

AUTUMN 2024

HealthSmarts

**No stone
unturned**
Smart dietary choices
can make a difference

TAKING NOTICE

Banner volunteer benefits
from Peripheral Artery Disease
diagnosis, treatment

 Banner Health

 Banner Health Network

Welcome



Welcome to the Autumn issue of *Health Smarts* magazine. This publication is designed for Medicare beneficiaries like you as an added bonus, offering valuable information on

the latest health care news and suggestions for healthy living.

Autumn is my favorite time of the year. You have the cooler weather, football and cherished holiday traditions, including the popular “pumpkin spice everything” trend. This season brings with it a renewed sense of hope with a new year ahead of us.

The change in the weather can also help us focus on some of the health issues that are prevalent this time of year. In this issue, you’ll meet Linda Witker, who inspires us all by continuing to volunteer at Banner while living with Peripheral Artery Disease. You’ll read all about her journey and how Banner’s doctors were able to treat her disease.

We’ll help you understand your options when a cough lingers, always a concern this time of year. We’ll also help you make smart choices that could reduce the risk of kidney stones, and learn more about a heart condition that might need treatment.

Are you caring for a loved one suffering with dementia? You deserve help with this demanding

task. We’ll help you understand the options that are available to you.

In addition to these stories and others, you can keep your mind active by tackling our crossword puzzle and practice your culinary skills with a new recipe.

You are receiving this magazine because your doctor participates in the Medicare Shared Savings Program Accountable Care Organization through Banner Health Network. The Medicare Shared Savings program does not require a sign up and does not change your Medicare benefits.

For any health-related questions, you have access to our 24-hour Banner Health Nurse On-Call service. Our nurses can answer questions about medications or make recommendations about where to get care. Just reach out to us at 602-747-7990 or 888-747-7990.

To your health,

A handwritten signature in black ink, appearing to read 'Ed Clarke', written in a cursive style.

Ed Clarke, MD
Chief Medical Officer
Banner Health Network Insurance Division

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GETTY IMAGES

Restoring normal rhythm AFib can be controlled

By Debra Gelbart

Have you ever felt a rapid or odd heartbeat when you're not stressed or exerting yourself a lot? Maybe that fast heartbeat is accompanied by shortness of breath, lightheadedness, or sharp chest pain. Even if you haven't noticed an irregular heartbeat, you could be experiencing more shortness of breath

during typical activities. If any of these scenarios are familiar, it may be time to see your doctor.

You could have a condition called atrial fibrillation, or AFib. AFib is an abnormal heart rhythm. It's characterized by "chaotic and irregular beats from the upper chambers of the heart called the atria," explained Praneeth Katrapati, MD, Banner University Medical Center Phoenix cardiac electrophysiologist (whose

specialty is heart rhythm disorders). "AFib isn't always apparent to the patient; sometimes you'll notice it for three or four hours a day and other times, you won't notice it," he said.

Not an unusual condition

AFib is not uncommon. It's estimated that in the U.S., between 2 and 6 million people have developed it; it mainly affects people in

their 50s and beyond. As many as a third of people in their 70s and 80s may be in AFib, Dr. Katrapati said. Other factors in addition to age can make it more likely to develop, including:

- genetics
- smoking
- obesity
- high blood pressure
- diabetes
- sleep apnea

The typical symptoms of shortness of breath, lightheadedness or chest pain may not be present in about 10% of people who are ultimately diagnosed with AFib. In those situations, AFib may be discovered at a routine medical appointment, Dr. Katrapati said. He notes a fitness watch can alert you to an abnormal heart rhythm, which should prompt you to see your doctor.

AFib is usually confirmed through an electrocardiogram, or EKG, in a doctor's office, clinic or hospital.

While AFib itself isn't fatal, it can make you vulnerable to more serious problems. "The heart, when it beats that fast for a long time, tires out, and that can weaken the heart in the long-term," he said, "which can lead to heart failure." AFib also causes the blood to flow irregularly, "almost like it's sloshing over rocks in a river." That can create a blood clot which can break off and travel to the brain, causing a stroke. Among patients in AFib, the risk for stroke is higher in women and in everyone as they approach 75.



If you're diagnosed with AFib, your doctor will prescribe a blood thinner to prevent possible clotting, Dr. Katrapati said. You may also be prescribed other oral medications to manage the abnormal heart rhythm. "These slow the heart rate down and restore a normal rhythm in the heart," Dr. Katrapati said.

A more effective treatment option?

Many patients in AFib for whom medications don't adequately control the irregular rhythm may be candidates for a surgical procedure called cardiac ablation.

With cardiac ablation, a catheter is inserted into a blood vessel in the leg that leads to the heart. The catheter is then advanced to the atria, or upper chambers of the heart. Then, either heat, an

electrical current or cold energy is used to "burn away those muscle fibers in areas where the AFib is concentrated," he explained.

In patients who have been in AFib only for a year or perhaps slightly longer, the procedure has up to an 80 percent success rate in managing AFib, he said. But for a patient who has been in AFib for a decade or so, the success rate of ablation may be as low as 50 percent. He stressed that the vast majority of AFib patients should continue to take a blood thinner even when AFib is being managed to prevent the possibility of a stroke.

Patients live healthy lives when AFib is effectively treated, Dr. Katrapati said. "What we've learned over the past 10 or 15 years is that ablation is especially helpful. It can keep patients out of AFib for a longer period of time."

The conundrum of chronic cough

What to do when coughing lingers

By Julie Maurer

Cold and flu season is upon us – and the tail end of allergy season. For many people, this might mean the start of a cough that never seems to go away, even after the original ailment that caused it has passed.

If that cough sticks around for eight weeks or longer, it is known as a chronic cough.

According to Tara Carr, MD, an allergist and immunologist with Banner – University Medicine in Tucson, Ariz., there are several reasons why someone could develop a chronic cough, including:

- cough variant asthma, an airway disease where your lungs are inflamed
- upper airway cough syndrome, or post-nasal drip
- acid reflux or GERD
- allergies

“For these common causes, there is nothing inherently dangerous about it other than it’s annoying to people and those around them,” Dr. Carr said. “It can affect people all day or night, and happen when they are talking, laughing, or lying down to go to sleep.”

There are other, less common causes of a chronic cough, she noted. Examples include coughs that come from:

- habit
- nerves/anxiousness
- acid reflux
- Irritants

Viral infections that get in the lungs like COVID-19 or RSV can require weeks or months for the lungs to heal, and sometimes the cough is the last thing to linger.

“When people get sick with upper respiratory symptoms, and sometimes it becomes a habit cough,”



GETTY IMAGES

Dr. Carr said. “Sometimes you start coughing for one reason, you can continue for another reason.”

Another cause of the chronic cough could be from a prescription bottle. Dr. Carr noted that some ACE inhibitors, which treat high blood pressure, can cause a coughing side effect.

“Speak to your doctor about changing your medication,” she said.

When a chronic cough is accompanied by phlegm, there could be more complications than just annoyance. It could be a sign of asthma, lung diseases, infections, or structural problems in the lungs.

“If someone has chronic cough and that’s associated with fluid or pain in the chest – get evaluated,” Dr. Carr said.

She recommends a patient start with a visit to their primary care physician (PCP).

“They will sort out the red flags and evaluate the cough to figure out what’s causing it,” Dr. Carr said. “They can start recommending treatments, lifestyle interventions.”

An inhaler is often one treatment that is applied when asthma is suspected, though a doctor may try several treatments to target the chronic cough.

“If those things aren’t helping, then we do much more evaluation,” Dr. Carr said, adding that the patient might be referred to an allergist or ear, nose and throat doctor.

Anyone suffering from a chronic cough should contact their PCP and schedule a visit – whether it’s to help you get a better night’s sleep without a cough, or to check to make sure there aren’t other causes for the cough that need to be treated.

The smart thing to do

By Brian Sodoma

A colorectal cancer screening isn't always top of mind for patients who visit their doctor for a flu shot. But a partnership between Banner Health Network and the American Cancer Society aims to change that thinking.

Banner Health Network primary care physicians are entering the sixth year of their FluFIT partnership with the American Cancer Society. Under the program, a primary care doctor or staff member can offer an at-home fecal immunochemical test (FIT) when the member gets their flu shot during flu season. The patient must be between the ages of 45 and 74 and due for a colorectal cancer screening. The test is given to the member during their flu shot appointment or mailed to the patient's home, where they can complete it on their own.

"It's convenient for the member," explained Sandra Robles, Banner Health Plans and Network Quality Management director. "They just take the test at home. They send it to the lab, and the lab sends a copy of the results to the member and their primary care physician."

An important colorectal cancer prevention tool

The lifetime risk of developing colorectal cancer in men is 1 in 23

American Cancer Society partnership reminds patients of colorectal screenings during flu season



and 1 in 25 in women. Colorectal cancer is also the second-leading cause of cancer death in men and women combined, according to the American Cancer Society. Colonoscopies are the gold standard test for prevention efforts, but patients are sometimes reluctant to take them.

"We all understand the colonoscopy takes prep and is an invasive test. Although it's the best test for the member to take, there's often hesitation or pushback," Robles said. "We want our members to know they have different options for screening. The FIT kit is an in-home lab stool test that closes the colorectal screening quality measure for a year."

Strong response

Last year, about 1,200 FIT kits

were sent to members with a roughly 80 percent return rate. FluFIT helps to increase overall colorectal cancer screening rates for the Banner Health Network.

"When the message comes from their doctor engaging them and letting them know why they need to get it done, how easy it is to do the test at home, and so forth, that really helps to increase participation," Robles added.

She also wants members who have received a FIT test to know that if they forget to take the test or misplace it, they should not hesitate to call their physician's office and ask for another one.

"We do know that happens sometimes. Through this program, the patient can always request another one," Robles emphasized.

Taking notice!



Banner volunteer benefits from Peripheral Artery Disease diagnosis, treatment

By Brian Sodoma

For several years, Linda Witker didn't think much of the intermittent pain in her left calf that shot up into her thigh. The pain showed up on walks and during sleep, often waking up her up several times a night. The active 79-year-old wasn't one to let something like this slow her down though. She kept her exercise and volunteering schedules and didn't say much about it to her doctors during check-ups.

"I'm active and I push myself. I could still do the elliptical and my volunteering, but it was hard to go for walks and stand for long periods. I noticed I had to sit down more often, and I was tired," she recalled.

While she wasn't one to bring much attention to

the pain, she mentioned it just enough times for her cardiologist to take notice – and thankfully he did.

Taking a closer look

In July, an angiography at Banner Baywood Medical Center revealed her left leg's femoral artery was 100 percent blocked by plaque. It was a severe case of peripheral artery disease (PAD), which affects 8 to 12 million people in the U.S. and increases the risk for stroke or heart attack.

An atherectomy procedure was performed to re-open the artery, and Witker was prescribed a blood thinner. The leg pain now gone, she enjoys her daily activities a lot more.

"I'm not as fatigued when I move. I can be more active, and travel is easier," she added. "Life is good for me right now. The key is keeping busy and moving. There are so many activities here (in her retirement community). I play cards twice a week, and there's always entertainment at the clubhouse, and I really enjoy volunteering at the gift shop at Banner Baywood."





Watching out for PAD

Dr. Paul Riesenman, MD, Banner Health vascular surgeon, says severe PAD cases like Witker's are less common but not entirely unusual either. According to the physician, having that regular contact with her doctors influenced a positive outcome in this case.

"You should have an established relationship with your primary care physician and stay on top of routine health screenings. Those are the front-line people who can help to identify PAD," he said.

PAD symptoms can be easy to overlook and, as was the case for Witker, patients may not know what to ask. Dr. Riesenman highlighted a few symptoms to watch out for:

- Smooth shiny skin on the legs
- Leg sores or ulcers that have trouble healing
- Leg pain while walking
- Darkening of the skin in the lower extremities

"Sometimes it can be picked up on a physical exam. A physician may notice a patient doesn't have palpable pulses in their leg but still might not have other symptoms," Dr. Riesenman added. "For those patients, we get them on some kind of surveillance and educate them about how symptoms might manifest, and we discuss medications, too."

Some assume that poor lifestyle choices are the reason for a PAD diagnosis, but that's not the case at all, Dr. Riesenman said. Genetics have a very strong influence. When PAD is suspected, preventative measures may include:

- taking aspirin
- managing cholesterol
- improving diet
- increasing exercise
- controlling blood sugar for those with diabetes.

"For those who look at their family history and see that

"Sometimes it can be picked up on a physical exam. A physician may notice a patient doesn't have palpable pulses in their leg but still might not have other symptoms. For those patients, we get them on some kind of surveillance and educate them about how symptoms might manifest, and we discuss medications, too."

– Dr. Paul Riesenman, Banner Health vascular surgeon

grandparents or parents had heart attacks in their 40s or 50s, PAD might be more aggressive in those individuals. Those are the people who really need to know about it, watch for symptoms and talk to their doctor," he added.

A well-deserved break

By Debra Gelbart

If you or someone you know is a caregiver for a person with dementia, you may already know how demanding the role can be. You may be wondering what kind of help is available to you. Banner Health is ready to offer education, support and skill-building and direct you to resources for what's known as "respite care"—intervals where someone else takes care of the patient so the primary caregiver can get a break—that can be critical to the well-being of both the caregiver and the person with dementia.

The average course of Alzheimer's is eight to 10 years, noted Lori Nisson, LCSW, Banner Alzheimer's Institute and Banner Sun Health Research Institute Family and Community Services director.

Why being a caregiver requires help

"That length of time can take a physical, emotional and financial toll on a family caregiver," she said, adding that if the patient is diagnosed early in the disease process, they can start out "as physically, functionally, psychologically and cognitively vital. But as the disease progresses, they will decline in those areas. The caregiver's role can involve full-time supervision and hands-on care in the moderate to advancing stage of the disease."

Caregivers of people with dementia, Nisson pointed out, "have exponentially higher levels of stress and burden, so respite care is required to make sure they're taking

care of themselves. They're often quite good at putting energy into caring for their loved one at their own expense."

Finding respite care

What kind of respite care is available? "I think about care for a person living with dementia as rungs on a ladder," Nisson said. "The first rung might be attending a daytime life enrichment program" at an adult day center or a paid caregiver from a non-medical home care agency coming into the home a couple of times a week." It may also be possible to place the person with dementia in a memory care center where they can receive temporary respite care around the clock for a few days, she said.

A clinical social worker like Nisson at Banner Alzheimer's Institute and Banner Sun Health Research Institute can help caregivers find appropriate community resources, including respite care.

And now, thanks to a brand-new partnership between Banner Alzheimer's Institute, Banner Sun Health Research Institute and the Centers for Medicare & Medicaid (CMS) Services, if you care for a loved one with dementia and reside in Maricopa or Pima County, you may be eligible to receive education, support, coaching, resources and possibly up to a \$2,500-per-year payment toward the cost of respite care.

Under CMS' Guiding an Improved Dementia Experience (GUIDE) Model just launched on July 1, 2024, these institutes will be among

nearly 400 participants across the country building or expanding dementia care programs, working to increase care coordination and improve access to services and support, including respite care, for people living with dementia and their caregivers.

To qualify for the assistance offered, the person with dementia (with the help of a caregiver, if necessary) must:

- have a confirmed diagnosis of dementia
- be enrolled in Medicare Parts A and B (not enrolled in Medicare Advantage) and have Medicare as their primary payer
- have not elected the Medicare hospice benefit
- not be a long-term nursing home resident
- connect with a health care provider, such as Banner Health, that is participating in the GUIDE Model in their community.

Banner Alzheimer's Institute has operated its Dementia Care Partners program using specially trained health coaches to assist families caring for dementia patients since 2018. On July 1 of this year, the program began partnering with the GUIDE model—"Medicare's first program ever to provide reimbursement for non-medical care for people living with dementia and their caregivers," Nisson said.

To contact the Dementia Care Partners program, please call 623-832-6500 and choose option 6. For more information, visit: bannerhealth.com/DementiaCarePartners.

No stone unturned

Learn effective strategies to reduce your risk of kidney stones



GETTY IMAGES

By Michelle Jacoby

They can seemingly appear out of nowhere. You're minding your own business, going about your daily routine and then all of a sudden you feel a sharp, radiating pain in your back or side. Suddenly, you're down for the count.

The idea of having a kidney stone may seem daunting, but it's critical to understand what they are and, more importantly, how to avoid getting them. According to Susan Welter, a registered dietitian nutritionist with Banner Health, the kidneys act as the body's filtration system, removing waste and toxins from the body through urine.

"When there's too much waste in too little urine, small crystals can form. The crystals can join together, forming a larger solid or 'stone,'" she explains. "People at risk for kidney stones include those with family members who have had them, or that have had them in the past, are overweight, have had weight loss surgery, get frequent urinary tract infections, don't drink enough water/fluid, or eat too many foods high in salt or sugar."

While kidney stones can be a painful and troublesome condition, with the right dietary choices, their risk can be significantly reduced. "Staying well-hydrated is key," Welter says. "Hydration helps flush waste through urination,

preventing minerals from crystallizing and forming stones."

The general recommendation is to drink eight glasses of water a day, but those at risk should increase their intake. In hot climates or with high physical activity, even more fluids may be necessary. Fruits and vegetables, which have high water content, can also contribute to overall hydration.

"To determine if you're drinking enough fluid, check the color of your urine," Welter notes. "If it's a light-lemonade color or clear, you're well hydrated. If darker color, grab a large glass of water and start drinking."

When it comes to nutrition, Welter says that essentially, "eating

at least five servings of a wide variety of fruits and vegetables, and not eating too much animal protein reduces risk. There's evidence that following a DASH-style eating pattern can reduce risk of kidney stones."

There are certain foods should be limited to mitigate the risk of kidney stones. Welter points out that fast food and high-sodium items such as cured meats, canned soups and salty snacks should be limited. Sports drinks and electrolyte powders, often high in sodium, should also be consumed with caution (unless you're susceptible to dehydration). In addition, excessive vitamin C supplements can increase the risk of stone formation.

For those with specific risk factors, dietary adjustments can make a significant difference. "People who are overweight, for example, can cut down on portions or minimize snacking between meals to lose weight," says Welter. "If a person tends to consume a lot of high-sodium, processed foods, they can start cooking more at home and start adding more fruits and vegetables to their diet."

Welter notes that while general advice about increasing water and cutting back on salt and sugar is beneficial for most people, certain types of kidney stones might require additional dietary modifications.

"Depending on the type of kidney stone, some may need to limit certain foods that are actually healthy, such as spinach, rhubarb, beets and nuts," she says. "A registered dietitian nutritionist who provides medical nutrition therapy can individualize meal plans based on a person's health status, risk factors and current eating habits. And by reviewing a person's diet history, a dietitian can assess if an individual has an excessive intake or an inadequate intake of specific nutrients that may lead to the formation of stones."

In the end, by making informed dietary choices and staying hydrated, people can effectively reduce their risk of kidney stones and maintain better overall kidney health.



MAKE THIS RECIPE?

Send us a photo! Send it to BHNMSupport@bannerhealth.com along with your name and email address.



Fig & Goat Cheese Salad

INGREDIENTS

- 2 cups mixed salad greens
- 4 dried figs, stemmed and sliced
- 1 oz. fresh goat cheese, crumbled
- 1-1/2 tbsp. slivered almonds, preferably toasted
- 2 tsp. extra-virgin olive oil
- 2 tsp. balsamic vinegar
- 1/2 tsp. honey
- Pinch of salt
- Freshly ground pepper to taste

DIRECTIONS

Combine greens, figs, goat cheese and almonds in a medium bowl. Stir together oil, vinegar, honey, salt and pepper. Just before serving, drizzle the dressing over the salad and toss.

Source: <https://www.eatingwell.com/recipe/259815/fig-goat-cheese-salad/>

Are your prescriptions too pricey?

Ask your doctor or pharmacist to check for suitable alternatives to high-cost medications

By Elise Riley

The word “affordable” isn’t often associated with prescription drugs. Often, unfortunately, it’s the opposite: high-cost, brand name drugs can help our bodies fight disease but often do little to ease the strain on our wallets.

That doesn’t always have to be the case.

Depending on your diagnosis and health plan, your pharmacist or prescribing doctor might be able to find a low-cost alternative to a high-price medication.

Joanna Gustas is a population health clinical pharmacist with Banner Health. She works with patients to help them get the most out of their prescriptions and make sure they’re affordable.

The first thing to know, Gustas said, is that a prescribing doctor won’t know the specific cost for a prescription. That’s because your actual cost depends on several factors including your formulary – your insurance plan’s drug-by-drug outline of costs – and even an individual pharmacy’s costs to acquire the drug from a manufacturer.

“Generally, doctors have an idea of whether (a drug) will be a higher- or lower-cost medication, depending on whether it’s brand or generic,” Gustas said. “But they won’t know your actual drug cost. It depends on so many factors like your insurance, your deductible, even where you fill your prescription.”

You can always call your insurance company directly to find out which medications are covered by your insurance. If a specific prescribed medication isn’t covered, your insurer may be able to recommend potential covered alternatives. You can also talk to your pharmacist.

“You can ask your pharmacist about more affordable alternatives,” Gustas said. “If there’s a pharmacist who works with your health insurance plan, that’s great because they have access to the formularies. I do recommend giving insurance a call or checking online



for your specific drug formulary to get a list of preferred alternatives to understand what your options might be.”

Aside from prescribing a different medication, there also are practical changes you can make to how you shop for and fill your prescriptions. Many insurance plans prefer mail order for maintenance (long-term) medication and will make the drug more affordable when it’s ordered through a mail order pharmacy. Discount drug savings cards offer an alternative to insurance pricing and drug manufacturers also offer special patient assistance programs for qualifying individuals.

“There definitely are situations where filling these prescriptions through your insurance could cost more than some of these programs,” Gustas said. She also pointed out that prescriptions purchased using savings programs (like GoodRx) cannot be applied toward deductibles.

No matter the tactic you use to find savings, Gustas stressed one rule: never skip doses, or stretch out a prescription beyond a doctor’s expectation, to save money. It’ll end up costing you in the long term.

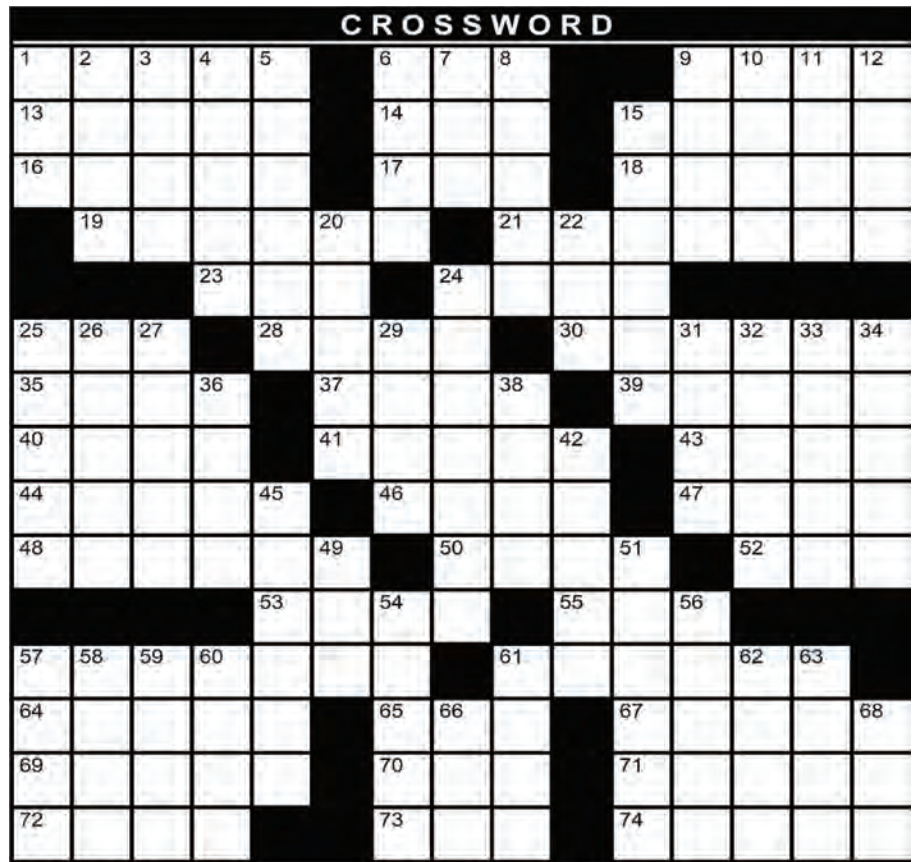
“I tell patients that while it’s tempting to skip doses, it’s prescribed that way for a reason,” Gustas said. “Not taking a drug how it’s prescribed can make your condition worse. If you’re skimping on doses, it’s going to lead to increased healthcare costs through more visits and even hospitalization than if you’d taken your medication as prescribed. We don’t recommend ever adjusting your doses without talking to your doctor or pharmacist.”

ACROSS

1. Eight performers
6. Air traffic control controlling org.
9. 100-meter race
13. *Fauna, Merryweather and _____, fairy godmothers
14. Adam's body part in Bible
15. Stone fruit
16. Type of bulrush, pl.
17. *"Dawn of a new _____"
18. Pertaining to ear
19. *"_____ list"
21. *"Your wish is my _____"
23. Actor Danson
24. Pottery oven
25. *Migos: "Look at My _____"
28. Cold cuts counter
30. Inner skin layer, pl.
35. Riyadh native
37. One thousandth of a liter, pl.
39. *"Till _____ do us part"
40. Inconclusive
41. Where there's trouble?
43. On a cruise, e.g.
44. Man-made stone pile
46. Purse for a formal affair
47. Animal house
48. When a 3rd party holds assets
50. Prefers
52. Desk well content
53. Withdraw gradually
55. Black and white sea bird
57. *"_____ up the wrong tree"
61. *"A date which will live in _____"
64. Certain monochromatic cookie, pl.
65. Weary traveler's destination
67. Robin Hood's companion Tuck
69. September stone
70. Tolstoy of "War and Peace" fame
71. Salon file
72. Hurly burly
73. Immeasurable period
74. Raja's wife

DOWN

1. Oftentimes, poetic abbreviation
2. *"Welcome to the _____"



3. Cough syrup balsam
4. Not slouching
5. Assigned a chore
6. Worry
7. *"I'm walkin' on _____"
8. Old-time calculators
9. Ringo Starr's instrument
10. Ambience
11. Bridge, e.g.
12. Kept together
15. *F. Scott Fitzgerald's "The Beautiful and the _____"
20. Possible allergic reaction
22. *"What's _____ is new again"
24. One thousand tons
25. *"_____ like no one is watching"
26. La Scala solos
27. Fundamental
29. *"_____ is like a box of chocolates"
31. Madrid's Club de Fútbol
32. Kenyan warrior
33. Dined at home
34. *"Jump the _____," what Fonzie did
36. 100 cents in Ethiopia
38. *"No _____ for you!"
42. Previously an Oiler
45. In no manner, archaic
49. Skin cyst
51. Bear pain
54. Quick and light on one's feet
56. Deserved consequence
57. *"You're gonna need a bigger _____"
58. Jason's vessel
59. Use a book
60. Japanese zither
61. Involved (2 words)
62. Demeanor
63. Ready and eager
66. New, prefix
68. *J.D. Salinger's "Catcher in the _____"

HEALTHY LIVING **CALENDAR**

Learn how to live well with our six-part series

Please join our experts for a wellness lecture series covering topics such as: optimizing nutrition, sleep, mental health, social connections, and physical activity. Lectures are offered by our providers, and there will be time allowed for questions as well as open discussion. Courses are from 4:30 to 5:30pm Wednesdays throughout the fall and winter at Banner Alzheimer's Institute Wellness Gym, 2626 E. River Road in Tucson.

Choose the topics that interest you or register for all of them. Topics, speakers, and dates include:

- Eat Well with Dr. Allan Anderson on Dec. 11
- Stress Less with Cheryl Parker, NP, on Jan. 8
- Sleep Well with Dr. Jaclyn Robinson on Feb. 12
- Love More with Dr. Dev Ashish on March 12

Registration is required. Each lecture is \$10.
To register, visit <https://tinyurl.com/BAIWellness>.



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For life's potential emergencies

Have you ever wondered, is this an emergency? If you aren't sure, or you need a nurse's advice about where to get care, call us. We are here to help. **24 hours a day.**

Banner Health Nurse On Call: (602) 747-7990 or (888) 747-7990

 **Banner Health Network**