July 2023

Utah Retired School Employees Association

# BULLETIN

## President's Message



Dr. Larry Dean

The Utah Retired School Employees Association (URSEA) is appreciative of the partnership we have with AARP. The State of Utah director Alan Orsmby and the Outreach Director Jill Duke have been extremely supportive of URSEA. Their main purpose is to protect the rights and benefits of retired individuals throughout the United States, whether it is Social Security Benefits or a variety of other programs that retirees have earned and deserve. We also appreciate them allowing us to use their beautiful facility to hold our monthly board meetings in Midvale, Utah.

We also appreciate the partnership that has been fostered between our organization and the Association Member Benefits Advisors better known as AMBA. This organization specializes in providing retired educators and other public employees with countless quality coverages at competitive prices. They also provide a scholarship for teachers who apply to pursue a graduate degree. AMBA's leadership, which includes Jeff Kail and Nancy Christopherson, has been working hard on plans and strategies to strengthen the numbers of URSEA membership.

The upcoming dates of July 4th and July 24th are two of my favorite holidays. Old Glory seems to wave with a special purpose that exclaims to the World how special Utah and the United States of America truly are. The parades, the patriotic music, special activities are truly mesmerizing to me. It always makes my heart swell to witness how most Americans appreciate the blessings that our Forefathers have provided us. During this upcoming month of July 2023, take a moment out loud or privately to say THANK YOU to anyone you know that has made it possible for us to enjoy the freedoms and way of life that we enjoy. God Bless America!

All my best,
Dr. Larry Dean
URSEA President

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## FROM THE DESK OF THE EXECUTIVE DIRECTOR



### Arthur Cox

Summer is here and we hope all of the members of the Utah Retired School Employees Association are enjoying themselves after a long and cold winter. For many members now is the time to travel, to visit relatives and loved ones, to work in the yard planting flowers, to have BBQ's with families or friends or just sit back and relax on your deck or patio. The board members of URSEA have been putting finishing touches on projects that are important to our members. We have sent out scholarship applications to every school in the state of Utah urging educators that might be returning to universities or colleges to further their education to apply for the URSEA Educator Scholarship. We will be selecting eight educators that meet our qualifications for a $1,250.00 scholarship. URSEA will provide six scholarships, AARP will provide one and AMBA, our benefits provider, will provide one. We also want to thank our members that have sent in donations to the scholarship fund. The generosity of our members has helped many teachers continue their educational studies.

The URSEA board has been busy preparing for our annual members conference in September. It has been two years since our last members conference. We are very excited to finally provide our members with a fun and timely meeting. The conference date is set for September 15th, at the Best Western Plus CottonTree Inn in Sandy, Utah. We will be providing lunch, important speakers and prizes for our attendees. You don't want to miss this fun and exciting URSEA event. We encourage all members to attend and bring your spouse. Cost for the conference is $15.00 for members and $20.00 for your spouse or partners. There is a registration form in this bulletin that you can fill out and mail in to Dr. Larry Dean, URSEA President or Arthur Cox, URSEA Executive Director.

You will find in this bulletin information from the Utah Retirement Services, information from AARP and information from AMBA, the benefits provider for URSEA. We encourage you to sign up for automatic membership dues deduction. It is cheaper to have your membership dues deducted from your monthly pension check. The monthly dues deduction from your check is $1.00 each month. An annual membership dues paid yearly is $15.00. We are encouraging all of our members to reach out and let one retired educator know about our association and all the benefits that we can provide to our members. For every member that you have encouraged to join URSEA we will give you one free year of membership dues. If you have any questions or ideas that can be a benefit to our members please contact Dr. Larry Dean, President, drlarrydean28@gmail.com or Arthur Cox, Executive Director, acecox49@gmail.com.

## PLEASE HELP URSEA GO GREEN

Those wishing to receive the URSEA:Bulletin and other information via email, simply enter your name, email address, and phone number at URSEAGREEN2025@GMAIL.COM This will eliminate the snail mail and ensure greater accuracy.

Thanks, Larry Millward

## Scholarship News

Happy Summer!

We have started our scholarship project to find teachers who are all ready in the field to apply for one of our scholarships! The teachers must be actively involved in education who wish to become better teachers by going back to college to learn new things or have a special project in mind to advance student learning in their classroom. This opportunity is open to every elementary and secondary teacher in the State of Utah! The scholarship amount this year is $1,250.00. The information was given to every principal/school in the State of Utah. We have received many applications from teachers desiring help with their dream. The elementary and secondary committees will evaluate the applications and select four elementary and four secondary teachers as winners for the 2023-2024 school year. We will try to keep you posted as we move forward with this big project!
Sarah Voigt - URSEA Scholarship Chair.




***Help Support The URSEA Teacher Scholarship Fund!***

### YOU CAN HELP TEACHERS ADVANCE THEIR EDUCATION

If you would like to donate to the URSEA TEACHER SCHOLARSHIP FUND please fill out the information below, with your donation and mail it to URSEA TEACHER SCHOLARSHIP FUND, Arthur Cox, Executive Director, 8931 Shady Meadow Drive, Sandy Utah, 84093 or to Sarah Voigt, President, 401 East 500 North, Kaysville, Utah,84037

**URSEA TEACHER SCHOLARSHIP FUND**

Name_____

Address_____

Would you like your name listed as a donor?_____

Would you rather remain anonymous_____

Amount of Donation Check_____

Make check payable to The URSEA Scholarship Fund. This donation will only be used to promote URSEA scholarships for Utah Teachers that are going to advance their education.

## LEGISLATIVE SESSION

I was able to determine that there were over 2200 bills and resolutions considered before they were numbered. Of that number 933 were numbered: House 567 bills and 42 resolutions; and Senate 300 bills and 24 Resolutions, a total of 867 bills and 66 resolutions, 575 of which passed both houses. The governor vetoed one House bill and one Senate bill, so 573 bills became law. This compares to last year's total of 752 bills and 56 resolutions, 512 of which passed.

Our legislature is composed of a total of 104 legislators. So that would be an average of about 21 bills/resolutions requested per legislator. One can only imagine how much better bills would be debated, how much less revision would have to be done in future legislative sessions, if our legislature would simply establish a limit of about 5 or 6 bills a legislator could submit in a session.

Of the 19 bills I commented on, the legislature agreed with me on 15 of them. The Deseret News reported that "Utah lawmakers appropriated record funding to Utah's public schools, increasing the education budget by $383 million in ongoing revenue, up 9% over the previous year, the lion's share of the increase was a 6% bump to the value of the weighted pupil unit, $10 million for teacher bonuses. . . a one-time $64 million increase for paid professional hours for teachers. . . ."

And the "Hope Scholarship" bill, a re-run from last year which was clearly a voucher bill which allotted millions of dollars to private school students with no accountability as to how the money would be spent or how those who received the scholarships performed academically, this year cleverly included a teacher pay bonus. And while none of the professional associations that support teachers supported the bill, the legislature passed it in such a way that it couldn't even be vetoed by the Governor.

There were several bills that if passed would have greatly restricted/mandated how a teacher planned and presented curriculum, which thankfully were not approved. My comments to the legislators on those bills were quite wordy, but I will here include some of my response to SB114, Public School Curriculum Requirements, which addressed requirements related to the approval of materials for classroom use and certain policies. This bill, along with HB 234, was clearly designed to deal with the challenges presented to several school districts by parents about textbooks being used that supposedly contained material that some parents didn't want their children to be exposed to.

The bill was very well written to make sure that there could be no major challenges of instructional materials and supplemental materials if the school followed the instructions to the letter. Here is part of my comment: ". . . . it seems to me that to do what this bill asks of a district would almost require that a district establish a special department to conduct the evaluation of materials, as materials are updated and changed constantly, and not all teachers use the same materials.

"What the writers of this bill apparently don't understand is that a main reason in-person teaching is more effective than on-line instruction is that the in-person teacher is an individual who is teaching how and what he/she feels the best way to teach, and who recognizes that every student is different, so tries to present ideas and concepts the best he/she can do to meet every student's needs, which means that different teachers will often use different teaching materials, which means that more materials will have to be approved in this lengthy process constantly.

"Teachers are not robots. Students are not robots. Our system of public education is one of the best in the world in many ways. Every teacher, every teaching material is not perfect. . . . If a parent is concerned about a teacher's methods, unless that teacher is doing something totally illegal, it is best for the student if the parent helps the student learn how to work with that teacher, which will help that student in the long run in getting along with employers and fellow employees. Almost all textbooks have been approved by the State School Board. If a parent has a problem with a teaching material that parent should present his/her concerns to the teacher, and the local school board if necessary.

" Please do not place an additional burden on our local school boards by passing SB114."

I don't know if what I said or how I said it helped, but the bill did not pass.

I have noted in previous articles that my head is having a harder time studying bills and writing clear responses, so if there is a person not in cognitive decline who would enjoy doing this, please let the URSEA Board know.

Fred Ash, URSEA Legislative Chair

**UTAH RETIRED SCHOOL EMPLOYEES ASSOCIATION**
**ANNUAL**
**MEMBERS CONFERENCE**

Lunch will be provided, important presenters, prizes and fun

**FRIDAY, SEPTEMBER 15TH 2023**

AT

**The Best Western Plus Cottontree Inn**
10695 S. AUTO MALL DRIVE
SANDY, UTAH
(take 106th S. exit from I-15 and head one block south to Auto Mall Drive)

**APPLICATION FOR URSEA CONFERENCE SEPTEMBER 15, 2023**
**Please return by September 1st**

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**NAME:** _____
**Please print**

**NAME OF SPOUSE OR PARTNER:** _____
**Please print**

**ADDITIONAL NON MEMBERS ATTENDING:** _____
**Please print**

**Member:** **$15.00** ☐
**Non member each** **$20.00** ☐
**Total:** **$**_____

**Mail application to:**

Dr. Larry Dean
5011 West 11000 North
**Highland, Utah 84003**

OR

**Arthur Cox**
**8931 S. Shady Meadow Drive**
**Sandy, Urah 84093**

## STATE OF THE UNITS

Mary Ann Bundy

Much appreciation to our Units who are keeping our retirees united. Dahnelle from Alpine suggested that we all bring a new retiree to get acquainted at future gatherings.

**ALPINE RSEA** Fourteen members and guests enjoyed their quarterly lunch May 1st at the Golden Coral on University Parkway in Orem. Dahnelle Smith shared some interesting benefits gained through her volunteering experiences. All members are asked to invite a new retiree to the next luncheon Aug. 7th at 1:15.

**BOX ELDER RSEA** Calvin Hunsaker will be getting an invite out soon. Bring a new retiree so they, too, can enjoy meeting the group.

**CACHE VALLEY RSEA** DeLoy and Rodell hosted a nice picnic in their back yard June 5th. Enjoy July and August with your families then resume regular lunches at Logan Golf Club Sept. 11th at 1:30. Labor Day makes the date one week later.

**CARBON RSEA** Friends still gather when and where they can to enjoy friendships.

**COLOR COUNTRY RSEA** Our group is looking forward to reorganizing for fun and friendships.

**DAVIS RSEA** Our Spring activities were educational and fun; and the best part was lunch and free donuts at "Tasty's". We're all looking forward to our big picnic on Monday the l8th of September at one o'clock at Andy Adams Park on Gordon Ave. in Layton. Come one, come all—especially new retirees.

**GREATER SALT LAKE/WASATCH FRONT RSEA** Members are asked to bring a new retiree with them to lunch at 1:00pm in Midvale at the Golden Coral on the 1st Tues. each month. Book club's on summer break till Sept. to discuss "Ride of Her Life". (horse back across the USA/ not part of the Pony Express)

**OGDEN RSEA** Members enjoy a noon lunch at the Prairie Schooner the last Monday each odd month. July 31st is the next lunch with great expected door prizes. Contributions are welcomed each month for the Christmas Box in Ogden.

WEBER RSEA Kay Wecker reminds members that there are no meetings during the Summer break. The third Monday in September will be start up day for lunches at the Prairie Schooner at noon in Ogden—that's the 18th. Bring a new retiree to get acquainted with our group.

**UINTAH/DUCHESNE RSEA** Cheryl Grammer is visiting in California and was unable to report news this Bulletin.

We welcome news from all Units and appreciate your efforts. All members enjoy any opportunity to get together with friends.

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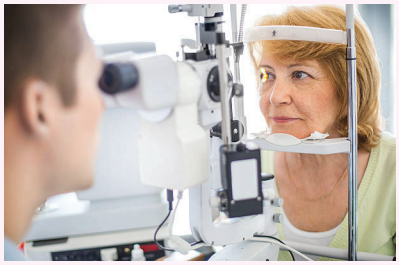
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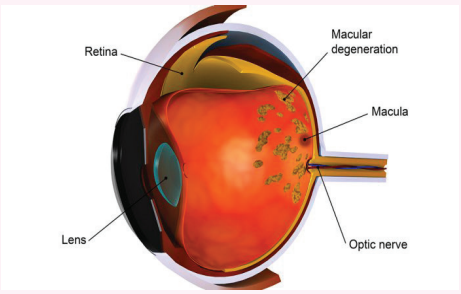
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# 3 WARNING SIGNS OF MACULAR DEGENERATION

**Whether wet or dry, these symptoms warrant a visit to an eye doctor**
**by Kimberly Goad, AARP, October 27, 2022**






You can ward off plenty of health conditions by looking out for early warning signs. But that's not possible with age-related macular degeneration (AMD), the leading cause of vision loss in people over 50. That's because there are no warning signs in the early stages.

"Age-related macular degeneration is a disease that can be insidious, often with symptoms coming on slowly over years," says Michelle Andreoli, M.D., an ophthalmologist at Northwestern Medicine and spokesperson for the American Academy of Ophthalmology. "The slow onset of symptoms can lead to advanced disease before patients are aware of the change."

AMD, which affects 11 million people in the United States, is a progressive eye disease that affects the central vision and, as a result, the ability to see fine details. If you have advanced AMD, it's all but impossible to drive, read, watch TV or recognize faces.

There are two types of AMD: dry and wet. The overwhelming majority of people with the disease have dry AMD. With the dry form, parts of the macula — located at the center of the retina, the light-sensitive tissue at the back of your eyes — become thin over time and tiny clumps of protein called drusen grow, gradually blurring your central vision. Any stage of dry AMD can turn into the wet form, but the reverse isn't true; wet AMD is always late stage.

With wet AMD, abnormal blood vessels grow under the macula, ultimately leading to fluid and blood leakage, causing scarring of the macula.

"Symptoms like the ones described below should prompt patients to see their eye care specialists for an eye exam," says Akrit Sodhi, M.D., professor of ophthalmology at the Wilmer Eye Institute at Johns Hopkins Medicine. "They could be due to development of advanced AMD, dry or wet."

**Here are three warning signs of AMD.**

**1. Blurriness**
The haziness comes on so gradually you may think the solution to the fuzzy print on the page or your computer screen is a new eyeglass prescription, if not a brighter bulb in the overhead lighting. And it may be. But blurriness is also a hallmark symptom of AMD.

**2. Straight lines appear wavy**
Imagine looking at lines of text on a page that look bent or curved. Or maybe it's the window blinds, bathroom tiles or bookshelves that appear that way. When lines that should be straight aren't, you may have AMD.

**3. Blank areas in your central vision**
Often, the earliest changes associated with AMD are tiny blind spots in your central vision — as opposed to your peripheral vision — that can slowly enlarge and multiply over time, says Andreoli. "Eventually, these tiny blind spots start to blend together, leading to central vision loss." And although you may retain some peripheral vision, it's difficult to read and recognize other people's faces.

**How to Treat AMD**
With AMD, there's no cure, but there are ways to prevent the disease from progressing. That's why the American Optometric Association recommends annual eye exams for people over 60. During the exam your doctor will look at the macula for what's known as drusen, yellow deposits of fats and proteins. Some small drusen are to be expected with age and don't cause vision loss. But medium-sized or larger ones are a classic sign of AMD. "Regular visits with an ophthalmologist can detect AMD years before patients notice anything is wrong," says Andreoli. "Early detection of changes can lead to treatments that can slow progression or reverse vision loss in some cases of AMD."

**Vitamins to treat age-related macular degeneration**
Research shows that taking certain high-dose vitamins and minerals — specifically, vitamins C and E, zinc, lutein, zeaxanthin, and copper — slows progression of the disease in people with intermediate AMD and those with late-stage AMD in one eye. But that's not to say you should load up on these vitamins and minerals willy-nilly. Supplements known as AREDS2 are sold over the counter in specific quantities. Talk with your eye doctor about whether such high-dose supplements make sense for you.

"Wet AMD is treated with the same AREDS2 vitamins as dry AMD, but also with injections of medications into the eye to treat the leaking blood vessels," says Andreoli. These medications help reduce the number of abnormal blood vessels in your retina. They also slow leakage. "Currently, these treatments are focused on stopping progression of disease, but good treatments that reverse damage are still in the works."

**Prevention strategies**
Lifestyle also plays a part in treating AMD, adds Sodhi. "Reducing exposure to sunlight by wearing sunglasses, avoiding cigarette smoke, eating a healthy diet and getting annual eye exams can help lower the risk that a patient develops vision loss from AMD as they get older," he says.

**Who's Most at Risk**

**You're at risk for AMD if you are:**

**Over age 60**
As we age, "the cumulative exposure to oxidative stress can affect the health of the retina and, in particular, the macula," says Sodhi. "The blood flow to the outer retina is reduced, the delivery of oxygen to the retina can be compromised, and the ability of the retina to tolerate the additional burden of oxidative stress declines."

**Regularly exposed to cigarette smoke**
Research shows that not only smokers, but also people who are regularly exposed to cigarette smoke, are at greater risk for AMD. That's because smoking speeds up the deterioration of the macula by increasing the number of damaging chemical compounds and reducing blood and oxygen to the eye. The good news? A study published in the British Journal of Ophthalmology found that stopping smoking can reduce your odds of AMD; the risk in former smokers who hadn't smoked for over 20 years was comparable to nonsmokers.

**Have a family history of AMD**
If your parents, siblings or children have AMD, you have a higher risk for getting it too.

**Caucasian or Asian**
Research shows that white people have 10 times the prevalence of AMD as African Americans. And a review of population studies in Japan, China, Malaysia, India and South Korea found that prevalence of AMD in Asians 40 to 79 years old was almost equal to that of Caucasians, 6.8 percent versus 8.8 percent, respectively.



# CAUTION! THESE DRUGS CAN CAUSE MEMORY LOSS

**If you're experiencing forgetfulness, brain fog or confusion, check your medicine cabinet**

**by Dr. Armon B. Neel, Jr., AARP, Updated April 14, 2023**



For a long time, doctors dismissed forgetfulness, brain fog and mental confusion as normal parts of aging. But scientists now know that memory loss as you get older is by no means inevitable. In fact, routine memory, skills and knowledge may even improve with age, according to the Centers for Disease Control and Prevention (CDC).

Most people are familiar with at least some of the things that can impair memory, including alcohol and drug abuse, heavy cigarette smoking, head injuries, stroke, sleep deprivation, severe stress, vitamin B12 deficiency, and illnesses such as Alzheimer's disease and depression.

But what many people don't realize is that a number of commonly prescribed drugs also can interfere with memory. Here are seven of the top types of memory-robbing medications.

**1. ANTIANXIETY DRUGS (BENZODIAZEPINES)**

**Why they are prescribed:** Benzodiazepines are used to treat a variety of anxiety disorders, agitation, seizures, and delirium and muscle spasms. Because benzodiazepines have a sedative effect, they are sometimes used to treat insomnia and the anxiety that can accompany depression.

**Examples:** Alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), diazepam (Valium), flurazepam, lorazepam (Ativan), midazolam, quazepam (Doral), temazepam (Restoril) and triazolam (Halcion).

**Drugs That May Cause Memory Loss**

1. Antianxiety drugs
2. Antiseizure drugs
3. Tricyclic antidepressants (older class)
4. Narcotic painkillers
5. Sleeping aids
6. Incontinence drugs
7. Antihistamines (first generation)

**How they can affect memory:** Benzodiazepines dampen activity in key parts of the brain, including those involved in the transfer of events from short-term to long-term memory. In fact, they're used in anesthesia for this very reason.

**Alternatives:** Benzodiazepines should be prescribed only rarely in older adults, and then only for short periods of time. It takes older people much longer than younger people to flush these drugs out of their bodies, and the ensuing buildup puts older adults at higher risk for not just memory loss but delirium, falls, fractures and motor vehicle accidents. Another drawback: They're addicting, says D.P. Devanand, M.D., professor of psychiatry and neurology at Columbia University Medical Center.

If you take one of these meds for insomnia, mild anxiety or agitation, talk with your doctor or other health care professional about treating your condition with other types of drugs or nondrug treatments. If you have insomnia, for instance, the first line of treatment is cognitive behavioral therapy for insomnia (CBT-I). And an antidepressant might be able to treat your anxiety, Devanand notes.

Be sure to consult your health care professional before stopping or reducing the dosage of any benzodiazepine. Sudden withdrawal can trigger serious side effects, so a health professional should always monitor the process.

**What About Statins?**
Statins appeared in an earlier version of this article, published in 2016, but more recent research is giving these cholesterol-lowering drugs the boot from the list.

"Very large studies performed in hundreds of thousands of individuals monitored very carefully do not show any increase in memory problems or anything else related to brain function," says Donald Lloyd-Jones, M.D., chair of the Department of Preventive Medicine at Northwestern Medicine and immediate past president of the American Heart Association (AHA). A 2018 scientific statement from the AHA says there is "no convincing evidence for a causal relationship" between statins and cognitive dysfunction.

In fact, Lloyd-Jones says the data suggests that statins may be protective against cognitive decline, since they are effective at preventing strokes.

If you have concerns about potential side effects from statins — or any drug — talk to your doctor. "Any medication can cause any number of different types of side effects. And those vary from individual to individual," Lloyd-Jones says.

**2. ANTISEIZURE DRUGS**
**Why they are prescribed:** Long used to treat seizures, these medications can also be prescribed for nerve pain, bipolar disorder, mood disorders and mania.

**Examples:** Acetazolamide (Diamox), carbamazepine (Tegretol), gabapentin (Neurontin), lamotrigine (Lamictal), levetiracetam (Keppra), oxcarbazepine (Trileptal), pregabalin (Lyrica), rufinamide (Banzel), topiramate (Topamax), valproic acid (Depakote) and zonisamide (Zonegran).

**How they can affect memory:** Anticonvulsants are believed to limit seizures by dampening the flow of signals within the central nervous system (CNS). Drugs that depress signaling in the CNS can cause memory loss. One thing to note: These medications can be sedating, "and sometimes it's hard to separate what is a true cognitive decline from simple sedation," Devanand says.

**Alternatives:** Many patients with seizures do well on phenytoin (Dilantin), which, at lower doses, has less of an impact on memory. Patients with chronic nerve pain find that venlafaxine (Effexor) — which also spares memory — alleviates their pain. Another option: Ask your doctor if adjusting your dosage is a possibility. Symptoms of cognitive decline are less likely to occur with low doses of antiseizure medicines, Devanand says.

**3. TRICYCLIC ANTIDEPRESSANTS**
**Why they are prescribed:** This older class of antidepressant drugs is prescribed less often these days, but some people still use tricyclics for depression, anxiety disorders, obsessive-compulsive disorder and nerve-related pain.

**Examples:** Amitriptyline, clomipramine (Anafranil), desipramine (Norpramin), doxepin (Silenor), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil) and trimipramine (Surmontil).

**How they can affect memory:** Tricyclic antidepressants block the action of serotonin, norepinephrine and other chemical messengers in the brain, which can lead to a number of side effects, including lapses in memory.

**Alternatives:** Newer antidepressants like fluoxetine (Prozac), sertraline (Zoloft) and other selective serotonin reuptake inhibitors (SSRIs) don't have the same anticholinergic effects as tricyclic antidepressants and therefore don't interfere with cognition, Devanand explains. You can also talk with your health care provider about **whether nondrug therapies** might work just as well or better for you than a drug.

**4. NARCOTIC PAINKILLERS (OPIOIDS)**
**Why they are prescribed:** These medications are sometimes used to relieve moderate to severe pain from surgery or injuries. In some instances, they can also be used to treat chronic pain.

**Examples:** Fentanyl (available as a patch), hydrocodone (Vicodin), hydromorphone (Dilaudid, Exalgo), morphine and oxycodone (Oxycontin). These drugs come in many different forms, including tablets, solutions for injection, transdermal patches and suppositories.

**How they can affect memory:** These drugs work by stemming the flow of pain signals within the central nervous system and by blunting one's emotional reaction to pain. Both these actions are mediated by chemical messengers that are also involved in many aspects of cognition, so use of these drugs can interfere with long- and short-term memory, especially when used for extended periods of time. Researchers have also found a link between opioid **use** and dementia in older adults.

**Alternatives:** In patients under the age of 50 years, nonsteroidal anti-inflammatory drugs (NSAIDs) are the frontline therapy for pain. Unfortunately, NSAID therapy is less appropriate for older patients, who have a much higher risk of gastrointestinal bleeding. Research shows the risk goes up with the dosage and duration of treatment.

Talk with your doctor or other health care provider about whether tramadol, a nonnarcotic painkiller, might be a good choice for you. Acetaminophen (Tylenol) may be another option, but again, it's important to consult your doctor about risks, side effects and drug interactions for all medications.

**BETA-BLOCKERS AND YOUR MEMORY**
While there is no evidence that beta-blockers — prescribed for heart failure, angina, certain heart rhythm disorders and sometimes high blood pressure — contribute to long-term cognitive decline or dementia, they can make some people feel "fatigued," "foggy" and "not their sharpest," Lloyd-Jones says.

If you experience these effects, don't stop taking your medication. Talk to your doctor about switching to a different beta-blocker with a slightly different chemical composition, Lloyd-Jones suggests.

**5. SLEEPING AIDS (NONBENZODIAZEPINE SEDATIVE-HYPNOTICS)**
Why they are prescribed: Sometimes called the "Z" drugs, these medications can be used to treat insomnia and other sleep problems. They also are prescribed for mild anxiety.

**Examples:** Eszopiclone (Lunesta), zaleplon (Sonata) and zolpidem (Ambien).

**How they can affect memory:** Although these are molecularly distinct from benzodiazepines (see No. 1 above), they act on many of the same brain pathways and chemical messengers, producing similar side effects and problems with addiction and withdrawal. The "Z" drugs also can cause amnesia and sometimes trigger dangerous or strange behaviors, such as cooking a meal or driving a car with no recollection of the event upon awakening.

**Alternatives:** There are alternative drug and nondrug treatments for insomnia and anxiety, so talk with your health care professional about options. Melatonin, for instance, can help to reestablish healthy sleep patterns. And cognitive behavioral therapy for insomnia (CBT-I) is the first-line treatment for the sleep disorder.

Before stopping or reducing the dosage of these sleeping aids, be sure to consult your health care provider. Sudden withdrawal can cause serious side effects, so a health professional should always monitor the process.

**6. INCONTINENCE DRUGS (ANTICHOLINERGICS)**
**Why they are prescribed:** These medications are used to relieve symptoms of overactive bladder and reduce episodes of urge incontinence, an urge to urinate so sudden and strong that you often can't get to a bathroom in time.

**Examples:** Darifenacin (Enablex), oxybutynin (Ditropan XL), solifenacin (Vesicare), tolterodine (Detrol) and trospium (Sanctura). Another oxybutynin product, Oxytrol for Women, is sold over the counter.

**How they can affect memory:** These drugs block the action of acetylcholine, a chemical messenger that mediates all sorts of functions in the body. In the bladder, anticholinergics prevent involuntary contractions of the muscles that control urine flow. In the brain, they inhibit activity in the memory and learning centers. The risk of memory loss is heightened when the drugs are taken for more than a short time or used with other anticholinergic drugs.

Older adults are particularly vulnerable to the other adverse effects of anticholinergic drugs, including constipation (which, in turn, can cause urinary incontinence), blurred vision, dizziness, anxiety, depression and hallucinations.

**Alternatives:** As a first step, it's important to make sure that you have been properly diagnosed. Check with your

doctor or other health professional to see if your urinary incontinence symptoms might stem from another condition (such as a bladder infection or another form of incontinence) or a medication (such as a blood pressure drug, diuretic or muscle relaxant).

Once these are ruled out, try some simple lifestyle changes, such as cutting back on caffeinated and alcoholic beverages, drinking less before bedtime, and doing exercises to strengthen the pelvic muscles that help control urination.

Some urologists are treating overactive bladder with Botox injections to help the muscle relax. Solutions beyond the medicine aisle can also come in handy. "I've been really thrilled with the improvements in protective [undergarment] items. They've really come a long way," says K. Ashley Garling-Nañez, clinical assistant professor at the University of Texas at Austin College of Pharmacy. "There are a lot more options for active adults."

**7. ANTIHISTAMINES (FIRST GENERATION)**
**Why they are prescribed:** These medications are used to relieve or prevent allergy symptoms or symptoms of the common cold. Some antihistamines are also used to prevent motion sickness, nausea, vomiting and dizziness, and to treat anxiety or insomnia.

**Examples:** Brompheniramine (Dimetane), chlorpheniramine (Chlor-Trimeton), clemastine (Tavist), diphenhydramine (Benadryl) and hydroxyzine (Vistaril).

**How they can affect memory:** These medications (prescription and over-the-counter) inhibit the action of acetylcholine, a chemical messenger that mediates a wide range of functions in the body. In the brain, they inhibit activity in the memory and learning centers.

**Alternatives:** Newer-generation antihistamines such as loratadine (Claritin) and cetirizine (Zyrtec) are better tolerated by older patients and do not present the same risks to memory and cognition.

**OTHER MEDICATIONS WORTH NOTING**
**Corticosteroids.** These anti-inflammatory drugs, which are used to treat rheumatoid arthritis, lupus and other conditions, can cause confusion and memory loss in patients on high doses, Devanand says. They can also trigger depression.

**Heartburn medications.** Some recent studies, including one from 2022 published in BMC Medicine, have found a link between medications commonly used to treat gastroesophageal reflux disease (GERD), heartburn and peptic ulcers with an increased risk of dementia. If you take an over-the-counter proton-pump inhibitor, Garling-Nañez says it's important to use the medication in moderation and for short amounts of time. "Anything over the counter, try not to use it for more than two weeks at a time, is typically what we recommend," she says.

**Cannabinoids.** Access to cannabis, and use of the drug, has grown in recent years. Mounting research shows that cannabis may have an effect on our cognition. A study published in The American Journal of Psychiatry in March 2022 followed approximately 1,000 individuals and found that long-term cannabis users showed cognitive deficits, as well as memory and attention problems. Another study from 2020 found cannabis use was associated with deficits in executive function, learning and memory.

**Check your numbers**
The number of drugs you're taking could be affecting your memory, as well. Taking multiple medications — a practice known as polypharmacy — has been linked to lower memory function in older adults, as well as an increased risk for delirium.

A report from the Lown Institute shows that 42 percent of older adults take five or more prescription medications. If you're concerned about the number of pills crammed into your pillbox, Garling-Nañez suggests asking your doctor if every single one of them is still necessary, or if there are any you can stop taking. If you do stop taking medication, just be sure to do so under the supervision of your doctor. "Some have to be tapered off; you can't just go off them cold turkey," she adds.

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## REPORT YOUR VOLUNTEER HOURS

"Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in".
~Author Unknown

Margaret Jones,
Volunteer Chairperson
margjones1@gmail.com
Please put "Volunteer hours" in the subject




### 2023 URSEA Volunteer Hours

**Name: _____**
**Address: _____**
**City, State & Zip:_____**
**Email: _____ Phone: _____**
**Local RSEA: _____**

**I plan to volunteer approx._____ hours in 2023.**
**All hours for 2023 must be submitted no later than Dec. 31, 2023.**
**Email information either monthly or a grand yearly total to Maggie Jones at: margjones1@gmail.com**
**Or send this form to Maggie in the mail:**
**4825 W. 4000 S., West Haven, UT 84401**

## PLEASE Join or RENEW YOUR MEMBERSHIP TODAY

*Note: If you are currently a CM or Continuing Member by having $1 a month deduction, you need not reapply. (If you are not sure, check the deductions on your retirement check. It is also noted on the last page of the Bulletin.)*

Membership in URSEA is an investment in your retirement future! Your membership makes a difference in many ways. Please join the thousands of other Utah school retirees who have already become members by completing the enclosed application and returning it to the address indicated. To learn more about the Utah Retired School Employees Association, please visit our web page at www.ursea.org

URSEA has a group benefit package that gives our members sole access to a variety of insurances, travel perks, and computer discounts. Many of our members are using these benefits to enhance their retirement and make their retirement checks go just a little further.

The Utah Retired School Employees Association will be only as strong as the dedication and unity of its members. If you have any questions regarding the URSEA or this letter, please contact the URSEA Office at 1-801-561-4528

**Your Local Unit and State Associations are working together for you. For more information on your area's local unit, please check our web page at www.ursea.org under the link, local units.**

**Please help us!! We are receiving checks for membership renewal from members that are also having $1 per month taken out of their retirement check.**
**Look at your name and address on this bulletin. Above your name is printed "RENEWAL DATE". If the letters CM appear next to that date, do not send a check to renew your membership. CM means that your membership automatically renews with the $1 per month from your Utah State retirement.**

**THANKS FOR BEING A MEMBER!!**

## UTAH RETIRED SCHOOL EMPLOYEES ASSOCIATION

### Membership and Enrollment Form

**(PLEASE PRINT ALL INFORMATION)**

Name_____Date of Birth_____Date of Retirement_____

Address_____City_____State_____Zip_____

Telephone_____E-Mail_____Social Security # xxx-xx-_____
LAST FOUR DIGITS ONLY (MANDATORY FOR CM)

Male ☐ Female ☐

☐ **CM Member**: I authorize the Utah Retired School Employees Association to deduct from my retirement check the dues of $1 per month and any future increases as voted by the membership. I understand this authorization makes me a Continuing Member of URSEA and may be canceled only with written authorization from me to the Utah State Retirement Office.

☐ **Annual Member**: I prefer to pay by check. Enclosed is my check for $15 to cover the annual dues of URSEA for the year (Sept. 1. through Aug. 31) Make check payable to: URSEA

☐ **Associate Member**: Enclosed is my check for $15 to cover the annual dues of URSEA for the year (Sept. 1, through Aug. 31). Make payable to URSEA. : "This is an active employee or someone having an interest in education".

SIGNATURE_____DATE_____DISTRICT RETIRED FROM_____

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