



SENIOR LIVING

Grow stronger, live longer

Here's yet another reason to try to stay fit: Seniors with more muscle mass have a lower risk of death.

That's according to researchers who spent eight years surveying 6,400 patients with cardiovascular disease. They divided the patients into four groups: high muscle/high fat, high muscle/low fat, low muscle/high fat and low muscle/low fat. The winners (those with improved survival odds) were those with the high muscle/low fat combination. The level of fat doesn't matter as much as the muscle mass to reduce risk of death.

The study jibes with one from two years ago that determined that BMI levels aren't as important as body composition -- in other words, muscle mass.

How do seniors gain muscle mass? It's not easy, as we tend to start losing muscle at about age 40.

The first step to build muscle is to consult your doctor before

you change your diet or start any new kind of exercise. Ask if the following changes are correct for you:

Protein -- While it helps build muscle, seniors shouldn't get too much because it can stress the kidneys. This is where your doctor can help calculate how much you should get in a day.

Carbs -- We need to burn these for energy. Without carbohydrates you'll use protein for energy, instead of using your protein to build muscles.

Water -- You need the right amount to help absorb the nutrients in your food. Again, your doctor can calculate it for you. Measure the amount of water you should have in a day and keep it handy on the counter or in the fridge.

Working Out -- The Centers for Disease Control and Prevention has put a 126-page book online called "Growing Stronger" for seniors who want to start strength training. Look for it at www.cdc.gov.

Should Medicare Age be Raised to 67?

There's a movement afoot that, if it gains traction and becomes law, could affect many of us. Researchers have once again studied the ramifications of increasing the age of Medicare eligibility to 67. The purpose, of course, would be to save the government money.

Here are a few of the things the study discovered from the records of more than 200,000 seniors:

* Overall medical spending dropped by a third when seniors switched to Medicare because the government pays providers less than private insurers.

* While the government will save money, actual health-care spending will go up. A previous 2011 study concluded that while the government would save \$5.7 billion (in 2014), seniors age 65 and 66 would have increased costs out of pocket of \$4.5 billion. The current study agrees.

* A Congressional Budget Office looked at the potential government savings in 2013, and

concluded that the government could save \$19 billion between 2016 and 2023.

* Seniors generally would stay with the same health-care providers, who will get less money for the same services, probably 30 percent less. Those providers will continue to see existing patients because they'll be dealing with volume in the number of patients.

So what does this mean to us?

Seniors would need to spend two more years on private insurance. To keep employer-provided insurance, we'd need to stay employed for two more years.

If we were planning to retire and have Social Security as all (or at least part) of our income, we're not likely to be able to afford the high cost of medical insurance, as it seems to go up each year as we get older.

Bottom line: This topic isn't going away. It's one to keep an eye on.

Where Are Medicare Hospital Ratings?

If you had been hoping to go to the Centers for Medicare and Medicaid Services website and take a look at its new hospital ratings, you'll be disappointed. It doesn't exist yet. The very day before the site was to launch, it was delayed.

It seems that Congress, along with the hospital industry, pushed to stop the launch in its tracks. For the survey, hospitals are rated for more than 100 measures of care, but the information is often confusing. (Or perhaps they're afraid the information will make them look bad.) For example, hospitals objected to a Medicare patient death rate being known to women trying to choose a hospital for having a baby. Another objection was that a hospital's death rate might be because the patients are low income.

Hospitals called 60 senators and more than 200 representatives and asked for the delay so the information can be reassembled.

We have ratings on CMS for various patient surveys, and those are of value. The higher the number of stars, the lower the death and readmission rates. We have a star rating system for nursing homes -- covering health inspections, staffing, quality measures and more. There's one for Home Health Compare that includes a patient survey rating.

The new rating system for overall hospital quality was meant to make the information about hospitals easier to understand, with over 60 of the measurements being condensed into the star system, with ratings from one to five stars.

Initially the CMS told Congress that the website would be running by July. Now they've backtracked and say it might be after July if they're still working on the data.

If you want to view the other ratings, go online to cms.gov and put ratings in the search box.

Read the label!

Acetaminophen, a commonly used over-the-counter pain reliever and fever reducer, has been shown in research trials to reduce the ability to spot errors. That can be serious, depending on what the user is doing while taking the drug.

In double-blind clinical trials, those taking acetaminophen didn't notice any difference in their ability to see errors, but the test results told a different story: There really were slower reactions and mistakes. (The par-

ticipants' task was to hit one of two buttons when certain letters appeared on a screen.)

Acetaminophen is an active ingredient in hundreds of over-the-counter and prescription medicines. If you take a pain reliever, be sure to read the package label to see if it contains acetaminophen, especially if you have liver problems. In 2013, the Food and Drug Administration issued a warning about acetaminophen causing serious skin diseases, including rash

and blisters. In 2015, the FDA amended the required warning on packages to expand on the possibility of liver damage.

One consumer product that contains acetaminophen goes much farther in its label warning and says not to take it with other drugs, limit use of caffeine, avoid alcohol, and more.

This should be a warning to all of us. Just because something is available over the counter doesn't mean it's safe in all situations. And even if we've taken

a drug for a long time without harm, we need to start reading labels every time because the information in them might have changed.

To keep up with new information from the FDA, have updates sent to you by email. Go online to fda.gov and put Get Email Updates in the search box. Choose your preferred topics and fill in your email address.

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