

Med-Sense Guaranteed Association JOURNAL

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MSGGA
Med-Sense Guaranteed Association



What Women Should Know About Their Heart, Kidney and Metabolic Health

(Family Features) Some women may be unaware they're living with risks for heart disease, kidney disease and metabolic conditions like diabetes, which drive risk for cardiovascular disease.

The interplay among these conditions is called cardiovascular-kidney-metabolic (CKM) syndrome, according to the scientific experts at the American Heart Association. Consider these facts women should know about CKM syndrome.

» **Cardiovascular Disease is the No. 1 Killer of Women**

Cardiovascular disease (CVD), which includes heart disease and stroke, affects nearly 45% of women ages 20 and older, and 1 in 3 women will die from it, according to the association.

"Despite heart disease being the leading cause of death for women, most women are not aware of their risk for heart disease," said Sadiya S. Khan, M.D., M.Sc., FAHA, American Heart Association volunteer and a member of the science advisory group for the association's

CKM Health Initiative, supported by founding sponsors Novo Nordisk and Boehringer Ingelheim and champion sponsor DaVita.

Women may develop heart disease differently than men and experience symptoms uncommon in men. Women are more likely to have blockage in smaller blood vessels around the heart and, while chest pain is the most common heart attack symptom, women are more likely than men to experience pain in the arms, jaw and neck, too.

» **Early Action is Key**

According to a study presented at an American Heart Association scientific conference, women with either Type 2 diabetes or chronic kidney disease are predicted to reach elevated risk for CVD 8-9 years earlier than women with neither condition while women with both conditions may reach high risk 26 years earlier.

» **Risk Factors are Connected**

The health factors that comprise CKM syndrome are connected. They include high blood pressure, abnormal cholesterol, excess weight, high blood glucose sugar and low kidney function. If something goes wrong in one area, it affects others.

“Knowing your health numbers is critical to optimize your CKM health and prioritize prevention of heart, kidney and metabolic disease,” said Khan, who is also the Magerstadt professor of cardiovascular epidemiology and an associate professor of cardiology and preventive medicine at Northwestern School of Medicine.

Since high blood pressure and early stages of kidney disease and diabetes often don’t have symptoms, regular screening is necessary to be aware of your risk.

» **Pregnancy and Menopause Affect Women’s CKM Health**

Each pregnancy is a window into later heart and kidney health, according to Janani Rangaswami, M.D., FAHA, professor of medicine at the George Washington University School of Medicine and Health Sciences and co-chair of the scientific advisory group for the American Heart Association’s presidential advisory that defined CKM syndrome.

Pregnancy complications such as pre-eclampsia, gestational diabetes and gestational hypertension are risk factors for future chronic kidney disease and cardiovascular disease, Rangaswami said.

Changes during menopause also influence long-term heart and metabolic health. This includes declining estrogen levels, increased body fat around the organs, increased cholesterol levels and stiffening or weakening of blood vessels, per the American Heart Association. Early menopause (before age 45) is linked to a higher risk for kidney disease, Type 2 diabetes and CVD.

“Women can mitigate those risks by getting appropriate treatment for their menopause symptoms,” Rangaswami said.

» **Social Factors Affect Women’s Health**

Negative economic, environmental and psychosocial factors are associated with lower levels of preventive health behaviors like physical activity and healthy eating and higher levels of conditions like obesity and diabetes. Some factors affect women differently than men. For example, marriage is associated with worse health for women, and women are more likely than men to delay medical care because of costs, according to an American Heart Association scientific statement. Women are also more likely to have their health concerns dismissed, Khan said.

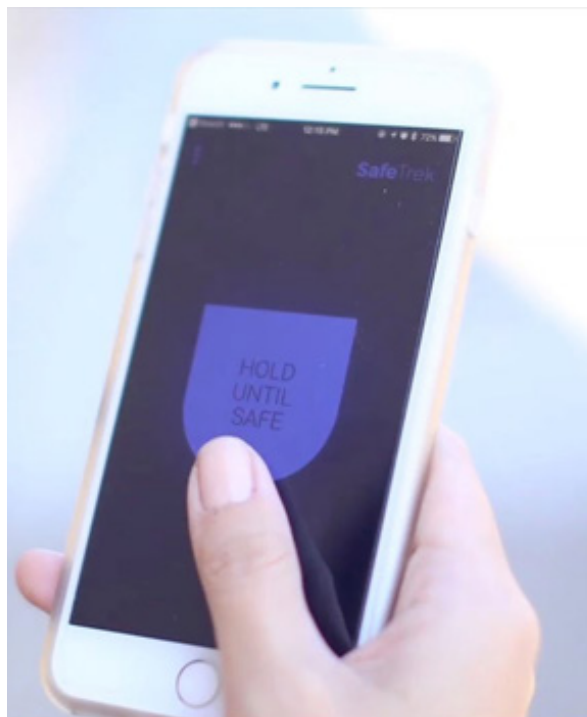
Women should know their risk and self-advocacy is critical. They should request thorough screenings that assess heart, kidney and metabolic health at visits with their health care providers. Visit heart.org/myCKMhealth to learn more.

Photos courtesy of Shutterstock



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Asthma and Chronic Rhinosinusitis: How One Condition Can Worsen the Other



(BPT) - If you live with asthma and struggle with chronic sinus problems, the two conditions may be more connected than you think.

Chronic rhinosinusitis is long-term swelling of the nose and sinus passages that lasts for 12 weeks or more. It causes ongoing congestion, facial pain or pressure, postnasal drip and difficulty with sense of smell.

Sometimes chronic rhinosinusitis can cause small growths in the nose called nasal polyps. These are soft, painless, noncancerous lumps. Globally, about 5-12% of people live with chronic rhinosinusitis, and up to 30% of them also develop nasal polyps. When both conditions are present, it's called chronic rhinosinusitis with nasal polyps (CRSwNP).

How does CRSwNP affect asthma?

Chronic rhinosinusitis with nasal polyps can worsen asthma. The nose, sinuses and lungs are part of a "united airway." Any inflammation in the upper airways can trigger asthma symptoms and flare-ups in the lower airways. Polyps can also disrupt airflow.

Due to the chronic nature of the conditions, people with CRSwNP and asthma tend to struggle with worse quality of life.

What causes CRSwNP?

The exact cause of CRSwNP is not fully understood, but several factors contribute to its development.

Sinuses and nasal passages are lined with a protective mucosal barrier that blocks germs and irritants. In people with CRSwNP, this barrier is weakened. When microbes and irritants get through, they can trigger long-lasting inflammation in the sinuses. Over time, this constant inflammation can change the structure of sinus tissue, leading to the growth of nasal polyps.

People with both CRSwNP and asthma may also have high levels of immunoglobulin E (IgE) antibodies and/or eosinophils in their body.

- IgE is a protein in your blood that helps fight germs. In some patients, it can cause allergic reactions.
- Eosinophils are white blood cells that fight infections. Too many can increase inflammation.

It's important to get an accurate diagnosis. Your healthcare provider will take a detailed history of your symptoms and perform a physical exam. Additional tests may include:

- Lung function tests. These can help diagnose or reveal the severity of asthma.
- Blood tests. These can help determine levels of IgE and eosinophils for both asthma and CRSwNP.
- Sinus CT scan. Images of your sinuses and nasal cavity can reveal the severity of CRSwNP.
- Nasal endoscopy. This involves a tiny camera inserted into your nasal passages to search for polyps.
- Allergy tests. These help identify allergies that could be triggering symptoms. (They are also used to diagnose allergic asthma.)

CRSwNP triggers often overlap with asthma triggers. They include allergens such as pollen, mold or pets. Nonallergic triggers include respiratory viruses, tobacco smoke, air pollution and cold, dry air.

How to treat asthma and CRSwNP together

Asthma and CRSwNP require different treatments. Medications are available. Working together with your doctor to manage both conditions gives you the best chance for relief and better breathing.

For asthma, it's essential to keep symptoms under control. Most people use a daily controller inhaler with an inhaled corticosteroid. These medications can help reduce inflammation and keep the airways open. Quick-relief inhalers are also available for sudden asthma symptoms or attacks.

For CRSwNP, corticosteroid nasal sprays are the first-line treatment. They can help reduce swelling and inflammation in the nose. A short course of oral corticosteroids can shrink polyps and improve a stuffy nose, but long-term use can cause serious side effects. If medications aren't working, surgery to remove the polyps may be an option.

Biologic medications can treat asthma and CRSwNP together. Given as injections every 2-4 weeks, they are often a good choice for people with moderate to severe symptoms who haven't found relief with other treatments.

Biologics target the underlying inflammation, not just the symptoms. They help reduce airway swelling, improve breathing and can even shrink nasal polyps. Some biologics are specifically approved for people with high IgE or eosinophil levels. This can help patients maintain control of both asthma and CRSwNP.

Healthcare providers may also recommend lifestyle changes, such as avoiding triggers. This can also help reduce asthma and CRSwNP symptoms and help you feel better.

How to start taking control

If you have asthma with chronic sinus symptoms, it's time to meet with your healthcare provider. Consider seeing a specialist such as a board-certified allergist. Ask about testing for CRSwNP, since sinus problems and nasal polyps may be making your asthma symptoms worse.

Visit AllergyAsthmaNetwork.org to learn more about asthma and CRSwNP.

NOTICE OF ANNUAL MEETING OF MEMBERS

The Annual Meeting of the Members of Med-Sense Guaranteed Association will be held telephonically on Thursday, December 4, 2025 at 11:00 a.m. (CST) for election of Directors and for the transaction of such other business as may properly come before the meeting and any adjournment thereof.

The above notice is given pursuant to the By-Laws of the Association.

PROXY

Med-Sense Guaranteed Association December 4, 2025 Annual Meeting of Members THIS PROXY IS SOLICITED ON BEHALF OF MED-SENSE GUARANTEED ASSOCIATION

The undersigned member of the Med-Sense Guaranteed Association does hereby constitute and appoint the President of Med-Sense Guaranteed Association, the true and lawful attorney(s) of the undersigned with full power of substitution, to appear and act as the proxy or proxies of the undersigned at the Annual Meeting of the Members of Med-Sense Guaranteed Association and at any and all adjournments thereof, and to vote for and in the name, place and stead of the undersigned, as fully as the undersigned might or could do if personally present, as set forth below:

1. FOR [], or to [] WITHHOLD AUTHORITY to vote for, the following nominees for Board of Directors:
Don Breckenridge, Bart Bouchein, and Rick Hall
2. In their discretion, the proxies are authorized to vote upon such other business as may properly come before the Meeting.

This proxy, when properly executed, will be voted in the manner directed by the undersigned member. If no direction is made, this proxy will be voted for the election of directors and officers.

DATED: _____, 2025

Signature _____

Name (please print) _____

Please date and sign and return promptly to 12444 Powerscourt Drive, Suite 500A, St. Louis, Missouri 63131 whether or not you expect to attend this meeting. The Proxy is revocable and will not affect your right to vote in person in the event that you attend the meeting.

November 3, 2025

For information regarding your membership
and association services, call or write:

**Membership Services Office
Med-Sense Guaranteed Association
12444 Powerscourt Drive
Suite 500A
St. Louis, MO 63131
1-800-992-8044 or (636) 530-7200**

Articles in this newsletter are meant to be informative, enlightening, and helpful to you. While all information contained herein is meant to be completely factual, it is always subject to change. Articles are not intended to provide medical advice, diagnosis or treatment. Consult your doctor before starting any exercise program.



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