

**INSIDE THIS
 ISSUE:**

MEDICARE PART D: What's Up for 2009	1
Can I Get the Flu Even if I've Been Vaccinated?	2
Huntington's Chorea	2
Seasonal Affective Disorder	3
Health Videos	4
Do I Have a Cold or the Flu?	4

MEDICARE PART D: WHAT'S UP FOR 2009

It's that time of year again to take notice of the Medicare D plans that have met the \$0 benchmark for 2009 for all dual-eligible beneficiaries. On a National level, the most significant change for 2009 that we are certain will have a wide-spread impact is with one of the most popular plans.

With a major plan having missed the \$0 premium benchmark in every state across the US, dual-eligible beneficiaries should be receiving notice of the impact of this change from either the insurer and/or from CMS. On a Regional level, several changes were noticed when comparing 2008 to 2009. Some are new additions and some are departures. You can review the \$0 premium plans in your area by going to www.medicare.gov. We are in the process of adding a condensed listing of the \$0 premium plans for Dual Eligibles on the PAL™ website at www.palrx.com for our customers' convenience.

Also, CMS is in the process of issuing two separate types of letters to dual eligible beneficiaries currently enrolled in a plan without a \$0 premium for 2009:

The first type of letter is blue and will be for anyone that was previously "auto-enrolled" by CMS into a plan but the plan does not have a \$0 premium in 2009. These individuals will be auto-enrolled once again into a new plan that will be noted in this letter. Again, this is for the individuals you serve that were lucky enough to be auto-enrolled at the end of 2005

into a great plan and no changes or alterations to that initial auto-enrollment process have taken place. Reminder that these consumers can still enroll in another plan (with a \$0 premium) if they choose.

The second type of letter is a tan letter for any dual eligible beneficiaries that "chose" a plan in the past (either 2006, 2007, or 2008) other than the plan that the government "auto-enrolled" them into initially. These beneficiaries are being called choosers by CMS and once they choose a plan then CMS will not reassign them even if the premium for the next year is not \$0. These choosers must choose a new plan for 2009 or pay the difference between the benchmark premium amount for the region and the new premium amount. Sometimes this is a small amount and sometimes a large amount. For example, a beneficiary is enrolled in a plan A for 2008 with \$0 premium. In 2009, the benchmark for this region is \$26.14. Plan A premium for 2009 will now be \$37.15. If the beneficiary stays in Plan A, they will have to pay the \$11.01 each month to stay in the plan (their copays will not change based on being in this new plan). If they do not pay the premium for three months,



CAN I GET THE FLU EVEN IF I'VE BEEN VACCINATED?

The answer is YES! Getting the flu vaccine is a preventative measure but there are many reasons why it may not be as effective as you may think. Per the CDC (Centers for Disease Control), the effectiveness of the flu vaccine can vary depending on how closely the viruses in the vaccine and the actual flu viruses that are going around that particular year...match. What do you mean? If I get a vaccine for the flu, then I shouldn't get the flu!

The experts cannot predict for sure what flu viruses will be around the next year. They have to make the flu virus for 2010 right now, for instance. And to do this, they use information from this year's flu season and some educated speculating to create the vaccine for 2010. They have done well in years past...with 16 of the last 20 years having vaccines that closely matched the

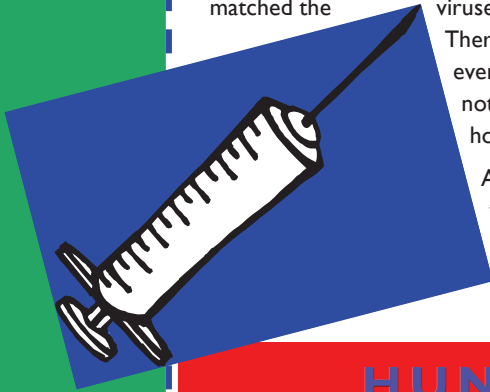
viruses that were plaguing us. There were 4 years, however, when the match was not as good as they hoped.

Another reason your vaccine may not be as effective is due to 'drift'. Flu viruses are

constantly changing and can change even within the same flu season!

In addition, a specific vaccine does not work the same in every person's body. For instance, people with some chronic illnesses or who are elderly might develop less immunity after getting the flu vaccine. Since they develop less immunity, they are less able to combat the flu bug when they come in contact with it. The CDC still recommends that all people, especially those in high risk groups, get the flu vaccine because it can provide some protection. Even if it is not 100% effective in all people, it can protect against similar viruses and may decrease the severity of a flu illness.

If you would like to track the flu in your area, go to <http://www.flufacts.com/know/default.aspx> and put in your zip code. You can even request email alerts to keep you apprised of any changes in flu tracking. The CDC has loads of information about the flu virus, how the vaccine is made, protection it affords, effectiveness, and who and when people should be vaccinated. Go to: <http://www.cdc.gov/flu/protect/keyfacts.htm> for more information.



HUNTINGTON'S CHOREA: TREATMENTS, CURES

Huntington's Chorea (HD) is a devastating genetic neurodegenerative disease that causes progressive decline in cognitive function, behavioral and personality changes, and severe movement disorders. It is a fatal disease.

The 'chorea' which is the primary symptom is the most common one and is characterized by involuntary, jerking, writhing, repetitive movements that totally disrupt an individual's ability to perform activities of daily living. People with Huntington's Chorea require total care to perform the simplest of tasks as the disease progresses. These individuals often become malnourished as chewing and swallowing problems often develop. This disease is devastating to the family as they watch their loved one, often in their mid-forties, go downhill.

HD is caused by a single gene mutation of repetition of 3 nucleotides (C-A-G) causing overproduction of a

protein called Huntingtin. This is what causes the choreic movements and thought disorder issues.

To date, HD has been treated mostly with antidepressants and antipsychotics and this has provided only minimal relief for some individuals. Now a medication called Xenazine has been approved by the FDA for the treatment of chorea associated with HD. Xenazine has been used in Canada, New Zealand and Europe for several years.

Bringing more hope for those with HD is the recent research in genetics that has come out of the Human Genome Project. There is evidence that diseases like and including HD may be eradicated in the future. Current genetic research is hot on the trail of identifying the genes and their effects on human health and behavior and then developing methods for 'fixing' each problem.

SEASONAL AFFECTIVE DISORDER: ATTACK OF THE WINTER BLUES



Do your moods and energy level rise and fall with the season changes? Do you start sleeping more hours and eating more food when Fall and Winter begin encroaching on those sunny Summer days? These are normal reactions for all of us when the temperature

changes and the daylight hours are shorter. But, people who have Seasonal Affective Disorder (SAD) have more extreme reactions to these changes than most people.

In colder climates like the northern U.S., this cyclic disorder comes and goes with the seasons. SAD is not commonly found in those under age 20 and is more prevalent in women, but is more severe in men. It most often occurs when seasons change to colder weather, but can occur during other season changes as well. Symptoms may start out similar to what anyone would experience during this seasonal change, then progress to much more severe symptoms that can nearly incapacitate a person.

Common symptoms of SAD are:

- Loss of energy, fatigue, sleeping more than usual, napping more than usual, or oversleeping
- Depression and/or anxiety, hopelessness
- Craving foods high in carbohydrates (comfort foods)
- Weight gain
- Loss of interest in usual activities, being less social, not wanting to go anywhere (a need to “nest”)
- Trouble concentrating or processing information
- Symptoms are cyclic, they come and go with seasonal changes

Scientists have speculated for years regarding the cause of SAD. It has been suggested that disruption of circadian rhythm (your body’s natural clock), melatonin imbalance, and decreased serotonin levels may each play a role in the development of SAD in certain individuals. Factors that increase a person’s risk of developing SAD include living in a northern location and family history. Recent genetic research published in the November 2008 edition of *Journal of Affective Disorders* discusses the finding of a mutated gene, called the melanopsin gene that very likely plays a role in SAD in some individuals. This gene produces a light-sensitive protein that is found in the eye’s retina and has nothing to do with vision! It is involved with circadian rhythms, hormones, sleep, alertness, and non-visual responses in the body. Amazing! It is believed that mutations in this gene may lead to depression symptoms. More research is needed to evaluate this re-

sponse further. Four clinical trials are currently recruiting subjects for research studies related to SAD. If you are interested, go to ClinicalTrials.gov for more information.

SAD is not recognized as a separate distinct illness by psychiatric professionals and is diagnosed as a subtype of depression or bipolar disorder. If you have some of the symptoms or you support consumers who have these symptoms, you should discuss this with the appropriate physician as soon as possible. It is sometimes difficult to diagnose this condition due to the fact that its symptoms are the same as many other physical and mental conditions. The cyclic nature of SAD with the mood changes over a period of at least 2 years are usually diagnostic in the absence of other issues.

Treatment for SAD includes light therapy which can be as simple as spending more time out doors or next to windows that get lots of sunlight. Specialized light therapy boxes have been used for many years to relieve symptoms of SAD although the FDA has never officially approved this as an effective treatment. Medications such as Wellbutrin XL, Paxil, Zoloft, Effexor, and Prozac are commonly prescribed for patients with severe symptoms. It is important to start the medication several weeks prior to the normal onset of symptoms because it does take 6-12 weeks for most antidepressants to reach therapeutic levels in the body. Most practitioners encourage exercise, socialization, and increasing contact with sunlight in addition to all other treatments.

It is important to seek medical evaluation and advice if you think you suffer from SAD. Mild symptoms can progress to more severe symptoms and can be complicated by serious problems such as suicidal thoughts or behaviors, complete social withdrawal, alcohol abuse, drug abuse, and problems at work or school. SAD can affect your whole life and the lives of your family and friends.

In our consumers, this may be difficult to diagnose, as are many disorders. Things to look for would be:

- Not wanting to get up in the morning when he or she would usually get up fairly easily
- Excessive napping or falling asleep at odd times (work, dinner, etc.)
- Irritability
- Increased behaviors that may not be linked to any particular reason
- A cyclic pattern—did this happen last year about this time?

More information about Seasonal Affective Disorder can be found at:

American Psychiatric Association www.HealthyMinds.org

National Alliance on Mental Illness (NAMI) www.nami.org

Depression and Bipolar Support Alliance www.dbsalliance.org

Mayo Clinic <http://www.mayoclinic.com/health/seasonal-affective-disorder/DS00195>

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A publication of
 Pharmacy Alternatives™ LLC
 10140 Linn Station Road
 Louisville, KY 40223

Phone: 1-502-420-2808
 Fax: 1-502-420-2805

E-mail contact: gswank@palrx.com

VISIT OUR WEBSITE AT:
www.palrx.com

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DO I HAVE A COLD OR THE FLU?

Getting a cold or the flu is not uncommon this time of year and for the next few months. But, how can you tell WHICH one you've got? They are both respiratory illnesses but they're caused by different types of viruses. Cold symptoms are milder and leave you with a stuffy nose, fatigue, and maybe a productive cough (meaning you will cough up 'gunk') and a few body aches. The flu, however, usually comes on fast (within 3-6 hours) and can give you a fever, extreme tiredness, horrible body aches, and a dry, hacking cough. Whichever you get, a cold or the flu, it's important to understand that either can turn into more serious problems. If you are elderly, have chronic conditions such as diabetes, heart disease, asthma, HIV, or have other health risk factors (being a smoker, having increased stress, etc.), it is smarter to act right away and get to a doctor for treatment.

COLD SYMPTOMS

Symptoms occur gradually
 Hacking, productive cough
 Mild fatigue
 Stuffy nose
 Head congestion (may also cause headache)
 Sore throat is common
 Sneezing is common
 Mild chest discomfort



FLU SYMPTOMS

Symptoms come on fast, often within 3-6 hours
 Dry, unproductive cough
 Very fatigued
 Fever usually present
 Headache is common
 Chills are common
 Body aches usually severe
 Chest discomfort is often severe