



MyTru Advantage

Wellness Quarterly

Fall 2024



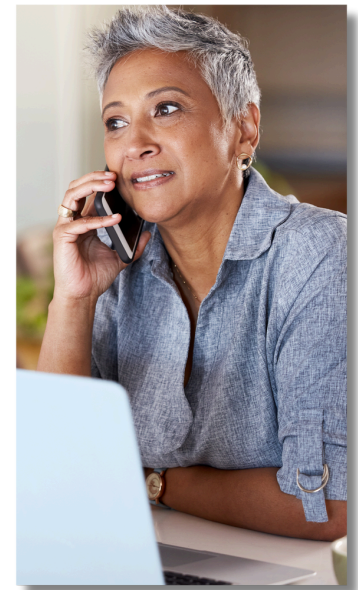
Phone Safety

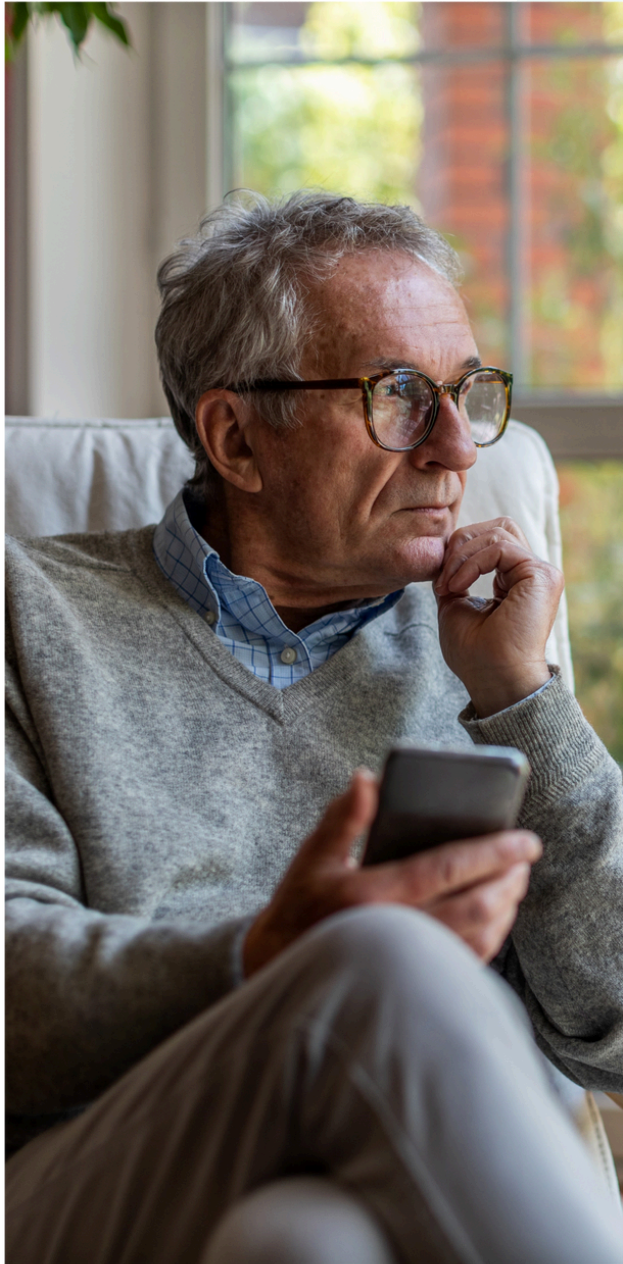
Medicare call scams - be aware!

MyTruAdvantage may attempt to reach you by phone from time to time. Be aware that bad actors can “spoof” phone numbers to make your caller ID show phone numbers they may not actually be calling from. Our calls will always come from a real person on our Indiana-based team. If you’re ever suspicious about a caller claiming to be from MyTruAdvantage, feel free to hang up and call us back to verify. We can be reached at 844-425-4280 (this is the same phone number that’s listed on your member ID card).

We do our best to not call you too often. Here are some reasons that you might receive a call from MyTruAdvantage:

- We’re calling after enrollment to welcome you to the plan.
- We need to verify information you submitted to us.
- We need to provide you with updated benefit information.
- We’re calling regarding Case or Disease Management services.
- We’re calling to inquire if your Annual Notice of Change was received.
- You reached out to us, and we’re returning your call.





Here are some steps you can take to protect yourself from potential scam calls and fraud, as recommended by Medicare and the Federal Communications Commission (FCC):

- Don't answer calls from unknown numbers.
- If you answer a call and the caller isn't who you expected, hang up immediately.
- Never give personal information, such as your Medicare number, Social Security number, mother's maiden names, passwords, or other identifying information, to an unexpected caller.
- If someone asks you for your information, for money, or threatens to cancel your health benefits if you don't share your personal details, hang up and call 1-800-MEDICARE (1-800-633-4227) or visit [medicare.gov](https://www.medicare.gov).
- Use caution if you are being pressured for information immediately.

Bone Density Testing

What is a bone density scan?

A bone mineral density scan is done to check for weakening bones. It is often called a DEXA or DXA scan. A DXA scan tells doctors how dense the bones are and can identify the risk for fractures or further bone loss. The most common and accurate parts of the body to be scanned are the spine, hips, and wrist.

There are 2 levels of bone loss:

- **Osteopenia** - the beginning of bone density loss. This is the earliest stage of weakening bones.
- **Osteoporosis** - more severe bone density loss. Bones become brittle and fragile. Broken bones from even minor falls are more likely to occur.



Who should get a bone density scan?

The U.S. Preventative Task Force recommends all women over 65 years old and those under 65 at high risk should have the test. Some factors that put you at high risk are:



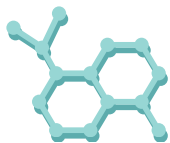
Losing 1.5 or more inches in height.



Having had a fragility fracture. This is a bone that breaks more easily than it should. Example: breaking a bone from coughing or sneezing.



Taking specific medications that cause the bone-rebuilding process to slow down. Example: long-term use of steroids such as Prednisone.



Experiencing a drop in hormone levels, such as at menopause or with some cancer treatments.

What do I do to prepare?

- According to the Mayo Clinic, if you take calcium supplements, stop taking them for at least 24 hours before the scan.
- Wear comfortable clothing free of metal, such as zippers, grommets, or metal buttons. This is especially important for any pants you wear. Keep in mind, some testing centers may have you change into a gown, so this step isn't as important.



What happens during the test?

- You will lie down on a platform, and the arm of the machine will be brought over the body part to be scanned. You may have to change positions part way through, depending on the testing center.
- There are no needles involved, and the test is completely non-invasive.
- The length of the test varies. It is common for density scans to take 10-30 minutes.

Results - What do the numbers mean?

Your doctor will explain your results to you. The test has 2 different scores (T-score and Z-score). The T-score compares your bones' density to the expected values for a healthy young adult of the same sex. The Z-Score compares your bones to what is normal for someone your age, sex, weight, and race.

T-Score is the one you hear about the most. The numbers mean:

- -1 or below: bone density is normal.
- Between -1 and -2.5: this range indicates osteopenia (density is below normal but not yet osteoporosis.)
- -2.5 or below: indicates osteoporosis or weak bones.

Sources:

- <https://www.mayoclinic.org/tests-procedures/bone-density-test/about/pac-20385273>
- <https://familydoctor.org/condition/osteopenia/#:~:text=The%20lower%20your%20score%2C%20the,have%20a%20bone%20density%20test>

Advance Directives

What is an advance directive?

An advance directive is a crucial legal document that outlines your preferences for medical care in case you're unable to communicate them yourself, such as during a severe injury, coma, or end-of-life situation. It can consist of several parts, but you don't need all components to have an effective advance directive.

The main parts include:

- A Living Will: This document specifies the treatments you do or don't want. For instance, you may choose to allow a feeding tube but not a ventilator.
- Medical Power of Attorney: This assigns someone—often a loved one or close friend—to make healthcare decisions on your behalf when you're unable to. This person should be aware of and respect your wishes.
- Healthcare Instructions: These provide more detailed directives than a living will, including specific instructions like a "Do Not Resuscitate" (DNR) order, organ donation preferences, or other special requests you want healthcare providers to follow.

Having any or all of these components ensures your wishes are respected even if you cannot voice them.

How are advance directives made?

Start by talking with your family and primary care provider about your wishes. Then, fill out the correct advance directive forms for your state. Some states require notarization, but you usually don't need a lawyer unless you have legal questions. Forms can be found through the American Bar Association, AARP, or the National Hospice and Palliative Care Organization.

Review your advance directive regularly or when your health changes. If you update it, give copies to your healthcare providers, medical power of attorney, and family.

Why do providers ask about advance directives?

It's important for your healthcare providers to know if you have an advance directive so they can follow your wishes. Make sure all your providers have a copy, and bring one with you if you're hospitalized so the hospital is aware when making care decisions.

Advance directives aren't just for end-of-life situations—anyone can have one. They ensure your wishes are honored if you're unable to speak for yourself, so it's wise to complete the forms before you need them.

Sources:

- <https://www.hopkinsmedicine.org/patient-care/patients-visitors/advance-directives>
- <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303>

Preventing Falls

No one plans on falling and getting injured, but the potential for falling increases as we age. The good news is that you can reduce your risk of falling and injury (and possible hospitalization and disability) by being aware of common causes of falls and following a few simple steps to prevent them from happening.

Common Causes of Falls:

Medical Causes

- Conditions that affect balance: diabetes, heart disease, low blood pressure, neuropathy
- Medications that cause dizziness or sleepiness
- Orthostatic hypotension: Brief dizziness when sitting or standing
- Lack of physical activity

Environmental Causes

- Low lighting
- Loose throw rugs
- Extension cords across floors
- Slippery showers and tubs
- Ice on sidewalk and driveway
- Stairs

Personal Health Causes

- Poor eyesight & hearing loss
- Decreased reflexes and muscle weakness
- Gait or foot problems that affect balance
- Unsafe shoes: poor fit, high heel, raised or loose sole
- Confusion in unfamiliar environments

Steps you can take to prevent falls:



- Stay physically active.
- Take a few minutes before getting out of bed and stand up slowly.
- Limit amount of alcohol you drink.
- Use assistive devices when walking. (canes, walkers)
- Wear socks or slippers with rubber soles on stairs and non-carpeted floors.
- Avoid or use caution on slippery surfaces.
- Get enough sleep.
- Wear well fitting shoes and replace when worn.
- Let your provider know if a fall happens, even if no injury occurred
- Ask your provider about physical therapy for improving muscle strength and balance and using assistive devices.
- Get regular eye & hearing checks.
- Know your medication side effects.
- Complete the Home Safety Checklist on page 12.

Sources:

- <https://ncoa.org/article/debunking-the-myths-of-older-adult-falls>
- <https://www.ncoa.org/article/6-falls-prevention-steps-to-help-your-older-loved-ones>

Home Safety Checklist:

Walk through your home to see what safety changes you need to make to remain safely in your home for as long as possible.

Bathroom	Kitchen	Bedroom	Halls and Stairways	General	Outdoor
<input type="checkbox"/> Install grab bars in the showers and tubs and by toilets.	<input type="checkbox"/> Have smoke detectors installed with new batteries. It's best to change them when the time changes in the spring and fall.	<input type="checkbox"/> Keep a lamp close to the bed where you can easily reach it.	<input type="checkbox"/> Install handrails on both sides of hallways and stairways.	<input type="checkbox"/> Attach area rugs with non-slip pads or carpet tape.	<input type="checkbox"/> Check that entry lighting works and is adequate along sidewalks and near doorways.
<input type="checkbox"/> Use bath seating or shower stools.	<input type="checkbox"/> Make sure a fire extinguisher is easily accessible.	<input type="checkbox"/> Keep a flashlight next to the bed in case of a power outage.	<input type="checkbox"/> Attach non-slip treads on stairs.	<input type="checkbox"/> Remove tripping hazards such as extension cords.	<input type="checkbox"/> Install sturdy railings on steps and decks.
<input type="checkbox"/> Install non-slip mats in tubs and toilet seat risers on toilets.	<input type="checkbox"/> Keep the things you use the most on lower shelves.	<input type="checkbox"/> Keep phone and charger within reach.	<input type="checkbox"/> Turn on lights to see where you are going.	<input type="checkbox"/> Clear clutter and furniture from pathways.	<input type="checkbox"/> Make sure steps, porches and decks are in good condition.
<input type="checkbox"/> Remove clutter or debris on floor to reduce the chance of trips and falls.	<input type="checkbox"/> Clean spills as soon as they occur.	<input type="checkbox"/> If the bed is difficult to get out of, add a bed rail to make it easier.	<input type="checkbox"/> Install light switches at top and bottom of stairs.	<input type="checkbox"/> Position gas and electric heaters in areas where they cannot be easily knocked over and are properly ventilated.	
<input type="checkbox"/> Install a nightlight.		<input type="checkbox"/> Install a nightlight.	<input type="checkbox"/> Place non-skid rugs or carpet runners on hard flooring in halls.		

Sources:

- <https://www.ncoa.org/adviser/sleep/home-safety-older-adults/>
- <https://www.cdc.gov/steady/pdf/steady-brochure-checkforsafety-508.pdf>

Mental Health in Older Adults

While moments of sadness, worry, and stress can be an occasional part of life, mental illness is not a normal part of aging.

Depression and anxiety occur more often than other mental health diagnoses. Experiencing depression or anxiety can make you feel out of control. You do not have to deal with these feelings alone. While reaching out to a health care provider is recommended, know that there are other resources available.

Consider talking with someone you trust and let them know how much you are struggling. Possible examples include a close friend, family member, or spiritual leader.

Sources:

<https://www.nimh.nih.gov/health/topics/older-adults-and-mental-health>
<https://medlineplus.gov/olderadultmentalhealth.html>
<https://mhanational.org/depression-older-adults>
<https://www.mhanational.org/anxiety-older-adults>
<https://www.ncoa.org/article/anxiety-and-older-adults-a-guide-to-getting-the-relief-you-need>



Depression:

The CDC states that “estimates of major depression in older people living in the community range from less than 1% to 5%”. When older people require home health care, that goes up to 13.5%. Older adults in the hospital experience depression at 11.5%.



A few symptoms of depression include:

- Losing interest or enjoyment in activities
- Not sleeping normally/loss of energy
- Losing or gaining weight when not trying
- Problems maintaining concentration
- Difficulty making decisions
- Feeling worthless

There are many risk factors that can contribute to depression, including chronic medical conditions (especially those that include disability or physical decline), chronic pain, hearing or vision loss, and repeated falls. Loneliness from the loss of loved ones and friends also contributes.

If you find yourself having feelings of depression, talk to your primary healthcare provider. Treatment for depression is available. Both medications and therapy can help.

Anxiety:

According to the National Council on Aging, nearly 4% of older adults experience anxiety. Anxiety is defined as chronic excessive worry and/or always expecting the worst about life situations.

Symptoms of anxiety can include:



Fatigue



Muscle Tightness



Nausea



Shakiness



Gastrointestinal Problems



Headache



There are many risk factors that can contribute to anxiety, including chronic medical conditions, general feelings of poor health, physical disabilities, sleep disturbances, medication side effects, and mixing or abusing alcohol and prescription medications.

If you have any symptoms or are concerned you may have anxiety, talk to your primary care provider. There is treatment for anxiety, including counseling and medications.

If you experience a mental health emergency, call or text the Suicide and Crisis Healthline at 988, or go to the nearest emergency room.



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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.425.4280 (TTY: 711) Y0150_4041_MC0442_C