



Health Focus



INSURANCE

**Laura Mutsko
Agent and CSA**

Q: How can I make the most of my Medicare benefits before the end of the year?

A: You can make the most of your Medicare benefits by squeezing in any last-minute health care visits you may have neglected in 2022. Ask your health care professional if you are due for any vaccines, screenings, or other preventative care.

There are also some Advantage Plan benefits that do not roll over to the next year if they are not used. Here are some common 'use it or lose it' benefits.

Dental Insurance

Dental insurance plans typically set a limit on benefits each calendar year. If you are due for a cleaning, x-rays, and checkup, schedule an appointment before the end of the year. If you learn you need any extensive dental work that will cost more than your maximum insurance payout for this year, you may be able to schedule some of the work to be done this year and the rest next year to maximize what is covered by insurance.

Vision Insurance

Review your vision insurance plan's coverage and decide whether it makes sense to order new contacts or corrective lenses before December 31 or wait until 2023.

Extra Benefits

A growing number of Medicare Advantage plans provide products and services as extra benefits not found in Original Medicare. Often overlooked is an allowance of anywhere from \$65, \$75 or more every quarter for over-the-counter non-prescription medications and health care products. While the allowance rolls over from quarter to quarter, any unused allowance in your account at the end of the year will be lost.

Review your plan or call their customer service department to find out if you are overlooking any additional benefits like a \$500 card for vision, dental or hearing services, a free fitness tracker or emergency call system. Not all plans offer these benefits so you need to be familiar with your particular coverage.

If you are considering getting a shingles vaccine, ask your health care professional if you can wait until after the first of the year when Medicare Part D beneficiaries will be able to receive the shingles vaccine at no cost. Always consult your health care professional before you make decisions to delay any vaccines.

If you have questions concerning health insurance including Individual, Group, Medicare Advantage Plans or Medicare Supplements, please call me at 440-255-5700 or email me at 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.

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DENTAL CARE

**Jeffrey Gross,
DDS, FAGD**

Q: The Return of Flipper

A: I apologize to my readers, but I couldn't resist the title. I can hear my children groaning and describing that short sentence as a dad joke. While sounding like a real movie sequel, it is just something that I conjured up. Last week we discussed a dental device referred to by the lay public and dentists as flippers. I defined that term as a cosmetic solution for a missing tooth. When used, it typically finds its way to the front of the mouth. Sometimes, a tooth replacement is needed a little further back, but most patients tell me that missing a back tooth does not need cosmetic compensation due to its position. Like so many things in our lives, out of sight translates into out of mind, and there is no reason to have a cosmetic replacement for a non-cosmetic situation.

Once we know that esthetics is the prime goal of a flipper, all other factors take a back seat. Often we find that the replacement tooth will be loose in our mouths. Last week I mentioned that patients tend to move and flip the flipper all around their mouths, and possibly this activity is the source of the word "flipper." Whether or not that is the derivation of the term, the fact remains that looseness is a hallmark of this cosmetic solution. Depending on the patients remaining teeth and their position will determine if a wire or two are added to the flipper to help keep it in place.

Sometimes we can hug the adjacent teeth so tightly that wires are unnecessary, and the patient's peace of mind is the result. There is a fine line between a snug fit and close adaptation to the surrounding teeth and not being able to get the replacement into the mouth due to snugness. Not only does a loose flipper lend itself to playing with it, but eating is often cumbersome or even impossible. If you think about it for a moment, you will realize that trying to chew with something moveable is a real challenge. What do patients do when this happens? They remove the flipper and put it someplace until they are done eating.

This practice is all well and good when one is in the privacy of their home but out in public eating without your front tooth is usually not a viable option for most people. Also, when we take the flipper out of our mouth, even at home, the

door is opened for a mishap, and throwing it out with a napkin.

Another alternative to the loose flipper involves the use of a denture adhesive. These substances allow the flipper to glue to the mouth and create stability for speaking and eating. The downside of this approach is that the material is messy and will need multiple applications during the day. If more adhesive is needed at a restaurant, you must excuse yourself and go to the restroom to reapply the adhesive. Again this is not an ideal situation.

All these concerns and issues forced me to think of an alternative option for those patients who wait for their final permanent implant or bridge and need something to "smile with." I suggest to my patients, whom I know will be bothered by all the downsides of a flipper, to make a metal-free replacement tooth or teeth which can gently adapt to the teeth around the missing tooth.

I use a new type of plastic that has built-in flexibility. The nature of the flipper to bend and expand gives me a tight fit without putting undue pressure on the other teeth. This material also obviates the need to add wires to our removable device. Patients find that this innovative solution to all flipper problems makes the wait for the final tooth much easier to bear and deal with daily. Eating and smiling without the fearing looseness is a game changer for my patients.

If you are planning to start an involved tooth replacement procedure and wonder what you will do while you wait for the permanent tooth, please call and talk to me. I will be more than happy to advise you and make some recommendations to make your life a little more pleasant. Please call Nicole at 440.951.7856, and let's talk about your options.

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

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: I am 70, overweight, and diabetic. I am taking medication for both my glucose level and high blood pressure. I now have cataracts in both eyes that can't be helped with a stronger glasses prescription. Can I still have cataract surgery?

A: The short answer is that the medical conditions of diabetes and high blood pressure, if stable, should not prevent you from having cataract surgery. The fact that you have these conditions however involves several other considerations and questions before having cataract surgery.

People with diabetes and/or high blood pressure should have a complete dilated retinal exam before cataract surgery to determine if there is any active eye disease or what is called retinopathy. Diabetic retinopathy affects blood vessels in the eye that when damaged can leak fluid into and damage the macula. Hypertensive retinopathy, caused by high blood pressure, can affect the blood vessels in the retina, the area at the back of the eye where images focus. Upon examination, if there is retinopathy present, the condition should be treated and stabilized prior to cataract surgery.

After a thorough eye exam and other testing as needed, your eye surgeon will inform you of and discuss all the risks and benefits of surgery as well as the expected outcome particularly if eye disease is present. Questions that you might want to ask your surgeon include: Are cataracts the only cause of my poor vision? Do I have other eye diseases that might complicate or reduce my benefit of having cataract surgery?

Cataract surgery is successful in improving vision in 98% of cases. However, if you also have other eye conditions such as retinopathy or others, the improvement may be less noticeable. Work closely with your eye doctor to assess your particular needs to help with the best possible outcome after your cataract surgery.

Gregory Eippert, MD

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DENTAL CARE

**Jeffrey Gross,
DDS, FAGD**

Q: My Front Tooth is Very Loose

A: I met this gentleman this week, and his comment was an understatement. Before I walked into the room, my assistant took a history and told me that his front tooth would fall out in a soft breeze. Her southern twang made this statement even more emphatic. Usually, when I encounter a loose tooth, the problem stems from the lack of bone. Let me explain what I mean by that statement. If we grab a mirror and look at our teeth, we will see white teeth and pink gum. The pink gum is the skin of the mouth. Just like skin covers the rest of our body, we have gum tissue covering part of our teeth. We see teeth sticking out through the gum, but a whole section of our teeth is buried in the gum tissue.

Right under the pink gum is a layer of jaw bone whose purpose is to anchor the teeth in place. Without this bone, the gum tissue would not provide meaningful support for the teeth. This support creates a strong base and anchor for the teeth. Why is this anchor so important? Without that base of support, our teeth would not be able to withstand the forces of chewing. Even if the boneless gum allowed the teeth to chew, the forces generated by the jaw muscles would knock out our teeth. All these factors require good bone support under our gums to create an efficient chewing apparatus. With all this being said, when I hear a patient tell me their tooth is loose, I envision no bone or support.

To my surprise, that is not what I found when I examined his mouth. My new patient's front tooth was cracked almost in half and mobile. The gum and bone around the tooth were in good shape, but the tooth gave way to biting forces. Immediately to the left of his front tooth was a space due to a missing tooth. To the right of the loose tooth was a crown on a dental implant. After I took the appropriate and indicated x-rays, I discovered that he was no stranger

to dental implants, as I could see several of them in various areas of his mouth. They all looked good and were functioning well.

The reason that his front tooth broke and that piece became loose, I surmised, was due to the excess forces placed on the tooth because the adjacent tooth was missing. He told me that there used to be a dental implant, but he also lost it. Why he lost it, I do not know. Losing an implant and cracking a tooth leads me to consider a teeth grinding or gritting patient. I will leave that discussion alone as I want to focus on the information he received before seeing me.

With the missing tooth, my goals for treatment are two-fold. First, I will remove the broken tooth and place an implant simultaneously. Secondly, if I can't place an implant in the missing space, I considered making a combination implant-tooth bridge to fill that gap. My patient was told that replacing the lost implant was impossible due to inadequate bone. I told him that the only way to determine that fact is with a 3-D image or CAT scan.

After we took the scan, I saw that replacement of the lost implant was possible. This second implant is important as I would join it with the implant for the cracked and loose tooth to create a stronger base to resist possible negative biting forces or tooth grinding.

Without all the facts and information, a plan for treatment is, at best, a stab in the dark. When your dentist takes x-rays or models, digital or physical, he is doing so to gather the correct information for diagnosis or treatment. If you have a dental concern, please call Nicole at 440.951.7856, and I will talk to you about your options and choices and I look forward to meeting you.

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Did You Know?

Public health agencies like the Centers for Disease Control and Prevention advocate for annual flu shots as an effective way to avoid potentially serious complications that can arise when individuals get the influenza virus. But why the need for annual vaccinations? According to the CDC, flu viruses are constantly changing, so a vaccination that might have been effective one year will not necessarily provide significant protection in the following year. In addition, the protection provided by the flu vaccine wanes over time, so people won't necessarily be well fortified against the

flu if they aren't vaccinated each year. Researchers work to determine which flu viruses are likely to be common in a given year. The vaccinations administered in that year reflect that research and provide the greatest protection against the viruses that are likely to be circulating throughout flu season.



OPHTHALMOLOGY

Gregory Eippert, MD

Q: What is unique about the human vision and how exactly do our eyes work?

A: In basic terms, human vision has four components. 1) Light comes into our eyes passing through the cornea, pupil, and lens. 2) The light continues through the eye to the back layer of the eye, the retina. 3) The rods and cones of the retina generate impulses that are sent thru the optic nerve to the visual cortex part of the brain. 4) The brain interprets the impulses into the images we see.

Human vision is actually a visual system and much more dynamic and intricate than these four basic components. The human eye is the second most complex organ in the body after the brain and encompasses an extraordinary range of abilities that we use to navigate through our world. We see color, detect motion, identify shapes, gauge distance and speed, and can alternately focus on objects at a variety of distances. We see in three dimensions. We can also fill in blind spots and automatically correct distorted information that we may visualize. Our eyes are highly moveable and allow for a wide visual field, up to 200 degrees horizontally (side to side) and 130 degrees vertically (up and down).

The part of the eye that accomplishes these tasks is the retina which contains around 150 million light-sensitive rod and cone cells. The retina is actually an outgrowth of the brain and is connected to the brain by the optic nerve. The optic nerve conveys the signals from the retina to the visual cortex in the brain where hundreds of millions of neurons process the signals and produce our vision. This process requires the use of 65% of our brain power, more than is used by any other organ in our body.

Our eyes are one of our most useful senses and enable us to participate in daily life activities and enjoy the world in which we live. Even if your eyes are normal and you have good vision, they can change over time like any other part of the body. This is why it's important to find an eye doctor and have regular, comprehensive eye exams. Many eye and vision problems have no obvious signs or symptoms. Early diagnosis and treatment of eye and vision problems is important for maintaining good vision and eye health.

Gregory Eippert, MD

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INSURANCE

**Laura Mutsko
Agent and CSA**

Q: I do not have health insurance and I am not old enough for Medicare. Can I save money by enrolling in an Affordable Care Marketplace plan?

A: For those who are not familiar with it, the Affordable Care Act was signed into law in 2010 and provides individuals with access to affordable health insurance. This year is the tenth enrollment period for Americans to be able to purchase regulated and subsidized health insurance through the Marketplace.

Nearly 13 million of the 14.5 million people enrolled in private health insurance through the marketplace receive subsidies to cut the cost of their premiums. In addition, premium assistance provided by the recently enacted Inflation Reduction Act of 2022 will continue to keep costs down for the next three years.

How do premiums and subsidies work?

Five factors can affect a plan's monthly premium: location, age, tobacco use, plan category, and whether the plan covers dependents. Your health, medical history, or gender cannot affect your premium.

People with annual incomes below 150 percent of the federal poverty limit — in 2022, \$20,385 for an individual and \$27,465 for a couple — are eligible for zero-premium coverage, depending on what plan they select.

People with incomes between 150 percent and 400 percent of the federal poverty level — in 2022, \$54,360 for an individual and \$73,240 for a couple — are eligible for premium subsidies. The amount of the subsidy depends on the individual's income and the plan that is selected.

People with incomes above 400 percent of the federal poverty level are eligible for subsidies if their premium payments would be more than 8.5 percent of their income.

Now, during Open Enrollment is your time to sign up. To learn more, please contact me to discuss your needs. I can be reached at 440-255-5700 or Lmutsko@mutskoinsurance.com.

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Health Focus



OPHTHALMOLOGY

Gregory Eippert, MD

Q: I recently started taking Plaquenil for rheumatoid arthritis and was asked to see an eye doctor for a complete exam and special testing. Why is this necessary?

A: Plaquenil, hydroxychloroquine (HCQ), is in a class of medications first used to prevent and treat malaria. Today, Plaquenil is a proven and widely used medication in the treatment of rheumatoid arthritis, lupus, and other inflammatory conditions and autoimmune diseases. When taking any systemic medication such as Plaquenil, there are possible risks and side effects related to the eyes. Although rare, Plaquenil usage can cause retinal toxicity that could lead to irreversible vision damage or vision loss.

Patients starting treatment with Plaquenil should have a baseline eye examination within the first year of taking this medication and then regular screenings thereafter; every six months or yearly as advised by your eye doctor.

This exam should involve several baseline measurements and assessments that can be compared over time to monitor any changes to your vision including refraction, visual acuity, dilated fundus exam, and a visual field test and/or an OCT, ocular coherence tomography, which is a photograph of the macula.

In early toxicity from Plaquenil, there are no visible signs to the patient but there are changes that can be detected by the visual field and OCT testing. Generally, if there is Plaquenil toxicity present, it is bilateral (both eyes) and symmetric. Risk factors that may increase the likelihood of Plaquenil toxicity include age over 60, daily dose of more than 400 mg, use of Plaquenil for more than 5 years, obesity, pre-existing retinal disease, and renal or liver failure. When the maximum daily dosage recommendations for Plaquenil are followed, the likelihood of toxicity is very small.

As a patient taking Plaquenil, make sure to discuss the risks and benefits of this medication with both the prescribing physician and your eye doctor. You should also understand the benefits and limitations of visual screenings. Regular physical exams along with periodic comprehensive eye exams and testing are essential to monitor the health of your eyes while taking Plaquenil.

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INSURANCE

**Laura Mutsko
Agent and CSA**

Q: My medical claim was denied. What should I do?

A: Having Medicare or an insurance company deny your medical claim is frustrating and can be alarming, but this is not the time to immediately reach for your checkbook. Claims are often denied because of a simple coding or clerical error, so it is always a good idea to start by determining the reason for the denial.

The first person you should turn to is your agent. As an agent, I work with insurance companies every day so I know who to contact regardless of how complicated my customers' issues may be. It is part of my responsibilities as your agent.

If you do not have an agent, here is what I suggest:

1. Organize all pertinent documents including your insurance card, your Medicare card (if you are on Original Medicare), your billing statements and Summary of Benefits. Cross check all the information to make sure there are no clerical errors, and all the information is correct. Then, contact the medical provider's billing department to review your account information.

2. Set up a notebook specifically for your medical treatments and insurance issues. Whenever you call anyone related to your claim, note the name of the person you spoke with and what they advised so you have this information to refer to on any future calls. Be prepared to follow up with them if they do not get back to you.

3. If the insurance company agrees to make an exception of any kind, ask for that agreement in writing.

4. If you are calling for another person, be ready to have them get on the phone to let the insurance company know it is okay for you to speak on their behalf. If you will be routinely handling someone's insurance matters, ask how you can become the ongoing representative of that person.

5. If your claim is denied a second time, ask how you can file your appeal at the next level.

Remember, patience and persistence will be required to get complex insurance matters resolved. But it can be done.

Got questions on life, health, Medicare Advantage Plans or Medicare Supplements? I will help you find a plan that works for you. Email me at Lmutsko@mutskoinsurance.com or call 440-255-5700 to set up an appointment.

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DENTAL CARE

**Jeffrey Gross,
DDS, FAGD**

Q: I'm Always the Last One At The Table

A: Whenever someone new comes to the office, I ask how I can help him or her. In my education, that exchange is finding the patient's chief complaint. It is important to hear and understand that fact before further conversation ensues. My patient this week articulated my title. His ability to chew normally has degraded over time. He is a denture wearer, although he wasn't sure how old the teeth were. He thought that they were over ten years old, if not more. He came to see me with his daughter, and we discussed his concern.

I'm sure all of you remember the song "The Gambler," sung by Kenny Rogers. That song included the famous chorus, "You got to know when to hold 'em, Know when to fold 'em, Know when to walk away." I thought of this song as we discussed the state of his existing denture. Unless a denture fractures or is lost, the decision to make a new pair is always surrounded by questions. What will the new dentures do better than the old ones? Will they fit better? Will my appearance change, and will I like the new look? Will I be able to eat better than with my old dentures? These concerns are a small sampling that a patient has when considering a new set of dentures.

I want to present some guidelines I discuss and bring up to a patient considering a new set of teeth. These topics make you think and decide how to move forward. The first factor to consider is how old the dentures are. Dentures are made of acrylic and static in growth or wear. Right now, I am referring to the denture base, the pink or gum part of the denture. I am not referring to the teeth with which you chew your food. The pink base will never change unless you drop the denture or your dog gets to it. The lack of change is in stark contrast to your mouth, which is constantly changing. Gaining or losing weight does not happen in one area. Just ask anyone who wants to spot reduce.

Weight changes happen globally throughout the body, including the mouth and oral tissue. Patients who lose as little as ten percent of their weight as the years go on will complain of a loose denture.

When a new denture is made, a new picture or impression captures the appearance and size of your mouth at that moment. When I use this new and current information, a new denture will adapt better to your mouth, which translates into a better fit. An excellent fit is the first step in improved functionality and chewing ability.

If the teeth are in good shape and the denture age is not ancient, often taking this new information regarding how the mouth looks in its current state will fix the problem without making a new denture. This process is called a reline. Teeth are not changed, nor even the outside appearance of the pink or tissue material. The only improvement happens on the underside of the denture

Talking to you and seeing how you have changed since your denture was made will weigh heavily on our joint decision to hold them or fold them. When I began this column, I felt that I could include everything that I wanted to see in it. As I write, there is much more to discuss and share. I will make this a series and continue with this subject next week.

In the meantime, if you are considering improving your ability to chew or your appearance with your dentures, please call Nicole at 440.951.7856, and I will talk to you about your options and choices. There is not one right answer for everyone, and I love to individualize my approach to you. I look forward to meeting you and wishing everyone a Happy Thanksgiving.

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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Did You Know?

Millions of people across the globe enjoy curling up with a good book. Though entertainment value might be the force behind books' popularity, the benefits of reading on long-term cognitive health provide another great reason to read. In a 2020 study published in the journal *International Psychogeriatrics*, researchers reported that people age 64 and older with higher reading frequencies had a reduced risk of cognitive decline.



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Health Focus



INSURANCE

Laura Mutsko
Agent and CSA

Q: How do you know if I'm getting good advice from my agent?

A: Every so often, I meet a prospective client who has purchased a Medicare Advantage plan that does not come close to fitting their needs. Some were new to Medicare and purchased a plan before they realized that not all Advantage plans provide the same coverage. Some were confused by a fast-talking agent. Some purchased a plan because it worked for a friend or neighbor.

So, now they are understandably skeptical, and ask me the same question, "What should have been a red flag that I was making the wrong choice?" Here are some things to watch out for.

Did your agent ask about your doctors?

If not, consider this a red flag. Medicare Advantage plans typically have a network of preferred providers – doctors, hospitals and other health care professionals who agree to accept the plan's coverage. Should you enroll in a plan that does not cover your preferred providers, you may be stuck paying all or a big portion of your medical bills out of your own pocket or be faced with the hassle of switching to new providers within the network.

Did your agent ask about the medications you are taking?

Not all Medicare Advantage or Medicare Part D plans provide the same prescription coverage, and not all drugs are covered by every plan. A competent agent will ask what prescriptions you are taking and will look for a plan that covers your medications at an affordable price.

Did you receive an unsolicited call?

Did the agent call you from an 800 number claiming to be with "Medicare", and offer to switch you to a 'better' plan? Medicare and Social Security will rarely call you. So, an insurance agent calling you out of the blue claiming to be with Medicare is a red flag. My advice? Hang up the phone when you receive a call like this.

Who will you contact in the future?

At Mutsko Insurance Services, we want to help you find the insurance plan that is the best choice for you and your budget now, and in the future. We assure you that we will be right here to help you whenever you have questions or need help with a claim.

Call Mutsko Insurance at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com and I will do my best to help you find the right plan for you.

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DENTAL CARE

Jeffrey Gross,
DDS, FAGD

Q: When Should I Replace My Denture?

A: Last week we touched on the subject of a denture not doing its job. My patient complained of his chewing taking a long time and frustration with that happening. This problem begs the question of when to replace an existing denture. We discussed the ability to relin a denture that could fix a fit problem. If the fit discrepancy is so great, then a relin may be insufficient, and a new set of dentures may be in order. In a typical situation, fit deteriorates over time as the areas of the mouth change. So one of the first reasons to change or alter a denture is simply the age of the denture.

The next thing to look at is the actual teeth on the denture. Examination of the teeth is easy, and often the patient can do this themselves. New denture teeth have bumps and valleys to aid in chewing the food. Over time these bumps smooth out and even can wear flat. Although the teeth mesh perfectly, the efficiency of chewing goes down tremendously.

That being said, there is an indication for denture teeth to be flat in shape. Some patients struggle with bringing their teeth together without dislodging the denture. When this happens, the dentist will order special flat teeth. Alternatively, the dentist will adjust, smooth, and flatten the teeth. Whether the teeth are a special order or adjusted by the dentist, each of those scenarios has a distinctive look on the teeth.

When a patient has ground his teeth flat, the appearance of the teeth is markedly different from the one that the dentist controls.

Habits that affect cognitive health

Various changes to appearance and health are associated with aging. Issues such as diminished vision, waning muscle strength and gray hairs are among the more common and noticeable side effects of aging. Cognitive decline is another symptom often associated with aging, even if that needn't be the case.

Certain lifestyle choices can protect against cognitive decline and dementias. While there is no surefire way to prevent dementias, here are some good habits for maintaining cognitive function well into your golden years.

Exercise frequently

Harvard Health reports that exercise, in addition to the many other benefits it provides, may help improve cognitive function in people who have already experienced memory issues. Exercise may be particularly advantageous to people who carry the APOE4 gene variant, which makes people more susceptible to Alzheimer's. Speak with a doctor about how much exercise is needed and what is safe for your age.

Enjoy video games

Playing a favorite video game may improve long-term cognitive function. Researchers at Cambridge Brain Sciences found study participants who played non-cognitive-training video games were associated with better performance in several cognitive

domains, but only for younger (age 18 to 64) participants. Cognitive training games, on the other hand, were not associated with any cognitive improvement.

Stay socially engaged
According to a study published in the journal Experimental Aging Research, seniors who have high levels of social engagement also have better cognitive function. Getting together with friends, participating in a club, attending religious studies, and any other activity that gets you out with other people can help with cognitive function.

Eat a healthy diet
Eating a diverse array of healthy foods is beneficial. Nutritious diets can help reduce the risk for illnesses that may affect cognitive ability. Eating well also helps keep the brain healthy. A Mediterranean diet appears to lower the risk or slow the progression of dementia in people who have the condition.

Get help for sleep disorders
Lack of sleep can affect memory and learning. By getting help for sleep disorders, you may reduce your risk for cognitive issues.

While it is not possible to prevent or cure cognitive conditions like dementias with lifestyle changes, certain behaviors can lower the risk of developing these illnesses or reduce their severity.

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OPHTHALMOLOGY

Gregory Eippert,
MD

Q: I heard there is a new advanced LASIK technology called Contoura Vision Topography-Guided LASIK. What can you tell me about this new technology?

A: LASIK is a procedure that uses a laser to change the shape of the cornea to correct for myopia (nearsightedness), hyperopia (farsightedness), or astigmatism. Since its inception in the 1990s, LASIK surgery has continued to evolve and the efficacy of the procedure has improved markedly as technology has advanced.

LASIK Technology advancements over the last three decades have focused on ways to measure and correct the corneal curvature or topography. Contoura Vision Topography-Guided LASIK, approved by the FDA, is the most advanced laser platform available today in the USA.

While current LASIK techniques offer incredible precision and accuracy that reshapes the cornea and addresses visual refractive errors, Contoura takes the LASIK process to the next level by measuring the unique characteristics of each person's eyes that cannot be measured with traditional technology in order to recommend a highly customized treatment.

The Contoura process involves taking a series of topographical images and analyzing 22,000 unique elevation points on the cornea. The Contoura Vision laser treatment is designed to then smooth out the corneal surface irregularities to optimize the surface of the eye's cornea in such a way that it actually enhances the quality of vision better than has ever before been possible. Not all eyes are candidates or require the Contoura treatment. Each eye has its own unique shape and requirements for precision laser treatment and Contoura is an option only for eyes that would benefit from this type of treatment.

The results of FDA Clinical Trials for Contoura Vision are remarkable. Most Contoura patients reported improved vision equal or better than that they had with glasses or contacts. The Contoura procedure enhanced not only how much patients saw, but also reduced severity of common visual complaints such as light sensitivity, difficulty driving at night, and glare.

Contoura Vision, an exciting, new LASIK technology, may or may not be right for you. It is currently available only for patients who are nearsighted. Your candidacy for Contoura Vision depends on a thorough consultation by an experienced LASIK surgeon to determine if the procedure is a good fit for you and your visual needs.

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