



health *Focus*

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health Focus

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Hear for Yourself

When you think about treating a hearing loss, what comes to mind may be a big and bulky hearing device that often whistles in church.

According to Lauren Esposito, owner of Abingdon Falls Plaza Hearing Center, today's hearing devices are not your grandmother's hearing aids. "There is definitely a stigma with hearing aids. People think they are only for older people. That's not the case anymore," said Esposito. "Modern hearing aids are much more discreet and most people wouldn't know you are wearing one." Plus, the modern devices have never worked better. The hearing center, which has become well-known for its television advertisements, often spotlights local patient testimonials. The most memorable ad features a customer named Stan who can "hear the grass grow" after he was fit with hearing devices from Falls Plaza Hearing Center.

"We still have people come to our office, asking if they are going to hear the grass grow," said Esposito. Esposito has been the lead audiologist at Falls Plaza Hearing Center since 2015, recently purchasing the practice from the previous owner, Mike Valenza, in December 2020. Kelley Haynes is hearing instrument specialist at the hearing center. "I'm thrilled to continue serving our patients and their hearing and I hope that I can bring even more success to our office in my new role as owner. I'm proud of the office I helped to strengthen as a provider and now, as the owner, I am excited to put in a personal touch as we continue to improve," she said. According to her, hearing aid technology has improved by leaps and bounds in recent years. There have been dramatic improvements in sound quality to create the most natural sounding

speech. Improvements include the reduction of background noises, allowing the wearer to hear what they want to hear while maintaining awareness of the noise around them---just as someone with normal hearing would.

Along with improvement to sound quality, there are many new advancements, such as making hearing aids rechargeable, eliminating the need of batteries entirely. Hearing aids can work in tandem with smart phones, allowing calls to be

a distance---a service that's been beneficial during the COVID-19 pandemic. "We make the changes requested and send them back all through the app. This allows us to make changes to the sound quality without requiring the patient to come into the office as they previously would have had to do." Hearing aids are more tech savvy than ever before. "Some devices feature fall detectors that can alert the family if the patients wearing them suffers falls. In some ways,

each person---not just a one-size-fits-all service." Hearing healthcare is more than just fitting hearing aids. "It's educating the patient and their family about hearing loss, understanding each person's history and lifestyle in order to offer the best recommendations. We use proper amplification and cutting-edge technology to hear in the environments most important to each person," she said. Esposito said patient evaluations are done in a sound treated booth, a feature that sets the business apart from other hearing centers in the area.

"The sound booth allows us to know a person's true hearing loss. By avoiding noises and distractions, the booth allows us to get more detailed and accurate evaluations."

The hearing center works with all major manufacturers of hearing aids, including Resound, Widex, Starkey, and Oticon.

"We are in network with and accept most insurance policies. We are proud to provide hearing healthcare to many retired coal miners and their families."

Falls Plaza Hearing Center offers free hearing evaluations and consultations.

Abingdon Falls Plaza Hearing Center is located at 319 Falls Drive at the corner of Russell Road and Porterfield Highway (Hwy. 19) in Abingdon. The hearing center is located inside the Main Lobby on the front side of the Falls Plaza Building.

Hours are 9 a.m. to 5 p.m. Monday through Thursday, and 9 a.m. to 4:30 p.m. on Friday.

For more information, call (276) 451-7610 or send an email to contact@fallshearing.com.

Be sure to visit their website at www.fallshearing.com.



sent directly into the patient's ears.

"We can stream cell phone calls and music directly through hearing aids which can promote greater ease at understanding conversations," she said. "A lot of our patients say it's the best conversation they've heard on the phone in years."

Esposito said there are apps available to help fine tune hearing aid adjustments. Many of her patients have their hearing aids paired to their smart phones and use an app to make personalization to their hearing aids, just like a more sophisticated remote control. That app also allows the patient to request adjustments from their provider from

modern hearing aids are like a wearable health device," she said.

How it's done

Falls Plaza Hearing Center is an audiology practice specializing in comprehensive hearing evaluations and the fitting of assistive hearing devices. They complete full diagnostic evaluations including multiple speech tests, air conduction thresholds, and bone conduction thresholds, all in a sound treated booth.

"We focus on hearing health care and not just selling hearing aids," said Esposito.

"We're much more interested in what our patients need in order to hear better. We want to provide the best care for



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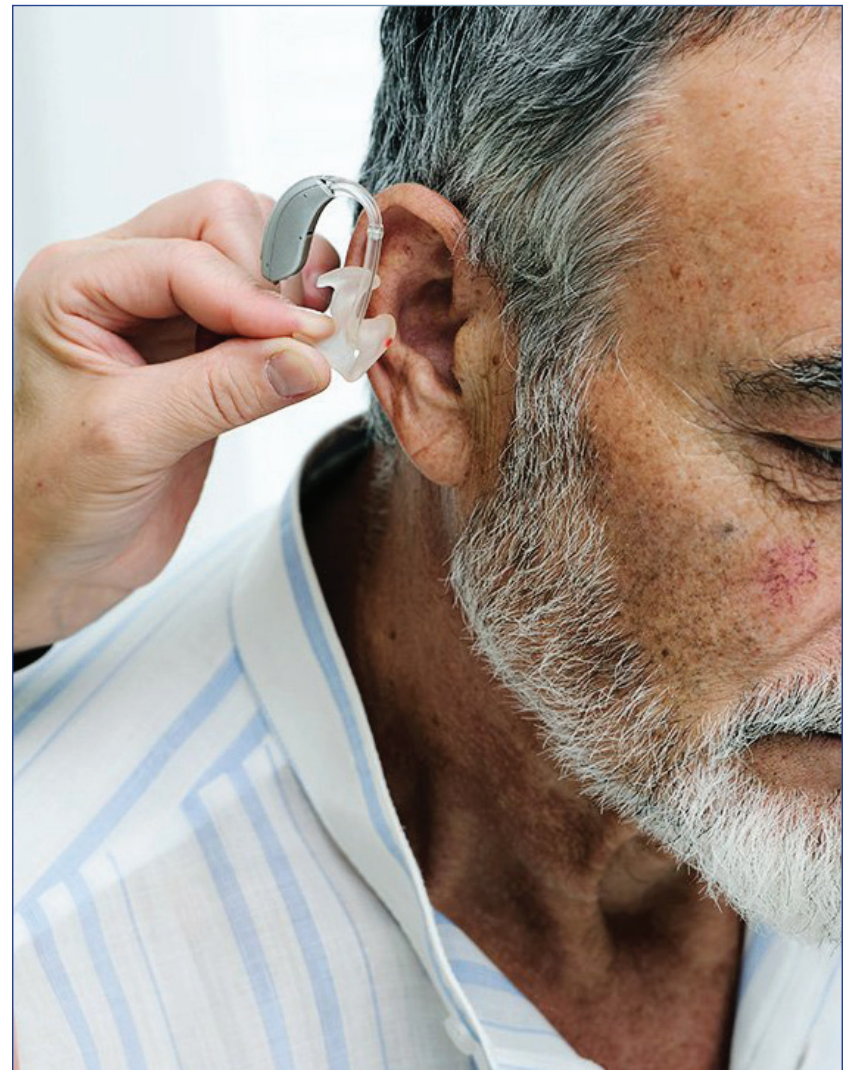
Study: Adults with Hearing Loss More Susceptible to Cognitive Impairment

Hearing loss is prevalent in almost two-thirds of adults over the age of 70, and it remains undertreated. Over the past several years, medical researchers have begun to piece together the links between hearing loss and cognitive decline that may ultimately lead to dementia. Though there are a number of possible causes of dementia in the elderly, preventive hearing care measures and more aggressive treatment of hearing impairment can help keep the brain healthy and active.

A 2012 study headed by Johns Hopkins Center on Aging and Health researcher and medical doctor Frank Lin demonstrated this link a little more clearly. In the peerreviewed paper "Hearing Loss and Cognitive Decline in Older Adults," (published in the Journal of the American Medical Association), Lin et al. discovered through baseline cognitive testing that those with at least a mild

hearing loss (a 25-dB loss) showed a cognitive impairment 24 percent more often than those with healthy hearing.

Because the prevalence of dementia is projected to double every 20 years, it's important to look at possible factors and preventive measures for cognitive decline. The results of this study indicate that hearing loss is independently associated with decreased cognitive functioning and incident dementia, that is, new cases that develop over the course of the study. This 6-year study is an important step toward understanding how hearing rehabilitation might help curb or delay developing cases of dementia.



In a later analysis of individuals who remained dementia-free, accelerated rates of cognitive decline were still observed in those with hearing loss. Based on the testing methods used in this study, individuals with hearing loss would require 7.7 years to experience a decline, whereas individuals with normal hearing would require 10.9 years. In other words, those with hearing loss demonstrated a 30 to 40 percent more accelerated rate of cognitive decline. These results are consistent with prior research that demonstrated significant associations between hearing loss and poor cognitive function.

Those with hearing difficulties can see improvements in their cognitive load through

aural rehabilitation methods and hearing loss treatments, like hearing aids. Better hearing health means a higher quality of life for patients, their families, and their friends — and that means good things for our entire local community. ■

Lin FR, et al. Hearing Loss and Cognitive Decline in Older Adults. Journal of the American Medical Association. 2013;173(4):293–299.



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Sticking to a diet while eating out

What to do when dining out is a challenge dieters know well. It's easy to control ingredients and portion sizes at home, but not nearly as easy when dining out.

Harvard Health Publishing says the average American eats out about five times a week, and that means figuring out how to stick to diets. Rest assured there are plenty of ways to socialize and enjoy meals away from home without compromising a diet.

- Do your research. Many establishments post their menus online and dieters can use that to their advantage. Prior to booking a reservation, review a restaurant's menu online to ensure there's something on there that won't compromise your diet. If you need further clarification, call the restaurant and see if substitutions can be made.

- Have a go-to dish. Many restaurants offer at least one diet-friendly item like a Cobb salad. Dieters can choose a go-to healthy dish that won't compromise their meals and then look for it when dining out.

- Drink water. Don't drink your calories. Alcoholic beverages or sweetened

soft drinks can be heavy in calories. Instead of using your calorie allotment on liquids, save these indulgences for food.

- Look for healthy cooking methods. Scan the menu for foods that are steamed, grilled, baked, and stir-fried. These cooking methods generally use very little oil or butter. Steer clear of heavy gravies or cream-based sauces as well. If there is a sauce, ask for it on the side.

- Choose the right food order. According to BodyBuilding.com, eat protein first, followed by vegetables, and leave carbohydrates for last. The protein and vegetables should slow down digestion, leaving you feeling fuller, faster. That means you'll be less likely to overindulge on bread, potatoes or a sugary dessert.

- Be forthright with dietary needs. Share with your server or party host what you can and cannot eat. Most establishments or individuals are happy to help customers stick to a particular diet. You're not being "a pain" or "picky" by being frank about what you need to eat to be



healthy.

- Check out favorite dishes. You may not know what you're eating unless you investigate. U.S. federal law now requires all restaurants with more than 20 locations to provide nutritional information for menu items. Search CalorieKing for data on foods from hundreds of popular nationwide chains.

- Snack before you leave

home. Don't arrive at a restaurant feeling famished. Eat a small snack before leaving home or bring a few safe items you can use as backups so you'll have something to eat if the menu does not have much healthy fare.

Dieters can employ various strategies to stick to their diets while dining out. ■

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Healthy Vision Is Important for Healthy Aging



- Eat a healthy, balanced diet to include plenty of fruits and vegetables, especially deep yellow and green leafy vegetables. Eating fish high in omega-3 fatty acids, such as salmon, tuna, and halibut is also beneficial.
- Maintain a healthy weight. Obesity increases your risk of developing diabetes putting you at higher risk of developing diabetic retinopathy or glaucoma.
- Get MOVING. Exercise may help prevent or control diabetes, high blood pressure, and high cholesterol. These diseases can lead to some eye or vision problems.
- Wear sunglasses. Sun exposure increases your risk of developing some forms of macular degeneration. Make it a habit to select sunglasses that block out 99 to 100% of both UV-A and UV-B radiation.
- To prevent eye injuries, always wear eye protection when playing certain sports, working with most tools, and doing repairs or projects in your home.
- Avoid smoking which increases the risk of developing age-related eye diseases such as macular degeneration and cataracts. Smoking can damage the optic nerve.
- Know your family medical history. This can help you determine if you are at higher risk of developing an eye disease that could be hereditary.
- If you wear contacts, take steps to prevent eye infections. Wash your hands well before you put in or take out your contact lenses. Also follow the instructions on how to properly clean them, and replace them when needed.
- Staring at a computer or the television can cause you to forget to blink. To give your tired or dry eyes a rest, try the 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds to reduce eyestrain.

A comprehensive dilated eye exam with your eye care specialist is especially important because some eye diseases may not have warning signs. The exams are the only way to detect some diseases in their early stages, when they are easier to treat.

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Parenting and caring for a special needs child

The day a child is born is one of the happiest days in parents' lives. New parents understand they have things to learn and that there will be challenges along the way. Those challenges could be more immediate for parents of special needs children.

Active Parenting Publishers says "special needs" refers to a physical or mental health condition that occurs with development or as the result of an injury. Examples of special needs may include children with learning or behavioral conditions such as dyslexia or attention deficit hyperactivity disorder. Children with autism spectrum disorder, Down syndrome, multiple sclerosis, or paraplegia also may fall under the special needs

umbrella. The National Center for Education Statistics says that, in the 2019-20 school year, 7.3 million public school students between the ages of three and 21 received special needs education services under the Individuals with Disabilities Education Act.

One of the key challenges parents of special needs children may face is providing care and assistance without making the child overly dependent on his or her parents. Another challenge may be carving out time to decompress from the role of caregiver.

The following tips can help parents and other caregivers who provide for children with special needs.







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- Ask for help. Parents and caregivers should not hesitate to ask for help when raising special needs children. Caregivers must overcome any misconception that they will be a burden if they seek support. Seek help from friends, family members or support groups.

- Release the bonding hormone. Researchers have found that the hormone oxytocin is released when one person experiences empathy for another, creating a sense of well-being and trust between the two people, according to Active Parent Publishers. Empathize with your child and you can work together more successfully.

- Build on strengths. Stimulate independence in your child while resisting the urge to reach in and do everything for him or her. This approach requires patience. Children — even special

needs children — need to struggle to a point to develop certain skills and become as independent as possible. Celebrate all achievements, no matter how small.

- Establish rules and routines. Rules and routines provide something the child can expect each day. This will encourage a sense of security.

- Make contingency plans. Life may be unpredictable, but have a few options in your back pocket. A contingency plan may include a list of go-to locations if you learn a venue isn't wheelchair accessible or if a child is bothered by loud noises or lights.

Planning is often key when parenting a child with special needs. Learning what works for others may help parents become more effective caregivers. ■

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details on how to become a patient.

Safe ways for seniors to volunteer

Charitable organizations rely on the efforts of volunteers to meet their missions every day. People of all ages can

The rollout of various COVID-19 vaccines has allowed vaccinated individuals to return to



volunteer, and a great number of volunteers are seniors.

A 2016 survey from the U.S. Bureau of Labor Statistics found that nearly one-quarter of American volunteers are age 65 and over. That was never more apparent than during the COVID-19 pandemic, when many nonprofit organizations were suddenly forced to confront a volunteer shortage due to the adoption of social distancing guidelines that were designed to keep vulnerable populations, such as seniors, as safe as possible. One study from Fidelity Charitable found that two out of three volunteers decreased or stopped contributing time during the pandemic.

a certain degree of pre-pandemic normalcy. However, the threat posed by strains of the virus like the Delta variant has made some seniors apprehensive about returning to volunteering. Though each individual should consider various factors before returning to volunteering during the pandemic, the following are some options seniors can consider as they aim to safely pitch in once again.

- Look for contactless opportunities. Interactions with the people they help and work alongside is what drives many volunteers to lend a helping hand. That's especially so for seniors whose children have grown up and moved

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out. In person interactions may be too risky during the pandemic, but seniors can still volunteer via contactless opportunities. For example, in lieu of delivering meals by hand, seniors who work with organizations such as Meals on Wheels can deliver prepackaged meals outside recipients' residences.

- Pitch in with fundraising. A report from Giving USA released in 2021 revealed that Americans gave more to charity in 2020 than in 2019. That increase came in spite of an economic downturn that saw millions of people lose their jobs or take pay cuts as companies scrambled to deal with lost revenue related to the pandemic. Though giving might have increased in 2020, many nonprofit organizations, including local community theaters, likely suffered due to cancellations and audience restrictions. As

a result, many local nonprofit organizations are in need of financial support. Seniors who want to pitch in but stay safe can volunteer to help local organizations raise funds. Seniors can participate in fundraising efforts from the comforts of their own homes.

- Offer professional expertise. Many seniors retired after spending decades mastering their crafts, and that experience can be an invaluable resource to local nonprofit organizations. Seniors can offer professional advice and mentor youths remotely via apps like Zoom without putting their physical health at risk.

Seniors concerned for their safety can still lend a hand by volunteering with their favorite nonprofit organizations. ■



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PTA

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PT, DPT, ATC

Whitney Peters
PT, DPT, ATC

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The basics of diabetic eye disease

Diabetes affects millions of people across the globe, and its prevalence has risen significantly in recent decades. Data from the World Health Organization indicates that the number of people with diabetes nearly quadrupled between 1980 and 2014. Life with diabetes can be challenging, especially when the disease leads to additional complications like vision problems.

The National Institute of Diabetes and Digestive and Kidney Diseases notes that diabetes affects the eyes when blood glucose, or blood sugar, is too high. The damage to the eyes caused by diabetes occurs over time and can contribute to poor vision and, in certain instances, blindness. As their vision worsens, people with diabetes may be diagnosed with diabetic eye disease, which is an umbrella term used to describe a handful of conditions.

Which conditions are included under the umbrella of diabetic eye disease?

The NIDDK notes that diabetic retinopathy, diabetic macular edema, cataracts, and glaucoma are some of the conditions included under the umbrella of diabetic eye disease. Though they might all be referred to as diabetic eye disease, each condition is different.

Diabetic retinopathy

Diabetic retinopathy affects the retina, which is the inner lining at the back of each eye. The retina senses light and turns it into signals that the brain then decodes. When a person has diabetic retinopathy, damaged blood vessels affect the retina.

These blood vessels may weaken, bulge or leak into the retina during early stages of the disease. If the disease worsens, some blood vessels may close off and cause new blood vessels to grow on the surface of the retina. Serious vision problems can develop when this occurs.

Diabetic macular edema

The Mayo Clinic reports that diabetic macular edema occurs when tiny bulges protrude from the vessel walls

and leak or ooze fluid and blood into the retina. This leakage causes swelling in the macula, which is the central part of the retina. This is a serious issue, as the NIDDK notes that the macula is necessary for reading, driving and seeing faces. Swelling in the macula can eventually contribute to partial vision loss or blindness.

Cataracts

Cataracts is not exclusive to people with diabetes. However, the NIDDK reports that the risk for cataracts is greater for people with diabetes than it is for people who are not diabetic. Cataracts are a condition marked by a clouding of the lens of the eye. According to the Cleveland Clinic, when a cataract clouds over the lens of the eye, the eye cannot focus light in the way it needs to. That can lead

damage to the optic nerve. The optic nerve is a bundle of nerves that connects the eye to the brain. The NIDDK notes that diabetes doubles a person's chances of having glaucoma. Glaucoma is often marked by gradual vision loss, and the National Institutes of Health note that as glaucoma worsens, individuals may begin to notice they can no longer see things off to the side. Early treatment of glaucoma can prevent further damage,



to blurry vision or vision loss. Cataracts can occur naturally as a person ages, but the Cleveland Clinic notes that cataracts can form more quickly in people with diabetes.

Glaucoma

Glaucoma also is an umbrella term that refers to various conditions that cause

though there's no cure. If glaucoma is not treated early, it can lead to vision loss and blindness.

Diabetic eye disease can have serious consequences. Individuals with diabetes must be vigilant and address any issues with their vision immediately. ■

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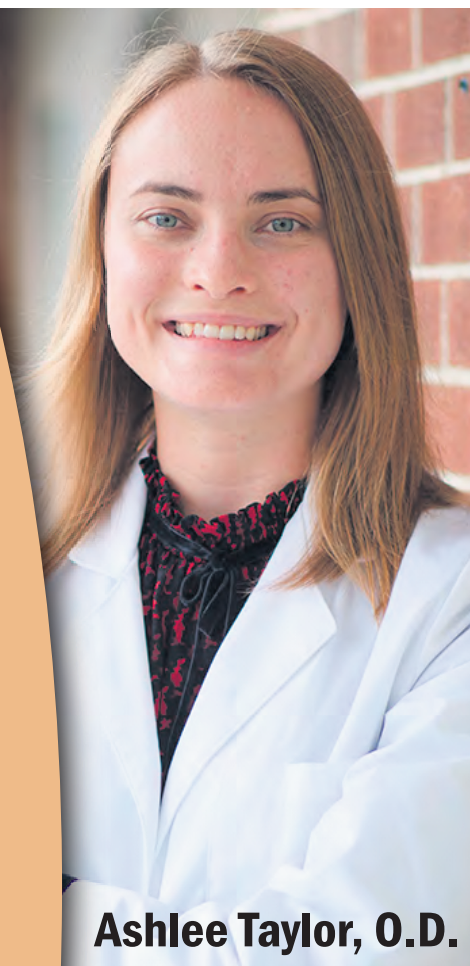
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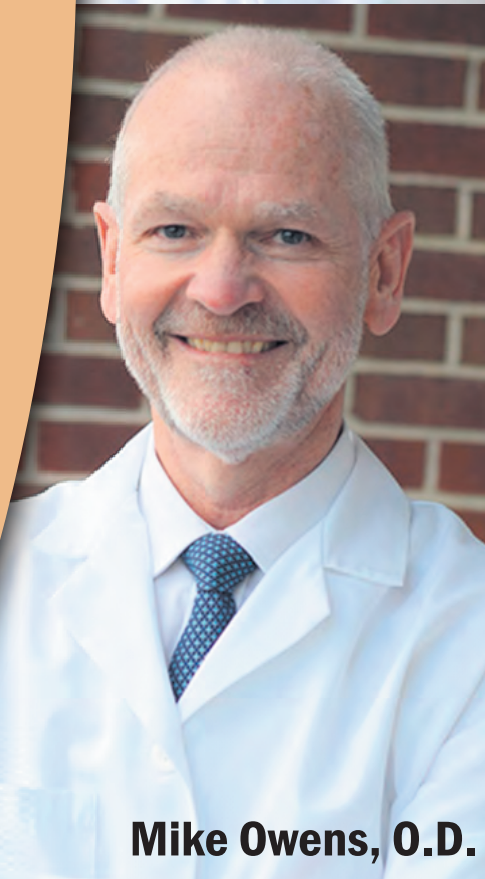
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Ashlee Taylor, O.D.



Mike Owens, O.D.



#ThisIsOurShot

Each of us has our own reasons for the decisions we make. Our team members took time to let us know why they chose to get the COVID-19 vaccine. Now, they urge you to do the same. The vaccine is safe, effective and widely available.

The FDA and CDC have authorized a Pfizer booster dose for:

- people 65 years of age and older
- residents of long-term care settings
- individuals ages 50 through 64 at high risk of severe COVID-19
- those who are ages 18 to 49 with underlying medical conditions
- people ages 18 through 64 whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19, including severe COVID-19



**Protect yourself and those you love.
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SCAN ME



What is Sublocade and how does it help treat Opioid Addiction?

What is Sublocade and how does it help treat Opioid Addiction?

In 2020, 10 people died of an opioid overdose every hour, according to the Centers for Disease Control and Prevention (CDC). Getting individuals who are addicted to opioids treated for their disease is critical to saving lives all over the country.

However, this can be difficult when people are trying to juggle work, childcare, school and other responsibilities. They often feel as though there's not time for them to leave their job, family and daily life to enter an inpatient treatment facility for weeks or months at a time.

This is why medication-assisted addiction treatment (MAT) can provide the needed balance between getting help and remaining present for daily responsibilities. Sublocade is a medication that offers these benefits and more. Many people have not heard of Sublocade; or, if they have, they may not really understand what it is or how it works.

withdrawal symptoms and risk of relapse, as well as allowing for a more convenient addiction management schedule.

Minimized withdrawal symptoms

Sublocade helps drastically reduce the number and severity of withdrawal symptoms people experience when battling opioid dependency. These symptoms can range from mildly annoying to debilitating and severe, and they include conditions such as:

- **Insomnia**
- **Nausea**
- **Diarrhea**
- **Sensitivity to light**
- **Anxiety**
- **Restlessness**
- **Muscle cramps**

What is Sublocade?

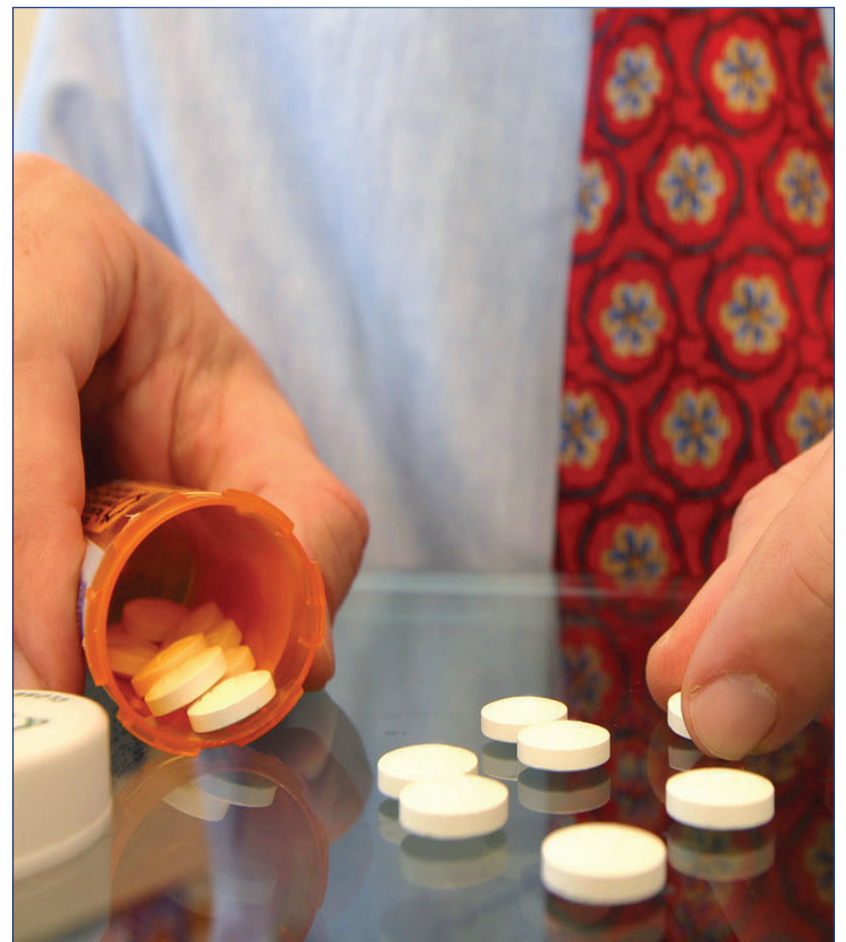
Sublocade is a controlled substance containing the partial opioid agonist buprenorphine. It is injected into the body and then released over the course of about a month. During that time, a steady stream of buprenorphine trickles into the body from the injection site.

This medication gained approval from the Food and Drug Administration (FDA) on November 30, 2017. It is meant for treatment of opioid use disorder in people who have already started using a buprenorphine-based product like Suboxone. Once someone has stabilized on the buprenorphine treatment for at least a week, they can begin receiving their monthly Sublocade injections, typically administered no less than 26 days apart.

How does Sublocade help with addiction recovery?

Sublocade is not meant to be used alone to manage someone's recovery. It's most effective in combination with other treatment modalities, such as cognitive behavioral therapy (CBT), 12-step meetings, animal-assisted therapy or residential treatment programs.

When combined with methods like these, the Sublocade injection helps with recovery by reducing



The discomfort of these conditions can be unpleasant. Anything on this list can cause people to call out sick from work, skip school or even be admitted to a hospital if the symptom is bad enough. When coupled with the responsibilities of doing things like child rearing, finding or holding a full-time job, keeping up with homework and projects at school or caring for sick and elderly loved ones in the home, it's easy to become overwhelmed and burned out.

But the larger issue is that this level of stress can push people to relapse. In an attempt to get rid of the symptoms they are experiencing each day, some may start their drug use again. Indeed, they might be doing it just to feel normal, not even necessarily to get

high. This is a difficult spot to be in. The person with an addiction may have every intention of abstaining from using opioids, but the pain and unease of these symptoms grinds on them until they finally break and relapse, just to relieve the pain.

By adding Sublocade to their treatment plan, these same people – even if they have experienced a relapse in the past – can maintain their opioid-free lifestyle. They are able to go about their daily routine with mild withdrawal symptoms or even no withdrawal symptoms at all. Managing daily living responsibilities and recovery steps, such as therapies, group meetings, etc., becomes easier when the withdrawal symptoms are reduced to this degree.

Convenient administration schedule

Sublocade also creates a more convenient addiction management regimen than something that has to be taken on a daily or even weekly basis. This allows people to more quickly get back to their daily routine. Spending more time out in the real world and less time in medical facilities can help people struggling with addiction adjust to a new life without the abuse of the drug to which they're addicted.

With Sublocade, people dealing with addiction can safely and comfortably take care of their households, jobs and families without having to fit in multiple medical visits each week or month to

help manage their addiction symptoms.

This encourages them to believe the idea that they can live a healthy, fulfilling life without using the opioids upon which they have become dependent. And not because someone is simply telling them this is the case, but because they are doing it on a daily basis!

Sublocade could be just what you're looking for

Treatment for addiction to opioids can still involve sleeping in your own bed each night. It doesn't have to mean spending weeks or months of time away from your loved ones, your job or your studies. ■



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MEDICARE...

How it works and What it will cost in 2022

Medicare is the federal health insurance system that covers enrolled people who are 65 or older, individuals under 65 with certain disabilities and people of any age with end-stage renal disease requiring dialysis or a kidney transplant. Established in 1965, Medicare services have mushroomed over the years and now cover more than 62.6 million people. Medicaid, set up at the same time as Medicare, is a separate program providing health coverage to low-income families, pregnant women, people with disabilities (regardless of age) and people needing long-term care. The Centers for Medicare & Medicaid Services (CMS) — a branch of the Department of Health and Human Services (HHS) — is the federal agency that manages Medicare and monitors Medicaid programs, which are run by individual states.

Original Medicare consisted of Parts A and B. Subsequently, Parts C and D were added. Here's what they cover:

- Part A or hospital insurance (HI) covers inpatient hospital stays, care in a skilled nursing facility, skilled home health, hospice care and medications. There are limitations to coverage and patients are responsible for deductibles, co-payments and non-covered services.
- Part B is medical insurance and covers services provided by doctors, outpatient medical care, medical supplies and preventive services, like diabetes screenings, mammograms and COVID-19 and flu vaccines.
- Part C or Medicare Advantage Plans: These are voluntary health insurance plans offered by private

insurance companies approved by Medicare. If you join a Medicare Advantage (MA) plan, coverage includes the benefits of Medicare Parts A, B and sometimes D, but provide additional coverage for services not included in original Medicare, like vision, dental, hearing and other categories. MA plans may be an HMO (Health Maintenance Organization), a PPO (Preferred Provider Organization) or others. There are different rules, costs and coverage limitations depending on the private insurer, including restrictions about which doctors, hospitals, nursing homes and rehab centers you can go to.

- Part D is a prescription drug plan that helps cover the cost of some prescription medications. Parts B, C and D are called Supplementary Medical Insurance (SMI). There are also Medigap plans sold by private health insurance companies that pay for items like co-payments and deductibles not covered by Medicare.

The monthly Part B premium was \$148.50 per month in 2021. The 2022 Part B monthly premiums had not been announced as of the end of September. The average premium for Medicare Advantage plans is expected to be \$19 per month, a drop from \$21.22 in 2021, according to the Centers for Medicare and Medicaid Services (CMS). For Part D prescription drug plans, the average premium will be \$33 per month in 2022, compared with \$31.47 in 2021, CMS announced.

Read more at: <https://www.miamiherald.com/living/health-fitness/article254630502.html#storylink=cpy>

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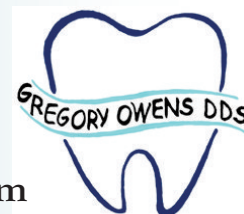
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E-cigarettes: Another culprit in hearing loss?

Traditional cigarettes are already considered a risk factor for hearing loss, and electronic cigarettes, also called “e-cigarettes,” might share the same distinction.

More than 20 million adults as of 2013 have tried e-cigarettes, according to a joint study by the Centers for Disease Control and Prevention and Georgia State

University. Adult use, including single incidents, rose by 8.5 percent in 2013 versus 3.3 percent in 2010.

The battery-powered smoking devices, introduced in the U.S. around the mid-2000s, deliver nicotine, flavorings,

and other additives through a vapor that users inhale. Their growing popularity among adults and youth presents serious public health challenges.

Do those challenges include a link between e-cigarettes and hearing impairment? Without research to date, potential connections are currently anecdotal, but some

e-cigarette users have reported symptoms such as ear occlusion, ear pressure, tinnitus, difficulty hearing in noise, and loss of low and high frequencies.

E-cigarettes may include

ototoxic chemicals such as propylene glycol. Though it’s unclear whether e-cigarette vapors can lead to ear damage or hearing impairment, past studies have warned against eardrops containing “high concentrations of propylene glycol or other alcohol-based solvents.”

Much of the discussion around e-cigarettes and hearing impairment has centered on musicians and DJs, whose exposure to noise and other risk factors could also contribute to hearing loss. An audiologist would evaluate patients for prior noise-induced hearing loss, use of hearing protection and other factors before concluding a potential link.

It’s recommended that people experiencing any of the described symptoms see a licensed audiologist for a hearing test that extends above the typical 125-8,000 Hz range, instead looking to the 10,000 -20,000 hertz range.

Understanding potential connections between e-cigarettes and hearing loss can help primary care providers and hearing care professionals further collaborate for a healthier local community



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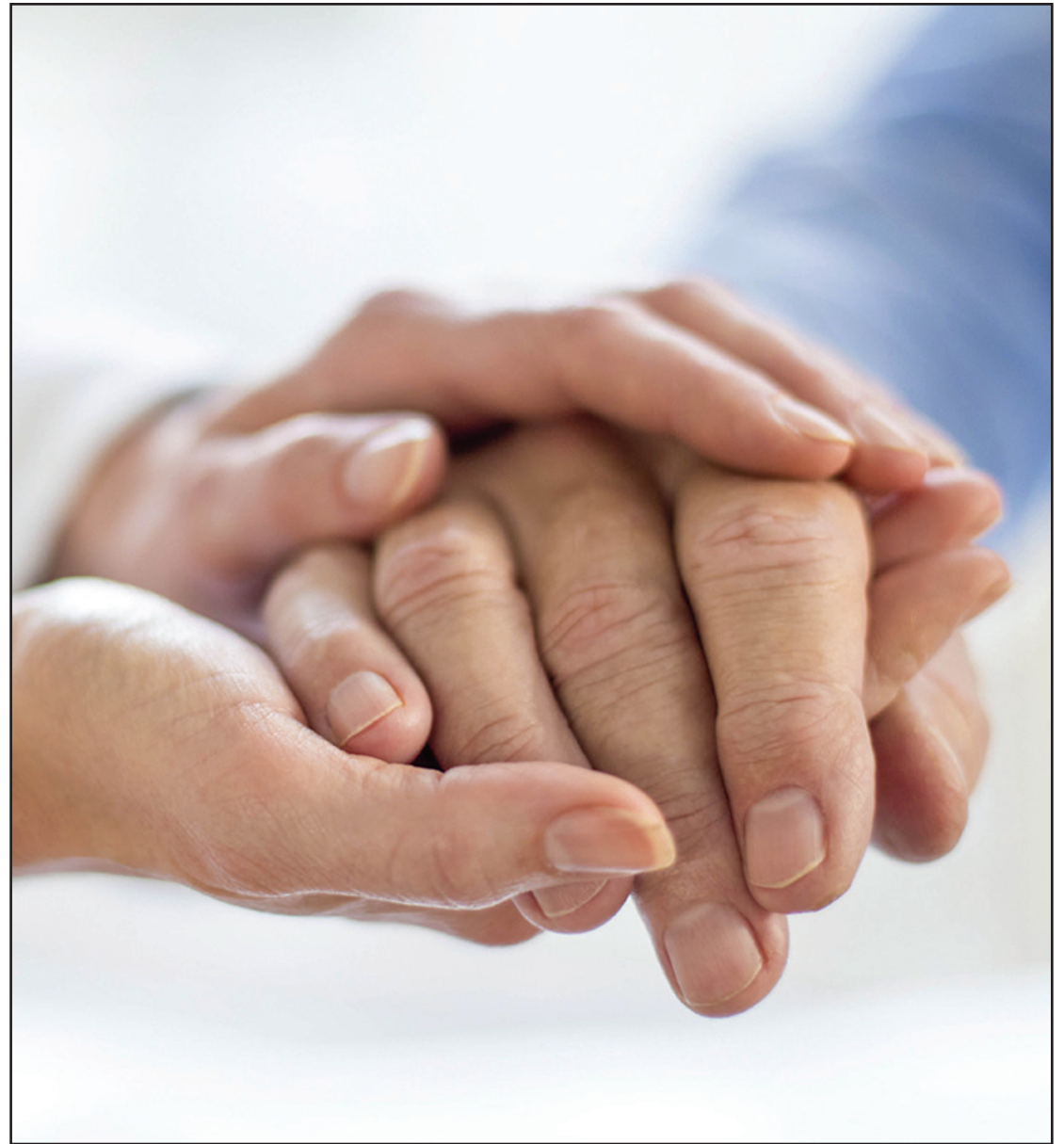
Choosing palliative care options

Modern medicine works marvels, though some conditions remain a mystery. When afflicted with a condition that has no cure, individuals suffering illnesses or other ailments may need to look for ways to feel better. This is the basis behind palliative care.

The Mayo Clinic says palliative care is specialized medical care that focuses on providing relief from pain and other symptoms of serious illnesses. Palliative care is not exclusively end-of-life care, but it can be. In fact, hospice care is a form of palliative care for terminally ill people. The American Board of Internal Medicine Foundation offers that palliative care may include emotional, spiritual and physical support. In addition to pain management, palliative care may help relieve symptoms such as shortness of breath, anxiety, fatigue, nausea, and depression.

According to The World Health Organization, palliative care improves the quality of life of patients, their caregivers and their extended families. However, only 14 percent of the estimated 40 million people across the globe who need palliative care currently receive it. Those with access to care can use these guidelines when selecting palliative care services.

- Start with your primary care physician to acquire the best care possible. He or she can put you on a path to building a palliative care team.
- Have a list of questions at the ready. These can include asking about the criteria for palliative services. What



treatments will you have to discontinue and what can be continued? What to do if diagnosis/prognosis changes? Which professionals will be on the palliative care team?

- Decide where care will take place. Some palliative services, such as end-of-life hospice care, may take place in a hospice center or in a special wing of a hospital. Other palliative services occur at home. Specify where you want to be cared for so that you can choose the right

program.

- Determine if you can get assistance with advance directives. Some palliative care teams will work with volunteers in the legal and accounting fields to provide peace of mind. Chronic, life-threatening or serious illnesses may require individuals to document their plans while they're still of sound mind. They also can spell out desires and goals for treatment, in addition to establishing a health care proxy when the future may make decisions

challenging.

- Interview and get to know potential palliative care providers. Assess more than an individual's credentials. Choose people who are compassionate and exhibit genuine concern for your well-being.

Palliative care is an important component of feeling well for as long as possible. It takes research and knowing what you want from care to find the best options. ■

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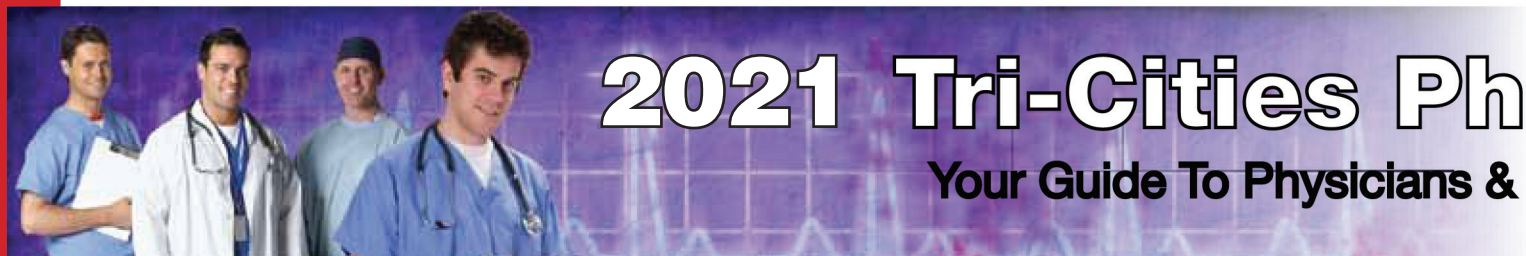
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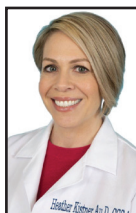
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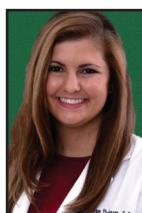
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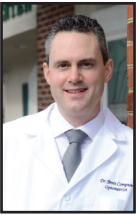


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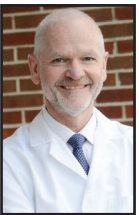
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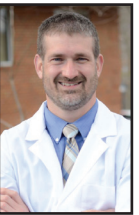
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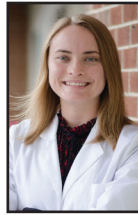
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Special Health Bulletin

A study at John's Hopkins found that even a mild hearing loss can double the risk factor of dementia, potentially leading to Alzheimer's. Moderate loss tripled risk, and people with a severe hearing impairment were five times more likely to develop dementia. A follow up study indicates those with hearing loss have accelerated brain atrophy or shrinkage which may be linked to balance problems and falls, problems with short term memory, and difficulty processing some speech. Hearing loss has also been linked with cardiovascular problems, diabetes, depression, and social isolation.

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