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## Prescription Pain Pills: Worth The Risks?

*Thorough risk assessment and family assistance may help you take them more safely.*

Prescription pain pills such as oxycodone (Oxycontin) and hydrocodone (Vicodin) are in a class of drugs known as opioids. They're typically used to treat severe pain after surgery, and sometimes to treat chronic pain but these drugs come with many risks, including addiction. Does that put you at risk if you take opioids? "You have to look at it on a case-by-case basis," says Dr. Hilary Connery, an addiction psychiatrist at Harvard-affiliated McLean Hospital.

### Risks And Benefits

Opioids are powerful painkillers that block messages of pain to the brain and decrease the body's perception of discomfort. They may also create a feeling of euphoria. Opioids are especially useful in the short term, such as the initial weeks following joint replacement. Common side effects include nausea, itching, drowsiness, or constipation.

Opioids may be used for longer periods, as well as in the case of terminal illness or cancer but their role in treating long-term pain unrelated to cancer is debated. "Most evidence of chronic opioid treatment shows that pain relief is not sustained," says Connery. Side effects of longer-term use may also cause bowel distention, falls, slowed reaction time and slowed breathing.

Taking opioids for four weeks or longer puts one at risk for dependence and sometimes addiction. Dependence results when the brain becomes accustomed to having opioids. Stopping opioids may cause withdrawal symptoms such as sweating, chills, vomiting, diarrhea, and depression. Addiction is different. It's a mental health disorder characterized

by compulsive use and preoccupation with the drug.

### Are They Right For You?

The way doctors determine risk is much different than it was even 15 years ago, when opioid addiction began increasing at a rapid rate. "There are many more guidelines for risk assessment. We screen for mental health disorders, substance use disorder, and medication interaction," says Dr. Connery. She explains that doctors must judge whether a person has the ability to stick to a medication regimen and take the right amount of medication. "You don't want to dispense a medication to someone who is forgetful and may accidentally take too much medication. Overdosing can kill you. And people with recent suicidal thinking shouldn't be alone with an opioid prescription," she says.

### Using Opioids Safely

If you are taking opioids, Dr. Connery recommends having a family member hold your medications and give you only what's prescribed; keeping opioids in a lock-box to prevent theft or accidental ingestion by a child or pet; avoiding alcohol or other sedatives while on opioids, and discarding all opioids when they are no longer required.

How would you know if you're becoming dependent or addicted to opioids? "You might run out of the prescription early because you're using more than you were instructed. Sometimes other early signs of dependence are withdrawal symptoms or a noticeable change in personality or behavior," says Dr. Connery. If that happens, report symptoms to your doctor immediately.

*Source: Harvard Health Letter*



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## Don't Ignore Signs of Sudden Cardiac Arrest

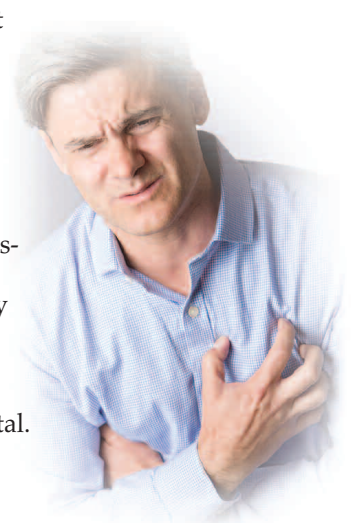
You may assume that there aren't any symptoms for sudden cardiac arrest (SCA), the deadly condition that occurs when your heart suddenly stops pumping, but a study published January 5, 2016, in *Annals of Internal Medicine* suggests that warning signs are common and often ignored. The most common warning signs were chest pain, breathlessness, palpitations, lightheadedness or fainting, nausea, and vomiting.

Researchers looked at the health information of more than 800 people who experienced SCA, mostly middle-aged men, and discovered that about half of the people had warning signs during the four weeks leading up to SCA and even 24 hours before their hearts stopped. Most of those with warning signs ignored the symptoms. Thirty-two percent of those who called 911 before SCA survived, compared with only 6% among those who didn't call for help. That's because many of the symptoms that led peo-

ple to call 911 occurred in the hours just before the SCA, so these people were likely to be in a medical care setting when their hearts stopped.

"If you have chest pain or unexplained shortness of breath, and especially if you have risk factors for heart disease such as high blood pressure, high cholesterol, diabetes, a history of tobacco use, obesity, a sedentary lifestyle, or a family history of heart disease, don't ignore your symptoms," urges Dr. Randall Zusman, a cardiologist with Harvard-affiliated Massachusetts General Hospital.

Source: *Harvard Health Letter*



## There's a New Lawsuit Over The ACA's Individual Mandate

Some thought the Supreme Court upholding the Affordable Care Act's *individual mandate* would settle the question of its constitutionality. Some also thought Congress repealing the mandate would satisfy its critics. Not so. Very recently, *Texas Attorney General Ken Paxton* and 19 other Republican AG's filed a lawsuit claiming, once again, that the individual mandate is unconstitutional and that the rest of the ACA has to fall along with it.

*Here's how the logic of this argument plays out:*

- When the Supreme Court upheld the mandate in 2012, it said Congress could not force consumers to buy health insurance but could impose a tax penalty on those who didn't.
- When Congress repealed the individual mandate as part of its recent tax bill, it didn't actually repeal the coverage requirement, it just dropped the tax penalty to \$0.

- Therefore, the mandate itself is still on the books but without the tax penalty the Supreme Court upheld.
- The lawsuit further argues that the rest of the ACA cannot be separated from the mandate, essentially a reread of a part of the 2012 case that the high court never needed to settle.

**Quick take:** With no enforcement mechanism in place for the mandate, it will be a lot harder to convince a court that it's harming anyone, a key component of having the legal standing to sue.

- Those procedural grounds are probably the arena in which the current Justice Department would prefer to fight this out, rather than trying to decide whether and how to defend the ACA on its merits.

Source: *Axios*



## Troubling Rise in Double Mastectomies

Rates of women with breast cancer in one breast who chose to remove both breasts (contralateral prophylactic mastectomy, or CPM) tripled from 2002 to 2012 in an *Annals of Surgery* study. However, the overall survival rate for most women who undergo CPM is no different from that of those who remove only a

portion of the affected breast (lumpectomy). Researchers say there is a lingering, yet untrue, belief that cancer from one breast will spread to the other – which almost never happens.

Source – *Reader's Digest*

## Drug Prices Are Still Skyrocketing

The Trump administration – primarily the president himself – has talked a lot about cracking down on prescription drug prices, but the pharmaceutical industry hasn't changed its ways since Trump took office: 20 drugs have seen price hikes of 200% or more since January 2017, as recently reported.

- The drugs to watch: High-cost, high-use prescriptions like Humira, Enbrel and Revlimid. AbbVie hiked the price of Humira, the highest-selling drug in the world, by 19% over the 14-month period, and Amgen did the same for Enbrel. Celgene raised the list price of Revlimid by 20%.
- The big one: SynerDerm, a prescription skin cream, had the largest price hike. Phlight Pharma, the maker of SynerDerm, raised the list price by 1,468% over the past 14 months.

- The runners-up: A total of 39 drugs saw price hikes of at least 100%, although many of them – like anti-venom extracts – are rarely used and don't cost the health care system much overall.

The impact: These increases, which can be found in an analysis by Pharmacy Benefits Consultants, are in the drugs' list prices, before rebates and discounts are applied. People with insurance don't pay these full amounts, but price hikes still affect everyone.

- Copays and deductibles are often based on drugs' list prices, and uninsured patients can find themselves on the hook for a drug's entire list price.

Source: *Axios*



## Harvard Researchers: Inflammatory Diets Linked to Colorectal Cancer

Here's another reason to say good bye to hotdogs, soda, and white bread: A Harvard study published online Jan.18, 2018, by IAMA Oncology suggests that diets promoting chronic inflammation are associated with colorectal cancer. Researchers analyzed the self-reported eating habits of more than 120,000 men and women, who filled out surveys every four years over a period of 26 years. People in the study who ate the most foods that promoted inflammation— such as red and processed meats, sugary



drinks, and refined grains— had a higher rate of colorectal cancer compared with people who ate the least of these foods. For men, the risk was 44% higher; for women, the risk was 22% higher. The people who ate pro-inflammatory diets also ate fewer vegetables and drank less tea, wine, and coffee.

A growing number of studies have found that chronic inflammation is associated with cancer. And many other studies have shown links between pro-inflammatory diets and chronic diseases such as type 2 diabetes and heart disease.

*The bottom line:* Anything you can do to reduce the risk of chronic inflammation is a good idea. That could mean cutting out foods that are associated with inflammation, reducing stress and getting more exercise.

Source: *Harvard Health Letter*

## You Lost Weight... Learn How To Keep It Off!

To “Maintain” your weight simply means to constantly replace the energy you’ve expended with more energy from food. It’s a cyclical process you’ve been doing your entire life, likely without monitoring the amount of maintenance calories.

### The Question:

How can one maintain weight loss and muscle gain after a prolonged effort of sweat, pain, commitment and perseverance? There must be a way to maintain your accomplishments as the struggle continues. It’s important to remember that weight gain is almost always the result of a caloric imbalance over a longer time period.

### The Struggle is real, you need a game plan.

Let’s look at the Key Factors involved in Maintenance for those who are committed:

- TDEE - (Total Daily Energy Expenditure) Measure and Consumption When Calories In = Calories Out, you’ve reached your calorie maintenance level.
- BMR – Basal Metabolic Rate, The BMR is an estimate of how many calories you’d burn if you were to do nothing but rest for 24 hours. It represents the minimum amount of energy needed to keep your body functioning, which includes breathing and keeping your heart beating.
- Carbohydrates, protein and fat needs for your energy levels.
- Energy Expenditure Energy (measured in Caloric Units) that a person needs to carry out a physical function such as breathing, circulating blood, digesting food, or physical movement.
- Metabolism - Which is linked with weight gain or loss, via the rate at which your body converts food into energy.

The body composition changes, by way of muscles. Stimulate the muscles so the muscles grow, which in turn burns calories. The more Lean Body Mass you have, the greater your BMR.

As people become older and busier, activity levels tend to drop and a proper diet can become harder to maintain as responsibilities increase. Poor diet/nutrition can lead to loss of Lean Body Mass over time, which leads to a decrease in overall metabolism – not a slowdown. The metabolic rate also slows as one remains in an energy deficit.

Balance your diet with your metabolism.

### Your Caloric use over an entire 24-hour period is made up of 3 variables:

- BMR (Basal Metabolic Rate)

- NEAT (Non-Exercise Activity Thermogenesis)
- Exercise

BMR is what your body burns at rest. NEAT is all the activity that’s not exercise-related.  $BMR + NEAT + Exercise = TDEE$ , otherwise known as maintenance calories.

If you want to determine maintenance without using calculators or equations, the best thing to do is track your intake every day for 10-14 days and track your body weight over that time period. If you gain weight, you’ll know you need to eat less. If you lose weight, you’ll need to eat more.

Your daily calorie intake is by far the most important part of your diet “Maintenance” plan no matter what your goal is (losing fat, building muscle, etc.).

And, the starting point for figuring out exactly how many calories you need to eat per day revolves around something called your Calorie Maintenance Level (CML).

Your CML is where your body is at when you consume and burn the same number of calories.

In order to achieve maintenance within your diet, you should continue to eat healthy making thoughtful food decisions, you want to avoid calorie surplus. The nutrition aspect of physique maintenance is the most important, because even with not as many, or less intense workouts, if you are still ingesting calories, in turn your body uses whatever you put into it to build muscle.

Similar to eating, as far as training goes, it doesn't have to be as regimented or rigorous.

### Best suggestion for maintenance would be to:

1. Lift weights further away from that of your one rep max (keep rep ranges between 12-20).
2. Don't utilize intensity tactics (drop sets, super sets, etc).
3. Reduce the frequency and volume of workouts.

You aren't going to lose muscle overnight, but it is crucial to muscle maintenance to keep committed to cardio training. Maintenance training doesn't have to be as intense as it once was.

If you previously have been going to the gym five times a week, hitting every body part with twelve to fifteen sets, try going only three times a week and doing a full body routine with about half as many sets and less intensity as in the past. Aim for higher reps training in the twelve to twenty range.

## Yoga For Everyone

Chair yoga can help you boost balance, flexibility, mood, and overall strength.

You don't have to be steady on your feet to reap the rewards of yoga. There's a kind of yoga class tailored to people who need assistance with balance and stability. It's called chair yoga, because the

yoga is performed while seated or while standing next to a chair for support. "It's especially good for people who can't get up and down off the floor, but really anyone is a candidate for the class as long as the person doesn't have an injury that would cause harm by movement," explains Laura Malloy, director of yoga at the Benson-Henry

Institute for Mind Body Medicine,

part of Harvard-affiliated Massachusetts General Hospital.

### Yoga Benefits

Yoga is a series of poses (called postures) and breathing techniques that include an element of meditation. The postures are beneficial in a number of ways. They help reduce muscular tension, build flexibility and strength, add bone strength, and improve balance.

In addition, the meditative quality of yoga triggers a well studied physiological change known as the relaxation response, which can help lower your blood pressure, heart rate, breathing rate, oxygen consumption, adrenaline levels, and levels of the stress hormone cortisol. "And it boosts your mood, decreases anxiety and depression, and improves sleep," says Malloy.

### A Modified Approach

Chair yoga includes many of the same postures used in traditional yoga, but in chair yoga the postures are modified to be done while

seated or standing next to the chair. "Instead of doing leg stretches on the floor, you can do them while sitting. Or if it's a simple standing posture, you can hold on to the chair, says Malloy. For example, the traditional way to do the "downward dog" posture is to place your hands and feet on the floor to make an upside-down "V" shape with your body. In chair yoga, you would modify this by placing your feet on the floor, then bending at the hips and placing your hands on the seat of the chair instead of the floor.

Do you get the same benefits with the modifications? "Absolutely," says Malloy, "because you're still focusing on your breath and being in the moment, so you're relaxing, and you're also getting a stretch and building strength, too."

Source: *Harvard Health Letter*

### The "Seated Crescent" Move

This seated yoga pose stretches out the sides of your torso and also helps to strengthen your core.

Sit up straight in a chair with your feet flat on the floor and arms relaxed at your sides.

Inhale and bring your arms overhead with palms together. Reach your fingertips and the crown of your head up toward the ceiling, keeping your shoulders down.

As you exhale, bend to the left, feeling a stretch along the right side of your torso. Hold for 3 to 5 breaths.

On an inhale, straighten your body, and then lower your arms as you exhale. Repeat, bending to the right.



## CDC Warns of a Second Wave of Flu Virus— Happening Now

The CDC says that B-viruses are being reported more frequently than the A-strain, which had been more dominant recently.

Flu season is winding down, but the Centers for Disease Control is warning of a second wave, Flu Virus B, which is happening right now.

A CDC spokesperson says B-strain viruses tend to be more severe for younger children.

Experts say it's possible for those who have already been sick with the flu to fall ill again

with a different strain later in the season.

In New York, flu cases have declined for the fourth straight week, according to the New York Department of Health. There have been more than 3,000 new cases of the flu reported this week. That's down 19 percent from last week. Hospitalizations are down 29 percent over the same period.

The flu has been categorized as widespread in New York for the past 13 weeks. Remember, it's never too late to get the flu shot.

Source: *WKBN News*

## IRS Announces Family Contribution Changes For HSAs

Recently, the IRS published Internal Revenue Bulletin (IRB) 2018-10 that contains Revenue Procedure (Rev. Proc.) 2018-19.

Effective for calendar year 2018, the family contribution limit for HSAs has been lowered to \$6,850 from the previously set amount of \$6,900. We are in the process of updating WealthCare Administration, Portal and Mobile with the new limits.

This change came as a result of the tax reform law (P.L. 115-97)

that changed the annual inflation adjustment factor from the Consumer Price Index (CPI) to a new factor known as 'chained CPI'. This change was anticipated to slow the rate of changes in all programs under the tax code, including HSAs.

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