

# Health Focus



## DENTAL CARE

**Jeffrey Gross, DDS, FAGD**

### Q: As I Get Older, What Are My Dental Concerns?

**A:** I saw a patient this week who sought a new dentist as her former dentist retired. She has permanent bridges in her mouth as well as two partial dentures. The partial dentures are very worn and very old. She came to me to put some new life into these tooth replacements. When I examined her, I discovered some serious decay destroying one of her permanent bridges. The decay changed my entire approach to her treatment. I thought that I would spend this column talking about the problems that I see as we age.

The natural process of aging takes a toll on your mouth as well as the rest of your body. Seniors are at risk for several oral health problems. Many seniors have a hard time keeping their teeth pearly white. Why? Dentin (the tooth's middle layer) ages over time. It holds stains more than younger dentin. After a lifetime of consuming stain-causing food and beverages, it is harder for the teeth to fight off the stain.

Dental plaque builds up faster as the years go by. Some people have limited dexterity and it is very hard for them to brush and floss in general. This leads to periodontal disease. There are many oral health aids on the market such as flossers, floss picks, and water picks that can help prevent this.

Your gums naturally recede over time, and this exposes the roots of the teeth which in turn causes tooth sensitivity to hot and cold. There are many sensitivity types of toothpaste available to help with this issue. The exposed roots are vulnerable to tooth decay as well. Decay on the roots was the cause of my patient's problems.

Some seniors suffer from a reduced salivary flow, either as a side effect of a medical condition or medication. Saliva is needed to wash away food and neutralize plaque acids. If there is a reduced amount of saliva, your teeth are not getting cleaned properly, and that will lead to tooth decay.

Those who wear dentures can get denture-induced stomatitis. This is an infection of the gums, caused by the fungus *Candida Albicans*, in the area that is covered by the denture. It happens when someone wears an ill-fitting denture, or by wearing a denture that is not thoroughly cleaned. That is one of the main reasons I recommend changing a denture every 5-7 years. Also, remove your denture nightly to give your gums a rest, and make sure to clean them thoroughly. After all, you don't sleep in your shoes. Why would you sleep in your denture? A denture needs to be brushed with a denture brush or soaked in a denture solution at night to maintain cleanliness.

Let's return to our patient and plan out her treatment. She told

me that she did not want to wear a full denture. This set the tone for her treatment on a path to keep as many teeth as possible. After removing the decayed teeth and failing bridge, I recommended a couple of dental implants to take the stress off the remaining teeth and allow them to last for a lifetime. Reworking her partial dentures around the teeth and implants gives her a new lease on life. So, whether you have all of your teeth, some of them or none of them, your mouth like any other part of your body needs to be assessed and looked at to maintain optimum health. Please call me at 440.951.7856. I will do my best to advise you and direct you on the path to a lifetime of oral wellness. I look forward to meeting you.

*Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.*

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(¼ mile west of Route 91 on Lakeshore Blvd)  
Eastlake, Ohio 44095  
440-951-7856  
Severance Medical Arts, Suite 603  
5 Severance Center  
Cleveland Heights, OH 44118  
216-371-2333  
www.jeffreygrossdds.com



## OPHTHALMOLOGY

**Gregory Eippert, MD**

### Q: What are the general requirements for someone to be considered a candidate for LASIK surgery?

**A:** Determining if you are a LASIK candidate involves several factors. First, have a complete, dilated eye exam. Your eye doctor can give you a good idea if you are a potential candidate. Final candidacy will require a consultation at a LASIK Center where you will be evaluated with precision optical equipment and examined by the clinical director. General requirements for LASIK include the following.

One, your eyes must be healthy. If there is any condition that will affect how your eyes respond to surgery or heal afterwards, you must wait until that condition is resolved, i.e., severe dry eye, conjunctivitis, infection, and eye injuries. Other eye conditions that may preclude you from LASIK are glaucoma, cataracts, large pupils, thin corneas, and keratoconus, among others. Two, your prescription must be within certain limits. If it is too high, whether due to nearsightedness, farsightedness, or astigmatism, your eye surgeon may advise against LASIK and recommend another refractive procedure. Three, you must be at least 18 years of age and your vision must have been stable for at least a year. Four, you must be in good health. Conditions that are contraindications for LASIK may include uncontrolled degenerative conditions or autoimmune diseases. It is very important to tell your surgeon all pertinent information relating to your health and medical history

to determine your candidacy and ensure you achieve the best possible results. If you are pregnant or nursing, LASIK surgery should be delayed until your hormones and vision have returned to normal.

While the vast majority of LASIK and surgery results are excellent, you should be fully aware of the possible side effects, risks, and potential LASIK complications before having LASIK. Choose an experienced LASIK surgeon who can advise you about the best refractive surgery option for your vision needs.

### Gregory Eippert, MD

8140 Norton Parkway  
Mentor, OH 44060  
440-255-1115  
www.opivision.com



## INSURANCE

**Laura Mutsko  
Agent and CSA**

### Q: Please tell me a little bit about the SilverSneakers program. Is everyone on Medicare eligible for a free SilverSneakers membership?

**A:** SilverSneakers is a popular health and fitness program designed for adults 65+. Membership is provided as a no-cost benefit in many but not all Medicare Advantage plans. It is not provided as a benefit with Original Medicare.

The goal of the SilverSneakers program is to help keep members fit in mind, body, and spirit. Membership provides access to more than 16,000 fitness locations, including gyms, community programs, and other participation fitness centers across the nation. Silver Sneakers classes can be found for all levels of fitness and may include everything from cardio to tai chi to yoga, all at no cost. Silver Sneakers Flex classes are a new type of community-based exercise class that take place both inside the gym and outdoors at places like public parks and walking paths.

For those who prefer to work out at home, SilverSneakers offers LIVE online classes with many led by supportive instructors as well as an on-demand video library of workouts and how-to videos. Best of all, classes and programs are

specifically designed for seniors. To learn what programs are offered in your area, go to SilverSneakers.com and click on locations. Always check with your doctor before starting any fitness program like SilverSneakers.

SilverSneakers members can also save thousands of college tuition dollars for eligible students simply by working out at a participating SilverSneakers location. It's easy—and free—with Tuition Rewards. For details and a list of the more than 400 participating colleges visit SilverSneakers.tuitionrewards.com.

SilverSneakers offers discount perks, too. As a member, you will enjoy money-saving discounts from nutritionists, physical therapists and more. Many products like essential oils and fitness equipment are available at discounts of up to 40% savings.

You can easily learn whether your Medicare Advantage plan includes SilverSneakers by going to [www.silversneakers.com](http://www.silversneakers.com) and click on eligibility in the upper right-hand corner. If you are new to Medicare and would like a plan that includes SilverSneakers, please give me a call at 440-255-5700 or email me at [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com). We will set up an appointment to discuss your insurance needs and show you Medicare Advantage plans from companies who offer SilverSneakers.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

### Laura Mutsko Mutsko Insurance Services, LLC

6982 Spinach Drive  
Mentor, OH 44060  
440-255-5700  
[www.mutskoinsurance.com](http://www.mutskoinsurance.com)



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# Health Focus



## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q:** What are some foods and nutrients that contribute to healthy eyes?

**A:** To keep your eyes healthy, eating foods that are rich in certain vitamins and minerals, called antioxidants, is recommended. Antioxidants that benefit the eye in particular include Lutein & Zeaxanthin, Vitamin C, Vitamin E, Vitamin A & Beta Carotene, Essential Fatty Acids (Omega-3s), and Zinc. These antioxidants keep our cells, tissues, and arteries healthy and may help prevent or slow certain eye diseases.

Lutein & Zeaxanthin are found in leafy green vegetables, especially kale, and eggs. Studies show that these antioxidants reduce the risk of chronic eye disease including age-related macular degeneration and cataracts.

Vitamin C (ascorbic acid) is found in fruits and vegetables such as oranges, grapefruits, kiwi, red berries, red and green bell peppers, tomatoes, and spinach. Scientific research suggests that vitamin C lowers the risk of developing cataracts and, when taken together with other essential nutrients, may help slow the progression of age-related macular degeneration.

Vitamin E is found in nuts, especially almonds, avocados, sweet potatoes, and whole grains. Research indicates that Vitamin E protects healthy cells in the eyes from breaking down.

Vitamin A & Beta Carotene are found in carrots, squash, sweet potatoes, eggs, and green leafy vegetables. This antioxidant helps the retina and other parts of the eye to function smoothly.

Essential Fatty Acids (Omega 3s) are found in cold water, fatty fish including salmon, sardines, tuna, and halibut. Fats are an essential part of the human diet and they help maintain the nervous system. Research shows that Omega-3 fatty acids are important for proper visual development and retinal function. Alternatives for fish include fish oil, flaxseed oil, and black currant seed oil.

Zinc is an essential trace mineral found in red meat, poultry, oysters and other seafood, dried beans, and soy foods. Zinc, highly concentrated in the eye, helps bring vitamin A from the liver to the retina to produce melanin, a protective pigment in the eyes.

Maintaining good eye health should be a priority no matter your age. Being proactive about your eye health now can improve your chances of avoiding conditions that may affect your vision later in life. Combining good nutrition with a yearly eye exam (or more often as recommended by your eye doctor) are two positive ways to have and keep healthy eyes.

**Gregory Eippert, MD**

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Mentor, OH 44060  
440-255-1115  
www.opivision.com



## INSURANCE

**Laura Mutsko  
Agent and CSA**

**Q:** What's not covered by Original Medicare Parts A and B?

**A:** Although Original Medicare provides a solid insurance base, the gaps in its coverage can leave you with major medical expenses. If you are wealthy enough and you do not mind absorbing these expenses, you may be able to get by with just Original Medicare. But there are risks if you only have Original Medicare and nothing more.

Here are some of your biggest financial risks:

### No Annual Out of Pocket Maximum

There is no limit to your share of out-of-pocket costs when you only have Original Medicare. In comparison, all Medicare Advantage plans set an out-of-pocket maximum on how much you are required to spend annually on co-pays, deductibles and co-insurance for eligible Medicare Part A and Part B expenses. Another alternative for you to consider is Medicare Supplements which helps reduce your out-of-pocket expenses by paying some of the costs that Original Medicare Parts A & B do not cover.

### No coverage for Prescriptions

Consider this. Researchers estimate 25 percent of people ages 65 to 69 take at least five prescription drugs to treat chronic conditions. This number jumps to 46 percent for those between 70 and 79. Now, consider the fact that Original Medicare does not cover prescription medications. Medicare Supplements also do not cover prescriptions. For prescription coverage, you need to purchase a separate Prescription Part D plan or have a Medicare Advantage plan that includes prescription coverage.

### Other items NOT covered by Part A & B:

- Routine dental care
- Routine eye exams for glasses
- Dentures
- Hearing aids and fitting exams
- Concierge care
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams

This means if you need any of these services you will have to pay for them yourself unless you have other coverage. Many Medicare Advantage Plans now cover extra benefits like vision, hearing, dental services, fitness plans, and more.

Medicare Open Enrollment begins on October 15. If you would like

to find a Medicare Advantage plan or a Medicare Part D plan would provide the extra coverage you are looking for, please contact me at 440-255-5700 or [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com). I look forward to helping you.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](http://Medicare.gov) or 1-800-MEDICARE to get information on all of your options.

**Laura Mutsko  
Mutsko Insurance  
Services, LLC**

6982 Spinach Drive  
Mentor, OH 44060  
440-255-5700

[www.mutskoinsurance.com](http://www.mutskoinsurance.com)



## DENTAL CARE

**Jeffrey Gross,  
DDS, FAGD**

**Q:** I Fixed my OSA, but My Teeth Are a Mess (Part 1)

**A:** On my schedule was a short description of this patient's needs which mentioned apnea and Invisalign. Once again, she was new to the practice, and I didn't know where I was headed in terms of her problem. She told me about her Obstructive Sleep Apnea, which I abbreviated in the title to OSA. Before we get to her problem let's spend a little time learning about sleep apnea. There has been a lot of press in the past decade or so discussing this sleep disorder. Our society has created so many impediments to getting a good night's sleep that patients seek help to solve this frustrating problem.

Before the words, "sleep apnea," is the word "obstructive." That word describes the cause of the apnea, which means stopping breathing. If our airway is blocked for any reason, we do not get sufficient air into our lungs. In mild cases, snoring can occur as air tries to move through the airway. In more severe cases, we stop breathing for a moment which results in waking up. Once we wake up, we get a good gulp of air, and all is good. Well, not exactly. We have air in our lungs, but now we are up in the middle of the night. In severe cases, this can happen many times resulting in poor-quality sleep.

For many years the gold standard to correct this problem is a device called a CPAP machine. CPAP stands for Continuous Positive Airway Pressure. This apparatus involves a mask that fits over the patient's face. The mask is connected to a machine which makes sure that the air

pressure helps to keep the airway or breathing path unobstructed. Many, if not most, people who treat sleep disorders go to this device first as the results are typically excellent. However, there is one large problem with a CPAP machine. Many patients find the device uncomfortable to wear and can not sleep with it. They try their best to use the machine but using it becomes an impossibility.

There is an alternative approach to managing sleep apnea that involves an oral appliance. Using something that you put into your mouth, allows the airway to stay open. The usual obstruction of the airway involves the tongue falling backward and blocking the flow of air. An oral device moves the lower jaw forward and creates an open path for the air to flow. When the CPAP approach fails, doctors will refer the patient to a dentist to make such a device.

If one does not have a dentist or decides to do their own care for whatever reason, one can purchase a plastic mouthpiece that you boil and adapt to your mouth. These devices will also hold your jaw forward as a professionally made device does and keep the airway open. As I have written on many occasions, there are consequences to all oral treatments, whether performed by a professional or self-administered. Our patient bought such a device and solved her sleeping issues, however, she moved many of her teeth so now her smile is less than ideal. She is not happy with the way she looks. She came to me for a solution to her sleeping problems and her esthetic dilemma.

Let me explain why helping her is not straightforward. To fix her cosmetic issue or tooth position, orthodontics is indicated. Orthodontics is a dental discipline that focuses on moving teeth for a specific reason. To move teeth, forces must be applied by some type of device. If she wears an orthodontic device, then how can she wear her sleep apnea appliance?

I must admit that the problem is complex and at first glance, there is no good solution. I am running short on space so I will continue this subject next week. In the meantime, if you have a cosmetic dental problem or any other type, please feel free to call me at 440.951.7856 and set up a visit. Nicole will answer the phone and arrange for us to meet and as always, I look forward to hearing from you.

*Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.*

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440-951-7856  
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# Health Focus



## DENTAL CARE

**Jeffrey Gross,  
DDS, FAGD**

### Q: Which Comes First, The Denture or The Implants?

**A:** I met a new patient this week who was frustrated. She was a denture wearer for years and struggled with how they fit. Dentures are unique in the field of dentistry. Unlike other aspects of the profession, which revolve around precision fit, dentures are imprecise. A denture will cover and adapt to something moveable: the gum. Fillings, crowns, tooth bonding, or root canals adapt to something solid. The ensuing adaptation and fit are solid, and no movement is seen in the result. Dentures, on the hand, will move around the mouth and dislodge easily.

The denture movement was the impetus for my patient to seek dental care. She felt that she was not eating well and found that found lodged under her dentures as she ate. Those who have never worn a denture can not imagine this and believe that removing all the teeth will result in a style of chewing that they have experienced all their lives. Denture chewing does not duplicate natural tooth chewing. When one has dentures, the chewing is different and requires a different type of muscle memory to become proficient and reach a level of success.

The answer to creating a shortcut to attaining effective denture chewing moves in one direction. The dentures sitting on a movable surface, the gums, require maximum stability. One step is creating the best-fitting denture possible for each patient. Everyone is different, and it is wrong to conclude success or failure from friends or relatives. The anatomy of the mouth is unique and different for all of us. Therefore, fit and movement will vary from person to person. Learning to chew will bring someone to success, and others will struggle.

Another step in creating a denture with minimal movement involves anchorage. In modern dentistry, we use dental implants to anchor a denture. A dental implant is a small metal anchor which attaches to the jaw and allows a denture to anchor to it. The connection or attachment between the implant and the denture varies, and there is no universal connection. The choice of a connector can depend on a variety of factors, including the mouth's space or size, the number of implants present, and even the patient's dexterity. Being able to remove an implant-supported denture is fundamental for hygiene and care. Some patients struggle with removal as the fit is so good.

The question comes up with my patients as to the necessity of a denture fitting well with implants. In other words, can I take an ill-fitting denture and create a better fit with a dental implant? The

short answer to that question is "no." A denture that does not fit will stress the implants and cause damage or even loss of the implant.

Now we can come full circle to our question of the week. I advise every patient to create the best-fitting denture possible for them. As I said, the fit and the ability to chew will vary from patient to patient. If they discover success with their well-adapted dentures, then treatment is over. If the new denture wearer is still struggling, then I can retrofit the implants to the new denture. The location and number of implants to stabilize the denture will depend on the quantity and quality of the remaining bone and other anatomical factors. There is no one-size-fits-all when it comes to denture and implant success.

If you are struggling with chewing and denture-wearing, please call me at 440.951.7856 and schedule a time for us to meet. Nicole will answer the phone and set up an appointment. Together we can try to solve your problem. As always, I look forward to hearing from you.

*Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.*

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5 Severance Center  
Cleveland Heights, OH 44118  
216-371-2333  
www.jeffreygrossdds.com



## OPHTHALMOLOGY

**Gregory  
Eippert, MD**

### Q: I was recently diagnosed with glaucoma and am not sure about what to expect in the future. Any suggestions for communicating with my eye doctor and what questions should I ask?

**A:** Glaucoma is a chronic disease that requires lifelong treatment. As each case of glaucoma is different and can change, so is each care plan to manage glaucoma. It is important to consider yourself as part of a team with your doctor and there are several things you can do to be actively involved in your care plan.

The first line of treatment for most glaucoma is usually prescription eye drops or a laser treatment to help lower the eye pressure. If drops are chosen as the initial treatment, ask your doctor to explain why you need these drops and what they are doing for you. You will also want to ask how best to take these medications including time of day, technique for getting drops in the eye, and timing between drops if taking multiple drops. Taking your eye drops every day as prescribed is essential when treating glaucoma. Proper compliance can, in many cases,

help effectively control glaucoma and help prevent further damage to the optic nerve. You should also ask how these drops may interact with your other medications or dietary supplements. If a laser treatment is chosen as the initial treatment, this can be explained as to how this works and what to expect over time.

With glaucoma, it is very important to see your eye doctor regularly as recommended to effectively monitor both your glaucoma condition and the treatment plan. Your doctor will take several factors into account to help prevent vision loss over time including visual field testing, optic nerve evaluations, and your intraocular pressure.

Keep yourself educated by looking at or asking your doctor about the results of your visual field testing and optic nerve evaluations. Ask your doctor to review and explain the tests in terms that you can understand. Questions you should ask may include: Are the results stable? Do they suggest progression of worsening of the glaucoma? What changes, if any, need to be made to your treatment plan? Adjustments to the plan may include changing the drops you are using, adding additional drops, or performing laser treatments that can help better control your intraocular pressure.

The bottom line is to work closely with your eye doctor. While glaucoma cannot be cured, it can often be managed and stabilized with proper eye drop medications(s), laser treatments, and surgical intervention in more advanced cases.

### Gregory Eippert, MD

8140 Norton Parkway  
Mentor, OH 44060  
440-255-1115  
www.opivision.com



## INSURANCE

**Laura Mutsko  
Agent and CSA**

### Q: There have been lots of headlines about Medicare and Social Security recently. What do you see as some of the highlights?

**A:** In recent weeks there has been several good news announcements for seniors. Premiums for Medicare are going down for most people and CMS announced a Cost-of-Living Increase of 8.7% for most Social Security recipients in 2023. Lower cost hearing aids can now be purchased over the counter and plans are in place for Medicare to negotiate drug prices in the future.

Along with all this good news are several significant changes that have not received the attention

they deserve. These concern the cost of insulin, vaccines, and immunosuppressive drugs for kidney transplant recipients.

### Insulin Costs

The recently enacted Inflation Reduction Act is a game-changer for many seniors who rely on insulin. Starting in 2023, the Inflation Reduction Act will cap the cost of insulin for Medicare beneficiaries at \$35 per month and will include those who use insulin pumps. Medicare beneficiaries who pay more than \$35 per month after the legislation is initially enacted will be reimbursed, according to the American Diabetes Association.

### Vaccines

Beginning in 2023, People with Medicare Part D stand-alone coverage or part D coverage included with their Medicare Advantage plan will pay nothing out-of-pocket for adult vaccines recommended by the Advisory Committee on Immunization Practices. This includes the Shingles vaccine and the Tetanus-Diphtheria-Whooping Cough vaccine.

### Kidney Transplant Drugs

Historically, Medicare coverage for kidney transplant recipients lasted for 36 months after the transplant. In 2023, this will change. Kidney transplant recipients will be permitted to continue their limited Medicare Part B coverage for immunosuppressive drugs after 36 months. This will not be full Medicare Part B, but it will cover the medications that transplant recipients must take to prevent rejection of the transplanted kidney. The cost of the Part B coverage for immunosuppressive drugs will be \$97.10 a month. Those with income above \$97,000 for an individual or \$194,000 for a couple will pay more.

This is a quick snapshot and does not cover all situations. For more in-depth information about these changes, please visit Medicare.gov or CMS.gov. For help with your insurance needs including Medicare Advantage plans, Medicare Part D, Supplements, or other health insurance products, contact me at 440-255-5700 or Lmutsko@mutskoinsurance.com. I look forward to helping you.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

**Laura Mutsko  
Mutsko Insurance  
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6982 Spinach Drive  
Mentor, OH 44060  
440-255-5700

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# Health Focus



## INSURANCE

**Laura Mutsko  
Agent and CSA**

**Q:** I think I need hearing aids. I am on Original Medicare so I don't have coverage to help with the cost. What can I do?

**A:** Diminished hearing is very common among older adults. According to the National Institute on Deafness and Other Communication Disorders, about one-third of adults between 65 and 70 have some degree of hearing loss. The percentage of those with hearing loss increases to around half of all people 75 and older. Unfortunately, only around 20% of people who could use hearing aids have them.

The high cost of hearing aids is usually the barrier to getting them. However, it doesn't need to be. While Original Medicare does not currently provide coverage for hearing aids, there are some alternatives.

### Medicare Advantage Plan

Medicare's Fall Open Enrollment which is going on now through December 7 is a good time to switch to a Medicare Advantage plan that includes coverage for hearing aids. I work with some of the most respected insurance companies in the industry and will be happy to help you find a plan that will provide coverage for hearing aids when the plan goes into effect in 2023.

### Government Programs

Are you a military veteran? If so, you may be eligible for free hearing aids through the Veterans Administration (VA). Contact your nearest VA and ask for the Veterans Service Center to find out if you qualify. Retired federal employees may be able to get hearing aid coverage through insurance plans in the Federal Employees Health Benefits Program. Check with your insurance administrator to learn more.

Ohio Medicaid beneficiaries are eligible for one conventional hearing aid every four years or one digital or programmable hearing aid every five years. Two hearing aids may be considered in special circumstances.

### Over-the-counter hearing aids

Over-the-counter hearing aids will be available at local drugstores this fall due to a new ruling from the Food and Drug Administration (FDA). The hearing aids will be available for adults with mild-to-moderate hearing loss. People with more serious hearing loss issues should see an audiologist to get the care they need.

Now, during Medicare's Open Enrollment, is the time to look into a Medicare Advantage Plan that provides coverage for hearing aids as well as other benefits not included in Original Medicare. I can help you find a plan that meets your needs. Please contact me at 440-255-5700 or email me at [Lmutsko@mutskoinsurance.com](mailto:Lmutsko@mutskoinsurance.com).

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](http://Medicare.gov) or 1-800-MEDICARE to get information on all of your options.

**Laura Mutsko  
Mutsko Insurance  
Services, LLC**

6982 Spinach Drive  
Mentor, OH 44060  
440-255-5700  
[www.mutskoinsurance.com](http://www.mutskoinsurance.com)



## DENTAL CARE

**Jeffrey Gross,  
DDS, FAGD**

**Q:** I Fixed my OSA, but My Teeth Are a Mess (Part 2)

**A:** Last week we began to discuss the situation and conditions that I found when I examined a new patient. She told me that she suffered from sleep apnea and thankfully found a solution. As I mentioned in Part 1, sleep apnea is a condition that many affects many people. It occurs when breathing stops during sleeping hours. It is called obstructive sleep apnea (OSA) because the channel through which air passes into our lungs is blocked or obstructed.

The usual cause for the obstruction is the tongue falling backward and occluding the airway. The solution to the problem can take one of two forms. Either air is forced past the tongue, or the airway is opened. The first method involves a machine called CPAP, while the second method uses an oral apparatus that moves the jaw forwards, causing the airway to open. Many patients find the CPAP machine to be cumbersome and uncomfortable. With their physician's advice and guidance, they look for a dentist to make them an intraoral appliance to wear.

My patient decided to go to the store and find an oral device that she could mold and solve her problem. She achieved great success, and her reward was a good night's sleep. She wore the device for many years and then noticed that the position and shape of her teeth had changed.

She told me that she used to have a more attractive smile. Now both her upper and lower teeth were crowded onto each other. Her lower jaw juts forward, and the lower teeth are prominent. In an ideal world, the prominent esthetic position goes to the upper teeth.

I explained last week that orthodontics is the discipline that we go to when we try to move teeth. When we were younger, the only way to move teeth involved braces. Over the past twenty years or so, clear aligner therapy using plastic devices that the patient wears opened tooth movement to a world without braces. Most adults would not wear braces, but clear aligners are a whole different story. The majority of my aligner patients are adults with no upper age limit. A desire to improve cosmetics or place the teeth in a better position for filling or crowns drive this exciting new field.

Moving and correcting crooked and crowded teeth is not difficult. Aligner therapy does that well, and in many cases, the time is measured in months, not years. There are two aspects of her therapy that are challenging. The first revolves around the position of her lower teeth. As I mentioned above, what we normally see and define, as usual, the lower teeth are behind the upper teeth when the jaws close. Her lower teeth are in front of her upper teeth. Moving them behind the upper teeth is not straightforward. There are various approaches to fixing the situation, and we hope to improve or even correct the whole problem.

The real challenge is how a patient wears her sleep apnea appliance while doing aligner therapy. We tried to see if we could wean her off the device but were unsuccessful. After some serious research, I found a technique that addresses this very problem. There is an approach that allows a patient to wear a sleep apnea appliance over her aligners. Both she and I were elated at this discovery.

I don't anticipate her case being a walk in the park, as a lot of things are going on in her treatment. I am confident that together with the staff and consultants that I use, to help this patient solve her problem. If you are looking for a fresh set of eyes for your dilemma, please call me at 440.951.7856 and schedule a meeting. Nicole will answer the phone and arrange for us to get together, and as always, I look forward to hearing from you.

*Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.*

### The Healthy Smile

34586 Lakeshore Boulevard  
(¼ mile west of Route 91 on Lakeshore Blvd)  
Eastlake, Ohio 44095  
440-951-7856  
Severance Medical Arts, Suite 603  
5 Severance Center  
Cleveland Heights, OH 44118  
216-371-2333  
[www.jeffreygrossdds.com](http://www.jeffreygrossdds.com)



## OPHTHALMOLOGY

**Gregory Eippert, MD**

**Q:** What is an ophthalmic migraine?

**A:** An ophthalmic or ocular migraine is characterized by a visual disturbance which may or may not be accompanied by an actual headache. Ophthalmic migraines usually affect one eye and are of short duration lasting minutes up to an hour. People under 40 are those most commonly affected by ophthalmic migraines and women more so than men and may also be an inherited condition.

Ophthalmic migraines occur when the blood vessels behind the eye have spasms resulting in reduced blood flow to the eye. This type of migraine, as well as migraines in general, may be triggered by certain foods including aged cheeses, caffeinated drinks, red wine, smoked meat, food additives such as MSG. Another trigger factor may be the side effects of or reaction to certain medications.

Symptoms of ophthalmic migraines vary widely and may include flashes of light, blurred vision, blank spots in vision, zigzag patterned images, or shimmering spots, stars, or colors. Additionally, these migraines can cause heightened sensitivity to light or sound. When experiencing an ophthalmic migraine, cover one eye and then the other to see if the disturbance is affecting one eye or both. It is also helpful to keep a journal or log of your diet and activities just prior to the migraine to help determine possible causes.

Ophthalmic migraines usually resolve on their own and generally do not require treatment.

If however your ophthalmic migraines are accompanied by unusual vision symptoms, are prolonged, or increasing in frequency, see your eye doctor for a complete exam.

**Gregory Eippert, MD**

8140 Norton Parkway  
Mentor, OH 44060  
440-255-1115  
[www.opivision.com](http://www.opivision.com)

## What does the thyroid gland do?

Estimates indicate that roughly 200 million people across the globe have thyroid disease. That figure undoubtedly raises an eyebrow, and it also may spark curiosity regarding just what the thyroid does. According to the American Thyroid Association, the butterfly-shaped thyroid gland is responsible for producing thyroid hormones. The gland is normally located in the lower front of the neck and the hormones it

produces are carried to every tissue in the body. Those hormones help the body perform various vital functions, which is one reason why thyroid disease poses such a significant threat. Thyroid hormones help the body use energy and stay warm. In addition, these hormones play an important role in keeping the brain, heart, muscles, and other organs functioning at full capacity. Estimates from the Canadian Cancer Society indicated

that 6,700 Canadians would be diagnosed with thyroid cancer in 2021, while the ATA indicates that more than 12 percent of the United States population will have some form of thyroid disease in their lifetime. Such statistics, coupled with knowledge of the thyroid gland and the vital role it plays in overall health, should compel anyone who suspects they have a thyroid problem to speak with their physician immediately.