

PSORIATIC ARTHRITIS NEWS AND VIEWS

VOLUME- 4 ISSUE- 17

November 30, 2004

PSORIATIC ARTHRITIS MEDICAL NEWS

BEE VENOM MAY SOOTHE RHEUMATOID ARTHRITIS

Blocks genes that cause tissue swelling, study says

By Janice Billingsley - HealthDay Reporter

(HealthDayNews) -- While bee venom has been touted for many years as an analgesic for arthritis sufferers, a new study has discovered just how it might work to make people feel better.

In animal studies conducted last year, doctors in South Korea found that melittin, the principal peptide in bee venom, blocks the expression of inflammatory genes that can cause painful tissue swelling in rheumatoid arthritis patients.

"The potency of melittin in the inhibition of the inflammatory response may be of great benefit in degenerative and inflammatory diseases such as rheumatoid arthritis," the authors wrote in their study, which appears in the November issue of *Arthritis and Rheumatism*.

For the study, researchers first studied rats treated to induce inflammatory arthritis. For rats with advanced rheumatoid arthritis, low doses of bee venom dramatically reduced tissue swelling as well as abnormal bony growth caused by the disease.

Next, researchers tested the anti-inflammatory effects of melittin on human synovial cells of arthritis patients. Synovial cells are those that line the joints, and which are vulnerable to inflammation among arthritis sufferers.

They found the melittin blocked the expression of the genes that cause the inflammation and pain suffered by arthritis patients. The melittin worked in a similar way to a class of drugs called cox-2 inhibitors, which are now used to treat rheumatoid arthritis and reduce inflammation, the scientists wrote.

The melittin also reduced the amount of nitric oxide in the synovial cells, the researchers found. This has potential palliative effects as well, because there is evidence that tissues affected by inflammatory arthritis produce large amounts of nitric oxide.

"Although further study is needed for determination of an effective dose, our data show that the anti-arthritic effects of bee venom are related to its anti-inflammatory effects," the authors wrote.

"This is an interesting study. The authors are claiming that bee venom actually causes a reduction in inflammatory response, which is counterintuitive, because a bee sting causes severe local inflammation, with swelling and edema," said Raymond Dingleline, chairman of the department of pharmacology at

Atlanta's Emory School of Medicine.

Dingledine said it has been thought that the reason bee venom, which has been a folk medicine for arthritis for a long time, might have a soothing effect on arthritis is because when stung by a bee, the body produces cortisone to fight the local inflammation, and it was thought that the increase in cortisone could be easing the swelling of other tissue affected by arthritis.

But he said there haven't been controlled clinical trials to determine whether there really is a benefit, for the very practical reason that bee stings "hurt like crazy" and a study would have to create a placebo that would be equally painful.

Also, he added, there are other medications for arthritis (like nonsteroidal anti-inflammatory drugs), as well as surgery, exercise and diet.

"However, there are people for whom standard treatments don't work, and this is a new idea for how bee venom might have anti-inflammatory advantages," he said.

Rheumatoid arthritis, a chronic disease and potentially debilitating disease mainly characterized by inflammation of the lining of the joints, affects approximately 2.1 million people in the United States, primarily women, according to the Arthritis Foundation.

SOURCES: Raymond Dingledine, Ph.D., chairman, Department of Pharmacology, Emory School of Medicine, Atlanta; November 2004 Arthritis & Rheumatism Copyright © 2004 ScoutNews LLC. All rights reserved.

DRUG COMBO BETTER FOR RHEUMATOID ARTHRITIS

Two medications better than one, researchers say
The Associated Press

LONDON - Combining a new drug with the standard initial treatment for rheumatoid arthritis seems to work better than using either medicine alone, research indicates.

About 1 percent of people have rheumatoid arthritis, a crippling disease in which the immune system goes awry and attacks the joints.

For nearly two decades, the standard drug against the disease has been methotrexate, originally developed to fight cancer. But two out of three patients don't respond well to it.

Enbrel targets inflammation-causing protein

The newer drug, Enbrel, belongs to a class of medicines that target an inflammation-causing protein called tumor necrosis factor, or TNF. Such drugs have helped people who have not benefited from methotrexate.

The new study, outlined this week in The Lancet medical journal, investigated for the first time whether giving both drugs from the onset would be better than using one alone. Conducted by experts at the Karolinska Institute in

Stockholm, Sweden, it involved 682 patients who were given either one of the two drugs or both.

A year after treatment began, 35 percent of the patients in the combination group were in remission, compared with 13 percent of those on methotrexate alone and 16 percent of those on Enbrel alone.

There was no further deterioration of joints in 80 percent of patients on combination treatment, compared with 68 percent on methotrexate and 57 percent on Enbrel alone.

Dr. Armin Schnabel of the Rheumatology and Immunology Clinic in Bad Wildbad, Germany, said that although the results show the combination treatment is better, therapy for rheumatoid arthritis remains imperfect.

“Efficacy can be enhanced by combining (Enbrel) and methotrexate from the beginning, but even the combination leaves a sizable number of patients with active inflammation,” said Schnabel, who was not connected with the research.

The Lancet study involved people who had suffered from the disease for a long time. Perhaps aggressive combination treatment early in the course of the disease could make a big difference in switching off the destruction caused by inflammation, he said. The study was funded by Wyeth, the company that makes Enbrel.

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REMICADE IN EUROPE

Europe Recommends Approval of Remicade (Infliximab) for Treatment of Psoriatic Arthritis

(My thanks once again to our roving reporter from the United Kingdom - Michael Szczygiel.)

KENILWORTH, NJ -- August 2, 2004 -- Schering-Plough Corporation announced that the Committee for Medicinal Products for Human Use (CHMP) of the European Agency for the Evaluation of Medicinal Products (EMA) has issued a positive opinion recommending approval of expanded labeling for Remicade(r) (infliximab), in combination with methotrexate, for treatment of active and progressive psoriatic arthritis (PsA) in patients who have responded inadequately to disease modifying anti-rheumatic drugs (DMARDs). Psoriatic arthritis is a chronic autoimmune inflammatory condition involving the joints and the skin.

The positive opinion for Remicade as a treatment for PsA is primarily based on data from IMPACT (Infliximab Multinational Psoriatic Arthritis Controlled Trial)(1), a randomized, double-blind, placebo-controlled study involving 104 patients with active PsA who had failed at least one DMARD and were enrolled at nine centers in the United States, Canada and Europe. Results demonstrated the safety and efficacy of Remicade in treating this debilitating disorder.

In IMPACT, patients given Remicade (5mg/kg) experienced rapid and sustained improvement in their joints, as measured by the ACR 20, 50 and 70 response

criteria, measurement tools used to assess disease activity and improvement. Specifically, 34 of the 52 patients (65.4 percent) met the ACR 20 response criteria -- the primary efficacy parameter -- at week 16, compared to five of the 52 patients (9.6 percent) in the placebo group. Responses were sustained through the end of the study (week 50). Results were confirmed in the ACR 50 and ACR 70 scores among those treated with Remicade: 24 patients (46.2 percent) met the ACR 50 response at week 16 with 26 patients (53.1 percent) meeting it at week 50; 15 patients (28.8 percent) met the ACR 70 response at week 16, with 19 patients (38.8 percent) meeting it at week 50.

The CHMP recommendation serves as the basis for a European Commission approval. A Commission approval of the application will result in Marketing Authorization with unified labeling that will be valid in all EU-Member states, including the current 15 member states and the 10 new accession countries as well as in Iceland and Norway.

The Arthritis Research Campaign estimates 1 in 50 people have psoriasis. Of these, about 1 in 14 will develop PsA. (2) While PsA can develop at any age, onset usually occurs in middle age, typically in adults between the ages of 30 and 50. Men and women are affected equally. Symptoms include stiffness, pain, swelling and tenderness of the joints and surrounding soft tissue, reduced range of motion, morning stiffness, and tiredness. Other symptoms include nail changes, including pitting (small indentations in the nail) or lifting of the nail.

Remicade is a monoclonal antibody that specifically targets and irreversibly binds to TNF-alpha which has been shown to play a role in RA, CD, AS and psoriasis, and may also be important in a wide range of other immune-mediated inflammatory disorders. Remicade is unique among available anti-TNF biologic therapies. Unlike self-administered therapies that require patients to inject themselves frequently, Remicade is the only anti-TNF biologic administered directly under supervision and monitoring of specialized physicians. In RA and CD patients, Remicade is administered every eight weeks, following a standard induction regimen that requires treatment at weeks 0, 2 and 6. As a result, Remicade patients may require as few as six treatments each year. The safety and efficacy of Remicade have been well established in clinical trials conducted over the past 10 years and through commercial experience with more than 500,000 patients treated worldwide.

Remicade is the only biologic indicated for the treatment of both RA and Crohn's disease (CD), a serious gastrointestinal disorder. In the EU, Remicade is also approved for the treatment of Ankylosing Spondylitis (AS), a serious inflammatory disease that leads to stiffening and subsequent fusion of the spine.

For RA patients, Remicade, in combination with methotrexate, is indicated for the reduction of signs and symptoms as well as the improvement in physical function in patients with active disease when the response to disease-modifying drugs, including methotrexate, has been inadequate, and in patients with severe active and progressive disease not previously treated with methotrexate or other DMARDs. In these patient populations, a reduction in the rate of the progression of joint damage, as measured by X-ray, has been demonstrated.

In CD patients, Remicade is indicated for the treatment of severe, active Crohn's disease in patients who have not responded despite a full and adequate course of therapy with a corticosteroid and an immunosuppressant; or who are intolerant to or have medical contraindications for such therapies. Remicade is also indicated for the treatment of fistulizing, active Crohn's disease in patients who have not responded despite a full and adequate course of therapy with conventional treatment (including antibiotics, drainage and immunosuppressive therapy).

In the EU, Remicade is also indicated for treatment of ankylosing spondylitis in patients who have severe axial symptoms, elevated serological markers of inflammatory activity and who have responded inadequately to conventional therapy.

Important Information Regarding Labeling for Remicade

People with heart failure should not take Remicade. Prior to treatment, patients should discuss any heart condition with their doctor. Patients should tell their doctor immediately if they develop new or worsening symptoms of heart failure (such as shortness of breath or swelling of feet). There are reports of serious infections associated with Remicade therapy, including tuberculosis (TB) and sepsis. Some of these infections have been fatal. Patients should tell their doctor if they have had recent or past exposure to people with TB. Their doctor will evaluate them for TB. If a patient has latent (inactive) TB, his or her doctor should begin TB treatment before starting Remicade. If a patient is prone to or has a history of infections, currently has one, or develops one while taking Remicade, he or she should tell his or her doctor immediately. Patients should also tell their doctor if they have or have had a disease that affects the nervous system, or if they experience any numbness, tingling or visual disturbances. There are also reports of serious infusion reactions with hives, difficulty breathing and low blood pressure. In clinical studies, some people experienced the following common side effects: upper respiratory infections, headache, nausea, cough, sinusitis or mild reactions to the infusion such as rash or itchy skin. Please read important information about Remicade, including full U.S. prescribing information at <http://www.remicade.com>. (http://www.remicade.com) . For complete Remicade EU prescribing information, call Schering-Plough Corporation at +1 908-298-7616.

U.S. FUTURE FULL OF FRACTURES

Unless Americans start getting enough calcium, vitamin D and physical activity, their future is likely to include osteoporosis accompanied by a lot of broken bones. This is the gist of a report by the US Surgeon General entitled Bone Health and Osteoporosis The full report is more than 400 pages long and took two years to prepare.

This comprehensive report makes a dire prediction -- that by the year 2020, one in two Americans over age 50 will be at risk for fractures from osteoporosis or low bone mass. Ten million Americans already do have osteoporosis. Many don't discover that they have osteoporosis until they experience an

unexpectedly broken bone.

The Surgeon General's report tries to dispel myths associated with osteoporosis. For example, the segment of the population suffering from osteoporosis or other bone disease is NOT small, osteoporosis is NOT only a problem for older white women, diagnosing osteoporosis is NOT a lengthy and painful process, osteoporosis is NOT unresponsive to treatment, and osteoporosis CAN be prevented in the first place

In order to make sure that all the information contained in the report is readily available to the general public, there is not only a free pamphlet entitled The 2004 Surgeon General's Report on Bone Health and Osteoporosis. What it Means To You, but 4 different fact sheets and even a streaming video entitled Osteoporosis in the Family.

Comment: Many of us know of situations in our own families where osteoporosis has had serious consequences. An uncle who broke his hip when he slipped on a wet sidewalk while getting the morning newspaper, a mother whose COPD worsened as her spinal column compressed and her rib cage collapsed, a stepmother who could not walk because it became impossible to surgically repair and re-repair her osteoporotic hips. All of these family members might have lived longer if their osteoporosis had been diagnosed and aggressively treated at an earlier age. Certainly, their quality of life in their final years would have been greatly improved. Barbara K. Hecht, Ph.D., Frederick Hecht, M.D., Medical Editors, MedicineNet.com

BY 2020, ONE IN TWO AMERICANS OVER AGE 50 WILL BE AT RISK FOR FRACTURES FROM OSTEOPOROSIS OR LOW BONE MASS

The Surgeon General issues first-ever report on nation's bone health

U.S. Surgeon General Richard H. Carmona, M.D., M.P.H., F.A.C.S., warned today in a new report that by 2020, half of all American citizens older than 50 will be at risk for fractures from osteoporosis and low bone mass if no immediate action is taken by individuals at risk, doctors, health systems, and policymakers. This new report, "Bone Health and Osteoporosis: A Report of the Surgeon General" says that 10 million Americans over the age of 50 have osteoporosis, the most common bone disease, while another 34 million are at risk for developing osteoporosis. And each year, roughly 1.5 million people suffer a bone fracture related to osteoporosis.

This report is the first-ever Surgeon General's report on the topic of bone health. Osteoporosis and other bone diseases, such as Paget's disease and osteogenesis imperfecta can lead to a downward spiral in physical health and quality of life, including losing the ability to walk, stand up, or dress, and can lead to premature death.

"This report will shape the way we approach, talk, and act about bone diseases," HHS Secretary Tommy G. Thompson said. "The more we learn, the more we realize that so many diseases are preventable, from obesity, to many types of cancer, and now bone disease. I want to thank Dr. Carmona and all the scientists and researchers who worked on this report. I look forward to the impact this new information will make in the health of communities."

Other findings in the report include:

About 20 percent of senior citizens who suffer a hip fracture die within a year of fracture.

About 20 percent of individuals with a hip fracture end up in a nursing home within a year.

Hip fractures account for 300,000 hospitalizations each year.

The direct care costs for osteoporotic fractures alone are already up to \$18 billion each year. That number is expected to increase if action to prevent osteoporosis is not taken now.

"Osteoporosis isn't just your grandmother's disease. We all need to take better care of our bones," Dr. Carmona said. "The good news is that you are never too old or too young to improve your bone health. With healthy nutrition, physical activity every day, and regular medical check-ups and screenings, Americans of all ages can have strong bones and live longer, healthier lives. Likewise, if it's diagnosed in time, osteoporosis can be treated with new drugs that help prevent bone loss and rebuild bone before life-threatening fractures occur."

According to the new report, osteoporosis is a "silent" condition because many Americans are unaware that their bone health is in jeopardy. In fact, four times as many men and nearly three times as many women have osteoporosis than report having the condition. One of the most dangerous myths about osteoporosis is that only women need to worry about bone health. Osteoporosis affects men and women of all races, and while bone weakness manifests in older Americans, strong bones begin in childhood.

The Surgeon General's report is a call for Americans to take action to improve and maintain healthy bones. The report includes recommendations on what Americans can do to decrease the likelihood of developing osteoporosis.

These recommendations include:

Getting the recommended amounts of calcium and vitamin D. High levels of calcium can be found in milk, leafy green vegetables, soybeans, yogurt and cheese. Vitamin D is produced in the skin by exposure to the sun and is found in fortified milk and other foods. For individuals who are not getting enough calcium and vitamin D in the diet, supplements may be helpful. The average adult under 50 needs about 1000mg of calcium per day and 200 International Units (IU) of Vitamin D (one cup of vitamin D fortified milk provides 302 mg of calcium and 50 IU of Vitamin D).

Maintaining a healthy weight and being physically active at least 30 minutes a day for adults and 60 minutes a day for children, including weight-bearing activities to improve strength and balance.

Taking steps to minimize the risk of falls by removing items that might cause tripping, improving lighting, and encouraging regular exercise and vision tests to improve balance and coordination.

"I always worried about heart disease and cancer, but was never concerned about the health of my bones," said Abby Perelman, who is being treated for osteoporosis. "I wish I knew then what I know now -- that a healthy diet and physical activity can make bones stronger and healthier."

The report also calls on health care professionals to help Americans maintain healthy bones by evaluating risks for patients of all ages, recommending bone density tests for women over the age of 65 and for any man or woman who suffers even a minor fracture after the age of 50. In addition, the report

calls on health care professionals to look for "red flags" that may indicate that someone is at risk, including people who are under 50 who have had multiple fractures, or patients who take medications or have a disease that can lead to bone loss.

"All health care professionals need to be aware of the early indicators of bone disease," said Dr. Lawrence Raisz of the University of Connecticut Health Center, one of the scientific editors of the report. "Many of my patients had no idea their minor fracture was an indication of a larger problem. The health care system can do a better job of helping patients protect themselves from bone disease."

In addition to the release of the report, the Surgeon General has published a companion "People's Piece" specifically written for the American people. The magazine-style, full-color booklet offers ready-to-use information on how people can improve their bone health. This is the second People's Piece that Dr. Carmona has produced as part of his commitments to improving the health literacy of Americans and providing the best scientific information available in a way that everyone can understand and use to live longer, healthier lives. The first People's Piece discussed the health consequences of smoking and was released in May 2004.

The free People's Piece, The 2004 Surgeon General's Report on Bone Health and Osteoporosis: What It Means To You, is available by calling toll free 1-866-718-BONE or visiting [_www.surgeongeneral.gov_](http://www.surgeongeneral.gov) (<http://www.surgeongeneral.gov>)

"Thirty years ago, doctors thought weak bones and osteoporosis were a natural part of aging, but today we know they are not. We can do a lot to prevent bone disease," said Dr. Carmona. "Everyone has a role to play in improving bone health, and this report is a starting point for national action on bone health. Let's get started by taking action today in homes, health care settings, and communities across our nation."

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RESEARCHERS: STRESS CAUSES FORGETFULNESS

WASHINGTON (AP) -- How many people have gotten home after a blindingly stressful day and realize they've forgotten some important event or errand? Well, now at least there's a scientific explanation for the oversight. Stress makes you forgetful.

People going on stage or taking an exam or finding themselves in similarly tough situations already knew this, of course.

But a team of researchers has found how it happens, a discovery that they say could point the way to better treatments for such illnesses as schizophrenia and bipolar disorder.

Stressful situations in which the individual has no control were found to activate an enzyme in the brain called protein kinase C, which impairs the

short-term memory and other functions in the prefrontal cortex, the executive-decision part of the brain, says Dr. Amy F. T. Arnsten of Yale Medical School. The findings were reported in the journal Science.

The PKC enzyme is also active in bipolar disorder and schizophrenia, and Arnsten notes that a first psychotic episode can be precipitated by a stressful situation, such as going away to college for the first time or joining the military.

By affecting that part of the brain, the researchers say, PKC could be a factor in the distractibility, impulsiveness and impaired judgment that occurs in those illnesses.

The finding that uncontrolled stress activates PKC indicates a possible new direction for treatments – seeking drugs that inhibit PKC, Arnsten said in a telephone interview.

"These new findings may also help us understand the impulsivity and distractibility observed in children with lead poisoning," she said. "Very low levels of lead can activate PKC, and this may lead to impaired regulation of behavior."

The researchers used chemicals to induce stress in rats and monkeys because the stress levels are easily controlled, Arnsten said.

It was similar to humans exposed to loud noise or panicking before an exam, she said.

"It doesn't have to be traumatic, as long as you feel out of control," she said. "Control is the essential factor. ... If you are confident, you don't have these problems."

PKC affects a part of the brain that allows abstract reasoning, using working memory that is constantly updated.

"This kind of memory, the ability to concentrate, seems to be impaired when exposed to mild stresses," she said.

Scientists think the effect evolved as a protective mechanism in the event of danger, she said.

"If you're in dangerous conditions it helps to be distractible, to hear every little sound in the woods and react rapidly, instinctually," she said. "It's like getting cut off on the highway. You don't want to be a slow, thoughtful creature. ... You want to react and hit brakes."

The research was funded by the Public Health Service, the Stanley Foundation, National Institute of Mental Health, Stanley Medical Research Institute and the National Alliance for Research on Schizophrenia and Depression. Copyright 2004 The Associated Press. All rights reserved.

EXPERTS: FEWER TAKE STATINS THAN SHOULD

(The Associated Press)

Perhaps no medicine today is so widely regarded as a wonder drug as the cholesterol-lowering statin. From Zocor to Lipitor to Pravachol, statins are top sellers in a country where half of American adults have high cholesterol.

In Britain, they recently became available over the counter, and there are efforts afoot in the United States to do the same.

This summer, a U.S. advisory panel set recommended cholesterol levels even lower, encouraging millions more Americans to take statins. But because all but one member of that panel receives money from the makers of those drugs, some consumer advocates wonder about the credibility of the latest advice.

Still, no one questions the overall value of these drugs, which quickly and drastically lower the cholesterol that builds up in blood vessels, thus preventing heart attacks and strokes.

The first statin, Mevacor, came on the market in 1987. Now there are five others in the United States. About 13 million Americans take statins -- roughly one-third of the number for whom they're recommended.

The most famous recent example is former President Bill Clinton, who was prescribed a statin for high cholesterol when he left office several years ago but who stopped taking it at some point. On Labor Day, he had a quadruple bypass operation for arteries so severely clogged that doctors said he was in grave danger of a major heart attack.

Proponents of statins, such as the National Lipid Association, a largely industry-funded group, say Clinton's case shows the need for educating more doctors to treat cholesterol more aggressively.

"How in the heck did he get something that could be prevented? The president's doctors didn't even know how to manage lipids," said the group's executive director, Christopher Seymour.

A federally funded program, the National Cholesterol Education Program, was formed in 1985 to help educate Americans about this risk factor. Its revised guidelines, issued in July, have been criticized by some as perhaps too aggressive for certain groups like the elderly, women and people with diabetes.

They advise people at high risk of a heart attack to get their level of LDL or "bad" cholesterol to 70, instead of 100, the previous target. The guidelines urge people at moderate-to-high risk to aim for 100 versus the previous target of 130.

The drugs and their makers are Merck's lovastatin (Mevacor) and simvastatin (Zocor); Bristol-Myers Squibb's pravastatin (Pravachol); Novartis Pharmaceuticals' fluvastatin (Lescol); Pfizer's atorvastatin (Lipitor), and AstraZeneca's rosuvastatin (Crestor).

Side effects are very rare, but can include severe muscle weakness. The federal Food and Drug Administration has warned doctors to be careful about prescribing statins, particularly Crestor, in certain patients at higher risk of

complications, including certain Asians, the elderly, and people with thyroid or kidney problems. Copyright 2004 The Associated Press. All rights reserved.

MEDICARE PREMIUMS TO RISE 17 PERCENT IN 2005

Increase in payments for doctor visits is largest ever jump - The Associated Press

WASHINGTON - Medicare premiums for doctor visits will rise 17 percent next year, the Bush administration. The \$11.60-a-month increase is the largest in the program's 40-year-history.

Monthly payments for Part B of the government health care program for older and disabled Americans " doctor visits and most other non-hospital expenses " will jump to \$78.20 from \$66.60.

The premiums are updated annually under a formula set by law. The federal government picks up about 75 percent of the cost of Part B benefits and beneficiaries pay the rest.

The increase reflects rapidly rising health costs and last year's Medicare overhaul, said Dr. Mark McClellan, administrator of the federal Centers for Medicare and Medicaid Services. For example, the law blocked a planned 4.5 percent cut in Medicare payments to physicians and replaced it with a 1.5 percent increase.

The administration, seeking political advantage among older voters, has tried to depict the Medicare law, with its first-ever prescription drug benefit, as a boon to seniors.

"The new premiums reflect an enhanced Medicare that is providing seniors and people with disabilities with strengthened access to physician services and new preventive benefits," McClellan said.

But Democrats and other critics have derided the law as a giveaway to insurers, drug makers and medical providers.

Premiums have been increasing at an accelerating pace in recent years, rising 13.5 percent in 2004 and 8.7 percent last year.

In addition, the deductible for Part B services will rise \$10 next year, to \$110, another change mandated by the Medicare law.

About 93 percent of Medicare's 41.8 million beneficiaries are enrolled in Part B, which helps pay for physician services, hospital outpatient care, durable medical equipment and other services, including some home health care.

McClellan said new preventive health services that Medicare will begin covering in 2005, including a physical for those who become eligible for Medicare and screening for diabetes, will help save money for beneficiaries.

The 4.6 million people in Medicare managed care could see their out-of-pocket expenses decline next year, he said.

“On net, Medicare beneficiaries are saving money,” McClellan said.

The government also said the Part A portion of Medicare that pays for hospital stays, skilled nursing facilities and some home health care also will see an increase in the deductible, which will rise \$36 to \$912 next year. It is a Medicare recipient’s only cost for up to 60 days of inpatient hospital care.
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Editors Note: Because of the ongoing controversy regarding all of the Cox -2 Inhibitor drugs, and what was reported in my last two newsletters, I have decided to publish an extra issue on 12/01 pertaining solely to this subject. There has been so much information about this recently, along with trouble and controversy at the FDA. If you are taking Vioxx, Celebrex, or Bextra and have Psoriatic Arthritis along with a heart condition, please check with your Doctor.

Good Health to All,

Jack Nicholas
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