

Health Focus



INSURANCE
Laura Mutsko
Agent and CSA

Q: Will Medicare provide help for me with seasonal allergies?

A: Seasonal allergies, also called hay fever or allergic rhinitis, are a common condition affecting millions of Americans. Symptoms include itchy throat, stinging red eyes, coughs, fatigue, and more. While many are affected in spring, many people experience allergy symptoms throughout the year, depending on the type of pollen or mold spores they are allergic to.

Knowing what triggers your allergic reaction may help you manage your symptoms. Allergy tests are considered part of the “clinical diagnostic laboratory services” category for Medicare. If you meet the below criteria, Original Medicare Part B coverage may apply:

- Your physician must prescribe the allergy test.
- The test must be considered medically necessary, and your physician must provide documentation of this.
- The testing must take place in a Medicare-approved laboratory.
- No previous therapy alternatives have been able to manage your allergies or allergy symptoms.
- Your physician can prove this testing is the first part of a complete, Medicare-approved treatment program.

In general, skin procedures, blood testing procedures and food challenge testing may be covered by Medicare Part B. However, not all allergy testing procedures are covered or paid for by Medicare so it is important to always ask your physician and Medicare to verify whether your specific tests will be covered before you submit to them. If you have Original Medicare, you will likely pay 20% of the Medicare approved amount, if your physician accepts assignment, and your Part B deductible applies.

Depending on your allergies, medications may help you manage your symptoms. Discuss your symptoms with your physician and ask if he or she will prescribe a medication that is covered by your Medicare Part D Plan or your Medicare Advantage Plan formulary.


If you are suffering with seasonal allergies, always talk to your doctor before taking any steps on your own. There are also many over-the-counter medications to treat seasonal allergies. However, older adults are more likely to experience side effects of these medicines. You will also want to be

sure any over-the-counter medications will not interfere with other medications you are taking.

Do you have questions about insurance, including Medicare Advantage Plans and Medicare Supplements? Give me a call at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com. I look forward to helping you

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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.



OPHTHALMOLOGY
Gregory Eippert, MD

Q: How does glaucoma develop?

A: Glaucoma is a general term used to describe a group of eye disorders that damage the optic nerve. One of the major risk factors is eye pressure.


Your eye constantly produces a clear fluid called aqueous humor. As new aqueous flows into your eye, the same amount should drain out. The fluid drains out through an area called the drainage angle. This process keeps pressure in the eye (called intraocular pressure or IOP) stable. An abnormality in the eye’s drainage system can cause fluid to build up, leading to excessive pressure that causes damage to the optic nerve. The optic nerve is a bundle of nerve fibers that connects the retina with the brain and plays a crucial role in vision as it sends signals from the retina (neural tissue in the back of your eye, like the film of an old-fashioned camera) to the brain. Your brain relies on these signals to create images.

At first, glaucoma doesn’t usually have any symptoms. That’s why half of people with glaucoma don’t even know they have it. The vision loss starts out in the edges of the visual field and slowly impacts the central vision. It takes months to years after the nerve damage has occurred before you may notice the symptoms. Once vision is lost, it cannot be recovered.

Many factors lead to glaucoma. While increased eye pressure is the only known modifiable risk factor known at this time, Glaucoma can also develop with normal eye pressure.

Frequent eye screenings are critical for early detection and intervention. If you are a glaucoma suspect or have a diagnosis of glaucoma, see your eye doctor for regular, dilated exams and/or testing as frequently as recommended by your doctor.

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DENTAL CARE
Jeffrey Gross,
DDS, FAGD

Q: Why Did I Get A Cavity Under My Bridge?

A: The idea for this column came to me when I saw a patient this past week who presented himself in the office with this issue. I have written about permanent bridges that patients have used well and appreciate their cosmetic and functional benefits for many years. For some patients, they experience good results for a decade or two. Receding gums followed by root exposure and aging of dental glue contribute to the necessity of replacing or updating a permanent dental bridge during the patient’s life.

Today we will not go in that vein and will move to a removable bridge. We use a removable bridge for a variety of reasons. Some uses include replacing many teeth at once, affordability, weak supporting teeth, and many more. The downside of a removable bridge is that it is not permanent, but as with everything in life, there are pros and cons to every decision and choice we make.

Because we are not using permanent glue to affix the removable bridge in the mouth, the bridge must anchor to the remaining teeth. Dentistry has devised many ways to attach and many types of attachments with which to latch onto a tooth. Flexible tooth-colored material or metal arms that surround and hug the tooth are common. The anchor tooth is used as a brace, and the attachment design should not unintentionally stress the tooth to shorten its life span.

However, the arms that embrace the tooth can lead to a problem, an example I saw this week in our patient. Whenever a dentist does a filling or a crown in the mouth, the goal is to create as smooth a surface as possible. As I slide an instrument from the filling to the tooth, I close my eyes and concentrate on feeling alone. The transition must be smooth and not have any catches.

Roughness and bumps, whether in our dental fixes or even on a natural tooth, become areas where food and bacteria can collect. These areas take extra time and care to clean and remove anything attached to those areas. Many people struggle with this level of care and leave damaging agents on their teeth.

The arms of the bridge surround our teeth and create areas where food will collect. When we eat, food sticks to these areas; unless we remove the bridge and clean it well, the food sits all day long. For many people, this is not practical. After years of food sticking, the result is decay in the tooth. My patient this week had such severe decay that he needed a root canal procedure to save his anchor tooth. He only had two anchor teeth, and losing one would have required me to make a new bridge.

I mentioned that obsessive cleanliness is one approach to preventing this problem from developing. Most people find this a difficult task. The alternative approach is preventative when the bridge is made. Research and years of observational data show that preceding the bridge with a crown on the anchor teeth protects those teeth in the ensuing years. The bridge fits better and lasts longer than simply latching onto teeth without any preparation.

If you have a bridge that comes in and out and has serviced you well for years, maybe it is time to look at the anchor teeth and take measures to protect them so that you can continue to wear your bridge without having to make major changes to your mouth. All you need is a checkup and an evaluation to create a plan for the long term. Please call Nikki at 440.951.7856 as I look forward to meeting you.

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Did You Know?

Heart disease and cancer are two of the leading causes of death around the world, and there may be a link between these two diseases. Certain lifestyle habits may increase the risk for both cancer and heart disease, say the experts at Hackensack Meridian Health. In addition, some research has shown that heart disease, a history of heart attack or a diagnosis of heart failure leads to an increased risk for developing cancer. A 2019 study published in the European Journal of Heart Failure indicated “emerging evidence supports that cancer incidence is increased



in patients with cardiovascular disease and heart failure.” Patients with heart failure commonly die from cancer as well. Circulating factors related to heart failure promote tumor growth, which could explain the link between heart disease and cancer. Another surprising bit of information is that cancer can occur in the heart, though such instances are very rare. According to the Mayo Clinic, cancer that begins in the heart is most often sarcoma, which originates in the soft tissues of the body.



Health Focus



OPHTHALMOLOGY

Gregory Eippert, MD

Q: Can high blood pressure affect my eyes or vision?

A: High blood pressure, also called hypertension or HBP, affects 70 million Americans which equates to 29% of the population or one out of every three adults. HBP increases your risk for dangerous health conditions throughout the body including the eyes. Often times, signs of systemic problems of the body will first show up in the eyes and in fact, many people discover they have HBP because their eye doctor noticed the signs and changes during a routine eye exam.

When you are diagnosed with HBP, your primary doctor may suggest a dilated eye examination. Dilating the eyes allows the eye doctor to look at and evaluate the small blood vessels, or capillaries, in the back of your eye. Using an ophthalmoscope, an instrument that projects light to examine the back layer of the eye, the doctor will look for signs of damage from HBP that can include narrowing or thickening of the blood vessels, fluid leaking from the vessels, spots on the retina known as cotton wool spots and exudates, swelling of the macula or the optic nerve, and bleeding in the back of the eye. Damage to the blood vessels in the eye is called retinopathy and may lead to bleeding in the eye, blurred vision, loss of vision, optic nerve damage, optic neuropathy, stroke, and brain damage. If you have both diabetes and HBP, there is an even greater risk for retinopathy. HBP damage is cumulative; the longer it is untreated, the higher the likelihood of permanent vision problems.

Interestingly, blood pressure and eye pressure (IOP or intraocular pressure) vary independently. Controlling blood pressure does not mean that one's IOP is controlled but studies have shown that patients with HBP have an increased risk for glaucoma.

To help prevent damage from HBP, keep your blood pressure under control by reaching and maintaining optimal weight, adhering to the diet recommended by your doctor, exercise regularly, and take blood pressure medications as prescribed. In addition, visit your eye doctor on a regular basis, or more often as recommended, for dilated exams and diagnostic testing.

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DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: Can Teeth Be Done In A Day?

A: Patients ask me frequently about teeth in a day. The question could refer to many different types of situations. I will address two of the most common ones. The first refers to the patient who will have all their teeth removed and a denture placed. The second case refers to the patient who wants permanent teeth held in place on four or more implants.

The first situation involves a full denture or dentures and allows you to be comfortable as you will never be without your teeth. The day your teeth are removed is when you receive your denture. Spending time before this appointment verifying teeth and fit by taking measurements and trying in various stages of the procedure before the teeth are removed. Once the day arrives to remove teeth, the full denture is ready and fits your mouth. Various adjustments are made to the fit and the bite, and you can walk out the door with your new teeth.

When you use implants to help support teeth, the technique is somewhat similar to the denture in a day. The preliminary procedure and visits involve much work before the big day arrives. The difference happens on the day that you get your teeth removed. On that day, you will have dental implants placed, and your new teeth will be attached permanently to the dental implants.

If, for some reason, the teeth can not be locked in permanently, then you leave with a set of teeth similar to a denture. After healing, the permanent teeth will be affixed to the dental implants.

Denture patients use their lips, tongue, and cheeks to help anchor a denture into place. The patient requires no oral acrobatics with

teeth held in place by implants. Very tiny screws or other attachment devices hold the teeth to the dental implants, which allows you to smile and speak with greater ease and confidence.

Another big advantage of teeth attached permanently to implants is the elimination of the palate coverage, which is required for a full denture. This always interferes with feeling the texture and tasting food. Once the palatal coverage is gone, patients tell me that their entire world changes for the better.

Attaching teeth to implants will even work for patients who have all their teeth removed and are already wearing a denture. This process is called a denture conversion to permanent teeth. Using computers and working closely with a lab will make this procedure more predictable and streamlined for all involved.

The third type of "teeth in a day" procedure involves placing crowns on your front teeth to brighten and update your smile. We can do preliminary setups with our laboratory, and there are no surprises about how you would look at the end of your one-day appointment. The results are outstanding, with smiles beaming from everyone,

If the concept of a quick makeover piques your interest, please call Nikki at 440.951.7856 so we can meet and discuss what you want. As always, I look forward to meeting you.

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The link between smoking and cancer

Direct exposure to carcinogens, which are substances that cause cancer, greatly increases a person's risk of developing cancer. While there are many different carcinogens in the environment, cigarettes expose smokers and those around them to a wide variety of carcinogens that can cause severe illness.

Tobacco smoke has more than 7,000 toxic chemicals, including arsenic, radioactive polonium-20 and mercury. The American Cancer Society indicates smoking causes about 20 percent of all cancers and roughly 30 percent of all cancer deaths in the United States. Lung cancers are the most notable of all cancers attributed to tobacco use - with 80 percent of such cancers traced back to smoking. But smoking is linked to other cancers as well. The U.S. Surgeon General has identified smoking as a cause of 12 cancers, including:

- lung, trachea and bronchus
- oropharynx
- esophagus
- larynx
- colorectal
- liver
- stomach
- bladder

- myeloid leukemia
- pancreas
- kidney and ureter
- uterine cervix

It is important to note that cancer can come from using smokeless tobacco products as well. These include chewing tobacco and dip. Furthermore, exposure to someone else's cigarette smoke can cause cancer in a person who doesn't smoke. WebMD says bystanders exposed to secondhand smoke are up to 30 percent more likely to get lung cancer than others who are not exposed.

Tobacco can cause cancer in two ways. The first is that carcinogens damage DNA and cause cells to grow and divide abnormally. The other happens when toxins from smoking weaken the body's immune system, which may make it harder for the body to fight off illnesses like cancer.

The National Cancer Society warns there is no safe level of tobacco use. Anyone using tobacco should aim to quit immediately

Smoking is a dangerous habit that is a leading risk factor in cancer formation. Getting the facts may inspire more people to quit using tobacco for good.



INSURANCE

**Laura Mutsko
Agent and CSA**

Q: Why is it necessary for me to tell my doctor everything I'm taking?

A: One of the questions your physician, specialist or dentist will usually ask you is, "What medications are you taking?" Unfortunately, many people under-report this because they only think of prescription medications or do not want their doctor to know they are self-medicating. However, their doctor needs to know the dosage and frequency of their use of all over-the-counter products, including:

- Vitamins
- Nicotine patches or gum
- Weight loss supplements
- Herbs
- Alcoholic drinks
- Aspirin or other pain relievers
- Antacids
- Allergy medicines
- Cough syrups

Many of the above may not mix well with other medications. Knowing everything you are using is necessary to give your health care team the complete picture. Your health insurance agent may also need this information to determine the most cost-effective health care coverage for you.

Fluctuations in weight and changes in body composition as we age can cause your response to different drugs to vary, even with a medication a person has been taking for years. Unfortunately, some of the symptoms of poor drug interactions may be mistaken for signs of aging.

Whenever you visit your doctor, bring a list of all your medications and over-the-counter products with you. Or just bring them all with you in a bag. The office personnel would much rather help you with your medication list rather than have you guess what you are taking. Ask your physician to go over the proper dosing instructions, time of day to take your meds, and confirm that you should continue taking each one.

To avoid problems try to stick with one pharmacy for all your prescriptions so they can check for drug interactions. Finally, clean out your medicine cabinet and safely dispose of any outdated medications. Please do not flush them. Drop them off at your local police station for proper disposal.

For information on Health and Life Insurance, including Individual insurance, Medicare Supplements, Medicare Advantage Plans, Vision, and Dental plans, call 440-255-5700 or email me at Lmutsko@mutskoinsurance.com.

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Health Focus



DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: I was Embarrassed To Smile

A: Yesterday, when I finished my patient's treatment, she volunteered the words you see in the title. We met about a month earlier with a complaint that her front tooth was sticking forward. The tooth in question was not the very front tooth but the one immediately to its left. The front tooth is called the central incisor since its position is about the center of the face. Her problem centered around the one next to the front. We call this tooth the lateral incisor as it is lateral to the front tooth or front incisor.

Her tooth was pushed forward and sticking out of her mouth from a visual perspective. Teeth, when viewed from above, are positioned around a curve or circle. If one or more of the teeth tilts out of the circle, then space becomes visible on both sides of the tooth. Large gaps and a protruding tooth create an unesthetic smile and look. The gap created by the tooth was her only gap and was quite noticeable to the casual observer. She forced her upper lip to hide the tooth and keep it as invisible as possible.

The tooth problem had been going on for some time, and it took her a while to come and see me. She was dealing with some significant health problems. Most notable was a cardiac or heart problem. Changes in diet, stents, and blockages were all part of her life by the time we met. She had started taking a variety of medications, including a blood thinner.

We wrote earlier this year about the connection between gum health and heart disease. My patient's mouth exhibited this relationship to the extent that her cardiologist strongly recommended seeing me. Even though her teeth were cleaned recently, the debris and tartar on her teeth were unacceptable. Accumulations of plaque are never good, and in the presence of heart and blood vessel issues, the effect is devastating.

I recommended some different home cleaning aids to help with the problem. Adding frequent professional cleanings to that mix is especially important. Most of my patients who have gum problems come for cleanings every three months. Some patients who struggle I see every other month, and some even monthly. There is no absolute number of cleanings that a person should have. Everyone

is treated as an individual, and recommendations are made on that individuality.

You are probably wondering what treatment I provided for my patient. I utilized a technique where my lab makes a bridge before our appointment creating the right color and cosmetics. When I see the patient, I remove the badly diseased tooth and proceed to adapt her bridge to the remaining teeth. Due to healing considerations, this immediate bridge is not meant to be in the mouth for more than two months. I use this time to evaluate the cosmetics and tweak whatever is necessary, if anything at all.

She walked out the door, minus her unattractive space, smiling from ear to ear. If you see some tooth movement and spaces developing in your smile, please call me immediately. Nikki will make an appointment for you, and we can explore what is causing that observed phenomenon together. As always, I look forward to meeting you.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: I hear so much advice about keeping my eyes healthy and what's good/not good for my eyes. What are some of the basics that will help me sort through all this information?

A: We've all been told by someone at some time, or read somewhere that, 'You can hurt your eyes if you do that!' It is important to separate fact from fiction so here are some frequently heard myths and the fact of the matter.

MYTH: Reading in dim light will harm your vision. **FACT:** Dim lighting will not negatively affect your eyesight, but your eyes may tire more quickly. Positioning reading light so that it shines directly on the page, not over your shoulder, is beneficial and can help prevent eye fatigue.

MYTH: A sudden, temporary loss of vision is not serious if it lasts only a minute or so. **FACT:** Even a

brief loss of vision, in just one eye, can be a sign of a serious problem. See your eye doctor immediately.

MYTH: A cataract must be 'ripe' before is it removed. **FACT:** Cataracts can be removed when they interfere with one's daily activities. When it becomes difficult for you to see well enough to do the things you like or need to do, schedule a cataract evaluation visit with your eye doctor to determine when is the right time to remove your cataracts.

MYTH: Staring at a computer screen all day or constantly using electronic devices is harmful to your eyes. **FACT:** Using a computer or electronic devices will not harm your eyes but it can contribute to eyestrain or tired eyes because you are not blinking as much as usual. Blinking helps to keep the eye moist and feeling comfortable. When using the computer or electronic devices for long periods of time, rest your eyes briefly every hour to lessen eye fatigue. Also, make sure to blink regularly or use artificial tears if you feel your eyes are becoming dry.

MYTH: Reading fine print for too long will wear out or damage your eyes. **FACT:** This is one of the most widely held myths about vision. Although extensive or prolonged reading of fine print may cause eye strain, there is no evidence to suggest that it will damage or wear out your eyes. You can use your eyes without fear of wearing them out.

MYTH: Wearing glasses all the time will make you dependent on them. **FACT:** If you need glasses for distance or reading, wear them. Using your glasses won't worsen your vision or lead to any dependence, nor will it lead to any eye disease or dysfunction.

MYTH: Eye exams are only necessary if you are having problems. **FACT:** Everyone should follow proper eye healthcare, which includes regular exams, whether there are any noticeable signs, symptoms, or problems. Children should be tested for vision at birth, at 6 months, before entering school, and periodically throughout the school years. For adults, frequency of vision exams depends on your doctor's advice and may be every two years or more often as required. If you are diabetic, have an eye disease, or other disorder that affects the eyes, you should go every year, or more often as recommended by your eye doctor, for a comprehensive dilated eye exam and testing.

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INSURANCE

**Laura Mutsko
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Q: Am I covered by Medicare for bone density testing?

A: Medicare Part B will cover 100% of the cost of bone density testing ordered by your doctor or other health care provider once every 24 months. It will cover testing more often if your doctor or other health care provider determines it is medically necessary. The caveat to this is that your test provider must agree to accept direct payment from Medicare at the price that Medicare has approved for the testing.

What causes osteoporosis?

Osteoporosis is a medical condition that causes decreases in a person's bone density. This can lead to fractures, including breaks in the hip, spine, and wrist.

The risk for developing osteoporosis grows as we age, with women being more likely to experience it due to hormonal changes as they age. Other factors contributing to osteoporosis include:

- lack of sufficient vitamin D and calcium
- smoking and excessive use of alcohol
- insufficient exercise
- having a low body weight
- family history

Your doctor may recommend a bone density scan if you have one or more of these risk factors. Osteoporosis can often be treated once it is detected.

What can I do to prevent osteoporosis?

If you think you may be at risk for osteoporosis, get tested. Other ways to keep your bones strong include:

- Eat a plant-based diet rich in leafy green vegetables and fish.
- Increase weight-bearing activities such as strength training, walking, hiking and even dancing.
- Quit smoking.
- Limit your alcohol intake.

For information on Health and Life Insurance, including Individual insurance, Medicare Supplements, Medicare Advantage Plans, Vision, and Dental plans, call 440-255-5700 or email me at Lmutsko@mutskoinsurance.com.

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Highlights of the latest exercise guidelines

Since 2008, the Physical Activity Guidelines have been a vital resource for health professionals and policy makers, serving as a foundation for physical activity and education programs. These guidelines, established and periodically adjusted by the Office of Disease Prevention and Health Promotion, include recommendations for individuals ages three and over. A full breakdown of the latest guidelines can be found at Health.gov, but the following are some highlights pertaining to various groups.

• **Preschool-aged children:** The ODPHP notes that children between

the ages of three and five should be physically active throughout the day to enhance their growth and development. Caregivers are urged to encourage active play that includes activities of various types.

• **Children and adolescents:** Children between the ages of six and 17 should engage in 60 minutes or more per day of moderate-to-vigorous aerobic physical activity. Kids in this age group also should engage in vigorous-intensity physical activity at least three days per week. Regimens also should include muscle-strengthening activities and

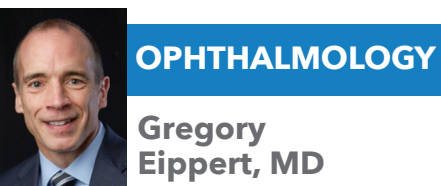
bone-strengthening activities at least three days per week.

• **Adults:** The ODPHP urges adults to sit less and move more. The most substantial health benefits can be gained by engaging in at least 150 minutes to 300 minutes a week of moderate-intensity or between 75 minutes and 150 minutes of vigorous-intensity aerobic activity each week. Any equivalent combination of the two can suffice as well. Muscle-strengthening activities also should be part of adults' fitness regimens. These activities should help to strengthen all the major muscle groups, and adults should aspire to engage in them at least two days per week.

• **Older adults:** Older adults who can still follow the guidelines designed for younger adults can continue to do so. But the ODPHP recommends that older adults also incorporate multicomponent physical activity in their workout regimens. This can include balance training to complement aerobic and muscle-strengthening activities. Older adults also are urged to discuss with their physicians how any chronic conditions they may have can affect their ability to safely engage in physical activity.

The Physical Activity Guidelines can serve as a useful resource for people of all ages as they look to live a healthy lifestyle.

Health Focus



OPHTHALMOLOGY

Gregory Eippert, MD

Q: How exactly do our eyes work?

A: All the different parts of your eyes work together to help you see.

First, light passes through the cornea (the clear front layer of the eye). The cornea is shaped like a dome and bends light to help the eye focus. Some of this light enters the eye through an opening called the pupil. The iris (the colored part of the eye) controls how much light the pupil lets in.

Next, light passes through the lens (a clear inner part of the eye). The lens works together with the cornea to focus light correctly on the retina. When light hits the retina (a light-sensitive layer of tissue at the back of the eye), special cells called photoreceptors turn the light into electrical signals. These electrical signals travel from the retina through the optic nerve to the brain. Then the brain turns the signals into the images you see.

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).

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.

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INSURANCE

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Q: I will be traveling throughout Europe this summer. Are there any rules for bringing my prescription medications with me?

A: The rules for bringing prescription medications with you as you travel throughout Europe will vary depending on the countries you are visiting. Some medicines commonly available in the United State by prescription or over the counter may be considered controlled substances in other countries. Because rules vary by country, there can be consequences if you inadvertently violate the laws.

Before you travel, check with your destination country's embassy and the embassies of countries where you have layovers to make sure your medicines are permitted. Many countries allow a 30-day supply of certain medicines, but also require the traveler to carry a prescription or a medical certificate from their health care provider. Travel experts recommend you keep all medicines in their original containers clearly labeled with your full name, health care provider's name, generic and brand name, and exact dosage.

If your medicine is not allowed at your destination, talk with your health care provider about alternatives. Also, ask them to write a letter describing your condition and the treatment plan. If you are taking a narcotic or controlled substance, you should check with the International Narcotics Control Board website that provides general information about narcotics and controlled substances for travelers. The INCB makes every effort to work with international governments to have the latest information available.

Prepare a travel health kit. In your kit, include your prescriptions and over-the-counter medicines and pack enough medications to last your entire trip, plus extra in case of travel delays. Keep this kit in your carry-on luggage.

Use your smart phone to help with your medications. Download an app where you can keep a list of all your medications and dosage amounts should you need to provide this info to medical personnel.

If you need a prescription refill while you are outside the U.S., know that some medications might not be available. Foreign brands may have different doses and some meds may be illegal. If you have concerns, contact your doctor at

home to find out whether you can use a substitute medication until you get home.

If you would like more information on insurance, including Travel Insurance, Life, Health, Medicare products, Vision, Dental and more call 440-255-5700 or email me at Lmutsko@mutskoinsurance.com for help today!

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DENTAL CARE

**Jeffrey Gross,
DDS, FAGD**

Q: I'm Leaving for Europe and Need Help

A: Let me start by saying that I have not moved to the travel agent industry. My new patient's question focused on her teeth and their condition. She planned a trip to see her sister in Germany, with some stops in Croatia. Frankly, she was embarrassed about her appearance. I examined her teeth and found that she did not have many back teeth, which was obvious when viewed from the side. The teeth that were still present were discolored and covered with brown and hard accumulations of plaque.

Typically, when I see someone in this situation, there is another obvious component that is not visual. Another of the five senses comes into play when teeth are covered with brown debris. That sense is the one of smell. When teeth are not clean and have not been professionally cleaned, there is a noticeable odor or bad breath that is apparent. Dentists are very aware of this odor, but most patients are not. The lack of recognition of the odor is probably due to the slow onset of that smell that the person becomes accustomed to, and it seems natural to him or her.

The odor accompanies gum damage which medically is called periodontal disease. The tissues around the teeth, which are the gums and bone, are diseased. The result is loose teeth, infection, and, finally, the loss of those teeth. A patient without end-stage gum disease can be "fixed" and return

to a state of health. The odor will disappear with that return to health, and freshness will replace it.

Unfortunately, our patient was beyond a fix that did not involve the loss of her teeth. When talking to her, she had two concerns: the first one involved timing and her trip to visit her sister overseas. The second one is more common and centers around how long the patient will be toothless.

She felt better when I told her she should not worry about either concern. I recommended that we use a technique that allows me to deliver her denture on the day she loses her front teeth. She will never be without a smile; frankly, her new smile will immensely improve her current situation. We chose a new color to balance her general complexion and hair color. We try never to make teeth that stand out and are the focus of a person's appearance. We strive for a natural look that blends but never draws undue attention. Nothing is more beautiful than a natural look.

In terms of her trip, I use digital techniques to get her new teeth made in less than two weeks which will meet with her schedule. The timing also lets us work out any issues before she boarded the plane so her adaptation to the new teeth happens more gradually.

One of the last things we discussed was the ability to wear her dentures, and she asked me about dental implants. I told her we would let her heal, and then I could add implants to her denture if needed. She did not need a new denture if she added implants to her mouth. That fact is great news as I save her time and money if we go that route.

My new patient was anxious about her upcoming trip and my ability to meet her goals. She felt better after talking and seeing what was possible. If you have any of these concerns regarding your mouth, please call Nikki to make an appointment to talk to me. We can discuss opportunities and solutions for you. As always, I look forward to meeting you.

Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.

The Healthy Smile

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Should carbs be avoided at night?

Many people are familiar with the notion that avoiding carbs at night can ensure they are not ultimately stored as fat. But is that perception the truth, a half-truth or a complete fabrication? As popular as the "no carbs at night" approach may be, it's not entirely accurate. In fact, the Institute of Nutrition and Fitness Sciences notes that consuming carbohydrates at night can help to improve sleep by corraling the hormone cortisol, which the body produces in response to stress. If that hormone is not controlled at night, individuals may experience difficulty

falling asleep. That's potentially harmful, especially for individuals who are hoping to lose weight through exercise. A good night's rest ensures the body has ample time to repair itself and recover. Without that recovery time, individuals may be more vulnerable to injuries that can compromise their efforts to get healthier. The INFS also notes that carbohydrates also serve as energy sources that help the body to build muscles and burn fat, so avoiding carbs entirely also could make it hard for individuals to achieve their health and fitness goals.

Despite the many ways carbs help the body, the notion that it's best to avoid them at night is not entirely inaccurate. However, rather than avoiding carbs at night, the INFS recommends individuals avoid excessive consumption of carbs. Excessive consumption of any food can compromise efforts to eat healthier, and carbs are no exception to that rule. But loading up on carbs at night can make the scale an uninviting place in the morning. That's because carbs have a tendency to retain water, which the INFS indicates can lead to an increase in body weight.



Carbs perform a host of important functions in the body and play a vital role in helping people achieve their fitness goals. Though carbs need not be avoided at night, individuals should avoid overdoing it with carbs at the dinner table.

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 health insurance that does not come close to fitting their needs. Some purchased a plan before they realized that all of them do not provide the same coverage. Some were confused by a fast-talking salesperson. 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. In most plans, you will have a network of preferred providers – doctors, hospitals and other health care professionals who agree to accept the plan's coverage. If you enroll in a plan that does not cover your preferred health care 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 doctors or specialists.

Did the salesperson ask about the medications you are taking?

Not all health care 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, a salesperson calling you out of the blue and making fantastic claims is a red flag. My advice? Hang up the phone when you receive a call like this.

Who should 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 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. There is never a charge for my services. I will do my best to help you find health care coverage that's right for you.

Laura Mutsko
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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://www.Medicare.gov) or 1-800-MEDICARE to get information on all of your options.



DENTAL CARE

Jeffrey Gross,
DDS, FAGD

Q: My Friend Had Her Front Teeth Fixed, and They Look Fake!

A: A question regarding looking more natural usually follows that statement. Every time I begin a case involving front teeth, whether it involves caps, also known as crowns, dentures, or partial dentures, this question is asked of me. In my years of practice, I have worked to create an individualized look for front teeth. Years ago, the choices for that were limited by the materials and techniques that we have. Dare I say today that we have more than anyone ever imagined, even 20 years ago.

Today, I will focus on dental crowns and their details. Dental ceramics, coupled with computer technology, has drastically changed the types of solutions that I can offer to the patient. For over 100 years, we fixed teeth with variations of procedures that stemmed from metal crowns. We dressed them up and made them look good. At least as good as we could when trying to cover metal. Dentistry has worked hard to find non-metal alternatives to fix and replace teeth. We are finally getting there.

For example, we can make an all-ceramic crown that mimics and echo the subtlety of the natural colors and shades or a real tooth. We can do this via various computer programs which design, plan, and even create the final crown. The fit is precise and quite affordable compared to some of the porcelain-metal materials with a lot of precious metal. These crowns were always at the whim of the gold and silver market and fluctuated quite a bit.

Dental laboratories jumped on the digital bandwagon far earlier than dentists. We have caught up with customized cameras that we call scanners. The detail and exactness when using these devices go beyond anyone's expectations. In the past, I relied on my lab technician to determine the appearance of a crown and how it related to the gumline at the edge of the crown. With digital scanners, those days are gone in my office. There isn't a crown that goes to the lab without me spending time fine-tuning the details. These details were left to the laboratory in years past. Now

they are determined by me as I can see the whole patient and his mouth. This view is something that labs lack and, in cosmetic cases, can greatly impact the final result.

Another beautiful feature is that many of these ceramic crowns can be bonded to a tooth. This means we do less to the tooth than we used to do for other materials. A chemical tooth bond translates into more conservative dentistry, which is always better for you, the patient. So if you have wondered whether you could or wish to change your smile to something attractive and natural, please call me for a complimentary consultation. I will try to advise you in a direction that will create an esthetic result and a Healthy Smile for you. If you have any concerns regarding your mouth, please call Nikki at 440.951.7856 to make an appointment to talk together. We can discuss opportunities and solutions for you. As always, I look forward to meeting you and wishing everyone a meaningful Memorial Day.

Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: What is the difference between nearsighted and farsightedness? Is it the same in both eyes? Can it be helped with glasses or contact lenses? How does it affect cataract surgery?

A: Nearsightedness and farsightedness are two very common vision conditions referred to as refractive errors; a problem with how the eye focuses light. Normally, as light enters the eye, it is focused directly onto the retina, the light sensitive portion at the back of the eye. A person with normal vision can see objects clearly at both near and distance.

When a person is nearsighted, or myopic, the light rays entering the eye focus in front of the retina because the eye is too long. As a result, this person sees better at near

and distance objects are blurry. Nearsightedness often develops during childhood, worsens during adolescence, and stabilizes during young adulthood.

When a person is farsighted, or hyperopic, the light rays entering the eye focus behind the retina because the eye is too short. As a result, this person generally sees better at distance and near objects are blurry. When there is a high amount of hyperopia, objects at all distances will appear blurry. Children are usually born farsighted and this decreases with age.

Generally, both eyes are the same, nearsighted or farsighted. While unusual, there is a condition called anisometropia where one eye is nearsighted, and one eye is farsighted or there is just a large difference in the prescription between the two eyes.

Your eye doctor can diagnose and assess your refractive error during a comprehensive eye exam using various instruments to measure how your eye focuses light and your overall visual acuity. These refractive errors can be treated with corrective eyeglasses or contact lenses. The lenses work by refracting or changing the way light rays bend into the eyes. In many cases, these conditions stabilize once people are in their twenties.

Your eye doctor can also answer your questions about these conditions and help determine and recommend the best treatment option whether that is prescription glasses, contact lenses, or refractive surgery such as LASIK or PRK. When there is a stable eyeglass or contact lens prescription, LASIK and PRK are two surgical procedures that can permanently correct myopia or hyperopia by reshaping the cornea so that light focuses directly on the retina which can eliminate the need for eyeglasses or contact lenses.

When it is time for cataract surgery, there are a wide variety of replacement lenses to choose from including multifocal and toric lenses along with additional high precision laser technology that together can provide customized options for enhanced and optimized visual outcomes.

As with any eye condition, early diagnosis along with regular eye exams will help to determine the proper treatment for your eyes so that you can have the best potential for clear vision.

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Hydrating is key in summer heat

Summer is a season to enjoy some fun in the sun, but it's imperative that people remember to take steps to reduce their risk for heat illness. Those measures should include efforts to hydrate and remain hydrated throughout the day. The Centers for Disease Control and Prevention report that water will almost always help people remain hydrated even when they're working in the heat. But food also plays a vital role in preventing heat illness, as the CDC notes eating regular meals can help

to replace the salt lost through sweat. It's also important that individuals avoid energy drinks and alcohol when spending time in the hot summer sun. Many energy drinks contain more caffeine than standard servings of coffee, tea and soft drinks, and excessive caffeine consumption can contribute to dehydration. The same can be said for alcohol, and the CDC reports that consuming



alcohol within 24 hours of working in the heat can increase the risk of heat illness.