Venter indirectly. The sheet was issued to commemorate advances in science and medicine in the 20th century. One of the stamps representing the Human Genome Project shows the overall structure of DNA.

J. Craig Venter was born on October 14, 1946, in Salt Lake City, UT. He spent his youth in San Francisco, CA, where he attended high school. After high school, he joined the US Naval Medical Corps and served in Vietnam, where he provided medical care at an orphanage.

After Venter returned to the United States, he enrolled as a premedical student at

the University of California, San Diego. However, he soon decided to pursue a career in research. He received a BS degree in biochemistry in 1972 and a PhD degree in physiology and pharmacology in 1975, both from the University of California, San Diego.

In 1976, Venter became an assistant professor of pharmacology and therapeutics at the State University of New York at Buffalo and also worked at the nearby Roswell Park Memorial Institute. His research focused primarily on the elucidation of the structure and function of adrenergic receptors and muscarinic cholinergic receptors. Venter was promoted to professor in the early 1980s. For his work on receptors, he received the Boehringer Ingelheim Muscarinic Receptor Research Award. In 1984, he became a section chief at the National Institute of Neurological Disorders and Stroke at the National Institutes of Health (NIH) in Bethesda, MD, where he worked until 1992. His work at the NIH concentrated on neurotransmitters, specifically on genes that encode for enzymes involved in the synthesis of neurotransmitters and receptors.



In July 1992, Venter left the NIH and became founder and chairman of the board of The Institute for Genomic Research (TIGR), a not-for-profit genomics research institution in Rockville, MD. He served as its president until 1998.

In 1998, Venter joined Applera Corporation and became president and chief scientific officer of the newly founded Celera Genomics. The goal of Celera Genomics was to become the definitive source of genomic and related medical and biological information. In January 2002, Venter stepped down as president of Celera Genomics but continued to chair its scientific advisory board. Currently, he is serving as president of J. Craig Venter Institute.

Venter pioneered the use of automated gene sequencers, and in 1990, he developed “expressed sequence tags” (ESTs), a new strategy for the discovery and tagging of genes that revolutionized biological science. In this approach, complementary DNA is partially sequenced, or “tagged,” using an automated DNA sequencing machine. The resulting sequences (ESTs) are long enough for one to be distinguished from another. Venter has

published more than 160 research articles and has received many awards, including being elected a fellow of several societies, such as the American Association for the Advancement of Science and the American Academy of Microbiology. In 1999, he received the Beckman Award and the Chiron Corporation Biotechnology Research Award.

Efforts to bring Collins and Venter together to complete the mapping of the human genome began in late 1999. In March 2000, US President Bill Clinton (1946-) and British Prime Minister Tony Blair (1953-) made a joint declaration that all genome information should be free to the public. This announcement led to cooperation between Collins and Venter, and on June 26, 2000, Venter and Collins jointly announced that, after nearly a decade of work, both the public Human Genome Project headed by Collins and Celera Genomics headed by Venter had deciphered essentially all the genes in human DNA. The importance of the cooperation between the 2 geneticists and the genome sequencing effort is far-reaching and may result in the discovery of keys to the diagnosis and treatment of numerous diseases, from diabetes to heart disease to Alzheimer disease.

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