

HMO

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Medicare HMO patients, since they aren't sufficiently reimbursed for their services. Without enough doctors and hospitals providing care, an HMO cannot service its members.

To compensate for the funding shortfall, premiums for seniors retaining Medicare HMO coverage are expected to spike while benefits dwindle in the coming year. Even seniors with Medigap policies will be affected. Medigap policies A through J, for instance, have minimum standard benefit packages, and the H, I and J plans covering prescriptions have annual drug caps ranging from \$1,250 to \$2,000.

Help available

For the 30 million Americans with Chronic Obstruction Pulmonary Disease — such as asthma, emphysema or cystic fibrosis, collectively the fourth leading cause of death in the United States — help is available. Geriatric Services of America, based in Tempe, Ariz., provides direct help and support to older Americans suffering from COPD. Through its Respiratory Disease Control Program, GSA provides access to a comprehensive range of special medication benefits, as well as support and homecare services, which eliminates out-of-pocket expenses for patients with primary or supplemental insurance coverage.

Through GSA's patient support center, nebulizers and respiratory medication are provided and paid for with free home delivery. GSA handles all paperwork, and clinical patient-care coordinators work with doctors and insurance companies once a patient has enrolled in the Respiratory Disease Control Program.

Patients can enroll themselves in the program; there is nothing to buy and no enrollment or membership fees.

Provider support

Currently, Medicare, AARP, Blue Cross, Blue Shield and over 180 other insurers have special benefits for patients with respiratory disease. GSA provides access to these benefits and coordinates all elements of care to help patients, doctors and insurance companies combat respiratory disease.

For more information about GSA, write to 4812 South Mill Ave., Tempe, AZ 85282; call 1-800-307-8048; fax 1-800-346-2425; or e-mail Gary Rheault directly at grheault@geriatric-services.com.

Minimize your risk for winter

colds, flu and pneumonia

Every year, millions of Americans suffer through the winter months with the runny nose, sore throat, fever and body aches of the common cold — or, is it the flu? What if it has progressed to pneumonia? Understanding the differences among these three common illnesses is the first step in treating them appropriately and taking steps to minimize or even avoid succumbing to colds, flu and pneumonia.

According to Dr. Yxeong Kwok, clinical assistant professor, U-M Department of Internal Medicine, the viruses that cause colds are many — at least 200 — but there is only one flu virus, called the influenza virus.

Is it just a cold?

Colds are generally not very serious. They last from three to seven days and include coughing, a runny nose, sneezing, body aches and possibly a fever.

Kwok says treatment for a cold amounts to following your grandmother's advice.

"Get plenty of rest, drink hot liquids, eat chicken soup, gargle with warm salt water and take an over-the-counter cold remedy such as a decongestant or nasal spray," he says. "At least one study has shown that taking zinc lozenges can reduce cold symptoms from six days down to three days. Evidence is preliminary, but you might want to consider adding zinc lozenges to the treatment."

Distinguishing between a cold and the flu isn't always easy.

"Someone with a severe cold could actually be more sick than someone with a mild case of the flu, so it is sometimes difficult to tell them apart. What we generally use to tell them apart is whether or not there is a local flu outbreak at the time," Kwok says.

One way to minimize the risk of flu is to get an annual flu shot.

"Currently, the Centers for Disease Control recommends the vaccine for anyone over 50. Anyone who is in a high risk group regardless of their age should consider having their vaccine, and anyone who just doesn't want to get the flu should also think about the flu vaccine," he says.

Why do I need a flu shot every year?

There are as many as 20 different strains of the flu virus in circulation around the world at any one time, and these are divided into A, B and C classes. New strains of flu emerge regularly, with some established strains seeming to die out.

Because of this variability, scientists focus on an annual vaccine.

Since the flu vaccine can only hold protection for three or four strains, U.S. experts monitor the types and severity of flu occurring elsewhere and make a prediction of what is going to be most common in the United States. Then the flu vaccine is formulated based on this prediction.

Because there are new flu viruses emerging periodically, this cycle of predicting the upcoming flu season and creating the vaccine most likely to match the worst flu bugs takes place annually.

Contact your physician regarding Baycol prescription

(NUE) - If you are one of the many Americans who have prescribed Baycol (cerivastatin) - a cholesterol-lowering medicine manufactured by Bayer Pharmaceutical Co. - you are at risk of suffering a life-threatening condition called rhabdomyolysis. That means you should stop taking it, but contact your doctor to get an alternative medicine for reducing cholesterol levels if you haven't already.

On Aug. 8, Bayer pulled Baycol from the shelves because of muscle destruction linked to 31 U.S. deaths and at least nine more fatalities. It is the 12th prescription drug to be taken off the U.S. market because of dangerous side effects since 1997 - the year it made its debut.

Rhabdomyolysis is a type of muscle tissue deterioration. Symptoms are severe muscle pain - in the calves and lower back or generalized throughout the body - weakness, tenderness, fever, dark urine, nausea and vomiting. If you experience any of these signs, see a physician. Occasionally rhabdomyolysis is so severe that patients develop potentially fatal kidney failure.

Most at risk from Baycol are elderly patients, those people who use higher doses and anyone who uses Baycol together with gemfibrozil. In 12 of the U.S. deaths, patients were taking both drugs.

On Aug. 8, Bayer, working with the Food and Drug Administration, announced it was stopping the sales of Baycol in every country except Japan. In Japan, Baycol is sold in lower doses and gemfibrozil is not on the Japanese market.

Despite Bayer's contraindications in the Baycol product prescribing information against co-use with gemfibrozil and its letters issued to health care professionals, the company received reports of the two drugs being co-prescribed and thus voluntarily discontinued the marketing of Baycol.

Baycol is part of a popular family of drugs called statins which dramatically lower cholesterol and reduce patients' risks of heart attack. Statins block an enzyme that creates cholesterol.

There are five alternative statins to Baycol. While all statins have been associated with very rare reports of rhabdomyolysis, cases of fatal rhabdomyolysis in association with the use of Baycol have been reported significantly more than for other approved statins, according to the FDA.

The FDA spent 11 months reviewing Baycol before approving it in 1997. The FDA sped up drug approvals during the 1990s due to political pressure, but Baycol was not a "fast-track drug."

If you have suffered from or been treated for rhabdomyolysis or kidney injury since taking Baycol, you may be eligible to file a legal claim against the manufacturer. Simply contact Weitz & Luxenberg, a 51-lawyer firm located in New York City that specializes in mass torts and product liability litigation, by calling (800) 476-6070.

The firm's attorneys are assisted by a team of paralegals and document clerks with experience assessing the severity of medical injuries from defective drugs and other medical products. To learn more, log on to www.mass torts.com.

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