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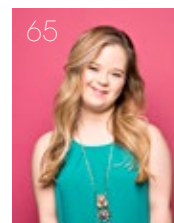
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On the Cover

PHOTOGRAPHY BY: KEITH MUNYAN
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Summer Solutions



Summer is here, and we have plenty of tips to help you keep your cool. Whether it's protecting your skin, taking advantage of the season's bounty of fresh berries, or getting prepared for back-to-school time, we'll keep you living healthy in the hottest months.

Also in this issue, *American Horror Story* actor Kathy Bates gets intimate about her personal bravery in the face of several real-life health scares. She shares

what happened on the sunny summer day she realized she had the opportunity to make a new start and turned her considerable passion toward a new role as a health advocate. We hope you find her story as inspiring as we do.

Kristy

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HOME REMEDIES

In "My Abuelita Told Me," a new five-part video series from WebMD, Dr. Juan Rivera, MD, internist and cardiologist and chief medical correspondent for Univision, checks into some of the home remedies he learned from his abuelita (grandmother), like drinking mezcal to relieve high blood pressure or using egg whites to soothe burns. For more from Dr. Rivera in this issue of *WebMD Magazine*, check out Health Smarts on p. 64.

To see the video series in English,
visit www.webmd.com/my-abuelita-told-me.

To view it in Spanish,
visit www.webmd.com/mi-abuelita-me-dijo.



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FACTS & STATS

Get Schooled

Since kids spend six to seven of their daily waking hours in the classroom, good health habits are as essential as paper and pencils

→ **Foot Power**

Walking to school can help your child reach the advised 60 minutes of daily exercise.

10%

How much a child's backpack should weigh as a percentage of his or her weight. Most elementary school students carry twice that.

700

Maximum number of calories allowed in middle school lunches. Government standards also require kids to get at least a half-cup of fruits or veggies with each meal.

64%

Percentage of ninth graders who attend gym class each week. Only 29% go to gym class every day. Kids need at least 60 minutes of daily exercise to stay fit.

76%

Percentage of high school students with mostly A grades who watch less than three hours of TV per day. Some 49% of kids with mostly D and F grades watch three or more hours of TV daily.

IN THE NEWS

Lessons Learned



COLLEEN PARETTY
Editorial Director
colleen@webmd.com

Back to school—for kids of all ages, and not an inconsiderable number of adults—rolls around before you know it. You'll find lots of related stories throughout this issue for re-entry to your fall routine. Some highlights: If your child struggles with reading and you've already paid a visit to your pediatrician or eye doctor, you might want to know about convergence insufficiency (CI), a lesser-known vision disorder that affects how the eyes work together rather than how the eye functions (**see page 48**). Some one in 10 students in any given elementary school classroom may have CI or a related vision problem, according to our expert.



And for older kids heading off to college, our latest edition of *WebMD Campus Life* (**see the insert that starts on p. 29**) delivers smart tips for navigating campus life, from beating the freshman blues and building social skills to developing good health and wellness habits that will last a lifetime—well past graduation day. — *Colleen*

GOOD GRADES, BAD BEHAVIOR

KIDS WHO GET GOOD GRADES

are twice as likely as their lower-scoring classmates to become regular drinkers and marijuana-smokers, says a study from the U.K. that followed 6,000 kids from preadolescence into young adulthood. The researchers believe that smarter kids might be more open to new experiences and tend to run with an older crowd. Smarter kids are also more likely to come from higher socioeconomic households, where alcohol is more accessible, the study found.

SOURCE: BMJ



Shady Truth

Attention, shade-seekers: Don't get burned. That beach umbrella alone won't protect you from sunburn. In an experiment, 40 people sat under an umbrella on the beach for three and a half hours on a sunny day while 40 others sat in the sun with the protection of SPF 100 sunscreen. Three in four umbrella users got a sunburn, and one in four sunscreen wearers did, too. Combine sunscreen and shade, and you'll have it made.

SOURCE: JAMA Dermatology

\$343

MILLION

Cost to the U.S. health care system
due to cancers caused by
tanning devices.

SOURCE: Journal of Cancer Policy



E-THERAPY

Therapy is a proven treatment for depression, but many people opt out of it because of the cost, time commitment, or stigma they perceive. Self-guided, Internet-based cognitive behavioral therapy might offer a solution. An analysis of data from multiple studies that included a total of 3,876 adults found that computer-based cognitive behavioral therapy in the privacy of your own home can significantly reduce symptoms of depression.

SOURCE: JAMA Psychiatry

60%

PERCENTAGE OF
adults who think online reviews are
important when choosing a doctor.

SOURCE: JAMA

GETTY IMAGES

Relief for Ringing

About 15% of Americans have tinnitus—ringing in the ears. The sometimes-debilitating condition is linked to problems with memory, reaction time, and focus. A computer-based program might help people with tinnitus strengthen these cognitive skills while reducing that ringing in their ears. People with tinnitus who practiced the program—which contains six interactive cognitive exercises an hour a day, five days a week—for eight weeks saw improvements in tinnitus perception, attention, and memory.

SOURCE: JAMA Otolaryngology-Head & Neck Surgery

HEALTHY LIVING

San Francisco is 2017's healthiest city for its health care, healthy food, fit residents, and ample green space. Salt Lake City and Scottsdale, Arizona, take silver and bronze.

SOURCE: WalletHub



HEALTHY TIES

Grandparents who take care of their grandkids live longer than those who don't, says a 20-year study of 500 adults ages 70 to 103.

SOURCE: Evolution and Human Behavior



20%

PERCENTAGE
by which cancer deaths have decreased
in the last 15 years.

SOURCE: JAMA

TEEN VAPING

High school students who vape (use smokeless e-cigarettes) are four times more likely than their peers to later smoke tobacco cigarettes.

SOURCE: Tobacco Control



CREATIVE MINDS

Forget the common belief that creative people are right-brained. It's a myth. The right and left sides of the brain are better able to communicate with each other in more creative minds. Neuroscientists took brain MRIs of 114 healthy young adults. The researchers also gave them several creativity tests to arrive at a creativity score for each. The MRIs revealed that those who scored in the top 15% on creativity had more connections between the left and right brain hemispheres, which may facilitate more creative thinking.

SOURCE: Bayesian Analysis



GRAIN GOODNESS

Swap out refined carbohydrates—such as white bread and white rice—for whole grains, and you might increase your metabolism. In an experiment, middle-age men and postmenopausal women consumed a high-fiber, whole-grain-rich diet for six weeks and a low-fiber, whole-grain-free diet for six weeks. The diets were otherwise the

same and intended to maintain current weight. Tests revealed that while on the whole-grain diet, which included about 207 grams of whole grains per day and 35 to 45 grams of fiber, people burned 92 more calories while at rest each day than they did during the refined carbs diet.

SOURCE: American Journal of Clinical Nutrition

TURN IT OFF

People who silenced notifications on their smartphones for one week reported higher levels of attention and less hyperactivity. This could improve productivity and psychological well-being.

SOURCE: Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems

WHITE-WINE WOES

White-wine lovers may be at higher risk for melanoma than those who sip other spirits, says an 18-year study of more than 200,000 people. Researchers tracked alcohol consumption and melanoma cases. Melanoma risk increased with all alcohol intake, but white wine was the worst offender. Among daily white-wine drinkers, each glass per day increased their risk of developing melanoma by 13%. Both white and red wine metabolize into a carcinogen called acetaldehyde. The researchers believe that the antioxidants in red wine may cancel out the carcinogen's effects.

SOURCE: *Cancer Epidemiology, Biomarkers and Prevention*



LIBIDO CHECK

Gym rats, beware. Do you struggle with low libido? Your exercise regimen might be to blame. In a study of 1,077 men, those whose workouts were the most intense (such as running, bicycling, and triathlons) were more likely to have a low libido. The longer the intense workouts, and the more months or years of practice, the weaker the sex drive. Men who worked out at a more moderate intensity for shorter periods reported a healthier libido. In ongoing studies, the researchers plan to determine the optimum workout intensity and duration.

SOURCE: *Medicine & Science in Sports & Exercise*

MOOD BOOST

Want another reason to quit smoking? Your mood might improve. Depression is twice as common among current smokers than it is among ex-smokers and those who've never lit up.

SOURCE: *Drug and Alcohol Dependence*

SPOUSES WITH BENEFITS

Married, employed adults were in a better mood at work, more engaged, and reported higher job satisfaction when they'd had sex the day before, says a study that tracked them for two weeks.

SOURCE: *Journal of Management*

48%

PERCENTAGE

of mothers younger than age 45 who get at least seven hours of sleep. Fatherhood, on the other hand, has no apparent impact on sleep.

SOURCE: *American Academy of Neurology*

NEW RESEARCH

Camp Out

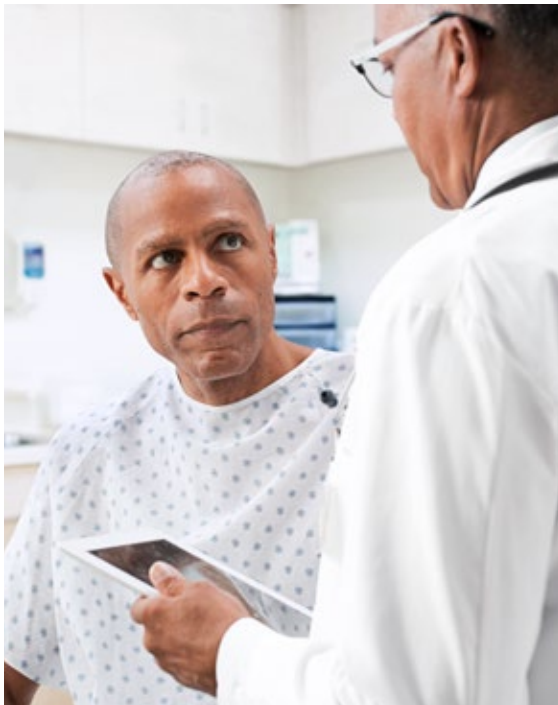
The latest Rx for a good night's sleep comes not from a bottle—but from a sleeping bag. Experts say camping can reset your body's internal clock and have you resting easy all summer long.

ACCORDING TO A RECENT STUDY, CAMPING for just two nights outside can help people get more in tune with nature's light-and-dark cycles—causing them to go to bed earlier and sleep better. It “shifts” your biological clock, says Anda Baharav, MD, director of the sleep lab at the Wingate Institute, and the benefits can last long after you get home. Can't get back to nature for a weekend? “Try to get up at the same time every morning, get as much natural light as possible throughout the day, and avoid artificial light—like bright lamps, TVs, cell phones—a few hours before bed,” says Baharav, “which can trick your brain into thinking it's daytime and interfere with your ability to sleep.” —COLLEEN OAKLEY

MEN'S HEALTH

Warning Signs

Your below-the-belt health matters, and some symptoms require immediate attention. If you develop any of the following, don't ignore the signs. Get yourself to a doctor right away, if not the emergency room.



THESE MEN'S HEALTH ISSUES SHOULD RAISE RED flags, and missing any of them could have serious, long-term consequences, says urologist Louis Kavoussi, MD.

Blood in the urine. "Red or reddish urine is not normal," says Kavoussi. "It's usually blood and should not be ignored, even if you only see it once." While cancer may be the reason, blood can come from broken blood vessels in your prostate as it enlarges normally with age.

Burning when you pee. "Don't just drink a lot of water in hopes it will go away," says Kavoussi. This symptom could indicate an infection that needs to be treated right way. Let it go too long and it could spread to the kidneys. In rare cases, such burning can signal bladder cancer.

Inability to pee. All men undergo changes in their bladder habits as they age. Your slower stream or nighttime nature calls go hand in hand with non-cancerous prostate growth. "See your urologist when you first notice changes in the way you pee," Kavoussi recommends. "Early treatment may prevent urinary retention."

But if you suddenly can't pee at all, get to the ER. Otherwise, you risk incontinence, infection, and damage to your bladder and/or kidneys.

An erection that does not go away (also called priapism). When you get an erection, your penis fills with blood. If the blood can't drain, it puts prolonged, damaging pressure on the spongy tissue in the penis. Sick cell anemia, drugs like marijuana and cocaine, and trauma to the spine or genitals can cause priapism.

Acute testicle pain. If you feel a sudden, agonizing pain in one testicle, you won't be able to tough it out—and you shouldn't try. It could be an infection or a condition called torsion, in which the testicle has spun and choked off its blood supply—you'll require immediate surgery to prevent permanent damage, loss of the testicle, or fertility problems.



"See your urologist when you first notice changes in the way you pee."

—LOUIS KAVOUSSI, MD,
CHAIRMAN OF NORTHWELL HEALTH'S ARTHUR SMITH INSTITUTE FOR UROLOGY, LAKE SUCCESS, NEW YORK

ASK YOUR DOCTOR

Q Does urinary frequency at night indicate a problem?

Often a normal sign of aging, it may also be a sign of serious problems, like diabetes.

Q Will I need medication to curb the need to urinate?

That depends. If it has a negative impact on your life, such as if it wrecks your sleep, medication is worth considering.

Q Do erectile problems indicate other health issues?

Possibly. For one, blood flow issues in your penis can be a warning sign of heart disease.

Q Do I need to get my prostate-specific antigen (PSA) checked?

The PSA test is an imperfect screening tool for prostate cancer, but changes in your PSA over time may be worrisome.

→ Search for the video [How to Create a Standing Desk](#) at [WebMD.com](#).

WORK WISE

Just Move

Sitting for the majority of your day raises your risk of serious health problems, starting with metabolic syndrome. Make some changes in your workday for your health.



→ Ditch the Chairs

A walking meeting gets you on your feet and keeps the agenda moving.

But over time, sitting can cause serious health problems. The physiology of inactivity, as it's called, is the subject of a whole body of research that shows links between excessive inactivity and an increased risk of heart disease, diabetes, certain cancers, and even early mortality.

And per day, that risk increases for every hour over five spent sitting, according to a new study published in the *International Journal of Obesity*.

To conduct the study, researchers at the University of Glasgow recruited 111 postal workers and tracked their steps, as well as the time they spent standing, sitting, or lying down. They found that every hour beyond five hours spent sitting was linked to a 0.2% increase in heart disease risk and $\frac{3}{4}$ -inch increase in waist circumference, even after adjusting for other variables, such as sleep and exercise.

Clearly, finding ways to not sit can cause measurable improvements to your health. And that's different from being active and exercising (which can also help). One of the simplest ways to lower the risks associated with sitting is to make time to move.

Says Hanna, "It's a lot easier for people to get up from the chair, I think, than to lose 10 pounds." Set a timer to remind you to get up several times a day.

PICTURE THE MAJOR ACTIVITIES OF YOUR DAY—WORKING, EATING, relaxing, commuting. What's your body doing during those times? If you're like most people, you are sitting.

"We live in a culture of sitting," says Joyce Hanna, director of the health improvement program at Stanford School of Medicine. "We sit when we drive, we sit when we eat, we sit when we watch TV, we sit when we use our cell phones."

4 Tips

BREAK UP A SEDENTARY DESK JOB WITH THESE FOUR TIPS FROM HEALTH EXPERT JOYCE HANNA

SIT

on a therapy ball or dynamic stool, as an alternative to a standing desk.

STAND

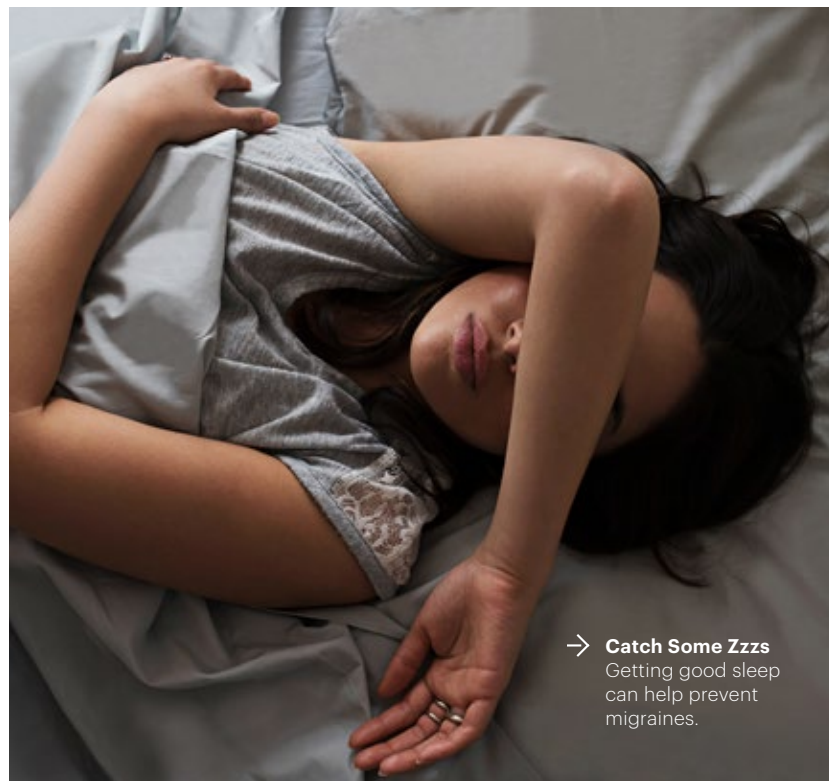
every 30 minutes. Set your timer to remind you.

WALK

during small group brainstorming meetings.

RUN

ideas by your supervisors on how to encourage a more active workplace.



→ **Catch Some Zzzs**
Getting good sleep can help prevent migraines.

WOMEN'S HEALTH

No Ordinary Headache

Migraines affect one in four women in the U.S. There is no cure, but you can track your triggers to help prevent throbbing pain.

ABOUT 28 MILLION WOMEN IN THE U.S. GET MIGRAINES, WHICH CAN COME with disabling pain, nausea, and light and sound sensitivity. “This has to do with hormones and [menstrual] cycling,” explains Carolyn A. Bernstein, MD, a neurologist and headache specialist at Brigham and Women’s Hospital and assistant professor of neurology at Harvard Medical School. If you are prone to migraines, take steps to try to prevent the next one.

Keep a routine. “You want to be as meticulous as you can about [your routine] to assure that your brain has as much stability as possible,” says Bernstein. That means a regular sleep routine, eating regularly, and drinking enough water. “These sound like basic lifestyle things,” says Bernstein, “but if you have migraines they become particularly important.”

Get moving. “I’m always giving people exercise prescriptions,” says Bernstein. When you exercise, your body releases natural painkillers called endorphins. What’s more, breaking a sweat can help you sleep better and zap stress—two common migraine triggers. One study found that those who exercised at least 40 minutes three times a week had fewer migraines.

Aim for the standard exercise recommendations—150 minutes per week, or 30 minutes on five days.

ASK YOUR DOCTOR

Q How do I know my headaches are migraines?

Most people will get a tension headache, but “a migraine is a very specific syndrome,” says Carolyn A. Bernstein, MD. “Headache is part of it. For some people, the nausea is worse.”

Q Do alternative treatments work?

Studies show alternative therapies, such as yoga and acupuncture, can help reduce migraines.

Q What kind of exercise is right for me? If you get migraines from pounding up and down while running, then try another exercise like indoor cycling, suggests Bernstein.

Q Will supplements help? Taking magnesium and riboflavin supplements can help reduce migraines, according to studies. Make sure to tell your doctor about any medications or supplements you take.

Journal it. You’ve probably heard to avoid things like cheese and chocolate if you get migraines. “That’s older thinking,” says Bernstein. “There’s really no good data about which foods to avoid [in general], though a certain food might be an individual trigger for one person.”

Don’t skimp on sleep. “Regular, good sleep is really important,” says Bernstein. While the mechanisms behind sleep patterns and migraines are not fully understood, what is clear is that not getting enough good quality sleep (seven to eight hours a night) can increase your chances of triggering a migraine.

To ensure shut-eye, “Don’t get in bed and start playing with your iPhone,” she says. “Go to sleep and get up at the same time every day. Keep your bedroom dark, cool, and quiet. Things like that really make a huge difference for people.”

Finally, find ways to manage stress, such as meditating, and talk to your doctor about prescription migraine prevention treatments, which may give you more migraine-free days, according to studies.

SKIN CARE

Burn Notice

When it comes to sunburn, prevention is key. Still, accidents happen; be prepared with these dermatologist tips for soothing your skin.

WHETHER YOU FALL ASLEEP ON the beach or get overzealous with your time in the garden, sunburn slip-ups happen to the best of us. But you don't have to sit back (ever-so- gingerly) and settle for the sting. Counteract the damage from a mild sunburn by applying a cool compress (a soft cloth soaked in green tea or milk) to the sensitive area. If you need a little more relief, take an anti-inflammatory, such as ibuprofen, and smooth a dollop of over-the-counter 1% hydrocortisone cream onto affected areas of the skin. After a sunburn heals, skin often goes through a period of being extra dry and peel-y, says Melanie Palm, MD, assistant clinical professor of dermatology at University of California San Diego. "To treat this, use a moisturizing cream that contains hyaluronic acid or ceramides."

—AYREN JACKSON-CANNADY





MELANIE PALM, MD
ASSISTANT CLINICAL
PROFESSOR OF
DERMATOLOGY, UNIVERSITY
OF CALIFORNIA SAN DIEGO

EXPERT PICKS

Main Squeeze

Your summer skin care regimen starts with great facial cleansers, but don't forget about the rest of your body. Check out these body wash picks that get the job done.



1. BYE DRY

Cetaphil Restoraderm Eczema Calming Body Wash (\$18.49)

"This formulation is safe on even the most sensitive, dry, and eczema-prone skin. It is paraben-free, fragrance-free, and soap-free. It's family friendly, too—you can also use it on kids 3 months or older."

2. GLOW GETTER

Crabtree & Evelyn Jojoba Oil Moisturizing Body Wash (\$22)

"Oil cleansing is all the rage, and if you have extremely dry skin this might be a great option for your shower cleansing routine. This is one of the few available over the counter, and it works by using like-minded oil to lift grease and grime off the skin, while offering a mega-dose of hydration. Oils are best for normal to dry skin, but are generally not ideal for those who are acne-prone."

3. BEST SUDS

Dove Deep Moisture Body Wash (\$8.49)

"This product provides a deep, luxurious lather thanks to cocamidopropyl betaine (a coconut oil-derived ingredient). While not soap- or fragrance-free, it's best for delivering superb moisturization to normal skin after showering. For even more foam, use with a soft cloth or pouf."

4. WAKE-UP CALL

Neutrogena Body Clear Pink Grapefruit Body Wash (\$6.97)

"This body wash has a zingy scent and is well-suited for acne-prone or oily skin types. It contains 2% salicylic acid, a beta hydroxyl acid that is folliculotropic, meaning it penetrates down to hair follicles and the attached oil glands where acne tends to start. Allow lather to sit on skin for several minutes before rinsing to enhance the action of salicylic acid."

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➔ Search for the slideshow
How to Clean Dry Skin at
WebMD.com.

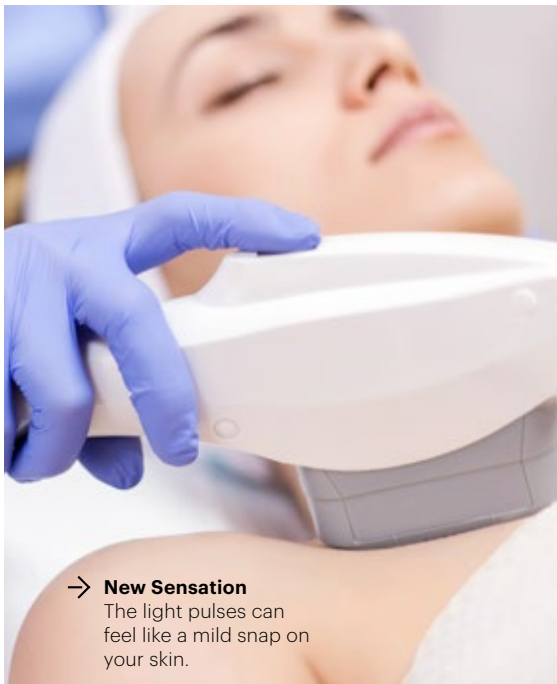


DHAVAL G. BHANUSALI, MD
DERMATOLOGIST,
NEW YORK CITY

BEAUTY Q&A

Bask in the Light

Wish you could fade sunspots, age spots, scars, redness, broken capillaries, or rosacea? Try intense pulsed light (IPL), a non-invasive treatment that was once used for hair removal but has evolved into a powerful, laser-free way to rejuvenate skin.



→ **New Sensation**
The light pulses can feel like a mild snap on your skin.

IF YOU'RE AN ACE AT EMBRACING YOUR FLAWS BUT have one skin imperfection that's tough to love, you may want to try intense pulsed light (IPL). This non-invasive procedure uses pulses of light to treat unwanted blemishes on your face, hands, neck, or chest.

IPL is a top choice among dermatologists. "I've used it for some of my celeb patients for red carpets, fashion week, and other events," says Dhaval G. Bhanusali, MD. "It's great for rejuvenation, melasma, sunspots, and prominent vascularity like flushing or broken capillaries." He answers some top questions about this effective technique.

Q What's it like?

A The doctor places a cool gel on your face and then begins treatment. You may feel a light "snap" that's generally pretty mild. You may have some redness during and after the procedure, but the discomfort is minimal.

Q When will I see results?

A Melasma and sunspots can become slightly darker after treatment and then begin to fade over 10 to 14 days. Broken capillaries or generalized redness can

appear grey immediately after the treatment and then begin fading over seven to 10 days.

Q Will I need more treatments?

A Plan on three to four treatments, about four to six weeks apart. While you may get benefits with just one treatment, multiple treatments significantly improve the long-term outcome.

Q How's the recovery?

A You may have mild redness, which can be improved with ice and topical steroids. The redness fades over the next 24 to 48 hours and appears like nothing more than mild sunburn. Generally our patients are back to normal within a day or two.

Q Any other benefits?

A You may also notice improved appearance of pores and better skin texture with diminished fine lines and wrinkles.

Q What about downsides?

A It can only be done on lighter skin types. We unfortunately often see complications from unqualified technicians treating darker skin types who aren't candidates for treatments. In these instances, patients can have burns or scarring.

BEAUTY SMARTS

Cold Sore Comfort

Whether you use the term cold sore, fever blister, or oral herpes, those painful—and embarrassing—outbreaks can feel as though they last an eternity. Our experts advise how to shorten and even avoid them.



IF YOU HAVE COLD SORES, ENDURING A FLARE-UP CAN BE PAINFUL— both physically and emotionally—and you may feel like you’re the only one. Yet more than half of Americans ages 14 to 49 have herpes simplex virus type 1, or HSV-1, the virus that causes cold sores.

What can you do? First, understand what you’re dealing with. HSV-1 is an incurable virus that can lay dormant in nerves after the initial exposure. Usually some stress “reactivates” the virus, causing it to replicate and triggering the immune system to react. The result: a lesion on the outside of the mouth. “Some people never have a flare; others may have [only] one, and some have repeated sores,” says Kate Holcomb, MD, a dermatologist in New Orleans and a clinical assistant professor of dermatology at Tulane University School of Medicine.

The reason so many people carry the virus is because it’s very easily spread, and those who have it often don’t know, says Robert Anolik, MD, a dermatologist in New York City and clinical assistant professor of dermatology at the New York University School of Medicine. “The theory is that the virus is obtained in early childhood, when family members, like parents or grandparents, kiss you.” Eating or drinking from the same cup, plate, or silverware after someone infected has done so or sharing a lip balm are also sources of infection. Plus, you can spread the virus even

with no visible sign or symptom of a cold sore. Even more frustrating, you could have the herpes virus and never develop a cold sore, but still spread it.

Just because you have a sore on or in your mouth doesn’t mean it’s herpes. “I sometimes have patients who think they have a cold sore virus, but they have aphthous ulcers,” Anolik says. Also called canker sores, these small, shallow ulcers develop inside the lip. They aren’t contagious but may coincide with a cold sore, causing the confusion.

WHAT CAUSES A FLARE

“Stress, whether physical or emotional, can weaken the immune system and give the virus an opportunity to replicate,” Anolik explains. Sunlight and cold temperatures as well as hormonal changes due to

Aisle Do

HERE’S SOMETHING TO SMILE ABOUT: DENTISTS SHARE THEIR FAVORITE OVER-THE-COUNTER PRODUCTS TO BRIGHTEN AND WHITEN YOUR PEARLY WHITES



PRODUCT PICK

CREST 3D White Professional Effects Whitestrips (\$54.99)

“If you want to bleach but don’t want to have a custom tray made and purchase bleaching gel from the dentist, studies show that these whitestrips are safe and amazingly effective.”

James M. Crouse, DDS
dentist, Salisbury, Maryland



PRODUCT PICK

CURAPROX Black Is White Charcoal Toothpaste (\$33.28)

“In addition to having a nice lime flavor, this paste contains activated carbon instead of abrasive ingredients to remove stains. It’s free of sodium lauryl sulfate (SLS), triclosan, and bleaching agents, too, so you can use it as regular toothpaste without any limitations.”

Gary Glassman, DDS
dentist, Toronto, Canada



PRODUCT PICK

LISTERINE Healthy White (\$6.99)

“This rinse is not only really good at killing bad breath-causing bacteria but it also spruces up and brightens the teeth when combined with regular brushing and flossing.”

Lee Gause, DDS
dentist, New York City



“The theory is that the virus is obtained in early childhood, when family members, like parents or grandparents, kiss you.”

menstruation or pregnancy can “wake up” the virus, Holcomb says.

Physical trauma or manipulation to the area is also a concern. “Visiting the dentist, having a facial, or getting injectables, peels, or a laser treatment could all potentially activate the virus,” Anolik says.

Disclosing your history with cold sores is crucial to avoid more serious complications—like spreading the virus to other areas of the face or to someone else, especially those you come into close contact with. “I see a number of athletes, especially wrestlers, who have outbreaks on their scalp, legs, and arms due to the close skin-to-skin contact,” Holcomb says. You are the most contagious the 24 to 72 hours after an open blister appears, but you can never know 100% if you aren’t contagious.

HOW TO PREVENT AND TREAT

The best line of defense is avoiding triggers, but this isn’t always possible. Holcomb says simply using lip balm on your lips might be one of the best tactics, especially when spending time in the sun or cold.

Some prescription antiviral medications can reduce the healing time, if you take them within the first 72 hours of a sore breaking out. “Prescription medications Zovirax (acyclovir), Valtrex (valaciclovir), and Famvir (famciclovir) and the over-the-counter topical cream Abreva have clinical evidence to show they shorten the course of an outbreak,” says Holcomb.

Research suggests that taking an antiviral medication at the first sign of a cold sore can prevent the virus’s replication. Anolik prescribes a 2-gram dose of Valtrex immediately and then another 2 grams 12 hours later.

In the meantime, avoid touching your face and keep your hands clean. “You could possibly spread the virus to other areas of the body if you use a makeup brush near your lip and then near your eye or nose,” Holcomb warns. And avoid acidic foods like citrus that could irritate the skin and worsen the lesion. While suffering from a cold sore will never be pleasant, taking time to treat your skin will ensure your smile returns much faster.

Continued on page 20

THE SCOOP

Fight the Fluff

TO AVOID FRIZZ WHEN HUMIDITY STRIKES, FOLLOW THESE STEPS FROM **KEISHA ALPHABET**, AN ATLANTA-BASED HAIRSTYLIST, AND KEEP HAIR POOF-PROOF



1.

PRETREAT

A pre-shampoo treatment (it will say it on the bottle) infused with nourishing botanical extracts helps repel the moisture in the air that causes the hair to swell. You could also use a little bit of a light natural oil like argan or coconut oil as a pre-shampoo treatment.

2.

USE A MOISTURIZING SHAMPOO

This is an equally important step because if your hair is already hydrated, it will have no room to pull in extra frizz-creating moisture from the air.

➔ Search for the slideshow **19 Best Hair Care Secrets** at WebMD.com.

3.

DRY RIGHT

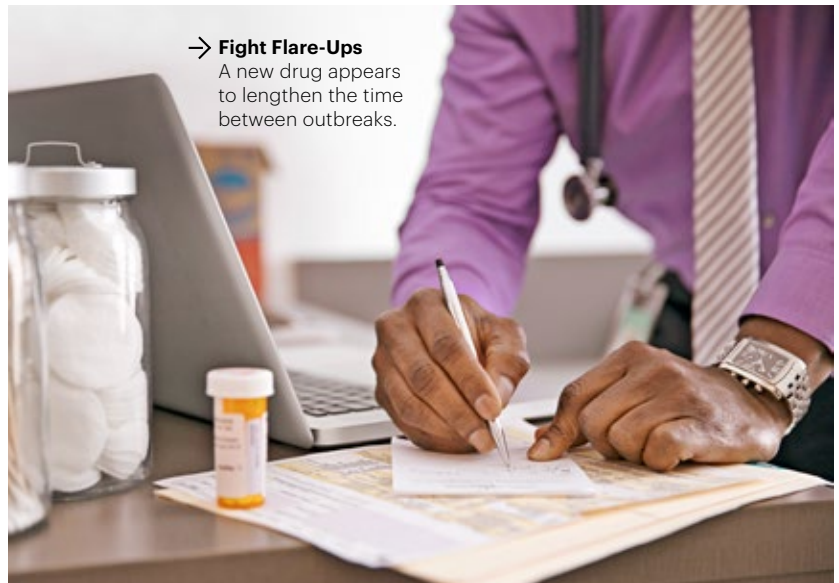
After washing and conditioning, rinse your hair with cool water, which causes the cuticle to constrict. To avoid summer frizz, never rub the towel over wet hair to dry it. Instead, wrap an absorbent micro-fiber towel around your head.

4.

SEAL THE DEAL

Follow the rinse with a leave-in conditioner to detangle and boost softness and shine. Seal the cuticle with a super-light shine serum or product specifically designed to combat frizz.

Continued from page 19



→ **Fight Flare-Ups**

A new drug appears to lengthen the time between outbreaks.

One-Dose Wonder

DERMATOLOGIST **KATE HOLCOMB, MD**, EXPLAINS THE BENEFITS OF A UNIQUE COLD SORE TREATMENT

One of the newest methods of treating cold sores not only tackles an existing flare but also may have long-term benefits. Sitavig is a prescription single-dose treatment of acyclovir (an antiviral medication usually taken as a pill) delivered as a small disc that you adhere to the gum, allowing your saliva to help transfer the medication to your lip. Since it's a topical application, the medication doesn't require digestion and can work more quickly.

Plus, the disc is so small patients are more likely to carry it with them so they

can administer it immediately. Clinical studies show Sitavig can prevent a sore from surfacing if you apply it within six hours of the stinging sensation that precedes a cold sore. After that, it has the same effectiveness as the pill forms of treatment.

But what may be most exciting is that a recent clinical trial showed that Sitavig extended the time between outbreaks by up to 10 months—something no other treatment has yet been able to offer.

Dirty Secret

"I DON'T WEAR SHOWER SHOES IN THE GYM SHOWER—HOW UNHEALTHY IS THAT?"

PICK A PAIR

"Going a single time without shower shoes won't kill you, but I wouldn't make it a habit. Wearing shower shoes in the gym locker room and shower, on pool decks, and whenever you're at a body of water—lake, beach, or river—is a smart habit. A basic flip-flop is insufficient protection."

WATCH OUT BELOW

"Organisms that cause athlete's foot, nail fungus, and even bacterial infections such as staph thrive in a warm, moist environment. Gym showers are the perfect hangout for them. Anyone with a break in the skin, diabetes, or neuropathy is at a high risk of infection and should never go barefoot."

GET SOME AIR

"If you didn't bring shower shoes, make sure to dry your feet completely after showering and apply powder to reduce moisture. Try to keep your feet exposed to the air, which will help prevent microorganisms from thriving. If you have an open wound, always avoid the shower and keep the wound covered."

—Jason S. Ahuero, MD, assistant professor of orthopedic surgery, Baylor College of Medicine, Houston

CHALLENGES

Bullying Backlash

Is your child being bullied at school or online? The repercussions can last a lifetime. Step in now to stop the cycle and steer your child to more positive interactions.

ONE IN FIVE KIDS IS THE VICTIM OF BULLYING, and the scars of this abuse are both physical and emotional. Kids who are bullied don't fare as well academically, and they're at higher risk for illnesses such as diabetes and heart disease as adults. The signs aren't always obvious, so parents need to pay attention. A drop in grades, sudden loss of interest in activities, withdrawal from friends, extra moodiness, and frequent requests for money can all warn that it's time to take action. Start by talking to your child—and his teachers. Teach nonviolent ways to deal with a bully—like walking away. Involve your child in activities outside school, where she can form new friendships. —STEPHANIE WATSON





PREGNANCY

Smoking Pot?

Despite marijuana's reputation as harmless, doctors warn that the habit may put developing babies at risk

AS MARIJUANA IS LEGALIZED IN A GROWING NUMBER OF STATES, A NEW study shows that the number of women using pot while pregnant has grown, too. Between 2002 and 2014, the number of pregnant women who said they used marijuana in the last month rose 62%, says Qiana Brown, PhD, MPH, LCSW, of New York University, co-author of a study that analyzed government statistics to estimate how many women use pot while expecting.

Physicians stress that they know little about the impact of pot in pregnancy. "We just really don't have the data that we need to be convinced that it's safe, and since we don't have that data, we encourage women to not use marijuana when they're trying to get pregnant or are pregnant," says Torri Metz, MD, an obstetrician who specializes in high-risk pregnancy at Denver Health Medical Center in Colorado.

Preliminary studies suggest that marijuana exposure may change the way a baby's brain develops in her mother's womb. "We know that marijuana

ASK YOUR DOCTOR

Q Which medicines can I use safely during pregnancy for nausea or anxiety?

Women often use pot to ease nausea or anxiety. But you may be wiser to switch to prescription medications that are safety-tested in pregnancy.

Q Do I need to give up marijuana before I get pregnant, and if so, how soon?

Ideally women should give up the habit before conceiving. The main

ingredient in pot, tetrahydrocannabinol (THC), is stored in body fat and present in urine for several weeks after use.

Q Can I use marijuana while nursing if I "pump and dump" the milk after I consume pot?

"We absolutely do not have the answer to that question," says OB/GYN Torri Metz, MD. Some researchers think that THC may linger in breast milk longer than it does in a mother's bloodstream.

Q How do I quit using pot?

If you're unable to quit on your own, ask your doctor to refer you to a mental health provider who can help.

crosses the placenta, and there is a lot of concern because pregnancy is a very critical period of brain development," Metz says. She notes that recent research shows that chronic pot use among teenagers permanently alters their brain structure.

Another concern: Moms who use pot may increase the chances that their baby is small at birth. In addition, researchers don't know if marijuana use is safe while breastfeeding. "We know that marijuana does cross into the breast milk, but we don't know how much," Metz says.

She adds that some of her patients believe marijuana is safe because it is a "natural" product. "But just because something's a natural substance and can be grown doesn't necessarily mean that it doesn't cause harm," Metz says.

KIDS' HEALTH

Back-to-School Basics

Success at school starts with good health. Whether your child needs shots, a sports physical, or an annual exam, checkups with your child's doctor and dentist belong on your late-summer to-do list.



WHEN THE STORES FILL WITH BACKPACKS, CLASSROOM SUPPLIES, AND lunchbox-portioned foods, you know back-to-school time is here. But preparing for a successful year involves more than shopping. Put health checkups on your to-do list to give your kids the best start possible.

"You want to make sure your child is really ready to learn," says Wendy Sue Swanson, MD, MBE, a pediatrician with Seattle Children's Hospital and author of the *Seattle Mama*

→ **Open Wide**

Schedule a semi-annual dental visit for July or August.

Doc blog. You should talk to your child's doctor about everything from fine motor skills and behavior to sleep habits and diet, she says.

Here are some entries for your back-to-school health checklist:

Vision screening: Up to 4% of preschoolers have amblyopia, or "lazy eye," a treatable vision problem caused when the brain and eye aren't in sync. Make sure your child gets tested for it between ages 1 and 5; earlier is better. He should also be screened for distance vision, visual clarity, and eye alignment. Schools conduct vision and hearing screenings in some states, but schedule an exam if you have concerns at any age.

Immunizations: Back-to-school is catch-up time for childhood shots. Kindergarteners (and other new students) must have the measles, mumps, and rubella (MMR) and polio vaccines. Most states also require diphtheria, tetanus, and acellular pertussis (DTaP); hepatitis B; and varicella vaccines.

Preteens (ages 11 or 12) are due for another round of recommended vaccines: tetanus, diphtheria, and acellular pertussis (Tdap); meningitis; and two doses of human papilloma virus (HPV) for boys and girls.

Sixteen-year-olds get another meningitis shot, and flu shots help keep kids of all ages well every year. For more on vaccinations for teenagers, go to page 28.

If your child has a chronic condition or needs medication at school, schedule a meeting with the school nurse.



Cholesterol check: Fourth or fifth grade seems awfully young to think about heart disease, but children should receive their first cholesterol screening now. By screening kids for high cholesterol between 9 and 11 and again between ages 17 and 21, pediatricians can help them get on track with healthy habits, says Swanson. “We want to intervene early in life,” she says.

Sports physical: Schedule your child’s sports physical about six weeks before the start of school, so you can follow up on any issues. The exam may include a check for scoliosis (curvature of the spine) and heart murmurs, as well as questions about pain or stiffness, prior injuries, episodes of dizziness, heart palpitations, or breathing problems.

Don’t be surprised if the pediatrician suggests which sports your child should play—or not play. Pediatricians now advise against an early intense focus on a single sport. “It leads to burnout and overuse injuries, and it doesn’t make them more likely to be a pro athlete,” says Swanson.

Dental checkup: If your child is irritable or distracted, could it be tooth pain? Don’t assume all is well if your kids don’t complain. “We have kids who are very

stoic,” says Cleveland dentist Matthew Messina, DDS. Head off problems with a semi-annual dental visit during the summer. Beyond cavities, dentists check for tooth development and alignment and fit young athletes with comfortable mouth guards. Dentists also can see signs of other health problems, such as eating disorders or gastrointestinal conditions.

Adolescent exam: Health checkups take on new importance for preteens and teens. They may tell their doctor about bullying or risky behaviors that they wouldn’t tell you. Pediatricians screen for depression and ask about drug and alcohol use. They also test for HIV infection in 16 to 18 year olds. About one-fourth of new HIV infections occur in young people 13 to 24 years old, and most of them don’t know they’re infected.

School nurse visit: Update your contact information yearly, and if your child has a chronic condition or needs medication at school, schedule a meeting with the school nurse. School nurses also help children handle stress and other mental health issues, says Beth Matthey, MSN, RN, NCSN, president of the National Association of School Nurses. “School nurses are the link between health and education,” she says.

ASK YOUR DOCTOR

Q How can my child stay well at school when other kids are sick?

Stop the spread of germs with hand sanitizer and teach your child to wash hands frequently. Children often catch colds when they touch their face with contaminated hands.

Q What is the best bedtime for my child?

Bedtime by 8 p.m. helps school-age children get the nine to 11 hours of sleep they need.

Q What should I do if my child has a serious allergy?

Create an action plan with your child’s teachers and the school nurse, including who will keep emergency medicine on hand.

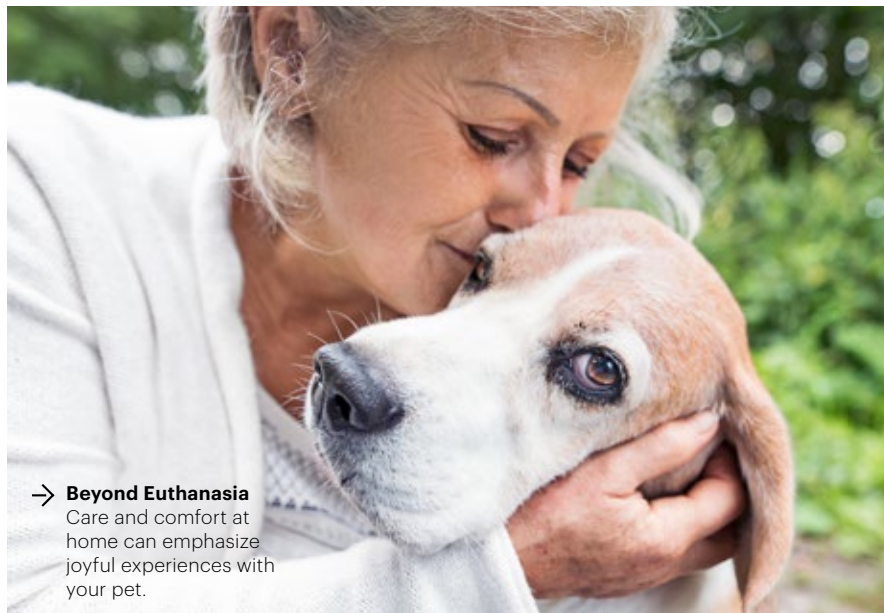
Q How should I check my child for lice?

Lice are the size of sesame seeds, and their white eggs attach to hairs. Look at the hair near the scalp behind the ears or the neck.

PETS

A Better Goodbye

Just like people, pets nearing the end of their lives can benefit from hospice care. Now pet owners have more options.



→ **Beyond Euthanasia**
Care and comfort at home can emphasize joyful experiences with your pet.

NO PET OWNER WANTS TO HEAR THE WORDS “There is nothing we can do” when their four-legged companion is diagnosed with a terminal illness.

But thanks to the growing field of pet hospice, more veterinarians offer options beyond euthanasia for pets with illnesses that can’t be cured.

“Like human hospice, it shifts the mindset to ‘Let’s do what we can to keep an animal comfortable and maintain its quality of life for the time it has remaining,’” explains Jessica Pierce, PhD, affiliate professor at the University of Colorado. She is also president of the International Association for Animal Hospice and Palliative Care.

Instead of frequent trips to the vet for tests and treatments, owners focus on at-home pain and symptom management, alternative therapies such as acupuncture, and accommodations like ramps to make life easier and more comfortable for pets.

Hospice also emphasizes joyful experiences with your pet, such as sharing the once-forbidden ice cream cones and

table scraps or making the trip to his favorite beach for one last walk in the sand.

The details of pet hospice might seem like good veterinary care, but the philosophy represents a new way of treating terminally ill pets, says Pierce.

For starters, hospice makes pet owners part of the care team. Your vet will teach you to recognize signs of pain and may train you to give medications, including injections.

Vets who provide hospice care often offer extended appointments and are on-call outside office hours for consultations and emergency care. Hospice veterinarians also help families deal with the emotional toll of losing a pet. And when the time comes, hospice vets often make house calls for euthanasia so your pet can pass comfortably at home, surrounded by family.

The “considerable commitment” is one of the reasons not all vets offer hospice care, Pierce notes. But while making end-of-life decisions for a pet is never easy, she believes hospice is a good choice. “You can always make your pet more comfortable until their time here comes to an end,” she says.

GETTY IMAGES

PARENTING

Good Sports

With the school year about to start, how can you help your kids score athletically? A fitness expert highlights the right goals to pursue.



→ **Well-Rounded Players**
Playing multiple sports helps young athletes prevent injuries.

IS YOUR KID A NATURAL ATHLETE, A LONER BOOKWORM, OR A SOCIAL butterfly? According to Teri McCambridge, MD, who specializes in pediatric sports medicine in Towson, Maryland, organized sports are varied enough to offer the right fit for most children. However, before choosing the type of sport to pursue, consider your kid's age, size, interest, fitness level, temperament, and risk of injury.

Q. What's the first thing you tell parents?

We often tailor kids to what we like. It's better to let them try a wide variety of sports. Remember, kids change: Maybe they're big and tall in first grade, then stop growing in sixth. Many physical skills don't develop until ages 9 or 10. I've had parents ask me: "My kid used to be the fastest; what's wrong?" The answer is the other kids simply caught up. You can, however, consider family genetic makeup: If everyone is tall, maybe gymnastics isn't great. Petite kids might do sports where size doesn't have a huge impact, like martial arts.

Q. Why is playing multiple sports so important?

From a medical perspective it's because different sports stress different growth plates. You encourage more thorough muscle development by playing multiple sports and are less likely to see chronic injuries. If growth centers are stressed repeatedly—as young gymnasts do their wrists, or young marathoners do their toes—injury can occur. But if you're a soccer player who goes into basketball and then baseball, in soccer you're stressing the foot and heel;



“Kids require 60 minutes of exercise each day, and many aren’t getting that anymore.”

—TERI McCAMBRIDGE, MD, PEDIATRICIAN SPECIALIZING IN SPORTS MEDICINE IN TOWSON, MARYLAND

in basketball, the ankle; and baseball, the shoulder and elbow—then you rest for six months. What we’re seeing more of in soccer is that kids are playing year-round with heels getting stress fractures.

The highest injury risk is doing the same sport, multiple teams, same season, and using the same muscles, no rest, and no days off. This can backfire, too: Coaches at high levels often look for kids who play multiple sports because kids who only play one sport come in hurt more often.

Q. Which sport is the most dangerous?

Football gets a bad rap. Girls’ soccer has the highest concussion rate, and girls have longer post-concussed symptoms than boys. But you can get badly hurt in any sport. High-contact collision sports are more likely to result in catastrophic injury and surgery, but I’ve seen soccer

players with open fractures and knee dislocations. This is where parents can help. If you take a kid who’s really skinny and put him in football, injury risk is much higher, especially in high school.

Q. With reduced P.E. classes, is it more important than ever for kids to participate in after-school sports?

Kids require 60 minutes of exercise each day, and many aren’t getting that anymore. Although some sports can give a false impression; sometimes in soccer kids might stand around for the better part of an hour, and not get as much fitness as we think they do.

Q. What are the best sports for kids who battle weight issues?

You want kids to feel successful. If you have a heavy child and you’re thinking, “I should send him out for track,” he’s going to be slower and maybe hurt his joints.

Try swimming, which is non-impact. Or start on low-impact and as they lose weight and grow confident, switch over to a more high-impact sport. Obese kids who do strength training show a lot of improvement in health and mood, and they’re often successful because their weight allows them to lift more.

Q. When should a parent allow a kid to quit?

Try to go for the full season. Sometimes a kid’s enjoyment is tempered by a specific coach. Say: “Let’s try again with another program.” There are different tiers, philosophies, and levels, which may give your child a better experience.

5 Tips

PEDIATRIC SPORTS MEDICINE EXPERT
TERI McCAMBRIDGE, MD, GIVES THE RULES OF THE GAME

DIVERSIFY, DIVERSIFY, DIVERSIFY!

Playing multiple sports prevents injuries, promotes balanced muscle development, and creates a better athlete—a long-term strategy for health and success.

DON’T IGNORE THE OBVIOUS

If your kid is tiny, steer clear of high-contact sports. If a kid’s temperament is decidedly introverted, try tennis or golf over team activities like hockey or soccer.

ALLOW FOR EVOLUTION

Athletic aptitude develops over time. “Let your child grow into a sport. The kids who excel early are not always the best players later on,” says McCambridge.

LAY OFF

Sure, you want to raise a winner. But “children get burnout, too,” says McCambridge. “If pressured they often quit before high school—when they can actually garner scholarships.”

HAVE A BACKUP PLAN

“Try to encourage other interests in their life,” says McCambridge, “so if they get hurt they don’t lose everything that defines them.”

→ Search for the slideshow [Top 10 Vaccine-Preventable Diseases](#) at [WebMD.com](#).

TEEN HEALTH

Don't Skip the Shots

Here's why you should be as vigilant about vaccines when your kids are in middle school as when they're babies



→ **Safe and Effective**
The HPV vaccine protects against cervical cancer.

- The first in a two-shot series of the HPV vaccine (they should receive the second at least six months later)
- A vaccine for meningococcal disease
- The last in the series of Tdap (tetanus, diphtheria, pertussis) vaccines
- An annual flu shot

Tdap and meningococcal vaccine rates are both above the national target of 80%. But only 42% of girls and 28% of boys ages 13 to 17 are fully vaccinated against HPV, and less than 47% of kids in this age group received the flu shot in 2015.

Parents should understand the importance of the HPV vaccine, in particular, says Amy Middleman, MD, chief of adolescent medicine at the University of Oklahoma Health Sciences Center. "It's a safe and effective vaccine that protects against cancer—something we've been trying to do for years. It's also one of the most studied vaccines ever to come to market. Some 60 million doses have been distributed in the United States as of 2014, with no significant adverse events."

Some parents may shy away from vaccinating their 11 year old for a sexually transmitted virus. But giving the vaccine now makes sense, Middleman says: "The immune response to the vaccine is stronger at a younger age. Two doses of the vaccine given between ages 9 and 14 offer as much or more protection against HPV as three doses between ages 16 and 26."

Also, it's also important to protect young people against HPV before any sexual contact. "HPV can be transmitted during sexual experimentation, not just through intercourse," Middleman says. "Wouldn't you want to give your child protection against cancer?"

TEENS ARE MUCH LESS LIKELY THAN YOUNGER CHILDREN TO RECEIVE ALL their vaccinations on schedule, according to a new report from the American Academy of Pediatrics (AAP). Less than half of adolescents and teens receive annual flu vaccines or have been fully vaccinated for the human papillomavirus (HPV), the virus that causes cervical cancer.

"We often find that teenagers don't visit their doctors as regularly as they did when they were younger, and they may be late or even miss important immunizations," says Joseph Bocchini Jr., MD, professor and chair of pediatrics at Louisiana State University Health Sciences Center in Shreveport and lead author of the AAP report.

Most middle schoolers should receive the following vaccines at their 11- or 12-year-old checkup (unless they are immune-compromised or catching up on missed vaccines):

BY THE NUMBERS

79 million

Number of U.S. men and women currently infected with HPV.

14 million

Number of Americans newly infected with HPV each year.

97%

Effectiveness rate of HPV vaccine in preventing cervical cancer and other HPV-related health problems.

WebMD[®] campuslife

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avoid
first-year fails

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social skills 101

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take care:
college survival
basics

FULL BLOOM

Actor and
comedy writer

**RACHEL
BLOOM**

speaks
out about
anxiety and
depression—
and how she
got help



jump start

What you need to know now



take 10

(to make the perfect pasta)

Boiling pasta triggers a chemical reaction between its two ingredients: starch and protein. Protein holds starch particles together. As they absorb water, they become gummy and also make the cooking water cloudy. Stirring, not oil, keeps the noodles from sticking together. So skip the oil but add a little salt for flavor. Before you drain the pasta, add a spoonful of pasta water to your sauce, which will help it cling to the noodles. And never rinse the pasta—you'll rinse away the starch. —*American Chemical Society*

84%

OF COLLEGE STUDENTS DESCRIBE THEIR HEALTH AS GOOD, VERY GOOD, OR EXCELLENT. **TOP THREE THINGS THEY GOT TREATED FOR LAST YEAR? ALLERGIES, BACK PAIN, AND SINUS INFECTIONS.**

—*American College Health Association*

1 Zzzs and \$\$\$s

Think a good night's sleep is a luxury you can't afford? Consider this: It could make you feel like a million bucks. Well, quarter of a million. Researchers tracked 30,594 people ages 16 and up for five years. They regularly rated their happiness, their sleep duration and quality, and their use of sleep medications. Those whose sleep improved during the study—that is, more sleep, better quality, and fewer meds—also made gains in happiness equal to someone who'd won \$250,000 in the lottery.

—*Sleep*

2 Beware the Boost

When you're muscling through an endless lecture, an energy drink can give you just the boost you need. But when shaken or stirred into a cocktail, that boost can be dangerous. Energy drinks can mask the effects of alcohol and put you at greater risk for accidents and injuries, a new study says. Put simply, you might not realize just how tipsy you are. If you're of legal age to drink, maybe save the energy shots for study sessions only.

—*Journal of Studies on Alcohol and Drugs*

3 Pre-Meditation

Do you cram right up to the minute before the test? Those final moments might be better spent meditating. About 45 medical students learned a yoga-based meditation practice called mind sound resonance technique. Then each student took a test of their thinking skills before and after meditating and again before and after relaxing on their backs. When students meditated prior to the test, they got significantly higher marks than when they simply relaxed.

—*Journal of Religion and Health*

#trending now

Have you tried high-intensity interval training [HIIT]? The short bursts of high-intensity exercise, followed by quick rests, can help you increase your aerobic capacity while gaining muscle and losing fat—all in less than 30 minutes a day. Before you start, make sure you're healthy and strong enough. Trainers say HIIT might bring greater risk of injury. It might also cause burnout—trainers say some people like HIIT for a few months then move on.

—*American College of Sports Medicine Health & Fitness Journal*



the

Actor and comedy writer **RACHEL BLOOM** speaks out about her life with anxiety and depression—and how getting help made all the difference

By Kara Mayer Robinson

weathering

storm

Reviewed by Brunilda Nazario, MD
WebMD Lead Medical Director





Super-talented actor-singer-dancer-comedy writer Rachel Bloom is having a moment. Her television series, *Crazy Ex-Girlfriend*, which she co-created and stars in, is crushing it with viewers and critics. The series premiered in 2015 and is revving up for its third season on the CW. Last year, Bloom scored two prestigious best-actress awards: a Golden Globe and a Critics' Choice.

Bloom's personal life is equally peachy: She recently married longtime beau and fellow television scribe Dan Gregor, who also writes for *Crazy Ex-Girlfriend*. They live in Los Angeles with their newly adopted terrier, Wiley.

But life hasn't always been roses for Bloom. Growing up in Southern California, this emotional, analytical woman—more East Coast than West, in her opinion—felt at odds with her peers and her sunny surroundings.

"I had always been made fun of in elementary school, but middle school got really bad. Suddenly you're around all these blonde kids who surf, and you're the weird kid who likes musical theater and correcting people's grammar," says Bloom, now 30.

THE SPIRAL

When she hit puberty, Bloom developed symptoms of anxiety, which she describes as continuous, looping thoughts and worry that wouldn't relent.

"Mental illness runs in my family," Bloom says. "Related to that, or not related to that, I was a very emotional kid. I was so in my head. I was cutting my own hair. I was dressing really weirdly. I was just so depressed and anxious."

High school was a smidge better, she says, but the emotional fallout of puberty remained.

Fast-forward to college: Bloom enters New York University's Tisch School of the Arts (East Coast!) as a theater major and life looked promising. She discovered comedy writing and joined the sketch comedy group Hammerkatz. After a bumpy dating history—in high school she was "desperately in love" with a guy who rejected her—she suddenly started attracting attention from men.

Then, sophomore year, things took a nose dive.

"I basically got in the middle of a love triangle with a couple of older guys in the group," she says. There were flirtations, dates, breakups. Disaster ensued: Both guys broke it off with Bloom, then ousted her from her post as group director.

Her world spun on its head. Entrenched in a negative sleep pattern, she stayed up late, slept during the day, and walked around in a haze. Distracting herself by spending endless hours online added fuel to the fire.

Soon Bloom spiraled into depression, which she remembers as feeling like someone died. She didn't sleep, lost her appetite, and was consumed by thoughts of her exes.

Sophomore and junior years were rough. But senior year, she saw a therapist, who gave her strategies to cope with her feelings. Around the same time, other pieces of her life fell into place. She became co-director of the comedy group and forged a healthy relationship with her now-husband, Gregor. In 2009, she graduated with a BFA in theater.

THE BIG SHIFT

Although things improved, looking back now, Bloom thinks she didn't really address the root cause of her struggles in college—anxiety.

"I relied on external things to determine if I was happy. I let infatuation and the rejection and approval of men dictate my well-being," she says, aware now it was a way to avoid introspection. "When I did look inside myself, it was just anxious, moving thoughts."

But the anxiety didn't go away, so the cycle continued—until a few years ago. It was the night before Bloom and her co-creator, Aline Brosh McKenna, pitched *Crazy Ex-Girlfriend* to network executives. Naturally, she was nervous. She couldn't sleep, which worried her even more. "I was like, 'I should get to sleep. What happens if I don't sleep? Everything's going to be ruined!'" she remembers.

Bloom was consumed by anxious, looping thoughts. It was college all over again. "The stuff I hadn't dealt with had come to the surface," she says. "That's when I finally did the work to deal with it."

Bloom found a good psychiatrist and dug deep to uncover why she was unhappy, and she learned to manage anxiety by being present in the moment. "I also got into meditation. It ended up kind of being my saving grace," she says.

Rachel's College Life Tips

GET SLEEP ◀

"Have the self-discipline to get home, finish your homework, and get to sleep at a normal hour. If you're exhausted, you won't be able to focus."

MEDITATE ◀

"Meditation is really great. It shows you how to be present in the moment. It's living with yourself and living with your body."

EAT WELL ◀

"I try to keep a healthy diet. For me, it's just making sure I'm eating OK and I'm not eating, like, a cookie for breakfast."

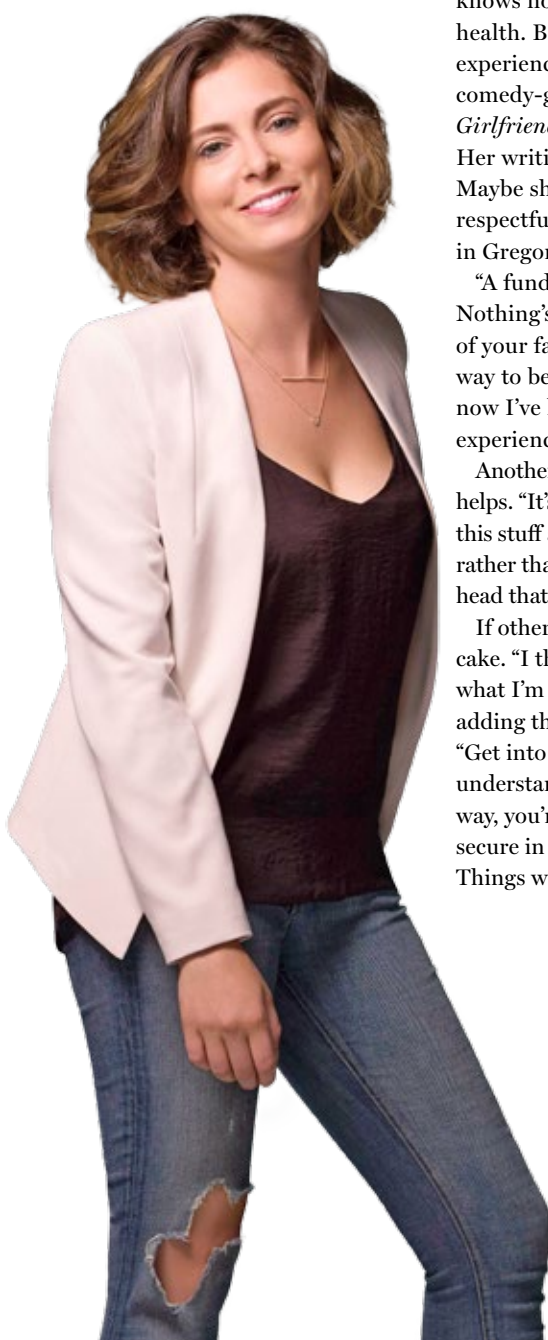
SEE SOMEONE ◀

"If you want to get to a place where you're like, 'I can be happy with who I am,' there are a lot of ways to do that. College campuses have counselors and advisers."

VOLUNTEER— OR GET A PET ◀

"Do something outside yourself. Care about something that has nothing to do with you. Having this dog has kind of changed my life. It brought out a nurturing, caring side."

**“ It’s therapeutic
for me to talk
about this stuff
and turn it into
objective facts,
rather than
something that’s
inside my head
that I’m shameful
about.”**



Now she feels like a different person. She sees her psychiatrist regularly, takes a low dose of Prozac, meditates daily, and prioritizes sleep. It's not the end of her struggles, but it's different now—better—because she has tools to manage them.

OLDER AND WISER

When you talk to Bloom it's clear her TV alter ego, Rebecca Bunch, who ditches a plum New York City law firm gig to move clear across the country and pursue an old boyfriend, is a reflection of her.

"It's a show about a girl who is fundamentally mentally ill and looks for external forces to distract her from that," she says. "That's me in college."

Bloom wishes she knew then what she knows now about managing her mental health. But she wouldn't sweep her experiences under the rug. If not for the comedy-guys drama in college, *Crazy Ex-Girlfriend* probably wouldn't be a thing. Her writing style wouldn't be what it is. Maybe she wouldn't have embraced the respectful, supportive partner she found in Gregor.

"A fundamental way I live my life is: Nothing's meant to be. You are in control of your fate," Bloom says. "But there's a way to be like, 'I used to be this way. But now I've learned—and I can use these experiences for the better.'"

Another lesson learned: Talking openly helps. "It's therapeutic for me to talk about this stuff and turn it into objective facts, rather than something that's inside my head that I'm shameful about," she says.

If others benefit, too, that's icing on the cake. "I think a lot of people go through what I'm talking about," Bloom says, adding that she's happy to offer advice: "Get into therapy. Do the hard work to understand what makes you tick. That way, you're going into an experience more secure in yourself, in your inner life. Things won't be as volatile."

➔ Search for the guide **Panic Attack Symptoms** at [WebMD.com](https://www.webmd.com).



Be aware and take action

Sexual harassment can happen anywhere, and that includes your college or university campus. In fact, two thirds of college students say they have been harassed. For many of them, that experience soured their life at college. They had a tougher time with their schoolwork and their social lives.

How do you know when you've been harassed? Whenever someone repeatedly directs unwanted or unwelcome comments or other gestures of a sexual nature toward you, that's harassment, whether it's a fellow student or faculty member. Leers, vulgar behavior, cat calls, whistling, grabbing—all are examples of harassment.

What can you do? First, says Garnett, check your school's website to find out who to contact and how. While schools handle harassment complaints differently, the federal government requires each to have procedures set up to address such complaints. At UCLA, for example, the dean of students handles complaints about faculty. The university also has an anonymous reporting system in place. Your campus should have similar resources.

Cheat Sheet

Learn to navigate tricky college situations

By Matt McMillen

Reviewed by Brunilda Nazario, MD, WebMD Lead Medical Director

College won't only challenge you in the classroom. Learn to take care of yourself and make smart decisions from the moment you arrive on campus.

alcohol

First, don't assume you have to drink in order to fit in, says Tiffani Garnett, MPH, associate director of student health education and promotion at the UCLA Arthur Ashe Student Health and Wellness Center. "That's a common misperception—that everyone on campus is drinking and partying."

If you are of legal age and do choose to drink, be smart about it:

- ▶ Go out in a group that has a designated driver. Stick together.
- ▶ Know that different people have different limits. If you're on the small side, you can't handle as much as your linebacker friend.
- ▶ Eat before you go out; alcohol hits harder when your stomach's empty.
- ▶ Drink plenty of water throughout the evening to avoid dehydration and temper any

hangover symptoms.

- ▶ Know your school's alcohol policies or risk the consequences of violating them.
- ▶ Don't accept drinks from strangers. And, if you're not at a bar, pour your own and don't leave them unattended—or even uncovered. Someone can easily spike them with a date-rape drug like rohypnol (aka roofie).

prescription drugs

Think you need a stimulant like Adderall to focus your mind on your studies or a Xanax to mellow out? Think again. It's illegal to take drugs prescribed to someone else, and prescription drugs often have side effects that can harm you. Stimulants, for example, boost your blood pressure and heart rate. At high doses, that could cause a stroke.

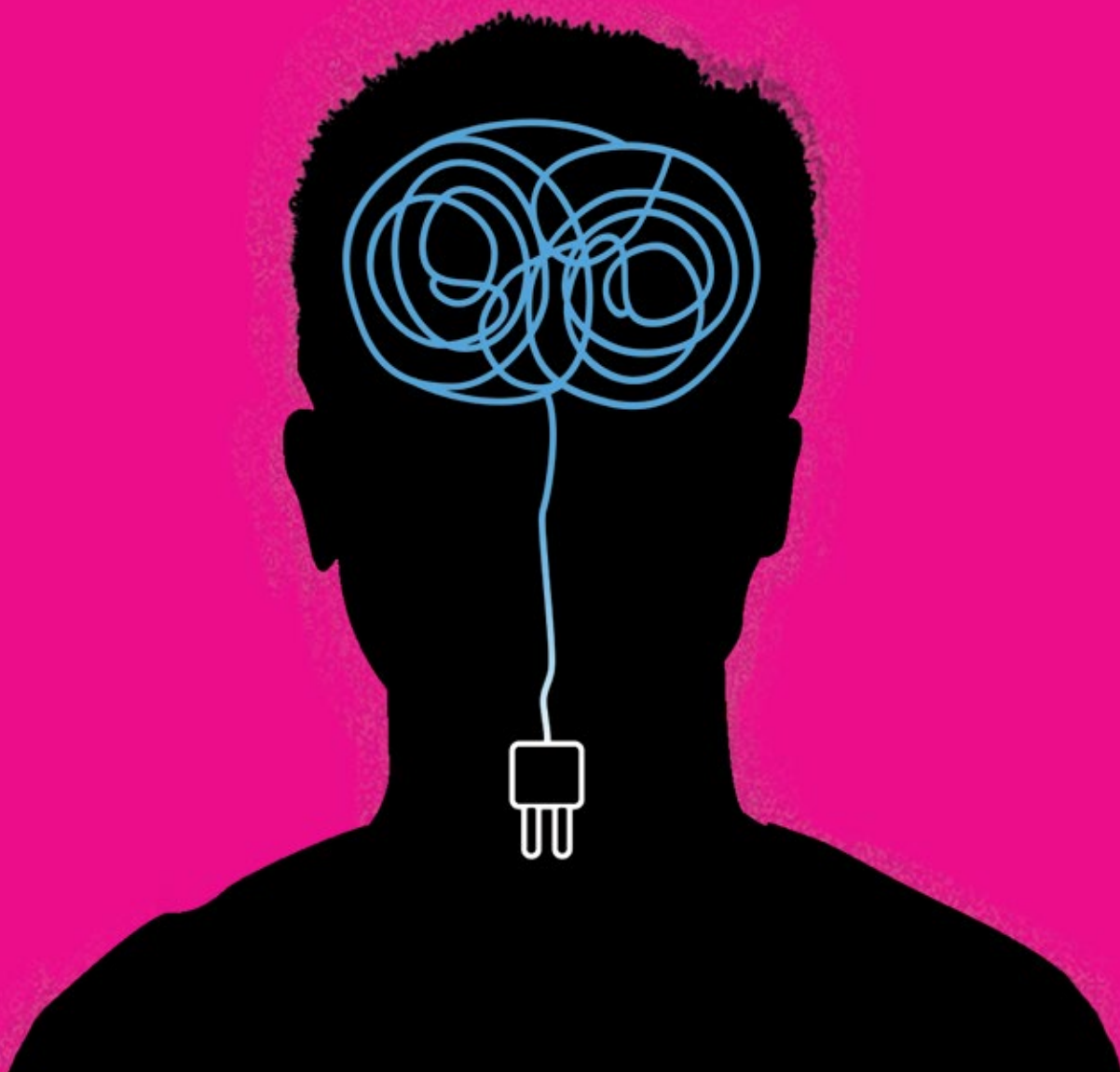
And, says Garnett, if you don't get them from a pharmacy yourself, you don't know where they came from—or what they are. "You never know what you're receiving from your peers."

Explore better ways to meet the rigors of college life and to cope with the stress that often comes with it. Good sleep, a healthy diet, a schedule that doesn't overwhelm—all these can help. Check in with your campus health center if you find yourself tempted to self-prescribe. (And check out the story on p. 14 for tips on staying healthy.)

safer sex

"We call it safer sex, because sex can never be 100% safe," says Garnett. So when you partner up with someone, be prepared. Otherwise, you risk potentially hard-to-treat sexually transmitted diseases, like gonorrhea and HIV. Here's the drill for you and your partner:

- ▶ Have condoms on hand and use them.
- ▶ Learn to use male and female (that is, external and internal) condoms. Both help protect against STDs and pregnancy when used properly. Don't use both at the same time.
- ▶ Avoid condoms labeled lamb-skin or sheepskin. They don't provide adequate STD protection.
- ▶ Be cautious with latex condoms, which can trigger skin allergies.
- ▶ Use water-based lubrication with condoms. Other types of lubes will weaken your condom's protection.
- ▶ Be sure of your partner's consent every step of the way.



Avoid First-Year Fails

Beat the freshman blues and make the most of your first year with these expert tips

By Lisa Marshall

Reviewed by Patricia A. Farrell, PhD, WebMD Medical Reviewer

With all those standardized tests and application essays finally behind you, you probably envisioned an idyllic first year on campus: Frisbee games on the quad, weekend parties with new friends, and classes far less boring than the ones in high school. After all, that's what the brochures said, right?

Sure. College can deliver on much of that promise. But like any big life transition, it can also be emotionally tough.

Three-quarters of first-year students feel homesick, 64% at least occasionally feel depressed, and a whopping 95% feel

overwhelmed with all they have to do, according to a 2016 survey of 19,000 first-year students by UCLA researchers. During the past five years, students' use of college counseling centers has skyrocketed by 30%, studies show, driven in part by a spike in the number of students seeking help for anxiety—now the top complaint—and depression, a close second.

"People put a lot of pressure on themselves that college has got to be the best years of their life," says Gregory Eells, PhD, director of counseling and psychological services at Cornell University. "It can be a wonderful time. But I also see a lot of students who feel really alone and isolated and are disappointed by the gap between expectation and reality."

Ben Locke, executive director of the Center for Collegiate Mental Health at Penn State, believes a more competitive environment at a younger age (via club sports, more advanced placement classes, and so on) may be driving anxiety among students

60%
Percentage of students
on college campuses
who felt overwhelming
anxiety in the
past year

who arrive on campus feeling pressure to maintain the academic, athletic, or social status they had in high school.

Technology also plays a role, he says. Texting can tether new students to friends and family back home, distracting them from new relationships and exacerbating homesickness. Meanwhile, social media can foster a feeling that their college experience is subpar. "People put on social media an ideal version of the life they want the world to see, and these students end up comparing themselves to that unrealistic slice of life," says Locke.

In reality, the first year of college is, by nature, uncomfortable for almost all students, says advice columnist Harlan Cohen, author of *The Naked Roommate: And 107 Other Issues You Might Run into in College*. "When you come from a community where you have had the same friends and been in the same environment for years and suddenly you have to start all over—that can be hard on anyone."

To prevent a rough start or turn it around if you're already having one, heed this advice:

get centered

► **FIND YOUR PLACES** Either before you go or when you arrive, identify three places—campus clubs, spiritual groups, athletics organizations—where you can do things you enjoy and connect with like-minded people. Don't rely exclusively on one source (like a fraternity, sorority, or sports team).

"If you don't find the connection or the people don't reflect your values there, you will end up either hating everyone or becoming them," Cohen says, noting that while college can be a time to reinvent yourself, it's important not to sacrifice your values to be someone you think people will like.

► **FIND YOUR PEOPLE** Identify five people who can help you if you get stressed or blue. These could be student ambassadors, residence hall advisors, teachers, spiritual leaders, or trusted friends. If you had mental health concerns before leaving for school, line up a counselor before you go.

► **BE PATIENT** It could take a few semesters for you to get past the initial discomfort.

unplug

► **TURN OFF OR TONE DOWN TEXTING**

Schedule an occasional time in the evening to connect with parents and friends from home, preferably by phone, rather than staying connected via text throughout the day.

► **LIVE REAL LIFE** Use social media to stay updated on happenings with clubs at school or to initiate connections with new people (the president of an organization, a coach, a teammate). After that, try to connect in person when possible. Facebook should not be a substitute for real-life relationships.

► **LOOK UP** Keep random perusing of status updates to a minimum. "College life should not mean living with your head buried in your cell phone," says Cohen.

71.4%
Percentage of
first-year students
who feel homesick

exercise people skills

► **MAKE ROOMIE RULES** Make a rule with your new roommate that if you're uncomfortable with something you will share it with each other within 48 hours or not share it at all (and no badmouthing your roommate to others on the floor), says Cohen.

► **BE REALISTIC** Your roommate does not need to be your best friend. "Roommates are people who share space. Friendship is a bonus," says Cohen. If your irreconcilable differences affect your health or schoolwork, consult your residence hall advisor to find a workable solution.

► **LEAVE YOUR DOOR OPEN** This invites neighbors to pop in to say "Hi," ask for help with homework, or invite you to join them for dinner, says Cohen.

48.9%
Percentage of
first-year students
who have difficulty
with roommates

► **TAKE RISKS** Most people come to college without their hometown friends and they, like you, are shopping for new friends. Don't be afraid to approach someone sitting alone in the food court and start up a conversation. Volunteering, joining a club, and getting a job are also great ways to meet new people.

soothe yourself

► **TAKE THE LONG VIEW** If you feel anxious all the time, shift your mindset from one in which you feel like you must succeed in the short run to one in which you recognize the life lessons you're learning for the long run. Getting a B or C—or even a D—today is not going to ruin your life, stresses Eells: "There is this sense of immediate gratification among a lot of students—that you have to get it right away or it will be a catastrophe. Realize that setbacks are a part of growth."

► **STOP AND FOCUS** Breathe deep 10 times and try not to think about anything but your breathing. If your mind wanders, start over and try again. "It centers you in the moment, quiets your mind, and has a measurable impact on your body," says Locke.

► **DO WHAT YOU LOVE** Feeling depressed? Even though you may not have the energy, make an effort to do the things you know make you feel better, whether that's playing an instrument, running, or a spiritual practice, says Locke.

► **KNOW WHEN TO SEEK HELP** If after three weeks, your blues or anxiety don't let up, make an appointment with the campus counseling center.

NAME: HAYLEY WALLITT
HOMETOWN: LAWRENCEVILLE, NJ
UNIVERSITY: MONTCLAIR STATE

Finding My Place

How I learned to fit in, make lifelong friends, and enjoy college

I grew up in Lawrenceville, New Jersey, and wanted a college experience away from home but still in the area. I decided to go to Montclair State, not too far from my hometown.

During the summer, I chatted with a girl I met on the college's Facebook page, and we met up and were placed together as room-

mates. I was really excited. But soon after my parents dropped me off, I realized that it didn't matter if I was an hour and a half or 12 hours away, I was living on my own now and had to make good choices.

Things turned out differently than I expected. My roommate would go out every night, even during the week, and invite

people over at all times without respecting my wishes. She'd never invite me out and barely talked to me. I felt very uncomfortable.

I'd just go to class and go back to our room. At the dining hall, I'd often eat by myself because I didn't have any friends I could text to meet up with.

I was so lonely I'd often cry myself to sleep. I went home every weekend and didn't feel like going back. But my mom, who'd gone Greek in college, said, "You should give Montclair another try, maybe go out for a sorority."

I knew I had to do something to see if I could find my home at college. It took a lot of guts, but I put myself out there and went to all the sorority events. It was very awkward at first. I didn't know anyone and was talking to strangers. But I ended up getting a bid, finding my roommate (who also joined the sorority) for the following year, and making friends with people like me.

I could talk to my sorority sisters about everything, go to a party, or just watch a movie. We didn't have to go out and party all the time. I also learned how to budget my time, which is really important for transitioning

to college successfully. We did a lot of community service work, like making sandwiches for the homeless or raising money for kids at the hospital, and, in order to participate, I had to get my schoolwork done on time.

Today I'm a senior getting ready to graduate, find a job, and transition to adulthood. I'm so glad I decided to give my college another try. I wouldn't have made lifelong friends, or had those amazing experiences.

hayley's dos and don'ts

- ▶ Don't stay in your room. If there's a volunteer opportunity or event on campus, go and try to meet people.
- ▶ Do get out of your comfort zone. Know that everyone is in your situation, so try not to doubt yourself; put yourself out there.
- ▶ Do consider going out for a sorority or fraternity. There's a lot of misleading stereotypes about Greek life that aren't true. I've made awesome friends.
- ▶ Don't give up. Get help from your family or a counselor. You might regret it and miss your school a lot if you don't keep trying.

Just a few simple healthy habits can help you take on the challenges of college life

By Matt McMillen
Reviewed by Brunilda Nazario, MD
WebMD Lead Medical Director

In college, take care of your health first. The rest will follow.

Healthy habits, like a good night's sleep and eating well, support both your brain and your body, says Jennifer Edman, MD, MPH, a physician at Reed College's Health and Counseling Services in Portland, Oregon. And those habits will play an essential role during your school years and beyond. "The habits you learn in college will help you throughout your life," she says.

sleep

Students often sacrifice sleep to other things on their schedules, like studying or partying. That's a mistake. Sleep does more for you than you may realize.

First, it reduces stress. Get a solid seven to nine hours each night and you'll more calmly tackle your schoolwork and your social life. If you skip sleep often, you put your grades at risk. "Sleep's a critical part of studying and learning because it helps your brain consolidate information and process what you took in during the day," says Edman. "Lack of sleep impacts your mood and your grade point average."

Sleep also keeps you healthy. It supports your immune system so that your body's better equipped to fight colds and other illnesses that might otherwise cause you to miss classes.

Diana Ebling, MD, medical director of Indiana University's Health Center in Bloomington, recommends that you make an effort to stick to the same sleep schedule every night. That may not always be possible, she concedes, but the effort will pay off.

➔ Search for the slideshow **Signs You're Not Getting Enough Sleep** at WebMD.com.

make an appointment

You can't always handle everything on your own. Get help from your school's health services if you struggle with any of the following:

- ▶ Sleep problems that don't go away on their own, like insomnia, vivid nightmares, or nodding off in class.
- ▶ Ongoing signs of depression or anxiety, such as problems concentrating, racing thoughts, lost energy, feelings of sadness or isolation, and changes in appetite.
- ▶ Diet and nutrition concerns, especially regarding weight loss or gain and how to eat well as a vegetarian or vegan.
- ▶ Sexual health, such as questions about contraception, screening for sexually transmitted diseases, or menstruation concerns.

how to

For the best sleep, try the following:

- ▶ **WORK OUT** Exercise will improve your sleep, but do it at least two hours before bedtime so you're not still wired from your workout.
- ▶ **POWER DOWN** Shut off your phone and other devices at least 30 minutes before lights out. Bright screens mess with the brain signals that regulate your sleep cycle.
- ▶ **BANISH STRESS** If you study or work in your bed, you may link it to stress, and that could ruin your night's rest.

nutrition

Eat well and regularly to fuel both your body and your brain, says Ebling: "Otherwise, you won't think as clearly and you won't have much energy."

At the dining hall, load up on fruits and vegetables and limit the fattier foods. Edman recommends that students serve

themselves on small plates. That makes it easier to exercise restraint and prevent weight gain. "You want to limit portion size," she says.

You should also prepare for the inevitable munchies. If you have a fridge in your room, stock up on veggies, fruit, nuts, and healthy, high-protein dips to go with them, like hummus, Greek yogurt, and nut butters. Foods like these give you lasting energy for long study sessions. Sugary sodas and candy bars, on the other hand, give you a quick boost, followed soon after by a crash. "Make a conscious decision to avoid sugary stuff," says Edman.

Make these tips part of your game plan:

- ▶ **TRY FOR FIVE** Eat five servings of fruits and veggies every day.
- ▶ **RISE AND DINE** Eat a healthy breakfast each morning to power through the day.
- ▶ **NIX THE SNACKS** Avoid late night snacks,



College with a Chronic Health Condition

If you have diabetes, asthma, attention deficit hyperactivity disorder (ADHD), or other condition that needs regular treatment, follow these steps to stay on top of things:

- ▶ Establish care right away, including prescription refills, either on campus or with a local specialist.
- ▶ Keep a list of your current medications and dosages on hand.
- ▶ Bring your health records with you from home (your new doctor can also request them).
- ▶ Know your precise diagnosis, so there's no guesswork in the doctor's office.
- ▶ Get familiar with student disability services. If you have ADHD, for example, they can help you arrange for a classroom notetaker.



crush it

which can boost weight gain and disturb sleep. Don't eat within two hours of bedtime.

exercise

Exercise crushes stress. It also keeps you fit and healthy. And research shows it boosts your attention span, so you get more out of your classes and your books.

Invest time to workout throughout the week, says Ebling: "Put it on your calendar. It's just as important as an appointment with your academic adviser, so think of it that way." And think of it as fun. Don't like the gym? Join a campus ultimate Frisbee league, lace up a pair of running shoes, or take a Zumba class at the fitness center. If you struggle to find the time, shave minutes off your workout by going all out. Intense interval training requires only 10 to 15 minutes a day, says Edman.

Try these tactics to get and stay fit:

▶ **KEEP IT CLOSE** Stash a yoga mat and light weights in your room for daily workouts guided by online exercise videos.

▶ **GET AWAY** Take a short exercise break every hour to boost your focus and study stronger. Set your laptop or smartphone timer to remind you.

▶ **EASE INTO IT** New to exercise? To avoid injury, start slowly—think brisk walks across campus—and gradually push yourself with more vigorous exercise.

stress

Schoolwork and other commitments often pile pressure upon pressure, especially when you're a new student and still finding your way. That stress can lead to health problems, like insomnia and anxiety, which will further worsen your stress. It's a vicious cycle. You can combat it—but pay attention to how you feel along the way. "Everybody

has a tough day every now and again, but if you start to have trouble in your relationships, in your academics, reach out and get some assistance," says Ebling.

Campus health services can connect you with a mental health pro who will work with you on stress-reduction strategies. Before it reaches that point, though, you can help yourself with these tips:

▶ **TALK IT OUT** Lighten your load by sharing how you feel with your friends, who likely have similar struggles. It helps to know you're not the only one under pressure.

▶ **BRANCH OUT** Find a hobby or activity to take your mind off academics. Volunteer off-campus, sign up for an art workshop, or write for the student newspaper.

▶ **BUILD A ROUTINE** Keep a calendar and schedule study sessions, social activities, free time, even sleep. With your days structured, you will feel—and be—more in control.



PHOTOGRAPHY: KEITH MUNYAN; WARDROBE: ARMANI

BY GINA SHAW
REVIEWED BY BRUNILDA NAZARIO, MD
WEBMD LEAD MEDICAL DIRECTOR

AMERICAN COME- BACK STORY

ACTOR *Kathy Bates* REFLECTS ON SURVIVING CANCER,
LIVING WITH LYMPHEDEMA, AND HER NEW OUTLOOK ON LIFE

Late in the summer of 2012, Kathy Bates felt like she was nearing rock bottom. Even so, she hoped for some kind of sign from the universe that her life was about to get better.

Then a bird crashed into her window.

The award-winning actor was still reeling from NBC's spring cancellation of her series, *Harry's Law*, just months before when she

started noticing strange pains in her abdomen. "And that past Christmas, just before we were cancelled, I had been really exhausted," says Bates. "But I just chalked it up to all the work on the show, and I let months go by."

The new pain signals were finally enough of a red flag to send Bates, a survivor of ovarian cancer in 2003, to her doctor, who

determined that she had stage 2 breast cancer. With a strong family history of the disease—both her mother and aunt had been diagnosed with breast cancer, and her aunt had died of it—Bates barely hesitated before deciding on a double mastectomy.

She continued to struggle with pain after the July 2012 surgery, which also required the removal of 19 lymph nodes. “One of the tubes they put in on my left side must have been pressing on a nerve,” she recalls. “The doctors were very leery of prescribing too much pain medication because of the risk of addiction—so I was in a lot of pain for weeks and weeks—and I was very angry, both about my diagnosis and about the show being cancelled. It was an awful time.”

Finally, a beautiful, sunny summer day dawned. The painful tubes were out at last. Bates was sitting at her patio enjoying the weather and hoping that things were finally looking up when a tiny finch flew straight into the plate glass doors and crashed to the pavement.

“I picked up this little bird,” she recalls. “His head was hanging off my palm, and his feet were drawn up in agony. I sat down holding him and wishing so much that there was something I could do. After a minute or so, lo and behold, this little bird flipped over in my hand. I could feel his tiny claws. His head was up and he was panting a little bit.”

Bates’ niece, a breast cancer survivor herself, brought out a paper cup of water.

The bird drank from it, and then flew away. “My niece said, ‘Are you getting the message yet?’ I asked what message she meant,” says Bates. “She said, ‘Life goes on. You’ve been given another chance.’ That was a very powerful lesson.”

“I DON'T HAVE
BREASTS—SO
WHY DO I HAVE TO
PRETEND LIKE I DO?
THAT STUFF ISN'T
IMPORTANT. I'M JUST
GRATEFUL TO HAVE
BEEN BORN AT A
TIME WHEN THE
RESEARCH MADE IT
POSSIBLE FOR ME TO
SURVIVE. I FEEL SO
incredibly lucky
TO BE ALIVE.”

A NEW CALLING

Bates, now 69, has made the most of it. Not long after the little bird flew off, she received a call from *American Horror Story* creator Ryan Murphy, who cast her as a character “five times worse” than her infamous, Oscar-winning obsessed fan Annie Wilkes in *Misery*.

Bates won an Emmy in 2014 for her utterly terrifying portrayal of 1830s New Orleans socialite and serial killer Delphine LaLaurie in *American Horror Story: Coven*. The series put her career in high gear again: She’s earned Emmy nominations for her roles in the most recent two seasons, “Freak Show” and “Hotel,” and her highly anticipated new comedy *Disjointed*—in which she plays the owner of a Los Angeles cannabis dispensary—premieres on Netflix Aug. 25.



In the current season of *American Horror Story*, “Roanoke,” Bates plays The Butcher.

At the same time, Bates has found a new calling as an advocate for cancer survivors and others coping with a little-known condition called lymphedema. The lymphatic system transports lymphatic fluid, which contains infection-fighting white blood cells, throughout the body. When this fluid doesn't drain normally—most often, when lymph nodes are removed or damaged after cancer surgery—debilitating, disfiguring swelling can develop.

Bates began noticing the swelling shortly after her mastectomy, and she knew right away what it was. "My mother had had a radical mastectomy—they took everything—and her arm swelled terribly. She was always a very smart dresser and wore very nice clothes, and after the surgery, she couldn't fit into them anymore," she recalls. "It was a real slide into her feeling 'less than.' And so I remember getting hysterical when, even in the hospital, I noticed strange pains in my hands and then discovered that my arms were swelling."

No cure exists for lymphedema, but it can be treated with a complex regimen of physical therapy. "I had to have my arms put into these pneumatic sleeves that feel like a boa constrictor," she says. "One arm at a time, two times a week. Now I've lost



Bates with her
American Horror Story: Coven
co-star Jessica Lange.

quite a bit of weight and that has helped considerably, but I still have to be careful. I can't have a lot of salt or alcohol, I have to stay out of the heat, and I'm not supposed to pick up heavy things."

Throughout her career—which also includes a Tony nomination for her 1983 role in *Night, Mother* and star turns in *Fried Green Tomatoes*, *Titanic*, and *About Schmidt*—Bates had avoided lending her name or face to any of the many charitable organizations that approached her.

"They'd say, 'We can just put your name

GENES & FAMILY HISTORY

DESPITE THE STRONG HISTORY OF BREAST CANCER

in their family, Kathy Bates and her niece were surprised to find out that neither of them carries mutations in the BRCA gene—the first gene to be identified with breast cancer—or in any other known cancer genes. "That doesn't mean we weren't at increased risk," she says. "It just means that genetically, they have not broken the code. It's not a get-out-of-jail-free card if you test negative."

The work to identify genes associated with hereditary breast and ovarian cancer is ongoing, says Julia Smith, MD, director of the breast cancer screening and prevention program at NYU Langone Medical Center in New York—and many mysteries are yet to be solved.

Three things to know about hereditary breast/ovarian cancer:

- The BRCA gene accounts for between 5% and 10% of breast cancers and researchers have also identified other

mutations, but there are likely many more, Smith says: "Five years from now, we'll probably know of at least twice as many of these genes as we do now."

- If your family has a strong history of breast or ovarian cancer—meaning that close relatives like a mother, sister, aunt, or grandmother have had one or both diseases—you should consider yourself at increased risk for those cancers no matter what a genetic test may show.
- To find out more about these risks, speak with a genetic counselor who has expertise in risk assessment and can help you understand what testing means for you. You can find a counselor through the National Society of Genetic Counselors (www.nsgc.org). Facing Our Risk of Cancer Empowered (FORCE, facingourrisk.org) also offers support for women and families affected by hereditary breast and ovarian cancer.



on the board, you don't even have to come to meetings.' But I don't roll that way," says Bates. "I'm not going to attach my name to something unless I'm passionate about it."

LYMPHEDEMA LESSONS

She found that passion when she learned just how many people also struggle with lymphedema. At least 10 million people in the United States have lymphedema and other lymphatic conditions—more than the number who have multiple sclerosis, Parkinson's disease, muscular dystrophy, ALS, and AIDS combined. Worldwide, that number reaches the hundreds of millions.

"And yet many doctors are not educated about this disease," says Bates, who's doing her best to change that as a national spokesperson for the Lymphatic Education & Research Network (LE&RN), which funds promising research in the field, provides scholarships for lymphedema therapists, sponsors an international patient registry, and provides patient education. "I've been told by doctors affiliated with LE&RN that in four

Equally important, Rockson says, is prevention and early detection. "If you've had one sentinel node removed, you have about a 6% lifetime risk of developing lymphedema. That risk goes up to about 15% if you've had more than one removed—and it continues to increase based on how many nodes have been taken."

He advises anyone who has had lymph nodes removed to take precautions like Bates: avoiding cuts, infections, and burns (including sunburns) on the affected side of the body; ramping up any exercise program gradually and with a doctor's supervision; and wearing pressure garments during exercise and air travel.

Bates' decision to speak out publicly about lymphedema—she's met with members of Congress, appeared at LE&RN events, and even invited a CBS News correspondent to come along on one of her doctor visits—is part of a whole new outlook on being a cancer survivor.

"Back in 2003, when I had ovarian cancer, my agent told me not to tell anyone about it," she says. "Even my gynecologist, whose husband worked in the business, warned that I shouldn't come out with it because of the stigma in Hollywood. So I

"WHEN THE BREAST CANCER DIAGNOSIS CAME, I KNEW I WANTED TO BE *honest* ABOUT IT."

years of medical school, future doctors spend a total of 15 to 30 minutes on the lymphatic system."

One of Bates' mentors in her new public advocacy role is Stanley Rockson, MD, the Allan and Tina Neill Professor of Lymphatic Research and Medicine at Stanford University. "Until very recently, we haven't had any medical options to treat lymphedema—the only option has been physical therapy," he explains. "But now we have a clinical trial underway of a drug that looks like it may reverse a lot of the damage in lymphedema. We're also making progress in surgical approaches to rebuilding and repairing the lymphatic system."

was very careful. But then I saw Melissa Etheridge doing a concert and just wailing on her guitar with her bald head, and I thought, 'Wow, I wanna be her!' So when the breast cancer diagnosis came, I knew I wanted to be honest about it."

Today, if Bates doesn't have to wear her breast prostheses for a role, she doesn't put them on. "I've joined the ranks of women who are going flat, as they say," she says, laughing. "I don't have breasts—so why do I have to pretend like I do? That stuff isn't important. I'm just grateful to have been born at a time when the research made it possible for me to survive. I feel so incredibly lucky to be alive."



The background is a solid orange color. Scattered across the top half are various black letters of different sizes and orientations, including 'e', 'c', 'H', 'f', 'g', 'a', 'd', 'b', 'K', 'm', 'A', and 'g'. In the bottom left corner, a close-up of a hand with a pointing finger is visible, pointing towards the text.

OFF the CHARTS

If your child aces the eye chart at the pediatrician's office, you might assume her vision is just fine. **But some common vision disorders** can't be detected by a standard eye exam—and **could be holding your child back in school.**

BY Gina Shaw REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Director

WHEN JENNIFER STONE HOPP'S son Ethan was in first grade, his teacher told her that he had "all the tools to read," but he "just wasn't pulling it together." When Hopp and her husband tried to work with him on reading at home, he'd refuse. "He skipped words everywhere. He couldn't focus. We'd negotiate: 'You read a line, then I'll read a line.' It was brutal," she says.

In the second grade, Ethan was diagnosed with mild farsightedness and got glasses. The Hopps thought his reading would improve—but nothing changed. As elementary school progressed, Ethan continued to struggle as the family cycled through a series of professional

tutors. "He had so much trouble with any kind of reading—even word problems in math class were difficult," says Hopp.

At the beginning of fifth grade, Ethan broke down. "He said, 'I work so much harder than the kid who sits next to me, and he gets As, but I'm getting Cs and Ds. What's wrong with me?'" recalls his mother. She took him to yet another reading tutor—the only one in their New Jersey town that they had not yet visited. But unlike the others, this tutor didn't just sign him up for regular sessions. "I don't work with anyone unless I've checked their vision with a Visagraph test first," he said.

A Visagraph uses specialized goggles that



eyes)—usually can be detected on standard pediatric eye exams. But CI is different and easy to miss or misdiagnose.

It's one of a group of vision disorders that have nothing to do with the function of the eye itself, but rather, with how the eyes work together. "These aren't really vision problems as much as they are brain problems," says Barry Tannen, OD, the developmental optometrist who treated Ethan. "When we read, the brain needs to give our eyes signals to focus, converge, track, or not track—and this all happens because of a higher cortical mechanism that, in some people, we have to train the brain to control."

In people with CI, the eyes have a strong tendency to drift outward when reading or doing other work close up. People with a related disorder, accommodative insufficiency (AI), have difficulty changing their eyes' focus from near to far, or vice versa. Yet another condition, oculomotor dysfunction, occurs when the six muscles around each eye, which precisely choreograph eye movements, do not work properly together, affecting the ability to do such things as hold the eyes steady or follow a moving target.

CI is the most common of these conditions, and studies show that it affects about 5% of the population. When other conditions like AI and oculomotor disorders are included, Tannen estimates that one in 10 students in any given elementary school classroom may have at least one disorder of binocular vision. (Many people have more than one.) These children frequently test as having perfect 20/20 vision on a pediatrician's eye chart—but like Ethan Hopp, they struggle in school and find reading an exhausting, painful chore.

"The problems often really show up around second or third grade, when children start having to read books with smaller, more closely packed texts, and they do more reading for classes like science or social studies," says Christine Allison, OD, a professor of optometry at the Illinois College of Optometry and the president-elect of the College of Optometrists in Vision Development (COVD). "These children

measure how the eyes work together when someone is reading—a process called binocular coordination. The test showed a significant problem with Ethan's eye coordination, and the tutor referred Hopp to a nearby developmental optometrist, who diagnosed Ethan with a condition known as convergence insufficiency (CI). "He said, 'It's so severe that Ethan actually has double vision when he reads.' I turned to him and said, 'You see double?' and he said, 'Yeah.' He'd never said anything—I guess maybe he thought that's how it was for everyone," Hopp says.

BINOCULAR VISION

Some vision disorders that affect children—such as myopia (nearsightedness), amblyopia (lazy eye), and strabismus (a misalignment of the

SEE WHAT YOUR CHILD SEES

To get a sense of what your child with binocular vision problems sees when trying to read, Christine Allison, OD, **SUGGESTS THE FOLLOWING EXERCISES:**

- To mimic oculomotor problems, try reading a few lines of text that is written vertically, rather than horizontally.
- For accommodative insufficiency, try crossing your eyes so the print appears double or blurry.
- Convergence insufficiency is harder to imitate on your own (optometrists have computer screens that mimic the effect), but you can get a sense of the fatigue and eyestrain that results by trying to read something complicated and technical, in very small type, while covering one eye.

COULD YOUR CHILD HAVE A BINOCULAR VISION DISORDER?

DOES YOUR CHILD STRUGGLE WITH READING AND COMPLAIN THAT IT'S DIFFICULT OR PAINFUL

—yet he or she sails through the pediatrician's eye chart with no problems? A binocular vision disorder could be to blame. If you pick up on any of these signs and symptoms, consider seeing a developmental optometrist for testing (find one near you at covid.org).

- Does he complain that his eyes feel tired or uncomfortable when reading (or doing other close work)?
- Does she get headaches or feel sleepy when reading?
- Is it hard for her to concentrate when reading?
- Does he have trouble remembering what he's read?
- Does she rub her eyes a lot when reading?
- Is he acting out, especially when

asked to read?

- Does he have double vision when reading?
- Does she see words move, jump, or appear to float on the page?
- Does he notice that words blur or come in and out of focus when reading?
- Does she lose her place on the page often, or have to reread the same line of text?
- Does he resist reading and avoid it whenever possible?

You may have noticed some of these symptoms yourself. But for others—like the double vision and the floating words—you'll have to ask your child. They will complain when they have a headache or their eyes hurt, but like Ethan Hopp, they don't necessarily know that it's not normal to see double when reading or have words appear to move on the page.

are often diagnosed with ADHD since they can't sit still and look at a book—because it's too hard to keep their eyes in line, and they can't comprehend if they're not reading well. In other cases, parents or teachers may assume that it's behavioral—that their child is just rebellious or lazy and doesn't want to read."

TREATMENT

This can all be treated effectively. Sometimes children with one or more disorders of binocular vision may also need special glasses or prisms, but studies show that the most effective treatment is vision therapy—a series of guided in-office exercises with a trained therapist, along with at-home reinforcement.

That's what Tannen did with Ethan Hopp. Every week, Ethan visited the doctor's office and went through a set of exercises with a vision therapist, and then he repeated those exercises at home throughout the week. The typical duration of vision therapy can range from 12 weeks to more than a year. Ethan's case was so severe that more than two years passed before the problem was completely resolved.

"But we started seeing improvements very quickly," says Hopp. "Ethan had actually developed an eye infection called blepharitis, because he was rubbing his eyes so much, and within a month that went away and never came

back. And it wasn't long before his behavior really started to turn around—he became much more calm and patient. Now, he can concentrate better in school, and his logic is so much better."

Now 12, Ethan still works with a tutor to make up for vocabulary he missed during the first few years of elementary school. He's been admitted into his school's advanced math class, and he is determined to qualify for advanced history as well.

"And he's organized now. The teachers used to complain about his desk, but now it's all orderly and his backpack is the most organized thing I've ever seen," Hopp says. She admits that Ethan still isn't a passionate reader, but he no longer struggles with it: "He prefers nonfiction—recently he picked out a book about diseases. It's all about finding things that interest him."

Tannen stresses the importance of early diagnosis and treatment for CI, AI, and other binocular vision disorders.

"It's about much more than reading. These kids take a huge hit in their self-esteem. It changes the way a child views himself," he says. "You can do vision therapy and correct the problem when you're 20, but you can't go back to third grade. The successes or failures you had when you were that young—they stay with you."

 Search for the slideshow [How to Keep Your Kids' Eyes Healthy](#) at WebMD.com.

SUMMER TREAT

Guac Star

Consider adding avocado to smoothies, salads, and sandwiches. This silky superfood stands out for its multiple health benefits.

THE AVOCADO IS SO MUCH more than an ingredient in chip dip. It's a heart-health superstar, thanks in part to its monounsaturated fat content. One study found that when overweight people ate an avocado a day as part of a healthy diet that limited saturated fat (such as that in cheese and red meat), their levels of harmful LDL cholesterol dropped dramatically. Avocados also contain cholesterol-lowering phytosterols and eye-protective plant pigments lutein and zeaxanthin. As a bonus, the so-called "alligator pear" may aid weight loss by filling you up, making you less likely to overeat. Avocado toast for breakfast, anyone?

→ Search for the slideshow **13 Easy Ways to Eat More Greens** at WebMD.com.

3 WAYS

Kale

Make a habit of adding this superfood to your shopping cart weekly. Kale provides eye-protective lutein, a collection of cancer-preventive compounds called glucosinolates, and 134% of an adult's daily value of vitamin C. Go green!



1

THE SATISFYING SALAD

Roasted Chickpea Kale Salad with Creamy Vinaigrette

Consider using baby kale here; its leaves are more tender and mild than mature kale. Using regular kale? De-rib and chop the leaves, add a little olive oil and lemon juice, and massage for two to three minutes with clean hands before adding to the salad.

→ THE MIX

Kale + plain Greek yogurt, red onion, canned chickpeas, white wine vinegar, lemon, shredded carrots, chopped mango



MAKE IT Rinse and drain 1 can chickpeas. Toss with a little olive oil. Toast on a baking sheet in a 425°F oven for 10 to 12 minutes. In a large bowl combine ¼ cup plain Greek yogurt, 2 tbsp olive oil, 1½ tbsp white wine vinegar, juice

of ½ lemon, and a pinch each of dill, sugar, salt, and pepper. Add 6 cups chopped kale, 1 chopped mango, ½ chopped red onion, ½ cup shredded carrots, and cooled chickpeas. Serve right away or chilled. **SERVES 4**

PER SERVING (ABOUT 2 CUPS EACH) | 347 calories, 14 g protein, 50 g carbohydrate, 13 g fat (2 g saturated fat), 0 mg cholesterol, 11 g fiber, 15 g sugar, 213 mg sodium. Calories from fat: 29%.

2

THE HEALTHY RECIPE REMAKE

Kale Pesto Pizza

This pizza features a delicious pesto made with kale instead of basil. One benefit of kale: It stays vibrantly green for days longer than basil. The recipe calls for a handful of nuts; we recommend almonds or walnuts.

→ **THE MIX**

Kale + olive oil, almonds, sliced tomato, garlic, whole wheat pizza dough, Parmesan cheese, oregano



MAKE IT Preheat oven to 450°F. Use blender to combine 3 cups chopped kale (ribs removed), ¼ cup each grated Parmesan cheese and toasted nuts, and 2 garlic cloves. Slowly drizzle in ¼ cup olive oil; add water if needed

to thin. Roll out 1 lb of whole wheat pizza dough to 12" circle on a sprayed baking sheet. Top with pesto, sliced tomato, oregano, and 1 cup shredded mozzarella cheese. Bake 5 to 10 minutes.

SERVES 4

PER SERVING (4 SQUARES, OR ¼ OF 12-INCH PIZZA) | 1449 calories, 16 g protein, 34 g carbohydrate, 30 g fat (7 g saturated fat), 21 mg cholesterol, 4 g fiber, 2 g sugar, 410 mg sodium. Calories from fat: 57%.

3

THE SIMPLE SUPPER

Whole Grain Kale Bowl

This meal is healthy, filling, and flexible. In place of the quinoa, for example, try other grains such as brown rice, farro, or barley. The recipe works best with Tuscan kale, a variety also known as "Lacinato," black, or "dinosaur" kale.

→ **THE MIX**

Kale + pomegranate arils, minced shallots, quinoa, fresh mint, feta crumbles, roasted golden beets, apple cider vinegar



MAKE IT In a large bowl, whisk together 3 tbsp each of cider vinegar and olive oil, and 1 tbsp each of lemon juice and chopped fresh mint. Season with salt and pepper. Add 5 cups de-ribbed, chopped kale; use dressing to massage leaves for 2 to 3 minutes.

Add 3 chopped golden beets, 1½ cups cooked quinoa, and 2 tbsp shallots. Spoon into 4 bowls. Garnish with pomegranate and feta. Serve right away or chilled.

SERVES 4

PER SERVING (ABOUT 1½ CUPS EACH) | 288 calories, 7 g protein, 36 g carbohydrate, 14 g fat (4 g saturated fat), 11 mg cholesterol, 6 g fiber, 7 g sugar, 371 mg sodium. Calories from fat: 44%

➔ Search for the video **Hide Veggies in Your Kids' Smoothies** at WebMD.com.

FOR THE WEEK

Plan-Ahead Lunches

THESE NOURISHING, KID-FRIENDLY LUNCHES WILL POWER YOUR CHILDREN THROUGH THEIR DAY. USE THE PLAN AS IS, OR PLUG THE COMPONENTS INTO THE PROTEIN + STARCH + FRUIT/VEGETABLE FORMULA.



MONDAY

TURKEY AND CHEESE PINWHEELS

Protein + starch: Roll up turkey and sliced cheese with mustard and lettuce inside a whole wheat wrap; cut into pinwheels.
Fruit/vegetable: Clementine and sugar snap peas.

Tip: Make sure you roll the wraps tightly before slicing into pinwheels. Stack them on their sides in a container so they hold their pretty shape.

WEDNESDAY

PICNIC LUNCH

Protein + starch: Pack tuna salad in a container, along with multigrain crackers or pretzels.

Fruit/vegetable: Applesauce and carrot and celery sticks.

Tip: Instead of tuna, you could use leftover grilled or roast chicken or cubes of salami. Don't forget to pack a fork.



TUESDAY

TEX-MEX CHIPS AND DIP

Protein + starch: Tortilla chips with cowboy caviar (salsa with corn and black beans)

Fruit/vegetable: Cherry tomatoes; cut up apples and grapes with a squirt of lemon. Either mix the fruit with yogurt or pack a cup of yogurt separately.

Tip: You can either buy a premade salsa or combine frozen corn, rinsed black beans, cilantro, and lime juice for an easy, protein-rich dip.



THURSDAY

GRILLED CHEESE TO GO

Protein + starch: Cheese quesadilla, cut into wedges and packed in tin foil.

Fruit/vegetable: Berries and sweet pepper and cucumber slices.

Tip: Don't worry about the quesadilla being chilled. Most kids won't mind.

FRIDAY

MINI BAGEL WITH JAM

Protein + starch: Mini bagel with cream cheese and jam. Shelled edamame (for extra protein).

Fruit/vegetable: Melon balls (try experimenting with differently shaped cut-outs) and broccoli florets.

Tip: Store sliced mini bagels in the freezer to keep them fresh. Take them out in the morning (or the night before) and they'll be thawed in time for lunch.

BREAKFAST SMARTS

Fresh Start

WAKE UP TO THE BRIGHT, VITAMIN-PACKED FLAVORS OF FRESH HERBS—IDEAL FOR BREAKFAST DISHES TO START YOUR DAY



- **Mint:** Cooling mint brightens the flavor of green smoothies
- **Cilantro:** Cilantro and lime top breakfast tacos
- **Dill:** Scramble smoked salmon and dill into eggs
- **Basil:** Team floral basil with melon balls, balsamic vinegar, and feta for a sweet-savory breakfast salad
- **Rosemary:** Add rosemary to a root vegetable hash
- **Thyme:** Transform oatmeal with a topping of grapefruit sections, olive oil, toasted almonds, and thyme

—Kerri-Ann Jennings

**1. BLUEBERRIES**

Blueberries burst with juicy sweetness that gets concentrated when they're baked. Incredibly versatile, they are perfect in banana muffins or loaded up in a pie.

2. RASPBERRIES

Best eaten fresh rather than baked, these delicate berries have a tangy, candy-like quality to them. Fold them into whipped cream for a simple and delicious fool.

3. BLACKBERRIES

Sweet, tart, and reminiscent of red wine, with a hardy texture that gives them a pleasing chew, they're best in long-cooked baked desserts like crisps, cobblers, and pies.

4. STRAWBERRIES

Sweet and juicy with an almost floral quality, eat them at room temperature. Tasty alternatives: a strawberry brown betty or strawberry short cake with yogurt cream.

FRUIT 101

Berry Wonderful

Berries deliver a blast of flavor, but they also pack a lot of nutrition. Vitamins, antioxidants, and fiber—nature's candy comes loaded with benefits.

SUMMER'S BOUNTIFUL BERRIES OFFER A FRESH, HEALTHY, SOMETIMES SWEET, sometimes tart treat on their own, says Genevieve Ko, author of *Better Baking: Wholesome Ingredients, Delicious Desserts*. She likes to mix and match these colorful treasures into muffins, pies, and other pastries to show off the variety of textures and tastes. Here are her favorite berries and how she likes to present them.

➔ For featured recipes from WebMD's Healthy Recipe Finder, sign up for the Daily Bite Newsletter at WebMD.com.

REVIEWED BY Hansa Bhargava, MD
WebMD Senior Medical Director



MAKE IT

- Choose lean and firm meat and seafood: shrimp, swordfish, tuna; pork loin and tenderloin; boneless chicken breasts and thighs; top sirloin and New York strip.
- Cut your ingredients into 1" cubes. Each ingredient should touch the grill and pick up its unmistakable flavor.
- Think strategically. Skewer together ingredients that need the same time to cook. Put other ingredients on a separate skewer.
- Marinate before grilling. Try a simple mix of lemon juice, olive oil, and garlic.
- Serve with a dipping sauce that complements your marinade. For example, pesto makes a perfect match for the marinade above.
- Choose flat, metal skewers. With this design, your ingredients won't spin when you turn them.
- Prefer disposable bamboo skewers to save on cleanup time? Soak them in water for at least 30 minutes so they won't burn.
- The ingredients can lightly touch each other, but for even cooking, don't cram them together.
- Cook over direct heat set at medium to medium-high, or about 400°F if you have a lid.
- If you're cooking small, tender ingredients, set the grill on high and grill for a short amount of time so they develop a nice char before the ingredients overcook.
- Slide a single piece off the skewer and test for doneness.

OFF THE MENU

Build a Better Kebab

Fire up the grill and thread some skewers with your favorite things: meat, fish, veggies, fruit. Kebabs offer a blank canvas for your summer culinary creativity.



JAMIE PURVIANCE,
GRILL MASTER
AND COOKBOOK
AUTHOR

"KEBABS ARE FUN BECAUSE THEY OFTEN REFLECT THE TASTES AND personality of the person cooking," says Jamie Purviance, author of *Weber's Greatest Hits* and numerous other books on the art and craft of grilling. "They're easy to mix up and personalize." The char and smoke imparted by the grill adds irresistible depth of flavor to your ingredients. Follow Purviance's master tips to make the most of your kebabs.

Go Nuts!

SOMETIMES, YOU WANT MORE THAN YOUR EVERYDAY PEANUT BUTTER. REGISTERED DIETITIAN **KAREN ANSEL**, MS, AUTHOR OF *HEALING SUPERFOODS FOR ANTI-AGING*, SHARES HER FAVORITE ALTERNATIVE NUT AND SEED BUTTERS.



TRADER JOE'S MIXED NUT BUTTER

"A beautiful blend of almonds, cashews, walnuts, Brazil nuts, hazelnuts, and pecans, with a hint of sea salt. The real nutty taste comes through."



SUNBUTTER

"Love the taste of peanut butter but your allergies won't let you near it? Try this fiber-rich stand-in. Made from sunflower seeds, it's completely nut-free."



MARANATHA ORGANIC CREAMY & ROASTED PEANUT BUTTER

"Made with nothing but roasted peanuts and a touch of sea salt, the unadulterated peanut taste shines—and with no unhealthy palm oil, unlike most peanut butters."



WHOLE FOODS 365 EVERYDAY ORGANIC TAHINI

"Made from sesame seeds, pick this one if you prefer a less sweet flavor than most nut butters. Bonus: It works well in salad dressings and on falafel."



JUSTIN'S CHOCOLATE HAZELNUT BUTTER

"This hazelnut, almond, and cocoa spread is a healthy sweet treat that's not overloaded with sugar. Kids love it on sandwiches, whole grain pancakes, or whole wheat French toast."

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.

CUTTING EDGE

Vaccines train your immune system to fight infections your body has never encountered before. How?

A vaccine contains just enough of a weakened or dead virus to trigger your immune system to create antibodies, which remain at the ready to defend you if the infection ever comes back.

THROUGHOUT LIFE, PEOPLE RECEIVE numerous immunizations against vaccine-preventable diseases: measles, mumps, and the flu, to name a few. But many infectious diseases that are rare in the U.S. are just a plane, bus, or boat ride away. Long trips abroad or visits to rural areas or jungles might require more immunizations than a shorter vacation to a big city. Family doctors and travel clinics offer the immunizations you might need before international travel.

Whether you're headed down south to Argentina or around the world to Singapore, chances are pretty good you'll need a typhoid vaccine. The roughly 5,700 Americans who get this life-threatening illness every year usually pick it up abroad.

Thanks to widespread vaccination, the U.S. hasn't had a case of polio since 1979. Continued vaccination of infants and children keeps the country polio-free. But some parts of the world still struggle with the virus. Adults who travel to those regions might need a booster shot.

Of course, not all infectious diseases are vaccine-preventable. But some that have made recent headlines might soon be. An international team of researchers developed an oral vaccine that can prevent Ebola transmission in chimpanzees. Immunologists at the University of Pennsylvania have a possible single-dose Zika vaccine in the works. German researchers recently completed a successful clinical trial of a new malaria vaccine. —SONYA COLLINS

→ Search for the slideshow [Home Remedies for Psoriasis](#) at WebMD.com.



→ **Lighten Up**
Ultraviolet light therapy can help ease symptoms of psoriasis.

LIVING WELL

Coping with Psoriasis

Try these tips for managing this autoimmune disease

"I'VE HAD PSORIASIS FOR AS LONG AS I CAN REMEMBER," SAYS CARLEIGH Morba, 25. "It started with just a few spots on my arm" as a child. "Then it went head to toe. Since then it's been a long journey of coming in and out of remission with flare ups."

Psoriasis most often causes red, scaly, well-defined patches on the skin that often itch, hurt, or sometimes bleed. While there's no cure, knowing what lifestyle changes to make and talking to your doctor about what treatment is right for you is the best way to manage psoriasis, says Kristina Callis Duffin, MD, MS, associate professor of dermatology at the University of Utah. Try these tips:

Cut calories. "The disease tends to worsen with some people who gain weight," says Callis Duffin. In fact, a 2014 study published in the *Journal of Dermatology* found that losing weight and exercising significantly improved

psoriasis in those who were overweight. "I tell people to eat lots of vegetables and fruit and restrict carbohydrates in general," which can help with weight loss, says Callis Duffin.

Consider light therapy. "Ultraviolet light therapy is very effective for psoriasis," says Callis Duffin. Most often this treatment uses narrowband UVB light, which research shows can help ease symptoms, she explains.

What about natural sunlight or tanning beds? While Callis Duffin says that doctors can keep people from getting burned and monitor their psoriasis response with in-office light treatment, that's not true for natural sunlight or tanning beds; the latter produce mostly UVA rays, which isn't helpful for psoriasis and increases the risk of skin cancer, she says.

Get your zzzs. "Symptoms of psoriasis, such as pain and itch, can disturb sleep," says Callis Duffin. "But the other way around also is true—poor sleep may also make psoriasis worse, much like stress can trigger psoriasis."

How to get out of this catch-22? Practice good sleep hygiene, says Callis Duffin. Go to bed and wake up the same time; sleep in a quiet, cool, darkened room; limit caffeine; and unplug from electronics at least an hour before bedtime.

Talk to your doctor if you're not able to get seven to eight hours of sleep because of psoriasis symptoms, says Callis Duffin.

Get help for depression. People with psoriasis are twice as likely to have depression compared with those who don't have the condition, according to the National Psoriasis Foundation. Talk to your doctor if you've lost interest in things you once enjoyed, are lacking energy, or have trouble focusing or sleeping. Treating depression is "important to the whole picture of treating your psoriasis," says Callis Duffin.

"It's easy to go down the rabbit hole once you're in a serious flare up," says Morba. Visiting her doctor's office for light therapy, tips for eating healthier, and finding a support community has helped tremendously, she says. "Half the battle is mental when it comes to this disease, and that's something I constantly work on."



JOHN WHYTE, MD, MPH
DIRECTOR OF PROFESSIONAL
AFFAIRS AND STAKEHOLDER
ENGAGEMENT AT THE FDA

EXPERT Q&A

Mindful Medication

What parents with young children need to know about over-the-counter medications



→ **Safety First**
Always read the label to ensure the medicine is age-appropriate.

MORE THAN 240 MILLION PEOPLE RELY ON OVER-THE-COUNTER (OTC) MEDICINES, BUT many may not know how to use, store, and dispose of OTCs appropriately. The FDA's John Whyte answers a few top questions.

Q What do I need to know when giving my child an OTC medication?

A First, read and follow the label every time you give a medicine. Only give a medicine that treats your child's specific symptoms. Never use cough, cold, or

allergy medicines to make your child sleepy, and never give aspirin-containing products to your child or teen for flu-like symptoms, chickenpox, and other viral illnesses.

Make sure the medicine is right for your child's age.

Don't use oral cough and cold medicines in children younger than 4. And know your child's weight; directions for some OTC medications are based on weight. Check the label.

Give a dose with the right device: Always use the measuring device that comes with the medicine—never substitute with a kitchen spoon. And don't double up: Be careful not to give your child two medicines that contain the same active ingredients.

Q How should I store OTC medicines?

A Make sure they are always up and away and out of your child's reach and sight. Lock the child safety cap completely—until

you hear the click—after every time you use a medicine.

Don't tell your children medicine is candy, even if they don't like to take medicine. Remind houseguests not to leave medicines in bags, coats, or other places children can easily get into. Be mindful when visiting or traveling with family—grandparents are four times more likely than parents to keep prescription medicine in easy-access places. Save the Poison Help number in your phone: 800-222-1222.

Q How do I dispose of expired OTC medications?

A Mix them with an unpalatable substance such as kitty litter, dirt, or used coffee grounds (but don't crush tablets or capsules). Place the mixture in a sealed container such as a zip-top plastic bag and throw away with your household trash.

For more tips about OTC medications, visit KnowYourOTCs.org.

BY THE NUMBERS

96%

Percentage of adults who say they check the label of an OTC medication to make sure it is appropriate for a child.

46%

Percentage of adults who say they could be better at properly and safely storing OTC medicines.

More than 1 in 3
Number of parents who say the location where OTCs are stored in their home is accessible to a child.

70%

Percentage of adults who say they could be better at properly disposing of OTC medicines.

QUIZ

Early Warning

On TV, pregnancy symptoms are as clear as a plus or minus sign—missed periods, nausea, vomiting. In real life, sometimes they're subtler. Could you be pregnant? Take this quiz to see whether these less obvious pregnancy signs match yours.



ASK YOUR DOCTOR

Q Am I pregnant?

You might have already taken a pregnancy test at home. Your doctor will confirm the result with a blood test and set you up with a prenatal visit schedule.

Q How can I relieve morning sickness?

Eat several smaller meals during the day, instead of three big ones. Snack on bland foods that calm your stomach, like crackers or toast. Sip ginger ale or suck on ice chips.

Q What changes should I make to my routine?

If you're not already on a prenatal vitamin, start taking one now. Schedule your upcoming prenatal visits. And if you smoke, ask your doctor to help you quit.

Q For what symptoms should I call you?

Nausea, vomiting, and achy breasts are normal pregnancy signs. Call if you have abdominal pain, vaginal bleeding, severe vomiting, or dizziness, which can warn of a potential problem.

CHECKUP

BY *Stephanie Watson*

REVIEWED BY *Brunilda Nazario, MD*
WebMD Lead Medical Director

1

My breasts feel sore.

☐ YES

☐ NO

2

I have to pee all the time.

☐ YES

☐ NO

3

I feel sleepy.

☐ YES

☐ NO

4

I have spots of blood on my underwear.

☐ YES

☐ NO

5

I can see veins on my belly and breasts.

☐ YES

☐ NO

6

My cheeks are rosy.

☐ YES

☐ NO

Answers

1. Hormone changes lead to achy breasts. Pregnancy, your period, and early menopause can all cause this symptom.

2. Your body holds onto more fluid during pregnancy. That extra fluid increases your blood volume to feed your baby, but it also fills your bladder faster.

3. Rising levels of the hormone progesterone are behind early pregnancy fatigue. You should start to feel more alert and awake by your second trimester.

4. Spotting in early pregnancy is a normal sign that the embryo has attached to your uterus. If the bleeding gets heavy, call your doctor.

5. Increased blood flow to your growing baby makes the veins in your breasts, belly, and legs swell and become more visible.

6. That pregnancy “glow” is a result of extra blood flow. You might notice more acne now, too, as hormones boost oil production in your skin.

BY THE NUMBERS: Facts and Stats on Trending Health Topics

Kids' Developmental Disorders

Attention deficit hyperactivity disorder (ADHD)
Autism spectrum disorder (ASD)

15%

Percentage of kids in the U.S. ages 3 to 17 with a developmental disorder

11%

Percentage of kids ages 4 to 17 diagnosed with ADHD



1 in 42

NUMBER
of boys with autism

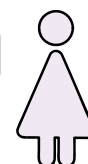
6%

Percentage of kids with ADHD who take medication



1 in 189

NUMBER
of girls with autism



Average medical cost for children and teens with ASD:

4 to 6

times higher than for those without ASD

4

Average age after which ASD is usually diagnosed

2

Age by which ASD can be reliably diagnosed

1 in 68

NUMBER
of kids identified with ASD

7

AVERAGE
age of diagnosis of ADHD

5%

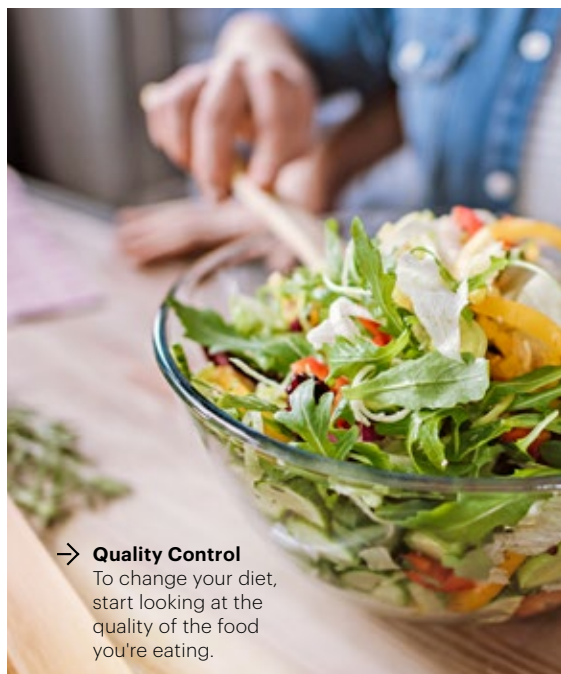
INCREASE
in number of cases of ADHD each year

→ Watch the video series **My Abuelita (Grandma) Told Me** at WebMD.com/my-abuelita-told-me.

HEALTH SMARTS

Little by Little

Juan Rivera, MD, explains why little steps are best for improving health. He also imparts some health tips straight from abuelita (grandma).



→ **Quality Control**
To change your diet, start looking at the quality of the food you're eating.

The title of your Spanish-language book, *Mejora Tu Salud De Poquito a Poco*, translates as *Improve Your Health Little By Little*. What's the message?

It's based on the concept that when somebody's trying to lose weight or is trying to solve a medical problem, we've gotten into this culture that people want to do it fast. People want a magic pill. They want immediate results. And in reality, medicine doesn't work like that. What I do in the book is with diet, exercise, sleep, and stress, I give you practical guides and action plans.

How does that work—for example, with diet?

I initially just focus on changing the quality of what people are eating, without paying too much attention to

the calories or the portions. I'm basically telling them you have to learn how to eat first. As a matter of fact, when you start eating healthier you start losing weight. After that initial step, I start little by little decreasing calories so they can continue losing weight.

Where does your advice come from?

What I write in the book is based on research, but it's also based on my experience with my patients. ... Every chapter has a very personal story. In the diabetes section, I talk about how I diagnosed my own mother with the disease, which was a very moving experience.

You also have a series of videos on WebMD called "Things My Abuelita (Grandma) Told Me." What inspired you?

I started seeing more and more patients show up to my clinic, and basically the first sentence out of their mouth was, "Whatever you tell me, whatever your diagnosis is, I'm not taking

medication." ... I think multiple factors have made patients more reluctant and more skeptical about traditional medicine. And I think that has led to individuals bringing back alternative remedies—those home remedies that have been carried from generation to generation, by abuelitas in this particular case.

Your new book, *Santo Remedio (Holy Remedy)*, covers 100 home remedies you recommend. What place do alternative remedies have in medicine?
The way I describe myself is, I'm a traditional doctor. I'm a scientist, but with an open mind. Of course, I'm never going to disregard medical research. ... But at the same time, I'm not going to underestimate natural remedies or other types of alternative remedies that we have accessible to us that might work.



"People want a magic pill. They want immediate results. And in reality, medicine doesn't work like that."

—JUAN RIVERA, MD
INTERNIST AND
CARDIOLOGIST,
MIAMI BEACH,
FLORIDA;
CHIEF MEDICAL
CORRESPONDENT
FOR UNIVISION

Heart First

DAMAGE TO YOUR ARTERIES CAN START YEARS BEFORE YOU NOTICE CHEST PAIN AND OTHER SYMPTOMS. PREVENTION IS KEY, SAYS JUAN RIVERA, MD.

KNOW YOUR RISKS

"Get your cholesterol tested, know what your blood sugar is, and talk with your doctor about diet and exercise and your ideal body weight."

GO GREEN

"I always tell my patients the best diet out there is a plant-based diet. It's the most anti-inflammatory."

TAKE A STAND

"If you want to do something very quick that has a significant impact on your survival, get a standing desk."

STEP IT UP

"Not everyone can go to a gym, but you can walk. And you should be able to do 10,000 steps a day."

Take 10

Megan Bomgaars

Reality TV star and entrepreneur, 24, Los Angeles
and Evergreen, Colorado

1

You're on season three of *Born This Way*. What has the experience of working on this show been like for you?

I've made a lot of new friends on the show. And I've been all over the country, traveling more and meeting lots of people. The connections I have made are really cool.

2

You first gained attention with your speech, "Don't Limit Me." Why is that message so important to you?

It's my motto. People with Down syndrome have amazing abilities. Let us show you. I can do anything I want. I want to show the whole world and the fans out there watching me.

3

Has Down syndrome ever limited you?

Not really. I love who I am.

4

What is Megology?

When I graduated from Evergreen High School (in Colorado) in 2011, I told my mom I wanted to start a fashion business. We discovered the ice dying technique of tie-dye from an online video that Martha Stewart put out. The clothes are my designs. After we started Megology, my mom was very funny. She told me, "Thank you, Martha Stewart." It's been busy and messy, but we have fun doing it. We donate \$1 from every pair of socks we sell to the Reece's Rainbow Down Syndrome Adoption Grant Foundation.



"People with Down syndrome have amazing abilities. Let us show you."

5

What other projects are you working on?

I'm working on my first chapter book for young adults with Down syndrome. It's called *Don't Limit Me*. I am going to New York City for a book promotion and to meet my new agent. We're going to work on the book together and figure out when it will be coming out.

6

Is there anything you'd like to try that you haven't done yet?

I'd like to travel overseas and meet new people from other countries—and meet more celebrities in Hollywood. I want to go to New York City, Hawaii, and London.

7

What kind of diet do you follow?

I eat all different kinds of food because I'm not picky at all. I like everything. But if it's gluten, wheat, or dairy, I can't have that, because I have celiac disease. I have to watch what I eat.

8

What kinds of exercises do you like to do?

I dance a lot. I do Zumba and sometimes hip-hop, and it's so fun. I used to be a ballerina when I was a little girl. My mom got me a treadmill back home in Colorado, and I do that, too.

9

What makes you happiest?

My family, my friends, public speaking, going to conferences, Megology, and my dog, Lucy, make me happy. Lucy is a one-half poodle mix, and I miss her so much. She lives back home in Colorado.

10

What do you think you'll be doing 10 years from now?

I want to make money from Megology and own my own house in California. I also want to be a singer and have my own rock band. And I want to be a fashion model and walk the runway. I want to continue to design my clothes and own a beach house!

—STEPHANIE WATSON