

January, 2010

Enjoy our free monthly newsletter; Timely articles of interest regarding your health care. We welcome any questions or comments. Please share this with your friends and neighbors

Diabetes Population to Double, Costs to Nearly Triple in 25 years.

Annual medical spending on diabetes is projected to hit \$336 Billion, up from \$113 Billion today, according to a study published in the December issue of *Diabetes Care*. The number of Americans living with diabetes and covered by Medicare will rise from 6.5 million today to 14.5 million, and Medicare spending will almost quadruple, skyrocketing from \$45 Billion this year, to \$171 Billion in 2034. Unlike older studies, this one considers the natural progression of the disease, effects of treatment and obesity rates in the United States, which are “factors that are currently not used by government budget analysts”, say the authors. “Obesity is a significant driver of future increases in the number of Americans with diabetes” said one study author. “While our modeling, as well as that done by the CDC, project obesity rates leveling off, neither model has obesity rates lowering substantially. The size of the current diabetes population exceeds many prior forecasts and we expect that the future growth of population and its associated costs will be explosive”. Legislation introduced earlier this year is designed to lead to a more accurate assessment of the costs and benefits of preventive health, including preventing the pain and expense of complications, including heart disease, amputation, kidney disease and blindness. *(National Changing Diabetes Program)*

Americans Have More Access to Cancer Drugs.

U.S. cancer patients with insurance have access to more drugs than do British patients, but pay out of pocket for some that Brits get free. Four of the eleven cancer drugs available are not covered in the British National Health Service system because policymakers have determined the costs are not worth the limited benefits they provide. The other seven of the medications are free to all British patients, who pay no out-of-pocket costs. Most U.S. patients with health insurance have some coverage for all 11 drugs, but the out-of-pocket costs for people on U.S. Medicare range from \$1,200 to \$24,000. Patients with no or limited insurance may have no access to the drugs because the costs exceed \$100,000 annually in some cases. *(Pharmacist e-Link)*

Senators: Drugmakers Will Pay More for Health Bill.

Senators said recently that they’ve been told the pharmaceutical industry will contribute billions of dollars more than it has previously promised for President Obama’s health care overhaul, with the money being used to close the gap in Medicare Part D drug coverage, the infamous “doughnut hole”. Lest the public be led into thinking that Big Pharma has been touched by the Spirit of Christmas, the fact is that their “generosity” was a factor in more than a dozen Democratic senators reversing their previous positions and voting to kill a Senate effort to allow importation of lower-cost drugs from abroad. Quickly closing the drug coverage gap has become an important priority for Democrats, who would like their health care drive to produce something tangible for the nation’s influential older voters in time for next year’s elections. *(Pharmacist e-Link)*

Studies: Bone Drugs May Help Prevent Breast Cancer.

New results from a large women’s health study suggest that bone-building *Actonel* might help prevent breast cancer. Women who already were taking these medicines when the study began were nearly one-third less likely to develop breast cancer over the next seven years. That’s compared to women who were not on such pills. The study by itself is not proof that these drugs can prevent cancer. More definitive studies will be conducted to give a clearer picture in a year or two. Until then, doctors say women should only take these drugs if they have osteoporosis. *(YellowBrix, Inc.)*

Lack of Sleep May Lead to Alzheimer’s

Sleep deprivation in mice leads to increased levels of amyloid beta—the accumulation of which is a common sign of Alzheimer’s in humans. Amyloid beta levels were associated with wakefulness and higher levels were found in awake mice. When injected with a hormone that promotes wakefulness, the mice experienced significantly increased amyloid beta levels. When the hormone was suppressed, the amyloid beta levels decreased. This study identifies a potential target for Alzheimer’s drugs and also underlines the need for treating sleep disorders which may have long-term effects on the brain. *(ACA Newsletter)*

The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy

