



# newsletter

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medical  
aid  
society  
*there when you need us.*



*This newsletter is for your general information and is not a substitute for medical advice. You should contact your doctor with any questions about your health, treatment or care.*

## TASTE AND SMELL

Everyone requires a certain minimum amount of stimulation before a sensation is perceived. This minimum level is called the threshold. Ageing increases this threshold, so the amount of sensory input needed to be aware of the sensation becomes greater. Ageing changes the ability of the senses to give information about changes in the world. Humans have approximately 9 000 taste buds that are primarily responsible for sensing sweet, salty, sour and bitter tastes. The number of taste buds decreases from ages 40 to 50 in women and at 50 to 60 in men. Each remaining taste bud also begins to deteriorate or lose mass. The sensitivity to the four taste sensations does not seem to decrease until after age 60, if at all. If taste sensation is lost, usually salty and sweet tastes are lost first, with bitter and sour tastes lasting slightly longer.

The senses of taste and smell interact closely, helping us recognise when food is good or bad. Most taste really comes from odours. The sense of smell begins at nerve receptors high in the membranes of the nose. When an elderly person loses taste, it may cause a loss of appetite, weight loss, poor nutrition and weaken their immunity. Normal taste occurs when molecules released by chewing or the digestion of food stimulate special sensory cells in the mouth and throat. These taste cells send messages through three specialised taste nerves to the brain, where specific tastes are identified. Damage to these nerves can lead to loss of taste.

### Common causes of taste disorders

Problems with taste are caused by anything that interrupts the transfer of taste sensations to the brain, or by conditions that affect the way the brain interprets the sensation of taste.

These may be caused by:

- **medication**, for example, some antibiotics, cholesterol and blood pressure-lowering pills and some antidepressants may cause a bad taste in the mouth or a loss of taste.
- **infections**, for example, head cold or nasal congestion also distorts the sense of taste
- **head injuries**
- **dental problems**, for example, gum disease can be caused by dentures, inflammation of the gums or infections in the mouth caused by taking several medications. This causes a dry mouth, which can make swallowing and digestion difficult and increase dental problems.
- **radiation therapy for head and neck cancers**
- **mouth dryness**
- **heavy smoking**
- **vitamin deficiencies**
- **Bell's palsy**
- **Sjogren's syndrome.**



### Symptoms of taste loss

- You may lose the ability to taste or cannot taste at all.
- Taste is no longer perceived in the same way.
- Phantom taste perception occurs when people taste something when there is nothing in the mouth.

### Diagnosing taste loss

If you experience any of the symptoms mentioned above, it is important to talk to your doctor about it. A patient with loss of taste should be referred to an otolaryngologist, i.e. a specialist in diseases of the ear, nose and throat (ENT). The doctor will ask about your medical history and give you a physical examination. You may be asked to compare different tastes or to note the intensity in taste when a substance concentration is increased. An x-ray or CT scan of the head and neck may also be done if the doctor suspects that nerves in the mouth or head are affected.

continued overleaf >

## Treatment for taste and smell dysfunction

- If you are a smoker, **stop smoking**. That will improve your sense of taste and smell over time.
- Patients with permanent smell dysfunction need to **develop coping strategies** for dealing with personal hygiene, appetite, safety and health.
- **Enhancing food flavour** may make eating more enjoyable, especially when only your sense of smell is affected.
- **Increasing food texture**, aroma, temperature and colour may improve the overall eating experience when taste is limited.



## Important: Society benefits available

PRIMARY CARE			
SERVICE	BENEFIT <i>(Subject to annual limits)</i>	ANNUAL LIMITS	CONDITIONS OR REMARKS
<b>SPECIALIST AND GENERAL PRACTITIONER SERVICES</b>  Specialist services        General practitioner services	<b>Network</b> PMBs: 100% of agreed tariff Non-PMBs: 100% of agreed tariff  <b>Non-Network</b> PMBs: 100% of agreed tariff Non-PMBs: 80% of Society rate  <b>Network</b> PMBs: 100% of agreed tariff Non-PMBs: 100% of agreed tariff  <b>Non-Network</b> PMBs: 100% of agreed tariff Non-PMBs: 80% of agreed tariff	PMBs: Unlimited, subject to the diagnoses, treatment and care cost of PMB conditions  Combined limit: PMB: Unlimited Non-PMB Limits: M R8 040 M + 1 R10 780 M + 2 R13 430 M + 3 + R16 170  Limited to combined limit for specialist and general practitioner services detailed above	Includes consultations and treatment out of hospital, including outpatient facilities  Consultations in respect of a PMB condition are subject to a treatment plan and Appendix 1 of the Society's rules  Once the limit is reached, only services in respect of PMB conditions will be paid  Where the service is deemed to be clinically appropriate and medically necessary by the Society's designated agent, an additional benefit may be granted by the Trustees in excess of the limit, provided that application is made for the additional benefit prior to the service being rendered  Benefit is adjusted in proportion to the number of months of membership if member joins during benefit year
HOSPITALISATION AND RELATED BENEFITS			
<b>RADIOLOGY</b>  Basic All X-rays    Advanced MRI and CT scans Scopes (diagnostics) Angiography Nuclear medicine studies	PMBs: 100% of cost  Non-PMBs: 100% of agreed tariff out of hospital 100% of agreed tariff in hospital  Non-PMBs: 100% of Society rate both in and out of hospital	Limit: R1 490 per beneficiary per annum   Subject to pre-authorization	The Society's designated agent must authorise MRI and CT scans, scopes and angiographies, except in emergencies  In the event of an emergency, the Society's designated agent must be notified on the first working day following the procedure  In respect of PMB conditions, radiology must be detailed in the treatment plan; treatment to be paid at 100% of cost  Excludes PET scans, unless authorised as part of a member's oncology treatment or where it is deemed to be clinically appropriate and medically necessary by the Society's designated agent  Where the service is deemed to be clinically appropriate and medically necessary by the Society's designated agent, an additional benefit may be granted by the Trustees in excess of the limit, provided that application is made for the additional benefit prior to the service being rendered

Prescribed Minimum Benefits (PMBs) are a set of limited conditions which medical schemes are legally required to cover. According to the Medical Schemes Act 131 of 1998, medical schemes have to cover the costs related to the diagnosis, treatment and care of these conditions.

## Network healthcare providers

Visit [www.bpmas.co.za](http://www.bpmas.co.za) or contact the Client Service Department on **0800 001 607** or **021 480 4610** to find your nearest GP or specialist on the Momentum Health Solutions GP Network and the Associated Specialist Network.