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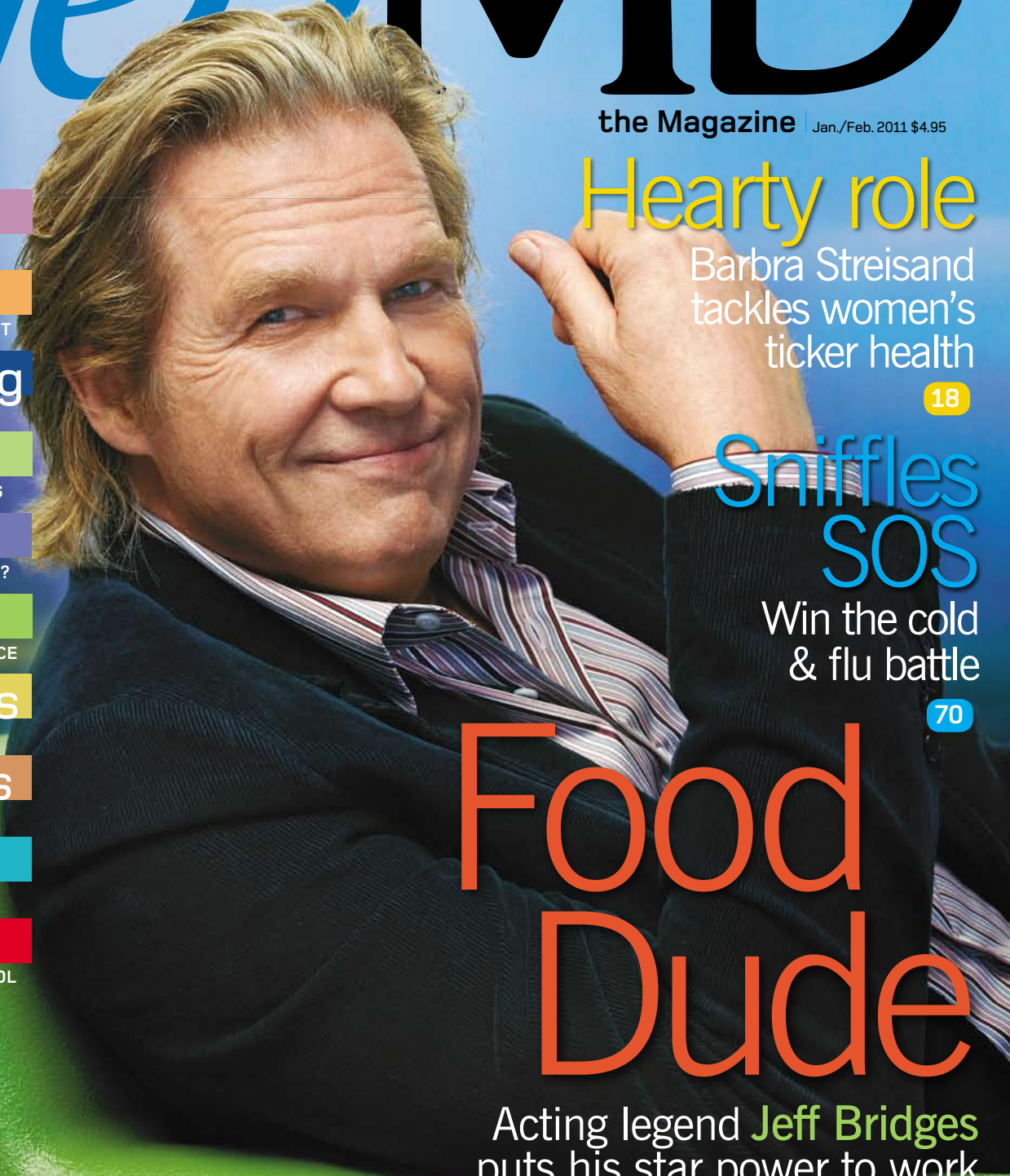
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Hungry for Change

He's headlining two high-profile films right now—*Tron: Legacy* and *True Grit*—but offscreen, **Jeff Bridges** has long played a starring role helping feed in-need American children. The Academy Award-winning actor tells WebMD contributing writer **Matt McMillen** why he's working to help end U.S. hunger by 2015—proving *The Dude* is no slacker. **PLUS:** How hunger hurts kids' minds and bodies.

PHOTO BY BLAKE LITTLE/ICON INTERNATIONAL



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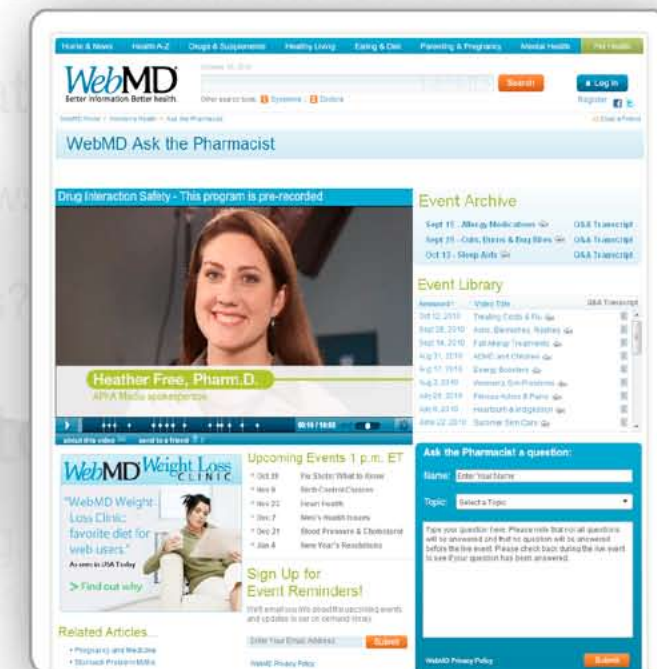
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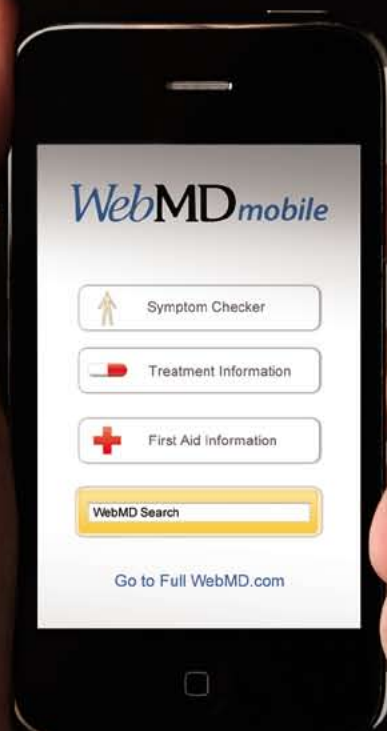


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“Mom, do you know how many people are better, smarter, prettier than me?” [Nothing is what meets the eye, my dear.]

“And there’s nothing left to dream up or invent—someone else has done it.” [There has never been a more exciting time to invent and create.]

“Mom, you just don’t know what it’s like out there. Five-year-old prodigies making videos and being booked on talk shows.” [Point taken. In my day, all my childhood idols went to rehab by the time they became adults. But remember that there was a lot of hard work before success came versus 15-minutes-of-fame stunts.]



Is it harder to be a kid today than when we were kids? Probably. Somehow, instead of being inspired by history, literature, art, or a new music album, today’s kids seem to be feeling more intimidated by the vastness of all they can see and access. They are bombarded by reality TV, endless entertainment choices, and the ability to type virtually anything into a search engine and see that someone’s already thought of it before or has an opinion about it. It’s got to be daunting during one’s formative years. It’s daunting for all of us, really. But then there’s the upside, and to me it’s outrageously exciting for the generations to come.

I witness what technology and media have done for my brother, who cannot see with his eyes. He operates his smartphone like he was born with it. It tells him almost everything imaginable. He may not be able to see the videos he makes on it, but he can show me a video of his son swimming or of his trips around the world—showing me what could be seen and telling me how it smelled, sounded, and tasted.

When he still was a teen, he didn’t know that he would one day be working at Dialogue in the Dark in Atlanta as a guide leading sighted people through a unique exhibit designed to give a more profound

understanding of what it’s like to be blind or visually impaired. Today, he does not see what’s on the outside; he sees what’s on the inside—through sound and touch and the sensing of motion and mood. And every time we see one another, he always tells me how beautiful I look—and then asks me how he looks. And he looks gorgeous, even if he cannot confirm that for himself in the mirror.

This year, don’t get overwhelmed by everything around you. Use yourself as your own benchmark. I am feeling pretty optimistic about you in 2011. I believe that possibilities and opportunities for all of us are out there. We cannot plan for these, but we can seize ordinary moments and make them inspired. And we can dare to dream about a goal and plan a path for reaching it.

Before you leave 2010 behind entirely, check out our WebMD.com/yearinhealth. What a year it was, from bed bugs and whooping cough to celebrity health stories and our pets.

Happy New Year!

Nan-Kirsten Forte

Nan-Kirsten Forte, MS
Editor in Chief, WebMD the Magazine



The fact is over half of patients with moderate to severe RA have trouble with social, family and household activities.*

Each person experiences moderate to severe rheumatoid arthritis (RA) differently. But there are a number of common ways that it impacts patients’ quality of life. These ways can be broken down into 8 areas. You can begin looking for ways to reduce the impact RA can make once you’re able to recognize the following areas:

Do all you can for your RA by knowing the facts. Learning more about your disease, including the ways it can impact your quality of life, can help you manage it the best way possible. Discovering how much your RA is impacting your own life is a good place to start.

1. **Affects the physical activities you’re able to do**
2. **Forces you to cut down on your daily activities**
3. **Causes you day-to-day pain**
4. **Interferes with your overall health**
5. **Reduces your energy**
6. **Limits your ability to make and keep social plans**
7. **Limits what you’re emotionally up to doing**
8. **Makes you feel down sometimes**

Get in the know about RA today.
Call 1-800-RAliving or visit www.RAliving.com
 to get your information package, including a Quality of Life Monitor.

RA

Rheumatoid Arthritis

* Based upon a 2005 market research survey of 715 RA patients, which included 565 patients on biologic treatments and 150 patients on non-biologic treatments.



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NEW YEAR'S Quick Picks

EYE TO EYE

If the new year brings new worries about aging, fear not. **WebMD skin care expert Susan Evans, MD**, has some suggestions that will keep you out of her office. "The eyes are the most common reason people come in—wrinkles, dark circles, and puffiness." Help keep these aging culprits at bay, she says, with eye creams containing retinol, such as **RoC Retinol Correxion Eye Cream** (\$19.99). Got sensitive skin? Combine the cream with a vitamin E moisturizer for a milder solution.

skin care



give back

SKIN DEEP

Combat dry winter skin and give back at the same time with **Love Life Skin** (available at lovelifeskin.com). This new line of skin care products, developed by a trio of oncologists who wanted to help their patients whose skin had become severely dry from chemo treatments, includes restorative serum, moisturizer, and eye and hand creams. The best part? Ten percent of sales go toward funding for crucial women's cancer research.

NUMBERS GAME

The key to really keeping your New Year's fitness resolutions in 2011? **WebMD fitness expert Pamela Peeke, MD**, makes it simple: get specific. "Don't just say 'I want to lose weight,' say, 'I want to lose 30 pounds,'" she says. Another tip? Don't try to change overnight. "The key is developing new behaviors, such as adding consistent physical activity to your day that will be long term" to help achieve your goal.

fit tip



The opinions expressed in this section are of the experts and are not the opinions of WebMD. WebMD does not endorse any specific product, service, or treatment.

Take this issue's **Healthy Start Challenge** and you could win a prize! ▶ **WebMD.com**

PERFECT BLEND

Smoothies are a great way to get fruit in your diet and keep your stomach full. **WebMD nutrition expert Carolyn O'Neil, MS, RD**, calls them "a one-stop shop for lots of nutrition" and to trim your waistline. A winning combo: fresh-squeezed OJ, frozen bananas and berries, and fat-free milk. Protein from the bananas and milk keeps you full; the berries and citrus juice provide vitamin C and antioxidants to help boost your immune system.

healthy eats



▶ IS YOUR SMOOTHIE RECIPE A WINNER?

Mine has frozen fruit, bananas, OJ, yogurt, honey, peanut butter—what's your favorite blend? Take our **Healthy Start Challenge** and share your go-to smoothie recipe. Check out the magazine community (search "magazine community") at WebMD.com for a chance to win a \$20 **Whole Foods gift card!**

Andi Gabrick
Senior Editor, *WebMD the Magazine*



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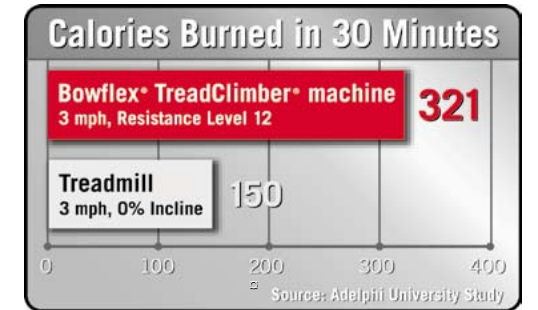


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40% The percentage of Americans who eat breakfast

Source: ABC news poll, What Americans Eat for Breakfast



BREW YOU

Love coffee but worried that your caffeine habit is bad for your health? This news should perk you up: Drinking at least half a cup of coffee or tea a day might reduce your risk of brain cancer.

In an analysis of European data on the links between nutrition, lifestyle, environmental factors, and the incidence of cancer, a Brown University researcher found that drinking a half cup or more of coffee or tea a day was linked to a reduced risk of “glioma” brain tumors. Men who drank coffee and tea benefited from an even greater reduction in risk than women. The study included data about more than 410,000 people from nine countries, who were followed for 8.5 years.

The researchers theorize that the antioxidants in the coffee and tea could help protect against this type of brain cancer. Drinking coffee and tea also has been associated with protection against other types of cancers (such as liver cancer) and brain disorders, including Alzheimer’s disease and Parkinson’s disease.

Source: American Journal of Clinical Nutrition



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Still thinking you’re one of those people who doesn’t need a flu shot? The American Lung Association’s new educational campaign might change your mind.

Dubbed “Faces of Influenza” (facesofinfluenza.org), the campaign features dozens of people who have been or could be severely affected by the flu—including those who have lost friends and relatives to the disease. (The CDC says an estimated 36,000 Americans die annually from the flu and its complications.)

The message? Pretty much everyone older than 6 months should get a flu shot this year. But people who are at high risk—including seniors, people who are chronically ill (think asthma, heart disease, and diabetes), pregnant women, children, residents of long-term care facilities, and people who work with high-risk populations—should make doubly sure to be vaccinated.

And while the CDC recommends late summer or early fall as the best time for flu shots, getting one even during the winter months can still help protect you because the flu season extends into early spring and sometimes doesn’t peak until then.

The makeup of flu vaccines varies from year to year, as scientists adjust the formula based on new viruses that emerged the previous year. This year’s vaccine will help protect against three different flu viruses: an H3N2 virus, an influenza B virus, and the H1N1 virus that swept across the country last year.

Source: American Lung Association

Always running to the bathroom?

Maybe your internal plumbing isn’t working like it should. This quiz can help you talk to your doctor about it.

- | | YES | NO |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|
| When I go out, I always make sure there’s a bathroom nearby. | <input type="checkbox"/> | <input type="checkbox"/> |
| Once I get the sudden urge to go, I can’t wait. | <input type="checkbox"/> | <input type="checkbox"/> |
| I wear pads sometimes because I worry I might accidentally leak. | <input type="checkbox"/> | <input type="checkbox"/> |
| I’ve had enough, and I’m ready to do something about my urges and leaks. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “Yes” to any of these, tear out this quiz and talk to your doctor about your results. Only your doctor can determine if you have overactive bladder. Once-daily VESicare is proven to reduce frequent, sudden urges and leaks.* That’s because it can help control your bladder muscle, day and night. So ask your doctor about taking care with VESicare.

*Results may vary.

USE AND DOSE

VESicare is for urgency, frequency, and leakage (overactive bladder). The recommended dose of VESicare is 5 mg once daily. If the 5-mg dose is well tolerated, your doctor may increase the dose to 10 mg once daily.

IMPORTANT SAFETY INFORMATION

VESicare is not for everyone. If you have certain stomach or glaucoma problems, or trouble emptying your bladder, do not take VESicare. VESicare may cause allergic reactions that may be serious. If you experience swelling of the face, lips, throat or tongue, stop taking VESicare and get emergency help. Tell your doctor right away if you have severe abdominal pain, or become constipated for three or more days. VESicare may cause blurred vision, so use caution while driving or doing unsafe tasks. Common side effects are dry mouth, constipation, and indigestion.

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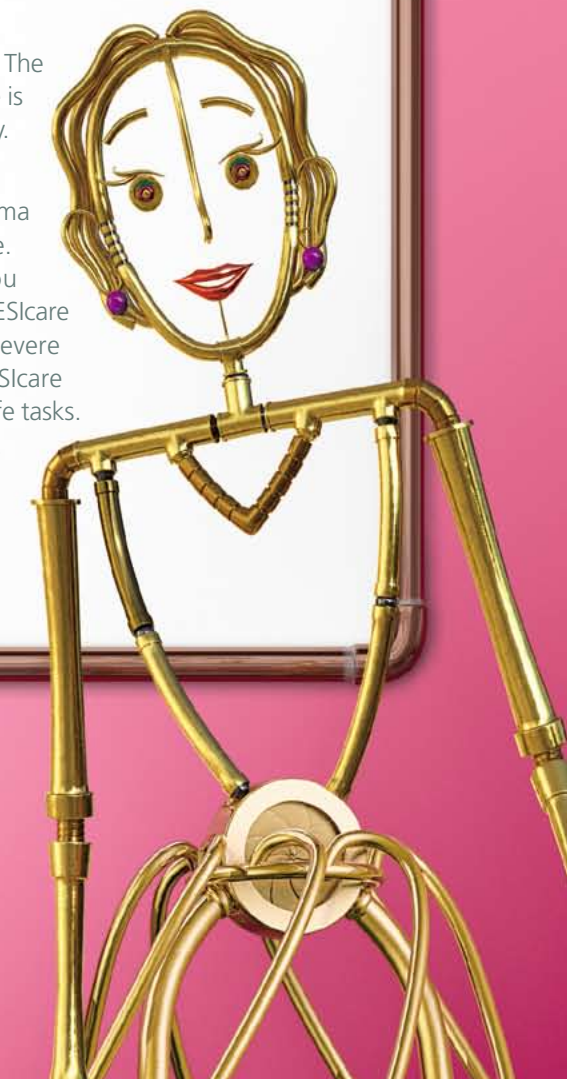
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Clip here, tear out, and pipe up to your doctor.

Young and Restless



You might think that since younger people are more agile and flexible, they're less likely to be injured in the workplace. But new research shows they are twice (yes, twice) as likely as older workers to suffer an injury on the job that requires treatment in the emergency room.

The study, conducted by the CDC, found that between 1998 and 2007, the fatality rate for full-time workers ages 15 to 24 was 3.6 per 100,000 and 4.4 per 100,000 for workers ages 25 and up. The rate of nonfatal injuries for 15- to 24-year-olds was two times higher than for those 25 and older.

The researchers speculate that younger workers may get hurt more often due to lack of experience, training, and supervision, as well as being less likely to speak up about safety issues and their legal rights as workers. Researchers are calling for changes in work environments and practices to protect younger workers.

Source: CDC, *Morbidity and Mortality Weekly Report*

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the Pulse

by Colleen Parety, WebMD Executive Editor

You searched, asked, read, watched, listened, shared, posted, forwarded, and Tweeted.

I'm talking about the more than 83 million of you who visited WebMD's websites, mobile applications, and communities every month in 2010. What were you looking for? According to your searches, you're exhausted, alarmed by bed bugs, curious about cancer, confused about health care reform, worried about concussions, searching for the best sunscreen, hoping to lose weight, trying to conceive a baby, and looking to live a longer and healthier life.

You can view it all—top news headlines, men's topics, women's topics, shared stories, and more—on WebMD.com's Year in Health 2010 page (WebMD.com/yearinhealth). Visit me on the [magazine's Community page](#) and tell me what you think. Happy 2011 to you!



Food Trap

Your meal plan is set and you've banned all the sweets, but there's more to keeping that New Year's resolution to become a new (slimmer) you. Watch our "12 Diet Mistakes to Avoid" slideshow to discover the "don'ts" you need to keep your new regimen on track.

diet mistakes slideshow [WebMD SEARCH](#)

The WebMD POLL

The results are in from the November/December issue poll!

Q: What's your can't-say-no holiday indulgence?

41% Eating! I bake my way through the holiday season.

20% Movies! I've seen *It's a Wonderful Life* 100 times.

16% Shopping! 'Tis the season to spend, spend, spend.

13% Music! *Dashing through the snow...*

10% Drinking! I can't say no to eggnog.

Visit WebMD.com/magazine and enter our January/February 2011 poll!

Source: 2010 WebMD Poll

Personal Best

Q: What's your No. 1 way to spend "me" time?

- Work out
- Hit the farmer's market
- Soak in the tub
- Read a book
- Shop
- Try a new recipe
- What "me" time?!

[VOTE NOW! Click here](#)



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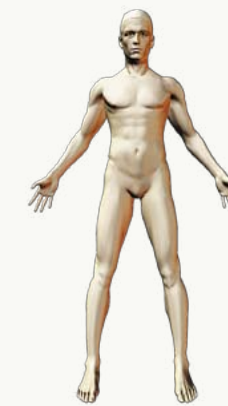
Pneumonia

TOP SYMPTOMS INCLUDE

- ▶ Cough with sputum production
- ▶ Fever
- ▶ Fast breathing or feeling short of breath

Pneumonia, caused by either viruses or bacteria, is an infection of the lung's tissue and potentially a very serious illness. In addition to the symptoms above, you may have chills, feel tired, or have a sharp chest pain, especially when you breathe in. Nausea, diarrhea, and vomiting are also common. Some pneumonias have milder respiratory symptoms; in fact, people may not know they have pneumonia (this is sometimes called "walking pneumonia"). Doctors can diagnose pneumonia just by doing a physical exam, listening to your lungs, and asking a few questions. But they may order lung X-rays, as well. Treatment includes rest, drinking lots of liquids, and, if your pneumonia is bacterial, antibiotics. If your illness is severe, you may need to be hospitalized.

symptomchecker



Key in your symptoms

[FIND THE ANSWER](#)

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Faith Hill is an EIF Ambassador. Photographed by Jesse Dylan.



Patient Information
VESicare® - (VES-ih-care)
(solifenacin succinate)

Read the Patient Information that comes with VESicare before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor or other healthcare professional about your condition or treatment. Only your doctor or healthcare professional can determine if treatment with VESicare is right for you.

What is VESicare?
VESicare is a prescription medicine used in adults to treat the following symptoms due to a condition called overactive bladder:
• Having to go to the bathroom too often, also called "urinary frequency"
• Having a strong need to go to the bathroom right away, also called "urgency"
• Leaking or wetting accidents, also called "urinary incontinence"
VESicare has not been studied in children.

What is overactive bladder?
Overactive bladder occurs when you cannot control your bladder contractions. When these muscle contractions happen too often or cannot be controlled you can get symptoms of overactive bladder, which are urinary frequency, urinary urgency, and urinary incontinence (leakage).

Who should NOT take VESicare?
Do not take VESicare if you:
• Are not able to empty your bladder (also called "urinary retention")
• Have delayed or slow emptying of your stomach (also called "gastric retention")
• Have an eye problem called "uncontrolled narrow-angle glaucoma"
• Are allergic to VESicare or any of its ingredients. See the end of this leaflet for a complete list of ingredients.

What should I tell my doctor before starting VESicare?
Before starting VESicare tell your doctor or healthcare professional about all of your medical conditions including if you:
• Have any stomach or intestinal problems or problems with constipation
• Have trouble emptying your bladder or you have a weak urine stream
• Have an eye problem called narrow-angle glaucoma
• Have liver problems
• Have kidney problems
• Are pregnant or trying to become pregnant (It is not known if VESicare can harm your unborn baby)
• Are breastfeeding (It is not known if VESicare passes into breast milk and if it can harm your baby. You should decide whether to breastfeed or take VESicare, but not both)

Before starting on VESicare, tell your doctor about all the medicines you take including prescription and nonprescription medicines, vitamins, and herbal supplements. While taking VESicare, tell your doctor or healthcare professional about all changes in the medicines you are taking including prescription and nonprescription medicines, vitamins and herbal supplements. VESicare and other medicines may affect each other.

How should I take VESicare?
Take VESicare exactly as prescribed. Your doctor will prescribe the dose that is right for you. Your doctor may prescribe the lowest dose if you have certain medical conditions such as liver or kidney problems.

- You should take one VESicare tablet once a day
- You should take VESicare with liquid and swallow the tablet whole
- You can take VESicare with or without food
- If you miss a dose of VESicare, begin taking VESicare again the next day. Do not take 2 doses of VESicare the same day
- If you take too much VESicare or overdose, call your local Poison Control Center or emergency room right away

What are the possible side effects with VESicare?
VESicare may cause allergic reactions that may be serious. Symptoms of a serious allergic reaction may include swelling of the face, lips, throat or tongue. If you experience these symptoms, you should stop taking VESicare and get emergency medical help right away.

The most common side effects with VESicare are:
• Blurred vision. Use caution while driving or doing dangerous activities until you know how VESicare affects you
• Dry mouth
• Constipation. Call your doctor if you get severe stomach area (abdominal) pain or become constipated for 3 or more days
• Heat prostration. Heat prostration (due to decreased sweating) can occur when drugs, such as VESicare, are used in a hot environment
Tell your doctor if you have any side effects that bother you or that do not go away.

These are not all the side effects with VESicare. For more information, ask your doctor, healthcare professional or pharmacist.

How should I store VESicare?
• Keep VESicare and all other medications out of the reach of children
• Store VESicare at room temperature, 50° to 86°F (15° to 30°C). Keep the bottle closed.
• Safely dispose of VESicare that is out of date or that you no longer need

General information about VESicare
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VESicare for a condition for which it was not prescribed. Do not give VESicare to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about VESicare. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about VESicare that is written for health professionals. You can also call (800) 727-7003 toll free, or visit www.VESicare.com

What are the ingredients in VESicare?
Active ingredient: solifenacin succinate

Inactive ingredients: lactose monohydrate, corn starch, hypromellose 2910, magnesium stearate, talc, polyethylene glycol 8000 and titanium dioxide with yellow ferric oxide (5 mg VESicare tablet) or red ferric oxide (10 mg VESicare tablet)

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King's Battle

Why the actor is personally committed to fight HIV/AIDS

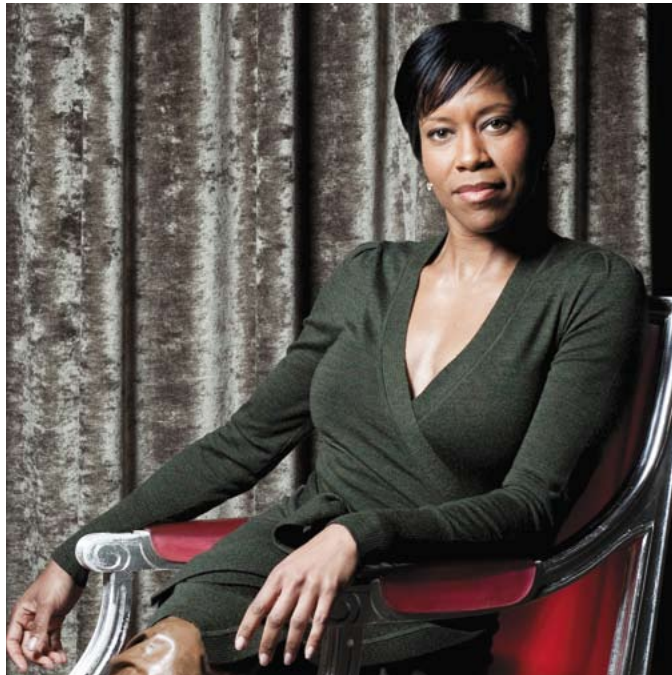
The November day in 1991 when basketball great Earvin "Magic" Johnson announced he was HIV-positive was a sobering reality check. All of a sudden, the disease many dismissed as affecting only gay men and intravenous drug users had hit a major celebrity.

But the news struck Regina King especially hard. Then 20 years old and already making a living as an actor in Los Angeles, King had just broken up with her first love and first sexual partner—a man she knew had cheated on her with at least one of the women Johnson had been with.

"I was terrified," says King, who is best known for her roles in the films *Ray* and *Boyz n the Hood*, and currently stars in TNT's *Southland* TV series. "It took me two years to get up the courage to be tested."

Fortunately, King was free of the disease, but the experience taught her the importance of smart sexual behavior and knowing your HIV status. In 2007 she was approached by the Black AIDS Institute (blackaids.org), a Los Angeles-based think tank devoted to stopping the spread of HIV/AIDS in the black community. BAI was asking celebrities to undergo a public HIV test to raise awareness about the importance of getting tested, and King jumped at the chance. "These days, having HIV isn't necessarily a death sentence," says King, "but not finding out could be."

And although HIV/AIDS does not discriminate, statistics show that infection rates in the black community are alarmingly high. According to the CDC, the HIV infection rate for black men is six times greater than for white men, and 15 times greater for black women than white. The most recent CDC report also found that although the black community makes up just 12% of the population, 46% of Americans living with HIV are black. In total, about



King took a public HIV test to raise awareness about prevention.

1 million Americans have HIV, though 21% don't know they are infected. "The numbers are really alarming," says King. "And I think a lot of it is lack of information."

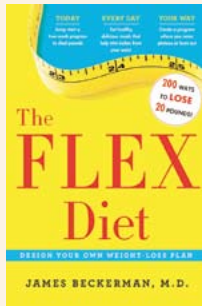
Around the same time as her public HIV test, King began working as a volunteer cheerleading coach and realized that mentoring young black and Latina girls was where her skills and passion could make the most difference. She became an official spokeswoman for the Black AIDS Institute in mid-2008.

"There are so many young girls who are behaving the same way we did 20 years ago when we didn't even know about HIV," says King. "If I can be honest and help them realize it's not just who they sleep with, but who their partner has slept with, then maybe I can be a part of protecting a lot of people."—*Julia Dahl*

FLEX TIME

It's a new year, so ditching some pounds is on many a resolutions list, but you have to wonder: Do we really need another diet book? Hardly, but we're willing to make an exception for *The Flex Diet: Design Your Own Weight-Loss Plan*, by James Beckerman, MD (and not just because he's our very own heart expert and blogger on "The Heart Beat" at WebMD.com).

Beckerman acknowledges he has taken some very old wine and put it



he puts the tried-and-true weight-loss do's we all know ("Drink water." "Find a buddy." "Wear a pedometer." "Close the kitchen after dinner.") into lists he

into a shiny new bottle (with a taxi-cab yellow cover, no less). But, he writes, "the reason it is hard to maintain diets is you feel you take too much of a departure from the way you normally live." So

calls "solutions." You pick from these to design a personal path to a slimmer you. These little choices add up to big lifestyle changes that are more realistic than trying to decide if low-carb or low-fat is the right way to go.

Admittedly, cardiologist Beckerman's larger goal is to improve your heart health, not just see you drop a dress size or two (or more), but he's willing to play ball: "I don't mind getting to your heart through your stomach," he writes, "just so long as I get there."—*Colleen Paretti*

HEALTHY READ

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First Last

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Address (Line 1)*: _____

Address (Line 2): _____

City* State* ZIP Code*

Gender*: Female Male Year of Birth: _____

Tell us a little bit more about yourself so we can send you the lupus information that's designed for you.

1. Please choose the option below that best describes you:

- I have been diagnosed with lupus I am a family member/friend of someone diagnosed with lupus
 I think I may have lupus None of the above

2. When were you diagnosed with lupus? Month _____ Year _____

3. Are you currently being treated for your lupus? Yes No

4. Please indicate how much lupus impacts your ability to perform your daily responsibilities.

(1=Not at all; 5=Very significantly)

 1 2 3 4 5

5. Please indicate how much lupus impacts your sense of self-worth.

(1=Not at all; 5=Very significantly)

 1 2 3 4 5

6. Please rate your agreement with the following statement:

"I seldom experience pain from lupus that interferes with my daily routine."

(1=Completely disagree; 5=Completely agree)

 1 2 3 4 5

7. Please rate your agreement with the following statement:

"My healthcare professional is the best there is when it comes to managing my lupus."

(1=Completely disagree; 5=Completely agree)

 1 2 3 4 5

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Change of Heart

Why Barbra Streisand is fighting to transform women's ticker health

Onscreen, Barbra Streisand's

newest role as therapist Rozalin Focker (seen in *Little Fockers*, which opened in late December, alongside Robert DeNiro, Ben Stiller, and Dustin Hoffman), shows just how in tune the legendary performer is with matters of the heart.

But in real life, the two-time Academy Award-winning actor, director, and singer takes her commitment to a whole new level with her highly public role helping to raise funds for research at Cedars-Sinai's Women's Heart Center in Los Angeles. The eight-time Grammy Award winner tells WebMD why she's pulling out all the stops to transform women's cardiac health.

Q: Of all the important health issues to champion, what inspired you to advocate for women's heart health?

A: I have always been an advocate of women's issues working with my foundation, and I have been outspoken on issues of gender inequality throughout my career. When I discovered that gender inequality still exists in the medical sciences when it comes to research and treatment of heart disease, I was stunned. Given that heart disease is the No. 1 killer of women in our country, more than all cancers combined, I knew I had to get involved to make a difference.

Q: How are you personally helping transform women's heart health?



Streisand with C. Noel Bairey Merz, MD, director of the Women's Heart Center at Cedars-Sinai Medical Center, a leader in women's heart health research.

A: I have committed to raise \$10 million, and I will match up to \$5 million of it. These funds will be dedicated for research, treatment, and education on women's heart health. In addition to raising money, it's also imperative to raise awareness about this issue.

To really engage people around the country, we launched an Internet fundraising campaign with a company called Crowdrise, a new online fundraising community that unites people to raise money and volunteers for important causes. I have never done anything like this before, but we have asked people to donate whatever they can—\$10, \$20, \$50—to crowdrise.com/barbrastreisand. The outpouring of generosity has been wonderful and inspiring to see. We still have a lot of money left to raise, but the early response has been very positive.

Q: Why did you choose to work with Cedars-Sinai's heart center?

A: Although there are other institutions around the country doing gender-specific work in the area of heart disease, the Women's Heart Center at Cedars-Sinai is among the few places leading the way in this effort. Also, the center is led by the brilliant and accomplished C. Noel Bairey Merz, MD, who has received numerous awards recognizing her as one of the field's leading experts on preventive cardiology, women's heart disease, and mental stress.

It made sense for me to focus my time and resources at Cedars given that this work was being conducted right in my own backyard at one of the premier hospitals in the country. And the research outcomes conducted by Dr. Merz and her team will help women all over the world.

Q: Do you have a personal connection to a woman with heart disease?

A: I have had both close friends and family members impacted by heart disease. Sadly, I think most people have had someone in

their lives who has suffered a heart attack and/or has all the risk factors for cardiovascular disease.

Q: What's the No. 1 thing you wish women knew about heart health?

A: I want women to know that their hearts are physiologically different from men's and that heart disease in women doesn't always present the same as heart disease in men. Women need—and deserve—heart care specific to female hearts. Women with heart problems need cardiovascular screening, risk assessment, and diagnostic testing designed for women. Otherwise, they can be misdiagnosed, which could lead to disastrous consequences.

Q: How is heart disease different in women than in men?

A: Women having a heart attack don't always experience what men usually do—chest pain associated with exertion. Instead, they may feel chest pressure, indigestion, shortness of breath, or fatigue. For these

reasons, the need for gender-specific treatment is obvious and urgent.

Q: In your opinion, why are more women developing heart disease?

A: Today, more women are taking on the stresses of juggling household demands, of being wife, mother, and breadwinner. These modern-day strains add to higher blood pressure, lack of physical activity, quick and unhealthy food choices, and weight gain—all major contributors to heart disease.

In addition, even though women have broken through some of the hardest glass ceilings, for decades, most heart disease research was done on men.

Q: In your opinion, why are more women developing heart disease?

A: Today, more women are taking on the stresses of juggling household demands, of being wife, mother, and breadwinner. These modern-day strains add to higher blood pressure, lack of physical activity, quick and unhealthy food choices, and weight gain—all major contributors to heart disease.

In addition, even though women have broken through some of the hardest glass ceilings, for decades, most heart disease research was done on men.

So, despite the best intentions of the medical community, women with heart disease have often been diagnosed and

treated based on research outcomes done mostly on male patients.

Unfortunately, those approaches don't always work for women. And women need to be better educated about recognizing the risk factors for heart disease and how to prevent it. They need to take control of their own heart health by making it a priority to exercise at least 30 minutes a day, eat heart-healthy foods, and reduce stress. Gender-specific heart care and lifestyle changes have the potential to decrease the number of women afflicted with this life-threatening disease.

Q: How would you most like to see women's cardiovascular care change over the next 10 years?

A: I want to see women-centric cardiovascular health care, education, and research become the norm rather than the exception. We need to continue to explore women's heart disease from every angle, looking at risk factors and effective treatments across predetermined biological tendencies, demographics, and lifestyle

choices. And we need to concentrate our research efforts where they'll have the most impact—less invasive approaches to early detection and monitoring, advancements in treating small artery dysfunction, identification of gender-specific genes and proteins that may influence the risk of heart disease, clinical trials of promising new drugs, and lifestyle choices that can have a positive impact.

Through my association with Cedars-Sinai's Women's Heart Center, I've come to know what needs to be done. They're doing it, and I'm supporting them as they shape the future of women's heart care through their innovative work. If you are interested in getting involved and learning more, please visit: crowdrise.com/barbrastreisand.

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QUANTUM HEALTH

*Compared to untreated cold sores - J. Alt. Med. 6/05

Are you making heart-smart lifestyle choices? WebMD.com



Still trying to get ahead of your depression?

If you've been on an antidepressant for at least six weeks, you may need something more.

For more help getting ahead of your cloud of depression, ask your doctor about adding **SEROQUEL XR**.

SEROQUEL XR is approved to treat major depressive disorder when added to an antidepressant. For many, taking SEROQUEL XR with an antidepressant was proven more effective for treating unresolved symptoms of depression than an antidepressant alone.

Important Safety Information About SEROQUEL XR

Elderly patients with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) treated with this type of medicine are at an increased risk of death, compared to placebo (sugar pill). SEROQUEL XR is not approved for treating these patients.

Antidepressants have increased the risk of suicidal thoughts and actions in some children, teenagers, and young adults. Patients of all ages starting treatment should be watched closely for worsening of depression, suicidal thoughts or actions, unusual changes in behavior, agitation, and irritability. Patients, families, and caregivers should pay close attention to any changes, especially sudden changes in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed. Report any change in these symptoms immediately to the doctor. SEROQUEL XR is not approved for patients under the age of 18 years.

- Stop SEROQUEL XR and call your doctor right away if you have some or all of the following symptoms: high fever; stiff muscles; confusion; sweating; changes in pulse, heart rate, and blood pressure. These may be symptoms of neuroleptic malignant syndrome (NMS), a rare and serious condition that can lead to death
- High blood sugar and diabetes have been reported with SEROQUEL XR and medicines like it. If you have diabetes or risk factors such as obesity or a family history of diabetes, your doctor should check your blood sugar before you start taking SEROQUEL XR and also during therapy. If you develop symptoms of high blood sugar or diabetes, such as excessive thirst or hunger, increased urination, or weakness, contact your doctor. Complications from diabetes can be serious and even life threatening
- Increases in triglycerides and in LDL (bad) cholesterol and decreases in HDL (good) cholesterol have been reported with SEROQUEL XR. Your doctor should check your cholesterol levels before you start SEROQUEL XR and during therapy
- Weight gain has been reported with SEROQUEL XR. Your doctor should check your weight regularly
- Tell your doctor about any movements you cannot control in your face, tongue, or other body parts, as they may be signs of a serious condition called tardive dyskinesia (TD). TD may not go away, even if you stop taking SEROQUEL XR. TD may also start after you stop taking SEROQUEL XR
- Other risks include feeling dizzy or lightheaded upon standing, decreases in white blood cells (which can be fatal), or trouble swallowing. Tell your doctor if you experience any of these

- Before starting treatment, tell your doctor about all prescription and nonprescription medicines you are taking. Also tell your doctor if you have or have had low white blood cell count, seizures, abnormal thyroid tests, high prolactin levels, heart or liver problems, or cataracts. An eye exam for cataracts is recommended at the beginning of treatment and every 6 months thereafter
- Since drowsiness has been reported with SEROQUEL XR, you should not participate in activities such as driving or operating machinery until you know that you can do so safely. Avoid becoming overheated or dehydrated while taking SEROQUEL XR. Do not drink alcohol while taking SEROQUEL XR
- Tell your doctor if you are pregnant or intend to become pregnant. Avoid breast-feeding while taking SEROQUEL XR
- The most common side effects are drowsiness, dry mouth, constipation, dizziness, increased appetite, upset stomach, weight gain, fatigue, disturbance in speech and language, and stuffy nose
- Do not stop taking SEROQUEL XR without talking to your doctor. Stopping SEROQUEL XR suddenly may cause side effects

This is not a complete summary of safety information. Please discuss the full Prescribing Information with your health care provider.

Indications

SEROQUEL XR is a once-daily tablet approved in adults for add-on treatment to an antidepressant for patients with major depressive disorder (MDD) who did not have an adequate response to antidepressant therapy.

Please see Brief Summary for prescription SEROQUEL XR, including Boxed Warnings, on adjacent pages.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For questions to ask your doctor, visit SeroquelXR.com or call 1-866-331-3010.

If you're without prescription coverage and can't afford your medication, AstraZeneca may be able to help. For more information, please visit AstraZeneca-us.com.

Learn more at SeroquelXR.com

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AstraZeneca 

IMPORTANT INFORMATION ABOUT SEROQUEL XR (SER-oh-kwell)

Please read this summary carefully before you start taking SEROQUEL XR and each time you get a refill. There may be new information.

No advertisement can provide all the information needed to determine if a drug is right for you or take the place of careful discussions with your health care provider. Only your health care provider has the training to weigh the risks and benefits of a prescription drug.

What is the most important information I should know about SEROQUEL XR?

Serious side effects may happen when you take SEROQUEL XR, including:

- **Risk of death in the elderly with dementia:** Medicines like SEROQUEL XR can raise the risk of death in elderly people who have lost touch with reality due to confusion and memory loss (dementia). SEROQUEL XR is not approved for treating psychosis in the elderly with dementia.
- **Risk of suicidal thoughts or actions:** Antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions:
 1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.
 2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) depression, bipolar illness (also called manic-depressive illness), or suicidal thoughts or actions.
 3. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?
 - Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
 - Call the health care provider right away to report new or sudden changes in mood, behaviors, thoughts, or feelings.
 - Keep all follow-up visits with the health care provider as scheduled. Call the health care provider between visits as needed, especially if you have concerns about symptoms.

Call a health care provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling very agitated or restless

- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

What else do I need to know about antidepressant medicines?

- **Never stop an antidepressant medicine without first talking to your health care provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the health care provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the health care provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member take. Keep a list of all medicines to show the health care provider. Do not start new medicines without first checking with your health care provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's health care provider for more information.

What is SEROQUEL XR?

SEROQUEL XR is a prescription medicine used to treat major depressive disorder as add-on treatment with antidepressant medicines when your doctor determines that one antidepressant alone is not enough to treat your depression. SEROQUEL XR is not approved for patients under 18 years of age.

What are the symptoms of major depressive disorder (MDD)?

- Feeling of sadness, emptiness, and increased tearfulness
- Loss of interest in activities that you once enjoyed and loss of energy
- Problems focusing and making decisions
- Feeling of worthlessness or guilt
- Changes in sleep or eating patterns
- Thoughts of death or suicide
- MDD symptoms last most of the day, nearly every day for at least two weeks, and interfere with daily life at home and at work

What should I tell my health care provider before taking SEROQUEL XR?

Before taking SEROQUEL XR, tell your health care provider if you have or have had

- diabetes or high blood sugar in you or your family: your health care provider should check your blood sugar before you start SEROQUEL XR and also during therapy
- high levels of total cholesterol, triglycerides or LDL-cholesterol or low levels of HDL-cholesterol
- low or high blood pressure
- low white blood cell count
- cataracts
- seizures
- abnormal thyroid tests
- high prolactin levels
- heart problems
- liver problems
- any other medical condition
- pregnancy or plans to become pregnant. It is not known if SEROQUEL XR will harm your unborn baby
- breast-feeding or plans to breast-feed. It is not known if SEROQUEL XR will pass into your breast milk. You and your health care provider should decide if you will take SEROQUEL XR or breast-feed. You should not do both

Tell the health care provider about all the medicines that you take or recently have taken including prescription medicines, nonprescription medicines, herbal supplements and vitamins.

SEROQUEL XR and other medicines may affect each other causing serious side effects. SEROQUEL XR may affect the way other medicines work, and other medicines may affect how SEROQUEL XR works. Especially tell your health care provider if you take or plan to take medicines for:

- depression
- high blood pressure
- Parkinson's disease
- trouble sleeping

Also tell your health care provider if you take or plan to take any of these medicines:

- phenytoin, divalproex or carbamazepine (for epilepsy)
- barbiturates (to help you sleep)
- rifampin (for tuberculosis)
- glucocorticoids (steroids for inflammation)
- thioridazine (an antipsychotic)
- ketoconazole, fluconazole or itraconazole (for fungal infections)
- erythromycin (an antibiotic)
- protease inhibitors (for HIV)

This is not a complete list of medicines that can affect or be affected by SEROQUEL XR. Your doctor can tell you if it is safe to take SEROQUEL XR with your other medicines. Do not start or stop any medicines while taking SEROQUEL XR without talking to your health care provider first. Know the medicines you take. Keep a list of your medicines to show your health care provider and pharmacist when you get a new medicine.

Tell your health care provider if you are having a urine drug screen because SEROQUEL XR may affect your test results. Tell those giving the test that you are taking SEROQUEL XR.

IMPORTANT INFORMATION ABOUT SEROQUEL XR (continued)

How should I take SEROQUEL XR?

- Take SEROQUEL XR exactly as your health care provider tells you to take it. Do not change the dose yourself.
 - Take SEROQUEL XR by mouth, with a light meal or without food.
 - SEROQUEL XR should be swallowed whole and not split, chewed or crushed.
 - If you feel you need to stop SEROQUEL XR, talk with your health care provider first.
- If you suddenly stop taking SEROQUEL XR, you may experience side effects such as trouble sleeping or trouble staying asleep (insomnia), nausea, and vomiting.
- If you miss a dose, take it as soon as you remember. If it is close to the next dose, skip the missed dose. Just take the next dose at your regular time. Do not take 2 doses at the same time unless your health care provider tells you to. If you are not sure about your dosing, call your health care provider.
 - If you take too much SEROQUEL XR, call your health care provider or poison control center at 1-800-222-1222 right away or go to the nearest hospital emergency room.

What should I avoid while taking SEROQUEL XR?

Do not drive, operate machinery, or do other dangerous activities until you know how SEROQUEL XR affects you. SEROQUEL XR may make you drowsy.

- Avoid getting overheated or dehydrated.
 - Do not over-exercise.
 - In hot weather, stay inside in a cool place if possible.
 - Stay out of the sun. Do not wear too much or heavy clothing.
 - Drink plenty of water.
- Do not drink alcohol while taking SEROQUEL XR. It may make some side effects of SEROQUEL XR worse.

What are possible side effects of SEROQUEL XR?

Also see "What is the most important information I should know about SEROQUEL XR?" at the beginning of this document.

Serious side effects have been reported with SEROQUEL XR including:

- **Neuroleptic malignant syndrome (NMS):** Tell your health care provider right away if you have some or all of the following symptoms: high fever, stiff muscles, confusion, sweating, changes in pulse, heart rate, and blood pressure. These may be symptoms of a rare and serious condition that can lead to death. Stop SEROQUEL XR and call your health care provider right away

- **High blood sugar (hyperglycemia):** Increases in blood sugar can happen in some people who take SEROQUEL XR. Extremely high blood sugar can lead to coma or death. If you have diabetes or risk factors for diabetes (such as being overweight or a family history of diabetes) your health care provider should check your blood sugar before you start SEROQUEL XR and during therapy. Call your health care provider if you have any of these symptoms of high blood sugar while taking SEROQUEL XR
 - feel very thirsty
 - need to urinate more than usual
 - feel very hungry
 - feel weak or tired
 - feel sick to your stomach
 - feel confused, or your breath smells fruity
- **High cholesterol and triglyceride levels in the blood (fat in the blood):** Increases in total cholesterol, triglycerides and LDL (bad) cholesterol and decreases in HDL (good) cholesterol have been reported in clinical trials with SEROQUEL XR. You may not have any symptoms, so your health care provider should do blood tests to check your cholesterol and triglyceride levels before you start taking SEROQUEL XR and during therapy

- **Increase in weight (weight gain):** Weight gain has been seen in patients who take SEROQUEL XR so you and your health care provider should check your weight regularly
- **Tardive dyskinesia:** Tell your health care provider about any movements you cannot control in your face, tongue, or other body parts. These may be signs of a serious condition. Tardive dyskinesia may not go away, even if you stop taking SEROQUEL XR. Tardive dyskinesia may also start after you stop taking SEROQUEL XR

- **Orthostatic hypotension (decreased blood pressure):** lightheadedness or fainting caused by a sudden change in heart rate and blood pressure when rising too quickly from a sitting or lying position
- **Increases in blood pressure:** reported in children and teenagers. Your health care provider should check blood pressure in children and adolescents before starting SEROQUEL XR and during therapy. SEROQUEL XR is not approved for patients under 18 years of age

- **Low white blood cell count**
- **Cataracts**
- **Seizures**
- **Abnormal thyroid tests:** Your health care provider may do blood tests to check your thyroid hormone level
- **Increases in prolactin levels:** Your health care provider may do blood tests to check your prolactin levels
- **Increases in liver enzymes:** Your health care provider may do blood tests to check your liver enzyme levels
- **Long lasting and painful erection**
- **Difficulty swallowing**

Common possible side effects with SEROQUEL XR include:

- drowsiness
- dry mouth
- constipation
- dizziness
- increased appetite
- upset stomach
- weight gain
- fatigue
- disturbance in speech and language
- stuffy nose

These are not all the possible side effects of SEROQUEL XR. For more information, ask your health care provider or pharmacist.

Call your health care provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store SEROQUEL XR?

- Store SEROQUEL XR at room temperature, between 59°F to 86°F (15°C to 30°C)
- Keep SEROQUEL XR and all medicines out of the reach of children

What are the ingredients in SEROQUEL XR?

Active ingredient: quetiapine fumarate
Inactive ingredients: lactose monohydrate, microcrystalline cellulose, sodium citrate, hypromellose, and magnesium stearate. The film coating for all SEROQUEL XR tablets contain hypromellose, polyethylene glycol 400 and titanium dioxide. In addition, yellow iron oxide (50, 200 and 300 mg tablets) and red iron oxide (50 mg tablets) are included in the film coating of specific strengths.

General information about SEROQUEL XR

Do not take SEROQUEL XR unless your health care provider has prescribed it for you for your condition. Do not share SEROQUEL XR with other people, even if they have the same condition. It may harm them.

NOTE: This summary provides important information about SEROQUEL XR. For more information about SEROQUEL XR, talk with your health care provider or pharmacist or call 1-800-236-9933. You can ask your health care provider for full Prescribing Information about SEROQUEL XR that is written for health care providers and discuss it with him or her.

SEROQUEL XR is a registered trademark of the AstraZeneca group of companies.
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 AstraZeneca Pharmaceuticals LP
 Wilmington, DE 19850
 299926 9/10

For more information about SEROQUEL XR, visit www.SEROQUELXR.com or call 1-800-236-9933.

SEROQUEL XR[®]
 quetiapine fumarate
 extended-release tablets
 50, 150, 200, 300 & 400 mg



For more information about SEROQUEL XR, visit www.SEROQUELXR.com or call 1-800-236-9933.

SEROQUEL XR[®]
 quetiapine fumarate
 extended-release tablets
 50, 150, 200, 300 & 400 mg



Sweet Nothing?

The scoop on the newest sugar substitute

Q ▶ I have type 2 diabetes, and I'm trying to reduce my sugar intake. I've heard about stevia. What is it? Is it safe?

A ▶ Stevia, derived from the sweetleaf plant native to South America, is an excellent substitute for sugar, one I highly recommend you add to your diabetes self-care bag of tricks.

Here's why it's so good: Stevia leaves contain two "glycoside" molecules, steioside and rebaudioside, which are 300 times sweeter than sucrose (table sugar). The leaves can be used whole or in ground form in food and beverages. More typically, the sweet glycosides themselves are extracted from the plant material and sold as a processed powder or concentrated liquid. Stevia's taste is on par with other sugar substitutes—sweet with a mild after-taste that can be masked by blending with other sweet ingredients. Already popular in Japan and parts of Asia and Australia, this sugar substitute is being used in some commercial beverages in this country, too, including SoBe Lifewater and Vitaminwater Zero.

Besides tasting good, stevia has no calories, a zero glycemic index (meaning it has no carbs), no artificial ingredients, and no effect on blood sugar. It's a way to satisfy your sweet tooth without compromising your blood sugar levels.



Michael Dansinger, MD
WebMD DIABETES EXPERT

True or false?

Mom always said to wear a hat in the cold because we lose 80% of our body heat through our head. Is that true?

Lots of people believe that but this pearl of motherly wisdom is FALSE. Here's why.

The head only represents about 10% of the body's total surface area. So if the head were to lose even 75% of the body's heat, it would have to lose about 40 times as much heat per square inch as every other part of your body. That's unlikely—which has been borne out by tests of college students who lost the same amount of heat whatever the exposed area.

"The real reason we lose heat through our head is because most of the time when we're outside in the cold, we're clothed," says Richard Ingebretsen, MD, PhD, an adjunct instructor in the department of internal medicine at the University of Utah School of Medicine. "If you don't have a hat on, you lose heat through your head, just as you would lose heat through your legs if you were wearing shorts."

"There's really no such thing as 'cold,' when you're talking about the body," Ingebretsen says. "There's always heat—it's just a matter of keeping it in."



Q ▶ Is it possible to get "poisoned" by too much sun?

A ▶ No. Although people refer to a severe sunburn as "sun poisoning," there's no such thing.

Some people develop skin rashes called photodermatitis when they are exposed to intense sunlight. The most common of these is a polymorphous light eruption (PLME), which typically has red bumps or blisters that itch or burn and sometimes brings on chills, headache, and nausea. About 10% to 20% of the U.S. population develops this condition, most often in the early spring when their first intense sun exposure of the year occurs. Among the most susceptible are people who vacation in tropical locales during the winter months.

Some people also develop photodermatitis because they're taking certain medications (including some antibiotics and blood pressure medications) or using certain kinds of lotions (such as products with alpha or beta hydroxy acids or retinoids, a derivative of vitamin A).

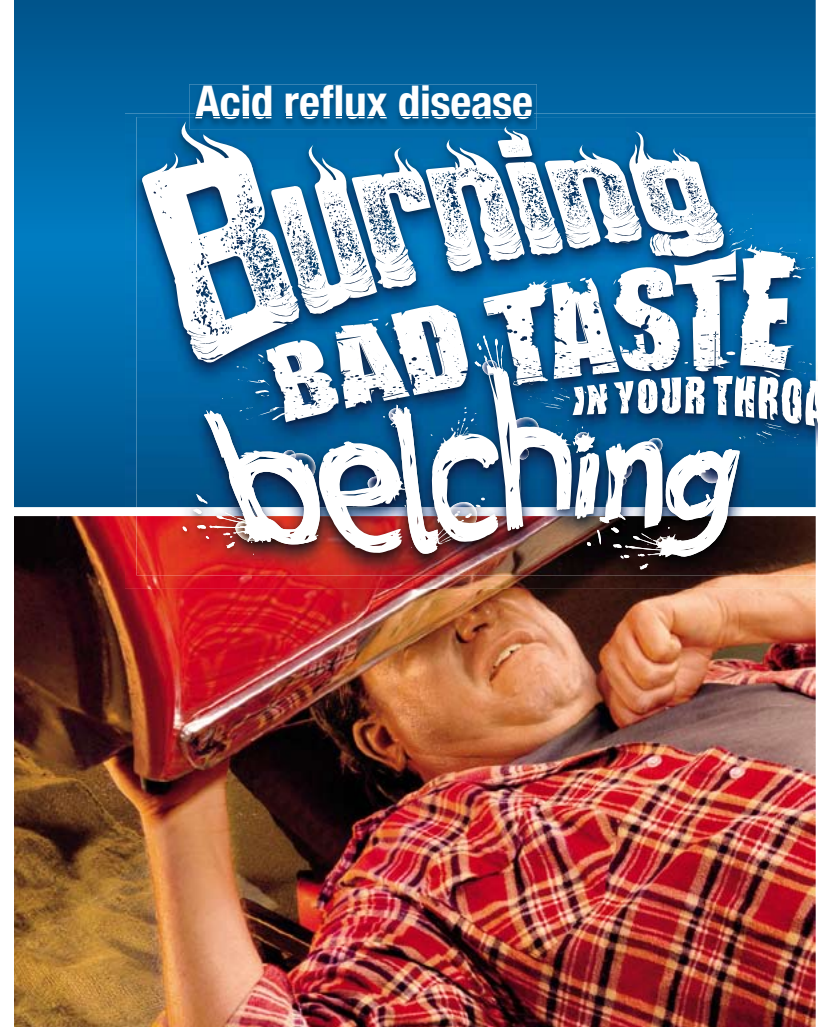
Prevention is simple: Wear protective clothing and a broad-spectrum sunscreen when you're outdoors. Avoid the sun between 10 a.m. and 2 p.m., and if you do develop PLME, see your doctor, who may suggest you apply over-the-counter creams with steroids to your bumps or blisters to help them heal.



Karyn Grossman, MD
WebMD SKIN CARE EXPERT

LEFT: IMAGEBROKER RFPHOTO LIBRARY; ABOVE: RALF NAUIGETTY IMAGES

Get expert answers to all your health questions. WebMD.com



IMPORTANT SAFETY INFORMATION

In adults, the most common side effects with ACIPHEX include pain, sore throat, gas, infection, and constipation.

Symptom relief does not rule out other serious stomach conditions.

Before taking ACIPHEX, tell your doctor if you are taking atazanavir, digoxin, iron salts, ketoconazole, or warfarin.

People who are taking multiple daily doses of Proton Pump Inhibitor medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine.

To learn more, talk to your doctor and read the patient information on the next page.

INDICATION

In adults (≥18 years of age), one ACIPHEX 20 mg tablet daily is used for the treatment of daytime and nighttime heartburn and other symptoms associated with acid reflux disease.

Individual results may vary.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Acid reflux disease. It's many faces—in many places.

Wherever you go do heartburn, and even a bad taste in your throat, and belching sometimes come along? If persistent heartburn (2 or more days a week) and other symptoms are all too familiar, despite treatment and diet change, it could be acid reflux disease. Talk to your doctor. And ask about prescription ACIPHEX. Because wherever you're headed, relief could be there too.



Try ACIPHEX FREE for 2 weeks!*
1-888-350-6421 TryAciphex.com/21
See the attached voucher. *Restrictions apply.



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01AX2256 December 2010

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Marketed by



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Faded Glory

A woman wonders if her hubby's waning interest in sex will get worse



We hear a lot about men who are frustrated because their wives' libidos are waning. But what about the opposite problem? Here, a wife baffled by her husband's lack of interest in sex reaches out to other members in **WebMD's sexual health community** for their perspective.

Expert tips

CHECK YOUR MALE

Men's sexual interest may be affected by stress, depression, low testosterone, body image, or health conditions. Some men have erectile problems and might avoid sex as a result. However, it is important to bring low desire, erectile problems, or other sexual difficulties to the attention of your doctor, as they may be early warning signs of medical conditions such as heart disease, diabetes, even Parkinson's disease. Because sexual desire tends to ebb and flow, it's possible that his (and your) desire will also continue to change. Try to let him know that you'd like to work together to create a pleasurable sex life and that you're open to new experiences, improving communication, or talking with a doctor or therapist.

Debby Herbenick, PhD, MPH
WebMD SEX & RELATIONSHIPS EXPERT

Give and get health tips on the [community boards](#). WebMD.com

PATIENT INFORMATION

ACIPHEX (a-se-feks) (rabeprazole sodium) Delayed-Release Tablets

Read the Patient Information that comes with ACIPHEX before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking to your healthcare provider about your medical condition or treatment.

What is ACIPHEX?

ACIPHEX is a medicine called a proton pump inhibitor. ACIPHEX reduces the amount of acid in your stomach.

ACIPHEX is used in adults:

- for up to 8 weeks to heal acid-related damage to the lining of the esophagus (called erosive esophagitis or EE) and to relieve symptoms, such as heartburn pain. If needed, your doctor may prescribe an additional 8 weeks of ACIPHEX.
- to maintain the healing of the esophagus and relief of symptoms related to EE. ACIPHEX has not been studied for treatment lasting longer than 12 months (1 year).
- for 4 weeks for the treatment of daytime and nighttime heartburn and other symptoms that happen with Gastroesophageal Reflux Disease (GERD). If needed your doctor may prescribe an additional 4 weeks of ACIPHEX.

GERD happens when acid in your stomach backs up into the tube (esophagus) that connects your mouth to your stomach. This may cause a burning feeling in your chest or throat, sour taste, or burping.

- for up to 4 weeks for the healing and relief of duodenal ulcers. The duodenal area is the area where food passes when it leaves the stomach.
- with certain antibiotic medicines for the treatment of an infection caused by bacteria called *H. pylori*. Sometimes *H. pylori* bacteria can cause duodenal ulcers. The infection needs to be treated to prevent the ulcers from coming back.
- for the long-term treatment of conditions where your stomach makes too much acid. This includes a rare condition called Zollinger-Ellison syndrome.

ACIPHEX is used in adolescents 12 years of age and above:

- for up to 8 weeks for the treatment of GERD. It is not known if ACIPHEX is safe and effective in children under the age of 12.

ACIPHEX may help your acid-related symptoms, but you could still have serious stomach problems. Talk with your doctor.

Who should not take ACIPHEX?

Do not take ACIPHEX if you:

- are allergic to any of the ingredients in ACIPHEX. See the end of this leaflet for a complete list of ingredients in ACIPHEX.
- are allergic to any other Proton Pump Inhibitor (PPI) medicine.

What should I tell my doctor before I take ACIPHEX?

Before you take ACIPHEX tell your doctor about all of your medical conditions, including if you:

- have any liver problems.
- have any allergies.

- are pregnant or planning to become pregnant. It is not known if ACIPHEX can harm your unborn baby.
- are breastfeeding. It is not known if ACIPHEX passes into your breast milk or if it can harm your baby. You should choose to breastfeed or take ACIPHEX, but not both. Talk to your doctor about other ways to feed your baby while taking ACIPHEX.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. ACIPHEX and certain medicines can affect each other. This can cause serious side effects. Know the medicines that you take. Keep a list of them with you and show it to your doctor when you get a new medicine. Be sure to tell your doctor if you are taking:

- atazanavir (Reyataz)
- cyclosporine (Sandimmune, Neoral)
- digoxin (Lanoxin)
- ketoconazole (Nizoral)
- warfarin (Coumadin)
- theophylline (THEO-24 Thelair)
- diazepam (Valium)
- phenytoin (Dilantin)
- antibiotics

Ask your doctor or pharmacist if you are not sure if your medicine is listed above.

How should I take ACIPHEX?

- Take ACIPHEX exactly as prescribed. Your doctor will prescribe the dose that is right for you and your medical condition. Do not change your dose or stop taking ACIPHEX unless you talk to your doctor. Take ACIPHEX for as long as it is prescribed even if you feel better.
- ACIPHEX is usually taken once a day. Your doctor will tell you the time of day to take ACIPHEX, based on your medical condition.
- ACIPHEX can be taken with or without food. Your healthcare provider will tell you whether to take this medicine with or without food based on your medical condition.
- Swallow each ACIPHEX tablet whole with water. **Do not chew, crush, or split ACIPHEX tablets** because this will damage the tablet and the medicine will not work. Tell your doctor if you cannot swallow tablets whole. You may need a different medicine.
- **If you miss a dose of ACIPHEX, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your normal schedule. Do not take 2 doses at the same time.**
- If you take too much ACIPHEX, call your doctor or Poison Control Center right away, or go to the emergency department.
- Your doctor may prescribe antibiotic medicines with ACIPHEX to help treat a stomach infection and heal stomach-area (duodenal) ulcers that are caused by bacteria called *H. pylori*. Make sure you read the patient information that comes with an antibiotic before you start taking it.

What are the possible side effects of ACIPHEX?

ACIPHEX, like other proton pump inhibitors, may cause serious allergic reactions. See the end of this leaflet for a complete list of ingredients in ACIPHEX.

Serious allergic reactions. Tell your doctor if you have any of the following symptoms with ACIPHEX:

- rash
- throat tightness
- face swelling
- difficulty breathing

Your doctor may stop ACIPHEX if these symptoms happen.

The most common side effects with ACIPHEX may include:

- headache
- sore throat
- infection
- pain
- gas
- constipation

People who are taking multiple daily doses of Proton Pump Inhibitor medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine.

Tell your doctor if you have any side effect that bothers you or that does not go away. These are not all the side effects of ACIPHEX. For more information, ask your doctor or pharmacist.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store ACIPHEX?

- Store ACIPHEX in a dry place at room temperature, 59°F to 86°F (15°C to 30°C).
- **Keep ACIPHEX and all medicines out of the reach of children.**

General Information about ACIPHEX

Medicines are sometimes prescribed for conditions other than those described in patient information leaflets. Do not use ACIPHEX for any condition for which it was not prescribed by your doctor. Do not give ACIPHEX to other people, even if they have the same symptoms as you. It may harm them.

This leaflet summarizes the most important information about ACIPHEX. If you would like more information, talk to your doctor. You can also ask your doctor or pharmacist for information about ACIPHEX that is written for healthcare professionals. For full product information, visit the website at <http://www.aciphex.com/> or call the toll-free numbers 1-888-4-ACIPHEX or 1-800 JANSSEN.

What are the ingredients in ACIPHEX?

Active Ingredient: rabeprazole sodium
Inactive ingredients of the 20 mg tablet are carnauba wax, crospovidone, diacetylated monoglycerides, ethylcellulose, hydroxypropyl cellulose, hypromellose phthalate, magnesium stearate, mannitol, propylene glycol, sodium hydroxide, sodium stearyl fumarate, talc, and titanium dioxide. Iron oxide yellow is the coloring agent for the tablet coating. Iron oxide red is the ink pigment.

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For prescription only Revised August 2010
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Manufactured and Marketed by Eisai Inc., Woodcliff Lake, NJ 07677
Marketed by PRICARA, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., Raritan, NJ 08869 AC0110P

Q. My husband is a very manly man and we cuddle a lot. But he says he has no *real* interest in sex anymore. He is 35 and I am 43; we have a great, loving relationship. Will this change as he gets older? Or will [his interest] fade even more? **betty80state**

Posted by **Schmeet 2369**

Men's libidos do fizzle down once they get around a certain age. But how is he healthwise? Does he have high blood pressure? If so, he needs to start walking or jogging, eating healthier, and living better. That in itself is a much needed thing for a good sexual relationship.

Posted by **Fiannakyn**

My husband had a spell like that and I sent him packing to the doc ASAP. Turned out his testosterone was way low.

Posted by **Arbie_88**

I am a man and I think I can suggest something. Love is OK, but you also need lust. When you combine these two, it will be great sex. Try to experiment sometimes. Try something that you have never done before. Making love or having sex is not only for the bedroom.

Posted by **Lost_Kitten13**

Why don't you try getting your husband to talk about what is on his mind? It may take a little while for him to talk about it, but keep pushing, somehow get him to tell you. Maybe he's stressed and/or just wants a break from sex. Also, sex shouldn't have a lot to do with your love life. Just because you're not getting as much sex as you used to or like to doesn't mean he loves you any less than when he was giving you all the sex you wanted.

Important Safety Information About CIMZIA® (certolizumab pegol)

What is the most important information I should know about CIMZIA?

CIMZIA is a prescription medicine that affects your immune system. CIMZIA can lower the ability of the immune system to fight infections. Serious infections have happened in patients taking CIMZIA, including tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some patients have died from these infections. Your doctor should tell you for TB before starting CIMZIA. Your doctor should monitor you closely for signs and symptoms of TB during your treatment with CIMZIA.

Certain Types of Cancer

There have been cases of unusual cancers in children and teenage patients using TNF-blocking agents. CIMZIA is not approved for use in pediatric patients. For people taking TNF-blocker medicines, including CIMZIA, the chances for getting lymphoma or other cancers may increase. People with RA, especially more serious RA, may have a higher chance for getting a kind of cancer called lymphoma.

Before starting CIMZIA, tell your doctor if you

- Think you have an infection. You should not start taking CIMZIA if you have any kind of infection, are being treated for an infection or have signs of an infection such as fever, cough or flu-like symptoms or if you get a lot of infections or have infections that keep coming back.
- Have any open cuts or sores
- Have diabetes or HIV
- Have TB, or have been in close contact with someone with TB
- Were born in, lived in, or traveled to countries where there is more risk of getting TB. Ask your doctor if you are not sure.
- Live or lived in certain parts of country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, blastomycosis). These infections may develop or become severe if you take CIMZIA. If you do not know if you have lived in these types of areas, ask your doctor.
- Have or have had hepatitis B
- Have or have had any type of cancer
- Have congestive heart failure

- Have seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis
- Are scheduled to receive a vaccine. Do not receive a live vaccine while taking CIMZIA
- Are pregnant, planning to become pregnant, or breastfeeding. CIMZIA has not been studied in pregnant or nursing women.
- Especially tell your doctor if you take: Kineret® (anakinra), Orencia® (abatacept), Rituxan® (rituximab), Tysabri® (natalizumab), or another TNF blocker. You have a higher chance for serious infections when taking CIMZIA with these medicines. You should not take CIMZIA while you take one of these medicines.

After starting CIMZIA, if you get an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have open cuts or sores on your body, call your doctor right away. CIMZIA can make you more likely to get infections or make any infection that you may have worse.

What are the possible side effects of CIMZIA? CIMZIA can cause serious side effects including:

Heart Failure including new heart failure or worsening of heart failure you already have; **Nervous System Problems** such as Multiple Sclerosis, seizures, or inflammation of the nerves of the eyes; **Allergic Reactions**. Signs of an allergic reaction include a skin rash, swollen face, or trouble breathing; **Hepatitis B virus reactivation in patients who carry the virus in their blood**. In some cases, patients have died as a result of hepatitis B virus being reactivated. Your doctor should monitor you carefully during treatment with CIMZIA if you carry the hepatitis B virus in your blood; **Blood Problems**. Your body may not make enough of the blood cells that help fight infections or help stop bleeding; **Immune reactions including a lupus-like syndrome**. Symptoms include shortness of breath, joint pain, or a rash on the cheeks or arms that worsens with sun exposure.

Call your doctor right away if you develop any of the above side effects or symptoms.

The most common side effects of CIMZIA are: upper respiratory infections (flu, cold), rash, and urinary tract infections (bladder infections).

Other side effects have happened in some people including new psoriasis or worsening of psoriasis you already have and injection site reactions.

You are encouraged to report negative side effects to FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary on following pages.

For treatment of adults with moderate to severe Rheumatoid Arthritis

Cimzia. RA relief that can help you get a better grip on life.



Fast, Lasting Cimzia has been clinically proven vs. placebo to reduce RA pain, stiffness and fatigue in as little as 1-2 weeks for some patients. The majority experienced RA signs and symptoms improvement within 6 months which lasted through 1 year and prevented further joint damage. Your results may vary. Based on what you and your doctor decide, Cimzia can be injected every 2 or 4 weeks after initial dosing.

Ask your doctor about the benefits and risks of Cimzia.

Pre-filled syringe designed for ease and comfort in partnership with **OXO GOODGRIPS**

Please read the Important Safety Information on the adjacent page.


cimzia[®]
(certolizumab pegol)

Visit cimzia.com/RA
Call 1-866-554-0835

Consumer Brief Summary for Cimzia®

CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION.

cimzia[®]
(certolizumab pegol)

Read the Medication Guide that comes with CIMZIA before you start using it, and before each injection of CIMZIA. This brief summary does not take the place of talking with your doctor about your medical condition or treatment.

What is the most important information I should know about CIMZIA?

CIMZIA is a medicine that affects your immune system. CIMZIA can lower the ability of the immune system to fight infections. Serious infections have happened in patients taking CIMZIA. These infections include tuberculosis (TB) and infections caused by viruses, fungi or bacteria that have spread throughout the body. Some patients have died from these infections.

- Your doctor should test you for TB before starting CIMZIA.
- Your doctor should monitor you closely for signs and symptoms of TB during treatment with CIMZIA.

Before starting CIMZIA, tell your doctor if you:

- think you have an infection. You should not start taking CIMZIA if you have any kind of infection.
- are being treated for an infection.
- have signs of an infection, such as a fever, cough, flu-like symptoms
- have any open cuts or sores on your body
- get a lot of infections or have infections that keep coming back
- have diabetes
- have HIV
- have tuberculosis (TB), or have been in close contact with someone with TB
- were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- live or have lived in certain parts of the country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may develop or become more severe if you take CIMZIA. If you do not know if you have lived in an area where histoplasmosis, coccidioidomycosis, or blastomycosis is common, ask your doctor.
- have or have had hepatitis B
- use the medicine Kineret[®] (anakinra), Orencia[®] (abatacept), Rituxan[®] (rituximab), or Tysabri[®] (natalizumab)

After starting CIMZIA, if you get an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have open cuts or sores on your body, call your doctor right away. CIMZIA can make you more likely to get infections or make any infection that you may have worse.

Certain types of Cancer

- There have been cases of unusual cancers in children and teenage patients using TNF-blocking agents.
- For people taking TNF-blocker medicines, including CIMZIA, the chances of getting lymphoma or other cancers may increase.
- People with RA, especially more serious RA, may have a higher chance of getting a kind of cancer called lymphoma.

See the section “What are the possible side effects of CIMZIA?” for more information.

What is CIMZIA?

CIMZIA is a medicine called a Tumor Necrosis Factor (TNF) blocker. CIMZIA is used in adult patients to:

- Lessen the signs of symptoms of moderately to severely active Crohn’s disease (CD) in adults who have not been helped enough by usual treatments.

- Treat moderately to severely active rheumatoid arthritis (RA).

It is not known whether CIMZIA is safe and effective in children.

What should I tell my doctor before starting treatment with CIMZIA?

CIMZIA may not be right for you. Before starting CIMZIA, tell your doctor about all of your medical conditions, including if you:

- **have an infection.** (See, “What is the most important information I should know about CIMZIA?”)
- **have or have had any type of cancer.**
- **have congestive heart failure.**
- **have seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis.**
- **are scheduled to receive a vaccine.** Do not receive a live vaccine while taking CIMZIA.
- **are allergic to any of the ingredients in CIMZIA.** See the end of this Brief Summary for a list of the ingredients in CIMZIA.

Tell your doctor if you are pregnant, planning to become pregnant, or breastfeeding. CIMZIA has not been studied in pregnant or nursing women.

Tell your doctor about all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. Your doctor will tell you if it is okay to take your other medicines while taking CIMZIA. Especially, tell your doctor if you take:

- Kineret[®] (anakinra), Orencia[®] (abatacept), Rituxan[®] (rituximab), Tysabri[®] (natalizumab). You have a high chance for serious infections when taking CIMZIA with Kineret[®], Orencia[®], Rituxan[®], or Tysabri[®].
- A TNF blocker: Remicade[®] (infliximab), Humira[®] (adalimumab), Enbrel[®] (etanercept), Simponi[®] (golimumab).

You should not take CIMZIA, while you take one of these medicines.

How should I use CIMZIA?

- If your doctor prescribes the CIMZIA lyophilized pack for reconstitution, CIMZIA should be injected by a healthcare provider.
- If your doctor prescribes the CIMZIA prefilled syringe, see the section **“Patient Instructions for Use”** at the end of the Medication Guide for complete instructions for use. Do not give yourself an injection of CIMZIA unless you have been shown by your doctor or nurse.
- CIMZIA is given by an injection under the skin, into your abdomen or thigh area. Your doctor will tell you how much CIMZIA to inject and how often to inject CIMZIA, based on your condition to be treated. Do not use more CIMZIA or inject more often than prescribed.

What are the possible side effects of CIMZIA?

CIMZIA can cause serious side effects including:

See **“What is the most important information I should know about CIMZIA?”**

- **Heart Failure** including new heart failure or worsening of heart failure you already have. Symptoms include shortness of breath, swelling of your ankles or feet, or sudden weight gain.
- **Nervous System Problems** such as multiple sclerosis, seizures, or inflammation of the nerves of the eyes. Symptoms include dizziness, numbness or tingling problems with your vision, and weakness in your arms or legs.
- **Allergic Reactions.** Signs of an allergic reaction include a skin rash, swelling of the face, tongue, lips, or throat, or trouble breathing.
- **Hepatitis B virus reactivation in patients who carry the virus in their blood.** In some cases patients have died as a result of hepatitis B virus being reactivated. Your doctor should monitor you

carefully during treatment with CIMZIA if you carry the hepatitis B virus in your blood. Tell your doctor if you have any of the following symptoms:

- feel unwell
- tiredness (fatigue)
- poor appetite
- fever, skin rash, or joint pain

• **Blood Problems.** Your body may not make enough of the blood cells that help fight infections or help stop bleeding. Symptoms include a fever that doesn’t go away, bruising or bleeding very easily, or looking very pale.

• **Immune reactions including a lupus-like syndrome.** Symptoms include shortness of breath, joint pain, or a rash on the cheeks or arms that worsens with sun exposure.

Call your doctor right away if you develop any of the above side effects or symptoms.

The most common side effects in people taking CIMZIA are:

- upper respiratory infections (flu, cold)
- rash
- urinary tract infections (bladder infections)

Other side effects with CIMZIA include:

• **Psoriasis.** Some people using CIMZIA had new psoriasis or worsening of psoriasis they already had. Tell your doctor if you develop red scaly patches or raised bumps that are filled with pus. Your doctor may decide to stop your treatment with CIMZIA.

• **Injection site reactions.** Redness, rash, swelling, itching or bruising can happen in some people. These symptoms will usually go away within a few days. If you have pain, redness, or swelling around the injection site that doesn’t go away within a few days or gets worse, call your doctor right away.

Tell your doctor about any side effect that bothers you or does not go away.

These are not all of the side effects with CIMZIA. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about CIMZIA

Medicines are sometimes prescribed for purposes that are not mentioned in Medication Guides. Do not use CIMZIA for a condition for which it was not prescribed. Do not give CIMZIA to other people, even if they have the same condition. It may harm them.

This brief summary summarizes the most important information about CIMZIA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about CIMZIA that is written for health professionals.

For more information go to www.CIMZIA.com or call 1-866-4CIMZIA (424-6942).

Always keep CIMZIA, injection supplies, puncture-proof container, and all other medicines out of the reach of children.


What are the ingredients in CIMZIA?

CIMZIA lyophilized powder: Active ingredient: certolizumab pegol. Inactive ingredients: sucrose, lactic acid, polysorbate. The pack contains Water for Injection, for reconstitution of the lyophilized powder.

CIMZIA prefilled syringe: Active ingredient: certolizumab pegol. Inactive ingredients: sodium acetate, sodium chloride, and Water for Injection.

CIMZIA has no preservatives.

Product developed and manufactured for:
UCB, Inc., 1950 Lake Park Drive, Smyrna, GA 30080 U.S. License No 1736

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CCD123-1209 4E

Getting a **better grip** on RA
can start with this syringe.



Guided by input from people with RA,
the CIMZIA syringe was designed for
ease and comfort in partnership with

OXO GOOD GRIPS

You may save up to \$500 on each CIMZIA
prescription if you qualify. Go to cimzia.com/RA



cimzia[®]
(certolizumab pegol)

For moderate to severe RA adults.

Anaphylaxis or serious allergic reactions may occur.
Hypersensitivity reactions have been reported rarely
following CIMZIA administration.

Please see Brief Summary on previous page.

DEODORANT

Nice Spice

The ancient Egyptians used to combine citrus oils and pungent spices for the body as a way to mask odor.

Dream Cream

An unknown inventor created the first deodorant—which was in cream form—in 1888.

On a Roll

Roll-on deodorant, invented in the 1940s, was based on the ballpoint pen, which was also new at the time.

Dry Idea

While a deodorant masks body odor, an antiperspirant prevents wetness (perspiration).

Air Apparent

Body odor is caused by a reaction of bacteria and excretions from the apocrine glands, which carry fats and proteins in the skin.

Hyper Link

Neither the FDA nor the National Cancer Institute has conclusive evidence of a link between breast cancer and antiperspirants or deodorants.

Name Game

In medical terms, your underarm area is called the “axilla.”

Smell of Music

Sales of deodorant “Teen Spirit” spiked after the band Nirvana came out with the song “Smells Like Teen Spirit.” The singer Kurt Cobain didn’t know of the deodorant brand when he wrote it.

Through the Nose

In 2009, deodorants accounted for \$17 billion in total worldwide sales.

Pit Stop

In 2008, actor Matthew McConaughey reportedly said he hadn’t worn deodorant in 20 years; in response, a company sent him a year’s worth.—Chloe Thompson



TED MORRISON

Do you work shifts or a non-traditional schedule?
Do you struggle to stay awake when you need to be awake?

Try NUVIGIL
FREE!
with the voucher
in this magazine



REDISCOVER
WAKEFULNESS
THAT'S WORKING WHEN SHE IS

Your struggle to stay awake could be caused by shift work disorder (SWD). SWD is a medical condition that affects millions of Americans who work non-traditional schedules.¹⁻³ Excessive sleepiness (ES) is a common symptom of SWD.⁴ NUVIGIL is a prescription medicine used to improve wakefulness in adults who experience ES due to SWD.⁵

Ask your doctor how you can try NUVIGIL FREE* with the voucher in this magazine. For more information, visit www.NUVIGIL.com.

Important Safety Information

NUVIGIL may cause serious side effects including a serious rash or a serious allergic reaction that may affect parts of your body such as your liver or blood cells, and may result in hospitalization and be life-threatening.

If you develop a skin rash, hives, sores in your mouth, blisters, swelling, peeling, or yellowing of the skin or eyes, trouble swallowing or breathing, dark urine, or fever, stop taking NUVIGIL and call your doctor right away or get emergency help.

NUVIGIL is not approved for children for any condition. It is not known if NUVIGIL is safe or if it works in children under the age of 17. Stop taking NUVIGIL and call your doctor or get emergency help if you get any of the following serious side effects: depression, feeling anxious, sensing things that are not really there, increase in activity (mania), thoughts of suicide, aggression, or other mental problems; chest pain, abnormal heart beat, or trouble breathing.

*Limitations apply.

Do not drive a car or do other dangerous activities until you and your doctor know how NUVIGIL affects you.

Avoid drinking alcohol. Common side effects of NUVIGIL are headache, nausea, dizziness, and trouble sleeping.

Individual results may vary. NUVIGIL may not stop all of your sleepiness and does not take the place of sleep.

NUVIGIL is a federally controlled substance (C-IV), so use NUVIGIL only as directed and keep in a safe place to prevent misuse and abuse.

This information does not take the place of talking with your doctor for medical advice about your condition or treatment. Only you and your doctor can decide if NUVIGIL is right for you.

Please see Important Information for NUVIGIL on reverse side and the Medication Guide for Patients in the full prescribing information for NUVIGIL.

References: 1. US Department of Labor, Bureau of Labor Statistics, Workers on flexible and shift schedules. Bureau of Labor Statistics Web site. <http://www.bls.gov/news.release/pdf/flex.pdf>. Accessed January 8, 2010. 2. Schwartz JRL, Roth T. Shift work sleep disorder: burden of illness and approaches to management. *Drugs*. 2006;66(18):2357-2370. 3. Waage S, Moen BE, Pallesen S, et al. Shift work disorder among oil rig workers in the North Sea. *Sleep*. 2009;32(4):558-565. 4. American Academy of Sleep Medicine. *The International Classification of Sleep Disorders: Diagnostic and Coding Manual*. 2nd ed. Westchester, IL: American Academy of Sleep Medicine; 2005. 5. NUVIGIL [prescribing information]. Frazer, PA: Cephalon, Inc; 2010.

www.NUVIGIL.com



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Dec 2010

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14 NUVIGIL Tablets FREE Starter Voucher

Bring this
to your doctor
and try NUVIGIL
FREE!

Patient Instructions

If you and your doctor decide **NUVIGIL** is right for you, take a valid, signed 14-tablet prescription for **NUVIGIL** (fourteen tablets, any strength) with this voucher to any participating pharmacy to receive your complimentary 14-tablet supply of **NUVIGIL**. The supply is provided as a service by Cephalon, Inc.

Please see the Limitations section on the back of this voucher.

By redeeming this voucher, you certify that you will not seek: (i) reimbursement from any third-party payer for any part of the 14-tablet supply of **NUVIGIL** dispensed under this voucher; or (ii) to have any portion of this prescription counted toward your out-of-pocket costs under any third-party payer programs. You also certify that you do **not** have any coverage for your prescriptions for **NUVIGIL** under any public healthcare program (e.g., Medicare, Medicaid, TRICARE, or any state program). If you are a resident of Massachusetts, also certify that you do **not** have any coverage for your prescriptions for **NUVIGIL** from any health insurance plan or any other third-party payer.

Present a 14-tablet prescription, with this voucher, to any participating retail pharmacy. If eligible, you'll receive 14 tablets of NUVIGIL at no cost.



Do Not Mail Voucher With Reply Card.

14 NUVIGIL Tablets FREE Starter Voucher

Bring this
to your doctor
and try NUVIGIL
FREE!

Patient Instructions

If you and your doctor decide **NUVIGIL** is right for you, take a valid, signed 14-tablet prescription for **NUVIGIL** (fourteen tablets, any strength) with this voucher to any participating pharmacy to receive your complimentary 14-tablet supply of **NUVIGIL**. The supply is provided as a service by Cephalon, Inc.

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Present a 14-tablet prescription, with this voucher, to any participating retail pharmacy. If eligible, you'll receive 14 tablets of NUVIGIL at no cost.



Do Not Mail Voucher With Reply Card.

Enroll today!

Reasons to sign up:

- Receive special offers and updates from Cephalon
- Stay informed with health information relevant to you

Mr Mrs Ms Miss Dr _____

Name _____

Address _____

City/State/ZIP code _____

Phone number _____

Email address _____

Date of birth (MM/YYYY) _____

How would you prefer to receive more information?

- Prefer mail
- Prefer email

By mailing in this card, I agree that from time to time, Cephalon may provide me with health-related and product information, as well as market research surveys.



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Enroll today!

Reasons to sign up:

- Receive special offers and updates from Cephalon
- Stay informed with health information relevant to you

Mr Mrs Ms Miss Dr _____

Name _____

Address _____

City/State/ZIP code _____

Phone number _____

Email address _____

Date of birth (MM/YYYY) _____

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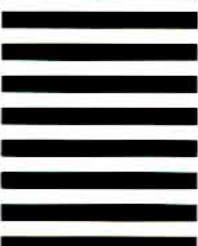
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Instructions for Physicians and Pharmacists

This voucher must be accompanied by a signed, valid prescription for a 14-tablet supply of **NUVIGIL** (fourteen tablets, any strength). No substitutions or refills permitted. A separate prescription is required for any **NUVIGIL** tablets (50 mg, 150 mg or 250 mg) to be used beyond the 14-tablet FREE trial period. Please see the Limitations section below.

Pharmacists: By accepting and redeeming this voucher, the pharmacist certifies that: (i) **NUVIGIL** has been dispensed to an eligible patient pursuant to a valid prescription for **NUVIGIL**; (ii) no claim for the product dispensed pursuant to this voucher has been or will be submitted to the patient or any third-party payer (public or private) for reimbursement or for purposes of counting it toward the patient's out-of-pocket expenses; (iii) the patient does **not** have any coverage for prescriptions for **NUVIGIL** from any public healthcare program (e.g., Medicare, Medicaid, TRICARE, or any state program); (iv) if the patient is a resident of Massachusetts, the patient does **not** have any coverage for prescriptions for **NUVIGIL** from any third-party payer; and (v) redemption of this voucher complies with all applicable laws (federal, state or local) and any contractual or other obligations as a pharmacy provider.

For reimbursement, please submit electronically to AlphaScrip.

BIN #: 610600
PCN: AS
Group #: 705
Cardholder ID: 70500064901

For questions regarding processing, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

Limitations

Voucher is good through 10/31/2012. Valid only in the United States at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. No purchase required. Void where prohibited by law. Product dispensed pursuant to terms of voucher shall not be submitted to any third-party payer for reimbursement. Further, offer not valid for any individual for whom any part of any prescriptions for **NUVIGIL** is or will be covered by any public healthcare program (e.g., Medicare, Medicaid, TRICARE, or any state program) or, for residents of Massachusetts, by any third-party payer. Offer is valid one time only per patient and must be submitted pursuant to an original voucher. It is illegal for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade or to counterfeit this voucher. Offer cannot be combined with any other voucher, certificate, coupon, rebate, or similar offer. This is not an insurance program. Cephalon reserves the right to rescind, revoke, or amend this program without notice. Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer.

Cash value of this paper voucher is 1/100 of a cent.



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Instructions for Physicians and Pharmacists

This voucher must be accompanied by a signed, valid prescription for a 14-tablet supply of **NUVIGIL** (fourteen tablets, any strength). No substitutions or refills permitted. A separate prescription is required for any **NUVIGIL** tablets (50 mg, 150 mg or 250 mg) to be used beyond the 14-tablet FREE trial period. Please see the Limitations section below.

Pharmacists: By accepting and redeeming this voucher, the pharmacist certifies that: (i) **NUVIGIL** has been dispensed to an eligible patient pursuant to a valid prescription for **NUVIGIL**; (ii) no claim for the product dispensed pursuant to this voucher has been or will be submitted to the patient or any third-party payer (public or private) for reimbursement or for purposes of counting it toward the patient's out-of-pocket expenses; (iii) the patient does **not** have any coverage for prescriptions for **NUVIGIL** from any public healthcare program (e.g., Medicare, Medicaid, TRICARE, or any state program); (iv) if the patient is a resident of Massachusetts, the patient does **not** have any coverage for prescriptions for **NUVIGIL** from any third-party payer; and (v) redemption of this voucher complies with all applicable laws (federal, state or local) and any contractual or other obligations as a pharmacy provider.

For reimbursement, please submit electronically to AlphaScrip.

BIN #: 610600
PCN: AS
Group #: 705
Cardholder ID: 70500064902

For questions regarding processing, please call the AlphaScrip Pharmacy Help Desk at 1-877-274-3244.

Limitations

Voucher is good through 10/31/2012. Valid only in the United States at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. No purchase required. Void where prohibited by law. Product dispensed pursuant to terms of voucher shall not be submitted to any third-party payer for reimbursement. Further, offer not valid for any individual for whom any part of any prescriptions for **NUVIGIL** is or will be covered by any public healthcare program (e.g., Medicare, Medicaid, TRICARE, or any state program) or, for residents of Massachusetts, by any third-party payer. Offer is valid one time only per patient and must be submitted pursuant to an original voucher. It is illegal for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade or to counterfeit this voucher. Offer cannot be combined with any other voucher, certificate, coupon, rebate, or similar offer. This is not an insurance program. Cephalon reserves the right to rescind, revoke, or amend this program without notice. Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer.

Cash value of this paper voucher is 1/100 of a cent.



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Important facts

NUVIGIL® (nu-vij-el) Tablets [C-IV]
Generic name: armodafinil

What is NUVIGIL?

NUVIGIL is a prescription medicine used to improve wakefulness in adults who are very sleepy due to one of the following diagnosed sleep disorders:

- Narcolepsy
- Obstructive sleep apnea (OSA). NUVIGIL is used with other medical treatments for this sleep disorder. NUVIGIL does not take the place of using your CPAP machine or other treatments that your doctor has prescribed for this condition. It is important that you continue to use these treatments as prescribed by your doctor.
- Shift work disorder (SWD)

NUVIGIL will not cure these sleep disorders. NUVIGIL may help the sleepiness caused by these conditions, but it may not stop all your sleepiness. NUVIGIL does not take the place of getting enough sleep. Follow your doctor's advice about good sleep habits and using other treatments.

NUVIGIL is a federally controlled substance (C-IV) because it can be abused or lead to dependence. Keep NUVIGIL in a safe place to prevent misuse and abuse. Selling or giving away NUVIGIL may harm others, and is against the law. Tell your doctor if you have ever abused or been dependent on alcohol, prescription medicines or street drugs.

What should I avoid while taking NUVIGIL?

- Do not drive a car or do other dangerous activities until you know how NUVIGIL affects you. People with sleep disorders should always be careful about doing things that could be dangerous. Do not change your daily habits until your doctor tells you it is okay.
- You should avoid drinking alcohol. It is not known how drinking alcohol will affect you when taking NUVIGIL.

What should I tell my doctor before taking NUVIGIL?

Tell your doctor about all of your medical conditions including, if you:

- Have a history of mental health problems, including psychosis
 - Have heart problems or had a heart attack
 - Have high blood pressure. Your blood pressure may need to be checked more often while taking NUVIGIL.
 - Have liver or kidney problems
 - Have a history of drug or alcohol abuse or addiction
 - Are pregnant or planning to become pregnant. It is not known if NUVIGIL will harm your unborn baby.
 - Are breastfeeding. It is not known if NUVIGIL passes into your milk. Talk to your doctor about the best way to feed your baby if you take NUVIGIL.
- Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, herbal supplements, and hormonal birth control.

- Women who use hormonal birth control may have a higher chance for getting pregnant while taking NUVIGIL, and for one month after stopping NUVIGIL.

What is the most important information I should know about NUVIGIL?

NUVIGIL may cause serious side effects including a serious rash or a serious allergic reaction that may affect parts of your body such as your liver or blood cells. Any of these may need to be treated in a hospital and may be life-threatening. Stop taking NUVIGIL and call your doctor right away or get emergency help if you have any of these symptoms:

- Skin rash, hives, sores in your mouth, or your skin blisters and peels
- Swelling of your face, eyes, lips, tongue, or throat
- Trouble swallowing or breathing
- Fever, shortness of breath, swelling of the legs, yellowing of the skin or whites of the eyes, or dark urine.

If you have a severe rash with NUVIGIL, stopping the medicine may not keep the rash from becoming life-threatening or causing you to be permanently disabled or disfigured.

NUVIGIL is not approved for use in children for any medical condition. It is not known if NUVIGIL is safe or if it works in children under the age of 17.

What are possible side effects of NUVIGIL?

NUVIGIL may cause serious side effects. Stop taking NUVIGIL and call your doctor right away or get emergency help if you get any of the following:

- **A serious rash or serious allergic reaction.** (See "What is the most important information I should know about NUVIGIL?")
- **Mental (psychiatric) symptoms**, including: depression, feeling anxious, hearing, seeing, feeling, or sensing things that are not really there (hallucinations), an extreme increase in activity and talking (mania), thoughts of suicide, aggressive behavior, or other mental problems
- **Symptoms of a heart problem**, including chest pain, abnormal heart beats, and trouble breathing.

Common side effects that can happen in anyone who takes NUVIGIL include: headache, nausea, dizziness, and trouble sleeping.

Who should not take NUVIGIL?

Do not take NUVIGIL if you:

- Are allergic to any of its ingredients. See the end of the Medication Guide for a complete list of ingredients in NUVIGIL.
- Have had a rash or allergic reaction to either armodafinil (NUVIGIL) or modafinil (PROVIGIL®). These medicines are very similar.

Need more information?

Read the Medication Guide that comes with NUVIGIL before you start taking it and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your condition or treatment.

Talk to your doctor or pharmacist, go to www.NUVIGIL.com, or call 1-800-896-5855.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, call 1-800-FDA-1088, or by fax at 1-800-FDA-0178.

Seeing Red?

Those spots could be pimples or rosacea—or both. Our experts' tips for a flawless complexion

LIVING WELL SLIDESHOW
Common Adult Skin Problems



1 Bed Bud
Let **Avène Diroséal Anti-Redness Skincare Lotion** work while you snooze.

2 Green Zone
Combat red with a green treatment cream like **La Roche-Posay Rosaliac Skin Perfecting Anti-Redness Moisturizer**.

4 Dream Clean
Effective and gentle, **CeraVe Hydrating Cleanser** contains natural oils.

3 Screen Gem
Make sunscreen a part of your daily routine with **Olay Complete All Day UV Moisturizer SPF 15**.

Q. I've noticed small red bumps on my face, jawline, and neck. Could it be rosacea? Or is it acne?



Lindsey Emery, 32, freelance editor, Portland, Ore.

Dr. Harper says:

A. Rosacea is most common on the central portion of the face and less common on the neck and jawline. Early on, redness from rosacea may be transient, occurring only after an exposure to a trigger, like spicy foods or red wine, but later becomes persistent. Acne, on the other hand, develops on the jawline and neck as a result of hormonal fluctuations and shows up as both blackheads and whiteheads. If you have one or both conditions, it's important to have an effective but gentle routine.

In the morning, wash your face with lukewarm water and a gentle cleanser like **CeraVe Hydrating Cleanser** (\$11.40), which is infused with ceramides, natural (not synthetic) oils that hydrate.

Next, apply a treatment cream such as **La Roche-Posay Rosaliac Skin Perfecting Anti-Redness Moisturizer** (\$34). Pumped with soothing xanthine and vitamin B3, this green cream calms irritation and prevents flare-ups.

Apply a sunscreen with SPF 15 or higher. I like **Olay Complete All Day UV Moisturizer SPF 15** (\$11.99), a 100% oil-, fragrance-, and paraben-free sunscreen that won't clog pores.

At bedtime, cleanse and moisturize again. Try **Avène Diroséal Anti-Redness Skincare Lotion** (\$46), which neutralizes rosy patches while you snooze.

Julie Harper, MD, clinical associate professor of dermatology, University of Alabama at Birmingham



The opinions expressed in this section are of the experts and are not the opinions of WebMD. WebMD does not endorse any specific product, service, or treatment.

You asked!

Dr. Friedman says: While acne is associated with teens, it persists in many people well into their 30s, 40s, and even 50s. Rosacea, however, tends to plague mostly adults, and women more than men. One type of rosacea in particular (papulopustular) might be confused with acne. Both show up as pinkish-red, raised blemishes and pus-filled bumps on the face. But, if you have whiteheads and blackheads, it's acne.

There are some triggers that aggravate both conditions. Warm weather and sweat, which can be tripwires for rosacea, may also clog pores and indirectly lead to zits. Stress can also cause both conditions to flare up.

Steer clear of cleansers that contain alcohol, menthol, or fragrance. Try **Eucerin Redness Relief Soothing Cleanser** (\$8.99), which is laced with licorice root extract to calm skin. And use a daily broad-spectrum SPF, such as **Neutrogena Spectrum+ Advanced Sunblock Lotion SPF 70** (\$10.99), infused with feverfew and vitamin E to help reduce flares.

For makeup, try a light foundation such as **L'Oréal True Match Super-Blendable Compact Makeup** (\$10.99) containing silicone, to help lock moisture into skin. Green-tinted makeup like **Everyday Minerals Mint Color Corrector** (\$8), a pressed mineral face powder, can help mask the redness from acne and rosacea.—Ayren Jackson-Cannady

Paul Friedman, MD, dermatologist, author of *Beautiful Skin Revealed: The Ultimate Guide to Better Skin*



“Stress can cause both conditions to flare up.”

Clear Skin Checklist

Answer these quick questions from Ronald Davis, MD, professor of dermatology at Tulane School of Medicine in New Orleans, to tell if the blemishes on your face are more likely a case of rosacea or acne.

- 1 Do you blush easily?
A. Yes
B. No
- 2 Do you notice facial itching, stinging, or burning?
A. Yes
B. No
- 3 Do you have fair skin?
A. Yes
B. No
- 4 What happens to your skin when you get hot, drink hot beverages, eat spicy foods, or get stressed?
A. My face gets red
B. Nothing really happens
- 5 Where on your face do you typically break out?
A. Forehead, nose, and chin
B. Lower cheeks, chin, jawline, and upper neck
- 6 When you break out, do you notice...
A. Mostly red splotches, small blood vessels, and occasional pimples?
B. Mostly pimples and some blackheads or whiteheads?

More As? You could have rosacea.
More Bs? You could have acne.

DAN SHELINGER



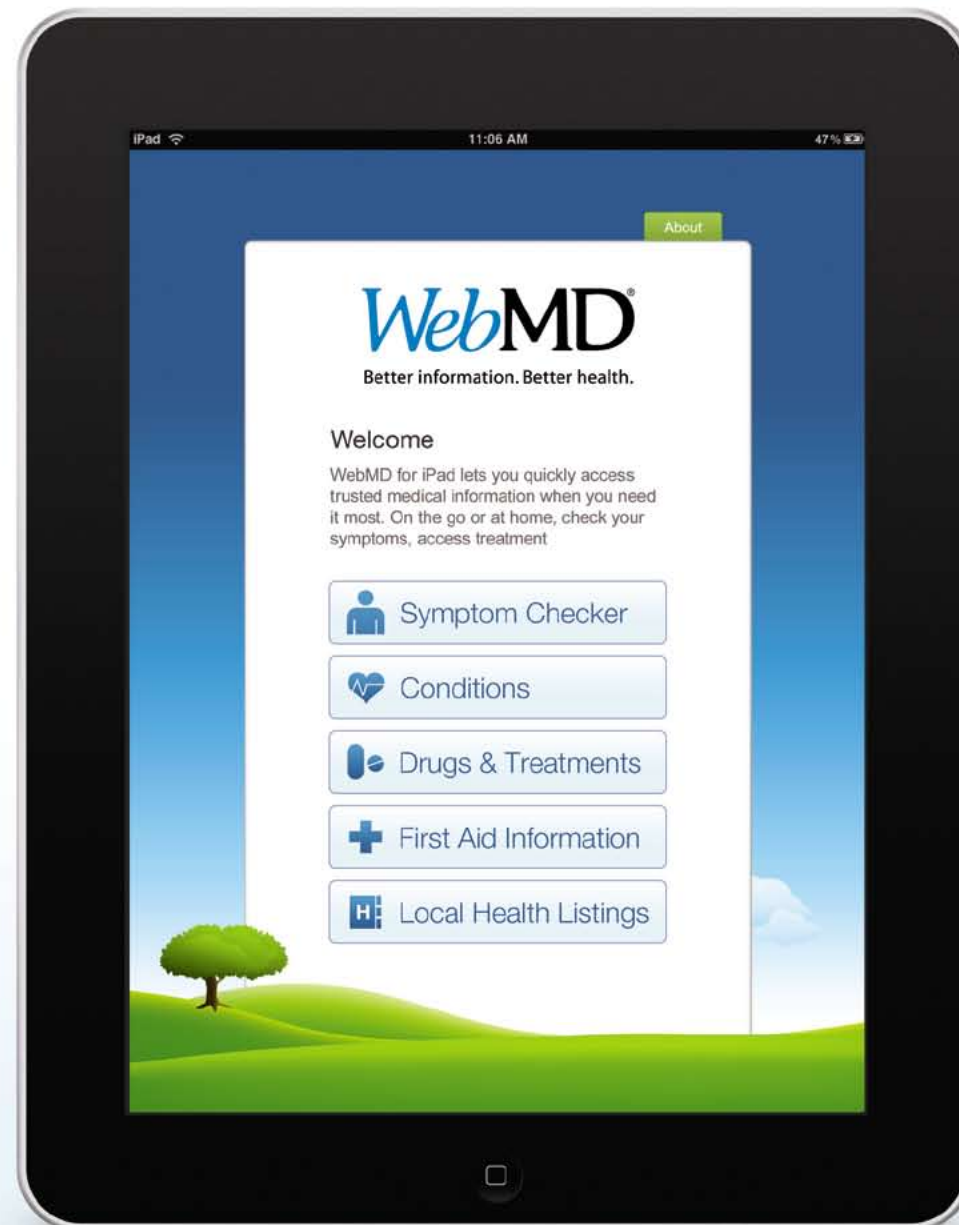
1 Color Blind
Mask redness with green-tinted makeup like **Everyday Minerals Mint Color Corrector**.

2 Wonder Wash
Laced with licorice root, **Eucerin Redness Relief Soothing Cleanser** keeps your face calm and clean.

3 Bases Covered
L'Oréal True Match Super-Blendable Compact Makeup moisturizes and covers.

4 Block Buster
Keep all the red out with feverfew-infused **Neutrogena Spectrum+ Advanced Sunblock Lotion SPF 70**.

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THE MAKEUP OF MAKEUP

Deathly Pale

Ancient Greeks and Romans wore versions of foundation containing **high levels of white lead and mercury**, which caused lethal poisoning. Extremely white skin remained popular into the 1800s; it represented class and privilege.

Stage Presence

Modern foundation has its beginnings in the theater. Carl

greasepaint looked more like skin and was the first makeup created for film. Factor's Pan-Cake eventually spawned other foundation and makeup for women who weren't actors.

Base Camp

No matter what form it's in (solid, liquid, or spray), foundation contains the same main ingredients:

moisturizers,

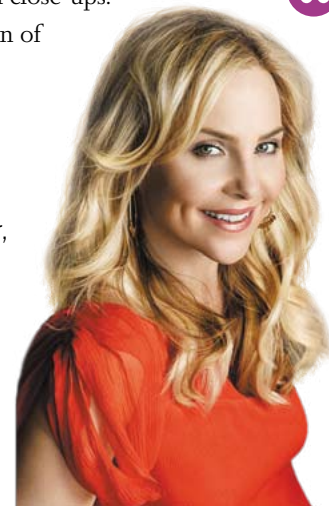
colorants, and fillers, explains Nick Morante, a cosmetics chemist in Holbrook, N.J. The base is usually water, oil, or wax. Talc is the most common filler, which helps color spread evenly and makes the product go on the skin smoothly. Pigments include iron oxides and titanium dioxide in various shades of red,

Baudin, a German actor, mixed a paste of **zinc, ochre, and lard** to hide the joint between his wig and forehead. Other actors liked his concoction so much that Baudin called it greasepaint and sold it commercially.

Not for Breakfast

In 1914, Max Factor introduced his **Pan-Cake makeup** so movie actors appeared more realistic in close-ups. His version of

Carminy, makeup expert on TLC's *What Not to Wear*, offers this pro tip.

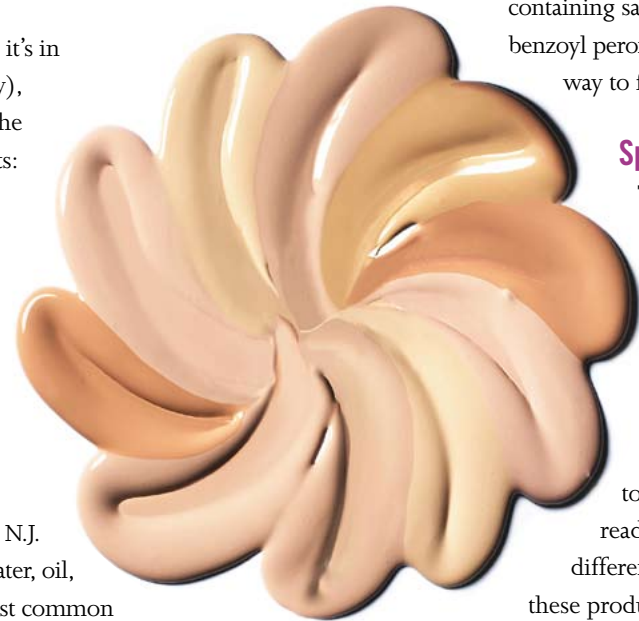


FOUNDATION

yellow, and black to help re-create natural skin tone.

Dual Purpose

Because it's on your skin all day, foundation can help treat some of the issues you use it to cover,



Morante says. Foundations that contain kaolin clay and **absorbent powders such as silica, alumina, cornstarch, or talc**

will help control oil and prevent shine. Dry skin will benefit from ingredients such as avocado oil, sesame oil, jojoba oil, squalane, or glycerides (look for them listed first in the ingredients). And acne treatment options containing salicylic acid or benzoyl peroxide offer another way to fight blemishes.

Special Effects

The most recent advancements in foundation are "high-definition" products that claim to cover skin imperfections to get skin camera-ready. The main difference between these products and previous versions involves light-scattering ingredients such as mica, silicone, crystals, or quartz. **Diffusing light creates an illusion of an even finish** so you can't detect the flaws beneath. And often these HD makeup formulas are designed to moisturize because makeup can settle into cracks and creases, especially in those with dry complexions. The hydration also plumps up dry skin to make wrinkles and lines less noticeable.—Liesa Goins

STUDIO SOA/Getty Images

The healthier
I am...

...the greater
the chances I'll
need long-term
care?



Sounds strange—but consider this:

Staying active and living longer may actually increase your likelihood of needing some type of long-term care. And though it can cost thousands of dollars a month, most health and disability policies don't cover it. Neither does Medicare. But there is something you can do to protect yourself.

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The Texas Long-Term Care Partnership gives you tools to help you plan now—so when the unexpected occurs, you'll be ready. To learn more about long-term care and order your free planning kit, [click here](#).



OwnYourFuture
Texas Long-Term Care Partnership



Sticking Point

Why more mainstream doctors are increasingly turning to acupuncture for what ails you

Tara McElroy, MD, is sticking more needles in her patients than ever before. Three years ago, the Cleveland Clinic OB/GYN completed a physician's course in acupuncture. With it, she says, she has had increased success in treating problems that often resist Western medicine, such as female sexual dysfunction and compulsive overeating. "Physicians

and Alternative Medicine (NCCAM), part of NIH. In 2007, 3.1 million people tried acupuncture, a million more than in 2002, to relieve discomfort caused by fibromyalgia, chemotherapy-induced nausea and vomiting, low back pain, and other ailments.

"The demand is out there," agrees Hakima Amri, PhD, assistant professor of physiology and biochemistry at Georgetown University and director of Georgetown's master's of science degree in complementary and alternative medicine. But "there is an overall lack of an educational platform for physicians and future physicians," she says.

There is also a lack of definitive research on the effectiveness of acupuncture treatments. A recent NCCAM-funded study, for example, reported that acupuncture outperformed conventional

medicine in relieving chronic back pain, but the same study also found that simulated acupuncture was just as effective as the real thing.

Still, more than 3,000 U.S. physicians integrate acupuncture into their clinical practice, including James Gordon, MD, founder of The Center for Mind-Body Medicine and author of *Unstuck: Your Guide to the Seven-Stage Journey Out of Depression*. When he began studying acupuncture 40 years ago, "acupuncture was considered at best a superstition," Gordon recalls. "Now, it's increasingly being accepted as part of mainstream medicine."—Matt McMillen

BEFORE YOU TRY ACUPUNCTURE

"I use acupuncture on nearly every patient I see," says James Gordon, MD, including himself. He treats his arthritic knees with needles every day. Gordon offers these tips for those interested in pursuing acupuncture treatment.

Pursue the big picture. Acupuncture, says Gordon, is only one part of traditional Chinese medicine, which also stresses the importance of herbal medicine, nutrition, massage, and other practices. He often includes these other approaches in his patients' care.

Do your research. There are as many as 20,000 licensed acupuncturists at work in the United States. Practitioners in most states must pass an exam administered by the National Certification Commission for Acupuncture and Oriental Medicine. Find an acupuncturist who is well-credentialed, Gordon advises. The right person should be able to put you at ease, answer your questions, and make you feel you are progressing in your treatment.



LEFT TO RIGHT: JON FEINGERSHGETTY IMAGES; CARTESIA/PHOTODISC/GETTY IMAGES

ACUPUNCTURE IS BECOMING POPULAR FOR PROBLEMS LIKE CHRONIC PAIN, ALLERGIES, AND ASTHMA.

feel helpless in these areas," says McElroy. "I needed something more for my patients."

Acupuncture, which has been practiced for millennia in China, is a small part of her own practice. But she makes frequent referrals to the clinic's Center for Integrative Medicine. There, acupuncture, which uses needles to stimulate specific parts of the body, is increasingly popular for problems like chronic pain, allergies, and asthma. Five thousand patients underwent acupuncture at the facility in 2009, up from 3,600 in 2007. It's a trend that is mirrored across the country, according to the National Center for Complementary



The human body has about **2,000** acupuncture points.

Find more expert opinions about **acupuncture's** health benefits. WebMD.com

DEPRESSION

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January/February 2011

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Living With Depression

How to better manage your treatment and symptoms

A generation ago, many people thought of depression as a case of the “blues,” a sign of weakness, or a symptom of a “sour” personality—and that depressed people could just “pull themselves up by their bootstraps.” These days, doctors know that depression can be caused by both biology and psychology and that a variety of treatments are available. Of all the options out there, “the data is clear,” says Patrice Harris, MD, director of health services for Fulton County, Ga. “The gold standard is therapy and medication, used either alone or in combination.”

Start With the Basics

Taking treatment for depression is no more “weak” than treating high cholesterol, diabetes, or epilepsy with medication. In fact, establishing good communication with your doctor and getting the help you need is a crucial part of living with depression—and learning how to take care of yourself. Many antidepressants have unpleasant side effects, such as dizziness, dry mouth, nausea, or headaches. But not all people have the same reaction to a medication.

“Side effects can be funny because some people get tired and some people get wired,” says Thomas Schwartz, MD, WebMD’s Depression *tv* expert. “Some people sleep better. Some people sleep worse.” If your medication’s side effects are too uncomfortable, let your doctor know.

For most people, talk therapy is also crucial to learning to live with depression. That therapy can be short-term or long-term. It can be focused on helping you identify negative thinking patterns and develop newer, more constructive ones—or it can be a more in-depth analysis of your past, your current life, and your future. But in general, psychotherapy can help you develop healthy ways of handling everyday stressors as well as major life events.

Once you have the proper medication and you’re in the right kind of therapy, there’s a lot you can do on your own to keep yourself feeling healthy, balanced, and full of energy.

Choose the Right Diet

Nutrition is essential when you’re living with depression. **Do stick to a diet** that’s high in fiber and low in saturated fat. It’s good for your heart and will keep things moving smoothly in your digestive tract, which can make you feel more energetic. **Do find comfort in foods** such as whole grains, fruits, vegetables, and legumes. These complex carbohydrates boost your serotonin, a mood-elevating chemical in the brain. **Don’t depend on that third cup of coffee** to lift you up in the morning. Caffeine can trigger anxiety and make it difficult to sleep at night. **Do eat healthy staples**, like turkey, tuna, or chicken. All are rich in protein and high in levels of tyrosine, an amino acid that helps you concentrate and stay alert. Lean meats, nuts, fish, low-fat dairy products, and whole-grain foods are also good sources of selenium, a mineral that studies show can help improve mild to moderate levels of depression.

Get Enough Sleep

Many people with depression have abnormal sleep patterns. Some sleep too much because they feel lethargic. Others sleep too little, due to anxiety. This, in turn, can make the symptoms of depression more severe. To help yourself sleep more, be sure to: **Only sleep in your bedroom.** Don’t watch TV or use your computer. **Get out of bed** if you can’t sleep. Do something else until you feel drowsy. Then go back to bed. **Avoid substances** such as alcohol, nicotine, and caffeine in the hours before you go to bed, as they can keep you up.

Exercise Your Blues Away

Numerous studies show that regular exercise can help increase your energy, decrease your stress, lighten your mood, improve your self-esteem, and help you sleep better. And almost any kind of exercise works: gardening, housework, hiking, biking, dancing, jogging, tennis, swimming, or group exercise.

Reduce Stress

Studies have also found that various stress-reduction methods can help alleviate mild to moderate depression, including meditation, massage therapy, yoga, guided imagery, and music therapy.

ON THE COVER: LISA KYLE/ YOUNGGETTY IMAGES; LEFT: OSCAR WONG/GETTY IMAGES



Reviewed by Laura Martin, MD
WebMD MEDICAL EDITOR



Go to **Depression tv at WebMD.com** to see videos about managing depression.

On the

Move

How yoga helped balance one young woman's life

By Virginia Rexroad



All my life I've been a runner, a cheerleader, a gymnast, just really active. But in 2008 I had an injury to my right foot that required three surgeries to correct it. Being physically active is something that's connected to my mental health, and not being able to do the things I was used to doing on a daily basis resulted in a deep depression.

I started doing yoga when I was in gymnastics and cheerleading. I found it to be a great therapy for my injuries. It helped me be able to listen to my body. But it helped me mentally, in day-to-day living, too. When I was in depressive states, my mind was constantly running. I couldn't find focus. But while you're practicing yoga, you have to bring yourself back to yourself, think about the breathing, tune in to what's going on.

This led me to the revelation that I was going to go to India, alone, to learn how

to become a yoga instructor. Although my family and friends were pretty much going, "You're crazy," I went. I followed my heart. It was the best decision I've ever made. I wanted to find myself. I wanted to stop shutting off who I thought I was. I wanted to go ahead and put forth the effort to get my mental state and physical body in good health, through exercise and eating right and meditation and breathing.

A lot of times we may feel we don't have a hold on life. But the only way to get a hold

"When I was in depressive states, my mind was constantly running. I couldn't find focus," says yoga instructor Virginia Rexroad.

is to take hold and take charge, because otherwise you'll find yourself lost. When I went to India, I was able to make a holistic connection between my mental, physical, and spiritual states. I was able to experience that inner peace. If it weren't for yoga, I don't know where I would find myself right now. It saved my life.

Two Poses That Help Ease Stress

- **Child's pose** Kneel on the floor, with your big toes touching, sitting on your heels. Separate your knees as wide as your hips. Drop your torso between your hips and your hands on the floor alongside your torso, with your palms facing upward. Stay in this position from 30 seconds to several minutes.
- **Lion's pose** Kneel on the floor with your ankles crossed behind you. Press your palms against your knees, fingers splayed. Take a deep breath through your nose, then open your mouth, stretch out your tongue (reaching toward your chin), open your eyes wide, and exhale with a loud "haaaaa" sound. Do this two or three times.



See Rexroad doing these and other yoga poses in WebMD's Depression tv video at WebMD.com.

The Artist's

Way

Calming rituals and creative projects help an art teacher day to day

By Deborah Stevenson



Making art helps painter and art teacher Deborah Stevenson of Brooklyn, N.Y., find calm within.

I didn't realize I had depression, but I was really unhappy and my mood was very erratic. I would get upset easily. I felt pretty helpless about things and finally went to see somebody. My therapist hooked me up with a doctor who said, "We can treat this with medication."

When the doctor said that, something in me just felt so relieved that this was true. But depression was still not on the public radar and people didn't want to really accept it. I felt inhibited about talking about it. [Now] I don't have shame about it but that's because of the changes in me, not so much the changes in other people.

In the past, what has disrupted me are things that get me scared or angry or on the

defensive. I know I'll get irritated in traffic, for example, so I do things like put on music. There are ways I can counteract triggers that make me feel irritable and angry. And if I can remember to do that, it can really help me. But sometimes the trick is remembering.

On a day-to-day basis, the ways I can help myself are very simple: getting up at a regular time, taking a shower first thing in the morning, taking the dog outside for a walk, and being around other people, even if I'm just saying, "Hello." It's just enough to have me crack the egg and have me out there.

Another thing that helps is my art. It has to do with giving myself productive pleasure that I can see. I really like using my hands. I really like making things. It just completely stops the part of my head that's going to be grinding, grinding, grinding like a pepper mill. So the activity of it, the sound of it, the mechanics of it—I paint in oil, so there's a lot of stuff to do and pay attention to. I feel very settled when I finish. There's something that's just very calming about doing it.

Deborah's 3 Tips for Managing Depression

- **Get exercise outside** Deborah makes sure she goes outdoors—even if it's just to walk the dog—every day.
- **Stay connected socially** Whether it's having lunch with her daughter or chatting with a friend online, Deborah knows that interacting regularly with people is crucial.
- **Be creative** For Deborah, it's art, especially oil painting. Other people might enjoy cooking, writing, making music, or knitting. The point is to find an activity that is calming and stress-free for you.

Make It Work

Managing depression on the job

If you live with depression and you also work, you know that if your depression is not well-managed, it can sap your energy, disrupt your concentration, and erode your self-esteem when you're on the job. But because of the stigma that still exists around this mental disorder, lots of employees "don't talk about depression," says Randy Martin, PhD, a workforce psychologist and director of Crisis and Behavioral Health/Mental Health Association of New York City. "They don't want to confess it to their employer. They're afraid it may threaten their job security."



Unfortunately, the longer you stay quiet, the bigger the problem may become. Depression can make you miss work, arrive late, and lead to what some psychologists call "presenteeism," which is when you're at your workplace, but just not functioning productively.

"It's the idea that someone is there in body, but not in spirit," says Susan Dowd Stone, PhD, a therapist and adjunct lecturer at New York University. "And if you're in a managerial role, you can imagine the ripple effect, downward and then upward. Managers can be unaware of why there are problems in that department."

Ask your supervisor or human resources director if your workplace has an employee assistance program. Companies set up these programs to provide free, short-term aid to employees dealing with personal problems, including emotional distress; substance abuse; family, personal, or work relationship issues; and major life events, such as births, accidents, and deaths. "An employee assistance program is an excellent way to go if you have one available to you," Martin says, "but many people do and they're not aware of it."

If you're a manager or business owner, learn how to spot the signs and symptoms of depression in workers, Martin says. "You also need to learn how to effectively manage employees who have performance problems. Those two things go hand in hand. You don't want to go into the details of personal problems. But you do want to say, 'Employee assistance is available to you, and we want to help you get some help, deal with those personal problems, so that you can get back to work and be productive again.'"

LEFT: ANDERSEN ROSS/GETTY IMAGES; RIGHT: ERIC AUDRAS/GETTY IMAGES



Low Drive

How to talk to your partner about libido



Melva Green, MD
WebMD
Depression tv Expert

Q ▶ I've been diagnosed with depression and have lost my sex drive completely. How do I help my spouse know that it's not him, and I still love him?

A ▶ At the heart of every great relationship is great communication. So it starts with asking questions and really listening. Often, people don't think about it. Even the most well-intentioned spouse or partner may not realize that a partner who is not suffering from depression is feeling equally helpless.

One of the things you can do is start with a simple question: "Honey, how are you doing with all of this?" And then just listen. I guarantee you that the compassionate question, the unexpected question, can open a dialogue that neither of you expected. And again, as we all know, sex starts in the brain.

This is also a great opportunity to engage your psychiatrist or your physician, whoever

is caring for you. Have a third party on the team. Go see your doctor. Sit down and ask questions. Often people who are depressed feel the need to defend their actions and their feelings. Having a third party to just listen and tease out some of the other factors that you may not be communicating—that's a team approach.

Q ▶ How can I help others understand what depression is so they stop telling me to get over it?

A ▶ Unfortunately, many people with depression face this problem. We've moved leaps and bounds in the worlds of psychiatry and mental health. But, the social aspect

hasn't quite caught up. The stigma is still a major issue. And that means when people need the greatest support, they frequently can't find it.

Because there are so many hard-wired belief systems in different communities and cultures, it's tough to get attitudes to change. But what people with depression can do is change their own perception about what someone *else* thinks about their condition. They can do really good self-care—with diet, exercise, taking time to be in nature, engaging with people, doing all the things that are good for nourishing the body, the mind, and the spirit. And maybe by modeling, they can change how others deal with them.

It's important to be the best example. That's the only way we can really make a difference.

10 Questions for **Your Doctor**

Ready to restart the conversation with your MD?

Try these questions

If you're having trouble managing your depression, it's time to check in with your doctor. Some of these questions might apply to your situation:

- Q.** When will I start to feel better?
- Q.** Why is my depression so hard to treat?
- Q.** Can this endanger my job?
- Q.** Are the symptoms for children the same as for adults?
- Q.** Do you know of online support groups for people who are depressed?
- Q.** Could exercise help me?
- Q.** Could other conditions or medicines be affecting my depression?
- Q.** Do herbal remedies for depression work?
- Q.** I've heard meditation can help depression. Is that true?
- Q.** Can acupuncture help?



COMSTOCK IMAGES/GETTY IMAGES

WebMD Focus On
Depression

Check out Depression tv for episodes featuring:

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- Expert answers
- Depression treatment information
- Connecting with others who have depression
- Lifestyle tips

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- LEARN** the latest news on treating depression.
- GET TIPS** for managing your depression symptoms.
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mind matters

A HEAD START ON EMOTIONAL WELLNESS

Reviewed by
Patricia A. Farrell, PhD
WebMD MENTAL HEALTH EXPERT



Only You

Loneliness really does hurt—your mind and your body

When Amity Brown separated from her husband of 11 years, she felt—understandably—isolated and sad.

“The hardest thing is not having someone with that deep emotional knowledge of me to catch me when I fall,” says the 41-year-old photographer based in Oakland, Calif.

It's almost inevitable that losing a spouse or moving to a new town can make you feel lonely; but loneliness can strike even without

Hawkley, PhD, senior research scientist with the Center for Cognitive and Social Neuroscience at the University of Chicago.

Loneliness is not only emotionally painful; it can harm your health. It's a risk factor for a host of problems: high blood pressure; sleep problems; decreased ability to deal with the stress of daily life; and the body's reduced ability to handle inflammation, leading to conditions such as atherosclerosis, rheumatoid arthritis, and ten-

donitis, as well as a weakened immune system, so you're more susceptible to illness. Researchers have yet to identify the exact ways these health problems occur, but they know that loneliness seems to make them worse.

While many of these issues don't show up until middle age or later, the damage begins early, according to Hawkley. Small increases in stress chemicals released into the bloodstream can, over time, damage blood vessels all over the body.

Of course, some lonely times are inevitable in everyone's life, and you don't need to fear them. Think of loneliness as a thirst for companionship, one you can satisfy. Says Hawkley, “It's a feeling that, if it's doing its job, it gets you out there to sate that need to feel connected.”—Susan Kuchinskas

TRUE LONELINESS IS SIMPLY A FEELING OF BEING DISCONNECTED FROM OTHERS.



ABOVE: MAREN WOUTERS/GETTY IMAGES; BLUEMOON STOCK/GETTY IMAGES

major life changes. You can be alone without being lonely, or you can feel lonely in a crowd. True loneliness is simply a feeling of being disconnected from others.

“Loneliness is what you say it is. You can't tell somebody you shouldn't be lonely,” says Louise

THE LONELINESS CURE

Louise Hawkley, PhD, says we should think of loneliness not as a state but as a motivation to get social. Here's how:

Get out and about.

You don't have to be best friends with someone to benefit from interaction. Amity Brown, who is separated from her husband, takes walks around her neighborhood, smiling at people she passes. “When I started getting to know the neighborhood and the people around me, I felt like part of a community,” she says.

Be selective about making friends.

Hawkley points out that if you're desperate for relationships, you may be willing to tolerate unacceptable treatment. Now that Brown is feeling more stable, she says, “I'm more careful when I choose my friends to make sure they're low-drama.”

Stay positive.

Lonely people tend to expect rejection, which makes it more likely to happen. Social cognitive therapy can help people reframe their thoughts about how others see them.



5% to 7% of middle-aged and older adults report feeling intense or persistent loneliness.

Find and **give support** to others like you. **WebMD.com**

spotlight

wellness

Achoo! IQ

Get the facts about colds and flu

When it comes to what the average person believes about colds, there seem to be as many misconceptions as cold medicines on a drugstore shelf. And now that the winter cold and flu season is in full swing, we turned to Thomas Tallman, DO, an emergency medicine physician and cold and flu expert at the Cleveland Clinic, to set us—and you—straight on prevention and treatment.

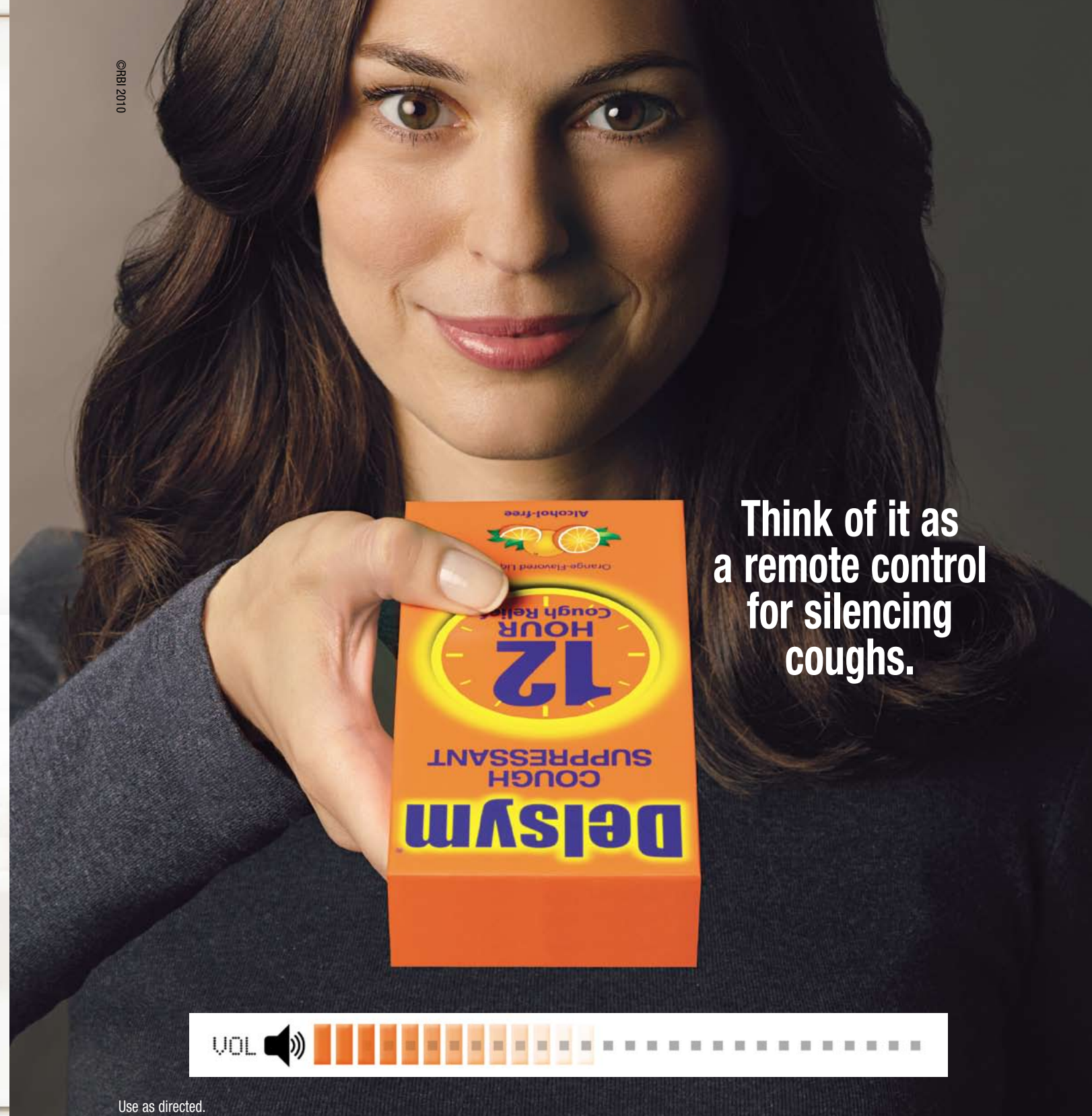


Reviewed by
Michael W. Smith, MD
WebMD CHIEF MEDICAL EDITOR

By Matt McMillen, WebMD Contributing Writer

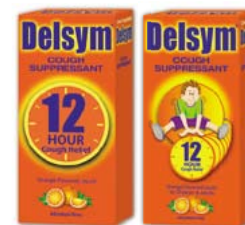
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*Delsym is the #1 recommended Over-The-Counter single active ingredient cough suppressant among Internists, General Practitioners and Family Practitioners. IMS Health, NDTI, for the 52 weeks ending in 6/30/10.

spotlight

wellness

Cold viruses do not require a weakened immune system. The most common cold-related myth, Tallman says, is that colds strike only those whose immune systems are not running at full capacity. That is simply not true, he says. "You can be healthy as an ox and still get a cold."

Vitamin C and zinc probably don't keep colds at bay. When threatened with a cold, Tallman says, "people reach for the vitamin C or zinc. While some studies suggest these supplements might help shorten cold symptoms, others show they don't. Tallman doesn't think there's enough evidence to support their use, and the National Center for Complementary and Alternative Medicine, a division of the NIH, concurs.

Dry air does not cause colds. Many people believe that hot, dry air can dry up the mucus in your nasal passages, leaving you more susceptible to colds. Not true, says Tallman. As far as colds are concerned, he says, "It doesn't matter what the humidity is." If you are already sick, though, moist air can help ease congestion and coughing, making your suffering a bit more bearable.

Cold weather does not cause colds—at least not directly. Despite its name, the common cold is not caused by cold. "It doesn't have any effect at all," says Tallman. "There's no correlation." In fact, you may be more likely to "catch your death of cold" indoors where it's warm and crowded than outdoors in the chilly air. People in close quarters are more readily exposed to carriers of the viruses that cause colds. "If one person in a household gets sick, it will spread easily," Tallman says.

Antibiotics are not the answer. These drugs target bacteria; they cannot kill the viruses that cause colds. In fact, they can do harm. The more you take antibiotics, the more your body develops natural resistances, making them less effective when you really need their healing power. Tallman says it's not uncommon



Coughs that accompany a sore throat and sinus trouble respond well to soothing treatments such as hot tea and honey.

to see parents in the emergency room who want antibiotics for their child's cold or flu. That's a mistake. "Antibiotics are a no-no," says Tallman. "They are not effective with colds."

The flu vaccine does not cause the flu. "You won't get sick from it," Tallman says. However, it is possible that some people who get vaccinated for the flu develop flu-like symptoms, such as aches or a fever—but only for a day or so. That's a small price to pay for a vaccine that prevents an average of five days of fever, headaches, sore throat, and other symptoms caused by actual flu, which can also cause complications such as pneumonia. Those who are most vulnerable to such complications include anyone over the age of 65, pregnant women, and people with pre-existing conditions like asthma, chronic lung disease, heart disease, diabetes, and weakened immune systems.

Starve a cold and feed a fever? Or is it the other way around? The answer: neither. Tallman's not sure where this erroneous piece of advice originated, but he is sure of this: What you eat when you have a virus makes no difference in the length or severity of your cold. He does recommend you drink a lot of fluids while you are sick to avoid becoming dehydrated. And he refutes a related myth, that drinking milk increases the mucus in your nasal passages. "It has no effect," Tallman says.

Look to your pantry to calm a cough. Maybe Grandma's shot of whiskey or hot toddy won't help a cough, but you've probably got some items on hand that will. Tallman mentions onion and garlic juice, lemon juice, cloves, and ginger. Coughs that accompany a sore throat and sinus trouble respond well to soothing treatments such as hot tea and honey, he says. "It would be difficult to debunk honey as a cough suppressant. The bottom line is people use whatever they think provides symptomatic relief." (However, never give honey to children younger than age 1.)

There's no cure for the common cold. This is not a myth, just a reminder. Cold medications can only relieve symptoms, not speed up recovery. As Tallman says, "There's nothing you can do but ride it out." You can take measures to ward off colds, however. Keeping your hands clean is one of the most effective ways to prevent germs from spreading. If you want to avoid the flu, your best bet is to get the vaccine.

Not everyone can be cured of false beliefs. Alas, this is not a myth either. Tallman says his approach when talking to a misinformed patient is to say, "That's silly, and let me tell you why." Is he convincing? Only about 50 percent of the time, he says. "Half will at least look at things differently after I talk to them." ■

HEATHER WINTERS/GETTY IMAGES

Test your cold and flu smarts. Search [cough](#). WebMD.com

parenting matters

EXPERT ADVICE FOR KIDS' SAKE

Reviewed by
Louanne Cole Weston, PhD
WebMD SEXUAL HEALTH EXPERT



Touchy Issue

What should you do when your kid masturbates?

While catching up over coffee in her kitchen recently, my friend and I were interrupted by a peculiar noise neither of us initially recognized. Our eyes eventually locked onto her 4-year-old son, who was rubbing himself and moaning with pleasure. My friend's face turned bright red. She was both embarrassed and caught off guard.

"Do kids normally start masturbating this young?" she sheepishly asked.

Yes, says David Swanson, PsyD, a child and family psychologist practicing in Los Angeles and author of *HELP—My Kid Is Driving Me Crazy: The 17 Ways Kids Manipulate Their Parents, and What You Can Do About It*. Masturbation is a very natural and healthy part of childhood. "It's the beginning of a lifelong learning experience about their bodies and, later, about sex and sexuality," Swanson says.

Young kids touch themselves primarily for two reasons. The first is for pleasure. "In the beginning stages starting between ages 3 and 5, kids are exploring their bodies. They learn what feels good, and they'll continue to touch themselves," Swanson explains. The second reason is for stress reduction and relaxation.

MASTURBATION IS A NATURAL AND HEALTHY PART OF CHILDHOOD AND CAN BEGIN AS EARLY AS 18 MONTHS.



Masturbation becomes goal-driven around age 10. Boys in particular are trying to get to the point of orgasm, and at around 11 or 12, they may start seeking pornographic material. "That's when the Internet becomes a big deal, and parents need to be careful about what kids can access online," Swanson says.

What should you do if you find your child touching him- or herself? Keep in mind that reactions matter. When adults become angry or tell their children that masturbating is wrong, it creates a lot of tension for them, Swanson says. "You want to teach children that it's OK to explore their bodies."

Eventually, my friend taught her son to masturbate alone in his room, which allowed him the privacy he needed away from us.—Lisa Zamosky



53% of men and 25% of women say they masturbated for the first time by ages 11 to 13.

Find more childraising tips in the [parenting community](#). WebMD.com

THE TALK

When faced with your child's sexual exploration, follow these tips from child and family psychologist David Swanson, PsyD, about how to approach the conversation.

Cool down. Charged parental reactions to masturbation often create shame. Leave the room if you're upset, then come back to address the behavior calmly.

Private business. Young kids need to learn when and where it's acceptable to masturbate. Tell them, "You're learning about your body right now. It's nothing to be ashamed of; it's natural. But I insist you do it in private." By age 6, kids should be clear on this point.

Picture perfect. Redirect your preteen away from adult sexual images, which can negatively affect how he or she views the opposite sex. Say, "I understand you are curious and want to learn, so we can buy a book that talks about sex." Then buy one that is age-appropriate and after your child reads it, answer any questions that come up.



Cold? Flu?

Don't guess—
get the facts.

WebMD Cold vs. Flu Slideshow

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pet matters

HEALTHY DOGS AND CATS

Reviewed by Audrey Cook,
BVM&S, Dip ACVIM
WebMD PET HEALTH EXPERT



Super Bowl

Do you
know your
best friend's
nutritional
needs?



Your pooch probably loves a lot of the same foods you do—but is it good nutrition? Here's how veterinary experts break down the nutrition dogs and cats need to stay lean and healthy.

Dog Food Your canine companion needs protein and good fats, but fewer carbohydrates than you may think. Protein should make up about 18% of your dog's diet, as it should for you. Animal protein from meat and fish offers the balanced protein dogs need. Unlike cats, dogs also eat—and enjoy—some vegetables, too.

Dogs love fats, and for good nutrition, they need some to keep their coat, skin, nose, and paw pads healthy. Fats are also a great energy source and contain more than twice the calories per gram than protein or carbs. While only about 9% to 15% of an adult dog's calories should come from fat, it's easy for dogs to get too much, especially if they get treats from the table.

What about carbs? They aren't a natural energy source for dogs. Their bodies can make use of carbohydrates for energy, but they have naturally evolved to get most of their nutrition needs met by fats and protein.

Cat Food Next time you look at your cat snoozing in a sunbeam, think tiger. Pound for pound, cats need twice the protein required by humans and dogs. And the building blocks of good cat nutrition can be summarized in one word: Meat.

Why? Cats are "obligate carnivores," which means they have to eat animal protein to obtain all the amino acids they need in their diet, according to Marla J. McGeorge, DVM, a Portland, Ore., veterinarian with a special interest in felines.

The vital amino acid cats can't get from any source other than animal protein is taurine, which is critical for a cat's normal heart, eye, and reproductive function. And a meat-rich diet doesn't just provide cats the taurine they need. It also gives them vitamin A, a nutrient they're unable to convert from beta-carotene.

Domestic cats fed on commercial dry cat food may get up to 40% of their calories from carbs. Yet cats "do not need them in the percentages that are found in the majority of processed dry foods," McGeorge tells WebMD. In fact, too many carbs can be a prime reason domesticated cats put on pounds.—Wendy Fries



Obese cats can suffer many of the health problems people face, including diabetes and arthritis.

GARY GEROVAC/MASTERFILE

Is your pet a finicky eater?  WebMD.com

sex matters

TUNE IN TO WHAT TURNS YOU ON

Reviewed by
Louanne Cole Weston
WebMD SEXUAL HEALTH EXPERT



Thrill Gone?

Top libido busters, from medical conditions to stress, could be causing your stalled-out sex drive

Sometimes you can't when you want to. Sometimes you want to when you can't.

Sex drive killers come in all guises. They strike men and women, young and old. They can target your brain and your body. For Bonne Oliverio, a retired information specialist who lives just outside Cleveland, the drugs she takes for multiple sclerosis cause vaginal dryness, a real anti-aphrodisiac.

"For 45 years, I've had a really good, solid marriage, especially sexually," says Oliverio, 65, who was diagnosed with multiple sclerosis about 15 years

Menopause. Hormonal changes can make sex painful, but don't ignore the other related causes that can sap your sex drive. Low self-esteem and body image blues are big turnoffs.

Depression. A vicious cycle, depression can cause your sex drive to dip precipitously, and that drop-off can further fuel your depression.

Stress. Worrying and wooing do not mix. Stress keeps you from focusing on your partner—and your pleasure—and saps the energy you need to perform.

Alcohol. You may feel like Don Juan after a couple of drinks, but alcohol can leave you feeling numb just when you need to be aroused.

Other causes include sleeplessness, lack of intimacy, obesity—we could go on. Sex drive killers are legion, after all. Rare, though, are doctors who ask their patients about their sex lives. "Doctors are just not good at asking about it, even gynecologists," says Carolyn Nemeć, MD, a family physician who specializes in female sexual dysfunction and sexual medicine at the Cleveland Clinic.

Nemeć has been Oliverio's physician for the past two years. Their initial conversation led to a treatment—an estrogen ring that reduces dryness—that has helped Oliverio get her groove back. In fact, successful treatments exist for many causes of low libido, if only you and your doctor talk about it.

But, says Nemeć, "One study found that doctors asked about their patients' sex lives only 5% to 10% of the time. We need to do better. People are suffering and we aren't asking."—Matt McMillen



ago. "But the medication and pain really interfere with our sex life."

Medications that often drag down your sex drive include antidepressants and blood pressure medications, antihistamines and—ironically—oral contraceptives. But meds are just one of myriad libido busters. Other common culprits include:

Erectile dysfunction. ED might not cause a drop in your sex drive, but worrying about it sure can.



43% of women ages 18 to 59 have some sort of sexual dysfunction; 31% of men do.

Hit a bump in the road? Find expert answers.  WebMD.com



GET YOUR GROOVE BACK

Check out these three tips to help keep your sex drive from getting stuck in neutral.

Technique matters. "Know your body and how it works," says Carolyn Nemeć, MD. "We can pick up a cookbook, so why can't we pick up a sex book?"

Take care of your ticker. "Cholesterol, anything that affects the heart, that reduces blood flow, affects sex," Nemeć says. "And people who exercise have more and better sex."

Get tested. Hormone imbalances can cause trouble for men and women, Nemeć says. Ask your doctor to see how your levels measure up.



ANATOMY OF AN EGG

Life Story

Ancient cultures, such as the Egyptians, Persians, and Hindus, believed the world began as a large egg, one reason the egg is a symbol of new life.

Egg-cellent

Individual hens in the United States lay about 250 to 300 eggs per year.

Heavy Weight

The heaviest egg, laid by a New Jersey hen in 1956, is reported to have been 1 pound.

Oval Office

The first White House Easter Egg Roll took place in 1878 on President Rutherford B. Hayes' lawn, after a law was passed forbidding children to play on the Capitol grounds.



Solid Nutrition

One hard-boiled egg provides 17 grams of protein and only 72 calories.

No Yolk

The yolk is the major source of the egg's vitamins and minerals. Egg whites are an excellent source of low-fat protein.

Raw Data

Every year, about 40,000 people in the United States are diagnosed with a diarrheal illness caused by salmonella; undercooked eggs are one source.

Horn In

There's nothing evil about deviled eggs; "deviled" refers to the spices used in the recipe.—*Chloe Thompson*

healthy recipe

Baked Apples With Warm Custard Sauce



Makes 8 servings

Ingredients

Apples
Cooking spray
4 large apples, halved, seeds and cores removed
2 tsp brown sugar
1 tsp cinnamon

Custard
6 eggs
2/3 cup sugar
2 cups low-fat milk
dash salt
2 tsp vanilla

Garnish
1/4 cup slivered almonds, toasted

Directions

1. Preheat oven to 350°F.
2. Place apples cut-side up on a jelly-roll pan coated with cooking spray.
3. Combine brown sugar and cinnamon; sprinkle over apples. Bake 40 minutes or until apples are tender. Set aside.
4. To make vanilla custard, whisk together eggs, sugar, and milk in a heavy-bottomed saucepan.
5. Slowly cook custard over low heat until thickened (coating the back of a wooden spoon).
6. Add salt and vanilla. Let cool until warm.
7. Pour warm custard sauce over apples. Garnish with toasted almonds.

Per serving:
228 calories,
8 g protein,
37 g carbohydrate,
6 g fat (2 g saturated fat),
162 mg cholesterol,
3 g fiber, 33 g sugar,
93 mg sodium.
Calories from fat: 24%.

Whip up more protein-rich [egg recipes](#) for healthy meals. WebMD.com



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Mexican Chili



Sesame Beef & Broccoli



Vegetable Beef Soup



Slowcooker Stew

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Kick-off the new year with Kitchen Basics Unsalted Cooking Stocks. Don't sacrifice flavor - Use Kitchen Basics dark & rich cooking stocks in any savory recipe that calls for stock, broth, bouillon or water. This Quick & Easy Mexican Chili is a great game day favorite.

Visit www.kitchenbasics.net

Quick & Easy Mexican Chili

- 2 cups Kitchen Basics Unsalted Beef Stock
- 2-3 small red onions, diced
- 2-3 fresh jalapeno peppers, sliced
- 2 cloves garlic, chopped
- 2 cups kernel corn
- 1 (28-ounce) can crushed tomatoes
- 1/2 lb 97% lean ground beef
- 1 (16-ounce) can kidney beans, drained
- 1 1/2 tablespoons chili powder
- 1/4 cup shredded Monterey jack cheese

Heat a large saucepan over medium heat. Brown beef with onion and jalapenos. (reserve some fresh jalapeno slices and red onion for garnish).

Add garlic, tomatoes, beans, chili powder, corn and Kitchen Basics Unsalted Beef Stock. Lower the heat and simmer for 30 minutes. Season to taste with salt and pepper. Ladle the chili into serving bowls and sprinkle each bowl with 1 tablespoon of cheese. Garnish with peppers & onion. Serve hot. Serves 6.



How I Got My Kid to Eat Brussels Sprouts



Deborah Graham, 53, Evanston, Ill., writer, school board member, mom



healthy recipe

Cooking With Brussels Sprouts

With 40 calories per four-sprout serving, Brussels sprouts are low-calorie, low in sodium, an excellent source of fiber, and, like most vegetables, nearly fat-free. They're also very high in vitamin C, vitamin A, and folate. Brussels sprouts and other veggies in the Brassica family (broccoli, cabbage, and cauliflower) contain healthy plant chemicals or phytochemicals called glucosinolates that produce protective enzymes in the body; some research suggests these enzymes might help ward off cell damage and eliminate carcinogens that can lead to cancer.

→ Roasted Sprouts

Roasted sprouts are especially tasty. To roast, heat oven to 375°F. Remove tough outer leaves from Brussels sprouts and trim off and discard bottoms. Cut sprouts in half and rinse in a colander with cold water. Drain well and toss with 1 tbsp olive oil for every 2 cups sprouts. Spread in single layer on baking sheet and sprinkle with a little sea or kosher salt and fresh cracked black pepper. Roast 15 to 20 minutes, flipping with spatula to brown evenly.

→ Candied Crunch

Try tossing steamed or stir-fried Brussels sprouts in mustard vinaigrette with shredded apple and roasted or candied nuts.

To roast nuts, heat 1 cup walnut or pecan pieces over medium heat in heavy skillet until fragrant. To candy, toss 1 cup walnut or pecan pieces in a mixture of 1 tbsp maple syrup and 2 tsp brown sugar. Add a little salt and cayenne pepper, spread the nuts on a parchment-lined cookie sheet, and roast at 325°F for 15 minutes.

While the nuts cool, trim the bottoms from 3 cups of sprouts. Discard this trim along with tough, outermost leaves. Slice each remaining sprout in half lengthwise, and steam or stir-fry sprouts until fork tender. Cool. Mix ¼ cup Dijon (or grainy) mustard with ¼ cup rice vinegar (or cider vinegar) and 2 tsp sugar (optional). Whisk in ¼ cup canola oil. Grate 2 apples into the sprouts and toss mixture with the roasted or candied nuts and vinaigrette.



TOP: ELIE MILLER/STOCKFOOD; JEFF KAUGGETTY IMAGES

Cute as they may look, Brussels sprouts don't have a flavor profile kids—or many adults, for that matter—can cuddle up to. One year, Deborah Graham tried them out on her three children and got a typical response.

"The kids thought they were disgusting," she says, "bitter, mushy—definitely not a hit."

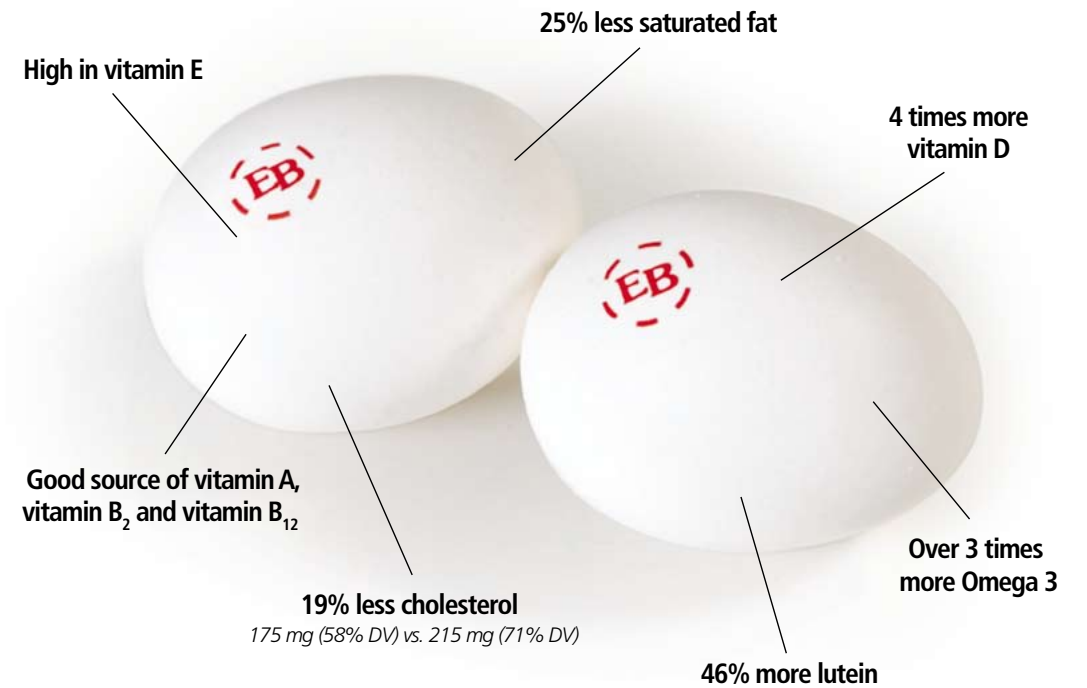
But she kept at it, serving the sprouts a variety of ways. By the time Halloween rolled around, she knew she'd converted at least one child to liking them when her daughter Sarah, age 5, traipsed up to a neighbor's door to trick-or-treat and was presented with a platter of Brussels sprouts.

"Ooooo! Brussels sprouts!" said Sarah appreciatively, not realizing the little green morsels were meant as a "trick," not a "treat."

Graham says that stir-frying fresh, halved sprouts with other vegetables in sesame oil was the first hit, and now roasting Brussels sprouts with kosher salt and olive oil—a preparation that results in nutty, fork-tender yumminess—converted her 13-year-old son. "Roasting Brussels sprouts is now our preferred preparation," she says.—Monica Kass Rogers

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THE BETTER EGG

HUNGRY for CHANGE

Jeff Bridges has made feeding millions of malnourished U.S. kids the heart of his life's work

“16.7 million.”

When Jeff Bridges says the number, you hear in his voice frustration, anger, and incomprehension at its sheer size.

“16.7 million American kids—that’s nearly one out of four kids in this country—are at risk of not getting enough to eat,” the Academy Award-winning actor says. “And one of the tragic elements is that it doesn’t have to be that way.”

The one thing you don’t hear when he talks about the problem is resignation. Bridges is committed to bringing that number down to zero. Ending childhood hunger has been his goal—even as the number of hungry kids has grown higher and higher—for more than 25 years.

By Matt McMillen, WebMD Contributing Writer



Reviewed by Louise Chang, MD
WebMD MEDICAL EDITOR

BLAKE LITTLE/ICON INTERNATIONAL

His interest began in the mid-1980s, when images of famine-tortured people in Ethiopia were waking people up to the horrors of starvation. Moved by what he saw on TV and in newspapers, Bridges attended a program sponsored by The Hunger Project, a New York City-based nonprofit that works to end hunger around the world.

"I got educated," says Bridges, 61. He also got involved. "You have to look inside yourself and see what you are willing to do," he says. "I looked inside myself. And I said, I'm an entertainer, there's a place for that in this."

So, in 1983, Bridges helped found the End Hunger Network, endhunger.com, based in Fairfax, Va., which draws on celebrities and entertainment industry leaders to raise awareness about the issue. (Bridges' organization is not connected to a Houston organization with the same name.)

Over the years, the End Hunger Network has been involved in some of the highest-profile antihunger events, including 1985's Live Aid benefit concert, which was broadcast to 1.5 billion people worldwide and raised more than \$100 million to aid Africa.

In 1996, the network co-produced *Hidden in America*, a made-for-TV movie about an out-of-work father trying to support his family. At first too proud to ask for help, he eventually applies for food stamps so he can feed his children. Beau Bridges, Jeff's older brother, played the lead, a part for which he received Emmy and Screen Actors Guild Award nominations.

In 2010, the End Hunger Network allied itself with the Washington, D.C.-based nonprofit Share Our Strength (strength.org) to support SOS's No Kid Hungry Campaign, a nationwide effort to end childhood hunger in the United States by 2015. In November, Bridges traveled to Washington, D.C., where he advocated for increased federal funding for school and summer meal programs for kids at the launch of the No Kid Hungry Campaign. Speaking to a National Press Club audience, the actor said he's often asked why he has taken this cause to heart for so many years. He thinks it's an odd question.



Bridges and Share Our Strength executive director Bill Shore, left, are working to end childhood hunger in the United States by 2015.

"It seems like the most natural thing in the world for me, really—I was born in a very lucky bed. My folks were fortunate enough to be able to provide for their kids, as I'm fortunate enough to be able to provide for my three daughters."

"But I can imagine what it must be like, that feeling of failure and depression...if you are not able to afford to put food in front of your kids."

Crusade to Feed Kids

Bridges' new role as spokesperson for the No Kid Hungry Campaign is one of several high-profile parts he's played in the past year. Last March, he won an Academy Award for his role as the washed-up country singer and songwriter Bad Blake in *Crazy Heart*. Though he'd been nominated for an Oscar for four previous films, this was the first time he took home the golden statue. And in December, not one, but two big-budget Jeff Bridges films premiered.

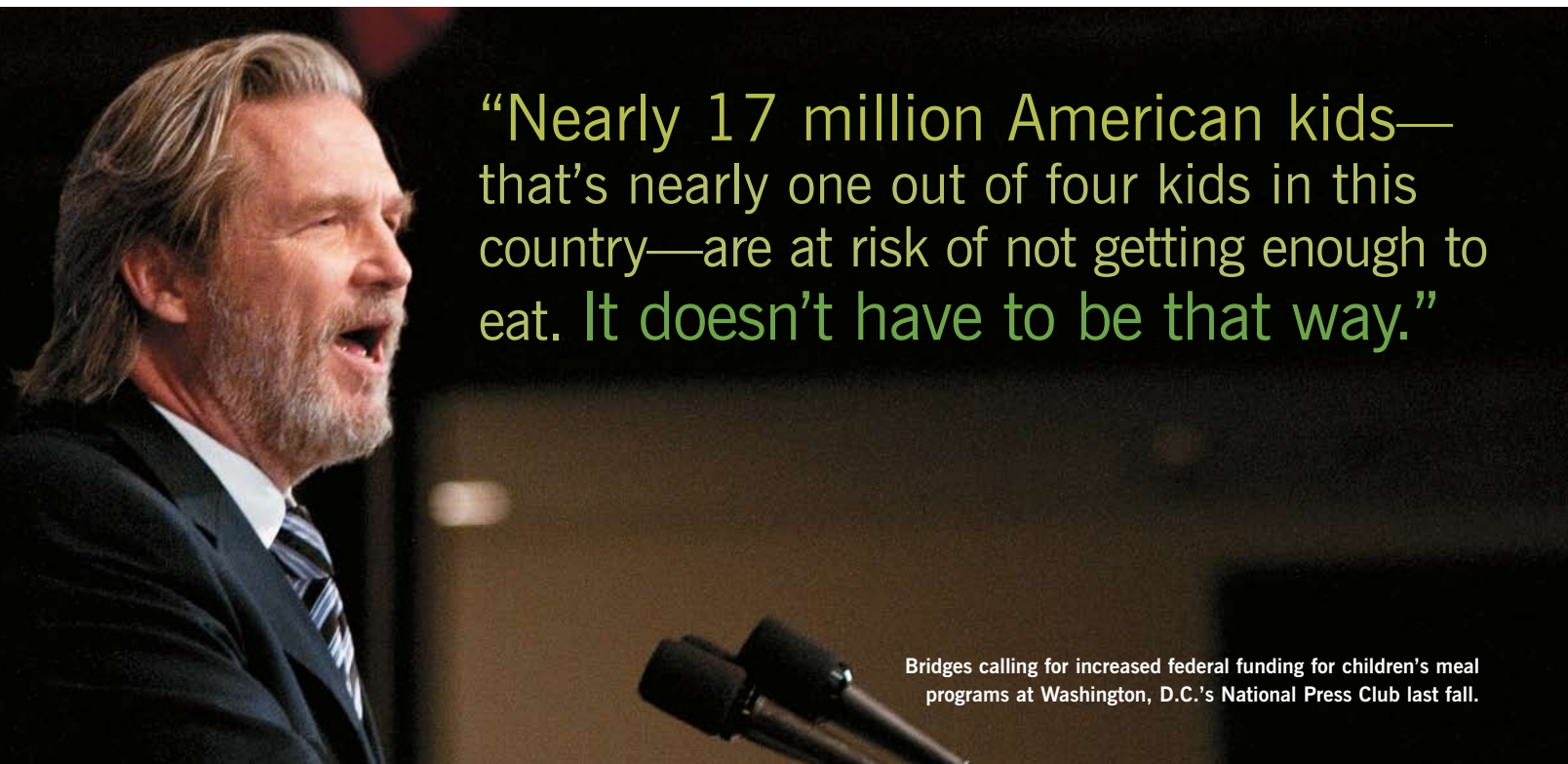
In *True Grit*, a remake of the classic Western, Bridges reprises the role of Rooster Cogburn, an aging marshal who helps a young girl track down her father's killer. Bridges has some big boots to fill in this one: John Wayne earned an Oscar for the part in the 1969 original. For *Tron: Legacy*, Bridges trades the dusty Old West for a futuristic digital landscape. In this sequel to 1982's *Tron*, Bridges plays Kevin Flynn, a video game designer who has been trapped for years in a computer-generated world. Flynn is reunited with his son, Sam, and the two of them fight their way across the digital world from which both are desperate to escape.

While his two new movies are set in the past and the future, Bridges is focusing much of his stardom on the present, on kids who do not get enough to eat.

When Bridges first got involved in the cause, he concentrated on hunger overseas because "the U.S. had hunger pretty well handled," he says. "Then, all of the safety nets started to be underfunded. Now, we have homes that are food insecure, homes where people aren't sure where their next nutritional meal is coming from."

In recent years, the recession has seen the numbers of hungry children swell. In 2009, more than 17 million households were at

LEFT: KRIS CONNOR/GETTY IMAGES; ABOVE AND RIGHT: MICHAEL ROBERTSON



"Nearly 17 million American kids—that's nearly one out of four kids in this country—are at risk of not getting enough to eat. It doesn't have to be that way."

Bridges calling for increased federal funding for children's meal programs at Washington, D.C.'s National Press Club last fall.

Running on empty

How hunger harms kids

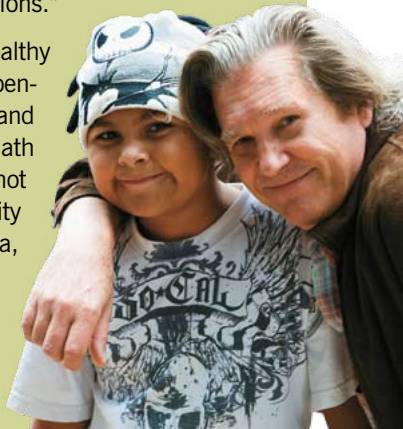
Hunger has consequences far beyond a rumbling stomach, especially for children. Missing out on essential nutrients can stunt their physical development, their academic performance, and their social skills, says pediatrician Ivor Horn, MD, MPH, who sees many underfed kids at the Diana L. and Stephen A. Goldberg Center for Community Pediatric Health, part of Children's National Medical Center in Washington, D.C. Without a proper diet, she says, "They are not getting the foundation they need."

Not making the grade "Waking up hungry, going to school hungry—it makes it hard to focus, hard to concentrate," says Horn. Studies have linked hungry kids to lower math scores and a greater likelihood of repeating a grade compared with their better-fed classmates. "We know that hungry kids have poor performance."

Acting up Hunger affects more than just grades. Behavioral problems can often be tied to hunger too, says Horn. Aggression and anxiety, according to one study, are the most common consequences of going hungry. "We need to diagnose hunger as early as we diagnose ADHD [attention deficit hyperactivity disorder] and autism."

Few healthy choices In poor communities such as the one that Horn serves, supermarkets are largely absent. Instead, families have to rely on small corner stores, which are less likely to stock fresh produce and other nutritious foods. "A lot of my families do cook, but only what they can afford to buy. [They need] programs to provide healthy options."

Food drive Giving a kid a healthy meal can have profoundly beneficial effects, says Horn, and research backs her up. Math scores, one study found, shot up once kids in three inner-city schools (one in Philadelphia, two in Baltimore) started eating a school-provided breakfast, while their behavioral problems decreased.—MM





Bridges reprises his iconic role in sci-fi sequel *Tron: Legacy*, left, and tackles John Wayne's part in the remake of *True Grit*, above, by the Coen brothers.

risk of not having enough food. That's up from nearly 12 million in 2007, and double the number in 2000, according to the Food Research and Action Center (FRAC). "To end hunger, there needs to be political will," Bridges insists. In particular, he proudly points to the Healthy, Hunger-Free Kids Act, which passed the Senate unanimously and the House 264–157 last year. President Barack Obama signed the bill just before Christmas. The new law will expand eligibility for free and reduced-price meals in schools as well as provide additional funding to make those meals healthier. It is the first time in 30 years that the federal government has increased spending on child nutrition efforts.

He has big hopes that President Obama will continue to exert enough leverage to make a real difference. "The president declared there would be an end to hunger by 2015 [during the 2008 presidential campaign]," says Bridges, who considers Barack Obama one of his heroes because of his stand against childhood hunger. "This is from a guy who gets it, someone who was raised on food stamps himself."

One of the No Kid Hungry Campaign's primary goals is to ensure that children who don't get the nutrition they need at home have access to existing meal programs both during the school year and throughout the summer months. "There are programs in place that we know work," Bridges told his National Press Club listeners. "The problem isn't having enough programs in place. The problem is they are not reaching enough kids."

More than half of all children eligible for a free or reduced-price breakfast did not get one in the 2008–2009 school year, FRAC reports. That's more than 10 million children.

If there is any silver lining to the current size of the problem, it's that it has grown too large to ignore, says FRAC president

"As an actor, I put myself in other people's shoes. I'm a representative for...people who are working, busting their asses, yet are unable to take care of health issues and keep a roof over their heads. It breaks my heart."

James Weill. "Ironically, it's helped by making clear what needs to be done," says Weill, who is eager to see the federal government commit the resources necessary to eliminate hunger.

"There's a huge battery of research that hunger hurts health, development, and the ability to do well in school," Weill says, adding, "If you are not willing to make sure everyone has enough to eat, you are courting some serious moral problems. It's just shameful."

To reach the 2015 goal, the No Kid Hungry Campaign will become 50 unique campaigns, one in each state. The group's plans include building partnerships that support and expand on local efforts to provide healthy food to kids; awarding grant money to organizations that share the campaign's goals; and teaching communities about nutrition and healthy eating.

"Right now, we're in the first phase of a very ambitious program to end childhood hunger," says Bill Shore, founder and executive director of Share Our Strength.

"It's an issue that's big enough to matter but small enough to win."

Feeding His Art

Bridges does not waver in his efforts to ensure that kids get enough good food to eat. His own diet, however, is often dictated by the parts he accepts.

"Playing different characters, I have to change my diet for each role," says Bridges. "In each role, I address the physical aspects and the emotional aspects of the character."

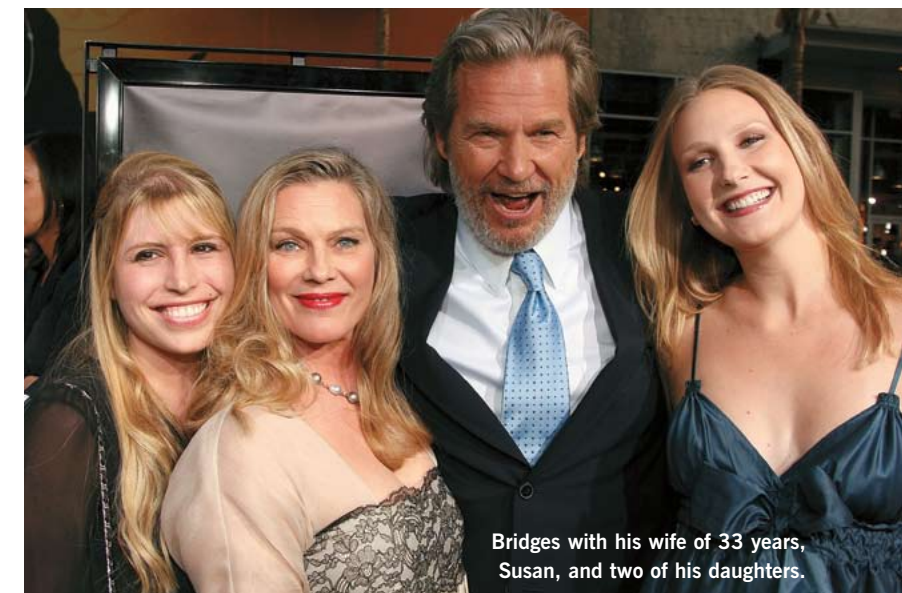
What happens when Bridges takes on a role like *Crazy Heart*'s Bad Blake?

"Pretty soon you start to swell," he says, thanks to Blake's steady diet of cheap bourbon and cigarettes. Preparing for the part meant Bridges himself had to go to pot. He put on weight—generous portions of ice cream helped—and transformed himself into the cringe-worthy wreck that moviegoers saw onscreen.

The effort paid off. He won an Academy Award for his performance. But the hard work did not end when the cameras stopped rolling: Bridges had to shift gears and lose all that excess weight.

"It doesn't feel good to be overweight and out of shape, but when I'm playing a guy like Bad Blake or The Dude," Bridges says, "I'll turn my governor off." The Dude, of course, is the über slacker he played in 1998's *The Big Lebowski*, a cult classic comedy directed by Joel and Ethan Coen, known professionally as the Coen brothers.

When he is not playing a part that requires him to pile on the pounds, Bridges says he likes to watch what he eats. He wakes up to a shake that his wife of 33 years, Susan—a stay-at-home mom to the couple's three daughters—makes him each morning. It's a mix of spirulina, fruit, protein powder, a multivitamin, hemp hearts (shelled



Bridges with his wife of 33 years, Susan, and two of his daughters.

hemp seeds) and other nutrient-rich ingredients. Lunch is often a chopped salad with chicken or salmon.

Bridges says he likes to start the day by doing some stretching, but when asked whether he has a regular exercise regimen, he starts to sound a bit like *The Dude*. "Push-ups. I do those," he says noncommittally after a moment's thought. "And, you know, Pilates-esque kinds of things. It really depends on what kind of shape I need to be in to play a character." And while he might not know whether he'll be called on to be flabby or fit from one performance to the next, one thing is certain: Bridges has the longevity gene. His parents, both deceased, lived long lives. His father, the actor Lloyd Bridges, died in 1998 at the age of 85. His mother, Dorothy, also an actor, lived to 93. She passed away in early 2009.

Bridges also works at balancing physical health with the spiritual and mental aspects of his life. He says he's been drawn to spirituality since he was a kid, and though he doesn't identify himself with one particular religion, he does say that "Buddhism rings my bell." He has been meditating for about a decade.

"For years, I thought about meditation but never got around to it. Then, I finally did get around to it." Though he doesn't practice it as regularly as he would like, he values its ability to help him tune into himself and the world around him.

"It's amazing how simple it is, how effective it is," he says. In a videotaped discussion with his friend Bernie Glassman, a teacher of Zen Buddhism, Bridges says that when he meditates, "I enjoy life more...that basic stillness is so beneficial to my life, to my work."

And it's his work, he says, that enables him to connect so deeply with the fight to end hunger. When playing a part, he is able to feel what drives the character—what disturbs him, what inspires him, and what hurts him. It's one reason the issue of hunger has been so close to Bridges' heart. He feels what other people feel.

"As an actor, I put myself in other people's shoes," Bridges says. "I'm a representative for the human condition, for people who are working, busting their asses, yet are unable to take care of health issues and keep a roof over their heads."

"It breaks my heart." ●



Bridges accepting his 2010 *Crazy Heart* Best Actor Oscar.

Learn more about helping end childhood hunger in the United States.



WebMD.com

Take Heart

5 WAYS TO BOOST YOUR CARDIAC HEALTH THIS NEW YEAR

How can you make heart smarts a part of your daily life? We asked experts for proven strategies to help get your ticker into tiptop shape, starting right now.

By Wendy C. Fries
WebMD Contributing Writer



Reviewed by Brunilda Nazario, MD
WebMD SENIOR MEDICAL EDITOR



Get Your Move On

1 Adults need at least 30 minutes of exercise five or more days a week for heart health. But improving heart and overall health isn't only about sweating on a treadmill or climbing stairs, say the pros.

Getting out to play is exercise, too, and toning your ticker is just as easily about kickball with your kids, walking the dog, or shooting hoops with colleagues during your lunch break.

Aim for getting a total of 30 minutes minimum of exercise daily—and you don't have to do it all at once. Try for a 10-minute morning walk, perhaps, a short workout with hand weights at lunch, and some digging in the garden before dinner, and you've met your goals.

To get the full benefits of aerobic exercise, “folks should get their heart rate up so they're somewhat breathless but can still carry on a conversation,” says Susan Moores, RD, MS, a registered dietitian. She adds that all kinds of exercises are important, from strength training and aerobics to flexibility and stretching exercises.

Check It Out

2 “Nobody's going to keep an eye on your medical health other than you,” says Elaine Magee, MPH, RD, author of *Food Synergy: Unleash Hundreds of Powerful Healing Food Combinations to Fight Disease and Live Well* and WebMD.com's recipe doctor. “You are in charge.”

That's easy to forget, especially when talking about the ho-hum pragmatism of routine health exams. Yet getting regular blood pressure, blood sugar, and cholesterol checks as well as physical exams is essential for heart health.

“The more you can find out about what's going on inside your body the better,” says Magee. That's particularly true when you consider that heart-threatening conditions such as high blood pressure and high cholesterol are “silent”—meaning there's almost no way to know you have them unless you get tested.

Which regular exams to get depends on your age, health risks, and gender, so talk with your doctor about what's right for you. Here's a rough guide:

For everyone: We all benefit from regular blood pressure, blood sugar, and blood cholesterol checks, as well as immunizations, eye exams, and mole checks. As we enter our 50s and 60s, colon cancer screenings, rectal exams, and bone density tests become important, too.

For women: Stay on top of regular breast exams and mammograms, pap tests, and pelvic exams, and in your 50s, add a thyroid hormone test. How often you need these routine exams depends on your age and risks.

For men: Men need regular testicular exams at least through their 40s, and PSA-prostate exams as they approach middle age. Some men require other exams, depending on family history and risks; talk to your doctor for tests that make sense for you.

Get Trim

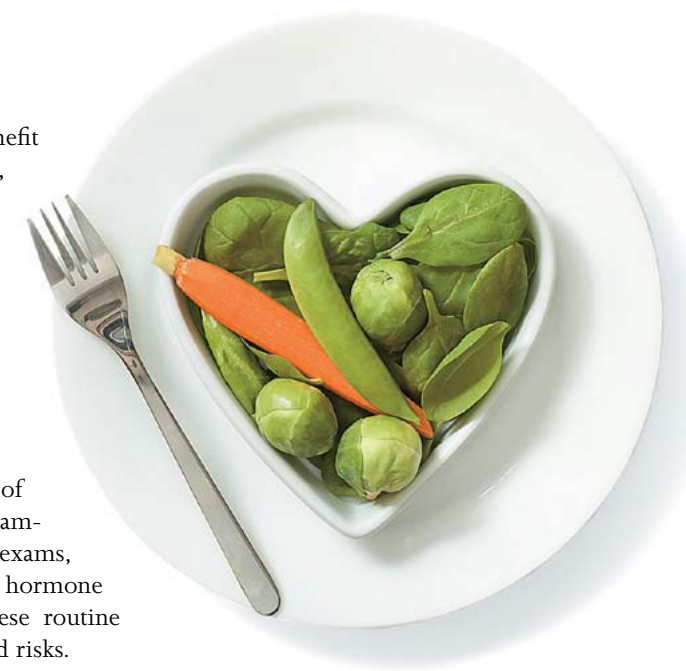
3 Obesity in the United States is at an all-time high, says the CDC, putting a growing number of people at risk for heart disease, stroke, and high blood pressure. That's why maintaining a healthy weight not only reduces your risks for these and other conditions but also helps improve sleep and boost energy.

To lose weight, take in fewer calories than you burn. How to do that?

Pump up produce: A diet rich in produce may help lower your risk of heart disease, stroke, and cancer. A bonus: “For all the nutrients fruits and vegetables provide, you're also getting few calories,” says Kerry Neville, MS, RD, a registered dietitian, “and they fill you up.” Aim for at least two and a half cups' worth a day.

Go grains: Whole grains help lower cholesterol and blood pressure, and reduce the risk of type 2 diabetes. “Why would anyone not be eating whole grains?” Magee asks.

Forgo bad fat: Lower the saturated fat in your diet and you can reduce your risk



of heart issues by half. Start by switching to low-fat meat and dairy, and change to healthier, “good” fats such as olive and safflower oils, which are monounsaturated.

Cut the salt: You can get your sodium down to the recommended 2,400 milligrams (about 1 teaspoon) daily by cooking without salt, limiting processed foods, and going easy on the salt shaker.

Soothe Stress

4 Doing nothing at all can be a big part of maintaining a healthy heart. So be sure to “relax and unplug daily,” advises Moores. “Stress is a significant villain of heart health and really any health issue. It can wreak havoc.” Some ideas: Walk away from the computer, the phone, and other distractions often. Make time to recharge your batteries to find both energy and calm.

Put Down the Smokes

5 Cancer, lung disease, a higher chance of heart disease: The damages smoking can do are well-known. And did you know that smoking is also associated with early menopause, infertility, and pregnancy complications? There's no one way to successfully give up smoking. Medications, support groups, counseling, or a combination of all three and more may be what it takes to help you quit. Reach out and get help—for you, for your heart. ■

LEFT: WASHU/IDE FUMOTO/GETTY IMAGES; TOGGAGETTY IMAGES

What are your New Year's heart-smart resolutions?



sniffles

SOS

What to stock in your survival kit for fighting the cold and flu this winter

Before cold and flu season gets into full swing, arm yourself against germs. To stave off the flu, start here: “Get a flu shot. That’s the single most important thing you can do,” says Aaron Glatt, MD, president and chief executive officer of St. Joseph Hospital in Bethpage, N.Y.

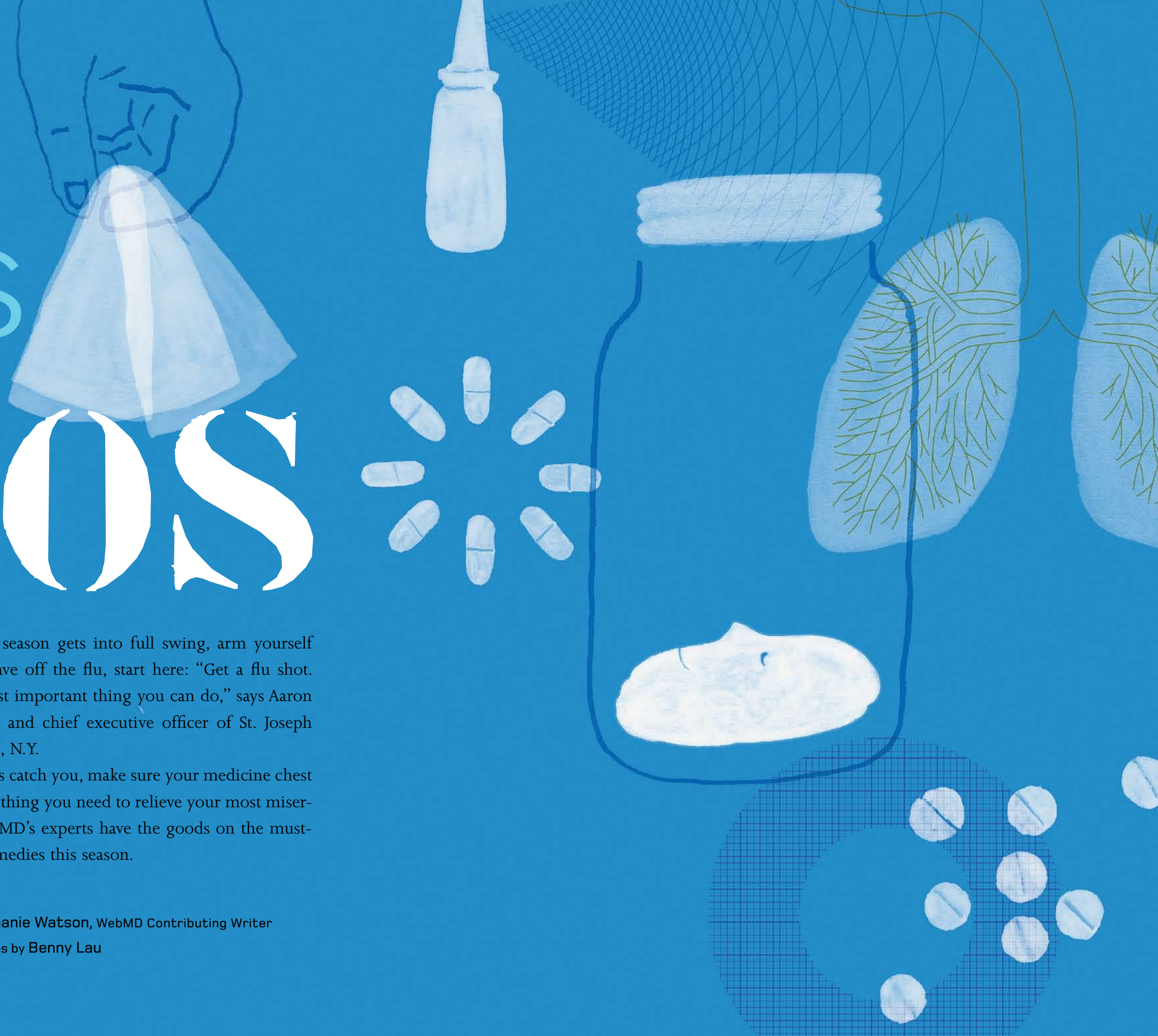
If a cold or flu does catch you, make sure your medicine chest is stocked with everything you need to relieve your most miserable symptoms. WebMD’s experts have the goods on the must-have cold and flu remedies this season.



Reviewed by Michael W. Smith, MD
WebMD CHIEF MEDICAL EDITOR

By Stephanie Watson, WebMD Contributing Writer

Illustrations by Benny Lau



Pain Relief

Aches and fever are the flu's signature calling cards. Often they're behind much of the misery you feel when you're sick. When it comes to pain relief, you have a couple of options: a nonsteroidal anti-inflammatory drug such as ibuprofen (Advil, Motrin) or naproxen sodium (Aleve).

Another option is acetaminophen (Tylenol). All work about equally well. "NSAIDs in general are very safe and effective medications for minor aches and pains," says Glatt, who's also a spokesperson for the Infectious Diseases Society of America. "And acetaminophen is an excellent painkiller as well."

Aspirin has long been a medicine-chest staple, and many people continue to find relief from it today. "Aspirin still helps reduce fever, and it's an analgesic [pain reliever]," says Thomas Tallman, DO, an emergency medicine physician and cold and flu expert at the Cleveland Clinic.

Just be sure not to give aspirin to children under 18 because it can increase their risk for a rare but dangerous disease called Reye's syndrome.

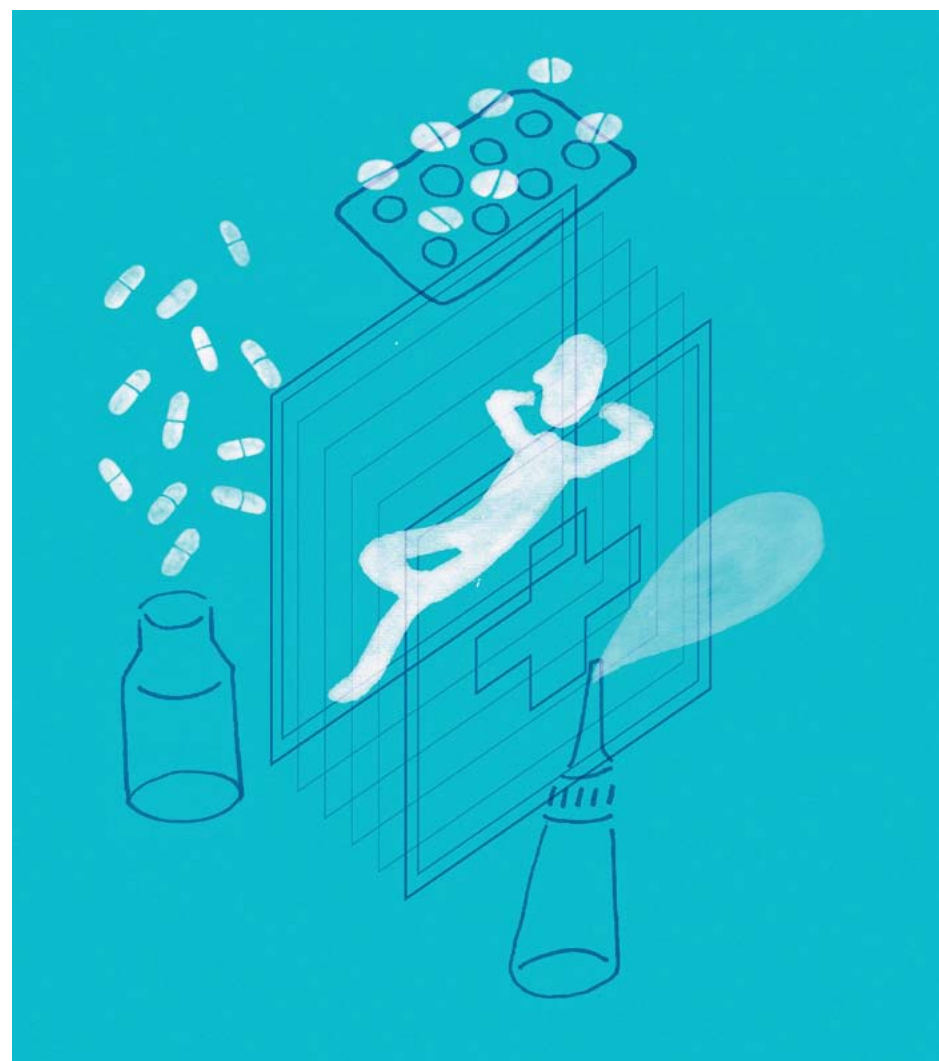
No matter which pain reliever you take, carefully follow the dosing instructions on the label. Taking more than the recommended amount of acetaminophen can be hard on your liver, while high doses of ibuprofen have been linked to stomach bleeding. And be sure not to take more than one medicine with the same active ingredient.

Stuffy Nose Solutions

When your nose is stuffed, you can't breathe, let alone taste or smell. To help you breathe more easily, you've got a choice: an oral or nasal decongestant to help dry up mucus production.

Nasal decongestants are faster acting, but the drawback is they need to be limited to no more than three days of use (after that, you might get a rebound effect, when your congestion returns and gets worse). Antihistamines are typically taken to relieve runny noses and sneezing that come with a cold. But some doctors do not recommend antihistamines for a cold because they don't offer much relief and can have troubling side effects. The downside to the older, first-generation antihistamines (such as Benadryl and Chlor-Trimeton) is that they can make you feel groggy.

An effective way to relieve congestion naturally is with a saline (salt and water) nasal spray. Saline sprays are especially good for kids, because they help clear out mucus



You'll never need to treat colds and flu if you don't get them in the first place. The easiest way to avoid becoming sick is to wash your hands with good old-fashioned soap and warm water.

without the side effects of nasal decongestant sprays (see sidebar, page 75).

Antihistamines are typically taken to relieve runny noses and sneezing that come with a cold. But some doctors do not recommend antihistamines for a cold because they don't offer much relief and can have troubling side effects. The downside to the older, first-generation antihistamines (such as Benadryl and Chlor-Trimeton) is that they can make you feel groggy.

"Normally, you want to use the second-generation antihistamines," says Neil Schachter, MD, professor of medicine and community medicine and medical director of the Respiratory Care Department of the Mount Sinai Medical Center in New York City and author of *The Good Doctor's Guide to Colds and Flu*.

Newer antihistamines, including Allegra, Claritin, and Zyrtec, are less sedating and their effects tend to last longer, he adds.

Not sure which one to choose? Try out different brands until you find the one that works best for you.

Cough Care

Both a cold and the flu are respiratory illnesses and have similar symptoms, including a cough. In fact, that's one way you can pick up either one, when someone near you coughs and droplets are sprayed onto any nearby surface. Touch that surface, and you may soon be sick and coughing yourself. Over-the-counter cough medicines won't cure a cough related to a cold or flu, but they can help calm a cough.

Schachter says drinking tea with honey or another warm liquid is probably just as effective as medication for soothing a cough.

But if a cough still bothers you, OTC cough medicine with dextromethorphan and/or guaifenesin may offer relief. If you're still coughing, see your doctor: You may need a prescription cough medicine.

If you've been hacking for a couple of weeks, are short of breath, or have a fever after five days, see your doctor to find out what's causing your cough.

Sore Throat Soothers

When your throat is scratchy and irritated, medicated cough drops, such as honey-lemon,

can be very soothing. "Honey coats the back of your throat," Schachter says, and that coating relieves irritation and can reduce your urge to cough. Just don't overdo it. Cough drops—even the medicated ones—can be as sugary as candy. (Never give cough drops to kids under 3 due to the choking risk, and honey itself should not be given to children under 1.)

Any sore throat that lingers or is very painful warrants a call to your doctor. It could be strep throat or another bacterial infection.

Alternative Remedies

A variety of natural remedies have been touted as cold relievers, but do any of them work? The most well known are zinc, echinacea, and vitamin C. While these supplements don't seem to help prevent colds, they might reduce symptoms if taken at the first sign of a cold. However, studies are conflicting.

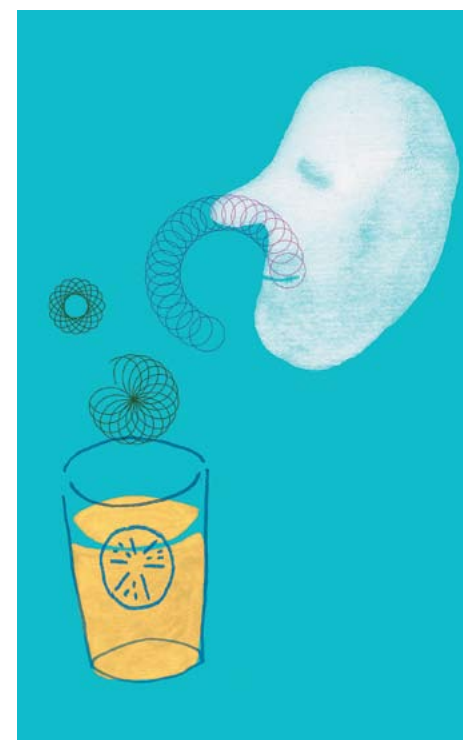
"[Zinc lozenges] do seem to reduce the symptoms and shorten the duration of a cold," Schachter says. Tallman says there's not enough evidence to support taking extra zinc. "Start taking it as soon as you start feeling symptoms," he says. Zinc lozenges can be taken every 2 hours while awake. Just avoid zinc nasal swabs, which can affect your sense of smell (see sidebar).

Studies show high doses of vitamin C—up to 2,000 milligrams—help reduce cold symptoms, but these high doses might cause side effects, such as stomach upset. Schachter says taking 500 milligrams of vitamin C at the onset or for the first few days of a cold can't hurt. As for echinacea, the best evidence exists for supplements containing the *Echinacea purpurea* species.

Sanitizer Savvy

You'll never need to treat colds and flu if you don't get them in the first place. The easiest way to avoid becoming sick is to wash your hands with good old-fashioned soap and warm water. As a backup, keep a small bottle of hand sanitizer in your medicine cabinet as well as in your purse or pocket to use throughout the day.

All sanitizers work about the same, but you might not like what they do to your hands. "A lot of the hand sanitizers are alcohol-based," says Tallman. "They can dry out the skin over a period of time." If dryness is a problem, try a sanitizer with added softening ingredients, such as a moisturizer or aloe. ■



MEDICINE CABINET MISSES

Some cold and flu remedies might seem like a good idea, but our experts have some concerns about when it's best to take them. Before you stock up on these items, consider their suggestions:

Multisymptom cold and flu remedies.

These medicines were designed to provide one-stop relief for a variety of cold and flu symptoms. But some doctors feel there is a downside to these products, reasoning that if you take them, you run the risk of treating yourself for symptoms you don't have.

If, for example, you take a multisymptom medicine containing acetaminophen, and then pop a couple of Tylenol, you can exceed the recommended dosage.

Think about your symptoms and try to choose a product that addresses those, not ones you don't have. "I'd look at the labels and see what active ingredients are in there," Tallman advises.

However, you don't need to ban these products from your medicine cabinet entirely—just use them judiciously and be sure to buy only multisymptom formulas that list your specific symptoms on the label, Schachter says.

Decongestant nasal sprays.

These products can relieve congestion pretty well in the short term, but after a couple of days your stuffy nose will be back—with a vengeance—and the sprays will no longer work.

If you do use spray decongestants, stop after three days to avoid rebound congestion (relief followed by a return of congestion, only worse).

Zinc nasal swabs. Zinc-based nasal gels and swabs might help dampen your cold, but the FDA warns these products can have a similar effect on your sense of smell. If you want to try zinc, lozenges are a safer option.



Cold? Flu?

Don't guess—
get the facts.

WebMD Cold vs. Flu Slideshow

Watch Now

WebMD

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SLEEP

QUIZ

DOES SNORING SIGNAL A PROBLEM?

When [mkewfb](#) posted in WebMD's sleep disorders community, she was just about at the end of her rope. "I snore extremely loudly but I don't wake up at night," she wrote, "and when I get up after 8 hours of uninterrupted sleep, I am so sleepy all day." Snoring and daytime fatigue could be a sign of obstructive sleep apnea, a dangerous medical condition. Take our quiz to learn more.

- 1 Does your partner say you snore loudly and you stop breathing during the night?
 Yes No
- 2 Do you drink alcohol or smoke?
 Yes No
- 3 Are you overweight?
 Yes No
- 4 Are you often very sleepy and tired during the day?
 Yes No
- 5 Do you sometimes fall asleep in inappropriate settings, such as at work or while eating or driving?
 Yes No

Answers: 1. Two hallmarks of obstructive sleep apnea (OSA) are loud snoring and breathing cessation during sleep. 2. Drinking alcohol and smoking are both risk factors for sleep apnea. 3. Being overweight is also a risk factor for sleep apnea. 4. and 5. Excessive daytime sleepiness (think falling asleep at work, while driving, or while watching TV) is one of the short-term effects of OSA. In the long run, OSA also raises a person's risk of high blood pressure, stroke, heart disease, and type 2 diabetes.

Source: WebMD special feature on **Snoring** and the **Sleep Disorders Center**

DID YOU KNOW?

45% of adults snore once in a while; 25% snore most of the time. Nearly 20 million Americans have sleep apnea.



GET THE 411: SLEEP

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sleep problems

WebMD SEARCH

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DIABETES

QUIZ

WHAT'S YOUR TYPE 2 IQ?

MrJohn1 recently learned that he might be at risk for developing type 2 diabetes. **"I am just 32 years,"** he wrote in WebMD's diabetes community. **"I am a bit overweight but could my risk [really be] so much elevated?"** Being overweight is just one risk factor for type 2 diabetes—do you know the others?

- Eating lots of sugar causes diabetes.
 - True
 - False
- Diabetes affects only overweight people.
 - True
 - False
- Type 2 diabetes occurs only in adulthood.
 - True
 - False
- People with diabetes must go on a special diet.
 - True
 - False
- If you have diabetes, you must inject insulin.
 - True
 - False

Answers: 1. False. With type 2 diabetes, your body can't use insulin properly. 2. False. Heavy people face a greater risk of type 2 diabetes, but even normal-weight and underweight people can get type 2 because it can run in families. 3. False. Type 2 diabetes used to affect mainly overweight adults over age 40. Now, rates are increasing among children and teens, many of whom are obese and inactive. 4. False. There's no such thing as a diabetes diet, but if you have diabetes, it's important to eat healthy foods in consistent amounts. Also, avoid too many carbohydrates to keep your blood sugar levels stable. 5. False. Some people with type 2 diabetes can be treated with medications in pill form. Still others can avoid all drugs by maintaining a healthy weight and diet.

Source: American Heart Association, the American Diabetes Association, and the WebMD Diabetes Health Center

DID YOU KNOW?



Diabetic retinopathy—the most common eye disease associated with diabetes—is the **leading cause of blindness** in American adults.

QUESTIONS FOR YOUR DOCTOR

- How can I determine my risk factors for diabetes? Is there anything I can do to prevent it?
- What are the warning signs I should watch for if I am at risk?
- After a diabetes diagnosis, how should I change my diet and exercise habits?
- What types of complications should I be aware of? What can I do to avoid them?

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type 2 diabetes prevention

ALLERGIES

QUIZ

WHAT IS ALLERGIC ASTHMA?

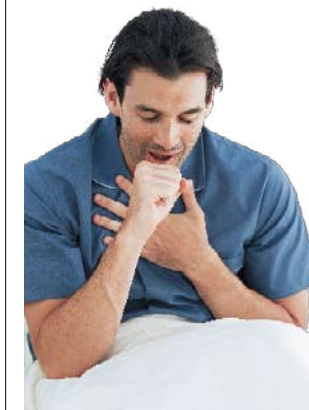
For about 50 percent of adults with asthma, attacks are triggered by allergens. Take the case of **MrsWurst1**, who recently bought a puppy who was supposed to be hypoallergenic. **"The day before I received her, I went to pick up supplies and started to have an asthma reaction to the... animals in the store,"** she writes in WebMD's allergies community. **"The next day, we received our puppy and I have been having trouble breathing ever since."** Do you know which other kinds of allergens can trigger asthma?

- Cockroaches and dust mites
 - Yes
 - No
- Stress and anxiety
 - Yes
 - No
- Cold air and dry air
 - Yes
 - No
- Mold spores and pollen
 - Yes
 - No
- Pet dander
 - Yes
 - No
- Smoke
 - Yes
 - No

Answers: Cockroach droppings, mold spores, pollen, and pet dander are all common triggers for allergic asthma. Although smoke, stress, and cold air can trigger an asthma attack, this is not an allergic reaction. Specifically, smoke and cold air can trigger an asthma attack by irritating the lining of the airways. Doctors are unsure how stress causes asthma attacks.

Source: American Academy of Allergy, Asthma, and Immunology; the Asthma Foundation of America; the National Institutes of Health; and the WebMD Allergies Health Center

DID YOU KNOW?



A **chronic cough** that lasts longer than three weeks may be a red flag for asthma.

QUESTIONS FOR YOUR DOCTOR

- What's the difference between allergic or nonallergic asthma? Which type do I have?
- What tests could help me find my triggers for allergic asthma?
- How can I reduce my exposure to allergens that cause asthma?
- What kind of medication will help prevent my asthma symptoms?

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allergies and asthma

CANCER

QUIZ

WHAT'S YOUR LUNG CANCER RISK?

Smoking cigarettes is the most common cause of lung cancer. But it's not the only one. As **DavdK81719** notes in WebMD's lung cancer community, **"Everyone is at some risk of lung cancer, just by the environment or genetics, but smoking increases the chance by a pretty good percentage."** Are you at risk?

- 1 Do you smoke cigarettes, cigars, or a pipe?
 Yes No
- 2 Do you often breathe secondhand smoke?
 Yes No
- 3 Have you been repeatedly exposed to cancer-causing agents at work, such as asbestos, uranium, vinyl chloride, or coal products?
 Yes No
- 4 Have you had radiation therapy to the chest?
 Yes No
- 5 Do you have a sibling or parent who developed lung cancer?
 Yes No

Answers: Each of these factors increases risk—especially smoking, which accounts for 80% to 90% of lung cancers. Cancer-causing substances at work and at home and radiation therapy to the chest, for example, after a mastectomy can up the risk—particularly if you smoke, too. Siblings and children of lung cancer patients may have a slightly higher risk, and some research suggests that a genetic abnormality makes certain people more susceptible.

Source: American Cancer Society and the [WebMD Lung Cancer Health Center](#)

DID YOU KNOW?

The No. 1 symptom of lung cancer is a persistent cough. If you have one, tell your doctor.



QUESTIONS FOR YOUR DOCTOR

- 1 What are my risk factors for lung cancer? How much is due to lifestyle? Family history?
- 2 Which risk factors can I change? What can I do to change them?
- 3 How can I stop smoking? What's the best way for me to quit—the patch, gum, medication?
- 4 What are the lung cancer symptoms I should watch out for?

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lung cancer

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DIET

QUIZ

RATE YOUR HEARTBURN IQ

While lots of people get heartburn, most don't understand what it is or the damage it can cause. "I woke up with strong pain in my lower esophagus," thact writes in the WebMD common digestive disorders community. "I'm sure it's heartburn. I was wondering how long does it usually take to heal the esophagus?" Want to learn more? Take our quiz.

- 1 I caused my heartburn by eating the wrong foods.
 - True
 - False
- 2 I can cure heartburn by eating only bland foods.
 - True
 - False
- 3 I can take as many antacids as I need to treat it.
 - True
 - False
- 4 Heartburn never turns into a serious health problem.
 - True
 - False

Answers: All are false. Heartburn develops when a muscular valve called the lower esophageal sphincter functions improperly, allowing stomach acid to flow back into the esophagus. This causes a burning-pain sensation. Fatty foods, onions, garlic, chocolate, peppermint, citrus fruits, and tomatoes can worsen heartburn, but food isn't the root cause—nor will a bland diet ease all symptoms. Talk to your doctor about treatments: lifestyle changes, diet, over-the-counter and prescription medicines, and, rarely, surgery. Antacids, a common treatment for heartburn, shouldn't be taken indiscriminately and can interact with certain prescription drugs. Chronic heartburn may signal gastroesophageal reflux disease (GERD), a condition that can damage the esophagus and lead to serious problems, including ulcers and esophageal cancer.

Source: National Institutes of Health, the National Heartburn Alliance, and the WebMD Heartburn Health Center

DID YOU KNOW?

About 25% of adults in Western countries get heartburn at least once a month. Between 5% and 15% of adults have severe heartburn.



QUESTIONS FOR YOUR DOCTOR

- 1 What diet or lifestyle changes can I make to reduce heartburn?
- 2 Do I need over-the-counter or prescription medication?
- 3 Should I take any tests to check for complications from heartburn or GERD?
- 4 If other treatments fail, is there a surgical procedure that can help?

GET THE 411: DIET

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heartburn



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DEPRESSION TV



PAIN

QUIZ

IS IT A HEADACHE OR A MIGRAINE?

For the last two or three weeks, [sparks98](#) writes in WebMD's migraines and headaches community, **"I have started having very blurry vision ...in my peripheral vision area. Then, within 30 minutes I start having a throbbing headache and my vision is fine again. It's pretty hard and makes me nauseous. Are these migraines?"** Those symptoms may mean a migraine and need to be checked to be sure. Check this list to learn about other common signs.

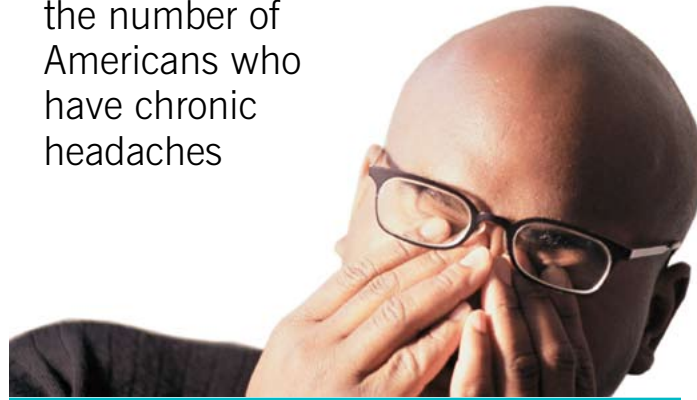
- Moderate to severe pain (often described as pounding, throbbing pain) that can affect the whole head, or can shift from one side of the head to the other
- Sensitivity to light, noise, or odors
- Blurred vision
- Nausea or vomiting, upset stomach, or abdominal pain
- Loss of appetite
- Sensations of being very warm or cold
- Paleness
- Fatigue
- Dizziness
- Fever (rare)
- Bright flashing dots or lights, blind spots, or wavy or jagged lines (aura)

Answer: If you've had these symptoms and think you might be having migraines, see a doctor about your treatment options.

Source: National Headache Foundation and the [WebMD Migraines/Headaches Center](#)

DID YOU KNOW?

45 million: the number of Americans who have chronic headaches



QUESTIONS FOR YOUR DOCTOR

- 1** Can migraines be prevented? If so, what can I do to prevent them?
- 2** What kinds of medications are available to treat migraines?
- 3** What types of pain relievers can cause "rebound headaches"?
- 4** What types of food can trigger headaches and migraines?

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HEART

QUIZ

THE LOWDOWN ON CHOLESTEROL

Without a doubt, cholesterol management can be confusing—and worrisome. **"I am 24 years of age," jennlynn85** posts in WebMD's cholesterol management community. **"I eat healthy and exercise. But I have high cholesterol. Is there something I can add to my diet?"** Good question. Read on to see how much you know about cholesterol.

- 1** If a food product's package reads "low cholesterol," it's also low in fat.
 - True
 - False
- 2** The best age to have your cholesterol level checked is 50 because that's the peak age for heart attacks in men.
 - True
 - False
- 3** Women don't get heart disease, so they don't need to worry about cholesterol.
 - True
 - False
- 4** There is no cholesterol in peanut butter.
 - True
 - False

Answers: **1.** False. The two don't necessarily go hand in hand. For example, coconut oil, a product ingredient, is cholesterol-free but high in saturated fat. **2.** False. Everyone age 20 and older should have a blood test to check for cholesterol levels at least every five years. **3.** False. Heart disease is the top killer of men and women. Because cholesterol plays a role in heart disease, women must watch their levels, too. **4.** True. Dietary cholesterol comes from animal products, not plant foods, such as peanuts.

Source: [WebMD Guide to Cholesterol](#)

DID YOU KNOW?

There is **no cholesterol** in fruits and vegetables. The liver produces most of the blood cholesterol in your body.



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QUIZ

COULD YOUR BLUES BE DEPRESSION?

Everyone goes through “blue” periods—when job, relationship, or money problems temporarily bring you down. But the condition called depression is something more. **“I am having a hard time right now,”** writes [piecesofme](#) in the WebMD depression community. **“I’m so overwhelmed ... I feel lost, tired, sad, and ready to give up.”** Fatigue and a sense of being overwhelmed are common symptoms of depression—do you know the others?

- | | |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1 Depressed mood
<input type="radio"/> Yes <input type="radio"/> No | 6 Feeling tired or loss of energy
<input type="radio"/> Yes <input type="radio"/> No |
| 2 Little or no interest in activities
<input type="radio"/> Yes <input type="radio"/> No | 7 Feelings of guilt or worthlessness
<input type="radio"/> Yes <input type="radio"/> No |
| 3 Sudden weight gain or loss (at least 5 pounds)
<input type="radio"/> Yes <input type="radio"/> No | 8 Trouble concentrating
<input type="radio"/> Yes <input type="radio"/> No |
| 4 Change in appetite
<input type="radio"/> Yes <input type="radio"/> No | 9 Thoughts of suicide or death
<input type="radio"/> Yes <input type="radio"/> No |
| 5 Trouble sleeping
<input type="radio"/> Yes <input type="radio"/> No | |

Answer: If you notice you have five or more of these symptoms for two weeks or more, and they are interfering with your life, talk to your doctor. You could have depression, and depression can be treated.

Source: National Institutes of Health and the [WebMD Depression Health Center](#)

DID YOU KNOW?



More than twice as many women as men have depression.



QUESTIONS FOR YOUR DOCTOR

- 1 What treatment options are available? Which ones are right for me?
- 2 What side effects should I look out for with my medication?
- 3 How long will it take for my medication to help me feel better?
- 4 What can I expect in talk therapy sessions? How will they help me feel better?

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depression [WebMD SEARCH](#)

WebMD *checkup*

10 QUESTIONS ABOUT YOUR LIFE AND WELL-BEING

BRIDGET MOYNAHAN ACTOR

You're in the CBS series *Blue Bloods* and the new sci-fi thriller movie *Battle: Los Angeles*, coming out March 11. With such a busy work life, how do you manage to stay fit?

It's a challenge, but fortunately I have the ability to find the time to make it to the gym. I don't know if most people have that luxury. We also eat a pretty healthy diet at home. ... I'm probably in the best shape of my life. I weigh the same as I did in high school, but my body is completely changed. I have never been stronger, and I've never been more fit.

In *Blue Bloods*, co-starring Tom Selleck and Donnie Wahlberg, your character is Erin Reagan-Boyle, an assistant district attorney and single mom. What's it like playing her?

I can relate to a lot of the character. I think a majority of women in their late 30s and up can. Unfortunately, divorce rates are very high and single parenthood is very common. Raising a teenage daughter is something that I am unfamiliar with, but I can understand the stress and confusion about it. When I read the script for the first time, I thought there was so much that we could play with. The multi-dimensional character really interested me.

As the mom of a 3-year-old son, do you feel motherhood has changed you?

Absolutely—for the better. I didn't realize how much patience I actually had, and my empathy level for other moms quadrupled. I used to think, “Why does that mother have a stroller when the kid is clearly 5 years old?” But now I'm like, “OK, it's a matter of convenience for the parents.”

What do you do for relaxation?

What is relaxation? Honestly, if I have a moment, I don't mind taking a nap or reading a book because I just don't have the time to do that anymore. I really enjoy escaping into a book.

What's your family's diet like?

It's not what everybody wants to hear, but we eat a lot of vegetables and protein and a low-fat diet. I know everybody would love to hear about a secret pill or great cleanse, but it's just going back to what we were taught in school.

How do you handle it when your son wants to have unhealthy goodies?

We just don't have them around the house. It's not like I have a tray full of cupcakes sitting out on the counter. If there is a treat involved, it's only because the healthy meals have already been eaten.

What are your best and worst health habits?

I like to nap; I think that's a really good health habit. My worst is probably too much coffee. If I'm not working I have just one cup, but when I'm working I have more. I made the mistake of getting one of those little coffee makers that make individual cups. I thought it would make me drink less but it's making me drink more.

What's the best health advice you've ever gotten?

I wish I had that role model in my life who gave me those nuggets of advice, but I haven't. It's just been life choices that I've made along the way to stay healthy.

What would you say influenced you most when it comes to your health?

I grew up playing sports and I was on teams my whole life. It's been part of my lifestyle my entire life. There was never a moment that I wasn't working out. I think it's been instilled from my childhood.

You're 39 now. Where do you see yourself in 10 years?

Probably with more kids and more tired. I wish I had started earlier, but it is what it is and I'm just so happy that I had the opportunity to have a child. Hopefully I'll be able to have more.—Linda Formichelli

Read [Bridget Moynahan's full interview.](#) [WebMD.com](#)

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Night Star

Alanis Morissette gets ready to rock a new kind of late night

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WebMD wire
the health news beat at WebMD.com



No Sleep, No Problem

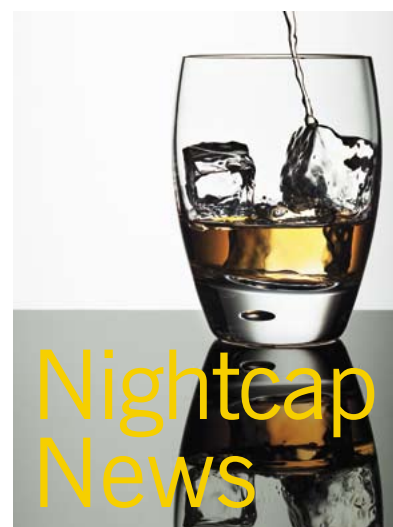
Have you ever noticed how some people can get just a few hours' sleep and function just fine, while others become total basket cases? The answer might not be mental toughness or physical hardiness, but something in the genes.

A new study led by a researcher at the University of Pennsylvania School of Medicine in Philadelphia has discovered that people with one certain gene are more likely than other people to feel sleepy or fatigued but have difficulty sleeping after only four hours of sleep.

And that, says the researcher, could be an important finding for those who work the night shift, travel frequently, or lose a lot of sleep due to the wear and tear of work and family responsibilities.

The good news? Even when sleep-deprived, the two groups performed the same on tests for memory and attention.

Source: *Neurology*



Americans have been hearing for years that one of the best ways to ensure a good night's sleep is to avoid drinking alcohol in the hours before they hit the sack. But new research may show that a little alcohol doesn't cause sleep problems.

In the study, which included 1,700 adults and was led by a researcher at the University of Missouri, drinking alcohol didn't cause insomnia or restless leg syndrome and it didn't affect overall sleep quality. The study results did raise one red flag, however: People who reported using alcohol to help them sleep were more likely to be "hazardous drinkers."

Some experts have taken issue with the study results because they're based on the participants' own reports about drinking and sleeping—as opposed to objective measurements in a laboratory. But the researchers say their study points to a need for doctors to take a closer look at their patients' use of alcohol because of the link between drinking to go to sleep and problem drinking.

Source: *Annals of Family Medicine*



\$2.13

Average amount the tooth fairy leaves for a child's baby tooth in the United States

Source: Delta Dental of Minnesota, 2010 Tooth Fairy Poll

U.S. STRESS

We often blame the frenetic pace of contemporary culture for our stress and sleeplessness, but a new study shows it's not just modern life that's keeping us awake, but American modern life in particular.

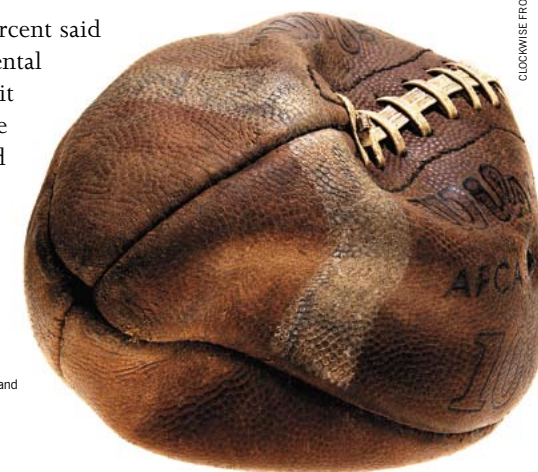
According to the study, which looked at the sleep habits of more than 30,000 people in 23 countries, 37% of Americans feel they don't get enough sleep, giving them among the highest rates of sleep deprivation in the world. (Only France at 45% and Taiwan at 50% are higher.)

And Americans are aware of how unhealthy this is. Forty-nine percent of the Americans surveyed said that stress and worry keep them up at night (with money, job loss, and, yes, lack of sleep among the top concerns).

Forty-eight percent said it affects their mental health, 46% said it affects their home life, and 43% said it affects their performance on the job.

Hit the hay, U.S.A. It's good for you.

Source: Philips Center for Health and Well-Being



CLOCKWISE FROM TOP: SIMON BREMER/GETTY IMAGES; MARK WEISS/GETTY IMAGES; CHRISTINE BALDRASSETTI IMAGES; OLO IMAGES/PHOTOLIBRARY



Late Bloomer

Nighttime is the right time for p.m. pampering

By Linda Formichelli
WebMD Contributing Writer

After enduring makeup, oil, harsh weather, and pollution all day, your skin needs some tender loving care in the p.m. We know—you're tired at night. But if you can, hold off on your shut-eye just long enough to follow these nighttime tips from Lisa Ginn, MD, a cosmetic dermatologist in Chevy Chase, Md.

Come Clean. Stop! Don't slip into bed sans cleansing. Your makeup grinds into your skin all night, causing breakouts and even stretching out the pores, which makes your skin look older. Ginn recommends an oil-based makeup remover, which can handle even waterproof mascara without tugging delicate skin. Use a cotton pad to sweep the makeup remover over your skin, and follow up with a gentle face cleanser.

Give Me an A. As you get older, collagen production in your skin decreases. "If you never stopped making collagen and never damaged collagen, you would never get a wrinkle, your pores would stay small, you'd never get a scar, and your skin would stay nice and tight," says Ginn. "Collagen is key." To stimulate collagen production, which will help smooth fine lines and reduce the appearance of pores, Ginn recommends applying vitamin A in the form of either a prescription or over-the-counter retinoid every night. As a bonus, retinoids can help lighten brown spots.



DIGIT DOs

Expert p.m. tips to perfect your tootsies and hands.

Feet first. A few nights per week rub your toes and heels with a lotion containing 12% lactic acid, which helps slough off dry skin. Top this lotion with a heavier cream, such as one made with shea butter or glycerin. Then slip on a pair of socks over the creams and call it a night. However, Ginn warns against wearing socks every night as the warm, moist environment is the perfect environment for fungal infections.

Handy dandy. It's hard to use a heavy-duty hand cream during the day without leaving greasy residue all over your computer keyboard and work papers. So at night, break out the big guns—like shea butter. Slather it into your hands and cuticles before hitting the hay.

“If you use a serum, you'll need a light cream on top of that to keep the skin hydrated. Look for a serum with vitamins A, C, E, or K.”

Eye, Eye. For refreshed-looking peepers, "eye cream is a must," says Ginn. Skin around the eyes is thinner than elsewhere on the body, and as you age it becomes even thinner, which can result in under-eye circles and hollowing. Ginn says to look for an eye cream or serum with vitamins A, C, E, or K, which help repair the skin and lighten dark circles. If you use a serum, you'll need a light eye cream on top of that to keep the skin hydrated.

Be Two-Faced. Ginn says she can tell what side a patient sleeps on because that half of her face has more fine lines. Some experts recommend anti-wrinkle pillows, but before you go to the expense, Ginn recommends starting out the night on the side you don't usually sleep on. Even if you end up flipping over in your sleep—which you probably will—you'll spend less time with one side of your face smushed into the pillow. Or try sleeping on your back.

Day of Beauty

Get glowing with these expert a.m. skin care tips

By Linda Formichelli
WebMD Contributing Writer

If your morning skin care habits are strictly wash-and-go, you need to step up to a daily regimen that will help fight off free radicals, protect your skin from the sun's rays, bring moisture to dehydrated skin, and more. While the sun is shining, your skin will be glowing—thanks to these daytime skin care tips from Marianna Blyumin, MD, a cosmetic dermatologist in Hollywood, Fla.

Get Moving. Exercise isn't just for your muscles, so get off the couch and get moving. "Exercise lowers stress hormones, the physiological stress indicators that cause damage to all of our body—including our skin," says Blyumin. Cardiovascular exercise works best for keeping stress hormones at bay, so try 30 to 45 minutes per day of walking, biking, swimming, or even martial arts.

Scrub-a-Dub. Give your skin a wake-up call in the shower. "Exfoliating your body speeds up skin cell turnover and therefore gets rid of damaged superficial skin and lets fresher skin shine through," says Blyumin. How often you should exfoliate and how harsh a scrub you should use depends on your skin type: If you're desert-dry, look for a mild moisturizing scrub and exfoliate monthly. Normal skin can handle weekly exfoliation with a body cleanser containing fine beads. Oily skin? Scrub three times a week with any body cleanser containing



SOLAR POWER

Top your daily skin care strategies with a sun protection plan, say experts.

Cover up. Help prevent skin cancer and premature aging with an SPF of at least 30. Choose a physical sunblock (with ingredients like titanium dioxide or zinc oxide) rather than a chemical sunblock (with ingredients like avobenzone) because it's less likely to irritate your skin. Even better, most physical sunblocks protect against both UVA and UVB rays.

Lip service. When you protect your face from the sun, don't leave out your pout. "Skin cancers on the lips are more dangerous than other skin cancers because they're more likely to spread to the inside of our body," says Marianna Blyumin, MD. So select a lip balm with at least a 30 SPF.

“Leave the heavy creams for nighttime. By day, go for one that has anti-oxidants or vitamin A, C, and E, which counteract free radicals that age your skin.”

exfoliating beads or a loofah, and afterward be sure to slather on a barrier repair moisturizer; these creams contain ingredients such as ceramide, a lipid that not only prevents water loss but helps rebuild the skin.

Lighten Up. Leave the heavy face creams for nighttime, and instead go for a light moisturizer; lightweight products don't leave your skin feeling greasy during the day. Blyumin recommends a moisturizer with antioxidants such as green tea, soy, coenzyme Q-10, or vitamins A, C, and E, which counteract free radicals that age your skin and can contribute to skin cancer.

Water, Water. You're already hydrating your skin from the outside, but you need to quench your skin's thirst from the inside, too. "When we're dehydrated, our skin begins to look dull and dry," says Blyumin. "So it's important to hydrate the skin from the inside by drinking plenty of water."

DOUGAL WATERS/GETTY IMAGES

Find more beauty-by-day skin care tips.



WebMD.com

Your Top Snooze Q's

Expert A's to shuteye queries

HEALTHY LIVING
by Night

We put five of your most-asked questions from the WebMD community boards about how we spend a third of our lives to WebMD's sleep expert, Michael Breus, PhD, D, ABSM.

1 WHY DO WE SLEEP?

Great question. Unfortunately, we don't have a great answer. We're still kind of baffled about why we sleep. We know that we need it—and that there's an internal drive for it, like hunger, that we can satiate. But it's very difficult to put a finger on the exact purpose of sleep.

What we do know is that several critical things happen during sleep. Every 80 to 120 minutes we progress through five stages of sleep—drifting off in stage 1, light sleep in stage 2, deeper sleep in stages 3 and 4, and REM or rapid eye movement sleep in stage 5. Stages 3 and 4 are the most physically restorative; your body emits growth hormones and refreshes itself by repairing any muscular damage done during the day. In stage 5 or

REM sleep, your mind restores itself: The brain moves information from your short- to your long-term memory and makes specific connections to organize thoughts so you can recall them later.

2 DO WE NEED LESS SLEEP AS WE AGE?

This is really more a myth than a fact. A lot of folks age 65 and older say they require less sleep, but that's not the case. They still need roughly the same amount of sleep—somewhere between 6.5 and 8.5 hours—but because they may not be as active as they once were or they have opportunities to take unscheduled naps throughout the day, they get those hours someplace else. They just end up with less sleep at nighttime.

It's not a myth. There really is such a thing as beauty sleep. For most of us, that's somewhere between 6.5 and 8.5 hours.



Reviewed by
Brunilda Nazario, MD
WebMD SENIOR MEDICAL EDITOR

Eight hours of sleep a night is also a myth. The average American is sleeping between 6.8 and 6.9 hours. And that might be fine. It all depends on the individual and the quality of sleep, not just the quantity. Children are another story; their sleep needs are dramatically different from those of adults. What we know is that people's sleep needs do change over time or with their health. There's even data to show that people who sleep more than 10 hours or less than 5 hours in each 24-hour period have double the mortality rate.

3 IS THERE REALLY SUCH A THING AS BEAUTY SLEEP?

There is. Being sleep-deprived can affect the overall way you look. An example of this is weight gain. If you're not getting enough sleep, there's an increase in a digestive hormone called ghrelin, which tells your body to eat. There's also a decrease in leptin, the hormone that tells your body you're full. When you have more "eat" and less "full," you tend to overeat and put on weight.

Beyond that, hydration and skin elasticity can change due to sleep depriva-

tion. During deep sleep, your body releases growth hormone (GH), which affects almost every cell, renewing the skin and bones and bringing back organ and tissue function to more youthful levels.

For many, GH acts like a natural cosmetic, restoring skin elasticity, smoothing wrinkles, and tending to hair and nails. Conversely, lack of sleep speeds up arterial aging—affecting the blood vessels that nourish the body and the skin—which has a direct relationship on how your skin looks and feels. Puffiness or bags under the eyes can be caused by fluid retention, loss of skin firmness and elasticity, or fatigue, many of which are triggered by poor sleep. Dark circles under the eyes can also be due to poor blood circulation—again, the result of lack of sleep.

4 ARE SLEEP PATTERNS INHERITED?

Absolutely. Research shows there are genetic components to not only sleep disorders but also overall sleep quality. If your mom or dad, for example, was a bad sleeper and your grandmother was a bad sleeper, you might have a high proclivity

The ability to fall asleep is directly related to the last time you were asleep. You have to build up "sleep pressure" over the course of the day.

for sleeping poorly. For sleep disorders, the cranial facial structure (meaning the skull and front of your face) is passed down from generation to generation. This may have a lot to do with your risk of developing sleep apnea, which can affect the quality and quantity of your sleep.

5 DO NAPS HELP MAKE UP FOR LOST SLEEP?

They do. I'm a big proponent of naps. The only time I don't recommend people nap is if they have insomnia—difficulty either falling asleep or maintaining sleep. New evidence suggests that the ability to fall asleep is directly related to the last time you were asleep. You have to build up "sleep pressure" over the course of the day. So if the last time you were awake was 6 a.m., your pressure is going to be far higher at night than if the last time you woke up was 2:30 in the afternoon. Taking a nap halfway through the day reduces that pressure, and that can make it difficult to sleep at night.

The goal of a nap is to dip the body and mind briefly into stage 2 sleep, which can last for about 20 minutes, or to make it through one entire sleep cycle. Napping longer can leave you with sleep inertia—that groggy feeling where you feel worse than before you napped. That's why I recommend 30-minute power naps or 90-minute restorative naps, both of which can leave you feeling refreshed and energized.—Christina Boufis

Got a sleep snafu? Get expert solutions.



WebMD.com

NIGHT STAR

Used to rocking and writing long past her bedtime, mom-to-be **Alanis Morissette** gets ready to take her p.m. life to a new level

"I've always been a night owl," confesses Alanis Morissette, the seven-time Grammy Award-winning singer-turned-TV-fixture, who first skyrocketed to international fame in 1995 with her smash debut album, *Jagged Little Pill*. "I used to think creativity was tied to burning the candlelight until 4 a.m. In the past I've done much of my writing late at night. But I've had to learn that creativity can happen in the middle of the afternoon, too."

This time-swap doesn't come from some newfound desire to become an early bird. Morissette, 36, is in her third trimester of pregnancy—she's due to give birth to a son with new husband Mario "MC Souleye" Treadway any day now (as of press time), and she finds it physically impossible to keep such late hours anymore.

"My body just shut down," she says ruefully, recalling how, before she was pregnant, a single day

might involve developing or working on multiple television acting projects (*Weeds*, *Nip/Tuck*); laying tracks for a new album; writing her first book (philosophical musings meet photo-essay travelogue); lending her famous face to any number of charities—the environment, eating disorders, Haitian rescue); training to run another marathon (she's competed in two); touring the chat show circuit (she guested on *Chelsea Lately* on E! last August); and, to top it off, "returning those 43 phone calls"—all the while playing devoted newlywed.

Alanis' Night Life

Of course, long before she added "slash actor slash author" to her rock star résumé, she was jamming across the world in packed arenas and nightclubs before cheering fans, which any performer can tell you is a virtual setup for a bad night's sleep. "It's not unusual for me to be up in the middle of the night,"

Morissette agrees. First, there's the adrenaline rush of the show itself. Next are the jubilant hours afterward spent winding down, often with post-midnight meals that take time to digest. Finally, there's sleeping on a crowded tour bus between destinations.

"I've had a problem with insomnia for awhile," Morissette admits, adding that the discomfort of late-stage pregnancy has only compounded the condition. And while she's pretty Zen about it—"I've surrendered to the experience" of pregnancy—she's been forced to reevaluate her nights, and days.

It's not a matter of simply snapping your fingers to change established habits, says Jodi Mindell, PhD, associate director of the Sleep Center at the Children's Hospital of Philadelphia, even if the singer is no longer on the road. "But it's never too late to establish a new bedtime routine," she says.

Morissette did just that. Gone are the days of penning lyrics or working on her book

while the rest of the world sleeps. Now she heads to bed earlier, at the same time each night, a ritual Mindell recommends.

Morissette also feasts on protein and some fruit about an hour before retiring, another trick Mindell suggests. More advice from Mindell: Make your bedroom a sanctuary, decorate it in soothing or neutral colors, and keep the room temperature on the cool side.

Above all—toughest perhaps for self-described "workaholics" like Morissette—for a good 60 minutes before hitting the sack, "stay away from all kinds of electronics—computers, iPads—which only stimulate the brain."

"I still wake up at 3 a.m.," laughs Morissette. "If I toss and turn too long I will get up for awhile, and do something productive for an hour or two. I'm lucky, though. When I go back to bed, I can just shut off the alarm clock—then sleep as late as I like." ■


"I've always been a night owl...I've had to learn that creativity can happen in the middle of the afternoon, too."



By Lauren Paige Kennedy
WebMD Contributing Writer
Photographed for WebMD by Dana Fineman



Reviewed by Louise Chang, MD
WebMD MEDICAL EDITOR

Battling **insomnia** like Alanis? Find expert tips.  WebMD.com

Shut-eye Solutions



Ah, the insomniac's plight: waking up with a hangover

without having had a drop to drink. A poor night's sleep can have you starting your day feeling drained before your feet even hit the floor. Other mornings, you could swear you got a peaceful eight hours, yet your body tells a different story.

Too many of us are missing out on sweet dreams. Almost one-third of Americans say they lie awake at least a few nights each week. Getting a poor night's sleep means more than just a bad day ahead. The quality of your sleep can harm your health long-term; sleep deprivation is linked to obesity and high blood pressure, poor concentration, and lack of energy for exercising, healthy eating, and leisure activities.

Why are we having a hard time catching the zzz's we need? Here are six surprising sleep wreckers that might be keeping you up at night.

By Lisa Zamosky, WebMD Contributing Writer

Illustrations by Caroline Hwang



Reviewed by Michael Breus, PhD, D, ABSM
WebMD SLEEP SPECIALIST

Stress and anxiety

Who's stressed? Who isn't? Three in four U.S. adults say they felt moderate to high stress levels in the past month, according to a 2009 stress survey conducted by the American Psychological Association. Even teenagers find that school and family finances are stressing them out, with nearly half of teens polled saying their worries have gotten worse over the past year. The result? Many of us hit the sheets with our minds still churning, too wound up to sleep.

"No one sleeps well with worries," says Joyce Walsleban, RN, PhD, associate professor of medicine at NYU's School of Medicine. "They are too alerting. They will either keep you up or wake you up later on."

Stress hormones shoulder some of the blame, too. When you're stressed out, your adrenal glands release hormones, such as adrenaline and cortisol, which keep you amped up and struggling to snooze.

Completely eliminating stress and anxiety from your life isn't realistic. But learning how to place your worries up on a shelf for the night can help you manage them so they don't ruin your sleep. For starters, bar your work life—a common cause of stress—from your bedroom. "We see people using BlackBerrys and laptops in bed, answering emails, and continuing to do the work they do all day long. For people who suffer from insomnia, that can perpetuate it," says Alon Avidan, MD, associate professor of neurology and associate director of UCLA's Sleep Disorders Program.

Walsleban suggests giving your body time—an hour or so—to unwind before slipping into bed. Take a bath, read a good book (try fiction!), and learn to practice deep breathing and relaxation exercises to calm nerves and encourage a peaceful night's sleep.

Depression

Insomnia and depression tend to go hand in hand, and it can be difficult to figure out which came first. In fact, research suggests that people with insomnia have 10 times the risk of developing depression as people who sleep well. And individuals who are depressed commonly struggle with insomnia, showing symptoms such as difficulty falling

asleep, staying asleep, or waking up feeling rested. The brain chemical serotonin, which affects mood, emotion, sleep, and appetite, according to Walsleban, is one likely reason the two conditions travel in tandem.

Ironically, Avidan warns, a common class of medication used to treat depression—selective serotonin reuptake inhibitors—sometimes causes sleep disorders, such as periodic limb movement disorder, which causes your legs to jerk while you sleep, or rapid eye movement (REM) sleep behavior disorder, in which people act out their dreams, punching, kicking, or jumping from bed while still asleep. Talk with your doctor about all possible medication side effects.

Caffeine

Caffeine stays in the bloodstream much longer than most people realize, Avidan says, keeping you wired when you should be sleeping. Depending on your metabolism, it can take as long as eight to 14 hours to eliminate one-half of the total amount of caffeine you consume from your system.

A latte with two shots of espresso contains about 150 milligrams of caffeine. If you have that at 5 p.m., by the time you wake up at 7 in the morning, the level of caffeine in the body is still about 75 milligrams. One Red Bull contains 80 milligrams of caffeine, Avidan explains.

If you can't sleep, say no to joe until sleep problems are under control, Avidan advises. If insomnia isn't a major problem, but you mysteriously can't sleep some nights, cut off your coffee or tea intake after breakfast. "Once you go beyond 10 a.m., it can be a problem," Avidan says about ingesting caffeine. Yet, most people become sleepy around 3 p.m. and use caffeine for a midday pick-me-up. That's a mistake, he says.

And don't forget that coffee and tea aren't the only things loaded with caffeine. "Chocolate is notorious for causing sleep problems and people don't recognize it," Avidan says. "People also have the notion that soda must have a dark color to be caffeinated. That's a myth."

Hormones

Reproductive hormones shift when women are menstruating, pregnant, or entering

menopause, and they mess with the brain chemicals that regulate sleep. The pain and discomfort that come with these shifts might also keep you up at night.

If you're menstruating and get cramps with your cycle, Walsleban suggests getting ahead of pain, which can be just enough to disrupt sleep but too subtle for you to be aware of it. Just one nonsteroidal anti-inflammatory pill, such as ibuprofen, or an aspirin at bedtime might do the trick. "It eases things up enough so you can sleep," Walsleban says. It's also common for women in their late 30s and early 40s to have a hard time sleeping. According to Walsleban, this is

Learning how to place your worries up on a shelf for the night can help you to manage stress so it doesn't ruin your sleep.



sometimes an early sign of perimenopause. In the early phases of menopause, hormones fluctuate, occasionally causing hot flashes, sweating, and even anxiety—all of which can prevent you from dozing off or can wake you up. Both perimenopausal and menopausal women can help reduce their symptoms by maintaining a cool bedroom temperature (mid-60s is good), sleeping in loose, comfortable clothing, and staying healthy with good eating and exercise habits.

Alcohol

Although a few glasses of wine might knock you out, as alcohol is metabolized in the body (a rate of one glass of wine per hour is typical), levels of alcohol begin to fall, and its sleep-inducing effect wears off. That's when you wake up.

In fact, alcohol disrupts your ability to doze in a number of ways, according to Avidan. During the first stages of sleep a number of things are altered: Alcohol shortens the time it takes to fall asleep, it reduces REM sleep (which, research shows, stimulates regions of the brain necessary for learning and good cognitive function), and it increases non-REM sleep, which is a lighter slumber. As the alcohol begins

to withdraw from your body later in the night, sleep becomes more shallow and disrupted, REM sleep increases (all at once, rather than slowly, over the course of the night), and with it, so do dreams and/or nightmares. This all adds up to a poor night's rest.

Alcohol can also rob you of needed slumber by swelling mucus membranes, blocking airways. People breathe more heavily, making it difficult to pass oxygen to the lungs. That's particularly dangerous for people with sleep apnea, a condition causing brief interruptions in breathing.

Red wine with dinner is fine if you don't have trouble sleeping, Avidan says. Just be sure to drink three to four hours before bedtime so your body has enough time to metabolize the alcohol and your sleep is not disrupted. That's the average time needed for three glasses of wine to clear your system.

For people with sleep apnea or a history of insomnia, he recommends not drinking until sleep problems are under control.

Eating

Food and sleep don't make good bedmates. Either eating too much or too little at bedtime can interrupt sleep.

A heavy meal before you go to bed is a bad idea because it can cause reflux, Avidan says. Lying down brings acid from the stomach back up into the esophagus, which can trigger heartburn, pain, or coughing—not a recipe for restful sleep.

Try eating dinner early in the evening, say around 6 or 7 p.m. If you're hungry later, opt for a light snack to tide you over. "You want to have finished your dinner at least four hours before bedtime," according to Walsleban.

Walsleban also recommends elevating the head of your bed with a brick or block of wood to combat the effects of reflux. Gravity helps hold stomach acids down where they belong, making it easier to get sleep. But don't try this trick with pillows, she warns. "Pillows just cause more grief because they slip and you roll off of them. You kink

your neck and stomach, putting you into a worse position," she says.

Tried everything and still feel the burn at bedtime? Check with your doctor to find out if you have an undiagnosed case of GERD, or gastroesophageal reflux disorder, a condition that causes food or liquid to leak backward from the stomach into the esophagus.

And, while eating too close to bedtime can disrupt sleep, eating too little can wreck sleep too. Walsleban says she commonly sees this among women who are trying to lose weight. "They'll eat very little during the day and have a salad at night, and then they don't sleep well. So if you had a light meal at dinner time, you might need a snack before going off to sleep." Small portions of crackers and cheese, fruit, cereal, or yogurt are all good choices an hour or so before bed.

A few lifestyle tweaks should go a long way toward peaceful slumber and a happier outlook. But if sleep still eludes you, talk to your doctor about what might be standing between you and a restful night of sleep. Sweet dreams! ■

Be a Sleep Sleuth

Be on the lookout for other things that can disturb sleep. These include:

- ▶ Medications, vitamins, or supplements with an agitating effect, such as respiratory inhalers used to treat asthma, blood pressure medications, and oral contraceptives
- ▶ Undiagnosed or low-level chronic pain
- ▶ An old, uncomfortable mattress—be sure to replace your mattress every eight to 10 years
- ▶ Pets in bed that thrash throughout the night or that cause your allergies to flare up
- ▶ A restless, snoring, or otherwise disruptive bed partner who might have his or her own sleep issues
- ▶ A sleep disorder—always rule out that possibility

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October is National Breast Cancer Awareness Month

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your body needs

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for moms-to-be

AND MORE...

Cradle Rock

As she wraps up her third trimester, **Alanis Morissette** prepares for her newest creative role: mom 110

A black and white photograph of a newborn baby being held in a person's hands. The baby is sleeping peacefully with its eyes closed. The hands are positioned to support the baby's head and body. The background is a plain, light color.

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Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR



OH, BABY 9 months to go!



THE NAME GAME

As you comb through dozens of name books and websites in search of the perfect baby name, keep in mind these tips from Laura Wattenberg, author of *The Baby Name Wizard*. "Identify several friends whose taste you trust and use them as a sounding board. If you think they're going to hate the name you're considering, that's a warning sign." She also suggests keeping the spelling simple. "A lot of parents try to make a name distinctive by spelling it differently, but you spend most of your life saying names, not spelling them." Plus, kids like being able to find their names in books and other places.

VIOLET

get ready



BABY'S BOTTOM LINE

Here's a cheat sheet of some of the approximate costs—or ranges, depending on your insurance situation—of bringing a baby into the world:

- Prenatal care: \$0–\$2,000
- Prenatal vitamin: \$15/30-day supply
- Maternity clothes: Free, if shared
- Crib: \$100 and up
- Wipes: \$10/box of 400
- Diapers: \$40/box of 250
- Monitor: \$15
- Changing table and pad: \$100
- Car seat: \$100
- Childbirth classes: \$50–\$200/class
- Hospital costs: \$0–\$15,000

BUMP IN THE NIGHT

As your belly expands, you may have trouble getting comfortable in bed. Try warm milk, warm baths, and sleeping on your side using pillows to support your body.

ZZZ'S savvy

WEIGHT WATCH

You should gain a total of 25 to 35 pounds if you're at a normal weight, 15 to 25 pounds if you're overweight, and 11 to 20 pounds if you're obese.

fit tip



CLOCKWISE FROM TOP RIGHT: NICHOLAS EVELEIGH/GETTY IMAGES; PETER DAZELE/GETTY IMAGES; MINI HADDON/GETTY IMAGES; JOSE LUIS PELAEZ, INC./PHOTOLIBRARY

Reviewed by
Brunilda Nazario, MD
WebMD SENIOR MEDICAL EDITOR



Pregnancy 101

What you need to know

Q I know there are activities I should steer clear of while pregnant. What are the key don'ts?

A **Don't change the cat's litter box.** No, this isn't just an excuse to get out of an icky task; cat feces can transmit an infection called toxoplasmosis, which can lead to severe problems in newborns, including cerebral palsy, mental retardation, and convulsions.

Don't use saunas, hot tubs, and tanning booths. These treatments, which increase your body temperature, can lead to dehydration and overheating. Excessive heat over a prolonged period of time has been linked to spinal malformations and other birth defects.

Don't paint. Let somebody else paint the baby's room; pregnant women shouldn't be exposed to toxic substances and chemicals, including paint and cleaning solvents.

Don't get an X-ray. Unless you absolutely have to, avoid tests like X-rays and mammograms, which can be dangerous to your growing baby. If you absolutely must have an X-ray, make sure your doctor or dentist knows you are pregnant so extra precautions can be taken. But there's no need to worry about security checks at the airport. These X-ray machines deliver much lower doses than those in medical facilities.

Don't drink or smoke. Alcohol increases a baby's risk of fetal alcohol spectrum disorders—a series of developmental problems that can affect a child's ability to learn throughout his or her lifetime. In its most extreme form, fetal alcohol syndrome, one of the disorders, can cause varying degrees of birth defects and mental retardation. Smoking increases the mother's risk of delivering a low-birth-weight baby as well as experiencing a premature birth.

Q I'm worried about postpartum depression. What is it?

A Depression during or after pregnancy is perfectly normal. In fact, researchers believe it's one of the most common complications of pregnancy.

Depression may be caused by a combination of the fluctuating hormone levels associated with giving birth, the major transition to parenthood (or to having more than one child), and other life stresses that accompany pregnancy, childbirth, and parenting. If you have other major stressors affecting your life at the same time, or if you've been prone to depression in the past, you may be particularly vulnerable to postpartum depression. Symptoms can include feeling sad and hopeless, crying often, withdrawing from friends and family, eating or sleeping too little or too much, feeling worthless or guilty, and even being afraid of hurting yourself or the baby.

Many new mothers—as many as 80%, according to the National Mental Health Association—have the "baby blues" right after delivery, and these relatively mild symptoms (mood swings, crying spells, irritability) can go away within a few days to a few weeks. Treatment isn't necessarily needed, but support can be invaluable. Try seeking out new-mom support groups through the hospital or birthing center where you delivered.

If the feelings linger or become severe, or if you have a family history of depression, it's important to get treatment for postpartum depression. Call your doctor right away. You can also find help at Postpartum Support International (www.postpartum.net) and the National Mental Health Association (nmha.org).

At 11 weeks your baby is the size of a **large lime** and is swallowing and kicking. You can hear the heartbeat through a Doppler sound-wave stethoscope.



CLOCKWISE FROM LEFT: IMAGE SOURCE/PHOTOLIBRARY; ALEXANDRA GRABLEWSKI/GETTY IMAGES; ROSEMARY CALVERT/GETTY IMAGES

Visit the [health & pregnancy center](http://health.pregnancycenter.com). WebMD.com

ON THE COVER: PHOTOGRAPHED FOR WEBMD BY DANA FINEMAN



Stage COACH

Get ready for the months ahead with a look at the changes your body will go through each trimester

By Stephanie Watson, WebMD Contributing Writer

1st TRIMESTER

No matter how well you prepare for your pregnancy, you might not be able to fully anticipate all of the transformations your body is about to experience. During the first trimester (the first three months after your last menstrual period), these changes will help your baby develop and prepare your body to nourish the baby. Here are some of the changes you can expect, what they mean, what you can do to relieve any uncomfortable symptoms, and which signs warrant a call to your doctor.

Vaginal bleeding. About 25% of pregnant women have some bleeding during their first trimester. Early in the pregnancy, light spotting may be a sign that the fertilized embryo has implanted in the uterus. However, if you have significant bleeding, cramping, or sharp pain in your abdomen, call your doctor. These could be signs of a miscarriage or ectopic pregnancy (a pregnancy in which the embryo implants outside of the uterus).

Tender breasts. Sore breasts are one of the earliest signs of pregnancy. They're triggered by hormonal changes, which are preparing your milk ducts to feed your baby, and will probably last through the first trimester. Going up a bra size (or more) and wearing a support bra can make you feel



more comfortable; you can go back to the lacy bras after your baby finishes nursing.

Constipation. During pregnancy, the muscle contractions that normally move food through your intestines slow because of higher levels of the hormone progesterone. Add to that the extra iron you're getting from your prenatal vitamin, and the result is uncomfortable constipation and gas that can keep you feeling bloated. Increase your fiber intake and drink extra fluids to keep things moving smoothly. Physical activity can also help. If your constipation is bothering you, talk to your doctor about which mild laxative or stool softeners are safe to use during pregnancy.

Discharge. It's normal to see a thin, milky white vaginal discharge (called leukorrhea) during your pregnancy. You can wear a panty liner if it makes you feel more comfortable, but don't use a tampon because it can introduce germs into the vagina. If the discharge is foul-smelling, green, or yellow, or if there's a lot of clear discharge, call your doctor.

Frequent urination. You will begin to feel you need to use the bathroom more often. One reason is pressure on the bladder from a growing uterus. Make sure to keep drinking plenty of fluids, though, even if doing so means more trips to the bathroom. Some women may have relief in the second trimester as the uterus rises away from the pelvic cavity. If you notice burning or pain with urination, let your doctor know because it might be a symptom of a urinary tract infection that needs treatment.

Fatigue. Your body is working hard to support a growing fetus, so you might tire more easily than usual. Take naps or rest when you need to throughout the day. Also make sure you're getting enough iron (too little can lead to anemia, which can cause excess fatigue).

2nd TRIMESTER

As you enter your second trimester of pregnancy, the morning sickness and fatigue that plagued you during the last three months should be fading into an unpleasant memory, leaving you feeling more energetic and like your old self. With the real "heavy lifting" still a few months away, the second trimester is, for many women, the easiest time of their pregnancy. But big changes are still taking place inside your body. The following are a few of the most common.

Bleeding gums. About half of pregnant women develop swollen, tender gums. Hormone changes are sending more blood to your gums, making them more sensitive and causing them to bleed more easily. Your gums should go back to normal after your baby is born. In the meantime, try brushing with a softer toothbrush and flossing more gently, but don't skimp on dental hygiene. Studies indicate that mothers with gum disease (periodontal disease) may be more likely to go into premature labor and deliver a low-birth-weight baby.

Breast enlargement. Much of the breast tenderness you experienced during the first trimester should be wearing off, but your

breasts are still growing in preparation for breastfeeding. As in the first trimester, adjust your bra size as needed for comfort.

Hair growth. Pregnancy hormones can increase hair growth—and not always where you want it. The hair on your head will become thicker as pregnancy hormones extend its active growth phase.

You might also see hair in places you never had it before, including your face, arms, and back. Shaving and tweezing might not be the easiest options, but they're probably your safest bets right now. Many experts don't recommend laser hair removal or electrolysis during pregnancy because research still hasn't proven that they are safe for the fetus. Check to see what your doctor recommends.

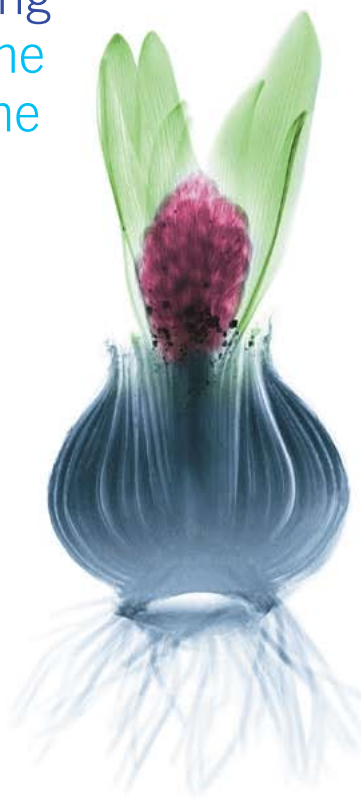
Headache. Combine the increased blood flow in your system with a lack of sleep and the added stress of preparing for your baby's arrival, and it's no surprise that headaches are one of the most common complaints during pregnancy.

Try to get plenty of rest, and practice relaxation techniques such as deep breathing. Aspirin and ibuprofen shouldn't be taken during pregnancy, but be sure to ask your doctor, who may say it's OK for you to take acetaminophen (Tylenol) if you're uncomfortable.

Quickening. By the midpoint of your pregnancy (20 weeks), you will probably have started to feel "quickening"—the first delicate flutters of movement in your abdomen. If you aren't feeling your baby move yet, don't worry. Some women don't experience quickening until their sixth month of pregnancy.

Skin changes. Pregnant women often look as though they are "glowing" because changing hormone levels make the skin on the face appear flushed. An increase in the pigment melanin can also lead to brown marks on the face (the "mask of pregnancy") and a dark line (linea nigra) down the middle of the abdomen. These skin changes usually fade after your baby is born.

Pregnant women often look as though they are "glowing" because changing hormone levels make the skin on the face appear flushed.



3rd TRIMESTER

Now that you've reached the third trimester, you're in the home stretch. You've got only a few more weeks to go, but this part of your pregnancy can be the most challenging. You're probably dealing with a variety of uncomfortable symptoms. Some third-trimester changes are perfectly normal, while others are serious enough to warrant a call to your doctor.

Braxton Hicks contractions. You might start to feel mild contractions, which are warm-ups to prepare your uterus for the real labor to come. Braxton Hicks contractions often aren't as intense as real labor contractions, but they may feel a lot like it.

One main difference is that real contractions gradually get closer and closer

together—and more intense. If you're red in the face and out of breath after your contractions, or they're coming regularly, call your doctor.

Breast enlargement. By the end of your pregnancy, your breasts will have grown by as much as 2 pounds. Make sure you're wearing a supportive bra so your back doesn't suffer. Close to your due date, a yellowish fluid might start leaking from your nipples. This substance, called colostrum, will nourish your baby in the first few days after birth.

Discharge. An increased amount of vaginal discharge is possible during the third trimester. If the flow is heavy enough to soak through your panty liners, call your doctor. Close to your delivery date, you might see a thick, clear, or slightly

blood-tinged discharge. This is your mucus plug, and it's a sign that your cervix has begun dilating in preparation for labor.

If you notice a sudden rush of fluid, it may mean that your water has broken (although only about 8% of pregnant women have their water break before contractions begin). Call your doctor as soon as possible after your water breaks.

Heartburn and constipation. Uncomfortable gastrointestinal symptoms such as heartburn and constipation can pester you throughout your pregnancy. These symptoms are caused by extra production of the hormone progesterone, which relaxes smooth muscles—including the muscles in your esophagus.

To relieve heartburn, try eating more frequent, smaller meals throughout the day and avoid greasy, spicy, and acidic

Red-Flag Symptoms

Any of these symptoms could be a sign that your pregnancy is at risk. Don't wait for your next prenatal visit. Call your doctor right away if you notice:

- Severe abdominal pain or cramps
- Significant vaginal bleeding
- Severe dizziness
- Rapid weight gain (more than 6.5 pounds per month) or too little weight gain (less than 2 pounds per month by the end of the first trimester)
- Pain or burning during urination

your rib cage, leaving less room for your lungs to expand. That added pressure on your lungs can make it more difficult to breathe. Standing or sitting with your back straight allows more room for your lungs to expand. You can also try propping up your head and shoulders with pillows while you sleep. If your shortness of breath is severe or sudden or accompanied by pain, seek medical attention immediately. It could be a sign of a serious underlying medical problem.

Spider and varicose veins. Your circulation has increased to send extra blood to your growing baby. That excess blood flow can cause tiny red veins, known as spider veins, to appear on your skin. Spider veins may get worse in your third trimester, but they should fade once your baby is born. Pressure on your legs from your growing baby may also cause some surface veins in your legs to become swollen and blue or purple.

Although there's no way to avoid these varicose veins, you can prevent them from getting worse by getting up and moving throughout the day, wearing support hose, and propping up your legs whenever you have to sit for long periods of time. Varicose veins may improve within a few months after you deliver.

Spotting. Spotting might be a sign of a serious problem, including placenta previa (the placenta grows low and covers the cervix), placental abruption (separation of the placenta from the uterine wall), or preterm labor. Call your doctor as soon as you notice any vaginal bleeding.

Swelling. Your rings might be feeling tighter, and your ankles and face might look bloated. Such mild swelling is the result of excess fluid retention (edema). To reduce swelling, put your feet up on a stool or box whenever you sit for any length of time, and elevate your feet while you sleep. If you have a sudden onset of swelling, seek medical attention immediately as it may be a sign of preeclampsia, a dangerous pregnancy complication. ■

foods (like citrus fruits). For constipation, increase your fiber intake and drink extra fluids. If your heartburn or constipation is bothering you, talk to your doctor about what medications are safe to take for symptom relief.

Hemorrhoids. Hemorrhoids are varicose veins—swollen veins that form around the anus. These veins enlarge during pregnancy because extra blood is flowing through them, and the weight of pregnancy increases the amount of pressure to the area. To relieve the itch and discomfort, try taking a sitz bath (sitting in a tub of warm water). Ask your doctor whether you can also try an over-the-counter hemorrhoid ointment or stool softener.

Shortness of breath. As your uterus expands, it rises up until it sits just under

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Sweet, Sweet MUSIC

Alternative rocker Alanis Morissette is feeling about as far removed from the angst love songs that first propelled her to international fame in 1995 as a formerly lovelorn musician can possibly get.

First, she's happily married. She tied the knot last May to rapper Mario "MC Souleye" Treadway in a quiet ceremony in their Brentwood, Calif., home. Second, she's pregnant. *Very* pregnant. Her baby boy is due to arrive any day now (as of press time). And it's written all over her face: The woman is totally blissed out.

"There are so many reasons for the bliss," she tells WebMD. "Not the least of which is the hormonal blasting of miracle juice that's going on with the pregnancy alone!" She laughs. "But also, the lifestyle change has been revelatory for me. I've always been a workaholic. During the first trimester, and definitely in the third..." She trails off, reflecting briefly before finishing her thought: "If I were to continue to work on the ton of projects I'm doing and log that many hours a day...I just couldn't do it."

Morissette, 36, is the proud recipient of seven Grammy awards and 12 Juno awards—her latest Juno came in 2009 for her most recent album, *Flavors of Entanglement*—and has set more than her share of records on the Billboard charts. She's also the emotionally edgy voice behind the world's No. 1-selling debut album overall by a female musician: Her smash opus for the brokenhearted, *Jagged Little Pill*, has sold more than 30 million copies.

She's prolific in other ways, too. Cable fans know Morissette as a regular on

By Lauren Paige Kennedy,
WebMD Contributing Writer

Photographed for WebMD
By Dana Fineman

HBO, Showtime, and FX networks, putting in guest acting appearances on *Curb Your Enthusiasm* and *Sex and the City*, plus making regular work of *Weeds*. She's also appeared on *Nip/Tuck* and has done a stint in two off-Broadway plays. If this weren't enough, she's in the process of writing a book she describes as an eclectic mix of "photographs, travelogue, essays, philosophy." And she's doing all this while working on her next album, naturally.

"I was a bit of a train wreck at the beginning," she admits, referring to the first trimester of her pregnancy. "[But] I look back on it now and I'm grateful. ... Even though it was physically challenging, it's been a 'get out of jail free' card for me from the workaholic lifestyle. ... It's allowed me to slow down for the first time in my life. I wouldn't slow down in the past without some pointed reason. My own well-being wasn't reason enough."

Rock icon **Alanis Morissette** is singing a new song these days. She's recently married, very pregnant, and can't wipe the smile off her face—even while battling morning sickness and sleepless nights

Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR



In other words the self-avowed “night owl”—whose long-held approach to creativity was to stay up until 4 a.m. to get the lyrics written, new tracks laid down, lines memorized, or paragraphs finessed—hit a physical wall.

“I realized my timeline is not necessarily the baby’s timeline,” she says. “I envisioned the book being done before the baby came. I’m still writing every day but not late at night, like I once did. I have to be OK with finishing the book sometime next year.”

Surviving Morning Sickness

Like so many women, Morissette battled nausea during her first trimester.

“It was hard,” she says now, clearly relieved to be past it. “But it helps that it’s so purposeful. I’m not exhausted and nauseated because I have food poisoning; I’m exhausted and nauseated because I’m growing a human being inside my body! A level of humility, reverence, and surren-

der is required.”

Ari Brown, MD, pediatrician and co-author of *Expecting 411: Clear Answers & Smart Advice for Your Pregnancy*, says, “Morning sickness is a myth. It’s all-day sickness for most women who experience it. The good news is, as long as there isn’t excessive vomiting, even women who feel awful—and who are not gaining much weight during the first trimester—tend to feel better, eat better, and gain weight during the second and third, when it’s so essential to get proper nutrition and put on anywhere from one to two pounds per week. Besides,” Brown adds, “experiencing ‘morning sickness’ is a positive sign of a healthy pregnancy. It usually means there are adequate hormone levels in the body.”

“I’d heard a lot of the tricks,” muses Morissette on the subject. “You know, eating and drinking ginger. And I ate smaller, lighter meals. But really the greatest muscle I developed is not resisting.

she’s relieved to have come to terms with her “many addictions,” as she calls them, before conceiving.

“I look at my body in a different way now,” she tells WebMD. “For so long it’s been this athletic, mostly ornamental organism. Now it’s this purposeful, miraculous baby maker. A complete reframing of what my body is here for. Food, too, has taken on a different meaning. I became more high-nutrient oriented a good two years before I got pregnant, so the timing [of the pregnancy] was fortuitous for me.”

In addition to low-impact exercise such as hiking and “doing the elliptical,” Morissette, who ran two marathons and several shorter triathlons before getting pregnant, continued her regular jogging routine during her first trimester. “It just changed naturally,” she says of finally swapping her sneakers for a yoga mat somewhere in the third or fourth month. “My yoga practice has been so important. The bigger my belly gets, the more strain in my back, the tighter my hips get—yoga is a godsend for me right now.”

Pursuing fitness in all its forms also allows Morissette to get out of her head, she says, and not “obsess about all-things-pregnancy all the time, which can leave me feeling sort of nuts.”

Third Trimester Insomnia

Getting enough sleep, however, is still a problem for Morissette, who has battled bouts of insomnia in the past. Ironically, just as the singer announces she’s finally able to slow down, her body has kicked into full, third-trimester throttle.

She retires early—a rarity before—and maintains a regular bedtime. Plus, she eats some fruit and protein an hour or so before bed, which has been shown to aid sleep. Despite these efforts, she is still regularly up in the middle of the night with surges of wakeful energy.

Brown explains: “Pregnancy is a prelude for parenthood. Insomnia at the end of the pregnancy is really common and may actually serve as a segue to having your newborn home with you.”

Having a newborn at home means trading eight hours of uninterrupted

Alanis Morissette’s Trimester Tips



FIRST TRIMESTER

Go with the flow and surrender to the experience.

“I really wanted to eat in a balanced way during those early weeks, but all I could handle was a whole lot of carbs,” Morissette laughs. “Thankfully, the nausea let up somewhere around the third or fourth month and I was able to eat fruit, too. But then *all* I wanted was fruit. Salads and greens came later.”



SECOND TRIMESTER

Do what feels right for you and your partner.

As an “older mother,” at age 36, Morissette falls into a higher-risk category for potential genetic defects. The singer and her husband faced the choice of several invasive procedures early into the second trimester, including amniocentesis, but they didn’t have any of them. Amniocentesis detects chromosomal abnormalities, something found more commonly in pregnancies in women over 35, and is performed between the 15th and 18th weeks of pregnancy by inserting a needle into the amniotic sac surrounding a developing fetus to draw fluid for testing. “I completely understand any woman’s need to know, or *not* to know,” says Morissette. “For me, if something alarming revealed itself during the initial, noninvasive procedure, I might go to the next, more invasive step. That didn’t happen; thankfully, all systems were go. But I support a woman’s decision, no matter what it is, about these kinds of tests.”

THIRD TRIMESTER

If you can’t beat ‘em, join ‘em.

Tossing and turning in the middle of the night due to physical discomfort and soaring hormone levels is not getting Morissette down. “If I wake up at 3, OK. I’m up. I’m lucky, though, because I can eventually get back to bed and turn off the alarm. Being able to sleep late into the morning has saved me!”



PLUS: LABOR AND DELIVERY

Make a birth plan—but be prepared for anything.

“I worry about the pain of labor,” she admits. “But the fact that it has a purpose—bringing a baby into the world—makes me think I can get through it. We’ll see. It’s not like putting your hand on a hot stove—there’s no purpose to that! But while I have an idea of how I want things to go, I know that I’m not the only one with intentions here. I’m open to the experience, no matter what it brings.”

“I’m exhausted and nauseated because I’m growing a human being inside my body! A level of **humility, reverence, and surrender** is required.”

Because I did resist for a few days; I was in denial that my whole life was about to change. And my body just shut down.”

Eating healthfully has long been an issue for the performer. Morissette has openly battled eating disorders in the past. Now she is the first to tell you she’s done the hard work—emotionally, physically, even spiritually—by slowly learning to respect her body enough to give it food rich in nutrients and to exercise in a balanced, not obsessive, way. Mostly,



zzzs for round-the-clock feedings, diaper changes, crying fits, and lullabies, as most mothers well know. According to Jodi Mindell, PhD, associate director of the Sleep Center at Children’s Hospital of Philadelphia and author of *Sleeping Through the Night: How Infants, Toddlers, and Their Parents Can Get a Good Night’s Sleep*, “Recent studies show that mothers of young children lose as much as 120 hours of sleep each year. Sleep deprivation [among parents] is a universal problem.”

Still, Morissette isn’t losing too much sleep over the issue. She’s “surrendered,” a term she uses again and again during her conversation with WebMD, to the experience of tiredness. Just as she’s given in to what’s coming next: labor and delivery.

“Our intention is to do a natural birth at home,” she says. “But I ‘get’ that the baby has his own intentions. I have an amazing midwife, and I’m using a doula. But we have a backup plan: I’ve called all the doctors and we’ll be ready if something should happen.”

Smart, says Mindell, who comments: “Women who are at low risk—meaning they’re healthy before they become pregnant, are pregnant with one baby, it’s a full-term delivery, and the baby is head-down [a vertex birth]—these are the women who can have a wonderful, safe delivery at home.”

Mindell warns that women who fall into other categories should not risk a home birth. “When emergencies happen, it is an *emergency*—and a baby needs care quickly: oxygen, respirators. If you’re determined to deliver at home, have emergency transportation lined up. Find out ahead of time if your hospital has an OB on staff, and ask to meet that person—before the delivery. And remember, the goal is healthy mom, healthy baby. No matter how you bring your child into the world, you’re a hero.”

Morissette, beaming even as she talks of having a “low threshold for pain” and being nervous about how she’ll tolerate her upcoming labor, agrees. At the end of the day, she’s just thrilled to add a new note to her singer/composer/actor/author oeuvre: being a mom. ■

Fact or Fiction?

Debunking the top 7 pregnancy myths

When you're pregnant, you're likely to hear a lot of old wives' tales—some of which can be amusing. You've probably heard this one: Carry high, it's a girl. Carry low, it's a boy. (Sure, it's silly, but our foremothers didn't have ultrasound.)

Not all pregnancy myths are entertaining, though. Some have health implications for mother or baby, while others prompt unnecessary worry. Read on for some common myths you'll be glad to get the real skinny on.

MYTH: Skip the flu shot.

Just the opposite, says Nancy Chescheir, MD, a clinical professor of maternal/fetal medicine at the University of North Carolina at Chapel Hill and contributor to *Your Pregnancy and Childbirth: Month to Month*, an American Congress of Obstetricians and Gynecologists (ACOG) book. "Flu vaccination is very important."

Some pregnant women worry the vaccine might give them the flu. Others fret that preservatives in the vaccine may hurt their unborn baby. But a flu injection won't give women the flu, Chescheir says, nor is there any evidence that flu vaccine harms fetuses.

Instead, a flu shot can be a lifesaver for mother and baby, she says. Pregnancy alters a woman's immune system, heart, and lungs, making her more vul-

nerable to getting a severe case of flu. "Women who are pregnant and come down with the flu do not tolerate that well and have a much higher risk of becoming extremely sick and, in fact, have a higher risk of dying from the flu than the general population," Chescheir says.

But get the flu shot (containing killed virus), not the nasal spray vaccine (containing weakened, live virus). And if you're worried about preservatives, seek out a thimerosal-free flu shot.



MYTH: You're eating for two.

Helping yourself to double servings of potato salad or ice cream? Not so fast. Yes, you're eating for two—but that doesn't mean two of you.



By Katherine Kam, WebMD Contributing Writer

If a woman weighs a normal amount before pregnancy, she needs an average of only 300 extra calories per day to promote her baby's growth, according to ACOG. That's roughly the number of calories in a glass of skim milk and half a sandwich. A woman of normal weight should gain 25 to 35 pounds during pregnancy—or less, if she's heavy.

When women pack on too many pregnancy pounds, they often can't drop all of it after birth. With each following pregnancy, they might become even heavier, Chescheir says. Further, women who gain more than 50 pounds when they're carrying just one child have a higher risk of a cesarean section or a difficult vaginal birth, Chescheir says. And babies who are "overgrown" at birth, she says, "have an increased risk of being obese adults."

MYTH: Avoid hair dyes.

No need to sport dark roots with your maternity wardrobe. According to experts, chemicals from hair dye, permanents, and relaxers are absorbed through the skin only in minimal amounts that aren't harmful.

"We don't believe there's any fetal risk from the hair dyes and such," Chescheir says. But strong odors from hair treatment products make some pregnant women feel nauseous, so use them in a well-ventilated space with a fan, she says.

If you're still worried, you can hold off on hair treatments until you've passed your first trimester. You can also avoid dyes with ammonia, which has strong fumes. Be aware, too: "Hair changes a lot during pregnancy," Chescheir says. Products that worked well before pregnancy might not give the same results.

MYTH: Caffeine is a no-no.

Do you love your morning cup of coffee? Many pregnant women do, but often they're warned to give up caffeine because it might cause miscarriage, preterm birth, or low birth weight.

But the case against caffeine isn't strong. "There does not appear to be any relationship between caffeine consumption and preterm birth," Chescheir says. Also, if a pregnant woman drinks less than 200 milligrams of caffeine per day—the amount in about one 12-ounce cup of coffee—there's no clear evidence she faces any increased risk of miscarriage or low birth weight. So be prudent, Chescheir says. Enjoy your java, but stay within the recommended limit per day.



MYTH: Flying can increase your risk of complications.

Airport body scanners, X-ray machines at security, radiation from flying at high altitudes—think about all that and pretty soon, a staycation sounds awfully tempting.

But don't worry about the small amounts of radiation that pregnant women might



encounter while passing by or through an airport X-ray machine or flying at high altitudes, Chescheir says. "We get exposed to radiation all the time from being on the ground, and certainly flying increases that a bit. But the kind of radiation you're

exposed to [during air travel] doesn't have much penetration into the body, so it's unlikely to ever cause fetal exposure at all."

Nor are body scanners dangerous, she says. "It's a very minute amount of radiation, and it's extremely unlikely to cause any sort of fetal effects," she says. Research evaluated by the Food and Drug Administration, National Institute for Standards and Technology on behalf of TSA, and Johns Hopkins University Applied Physics Laboratory back up her views. But "because there's a completely safe alternative, I would recommend that [pregnant] women get the pat-down. If they don't want to do that, they should be reassured that going through the body scanner should be fine."

If you're planning to fly in your last trimester, check with your airline about any restrictions. "Most airlines get a little anxious if you look like you might deliver en route," Chescheir says.

Some pregnant women should never fly without a medical clearance first. "Women who have coexisting lung or cardiac problems when they're pregnant might find they don't do well flying at 30,000 feet," Chescheir says. "They should ask their doctor before they get on a plane, but an otherwise normal, healthy woman should be able to fly very safely."



MYTH: Keep fish off your plate.

Eating two servings of fish per week can be healthy for mom and baby. Coldwater fish in particular contains lots of omega-3 fatty acids, which help with your baby's brain development and vision.

You should try to avoid fish high in mercury, such as swordfish, shark, tilefish, and king mackerel, Chescheir says. Salmon, shrimp, and canned light tuna are better choices.

You'd be smart to skip the raw fish, too, including sushi or sashimi, according to ACOG. Raw fish is more likely than cooked fish to contain parasites and bacteria. It's fine, however, to eat cooked sushi.

MYTH: Say no to sex.

You don't need to abstain once you become pregnant. Sex doesn't physically hurt the baby, who is fully protected by the amniotic sac and strong uterine muscles. A thick mucus plug also seals the cervix. But you still need to watch out for sexually transmitted infections—pregnancy offers no shield against those problems. If a sexual partner infects you with herpes, genital warts, chlamydia, or HIV, the disease could be transmitted to your baby, too.

Some women wonder if an orgasm can cause a miscarriage. If you have a normal, low-risk pregnancy, don't concern yourself: Contractions from orgasm are completely different from the type that's associated with labor.

Overall, sexual activity is considered safe during all stages of a normal pregnancy, both for mom and baby. But check with your doctor to make sure your pregnancy is indeed low-risk. If there's any threat of miscarriage or preterm labor, or if there's unexplained vaginal bleeding during pregnancy, then yes, your doctor might advise against having intercourse. ■

Reviewed by Louise Chang, MD WebMD MEDICAL EDITOR



spotlight

nutrition

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Louise Chang, MD
WebMD MEDICAL EDITOR



Six Sense

Want to eat right during pregnancy? Make sure these six superfoods are on your menu

By Katherine Kam, WebMD Contributing Writer

Before you became pregnant, that breakfast ritual of gulping down a latte and pastry was fast, easy, and, well, not terribly healthy. Now that you're expecting, it's only natural to think more carefully about what you're feeding yourself since the foods you eat are the main source of nutrients for your growing baby. During pregnancy, for example, you'll need protein and calcium for your baby's tissues and bones. But you'll also need extra folic acid to reduce the risk of neural tube birth defects, as well as more iron to help red blood cells carry oxygen to your baby. Get off to a good start with these pregnancy superfoods.

Whole grains

Enriched, whole-grain breads and cereals are fortified with folic acid and iron and contain more fiber than white bread and rice. Work whole grains into your day: oatmeal for breakfast, a sandwich on whole-grain bread at lunch, and whole-wheat pasta or brown rice for dinner.

Beans

Add black beans, white beans, pinto beans, lentils, black-eyed peas, and kidney, garbanzo, or soy beans to your diet. Try them in chili and soups, salads,

and pasta dishes. Besides providing protein and fiber, these legumes are also good sources of key nutrients, such as iron, folate, calcium, and zinc.

Salmon

Omega-3 fatty acids promote brain development and vision in babies, and salmon is a great source. Plus it provides protein and B vitamins. Salmon is also relatively low in mercury compared to other fish. Try it grilled, broiled, or on a salad. Limit yourself to no more than 12 ounces of salmon per week to minimize any mercury exposure.

Eggs

Eggs are versatile and a good source of protein that provides amino acids you and your baby need. They contain more than a dozen vitamins and minerals, including choline and lutein. However, be sure not to eat undercooked or raw eggs.

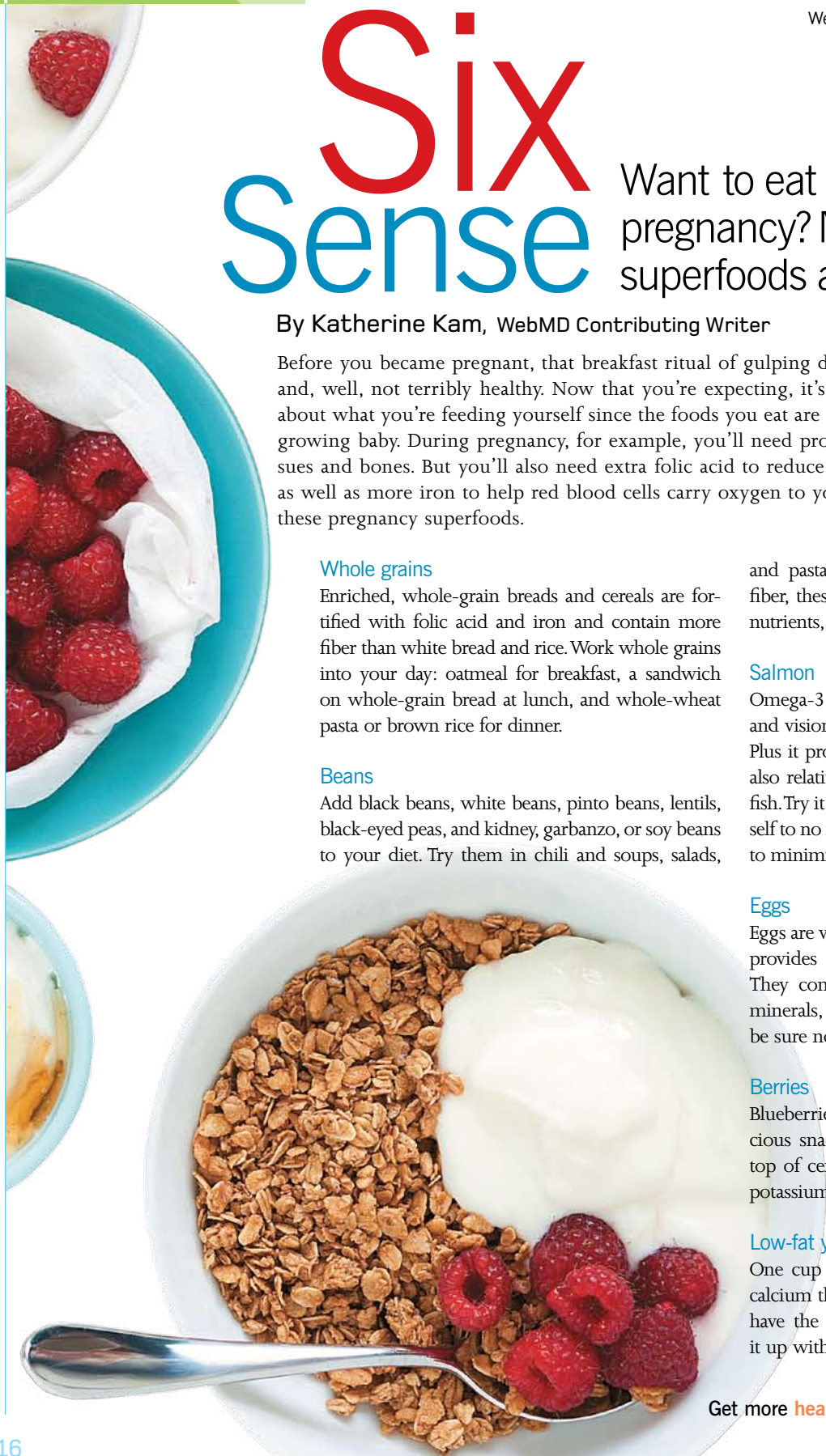
Berries

Blueberries, raspberries, and blackberries are delicious snacks and taste great in pancakes and on top of cereal. Berries are packed with vitamin C, potassium, folate, and fiber.

Low-fat yogurt

One cup of plain, low-fat yogurt contains more calcium than milk, is high in protein, and doesn't have the added sugar of flavored yogurts. Dress it up with fruit or crunchy, whole-grain cereal. ■

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The Right Moves

Don't succumb to the couch! The right kinds of exercise are key to your healthy pregnancy

By Katherine Kam, WebMD Contributing Writer

Now that you're expecting, a healthy exercise program should land high on your list of priorities, right next to the prenatal vitamins and full nights of sleep.

Why? For starters, you'll feel more upbeat and energetic. You'll also maintain cardiovascular health, just as a nonpregnant woman would, says Raul Artal, MD, professor and chair of the obstetrics, gynecology, and women's health department at Saint Louis University School of Medicine and principal author of guidelines for exercise during pregnancy published by the American Congress of Obstetricians and Gynecologists (ACOG).

Just as important, he says, staying physically active while pregnant helps prevent too much weight gain and lowers the risk of gestational diabetes and preeclampsia (high blood pressure that can happen during pregnancy). And here's some really welcome news: The benefits might extend to the delivery room, according to Artal. "We know that women who are physically fit can push the baby out much easier."

However, exercise may be unsafe under certain conditions, Artal says, including risk for preterm labor, severe anemia, heart problems, or poorly controlled diabetes. Not all medical problems rule out physical activity, but a pregnant woman may need to exercise under close medical supervision. Ask your doctor to be sure, and if you get the OK, you can walk, swim, work out with light weights, stretch, and do other safe sports. Just don't overdo it. You'll need to take some new precautions, such as building more breaks into your workouts. But exercise is a wise move for you and your baby.

If you didn't exercise before pregnancy, you can start now.

If you exercised regularly before pregnancy, you probably don't need to stop. And if you didn't exercise, you can start now—carefully—provided you have your doctor's blessing. "For people who are not used to exercising, go very slowly," says Jill Maura Rabin, MD, an associate professor of



IF YOUR DOCTOR GIVES YOU THE OK, GO FOR IT! YOU CAN WALK, SWIM, LIFT LIGHT WEIGHTS, AND OTHER SPORTS. JUST DON'T OVERDO IT.

obstetrics and gynecology at Hofstra-North Shore LIJ School of Medicine in Hempstead, N.Y. In other words, now is not the time to take up long-distance running.

Rather, walking offers a great way to ease into exercise, Artal says. "I tell my patients, engage in at least 30 minutes of moderate to brisk walking." In fact, that's an ideal target: half an hour of physical activity every day, he says.

Work out to get the benefits, but don't push yourself too hard.

Getting your heart rate up is healthy, according to ACOG, as long as you can talk normally while exercising. Aerobic exercise strengthens your heart and lungs. If your doctor says it's OK, enroll in a low-impact or water aerobics class specially designed for pregnant women. Or try riding a stationary bike.

But don't overexert yourself, Rabin says. She advises pregnant women to take a break about every 20 minutes when they're working out or playing a sport. Most pregnant women can exercise without problems, but it's important to know when to stop and call the doctor. If you have shortness of breath before exertion, dizziness, severe headache, chest pain, muscle weakness, signs of preterm labor (such as contractions or lower abdominal cramping), vaginal bleeding, decreased fetal movement, or amniotic fluid leakage, Artal says, "these are warning signs to terminate exercise."

Adapt to the changes in your pregnant body.

There's a pregnancy hormone called "relaxin," and it does exactly what its name implies: It relaxes your pelvic ligaments so you can give birth more easily.

Thank goodness for relaxin, but be aware that it also makes your joints less stable. It's smart to avoid jerky, bouncy, or high-impact movements, such as jumping or leaping, as well as making quick shifts in direction. "You want to be sure you're not overstressing and causing injury and tearing of tendons and ligaments in the joints," Rabin says.

Some sports are best left for later. Try scuba diving after the baby comes.

Forget about downhill skiing, scuba diving, or contact sports, such as ice hockey, soccer, and basketball, according to ACOG. Sometimes, a pregnant woman can find a better alternative, such as cross-country skiing (although there's still a risk of falling, so be extra careful). But overall, it's crucial to avoid hard falls, altitude sickness, large amounts of underwater pressure, or any trauma to the abdomen. "It suddenly becomes a matter of judgment," Artal says. "Do you want to expose yourself to the risk of getting injured?"

So save the high-intensity activities for a later day. You can always pick up your sport again—and teach Junior to ski down a bunny hill or kick a game-winning goal. ●

Reviewed by
Louise Chang, MD
WebMD MEDICAL EDITOR



LEFT: ALFREDO IMAGES/GETTY IMAGES; RIGHT: TRACY FRANKEL/GETTY IMAGES

What's your go-to exercise plan for your pregnancy?  WebMD.com



Talk Soup

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HOT HITS

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5. doula
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Off the Wall

If you want to chart the details of the next nine months, sign up for **WebMD's Pregnancy Calendar**. It offers day-by-day facts, tips, and suggestions on every aspect of pregnancy, and information about standard tests and benchmarks appropriate to the stage you're in.

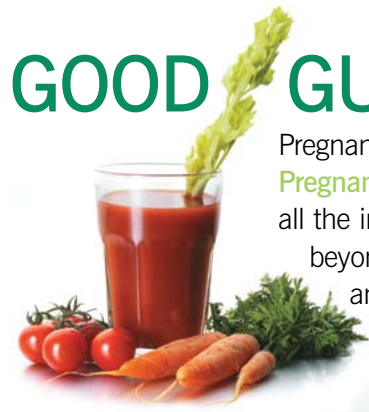
On the Move

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