



Winter 2025

Advantage Quarterly

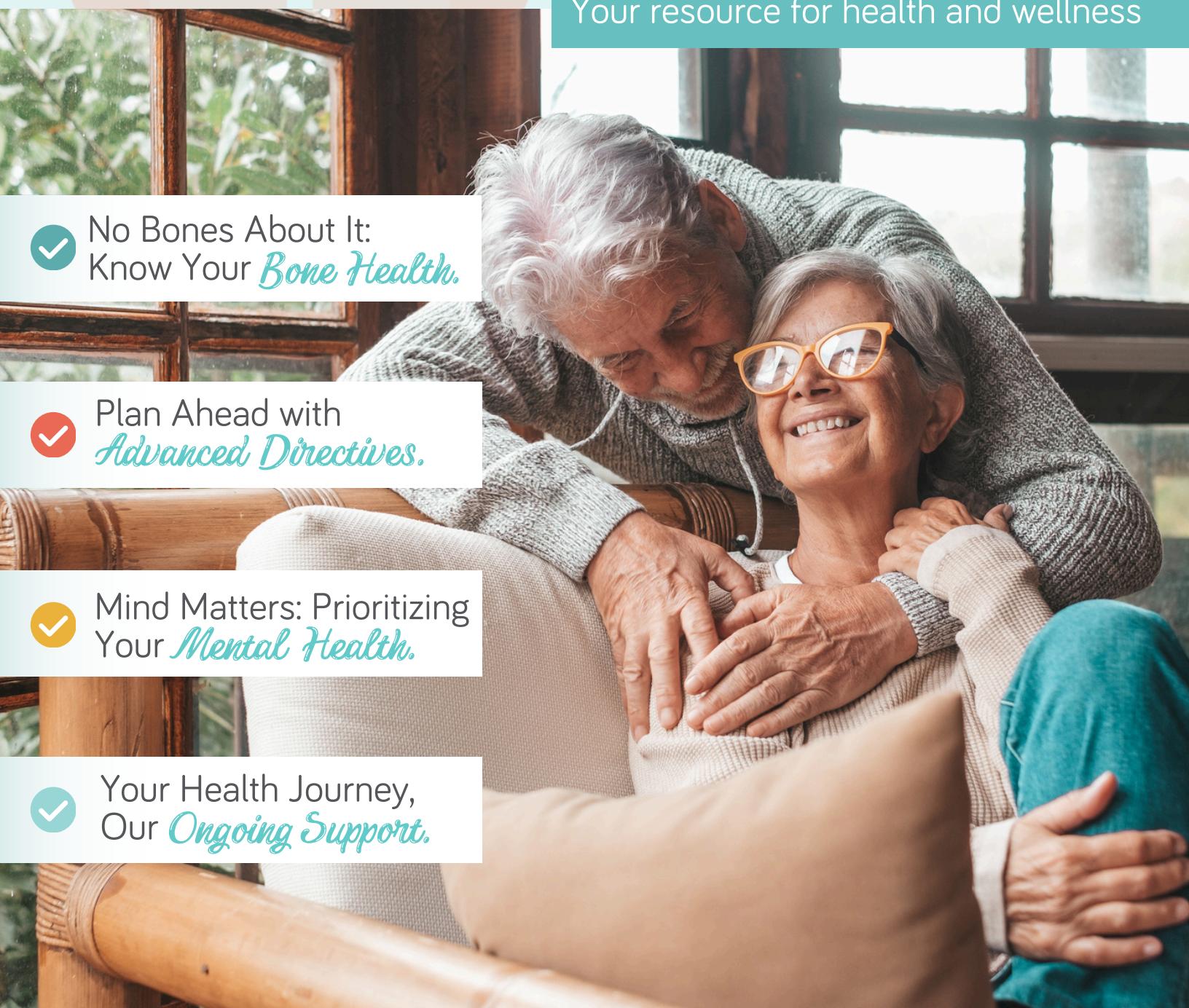
Your resource for health and wellness

✓ No Bones About It:
Know Your *Bone Health*.

✓ Plan Ahead with
Advanced Directives.

✓ Mind Matters: Prioritizing
Your *Mental Health*.

✓ Your Health Journey,
Our *Ongoing Support*.



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 stage of bone density loss. This is when bones start to weaken but are not yet fragile.

Osteoporosis

A more severe stage of bone density loss. Bones become brittle and fragile, making breaks or fractures more likely, even from minor falls.





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's 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:

www.mayoclinic.org/tests-procedures/bone-density-test/about/pac-20385273
www.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:

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





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:

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

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%.

Symptoms of depression can include:

- Losing interest or enjoyment in activities
- Not sleeping normally or 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:



Shakiness



Nausea



Gastrointestinal Problems



Muscle Tightness



Headache



Fatigue

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.

We're Here to Support You Every Step of the Way.

At MyTruAdvantage, your health and well-being are our top priorities. Our Case Management and Disease Management clinical teams are here to support you with your healthcare questions and ongoing needs.

You may receive a phone call or letter from one of our nurses or clinical staff.

They're here to:

- Assist you in managing chronic health conditions
- Offer help in finding services or resources
- Help you better understand and navigate the healthcare system

When our clinical staff reaches out by phone, please know:

- They will never ask for your Medicare Number or Social Security number.
- They will always leave a voicemail, when available, with their name, department, and a direct call-back number so you can return the call at your convenience.

We understand that managing your health can sometimes feel overwhelming — that's why we're here. Whether you're adjusting to a new diagnosis, managing a chronic condition, or just need help connecting to resources, you're not alone.





Contact Us!

At MyTruAdvantage, we strive to make your member experience as seamless as possible. If you have any questions, please don't hesitate to call us — we're happy to help you get the information you need to make the most of your health plan benefits.

Member Services:

Phone: 1-844-425-4280 (TTY: 711)

Email: MemberServices@MyTruAdvantage.com

October 1 – March 31: 7 days a week, 8:00am – 8:00pm, Local Time

On Thanksgiving and Christmas Day, leave us a message and we'll return your call within 1 business day.

April 1 – September 30: Monday – Friday 8:00am – 8:00pm, Local Time

On weekends and holidays, leave us a message and we'll return your call within 1 business day.

We put the **Advantage** in Medicare Advantage.



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www.MyTruAdvantage.com

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