

# SAFE HEALTH *REPORT*

Scientific Data ... Informed Choice ... Actionable

October 2022

Official Newsletter for MrGineaPig

Issue 3

Please repeat once before proceeding: **He Can Do It, She Can Do It, I Can Do It**

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*subtilis*

## Perceptions of Suffering

### Your Ticket to Exuberant Health for the next 5 years

How does one tell if he or she is suffering? In grinding daily life, the time seem to pass by from very slowly. If time is going slow, you know you are suffering. You feel it. On the other if time is moving fast, you know you are not suffering.

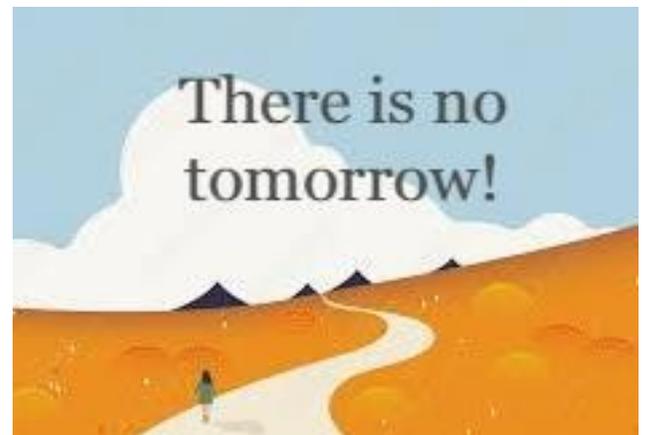
One sure way of telling whether or not you have wrong type of occupation is when time drags on forever. You just can't stand it.

Aging in particular is associated with reductions in the speed of internal clock and increased variability in the operation of an timing mechanism supported in cortico striatal circuits. Aside from aging-related distortion of



**Ike Kim,**  
**Editor**

time estimation, everyone probably at some point in their lives experienced time seemingly stop with not very pleasant situation like in a hospital setting. with You look at the clock and realize it's only been ten minutes since the last time nurse or doctor came by, even though it feels like it's been ages.



Estimation of the passage of time indeed becomes distorted when a painful stimulus is present. [Rey A and her colleagues](#) studied how the duration of pain can, by itself, generates subjective time expansion. She had

40 undergraduate students (12 males, 28 females) with normal or corrected-to-normal vision without any pre-existing conditions known to cause pain, to perform a “temporal bisection task” while holding their hands in either tepid (25 °C) or cold water (12 °C) for 50 minutes. Pain is elicited when holding hands in cold water for 50 minutes while holding hands in tepid water temperature does not. Each study participant had to focus their attention on the grey block that appeared at the center of large screen for 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, or 750 milliseconds in duration in random fashion, and was tasked to classify each presentation of grey block as “rather short” or “rather long” all the while holding their hands in tepid or cold water. Each participant was tested for approximately 50 minutes. Authors found that being in pain leads to an expansion of subjective time estimation. What do you think of time estimation for folks suffering in war zone in Ukraine?

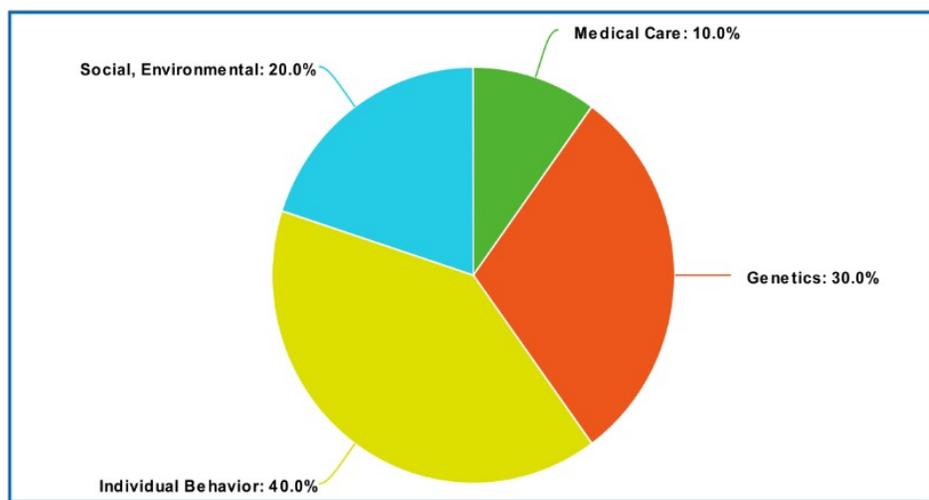
**Take Home Lesson: Avoid situations or people with unpleasant vibes!**

## Health Outcomes

There are four major risk factors for premature death in the US according to New England Journal Medicine article in 2008 by [Steven Schroeder](#). Major causes of premature death are individual behavior (40%), genetic predisposition (30%), social and environmental risks (20%) and health care (10%). Schroeder asks important questions in his [article](#) regarding whether better health care or medical care results in better health. It only contributes about 10% of premature death.

Even in instances where medical care is needed, it is often not accessible. Single greatest contributor to premature death appears to be personal behavior comprising nearly

Risk Factors for Premature Death  
Schroeder, SA (2007). We Can Do Better. NEJM 357: 1221-8



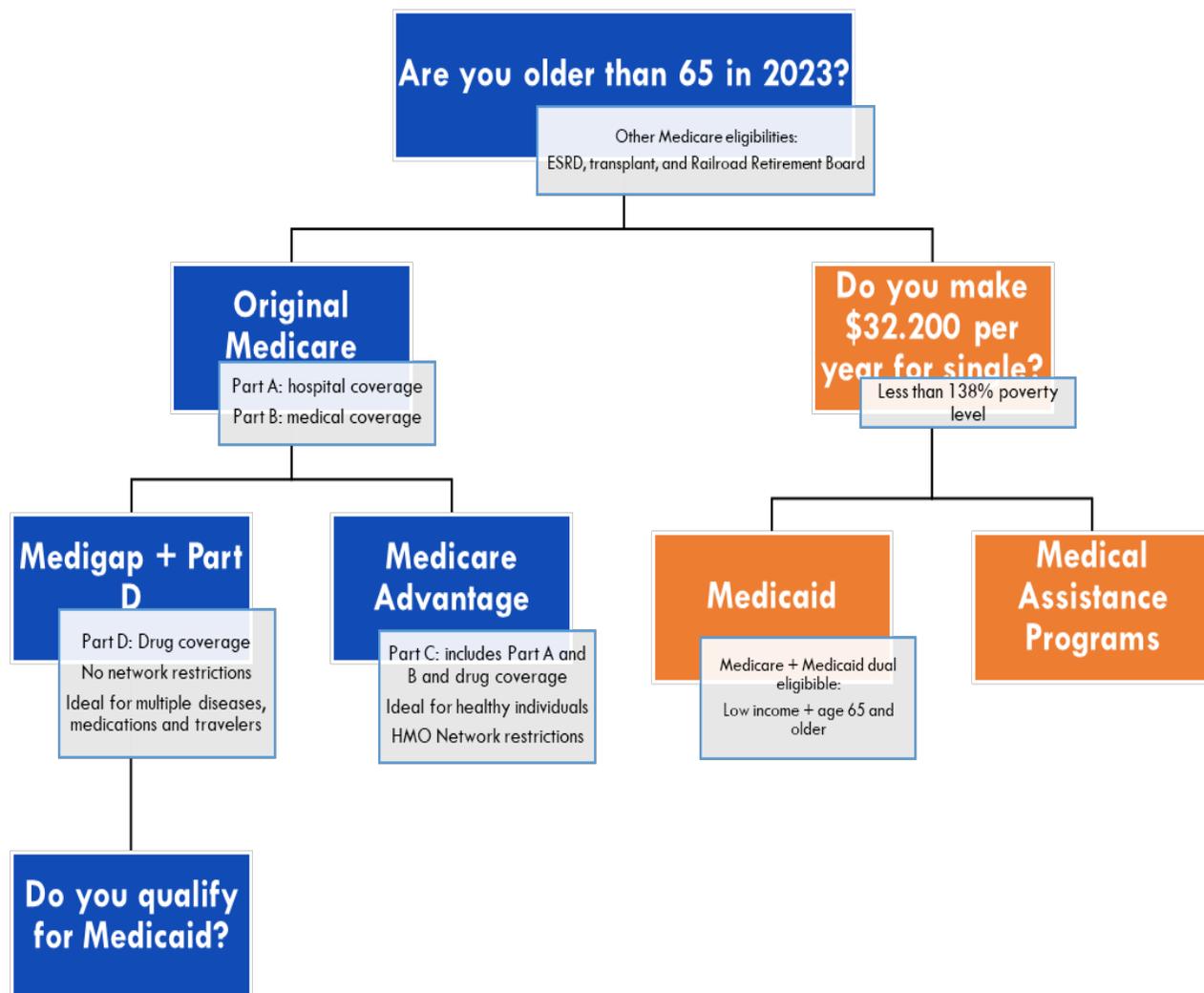
■ Medical Care ■ Genetics ■ Individual Behavior ■ Social, Environmental

meta-chart.com

40%, which includes tobacco consumption, high body mass index (BMI), poor diet, alcohol and drug use, high fasting plasma glucose, and high blood pressure. In summary, obesity, physical activity, and smoking are modifiable risk factors in the US along with accessibility to good medical care. These modifiable risk factors for premature death will be major focus of Safe Health Report.

## Original Medicare Part A and Part B

Medicare consists of Part A and Part B. Part A covers hospital stays, skilled nursing home stays in transition to home if needed, some home health care and finally hospice care. Part B provides medically necessary services and preventive care. It includes ground ambulance services, most physician services, and medical supplies to diagnose and treat a medical condition, home health care and finally hospice care. Part B provides



medically necessary services and preventive care. It includes ground ambulance services,

### Original Medicare Part A and Part B

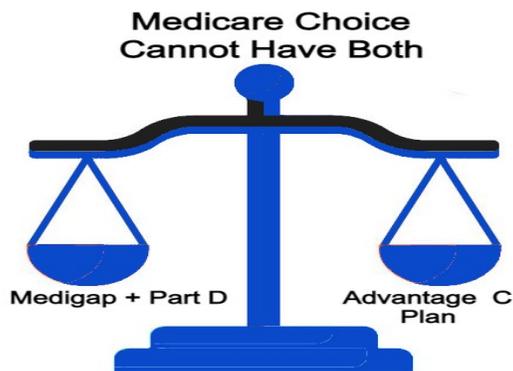
Medicare annual open enrollment is from October 15 through December 7 for existing Medicare enrollees who wants to make changes. For new 65-year-olds, enrollment period starts 3 months before the one's birthday and 3 months after the birthday for total period of 7 months. For those who are still working beyond 65 years of age with employer health insurance or with spousal employer coverage, may sign up for Medicare at any time. Enrollment period lasts for 8

months. These are one time enrollment periods. There are penalties not enrolling in Medicare on time which ranges from 10% for Part A, 10% for each year not signed for Part B. For not signing up for Part D at the same time, penalty starts at 1% per month or 12% per year.

### Making Medicare Choices

There are two choices to make initially either choosing original Medicare Part A/B/D with Medigap or choosing Medicare Advantage C Plans. Choosing Original

Medicare Part, A/B/D with Medigap may be the best option for those with pre-existing medical conditions due to difficulty of converting from



Medicare Advantage C plans to Medicare A/B/D with Medigap later. 42% of Medicare beneficiaries chose Medicare Advantage C plans in 2022, and its share is expected to increase to 61% by 2031 according to [Kaiser Foundation](#).

On the other hand, Medicare Advantage Plans are reasonable choice for the healthy patients with no or mild disease states since these plans are very good at health maintenance but does not offer the option of going outside of its health maintenance organization (HMO).

If first choice is made, then there are several options for each. If A/B/D with Medigap option chosen mentally, one must choose one of 12 medigap plans, A through N. Three Medigap plans F, G and N offer highest levels of benefits, and are also three most popular plans.

There plans are already standardized by US federal government and does not differ from once company to another. Hint: more expensive Medigap plan from one insurer does not offer better benefits. For all practical purpose, Medigap plans, F, G and N is what we recommend. Unfortunately, Medigap Plan F is only available for beneficiaries who are eligible for Medicare on or before 2020. That leaves

medigap plans G and F for most comprehensive medigap coverage. Due to unaffordability of copays or coinsurance other medigap plans will not be discussed.

After choosing one of medigap plans, one can then shop around for both medigap and Part D plan which covers the cost of medications.

That leaves Medicare Advantage plan, also known as Part C Plan, is chosen, which a health maintenance (HMO) type of plan with network of hospitals and doctors. There are many companies offering Medicare Advantage plans but limits seeing physicians outside of specified network. There are few preferred providers (PPO) network type of Medicare Advantage as well. Finally, the cost of Medicare A/B/D and Medigap may be only slightly higher than Medicare Advantage plans.

As discussed above, medical access or the lack thereof, is one of the risk factors for premature death. More comprehensive Extensive Medicare review will be posted in the future, free of charge so seniors can make easy annual Medicare choices. Making one more dollar is not the editor's intention for Safe Health Report; it is not going make huge impact in his daily life. Almost two thirds of seniors are overwhelmed by Medicare advertising and have a difficulty in choosing right Medicare plans. It's almost like election. No one knows who to believe these days.

### **Choosing Medicare Part D Plans**

As with Medigap insurance, many insurers offer Part D plans. It is recommended that both Medigap and Part D purchased with a single insurer. It is easier to keep track of both drug coverage and medigap coverage from one company.

## Major Insurers Offering Health Plans

- 1) Mutual of Omaha
- 2) AARP United Healthcare
- 3) Cigna
- 4) Humana
- 5) Kaiser (Advantage C plans only)

**Editor's Choice:** Mutual of Omaha due to timely claims processing and reasonable customer service.

## Case Number 3. Can this 59-year-old female be saved?

Briefly, she had a history of cirrhosis from nonalcoholic steatohepatitis (fatty liver disease), chronic kidney failure, and multiple cerebrovascular accidents - loss of blood flow to part of the brain, which damages brain -

underwent elective TIPS procedure (procedure to place a tube across the liver to easier blood flow) for refractory ascites (fluid collection in the abdomen not responsive to medication therapy). She developed proximal muscle weakness muscle - shoulder, pelvis, and upper arms and legs over few weeks after TIPS procedure. Biopsy of thigh muscles showed rhabdomyolysis – damaged muscle tissues. She could only sit on the edge of bed for few minutes. This case demonstrates decreased metabolism when the liver is not able to metabolize the drug or when blood shunted away from liver. With aging or with liver disease, metabolic capacity is impaired. In the case of liver

### Kimberly Greene

\*All patient data is fictional. Safe Health Report complies fully with US HIPPA regulations.

Age: .....59

Sex: .....Female

Weight: .....165 pounds

Height: .....5 feet 2 inches

**Activities of Daily Living (ADL) components: transfer, bed mobility, toileting, and eating**

- **0 – Independent:** If the resident completed the activity with no help or oversight every time during the 7-day prior period.
- **1 – Supervision:** If oversight, encouragement, or cueing was provided three or more times during prior 7 days.
- **2 – Limited Assistance:** If resident was highly involved in the activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance three or more times during the last seven days.
- **3 – Extensive Assistance:** If resident performed part of the activity over the prior 7 days, help of the following type(s) was provided three or more times: ▪ Weight-bearing support provided three or more times. ▪ Full staff performance of activity during part, but not all, of the prior 7 days.
- **4 – Total Dependence:** If there was full staff performance of an activity with no participation by the resident for any aspect of the ADL activity. The resident must be unwilling or unable to perform any part of the activity over the entire prior 7-day period.
- **7 – Activity occurred only once or twice:** If the activity occurred but not 3 times or more.
- **8 – Activity did not occur:** If, over the prior 7-day period, the ADL (or any part of the ADL) was not performed by the resident or staff at all. ADL support measures the most support provided by staff over the prior 7 days.

\*Adapted from Minnesota Department of Health Guideline

Kim Greene's ADL ..... 4  
Score

### Kimberly Greene

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#### Clinical Frailty Score

- **1 – Very Fit:** Very fit for their age with no disease symptoms, very active and exercise regularly- 5 days a week
- **2 – Fit:** Still no active disease as in 1 but exercise only occasionally – three times a week or only seasonally
- **3 – Managing Ok:** Disease symptoms are well managed. Not able to exercise at all other than walking.
- **4 – Very Mild Frailty:** Symptomatic disease. Not dependent on others for daily activities but disease symptoms slow down their activities. May need cane for walking occasionally for example
- **5 – Mild Frailty:** Symptomatic disease limit daily activities. Needs walkers. Needs help with walking and shopping.
- **6 – Moderate Frailty:** Needs helps with walking, shopping, climbing stairs, bathing with disease progression.
- **7 – Severe Frailty:** Completely dependent for personal care and daily activities but seem stable and at risk of death within the next 6 months.
- **8 – Very Severe Frailty:** Same as 7 but unstable and even mild illness is likely to cause death.
- **9 – Terminally Ill:** As in 8 but not likely to live next 3-6 month.

\*Adapted from [Rockwood & Theou 2020](#)

Kimberly ..... 7  
Greene's Frailty  
Score

disease and blood shunting, patient can be

over-exposed to statin drug by factor of 10. Drug dose needed to be cut by 90%.

### Take Home Lesson

While taking statin medication for various indications is extremely important, urgent evaluation by physician is recommended if one has a triad of muscle pain, muscle weakness and tea-colored urine. While the incidence of rhabdomyolysis from taking statin drugs is low at 1.5 cases per 100,000 patients, it is much more frequent patients with liver disease.

What do you think of Kimberly's 5-year outlook? She is rated 4, total dependence, on the ADL chart and 7 on the Frailty Score with high risk of death within the next following six months. This hypothetical scenario is based on a patent case report published on [ACG Case Journal](#) on May 22<sup>nd</sup>, 2022.

### Safety Tip: Statins and CoQ10

Heart disease is a leading cause of death in the US affecting 1 in 3 deaths. Reducing low density lipoprotein (LDL) cholesterol through diet and exercise or by taking statins reduces cardiovascular disease-related death by >20%. LDL transports bad cholesterol from the liver to the rest of the body causing fatty deposits in the blood vessels. With time, blood vessel deposits grow and makes blood flow through arteries difficult, sometimes these deposits break apart and form blood clots that causes a heart attack or stroke.

Approximately 1 in 4 US adults > 45 years old are prescribed a statin. Statins are generally well-tolerated, but 30-60% of patients on statins discontinue the drug therapy due to muscle weakness, muscle pain, muscle fatigue.

The incidence of statin-associated muscle symptoms (SAMS) ranges from less than 1% in drug company-funded clinical trials to 10–25% in non-drug industry-funded clinical studies.

Mechanism of statin-induced muscle injury may occur via insertion of the statin molecule into the cell membrane, which in turn may cause calcium leak. Statins inhibit cholesterol synthesis but also decrease concentrations of intermediates such as ubiquinone (CoQ10)/ubiquinol. Supplementing with CoQ10 does not appear to impact the recovery process after the appearance of statin-associated muscle symptoms. Evidence for taking CoQ10 also remains ambiguous with some studies providing no evidence of any benefit. Certainly, there does not appear to be any harmful effects with supplementing CoQ10.

Safe Health Report Recommendation:

- ✓ **Stop taking statin right away if experiencing statin-associated muscle symptoms (SAMS)**
  
- ✓ **See primary physician as soon as possible for urgent evaluation.**

# MrGineaPig's Core Long-Term Trial

LONG-TERM TRIAL	SUPPLEMENT	START DATE	
Muscle Weakness	Hyaluronic Acid	07/01/2019	50 mg-1 capsule daily
Back Pain	Pantothenic acid	09/1/202	500 mg 1 capsule daily
450 mg	Pantethine 1 capsule daily	09/01/2022	

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