

MAGAZINE

MARCH 2024

TOP 5 MEDICAL BREAKTHROUGHS OF 2023

IS **HEARING LOSS**
ANOTHER UNUSUAL
SYMPTOM OF **COVID-19**?

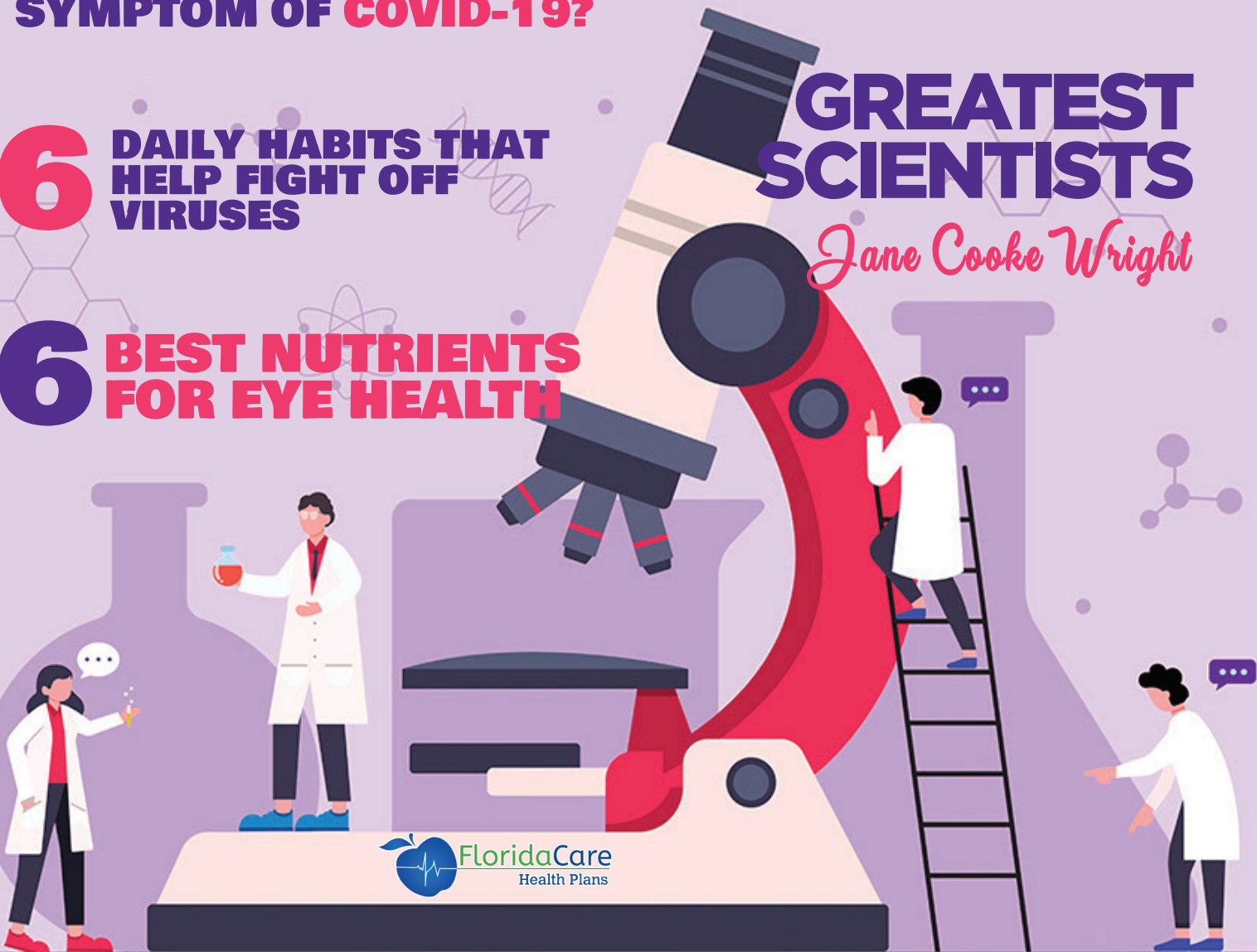
**TAKING
MULTIPLE
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BEWARE OF
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6 DAILY HABITS THAT
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GREATEST SCIENTISTS

Jane Cooke Wright



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.



TOP 5 MEDICAL BREAKTHROUGHS OF 2023



New research is changing the future for older Americans. Here's a sampling of the good news

1. Pain school for chronic pain.

Chronic pain affects approximately 37.8 million midlife and older Americans, and nearly a third have high-impact pain that makes daily life difficult. In 2019, the Department of Veterans Affairs called on the National Academies of Sciences, Engineering and Medicine to study the potential of the whole health care model being used at the VA to address chronic pain.

The Salem Veterans Affairs Health Care System's (VAHCS) innovative Prevail Center for Chronic Pain gives veterans basic coping strategies through an online or face-to-face "pain school," after which they meet for an hour with a caregiving team — made up of a psychologist, a pharmacist, a dietitian, a physical therapist and a physician specializing in pain — that creates a personalized, six-month treatment plan focused on healthy eating, exercise, spirituality and reducing stress.

Prevail's first group of 280 participants have reported that their pain is no longer controlling their life, says clinical psychologist Rena Courtney, director and creator of Prevail.

Find out more about Prevail and other breakthroughs in chronic pain, including drug-free help for diabetic nerve pain.



2. A new prostate cancer treatment for men.

Ultrasound and other "focal" cancer therapies that treat part of the prostate are offering new hope to men with prostate cancer. TULSA-Pro is an outpatient procedure cleared by the Food and Drug Administration (FDA) in 2019 that destroys cancerous tissue from inside the prostate gland with ultrasound heat. Doctors use magnetic resonance imaging to guide the robotic procedure while a cooling catheter inserted in the rectum reduces

heat exposure of nearby tissue. Recovery is generally faster than with surgery or radiation. It's intended mostly for men with low- and intermediate-risk prostate cancer that hasn't spread.

In a recent study where midlife and older men with low- to intermediate-risk prostate cancer who had their prostate gland completely treated via TULSA-Pro, 96 percent of participants saw their PSA levels fall by 75 percent or more within a year, 25 percent had new problems with erectile dysfunction (ED) and 11 percent reported some urinary

leakage or incontinence.

By three years after their procedures, 13 percent needed additional prostate cancer treatment, but none had severe erectile problems, and 99 percent didn't need pads for managing incontinence.

In contrast, 25 percent to 33 percent of men who undergo standard surgery or radiation treatment see their cancer return, according to the Prostate Cancer Foundation.

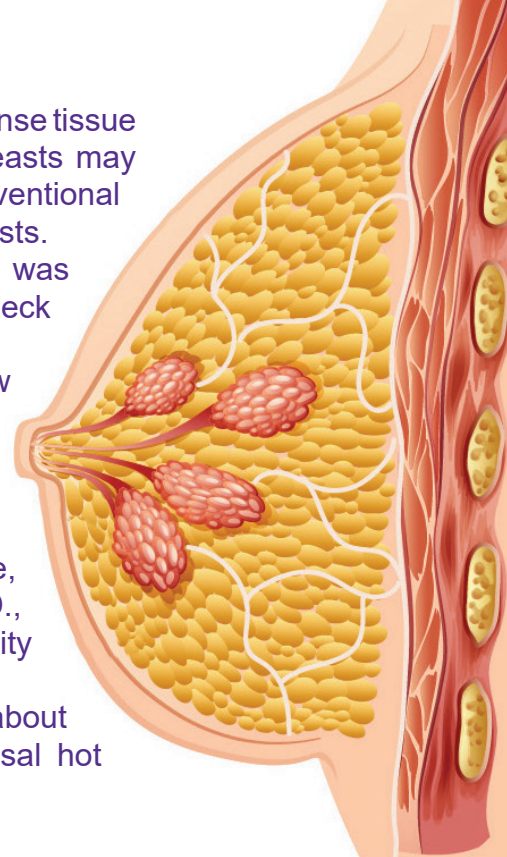
3. Better cancer screening for dense breasts

Cancer risk is up to four times higher in dense breasts, possibly because dense tissue has more cells that can become abnormal, and women with dense breasts may have higher levels of estrogen, which can increase the risk of cancer. Conventional mammograms may miss up to 40 to 60 percent of cancers in dense breasts. A three-dimensional whole-breast ultrasound screening called SoftVue was recently granted premarket approval by the FDA as an add-on cancer check for dense breasts.

With this 3D whole-breast ultrasound tomography system, the new technology sends sound waves to create a 360-degree image of the breast that offers a more comprehensive look at the tissue — without compression or radiation — showing tissue changes in detail.

Clinical data has shown that scans with SoftVue, plus a conventional mammogram, found 20 percent more cancers than mammograms alone, and were better at weeding out false positives, says Rachel Brem, M.D., director of breast imaging and intervention at George Washington University in Washington.

Learn about this type of ultrasound screening and read more about breakthroughs in women's health, including a new drug for menopausal hot flashes.



4. Advances in continuous glucose monitors for people with diabetes

This year, Medicare expanded its coverage for continuous glucose monitors (CGM), making it significantly easier for millions of adults to manage their blood sugar levels. Once used mostly for insulin-dependent type 1 diabetes, CGMs are rising fastest among people with type 2 who typically take oral medications and may use injectable drugs, sometimes along with insulin, to control blood sugar.

Compared to finger-stick blood sugar checks, CGM devices help midlife and older adults lower their blood sugar further and keep it in a healthy range longer.

Find out more about continuous glucose monitors and other breakthroughs in diabetes care.

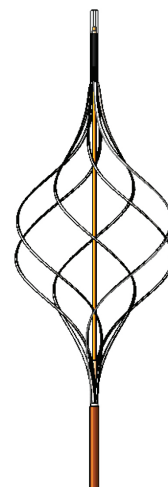


5. A new way to bust blood clots

Pulmonary embolisms (PEs) are the third-leading cause of cardiovascular death in the United States behind heart attack and stroke, hospitalizing 350,000 people per year and causing more than 100,000 deaths. The clots usually form in deep veins in the legs and travel upward to the lungs. PEs need aggressive care to prevent heart and lung damage.

The Bashir Endovascular Catheter is a device that's threaded through the blood vessels to the lungs, then opens into an expandable infusion basket in the clot, creating multiple channels to allow for blood flow, while the catheter's arms spray a clot-dissolving drug directly into the blood clot.

The Bashir and Bashir S-B Endovascular catheters, cleared by the FDA in 2023 for pulmonary embolisms, are part of a growing number of treatments for medium-risk PEs, which affect up to 65 percent of people with the condition. Discover more breakthroughs in heart disease, including an experimental "tattoo" to track heart health.



6 DAILY HABITS THAT HELP FIGHT OFF VIRUSES

Taking these steps every day can bolster your health and immune system.



Breakfast: Unsweetened bran cereal with berries

Fiber is a nondigestible carbohydrate that feeds the good bacteria in your gut. And when the little buggers are happy, they help keep the immune system ready when needed. A half-cup of wheat bran has 12.5 grams of fiber, and by adding berries, you'll earn a few more. Plus, blueberries and other dark-colored berries are rich in flavonoids, antioxidants that improve the health of macrophages and other virus-eating cells.



A brisk walk

"Immune cells circulate the body during exercise and for two or three hours afterward," says David Nieman, director of Appalachian State University's Human Performance Lab. Aim for 30 to 60 minutes of cycling, swimming, jogging or walking that's brisk enough to make you breathe hard.

Visit friends — virtually or outdoors

Emerging research indicates that loneliness and social isolation can increase inflammation throughout your body. Experts aren't entirely sure how, but they do know that the effect appears to increase with age. If the weather's nice, consider scheduling a socially distanced walk in the park (with a mask on, of course). Otherwise, video chats on Zoom or Google Hangouts can fill the gap until sunnier days return.



Post-workout smoothie or salad

At the start of the pandemic, Helen Messier, a California-based family practitioner and immunologist, added a daily all-plant smoothie to her diet that included a number of different fruits and vegetables. You should, too. “Nutritionally, variety is the most important thing,” she says. “So I try to get in at least 10 servings of fruits and vegetables every day.”

Stress is a high-powered immune suppressant that floods your body with corticosteroids, the same class of compounds doctors prescribe to treat autoimmune diseases. “We use corticosteroids for lots of allergic diseases,” says Mark Ansel, professor of immunology and microbiology at the University of California, San Francisco. Think of steroid creams for itchy rashes or the corticosteroids in an asthma inhaler. They work by suppressing the immune system — not what you want if you’re trying to quell an army of viral invaders.

Consider taking up a mind-body activity such as yoga, tai chi or meditation. In one study, adults cut stress with eight weeks of mindfulness training and, as a result, they were 20 percent less likely to experience respiratory infection. If the zen arts aren’t for you, then gardening, painting and other hands-on hobbies can also work.



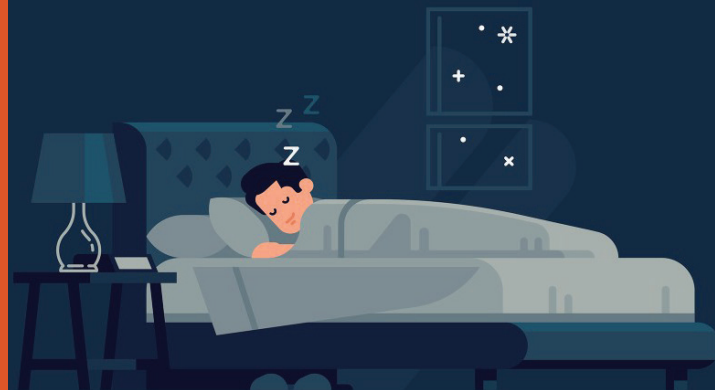
Dine with the fishes

Omega-3 fatty acids — the kind found in oily fish like mackerel, fresh tuna, sardines and salmon — can measurably reduce levels of inflammation in older adults, according to a review from researchers in Italy. And animal studies indicate that dietary fish oil can increase the health and circulation of antibody-producing B cells.



Begin a screen-free wind-down

Sleep is critical for immune health. So in order to avoid difficulty falling asleep, turn off your phone, tablet and computer three hours before bedtime. “Those digital devices emit blue light, which suppresses the sleep-inducing hormone melatonin,” Messier says. Though you can use a blue-light blocker for your device, a book and a hot bath are excellent, and more natural, ways to prep for slumber.





IS HEARING LOSS ANOTHER UNUSUAL SYMPTOM OF COVID-19?

Doctors explore possible virus connection, also link hearing problems to masks

COVID-19 has been linked to a variety of unusual symptoms and long-term complications, and issues related to hearing are not exempt from the list.

It's common for some changes in hearing to accompany any viral infection of the upper respiratory tract, says Elias Michaelides, M.D., codirector of the Cochlear Implant Program and medical director for outpatient otorhinolaryngology and audiology at Rush University Medical Center in Chicago. That's because the mucous membranes tend to "get very stuffy" and, as a result, "sometimes fluid can build up behind the eardrums," he says. This symptom, however, does not cause permanent damage "and often will just clear up on its own" once the infection has passed.

But anecdotal reports and a handful of studies that have emerged since the beginning of the pandemic suggest an association between more persistent hearing problems and COVID-19. For example, researchers from the University of Manchester combed through nearly 60 case reports on the topic and found that about 15 percent of COVID-19 patients experienced

tinnitus, or ringing in the ears, after diagnosis, while roughly 8 percent reported hearing loss and 7 percent noted vertigo. The report was published in the International Journal of Audiology in March 2021. An earlier study printed in the same journal found that about 13 percent of patients reported a change in hearing and/ or tinnitus since their COVID diagnosis.

Researchers from the Massachusetts Institute of Technology have also discovered that the virus that causes COVID-19 (SARS-CoV-2) can directly infect cells in the inner ear, which could explain the hearing and balance issues in some COVID-19 patients. And a team from Johns Hopkins School of Medicine found evidence of the virus in the middle ear of COVID-19 patients in an autopsy study, published in 2020 in JAMA Otolaryngology — Head & Neck Surgery

Despite these findings, experts caution there's not enough evidence to draw a direct link between a SARS-CoV-2 infection and hearing problems. "But I think it's an important question to be asking," says Sarah Sydlowski, audiology director of the Hearing Implant Program at the Cleveland Clinic.



Medications, COVID complications can add to hearing issues

Medical care muddies the waters when it comes to better understanding a possible connection between SARS-CoV-2 and hearing. For starters, a number of factors related to being critically ill can drive hearing loss, especially in older patients, researchers point out. And several drugs currently (and previously) used to treat patients with COVID-19 — including remdesivir, as well as chloroquine and hydroxychloroquine — are ototoxic, meaning they can cause damage to the ear.

“And that’s going to confound our understanding of the difference between hearing loss that’s caused by a viral infection or hearing loss caused by the usage of an ototoxic medication that’s given for therapeutic reasons,” says C. Matthew Stewart, M.D., associate professor of otolaryngology and head and neck surgery at the Johns Hopkins School of Medicine and a coauthor on the aforementioned JAMA study. What’s more, interruptions in circulation can lead

to hearing loss and tinnitus, since the cochlea (the part of the inner ear responsible for hearing) is highly vascularized, Sydlowski says, meaning it contains a lot of blood vessels. And mounting evidence suggests that COVID-19 is not just a respiratory disease, but also a vascular one, that can damage blood vessels and even lead to clots. What don’t seem to affect hearing, however, are the COVID-19 vaccines, despite some reports linking them to sudden hearing loss. Stewart and a team of experts, also at Johns Hopkins, combed through the data and found “there is no evidence that people receiving a COVID-19 vaccination are at higher risk of developing sudden hearing loss than those who have not been vaccinated,” study coauthor Daniel Sun, M.D., said in a statement. While the researchers note that more studies are needed, they write that they’re hopeful their findings “will reassure health care clinicians and patients to receive all scheduled doses of the vaccination as recommended by current public health guidelines.”



Masks magnify hearing problems

Other public health efforts put in place to help slow the spread of the virus, however, can play a surprising role in hearing problems. Rush University's Michaelides has seen a number of patients who say their hearing has worsened since the start of the pandemic.

"It turns out that their hearing hasn't changed," but their ability to communicate with others has, he says. And that's because so many Americans are wearing face masks when they're out in public. They're also standing farther from each other to keep a safe distance. "When you're wearing a mask, it muffles your voice and sometimes can make it harder for other people to hear [you]," Michaelides points out. Masks also interfere with people's ability to pick up on visual cues when another person speaks.

"I've heard many reports with people saying, 'You know, I didn't realize how much I relied on lip reading,'" Sydlowski adds. "So I don't think that the pandemic, itself, caused that hearing loss, but it did bring it to people's attention, much more than" before masks were commonly worn.

Other possible contributors: stress and isolation brought on by the pandemic. While neither causes hearing loss directly, Sydlowski says both can exacerbate it. For instance, sitting in a silent room by yourself for hours on end may make a mild case of tinnitus more pronounced. "Often times running the radio or having a fan going or [having] something else in the environment that helps stimulate the ear can distract from paying attention to it. But when you're just at home in a quiet environment, it can be more noticeable," Sydlowski says.

Notice a change? Talk to your doctor

As researchers continue to study the short- and long-term effects of a coronavirus infection, experts say the public can expect to see more hearing-specific studies surface. In the meantime, if you experience worsening hearing loss, contact a health care provider who can recommend tools, such as hearing aids, to improve your quality of life.

“There are a lot of patients that have been just getting by without hearing aids and decided now is the time” to get them, Michaelides says.

There are also treatments that may be able to help some people with tinnitus, which is listed as a symptom of long COVID by the United Kingdom’s National Health Service.

If your hearing loss is sudden, consider it a medical emergency and seek care right away from an ear, nose and throat physician, Sydowski says. “There is a limited window of time to treat and possibly have it recover,” she adds.



6

BEST NUTRIENTS FOR EYE HEALTH

Find out which vitamins are essential for protecting vision

David Sheppard, 58, owner of a website in Baldwin Park, California, spends a lot of time online. But four years ago, he noticed that his eyes were red and irritated, and he had a hard time seeing after just a short time on his computer. His vision issues turned out to be due to age-related macular degeneration (AMD). It happens when aging damages the macula — the part of the retina that controls the direct line of sight — causing blurring and the eventual loss of central vision.

Sheppard's doctor prescribed him a cocktail of specific vitamins shown to slow the progression of AMD. "Within a month or so I started to feel the difference," he says. "I've learned that it's very important to keep up with eye health, especially at my age and line of work."

Not everyone over 50 needs to take a supplement to preserve their vision. But some nutrients seem to be essential for healthy eyes.

The superstars of eye nutrition are disease-fighting antioxidants like vitamins C and E, which reduce damaging oxidation and protect the eyes from

conditions like AMD and glaucoma. "Whether it's UV light from the sun, smoking or exposures in our diets, our cells are undergoing oxidative stress," says Michelle Andreoli, M.D., an ophthalmologist at the Northwestern University Feinberg School of Medicine and a clinical spokesperson for the American Academy of Ophthalmology.

"Plant pigments like beta carotene and lutein are also thought to be important," says Elizabeth Johnson, adjunct associate professor at the Tufts University Friedman School of Nutrition Science and Policy.

To keep your vision keen, Andreoli suggests filling your plate with dark-colored fruits and vegetables — "the spinaches, kales and blackberries of the world," she says. "Eat things that crunch — and the darker they are, the better they are for you."

Here are the six top vitamins that promote eye health and the best ways to get them. Because many vitamins and supplements can interact with prescription drugs, make sure you check with your doctor before starting any new ones.



1. Vitamin A (and beta carotene)

Vitamin A is absolutely essential for vision, Johnson says. A deficiency can cause night blindness, particularly among older individuals, and if it progresses, permanent blindness can result. Beta carotene is thought to be important because it's a precursor of vitamin A.

Luckily, deficiencies are rare in the United States, likely because many processed foods like breakfast cereals are fortified with vitamins.

"It's quite difficult to not get enough vitamin A in our diet," says Andreoli.

Liver and dairy products such as milk are great natural sources of vitamin A. To get beta carotene (which gets converted into vitamin A in the body), look for any orange vegetable, such as carrots, winter squash or sweet potatoes.



2. Vitamin E

Vitamin E is also essential for eye health. "You find it in the eye, which adds biological plausibility for it being important," Johnson says.

Like other antioxidants, vitamin E helps prevent damage from free radicals and eye disease. It's one of the components — along with vitamin C, copper, zinc, lutein and zeaxanthin — of the high-dose antioxidant supplement called AREDS2 (developed from the Age-Related

Eye Diseases [AREDS] studies), which Sheppard took to keep his AMD from getting worse.

There's some evidence that high levels of vitamin E in the diet may protect against the formation of age-related vision-clouding cataracts — but the research shows no significant benefit from taking a supplement. So be sure to give plant-based oils, nuts, sunflower seeds and avocado a place on the menu.



3. Vitamin C

Vitamin C is another disease-fighting antioxidant that protects against AMD, and as with vitamin E, you probably don't need to take a supplement to get benefits. You'll get an added bonus if you're also eating vitamin E-rich foods. "The two vitamins protect each other from being used up or oxidized," Johnson says. "So you like to see a pairing of vitamins C and E."

And there are other pluses. In a 2016 study looking at diet and the risk of cataract progression, researchers found a diet rich in foods with vitamins C could cut risk of cataract progression by a third. Citrus fruits are the classic choices for vitamin C, Andreoli says.

But kiwi, strawberries, broccoli, kale and bell pepper also are abundant sources. Give the eye-healthy combo a try with a spinach and strawberry salad with an olive oil and vinegar dressing and sunflower seeds. The spinach and strawberries have vitamin C — along with a number of other healthy nutrients — and the olive oil and sunflower seeds contain vitamin E.

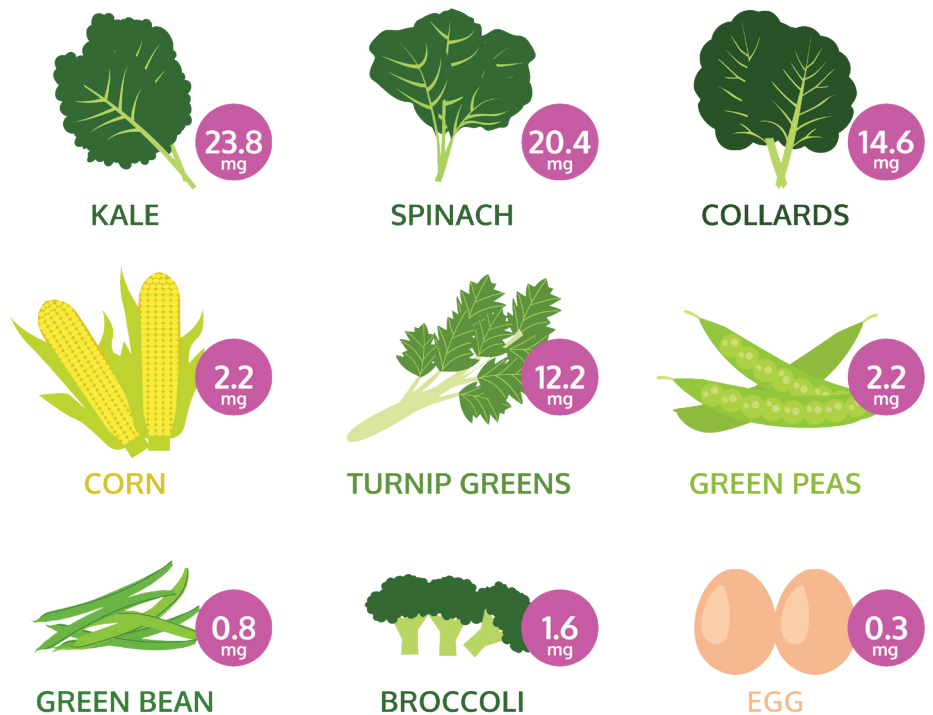


4. Zinc

Zinc is a part of many enzymes that are needed for good vision and the integrity of eye tissue, Johnson says. It's part of the AREDS2 formulation for controlling AMD and should be part of a general eye-healthy diet. You can find it in beans, lentils, seeds, meat, seafood, eggs and dairy products

5. Lutein and zeaxanthin

These nutrients, part of the carotenoid family of plant pigments, are found naturally in eye tissue. “They’re both in the lens and macula, which is at the dead center of your retina,” Johnson says. “The macula gets a direct hit from light, and thus is vulnerable.” Lutein and zeaxanthin act like sunglasses, protecting the retina from UV damage. That makes them particularly important to the prevention of AMD. Lutein and zeaxanthin are often found together in foods. They’re abundant in berries, broccoli, papaya, peaches, mangoes, and leafy greens like Swiss chard and spinach.



6. Omega-3 fatty acids

The healthful fats in fish may be as helpful for your eyes as they are for your heart. Research suggests that consuming omega-3 fatty acids in foods or as a supplement may alleviate dry eye disease, when the eye doesn't make enough tears to lubricate it, Andreoli says. That leads to symptoms like burning, stinging and a gritty sensation. Some studies also show that people who get higher amounts of omega-3s from foods may have a lower risk of developing AMD.

Fatty fish like salmon, mackerel and

sardines are top sources of these healthy fats. Plant sources include flaxseed, walnuts and chia seeds, and flaxseed, soybean and canola oils.

Flaxseed oil did the trick for Santa Barbara, California, resident Barry Maher, 66, who started taking it after developing dry eye in his 40s. “The dry eye started getting better almost immediately and soon vanished altogether,” he says. “Since then, virtually the only time I’ve had a problem with dry eye was when I stopped taking it.”



TAKING MULTIPLE MEDICATIONS? BEWARE OF SIDE EFFECTS

Nearly half of older adults take at least five drugs daily, and the side effects can add up

In March 2021, Mary Ann Johnson of Warwick, Rhode Island, reached down to pick something up off the floor and suddenly felt dizzy. She tried to get to the couch but tripped on a chair and fell, and the chair toppled on top of her. Johnson ended up with a knee fracture and a deep gash on her forehead.

It wasn't the first time Johnson had fallen in recent months, and she also constantly felt tired and weak. Fortunately, Johnson's doctor recognized that dizziness and fatigue can sometimes be a medication side effect, so he asked a clinical pharmacist to review Johnson's prescriptions. Johnson, 70, was taking more than 16 medications, including several that affect the central nervous system (the brain and spinal cord).

Pharmacist Brianna Kimball recommended that Johnson reduce the dose of one of her prescriptions and stop taking three others altogether. It made a difference.

"I'm doing fine without them," Johnson says, "and I haven't had the lightheadedness."

More pills than ever

Experts have warned for years about the dangers of taking five or more drugs at the same time — a phenomenon known as polypharmacy. Yet over the past two decades, the percentage of people age 65 and older taking five or more prescriptions has tripled, from 14 to 42 percent, according to data from the Centers for Disease Control and Prevention (CDC). Nearly 20 percent of older adults take 10 drugs or more, according to the Lown Institute.

Use of over-the-counter drugs and dietary supplements is also at an all-time high, Council for Responsible Nutrition data shows.

While medicines are critical for keeping us healthy, they all have side effects. And the more medications you take, the higher your risk of experiencing a problem or a dangerous interaction, says Sabine von Preyss-Friedman, M.D., a geriatric specialist and chief medical officer for Avalon Health Care Group, whose services include assisted living and home health care.

Every day, 750 adults age 65 or older are hospitalized for serious side effects from a medication, according to the Lown Institute. One Lown Institute study found that you are 88 percent more likely to seek care for a drug complication or side effect if you take five or more medications. Other research shows that your fall risk increases 7 percent for each medication you take.

"It's to the point that taking too many medications becomes an illness in and of itself," von Preyss-Friedman says.





Older adults at greater risk

Older adults accumulate medications for a variety of reasons. It's partly because they are living longer and are more likely to have chronic diseases that require medical management. But it's also because when patients report a symptom, doctors have a tendency to prescribe a new medication first, rather than recommend a lifestyle change or consider whether the symptom could be caused by a different drug. "It is always easier to just add another medication rather than take one away," von Preyss-Friedman says.

Adults who see a few different doctors to manage their chronic conditions run the risk of having each specialist prescribe a different medication without taking into account the overall effect on the patient, says Hedva Barenholtz Levy, president of the American Society of Consultant Pharmacists and an independent pharmacist in St. Louis.

"I had one 74-year-old patient who had three prescribing doctors and 26 medications," Levy says. "He was taking medications the primary doctor didn't even know the other doctors had prescribed, and he was having multiple adverse drug reactions, including drowsiness and inability to concentrate."

It's also common for older adults to continue taking a medication for years or decades, without stopping to consider whether it's still necessary, whether it could interact with new prescriptions or whether the dosage is still appropriate.

Medication sensitivity increases with age

Because kidney function declines as you age — and drugs are filtered by the kidneys — it's not

unusual for a medication you have been taking for years to suddenly start causing side effects, says Ardeshir Hashmi, M.D., section chief of Cleveland Clinic's Center for Geriatric Medicine. "If you don't reduce the dosage as you get older, the medication may actually be hanging around in your system, and then you take another dose and then another, and they keep cumulatively increasing until you're at risk of drug toxicity or profound side effects that you didn't have previously from the medicine," Hashmi explains. Sometimes, side effects from a medication are misdiagnosed as a new problem, triggering more prescriptions — this is known as a "prescribing cascade."

For example, let's say you take a medicine for heartburn and one day you notice that you're forgetting things. If a doctor doesn't recognize that your cognition problems might be a side effect from the heartburn medication, he or she may write you a prescription for a dementia drug. Then the heartburn and dementia drugs combined cause you to develop constipation, and the next thing you know, you're on another drug for that.

"You can end up on a long list of drugs that really were the result of one drug causing a problem," says Chad Worz, chief executive officer for the American Society of Consultant Pharmacists.

As a senior care pharmacist, Worz spent years reviewing the medications of patients being admitted to assisted living facilities, often because their families thought they were experiencing dementia.

"We would discover it's really not dementia, it's delirium induced by their medications," he says. "The last thing you want to do is put mom or dad in nursing home because you think they have dementia when all you need to do is take them off their meds."



A push to 'deprescribe'

In recent years, many primary care physicians and pharmacists have embraced a trend called “deprescribing” — the practice of regularly reviewing a patient’s medications to reduce the number of unnecessary and potentially harmful ones. There’s even a nationwide effort to reduce unnecessary prescriptions in long-term care facilities, since their residents are among those most at risk of prescription overload. One study of Medicare beneficiaries entering a skilled nursing facility found that they were prescribed an average of 14 medications each. More than 2,000 long-term-care facilities across the country have so far joined a Society for Post-Acute and Long-Term Care Medicine campaign called Drive To Deprescribe, says von Preyss-Friedman, who is cochair of its work group. The goal is to reduce the number of medications taken by residents of long-term care by 25 percent.

When and how to ask for a medication review

No matter how many medications you take — but especially if you take more than five — it’s a good idea to ask your primary care doctor or pharmacist to go over them with you at least once a year, experts say.

Having a medication review is especially important after you are discharged from a hospital or rehab facility, since it’s common for patients to go home with myriad additional prescriptions, Levy says. She also suggests asking for a review if you lose or gain a lot of weight, if you are diagnosed with a new medical condition, or anytime you develop a new symptom.

“If something feels not quite right, always keep in mind it could be a medication effect,” Levy says.

When you go for your review, bring a complete

list of all of your prescriptions and dosages, along with any over-the-counter medications and dietary supplements you take.

If you take a large number of prescriptions or have an especially complex medical history, you may want to reach out to an independent senior care pharmacist, also called a consultant pharmacist, who specializes in medication reviews for older adults. (Search for one in your area at www.helpwithmymeds.org.)

The goal is not just to reduce your number of pills, but also to make sure you are taking the best possible medications for your condition at the appropriate dosages for the fewest potential side effects, Worz says.

“When you get to four or five medications, it’s worth having someone look at it and make sure these medications work well together and you’re getting the benefits of them without the risk,” he says. “In my experience, it’s rare to find a patient who doesn’t have a medication problem we can correct.”

Healthy Food

Canyon Ranch: Strawberry, Chicken and Arugula Salad With Panzanella Dressing



YIELDS:
4

PREP TIME:
25 min

COOK TIME
25 min

TOTAL TIME:
25 min

INGREDIENTS FOR PANZANELLA DRESSING:

- 1/2 cup red wine vinegar
- 1/4 cup water
- 1/2 tsp. minced garlic
- 1/2 tsp. sea salt
- 1/4 tsp. freshly ground black pepper

INGREDIENTS FOR SALAD:

- 4 4-oz. boneless, skinless chicken breast halves
- 4 slices multigrain bread
- 2 Tbsp. olive oil or olive oil spray
- 2 cups sliced strawberries
- 3 cups baby arugula
- Three cups of croutons can be substituted for multigrain bread slices.

DIRECTIONS:

1. In a small bowl, combine all ingredients for salad dressing and set aside.
2. Preheat grill or broiler. Grill or broil chicken breast for 3 to 5 minutes on each side, or until internal temperature reaches 165 degrees. Cool completely and dice.
3. Evenly spread bread with olive oil spray or brush with 2 Tbsp. of olive oil on both sides. Grill bread slices until toasted. Dice bread into bite-size pieces and set aside.
4. In a large bowl, combine chicken, strawberries and arugula. Whisk dressing until well-mixed. Toss salad with dressing and grilled bread just before serving.
5. Divide salad and place in salad bowls.

GREATEST SCIENTISTS

Jane Cooke Wright

Dr. Jane Wright analyzed a wide range of anti-cancer agents, explored the relationship between patient and tissue culture response, and developed new techniques for administering cancer chemotherapy. By 1967, she was the highest ranking African American woman in a United States medical institution.

Born in New York City in 1919, Jane Cooke Wright was the first of two daughters born to Corrine (Cooke) and Louis Tompkins Wright. Her father was one of the first African American graduates of Harvard Medical School, and he set a high standard for his daughters. Dr. Louis Wright was the first African American doctor appointed to a staff position at a municipal hospital in New York City and, in 1929, became the city's first African American police surgeon. He also established the Cancer Research Center at Harlem Hospital.

Jane Wright graduated with honors from New York Medical College in 1945. She interned at Bellevue Hospital from 1945 to 1946, serving nine months as an assistant resident in internal medicine. While completing a residency at Harlem Hospital from 1947 to

1948, she married David Jones, Jr., a Harvard Law School graduate. After a six-month leave for the birth of her first child in 1948, she returned to complete her training at Harlem Hospital as chief resident.



In January 1949, Dr. Wright was hired as a staff physician with the New York City Public Schools, and continued as a visiting physician at Harlem Hospital. After six months she left the school position to join her father, director of the Cancer Research Foundation at Harlem Hospital.

Chemotherapy was still mostly experimental at that time. At Harlem Hospital her father had already re-directed the focus of foundation research to investigating anti-cancer chemicals. Dr. Louis Wright worked in the lab and Dr. Jane Wright would perform the patient trials.



In 1949, the two began testing a new chemical on human leukemias and cancers of the lymphatic system. Several patients who participated in the trials had some remission. Following Dr. Louis Wright's death in 1952, Dr. Jane Wright was appointed head of the Cancer Research Foundation, at the age of 33.

In 1955, Dr. Wright became an associate professor of surgical research at New York University and director of cancer chemotherapy research at New York University Medical Center and its affiliated Bellevue and University hospitals. In 1964, President Lyndon B. Johnson appointed Dr. Wright to the President's Commission on Heart Disease, Cancer, and Stroke. Based on the Commission's report, a national network of treatment centers was established for these diseases. In 1967, she was named professor of surgery, head of the Cancer Chemotherapy Department,

and associate dean at New York Medical College, her alma mater. At a time when African American women physicians numbered only a few hundred in the entire United States, Dr. Wright was the highest ranked African American woman at a nationally recognized medical institution.

While pursuing private research at the New York Medical College, she implemented a new comprehensive program to study stroke, heart disease, and cancer, and created another program to instruct doctors in chemotherapy. In 1971, Dr. Jane Wright became the first woman president of the New York Cancer Society. After a long and fruitful career of cancer research, Dr. Wright retired in 1987. During her forty-year career, Dr. Wright published many research papers on cancer chemotherapy and led delegations of cancer researchers to Africa, China, Eastern Europe, and the Soviet Union.

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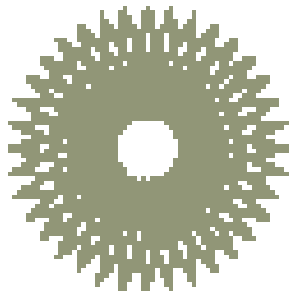
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