



## A-Fib May Be 3 Times More Common Than Thought

The number of Americans with a potentially dangerous heart rhythm condition is three times greater than previously thought, a new study claims.

An estimated 5% of the population -- 10.5 million U.S. adults -- have **atrial fibrillation**, according to new estimates from the University of California, San Francisco (UCSF).

Previous estimates held that around 3.3 million adults had A-Fib, but those projections hadn't been updated in more than two decades, researchers noted.

"These data provide objective evidence to demonstrate that prior projections severely underestimated how common it truly is," said senior researcher **Dr. Gregory Marcus**, a cardiologist and electrophysiologist at UCSF Health.

A-Fib has been on the rise for

at least the past decade, driven by the aging of the population, researchers said. Increasing rates of high blood pressure, diabetes and obesity are also contributing to more people developing the condition.

With A-Fib, the upper chambers of the heart, called the atria, start to beat irregularly.

This allows blood to pool and potentially clot in the atria, increasing a person's risk of stroke.

Untreated A-Fib raises a person's risk of stroke fivefold, and also doubles the risk of heart-related death, researchers said.

"Atrial fibrillation doubles the risk of mortality, is one of the most common causes of stroke, increases risks of heart failure, myocardial infarction [heart attack], chronic kidney disease and dementia, and results in



lower quality of life," said lead researcher **Dr. Jean Jacques Noubiap**, a postdoctoral scholar at UCSF with a specialty in global cardiovascular health.

"Fortunately, atrial fibrillation is preventable, and early detection and appropriate treatment can substantially reduce its adverse outcomes," Noubiap added in a UCSF news release.

For the new estimate, researchers analyzed the medical records of nearly 30 million adults treated in California between 2005 and 2019. About 2 million of these patients had been diagnosed with A-Fib.

The number of A-Fib diagnoses grew over time, rising from about 4.5% of patients from 2005 to 2009 to 6.8% of patients between 2015 and 2019.

After standardizing the data to reflect the entire country,

researchers estimated that at least 10.5 million people have A-Fib.

The new study was published Sept. 11 in the *Journal of the American College of Cardiology*.

"Physicians recognize that atrial fibrillation is often encountered in essentially every field of practice," Marcus said.

The researchers also noted that new technologies might reveal that A-Fib is even more common than their new numbers.

"With the growing use of consumer wearables designed to detect atrial fibrillation combined with safer and more effective means to treat it, this current prevalence of atrial fibrillation in health care settings may soon be dwarfed by future healthcare utilization that will occur due to the disease," Marcus said.

## Many Americans Wary of Vaccines as Fall Flu, COVID Season Looms: Survey

A lot of Americans are on the fence regarding annual flu and **COVID** shots, a new survey finds.

More than one-third of those polled (37%) said they'd gotten vaccines in the past but don't plan to this year, according to results from a nationwide Ohio State University Wexner Medical Center survey.

Just a slight majority -- 56% -- plan to get the flu shot this fall, researchers found.

Less than half (43%) say they'll get the updated COVID

vaccine.

"We're at the start of respiratory virus season, when you have the triple threat of flu, COVID-19 and RSV," said researcher **Dr. Nora Colburn**, medical director of clinical epidemiology at Ohio State's Richard M. Ross Heart Hospital.

"Unfortunately, there is a lot of misinformation about vaccinations, but the reality is that they are safe and highly effective in preventing serious illness and death," Colburn added



in a university news release. "Older adults, people with certain chronic medical conditions and those who are pregnant are especially at risk during respiratory virus season."

Everyone age 6 and older is recommended to get the annually updated flu vaccine, and everyone 6 months or older is recommended to get updated COVID vaccines.

RSV vaccines are recommended mainly for seniors,

including everyone 75 and older and those 60 to 74 at increased risk of severe disease. Pregnant women also are recommended to get the RSV jab.

"Vaccinations play a critical role in helping to keep individuals and communities healthy," Colburn said. "Other things you can do is to stay home when sick, avoid those who are sick and wear a mask if you're not feeling well and going out of your home. All of these things can help prevent you from getting sick and spreading it to others."

## Ovarian Cancer in the Family? Know Your Risks

Nearly a quarter of all ovarian cancers are fueled by family genetics, so what should you do if your mom or sister are diagnosed?

According to one expert, knowing whether you are at high risk is the first step toward taking measures that can mitigate that increased danger. Getting a genetic test for yourself is how you find that out.

What do you do if that test

comes back positive?

According to **Dr. Shaina Bruce**, a gynecologic oncologist at the Penn State Cancer Institute, women at increased risk for ovarian cancer are typically advised to have their fallopian tubes and ovaries removed when they are done having children.

Mutations on BRCA1 and BRCA2, two genes known to



also increase the risk for breast, prostate and other kinds of cancer, are the key culprits behind ovarian cancer.

A patient with a mutation on their BRCA1 gene has a 40% greater likelihood of developing ovarian cancer, Bruce said, while a BRCA2 mutation increases cancer risk by 20%.

"The trouble with removing ovaries in a young woman in her

30s and 40s is that it puts the patient into surgical menopause," Bruce explained. "Also, the estrogen that your ovaries make is important," because it protects a woman's heart and bones and can lower her dementia risk, she added.

However, doctors have discovered in the past decade that more than 80% of ovarian cancers actually begin in the fallopian tubes....**Read More**

## Ozempic Can Prevent Heart Trouble in Folks With Kidney Issues

**Ozempic** and Wegovy can prevent heart problems in overweight and obese people, particularly if they also suffer from kidney disease, a new clinical trial shows.

The drugs' active ingredient, semaglutide, reduced heart health risk by 20% in heavyset people who took it for more than three years, researchers reported Wednesday at the European Association for the Study of Diabetes annual meeting in Madrid.

The study "found a similar percentage reduction in cardiovascular disease with semaglutide in those with and without poor kidney function," said lead researcher **Helen Colhoun**, chair of medical informatics and life course epidemiology with the University of Edinburgh in the U.K.

That's especially good news for people with kidney troubles,

Colhoun explained.

"Because those with poor kidney function have higher background risk of cardiovascular disease, the absolute benefit is greatest in this group," Colhoun said in a meeting news release. "People with impaired kidney function have increased risks of cardiovascular disease and the results show that semaglutide is safe and effective in reducing this risk substantially."

**Semaglutide** mimics the hormone GLP-1, which plays a role in hunger, digestion and insulin control.

For the clinical trial, researchers randomly assigned more than 17,600 overweight or obese people around the world to take either semaglutide or a placebo for an average of 40 months.

The participants had all previously suffered a heart attack



or stroke or had peripheral artery disease when they were recruited between 2018 and 2023, researchers said. None of them had diabetes.

Researchers tracked the patients to see whether they suffered a heart attack, stroke or other major heart-related health problem after starting either semaglutide or a placebo.

People taking semaglutide lost more than 9% of their body weight on average, compared to those taking a placebo, researchers found.

Semaglutide was linked to an 18% reduction in heart health problems or death in people with normal kidney function, compared to those on placebo, results show

For people with kidney disease, semaglutide reduced their risk of heart health problems by 31%, and their overall risk of death by

33%.

"The findings add to the growing evidence of the cardiovascular benefits of semaglutide and underscore its important role as a treatment option in the management of cardiovascular and renal health for the growing number of people affected by obesity," Colhoun said.

However, researchers noted that the results cannot be applied to everyone with kidney disease or failure, because the trial specifically looked at those with existing heart problems prior to receiving semaglutide.

Because these findings were presented at a medical meeting, they should be considered preliminary until published in a peer-reviewed journal.

## A-Fib Risk Drops Soon After Quitting Smoking

Smokers who make the decision to quit will see almost immediate health benefits, including a quick drop in their risk for **atrial fibrillation**, new research shows.

"The findings provide a compelling new reason to show current smokers that it's not too late to quit and that having smoked in the past doesn't mean you're 'destined' to develop A-Fib," said study senior author **Dr. Gregory Marcus**.

"Even for the current and

longtime smoker, A-Fib can still be avoided," said Marcus, a cardiologist at the University of California, San Francisco. His team published its findings Sept. 11 in **JACC: Clinical Electrophysiology**.

With A-Fib, the upper chambers of the heart, called the atria, start to beat irregularly. This allows blood to pool and potentially clot in the atria, increasing a person's risk of stroke.



"There's strong evidence that smoking increases the risk of A-Fib, but the benefits of quitting smoking have been less certain,"

Marcus said. "We wanted to determine whether quitting smoking could lower a person's risk of developing A-Fib or if the risk would stay the same."

To find out, they looked at British data on over 146,700 current or former smokers whose smoking history and health was tracked for 12 years in the UK

Biobank database.

Folks who were former smokers (before they joined the study) had a 13% lower odds for A-Fib than current smokers, and if the smoker quit during the study period their risk of A-Fib fell to 18% below that of current smokers, Marcus' team found.

"This is likely a testament to the potency of reducing atrial fibrillation risk pretty shortly after quitting," Marcus said in a news release from the American College of Cardiology.

## Scientists Identify Key Lifestyle Factor Linked to Cognitive Decline Among Older Adults

**The research examined survey responses over a decade from 32,000 adults aged 50 and older across 14 European countries.**

A new study led by **UCL** researchers suggests that smoking could be one of the most significant lifestyle factors influencing the rate of cognitive decline as we age.

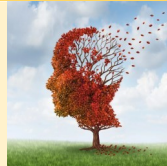
The study, published in *Nature Communications*, analyzed data from 32,000 adults aged 50 or over from 14 European countries who responded to surveys over 10 years.

The researchers investigated how rates of cognitive decline

might differ among cognitively-healthy older adults with different combinations of health-related behaviors, including smoking, physical activity, alcohol consumption, and social contact.

### Findings on Cognitive Decline

Cognitive function was assessed according to participants' performance in memory and verbal fluency tests. Participants were grouped into lifestyles based on whether they smoked or not, whether they did both moderate and vigorous physical activity at least once per



week, whether they saw friends and family at least weekly, and whether they drank more or the same/less than two alcoholic drinks per day (men) or one drink per day (women).

They found that cognitive decline was faster for lifestyles that included smoking, while cognitive decline was generally similar for all non-smoking lifestyles. Smoking lifestyles had cognitive scores that declined up to 85% more over 10 years than non-smoking lifestyles.

The exception was smokers who had a healthy lifestyle in all other areas – that is, they did

regular exercise, drank alcohol in moderation, and socialized regularly. This group had a rate of cognitive decline similar to non-smokers.

### Importance of Non-Smoking and Healthy Behaviors

Lead author Dr. Mikaela Bloomberg (UCL Behavioural Science & Health) said: "Our study is observational so cannot definitively establish cause and effect, but it suggests smoking might be a particularly important factor influencing the rate of cognitive aging....**[Read More](#)**

## Why Beans Are a Natural Superfood

Beans may sometimes give you gas, but one expert says that shouldn't stop you from finding ways to include them in your diet. Why? Because they are packed with nutrients that contribute to good health.

"Beans are in a unique category because they are a protein source, but they are also complex carbohydrates," said **Dr. Mopelola Adeyemo**, a clinical nutritionist at UCLA Health in Los Angeles.

Not only that, but beans also count as vegetables, according to the U.S. Department of Agriculture (USDA) dietary guidelines.

No other food can lay claim to all of these qualities, Adeyemo said.

The good news is that you don't have to eat endless servings of beans to reap big nutritional benefits.

"One of the best things about beans is their very high fiber content," Adeyemo said in a UCLA Health news release.

For example, just a half-cup serving of black beans contains 8 grams of fiber. "That's about 25% of the total fiber you need in a day in just that serving," she said.

Beans are also a great source of plant-based protein. Whether you're vegetarian, vegan or just trying to eat less meat, it's critical to turn to other sources for your protein.

Many other key nutrients are



found in beans as well.

One half-cup contains between 300 and 500 milligrams

of potassium (levels vary by type of bean). Potassium plays a vital role in helping control blood pressure, but most Americans don't get enough of it in their diets.

Beans are also rich sources of:

- ◆ Copper
- ◆ Folic acid
- ◆ Iron
- ◆ Magnesium
- ◆ Vitamin B6

Still, beans' biggest health benefits come from their high fiber content.

"Beans, because of their fiber, can play a significant role in

using food as medicine," Adeyemo said. "Fiber decreases the amount of cholesterol absorbed when you eat."

That high fiber content also helps lower blood sugar, prevents constipation, guards against colon cancer and helps people manage their weight, Adeyemo said.

"The combination fills you up and keeps you feeling fuller longer," she explained. "Studies have shown that people who regularly consume beans have lower body weight and smaller waist circumference than those who don't."

Unfortunately, all that fiber is the main reason why beans cause bloating and gas, especially if you're not used to eating enough of them....[Read More](#)

## Ozempic Could Curb Progression of Diabetes-Linked Liver Disease

Fatty liver disease linked to diabetes and obesity can easily progress to liver cirrhosis, but new research suggests that GLP-1 medicines like Ozempic can help stop that.

In a new decades-long study, veterans with diabetes and what's known as metabolic dysfunction-associated steatotic liver disease (MASLD) were 14% less likely to progress to cirrhosis if they'd taken a GLP-1, compared to other diabetes meds.

One GLP-1 med, semaglutide (Ozempic/Wegovy), seemed especially potent in this regard, according to a team led by **Dr. Fasiha Kanwal**, a professor of gastroenterology at Baylor

College of Medicine in Houston.

Overall, the use of GLP-1 meds "was associated with a lower risk of progression to cirrhosis and death," Kanwal's team reported Sept. 16 in the journal *JAMA Internal Medicine*.

They noted that the medicine must be taken early in the course of MASLD: GLP-1s did not help people whose MASLD had already progressed to liver cirrhosis.

A healthy liver has a fat content of just 5% or less by weight, but in MASLD fat can rise to unhealthy levels that put people at risk for cirrhosis, liver cancer or even the need for a liver



transplant. Obesity and diabetes are prime risk factors driving fatty liver disease.

In the new study, the Houston team looked at data from over 32,000 people with diabetes and MASLD who were all cared for at VA hospitals. Participants averaged about 67 years of age. Half had received a GLP-1 drug such as semaglutide (Ozempic), liraglutide (Saxenda) or dulaglutide (Trulicity) as diabetes treatment, while the other half were in similar health but received another class of diabetes meds, called DPP-4s, instead.

Outcomes were tracked from

2006 through to the end of 2022.

According to the researchers, GLP-1 use cut a patients' overall odds of progressing to cirrhosis by 14% compared with people taking a DPP-4. The odds of dying during the study period also fell by 11% among GLP-1 users.

These healthy effects typically became apparent within 18 to 24 months of using a GLP-1.

"The protective association was not seen in patients with existing cirrhosis, underscoring the importance of treatment earlier in the [MASLD] disease course," Kanwal's group said....[Read More](#)

## Expert Advice on Preparing for the Fall COVID, Flu Season

People should prepare for the fall cold and flu season by getting the updated influenza and COVID-19 vaccinations, an infectious diseases expert says.

"When my patients ask me if they should be getting a COVID vaccine this year, yes, essentially anybody over the ages of 6 months, I'm recommending it," **Dr. Nicholas Turner**, an assistant professor of infectious diseases at Duke University, said in a *HealthDay* interview. "It's especially important for anybody who is over the age of 65 or has a chronic underlying medical condition."

Three updated COVID

vaccines have been approved, all of which target the latest variants.

"I've been recommending that my patients receive one of the updated vaccines, as opposed to one of the older ones, because they better protect against the viruses that are currently circulating," Turner said. "The updated vaccines should already be available."

COVID tends to come in two peaks per year, once in the late summer and early fall and another in the winter, Turner said.

The federal government plans



to offer another round of free at-home COVID tests by the end of the month, in another step to help Americans prepare for any fall outbreaks.

However, Turner says people don't necessarily need to test themselves to see if their sniffles are COVID.

"I would ask two simple questions really. Is this test going to change my own treatment? And is this test going to change what I do around other people?" Turner said.

Treatment with Paxlovid is available to people at higher risk of severe COVID infection, but

these antiviral pills must be taken within five days of symptom onset.

"If individuals are older than 65 or have chronic health conditions that put them at higher risk and they might benefit from treatment for their COVID, testing is a good idea because treatments are most effective when given early," Turner said.

A COVID test also could help people keep other family members or coworkers safe, Turner added....[Read More](#)



## More Than 500,000 Americans Set to Lose Their Medicare Advantage Plans

More than 500,000 Americans are scheduled to lose their **Medicare Advantage** plans now that major insurer

Humana is leaving 13 markets across the country.

The company's Chief Financial Officer Susan Diamond made the announcement during a Wells Fargo Healthcare Conference this month, saying roughly 560,000 members would need to find a new plan.

"In most cases, there will still be Medicare Advantage plans available from other companies, even in areas where there might

not be any Humana plans," Louise Norris, health policy analyst for medicareresources.org, told *Newsweek*. "So most enrollees will still be able to be covered by Medicare Advantage if that's their choice."

Many insurers have been leaving markets after the Centers for Medicare & Medicaid Services decided to lower its Medicare Advantage benchmark rate, leading to reduced profits for insurers across the country.

Humana is also anticipating



that members will utilize their supplemental benefits, from over-the-counter (OTC) cards to dental services, at higher rates, leading to some of the financial changes.

"We are anticipating an even higher level of utilization in some of those services in the fourth quarter of 2024, just recognizing the benefit changes we've made for 2025," Diamond said. "If people get visibility to that, knowing that those benefits will be reduced, we do anticipate an

even further elevated use of some of those benefits."

Earlier in the year, Humana said it would be ending some plans and cutting benefits for patients in 2025 due to financial concerns.

Currently, around 6 million Americans are insured through Humana's Medicare Advantage.

"The insurer recently warned that rising health care costs are squeezing their business model, forcing them to slash benefits and potentially exit some markets altogether in 2025," ...[Read More](#)

## Sleep Changes Common for Stroke Survivors

Less than half of people who've survived a stroke will go on to have a healthy, normal sleep pattern, new research shows.

Normal sleep is defined as six to eight hours of shuteye nightly. However, a majority of the nearly 1,600 stroke survivors in the new study got either too much or too little sleep.

"Sleeping the right amount is considered essential for ideal brain and heart health," said study lead author **Dr. Sara Hassani**, of Duke University School of Medicine in Durham, N.C.

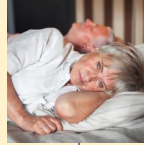
"We know that abnormally long or short sleep after stroke can affect recovery and

deteriorate quality of life, so these results should prompt us to screen for these issues and look at how we can help people improve their sleep habits," she added.

Her team published its findings Sept. 11 in the journal *Neurology*.

Almost 40,000 adults were involved in the new study, and 1,572 of them had survived a stroke. Every two years, they were queried about their average sleep time on a weekday/workday.

Stroke survivors were less likely to get normal sleep



compared to people who'd never experienced a stroke, and the differences were relatively stable by age: 32% vs. 54%, respectively, for people age 18-44; 47% vs. 55% for people age 45-64; and 45% vs. 54% for people over age 65.

After accounting for risk factors such as high blood pressure, age and weight, long sleep -- more than eight hours -- was 54% more common among stroke survivors, Hassani's group reported.

Likewise, short sleep -- less than six hours -- was 50% more likely among stroke survivors

than people without a history of stroke.

"In previous research, stroke has been linked to abnormal sleep, in particular sleep apnea," Hassani said in a journal news release. "Conditions like insomnia and excessive sleepiness are common in stroke patients and may occur as a direct or indirect consequence of stroke itself. Future research should explore the links between stroke and duration of sleep and determine the effect of sleep duration on outcomes after stroke."

## Black Stroke Patients More Likely to Arrive Late at Hospital, Without Prior ER Notification

Black **stroke** victims are arriving at emergency rooms much later than white patients, greatly increasing their risk of death or lifelong disability, a new study finds.

Every second counts when it comes to treating a stroke, experts say.

Any moment's delay allows for more brain damage to occur, and patients could arrive too late for doctors to provide advanced stroke treatments like clot-busting medications or clot-removal surgery.

But it takes Black patients about 28 minutes longer to be brought to a hospital for emergency care after developing stroke symptoms, according to results published recently in the journal *Circulation*.

"Unfortunately, we are seeing that disparities in the care of

acute stroke begin before the patient even reaches the hospital," said lead researcher **Dr. Regina Royan**, a clinical assistant professor of emergency medicine at the University of Michigan Medical School. "We need to devote greater attention to eliminating these differences in care from the minute a patient calls 911."

Additionally, emergency medical workers are 20% less likely to alert a hospital ahead of a Black stroke patient's arrival, compared to a white patient, researchers found. Hispanic and Asian stroke patient also had lower odds that paramedics would call ahead.

Making sure ERs are ready to receive a stroke patient can improve treatment time, further boosting their odds of survival.



"We know that an EMS notification of stroke leads to more timely and high-quality care when a patient arrives at the emergency department, yet these gaps in prehospital notification exist and may be getting worse," said researcher **Dr. Brian Stamm**, a clinical instructor of neurology at the University of Michigan.

For the new study, researchers evaluated American Heart Association data for more than 600,000 patients treated for stroke between 2015 through 2019.

About the same percentage of Black and White patients called 911 for paramedic care and transport during a stroke, results show.

But it took longer for EMS to transport Black patients to an ER, researchers found.

Patients that live in more deprived counties -- with more poverty, lower education and less access to transportation -- also took longer to arrive at an ER or have the hospital notified in advance.

These delays in transport might be partly due to systemic problems in EMS care, researchers said.

"In rural areas, an entire county may be serviced by a single municipal EMS agency," said senior researcher **Dr. Tracy Madsen**, vice chair of research in emergency medicine at Brown University.

"Future national studies could evaluate the role that different EMS agencies play in prehospital stroke performance," Madsen added in a American Heart Association news release.