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wellness
Life Stages 60

Eddie Falco reveals to WebMD contributing writer **Jenna Bergen** how her past battle with alcoholism helps her get into character as Nurse Jackie. The award-winning actor—starring opposite Ben Stiller in *The House of Blue Leaves*, which just premiered on Broadway—also opens up about her favorite role of all, mom. **PLUS:** Falco's seven rules for health and happiness.



fatigue
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Feel fatigued? You're in good company. It's one of the most-searched health terms on WebMD.com. Contributing writer **Stephanie Watson** asks leading health experts about the reasons so many women are exhausted. Do you know the seven culprits most often to blame?

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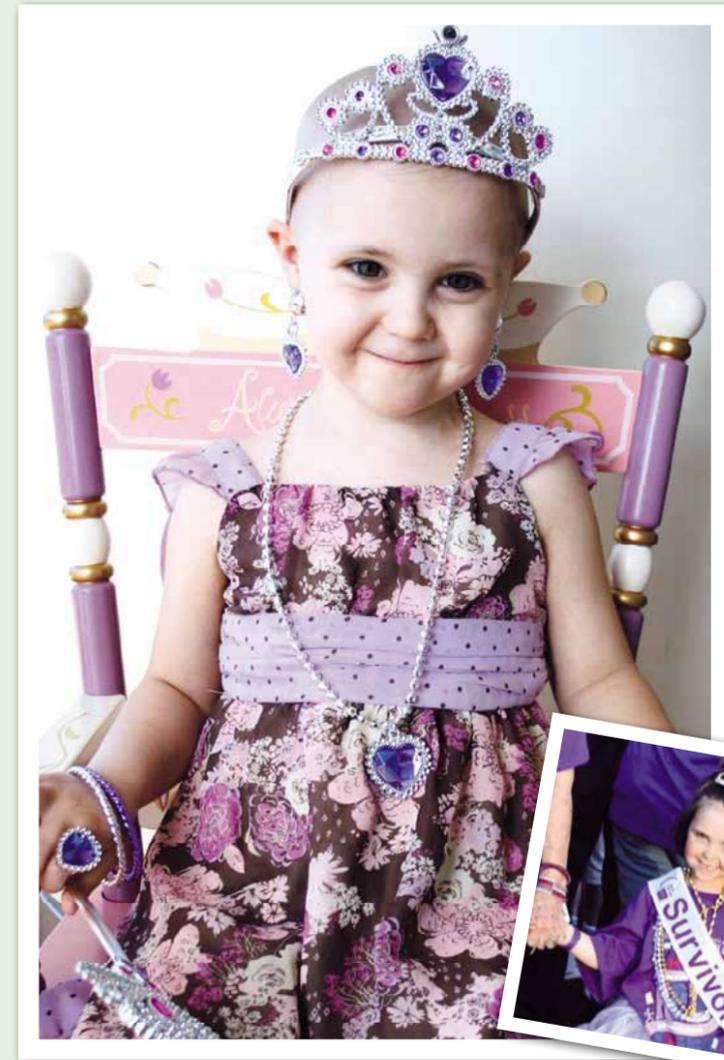
The heat is on! Have you stocked up on sunblock? WebMD contributing writer **Ayren Jackson-Cannady** talks to top dermatologists who bust the biggest misconceptions about wearing sunscreen. **AND:** We asked a top derm about the sun care products she slathers on herself.



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Everyone wanted to know
how the Princess was...
And CaringBridge made it easy to share.



NAME: Taylor
HEALTH CONDITION: Cancer
VISITS TO WEBSITE: 632,130
MESSAGES OF SUPPORT: 12,211

CaringBridge provides free websites that connect people facing a significant health challenge to family and friends, making it easy to share updates and receive support.



Making each health journey easier.



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One woman's spicy love story.

take the test you can take to your doctor

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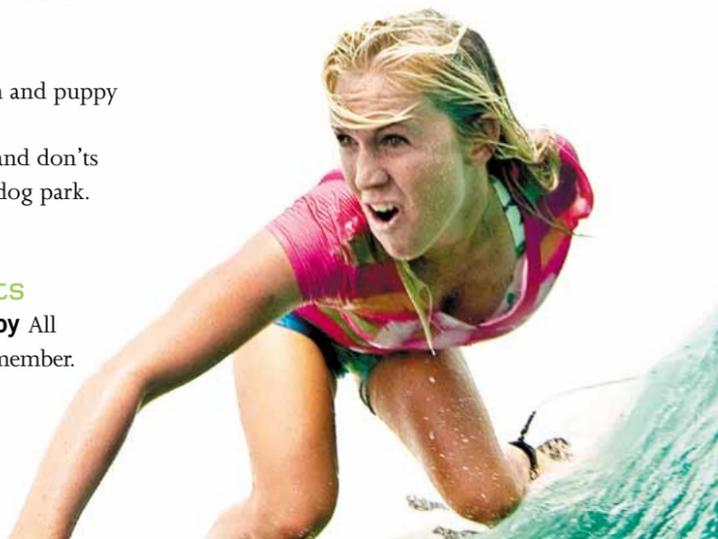
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84 **WebMD Checkup**

Surfing champ **Bethany Hamilton** on her best and worst health habits, how she stays inspired, and what it's like seeing her life story on the big screen in *Soul Surfer*.



IF YOU HAVE **DIABETES** WHAT YOU PUT HERE CAN IMPACT YOUR GUM HEALTH



Don't brush it off—use Colgate® **Total**

People with diabetes have a **2x greater risk** of developing gum disease. **Colgate Total® toothpaste reduces 90% of plaque germs** that cause gingivitis, the most common form of gum disease, for 12 hours.* **And, it's the only FDA-approved toothpaste.†**

Learn more at OralHealthandDiabetes.com

*vs ordinary, nonantibacterial toothpaste.

†Colgate Total® toothpaste is approved through the New Drug Approval process to help prevent gingivitis. Not approved for the prevention or treatment of serious gum disease or other diseases. The ADA Council on Scientific Affairs' acceptance of Colgate Total® Gum Defense toothpaste is based on its finding that the product is effective in helping to prevent and reduce tooth decay, gingivitis and plaque above the gumline, and bad breath, and to whiten teeth by removing surface stains, when used as directed.



BOTTOM RIGHT: NOSH HAMILTON

MAY'S Quick Picks



HELPING HAND

Mother's Day is the perfect time for a DIY mother-daughter manicure. "It's great bonding time," says Karyn Grossman, MD, WebMD skin care expert. But she has one word of caution: While prepping nails for a good polish, **leave the cuticles on your hands alone.** "Your hands are exposed daily to soaps and more caustic things, and if you manipulate the cuticles a lot on the more delicate skin, you may end up with inflammation, irritations, or infection," she explains.

▶ WHAT'S YOUR CRUNCH QUOTIENT?

I love adding granola to my yogurt, but sometimes the store-bought options leave a little to be desired. So I want to make my own. That's where you come in—do you have a DIY granola recipe to share? Take our **Healthy Start Challenge:** Post your recipe in the magazine community at WebMD.com to **win a \$25 gift card to Whole Foods!**

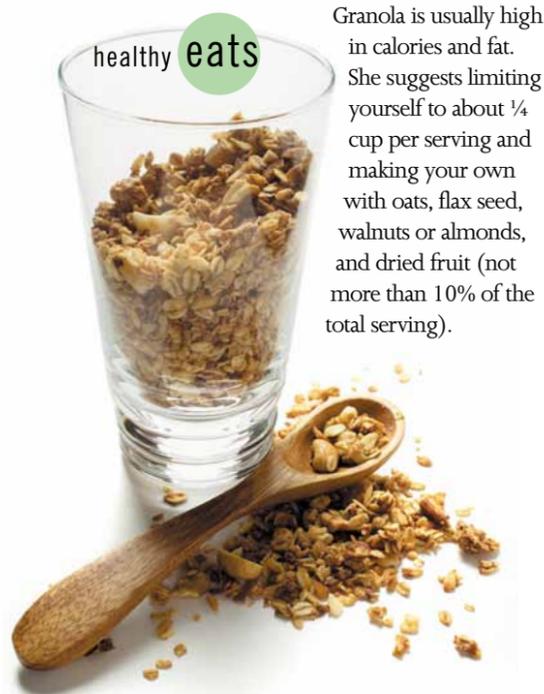


Andi Gabrick
Senior Editor, *WebMD the Magazine*

NUMBER CRUNCH

Think granola is the ideal snack? Be careful not to overindulge, says WebMD nutrition expert Carolyn O'Neil, MS, RD. "**You have to look beyond granola's health halo,**" O'Neil says.

healthy eats



Granola is usually high in calories and fat. She suggests limiting yourself to about ¼ cup per serving and making your own with oats, flax seed, walnuts or almonds, and dried fruit (not more than 10% of the total serving).

give back



MOLE PATROL

Melanoma is the most dangerous type of skin cancer, but also the most easily treated if detected early. And **May is Melanoma Month**—the perfect time to spread the word. St. Louis, Mo., holds a Moonlight and Melanoma Walk of Hope May 14, and Ocean City, N.J., holds a walk May 21. Visit melanoma.org for more of the Melanoma Research Foundation's yearlong prevention efforts.

RUN FOR IT

When it comes to shopping for new running kicks, leave it to the pros, advises Pamela Peeke, WebMD fitness expert. Head to a specialty running store so a qualified salesperson can evaluate what type of shoe is best for your feet. Another tip? **Shop in the late afternoon or just after a run,** Peeke says. "Your feet are expanded to their greatest width, and you need the most accurate width measurement."

fit tip



CLOCKWISE FROM TOP LEFT: TETRA IMAGES/GLOW IMAGES; FRANZ ABERHAM/GETTY IMAGES; GREGOR SCHUSTER/GETTY IMAGES

Get Fashionably Fit



Kim Kardashian



Kris Jenner



SKECHERS
Fitness Group
Shape-ups

Take this issue's **Healthy Start Challenge** and you could **win a prize!** [▶ WebMD.com](http://WebMD.com)

This issue is dedicated to resilience, from the cover story—Emmy Award-winning actor **Edie Falco**'s ability to get sober, fight breast cancer, and then joyfully become a parent—to our back page "WebMD Checkup," with 21-year-old **Bethany Hamilton**'s return to surfing after losing her arm to a shark attack (her story is now a major movie, *Soul Surfer*, in theaters).



Here at WebMD, we are bringing a spirit of resiliency to the obesity epidemic in America. We have more hope for this next generation than ever before. Our optimism comes from knowing that information, personal awareness, and understanding can free children to thrive in a healthy environment.

Together with our partner Sanford Health—the largest nonprofit U.S. rural health care provider and an organization comprising the leading researchers, physicians, diabetes educators, nutritionists, and healthy living specialists in the country—we are proud to introduce **fit**,

a new website for children ages 2 to 18 with three separate age-appropriate destinations for kids only: **fit jr.** (launching soon), **fit kids**, and **fit teen**. Find all three at fit.WebMD.com. And on WebMD.com itself, you'll find **Raising Fit Kids** for parents and families.

All told, it is an entirely new platform for kids and families to look at whole health. **fit** is learning disguised as fun, while also a refreshingly new approach to understanding the total picture of feeling and looking better starting from a young age. You and your kids will have to see for yourselves, but I can assure you that the children and teens who helped us develop **fit** truly enlightened us. What they wanted to learn and understand was more far-reaching than we imagined: nutrition (**fit food**) and fitness (**fit move**) for sure, but also emotional fitness (**fit mood**) and restorative fitness (**fit recharge**), both unmet needs when it comes to kids' health.

We wish you the loveliest May ever with the most satisfying smile (☺), the greatest night's sleep (zzz), the yummiest healthy meal (mmm), and an endorphin-raising workout (phew!).



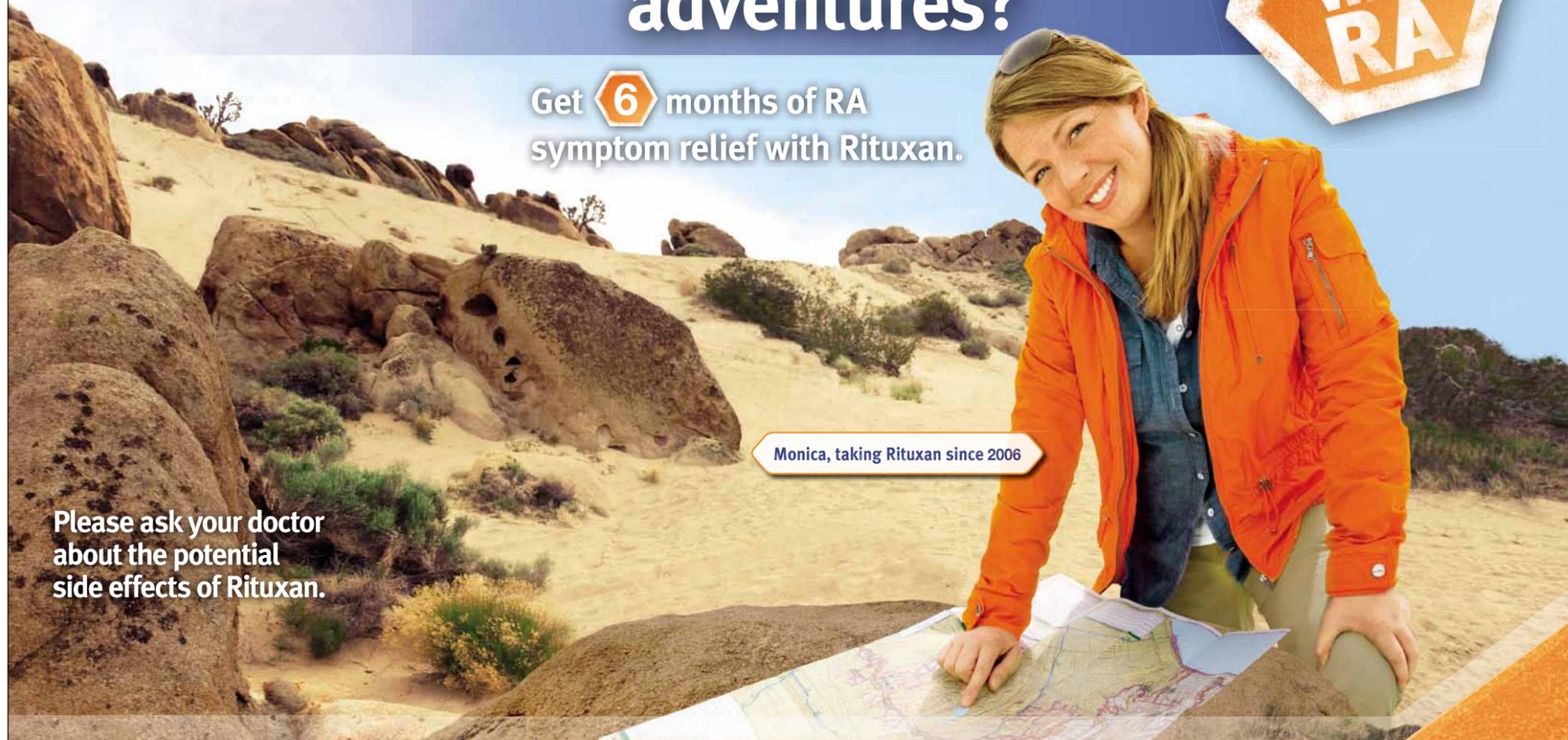
Nan-Kirsten Forte

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

Miss out on my adventures?



Get **6** months of RA symptom relief with Rituxan.



Monica, taking Rituxan since 2006

Please ask your doctor about the potential side effects of Rituxan.



With just 1 course of 2 infusions, Rituxan is the only treatment for rheumatoid arthritis (RA) that can provide 6 months of relief by improving pain and symptoms. Also, studies show that more than half of people who take Rituxan experience a clinically significant improvement in RA (also called an ACR 20 response). So if Rituxan works well for you, you won't have to miss out on the things that matter. To learn more, ask your doctor.

IS YOUR RA TREATMENT LASTING AS LONG AS YOU WANT IT TO?
Call 1-877-474-8892 or visit www.Rituxan.com for more information, including a DVD.

WHAT IS RITUXAN? Rituxan is a prescription medicine used in adults with another medicine called methotrexate to reduce the signs and symptoms of moderately to severely active RA after at least one other medicine called a tumor necrosis factor (TNF) antagonist has been used and did not work well.

People with serious infections should not receive Rituxan.

IMPORTANT SAFETY INFORMATION: Rituxan can cause serious side effects, some of which could be life threatening. These include severe infusion reactions, tumor lysis syndrome (TLS), severe skin reactions, progressive multifocal leukoencephalopathy (PML), hepatitis B reactivation, severe infections, heart problems, and low blood cell counts.

Common side effects include infections and infusion reactions. Before treatment with Rituxan, tell your doctor if you have an infection, including one that will not go away or keeps coming

back. If you experience any symptoms or side effects during or after Rituxan treatment, seek immediate medical attention.

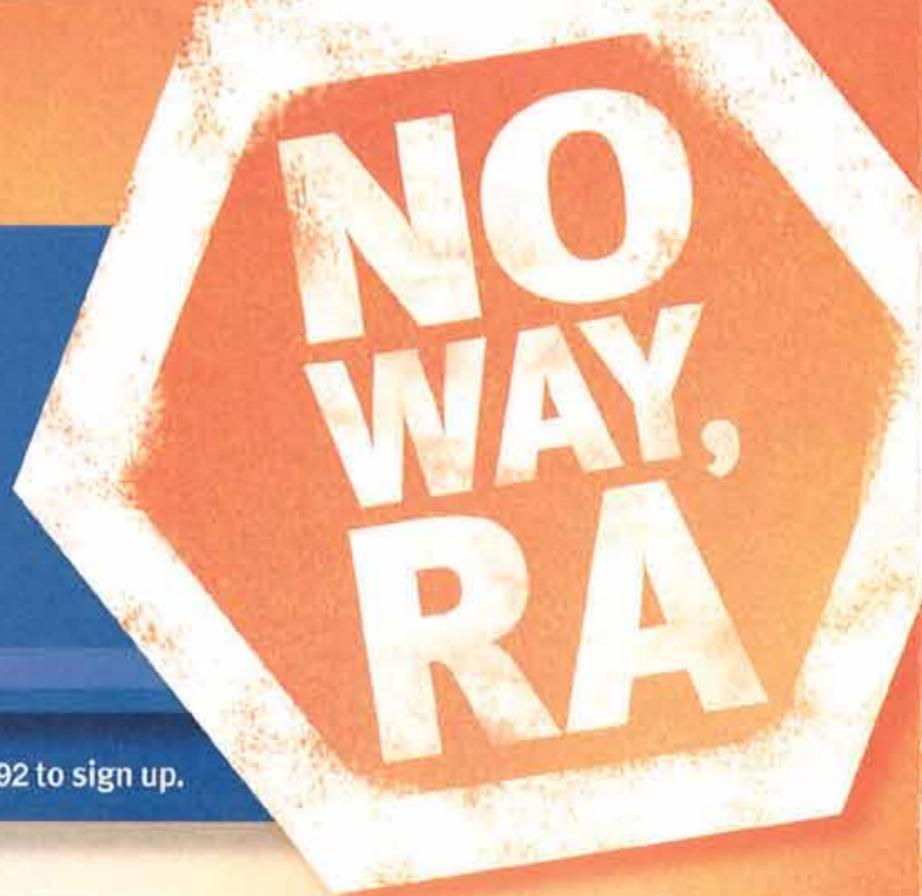
For more information, please see the Medication Guide on the following page.

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

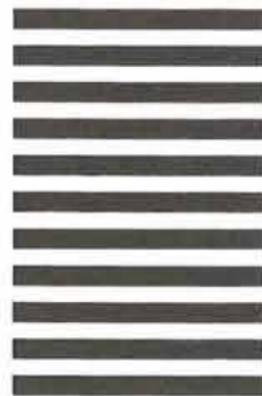
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You can also call 1-877-474-8892 to sign up.

Please see the Medication Guide on the following page of this magazine.



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first last

*Address _____
street address city state zip

*E-mail _____ Phone (_____) _____

MIRTRA0597

Condition information

1. Have you, or has someone you know, been diagnosed with RA? Yes No

Note: If you answered "No," you may skip the remaining questions.

2. What is your relationship to the person with RA?

I am the person with RA Family member/friend/care partner

Note: Please respond to the following questions as they relate to the person with RA.

3. How would your doctor describe your RA?

Mild Moderate Severe Not sure

4. Which of the following treatments have you been taking or taken in the past? Check all that apply.

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	Currently taking	Taken in the past		Currently taking	Taken in the past
Biologic DMARDs:					
Cimzia® (certolizumab pegol)	<input type="checkbox"/>	<input type="checkbox"/>	Methotrexate or other traditional DMARDs such as:	<input type="checkbox"/>	<input type="checkbox"/>
Enbrel® (etanercept)	<input type="checkbox"/>	<input type="checkbox"/>	Arava® (leflunomide)		
Humira® (adalimumab)	<input type="checkbox"/>	<input type="checkbox"/>	Azulfidine® (sulfasalazine)		
Orencia® (abatacept)	<input type="checkbox"/>	<input type="checkbox"/>	Imuran® (azathioprine)		
Remicade® (infliximab)	<input type="checkbox"/>	<input type="checkbox"/>	Plaquenil® (hydroxychloroquine)		
Rituxan® (rituximab)	<input type="checkbox"/>	<input type="checkbox"/>			
Simponi™ (golimumab)	<input type="checkbox"/>	<input type="checkbox"/>	None of the above/Not sure	<input type="checkbox"/>	

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Genentech

biogen idec

Rituxan®

Rituximab

Read this Medication Guide before you start Rituxan and before each Rituxan infusion. There may be new information. This Medication Guide does not take the place of talking to your doctor about your medical condition or your treatment.

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

Rituxan can cause serious side effects that can lead to death, including:

- 1. Infusion reactions.** Infusion reactions are the most common side effect of Rituxan treatment. Serious infusion reactions can happen during your infusion or within 24 hours after your infusion of Rituxan. Your doctor should give you medicines before your infusion of Rituxan to decrease your chance of having a severe infusion reaction.

Tell your doctor or get medical help right away if you get any of these symptoms during or after an infusion of Rituxan:

- hives (red itchy welts) or rash
- itching
- swelling of your lips, tongue, throat or face
- sudden cough
- shortness of breath, difficulty breathing, or wheezing
- weakness
- dizziness or feel faint
- palpitations (feel like your heart is racing or fluttering)
- chest pain

- 2. Progressive Multifocal Leukoencephalopathy (PML).** PML is a rare, serious brain infection caused by a virus. People with a weakened immune system can get PML. Your chance of getting PML may be higher if you are treated with Rituxan alone or with other medicines that weaken your immune system. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML.

Tell your doctor right away if you have any of the following symptoms or if anyone close to you notices these symptoms:

- confusion or problems thinking
- loss of balance
- change in the way you walk or talk
- decreased strength or weakness on one side of your body
- blurred vision or loss of vision

- 3. Tumor Lysis Syndrome (TLS).** TLS is caused by the fast breakdown of cancer cells. TLS can cause you to have:

- kidney failure and the need for dialysis treatment
- abnormal heart rhythm

Your doctor may do blood tests to check you for TLS. Your doctor may give you medicine to help prevent TLS.

- 4. Severe skin and mouth reactions.** Tell your doctor or get medical help right away if you get any of these symptoms at any time during your treatment with Rituxan:

- painful sores or ulcers on your skin, lips or in your mouth
- blisters
- peeling skin
- rash
- pustules

See “What are the possible side effects of Rituxan?” for more information about side effects.

What is Rituxan?

Rituxan is a prescription medicine used to treat:

- **Non-Hodgkin’s Lymphoma (NHL):** alone or with other chemotherapy medicines.
- **Chronic Lymphocytic Leukemia (CLL):** with the chemotherapy medicines fludarabine and cyclophosphamide.
- **Rheumatoid Arthritis (RA):** with another prescription medicine called methotrexate, to reduce the signs and symptoms of moderate to severe active RA in adults, after treatment with at least one other medicine called a Tumor Necrosis Factor (TNF) antagonist has been used and did not work well enough.

People with serious infections should not receive Rituxan. It is not known if Rituxan is safe or effective in children.

What should I tell my doctor before receiving Rituxan?

Before receiving Rituxan, tell your doctor if you:

- have had a severe infusion reaction to Rituxan in the past
- have a history of heart problems, irregular heart beat or chest pain
- have lung or kidney problems
- have an infection or weakened immune system
- have or have had any severe infections including:
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Cytomegalovirus (CMV)
 - Herpes simplex virus (HSV)
 - Parvovirus B19
 - Varicella zoster virus (chickenpox or shingles)
 - West Nile Virus

- have had a recent vaccination or are scheduled to receive vaccinations. You should not receive certain vaccines before or after you receive Rituxan. Tell your doctor if anyone in your household is scheduled to receive a vaccination. Some types of vaccines can spread to people with a weakened immune system, and cause serious problems
- have any other medical conditions
- are pregnant or planning to become pregnant. Rituxan may affect the white blood cell counts of your unborn baby. It is not known if Rituxan may harm your unborn baby in other ways. Women who are able to become pregnant should use effective birth control (contraception) while using Rituxan and for 12 months after you finish treatment. Talk to your doctor about effective birth control
- are breast-feeding or plan to breast-feed. It is not known if Rituxan passes into your breast milk. You and your doctor should decide the best way to feed your baby if you receive Rituxan

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take or have taken:

- a Tumor Necrosis Factor (TNF) inhibitor medicine
- a Disease Modifying Anti-Rheumatic Drug (DMARD)

MEDICATION GUIDE

RITUXAN® (ri-tuk'-san) (rituximab) for injection

If you are not sure if your medicine is one listed above, ask your doctor or pharmacist. Know the medicines you take. Keep a list of them to show to your doctor and pharmacist when you get a new medicine. Do not take any new medicine without talking with your doctor.

How will I receive Rituxan?

- Rituxan is given by infusion through a needle placed in a vein (IV or intravenous infusion), in your arm. Talk to your doctor about how you will receive Rituxan.
- Your doctor may prescribe medicines before each infusion of Rituxan to reduce side effects of infusions such as fever and chills.
- Your doctor should do regular blood tests to check for side effects to Rituxan.

Before each Rituxan treatment, your doctor or nurse will ask you questions about your general health. Tell your doctor or nurse about any new symptoms.

What are the possible side effects of Rituxan?

Rituxan can cause serious and life-threatening side effects, including:

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

- **Hepatitis B virus (HBV) reactivation.** If you have had hepatitis B or are a carrier of hepatitis B virus, receiving Rituxan could cause the virus to become an active infection again. This may cause serious liver problems including liver failure, and death. You should not receive Rituxan if you have active hepatitis B liver disease.
- **Serious infections.** Serious infections that happen with Rituxan can lead to death. Call your doctor right away if you have any symptoms of infection:
 - fever
 - cold symptoms, such as runny nose or sore throat that do not go away
 - flu symptoms, such as cough, tiredness, and body aches
 - earache or headache
 - pain during urination
 - white patches in the mouth or throat
 - cuts, scrapes or incisions that are red, warm, swollen or painful

- **Heart problems.** Rituxan may cause chest pain and irregular heart beats which may need treatment, or your doctor may decide to stop your treatment with Rituxan.

- **Kidney problems.** especially if you are receiving Rituxan for NHL. Your doctor should do a blood test to check how well your kidneys are working.

- **Stomach and serious bowel problems that can sometimes lead to death.** Bowel problems, including blockage or tears in the bowel, can happen if you receive Rituxan with chemotherapy medicines to treat non-Hodgkin’s lymphoma. Tell your doctor right away if you have any stomach area pain during treatment with Rituxan.

- **Low blood cell counts.** Your doctor may do a blood test during treatment with Rituxan to check your blood cell counts.

- **White blood cells.** White blood cells fight against bacterial infections. Low white blood cells can cause you to get infections, which may be serious. See “Increased risk of infections” above for a list of symptoms of infection.
- **Red blood cells.** Red blood cells carry oxygen to your body tissues and organs.
- **Platelets.** Platelets are blood cells that help your blood to clot.

Common side effects during Rituxan treatment include:

- infusion reactions (see “What is the most important information I should know about Rituxan?”)
- chills
- infections
- body aches
- tiredness
- low white blood cells

Other side effects with Rituxan include:

- aching joints during or within hours of receiving an infusion
- more frequent upper respiratory tract infection

Tell your doctor about any side effect that bothers you or that does not go away. These are not all of the possible side effects with Rituxan. For more information, ask your doctor or pharmacist.

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

General information about Rituxan

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. This Medication Guide provides a summary of the most important information about Rituxan. If you would like more information talk with your doctor. You can ask your doctor for information about Rituxan that is written for healthcare professionals. For more information, go to www.Rituxan.com or call 1-877-474-8892.

What are the ingredients in Rituxan?

Active ingredient: rituximab

Inactive ingredients: sodium chloride, sodium citrate dihydrate, polysorbate 80, and water for injection.

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EDITOR IN CHIEF • Nan-Kirsten Forte, MS

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MD, Board Certified, Internal Medicine

WEBMD.COM EXECUTIVE EDITOR • Sean Swint

BOOKINGS DIRECTOR • Wendy Zipes Hunter
wendy@celebrity-concepts.com • 954-344-0912

CONTRIBUTING WRITERS • Christina Boufis, Daniel J. DeNoon,
Jennifer Dixon, Heather Hatfield, Katherine Kam, Lauren Paige
Kennedy, Susan Kuchinskas, Matt McMillen, Erin O'Donnell,
Monica Kass Rogers, Gina Shaw, Stephanie Watson

COMMUNITY EDITORS • Leona Perry, Kate Royston

ART DIRECTORS • Glenn Pierce, Melissa Miller Hamid

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ADVERTISING TRAFFIC MANAGER • Jennifer Morgan

PRODUCTION ARTIST • Brenda M. Waugh

COPY EDITOR • Sharon Congdon

MANAGEMENT OF EDITORIAL, DESIGN, AND PRODUCTION



1707 L St., N.W., Third Floor
Washington, D.C. 20036 • 202-331-7700

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Dawn Carey • dcarey@webmd.net • 212-624-3901
Patria Cervantes • pcervantes@webmd.net • 212-417-9542
Alisa Feiner • afeiner@webmd.net • 212-624-3897
Nancy Kaplan • nkaplan@webmd.net • 646-674-6915

CHICAGO

Margaret Posh • mposh@webmd.net • 312-416-9277
Meghan Rice • mrice@webmd.net • 312-416-9276

WEST COAST

Elise Perlmutter • eperlmutter@webmd.net • 424-248-0616

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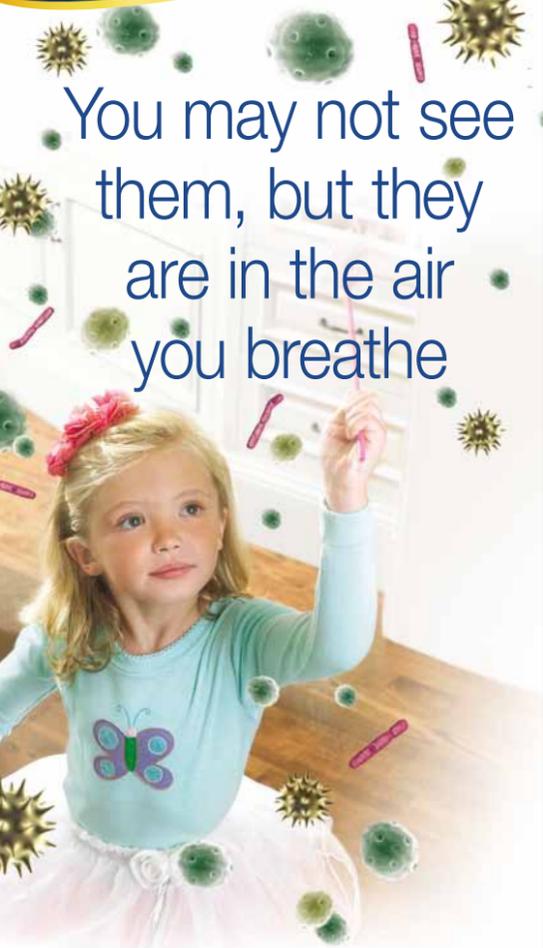
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Filter your world



SNEEZE CITY

Do April showers bring sneezes and sniffles instead of May flowers? Are your allergies so bad that you find yourself scanning the apartment rental listings in other cities? Before you start packing, check out the Asthma and Allergy Foundation of America's "spring allergy capitals." The list ranks 100 metropolitan areas according to how challenging they can be for people with allergies, based on pollen counts, city size (larger cities have more pollution, which can worsen allergy symptoms), weather conditions, the number of people who use allergy medications, and the number of board-certified allergists in that location. The top 10 cities with the worst conditions for people with allergies are:

- | | |
|-----------------------|---------------------|
| 1. Knoxville, Tenn. | 6. Birmingham, Ala. |
| 2. Louisville, Ky. | 7. Dayton, Ohio |
| 3. Charlotte, N.C. | 8. Richmond, Va. |
| 4. Jackson, Miss. | 9. McAllen, Texas |
| 5. Chattanooga, Tenn. | 10. Madison, Wis. |

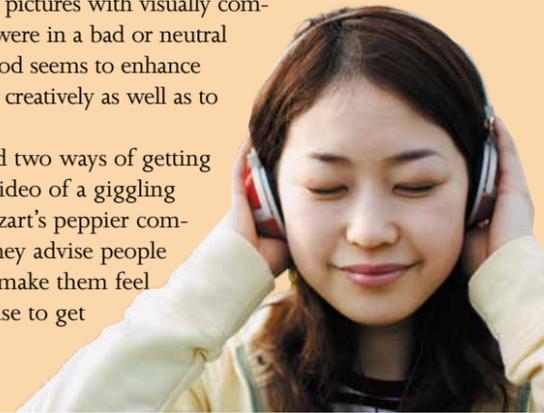
Source: Asthma and Allergy Foundation of America

Mood Master

No one really likes to be in a bad mood, but now there's even more reason to be in a good mood. A new study suggests a cheerful frame of mind can help with problem-solving. In the study of 87 student volunteers, researchers at the University of Western Ontario found that those who were in a good mood performed better on tasks such as classifying pictures with visually complex patterns than students who were in a bad or neutral mood. The reason? A positive mood seems to enhance people's ability to solve problems creatively as well as to think both flexibly and carefully.

The researchers also identified two ways of getting into a good mood: watching a video of a giggling baby and listening to one of Mozart's peppier compositions. Ultimately, however, they advise people to find the music or videos that make them feel happiest so they know what to use to get their creative juices flowing.

Source: Psychological Science



TOP: AMANA PRODUCTIONS INC./GETTY IMAGES; BLOOM IMAGEGETTY IMAGES; OPPOSITE: FLICKR/GETTY IMAGES; PURESTOCK/GETTY IMAGES



GOOD EGG

Good news for those watching their cholesterol levels: The average amount of cholesterol in an American egg has dropped in the last decade, according to a new study by the U.S. Department of Agriculture.

And not just by a little bit. The study, which analyzed regular, large-shell eggs from 12 spots across the country, found that eggs now have 14% less cholesterol compared to 2002, when they were last examined.

There's more good news: The amount of vitamin D in eggs has increased a whopping 64% in the same period.

Researchers theorize that a change in nutrient levels might be due to changes in hen feed. But nutritionists still recommend eating just one egg a day to keep cholesterol levels in check.

Source: USDA

More

THAN MEETS THE EYE

Children diagnosed with attention deficit hyperactivity disorder (ADHD) are often struggling with other mental or physical problems as well, a new study reports. And like ADHD, those problems can harm both schoolwork and personal relationships.

The research, based on surveys of 62,000 school-aged children nationwide, found that nearly 70% of youngsters formally diagnosed with ADHD have at least one other problem, such as a learning disorder, conduct disorder, autism, epilepsy, depression, anxiety, or a hearing or speech disorder. About 20% of children with ADHD have three or more of these issues.

Put another way, the researchers found that children with ADHD were nearly eight times more likely than other children to have learning disabilities, nearly 13 times more likely to have conduct disorders, and more than eight times more likely to have depression.

The researchers said the study points to the need for better screening of children already diagnosed with ADHD to identify other disorders they may be living with.

Source: Pediatrics

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Not actual patients.



C-NOTES

New hepatitis C virus (HCV) infections in the United States declined by more than 90% between 1990 and 1992 and have remained relatively stable ever since, new figures from the CDC confirm. Researchers tracked the national incidence and transmission of new HCV infections between 1982 and 2006 by analyzing data from six county health departments.

About 3.2 million people in the United States are chronically infected with hepatitis C, and about 17,000 new infections occur each year. Roughly 14% of new HCV infections identified during the survey period were among people who said their only risk factor was having sex with an infected partner or having multiple sex partners. There was little evidence that cosmetic practices such as tattooing and body piercing contributed substantially to HCV infections. And the HCV infection risk from blood transfusions fell to near negligible levels—about one infection for every 2 million units of transfused blood—following the introduction of tighter donor screening practices and better tests.

Even so, about one in 30 baby boomers is infected with hepatitis C, but most do not know it.

Source: CDC

Sleep, INTERRUPTED

You know that resentful feeling you get when you're up in the middle of the night, comforting a crying baby, and your husband is fast asleep? A new study shows that women are more likely to give up sleep to take care of others. And that's one reason women tend to get less sleep than men.

To do their research, sleep experts at the University of Michigan studied time diaries kept by more than 20,000 working parents as part of the U.S. Census. They found women are about two-and-a-half times more likely than men to take the night shift for caregiving. And when they get up, they stay up longer than men—an average of 44 minutes versus 30 minutes. Worse, the women in the study got up more often even when they were the sole breadwinners in the house.

Part of the reason women do this might be biological—if they're breastfeeding, for instance, it's easier for women to feed a baby at night. Women's brains also appear to be more attuned to the cries of children, one 2007 brain-imaging study found. Still, loss of sleep is a real health hazard. Take a stand and ask for help with the nighttime duties, gals!

Source: *Social Forces: International Journal of Social Research*



CONTROL ROOM

You might think your child's potential is shaped by factors like intelligence and self-esteem. But it turns out that another factor is equally important: self-control.

A 32-year study, which followed 1,000 New Zealanders from birth, found that the differences between children with self-control and those without it start showing up as young as age 3. The researchers asked parents, teachers, friends, and the children to judge how well kids in the study were able to handle frustration, stick to a task, and persist in reaching goals—and, conversely, how often they acted before thinking, had difficulty taking turns, or were restless or not conscientious.

When the children reached adulthood, those who had scored the lowest on self-control as kids were more likely to have health problems than those who scored higher. Low scorers also had more trouble with money, were more likely to be single parents, had higher rates of substance abuse, or had criminal records.

While the researchers note that most people don't break out of their self-control "rank," all is not lost if a child has trouble with self-control at an early age. Seven percent of the kids improved their levels of self-control in the course of the study; the researchers think this may be partly because they attended schools that stressed structure and achievement. Encouraging children to develop autonomy and problem-solving skills can also help.

Source: *Proceedings of the National Academy of Science*



SOME THINGS IN LIFE YOU CAN'T CONTROL.

LOWERING YOUR RISK OF INFECTION DURING CANCER TREATMENT, YOU CAN.

The risk of infection during cancer treatment can be very high. And infections can delay your treatment or stop it altogether. So do everything you can to get healthy, stay healthy, stay strong. Talk to your doctor and go to manageyourtreatment.com right now. Some things you can't control. But this, you can.



CHRIS TOBINGETTY IMAGES; PURESTOCK/GETTY IMAGES

The WebMD POLL

The results are in from the March/April issue poll!

Q: What do you usually make for dinner when you're feeding only yourself?

- 34% Leftovers!
- 19% Cereal (with skim milk, of course)
- 18% A big salad
- 14% Eggs, any style
- 9% Pasta with tomato sauce
- 4% A bowl of popcorn
- 2% Ice cream (shh...don't tell!)

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

Source: 2011 WebMD Poll

Veggie Might

Q: What's the one vegetable you have the hardest time feeding your kids?

- Broccoli
- Brussels sprouts
- Eggplant
- Zucchini
- Lima beans
- Peas
- Kale



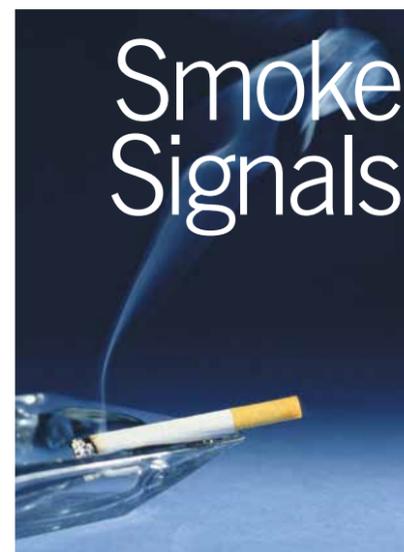
TOP: BARBARA MAUREGETTY IMAGES; FUSEGETTY IMAGES

The number of babies' and toddlers' emergency room visits each year related to accidents involving cribs, playpens, and bassinets

9,500



Source: *Pediatrics*



You know about the dangers of smoking cigarettes and the health risks of breathing in secondhand smoke. But what about exposure to thirdhand smoke?

Defined as the nicotine residue left on furniture, walls, and carpeting after a cigarette has been smoked in a room, thirdhand smoke can become—and stay—airborne a long time, a new study shows. And when that happens, the nicotine can combine with other indoor air pollutants in particles so small they are capable of penetrating the deepest parts of the lungs, which can contribute to cancer and breathing problems like asthma. The nicotine can also combine with substances in paper, cellulose, and cotton to create compounds that may be dangerous if absorbed through the skin.

One more reason to stay in a nonsmoking room the next time you're at a hotel.

Source: *Environmental Science & Technology*

This is personal.



Photo: Andrew Macpherson

“My mother died of colon cancer when she was only 56.”

Terrence Howard, actor/musician



Colorectal cancer is the 2nd leading cancer killer in the U.S., but it's largely preventable.

If you're 50 or older, please get screened.

1-800-CDC-INFO (1-800-232-4636)
www.cdc.gov/screenforlife



click here HIGHLIGHTS AT WEBMD.COM

the Pulse

by Colleen Parety
WebMD EXECUTIVE EDITOR



At WebMD, we often ask you what you think, and sometimes what you say kickstarts a whole new initiative. Take the “[Vaccines: What Today's Parents Should Know](#)” report we just launched on [WebMD.com](#). It was inspired by a WebMD survey a few months ago of parents who said they worry a lot about vaccine side effects and risks (including autism, even though a hyped-up study linking vaccines to autism is now being called a fraud). And while 77% of parents said they intended to vaccinate their kids, many others said they will select only some vaccines, follow a modified schedule, or refuse vaccines altogether. Clearly, deep concerns remain.

To help you sort through the disparate (and sometimes misleading or just plain wrong) information online, we corralled a good overview of the issues in one place, including:

- a [vaccine benefits vs. risks guide](#), which explains risks, side effects, and ingredients
- an [interactive U.S. map](#) showing unvaccinated kindergartner rates by state
- coverage of the [recent vaccine study/autism controversy](#)
- [vaccine stories](#): Three moms (and their husbands) tell us in their own words how they came to very different vaccination decisions.

The last one is particularly eye-opening. For these parents, long and thoughtful deliberation has replaced what was once a routine visit to the pediatrician's office with few questions asked. I hope our report eases your own path to an informed decision. Visit me on the magazine's [Community page](#) and let me know.

Glaucoma

symptomchecker

TOP SYMPTOMS INCLUDE

- ▶ Seeing halos around lights
- ▶ Vision loss
- ▶ Loss of peripheral (side) vision

Too much fluid pressure within the eyeball increases your risk of glaucoma, which often has no symptoms until the intraocular pressure has damaged the optic nerve. If the pressure isn't treated with medication, glaucoma develops, which can lead to permanent blindness. Risk factors include having parents with the condition, being older than age 60, having poor vision, having diabetes, and being African-American over the age of 40. If you're at risk, a key to prevention is to get a dilated eye exam every one to two years. Treatment includes eye drops to reduce the intraocular pressure and laser and microsurgery to change the eye's structure and help drain fluid out of the eye.



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WebMD Symptom Checker

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Conditions

Find medically reviewed information about Conditions relevant to you and learn more about causes, treatments, and related symptoms.



First Aid Essentials

Your handy guide for medical emergencies. From insect stings to broken bones, helpful treatment tips are always available, even without an Internet connection.



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Pill Identification Tool

Identify your prescription drugs and over the counter medicines by pill shape, color, & imprint.

Health Champion

GMA anchor spotlights skin cancer awareness

Good Morning America weather anchor Sam Champion will be reporting on more than just the elements throughout May, which is Skin Cancer Awareness Month. He'll be urging ABC viewers to get informed about the disease, and on Melanoma Monday—May 2 this year—he will deliver an on-air message about the deadliest form of skin cancer.

It's not the first time Champion has broadcast about skin cancer. Last May, he underwent live-on-the-air surgery for the most common form of the disease, basal cell carcinoma.

According to the American Cancer Society, skin cancer is the most common type of cancer, and about 2 million cases of basal cell carcinoma are diagnosed in the United States annually. That number has been increasing for many years.

Basal cell carcinoma is a slow-growing cancer that usually shows up on parts of the body that get the most exposure to the sun, such as the head, neck, and arms. It often appears as flesh-colored bumps or pink patches of skin. Though it rarely spreads, it can cause damage and disfigurement to nearby nerves and tissues if left untreated. Staying out of the sun or using a strong sunscreen when outdoors is the best way to prevent skin cancer of all types.

Champion, 49, puts the blame for his own skin cancer on bad advice he got when he was growing up. "Get your first burn of the season, then your skin will acclimate to the sun," he recalls being told. But that's not true, as he found in his 20s, when he was first treated for skin cancer. That early experience left him unsettled. "The first time was a shock. I didn't understand it," he recalls.

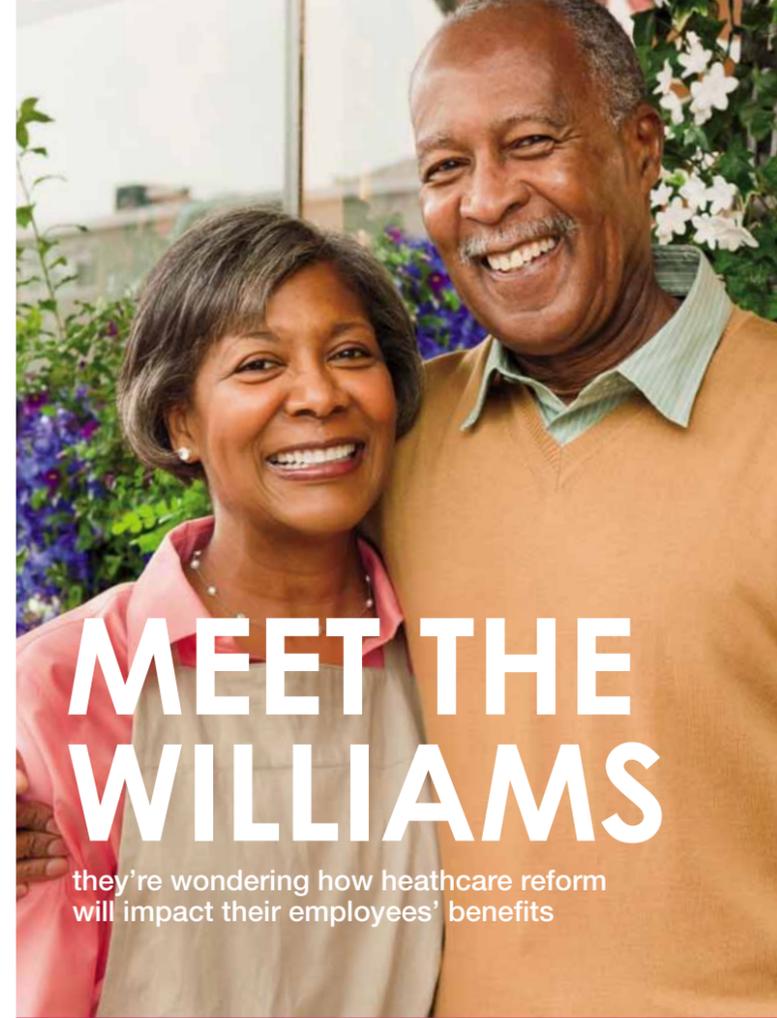


Sam Champion has turned his personal battle against melanoma into a national call to action to help others be sun safe.

"And I realized there are a lot of people like me who had been misled and were at risk."

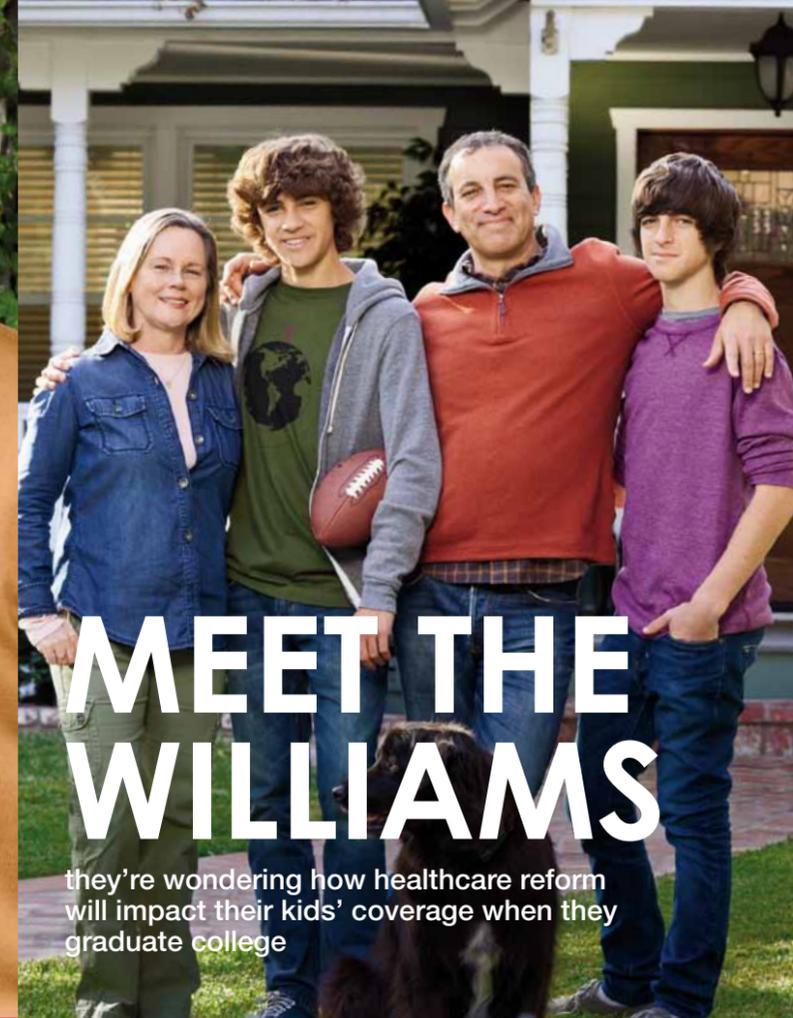
When his dermatologist discovered five suspicious moles last year and told him he would need surgery, he decided to use the opportunity to teach people about the dangers of skin cancer and the importance of protecting themselves. "I said, 'Let's do this live,'" recalls Champion, who spends his time in the sun very safely these days.

"I used to be like George Hamilton—always at the beach, always tan," he says. "Now, going to the beach, getting on a boat, I use a sunscreen with an SPF of 30 or higher every single time. I don't mess with that."—Matt McMillen



MEET THE WILLIAMS

they're wondering how healthcare reform will impact their employees' benefits



MEET THE WILLIAMS

they're wondering how healthcare reform will impact their kids' coverage when they graduate college



MEET THE WILLIAMS

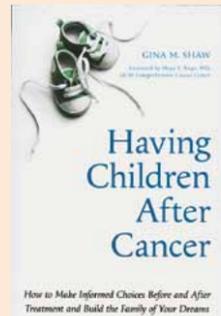
they're wondering how healthcare reform will affect their new baby

IDA ASTUTE/ABC

FERTILE HOPES

It's no surprise to anyone here at WebMD that one of our favorite longtime writers has authored a simply lovely book. If you've admired articles in the pages of this magazine and on WebMD.com that are sensitively written, often moving, full of humanity, and always heartfelt (not to mention excellently reported), chances are you've read Gina M. Shaw's work.

Now, in her first book, she tells of being newly married, about to start a family, and suddenly, shockingly diagnosed with breast cancer at age 36. *Having Children After Cancer: How to Make Informed Choices*



how to go about it or even if it's safe.

Can you conceive? If you do, does the risk of the cancer's returning increase? What are the options for preserving

HEALTHY READ

Before and After Treatment and Build the Family of Your Dreams charts a path for women with (and after) cancer who want to have children but don't know

fertility before and after cancer treatment? Important questions all, since fertility often takes a backseat to fighting the disease. Shaw answers these and more, and also covers various adoption choices for cancer survivors.

Today a mom of three, Shaw writes, "Cancer steals so much...It shouldn't steal our hopes for a family as well. If you want to have a child or more children, there's no reason a cancer diagnosis should close the door to those dreams." Shaw's book makes sure it doesn't.—Colleen Parety

All of these families share the same name, but their lives and their questions regarding healthcare reform are very different. That's because healthcare reform affects everyone differently. Introducing AskBlue Healthcare Reform. Your personal guide to understanding the basics of reform. To find answers to your healthcare reform questions visit bcbs.com/askblue.

AskBlueSM
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 BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans

MOUTHWASH

Chew on This

The ancient Egyptians, Greeks, and Romans freshened their breath by chewing eucalyptus leaves and cinnamon sticks.

Rinse Cycle

There are two main kinds of mouthwash: therapeutic and cosmetic. Therapeutic rinses help prevent cavities, gingivitis, and other oral health problems. Cosmetic mouthwashes temporarily freshen breath.

In the Mix

Generally, mouthwashes are made of materials for strong flavor dilution, such as alcohol and water. The rest of the liquid contains antibacterial agents, flavorings, soaps, and dyes for color.

Doc Side

The popular mouthwash now known as Listerine was first used as a surgical antiseptic by a doctor named Joseph Lister before it was commercialized as mouthwash.



Off Duty

Alcohol-based oral rinses are often used for other tasks, including combating foot fungus, sprucing up unkempt lawns, and cleaning computer screens, although there are no conclusive studies about their effectiveness.

Cash Crop

Americans spend about \$2 billion a year on dental products, including mouthwash.

Under Cover

A common use of mouthwash is to eliminate or mask bad breath; consistent bad breath is called "halitosis."

Brand View

A 2010 market survey reported that only 44% of consumers bought the brand of mouthwash they most wanted; the others switched to less costly generics.—Chloe Thompson

TED MORRISON

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Dry Idea The scoop on salon UV nail dryers

Q ▶ A friend told me that nail-drying machines emit UV rays that can give you skin cancer. Do I need to be careful?

A ▶ The nail-drying machines used in professional nail salons come in two varieties: air drying and UV drying. And yes, you do need to be careful about exposing your skin to the UV type. That's because the rays emitted by these machines are UVA rays, the kind that penetrate the skin most deeply and have been associated with skin cancer.

The level of UVA rays is equivalent to that of a tanning bed. But in addition to exposing your skin to cancer-causing UVA rays, using these nail-drying machines increases your risk of getting the telltale signs of photo-aging, including spots, wrinkles, and loss of elasticity. These aren't on your face, of course, but

they can still be unsightly.

When you get to the salon, ask an employee which type of machine it uses, and make sure they know about the risks.

There are two things you can do to

reduce your exposure. First, you can decide to forgo the nail-drying machine altogether and take a few minutes longer to let your nail polish air dry (although some gel manicures do need UV light to cure). Second, you can slather on sunscreen after the aesthetician washes your hands and feet but before she applies the nail polish.



LEFT: FUSEGETTY IMAGES; CORINNE MALET/GLOW IMAGES



Susan Evans, MD
WebMD SKIN & BEAUTY EXPERT

Get expert answers to all your health questions.



WebMD.com

Is it a myth that airplane air can make people sick?

Lots of people believe this, but it's actually FALSE.

Here's why: Airplane cabins come equipped with HEPA (high-efficiency particulate air) filters that are as good "as those found in isolation units in hospitals," says David Freedman, MD, professor of medicine and epidemiology at University of Alabama at Birmingham and a board member of the International Society of Travel Medicine. "And viruses and bacteria are big enough that they are trapped in those filters."

The health risk with airplane travel, Freedman adds, "isn't the recirculated air. It's the people sitting next to you." That's because when people cough and sneeze, the droplets can travel three to six feet in any direction.

What to do? Try to move your seat if you discover that someone sitting near you is sick. Of course, all those germ-laden droplets also land on trays, window shades, seats, and surfaces in the bathroom. So be double sure to wash your hands, "especially before you eat," Freedman advises. "Bacteria and viruses can live for hours—and in some cases, days—on inanimate objects."

true or false?



Q ▶ I have severe rheumatoid arthritis (RA), and I'm finding that my husband isn't very supportive or helpful. In fact, he gets angry when I'm not able to do more housework. Is it normal for

RA to impact a marriage this way?

A ▶ It is not at all unusual for marriages (or entire families) to be affected when a spouse develops RA—or any other chronic illness. Both partners' roles change, and the healthy spouse may express anger due to the pressure of additional responsibilities. The anger might also be a result of your spouse's anxiety about what further changes are around the corner.

Sometimes, too, a new diagnosis can highlight pre-existing problems in a relationship. Your husband may not have been very supportive before you were diagnosed with RA, but you weren't as aware of it because you were able to do so much yourself.

Whatever the case, what's clear now is that you need some help and he needs a better understanding of your limits. Having him go to your doctor's appointments might help him get more educated and feel more involved in your health. It sounds as though couples counseling might also be in order, as well as, perhaps, a support group for you.

It's important to address this situation. Marital stress can make your RA worse and put your husband at risk for health problems of his own.



Scott Zashin, MD, FACP, FACR
WebMD RHEUMATOLOGY EXPERT

ACTEMRA: A different option for treating adults with moderately to severely active **RA** after at least 1 anti-TNF treatment has been used and did not work well



"If I knew then what I know now about Rheumatoid Arthritis, I would have been **more proactive.**"

-Julie W. ACTEMRA patient since 2005.
Hear Julie's story at ACTEMRA.com

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- The **FIRST AND ONLY** medication specifically designed to target the action of IL-6
- Some people taking ACTEMRA saw improvements in the pain, swelling and stiffness of RA as early as 2 to 4 weeks

Indication

ACTEMRA is a prescription medicine called an interleukin-6 (IL-6) receptor inhibitor. ACTEMRA is used to treat adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a tumor necrosis factor (TNF) antagonist has been used and did not work well.

ACTEMRA® (tocilizumab)

This information does not take the place of talking to your healthcare provider about either your medical condition or your treatment with ACTEMRA. Talk with your healthcare provider if you have any questions about your treatment with ACTEMRA.

Important Safety Information

Some people have serious infections while taking ACTEMRA, including tuberculosis (TB) and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

Please see Important Safety Information on the following pages. Please see full Prescribing Information and Medication Guide for additional important safety information at www.ACTEMRA.com.

Other serious side effects of ACTEMRA include tears (perforation) of the stomach or intestines, changes in blood test results (including low neutrophil count, low platelet count, and increase in certain liver function tests), hepatitis B infection in those already carrying the virus, nervous system problems, and serious allergic reactions.

Common side effects with ACTEMRA include upper respiratory tract infections (common cold, sinus infections), headache, and increased blood pressure (hypertension).

Tell your healthcare provider if you plan to become pregnant or are pregnant. It is not known if ACTEMRA will harm your unborn baby. Genentech has a registry for pregnant women who take ACTEMRA. If you are pregnant or become pregnant while taking ACTEMRA, contact the registry at 1-877-311-8972 and talk to your healthcare provider.

Call your healthcare provider for medical advice about any side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects to Genentech at 1-888-835-2555.

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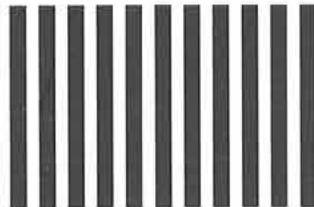
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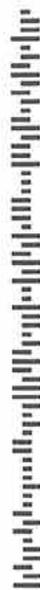


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ACTIV
PATIENT SUPPORT PROGRAM

The ACTEMRA Patient Support Program

Getting support could help you with your fight against rheumatoid arthritis (RA). That's why we've created ACTIV, the RA patient support program. Sign up now to get access to:

- Newsletters about ACTEMRA
- Diet and exercise tips from experts
- A nurse-staffed hotline that you can call with any questions
- Experiences from other people taking ACTEMRA
- Information on how to connect with other RA patients through local programs

ACTEMRA
tocilizumab

Want to learn more about RA and ACTEMRA® (tocilizumab)?
Sign up for the ACTIV Program!

You can enroll any of 3 ways:



Visit www.ACTEMRA.com



Call 1-800-ACTEMRA



Fill out the enclosed form and drop in the mail

Once you've completed the questionnaire, detach it and moisten the edges.
Refold, seal and mail it back. No postage is required.

In order to receive information, you must be over 18 years of age.

Name _____

Address _____

City _____

State _____ ZIP _____

E-mail _____

Phone _____ Year of birth _____

Gender M F

Please see accompanying Brief Summary for additional safety information.

Please answer the questions below so that we may provide the communications most relevant to you.

Are you a patient or caregiver?	<input type="radio"/> Patient	<input type="radio"/> Caregiver
Have you/Has the person you care for been diagnosed with RA?	<input type="radio"/> Yes	<input type="radio"/> No

Please respond to the following questions as they relate to the person with RA.

Have you taken any of these medications? (Please check all that apply)

	Currently Taking	Formerly Took
ACTEMRA® (tocilizumab)	<input type="radio"/>	<input type="radio"/>
Cimzia® (certolizumab pegol)	<input type="radio"/>	<input type="radio"/>
Enbrel® (etanercept)	<input type="radio"/>	<input type="radio"/>
Humira® (adalimumab)	<input type="radio"/>	<input type="radio"/>
Kineret® (anakinra)	<input type="radio"/>	<input type="radio"/>
Orencia® (abatacept)	<input type="radio"/>	<input type="radio"/>
Remicade® (infliximab)	<input type="radio"/>	<input type="radio"/>
Rituxan® (rituximab)	<input type="radio"/>	<input type="radio"/>
Simponi® (golimumab)	<input type="radio"/>	<input type="radio"/>
Methotrexate or other traditional DMARDs (Arava® [leflunomide], Plaquenil® [hydroxychloroquine], etc)	<input type="radio"/>	<input type="radio"/>
None of the above	<input type="radio"/>	<input type="radio"/>

How long have you been taking the current treatment?

6 months or less 6 to 12 months More than 1 year

Brand names mentioned above are registered trademarks of their respective companies.

The following questions are optional. This information will help us continually improve how we communicate with RA patients.

What type of information is most relevant to you? (Check all that apply)

Updates about RA	<input type="radio"/>
Treatment information	<input type="radio"/>
How ACTEMRA works	<input type="radio"/>
Local events with other RA patients	<input type="radio"/>
Diet and lifestyle tips	<input type="radio"/>
Getting the most from doctor discussions	<input type="radio"/>

By submitting this form, you agree to allow Genentech, Inc. and their agents to collect the information provided, to receive product-specific communications, and communications relevant to your condition from Genentech, Inc. and their agents, and to the terms of our Privacy Policy. Please read our complete Privacy Policy at www.ACTEMRA.com to learn more about our use of your information.

Privacy Information

Genentech, Inc. respects your right to have your personal and health information kept private. We may use your information to send you materials that may be of interest to you. We and the companies that work with us to provide these materials will only use and share your information in accordance with our Privacy Policy.

For more information about ACTEMRA,
visit www.ACTEMRA.com or call 1-800-ACTEMRA.

ACTEMRA® (AC-TEM-RA) (tocilizumab)

This is the consumer brief summary. For more information, please refer to the full prescribing information.

Rx only

Read the Medication Guide that comes with ACTEMRA before you start it and before each infusion. There may be new information. This brief summary does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about ACTEMRA? ACTEMRA can cause serious side effects including:

1. Serious Infections

ACTEMRA is a medicine that affects your immune system. ACTEMRA can lower the ability of your immune system to fight infections. Some people have serious infections while taking ACTEMRA, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

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

You should not start taking ACTEMRA if you have any kind of infection unless your healthcare provider says it is okay.

Before starting ACTEMRA, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as:

- fever, sweating, or chills
- muscle aches
- cough
- shortness of breath
- blood in phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinating more often than normal
- feel very tired

- are being treated for an infection

- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB
- live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidiomycosis, or blastomycosis). These infections may happen or become more severe if you use ACTEMRA. Ask your healthcare provider, if you do not know if you have lived in an area where these infections are common.

- have or have had hepatitis B.

After starting ACTEMRA, call your healthcare provider right away if you have any symptoms of an infection. ACTEMRA can make you more likely to get infections or make worse any infection that you have.

2. Tears (perforation) of the stomach or intestines.

- Before taking ACTEMRA, tell your healthcare provider if you have had diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people taking ACTEMRA get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.

- Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

3. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start receiving ACTEMRA and every 4 to 8 weeks during treatment to check for the following side effects of ACTEMRA:

- low neutrophil count. Neutrophils are white blood cells that help the body fight off bacterial infections.

- low platelet count. Platelets are blood cells that help with blood clotting and stop bleeding.
- increase in certain liver function tests.

You should not receive ACTEMRA if your neutrophil or platelet counts are too low or your liver function tests are too high.

Your healthcare provider may stop your ACTEMRA treatment for a period of time or change your dose of medicine if needed because of changes in these blood test results. You may also have changes in other laboratory tests, such as your blood cholesterol levels. Your healthcare provider should do blood tests to check your cholesterol levels 4 to 8 weeks after you start receiving ACTEMRA, and then every 6 months after that. Normal cholesterol levels are important to good heart health.

4. Cancer.

ACTEMRA may decrease the activity of your immune system. Medicines that affect the immune system may increase your risk of certain cancers. Tell your healthcare provider if you have ever had any type of cancer. See “What are the possible side effects with ACTEMRA?” for more information about side effects.

What is ACTEMRA?

ACTEMRA is a prescription medicine called an Interleukin-6 (IL-6) receptor inhibitor. ACTEMRA is used to treat adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a Tumor Necrosis Factor (TNF) antagonist has been used and did not work well.

It is not known if ACTEMRA is safe and effective in children.

What should I tell my healthcare provider before receiving ACTEMRA?

ACTEMRA may not be right for you. Before starting ACTEMRA, tell your healthcare provider if you:

- have an infection. See “What is the most important information I should know about ACTEMRA?”
- have liver problems
- have any stomach-area (abdominal) pain or been diagnosed with

diverticulitis or ulcers in your stomach or intestines

- have or had a condition that affects your nervous system, such as multiple sclerosis

- have recently received or are scheduled to receive a vaccine.

People who take ACTEMRA should not receive live vaccines. People taking ACTEMRA can receive non-live vaccines

- plan to have surgery or a medical procedure

- have any other medical conditions
- plan to become pregnant or are pregnant. It is not known if ACTEMRA will harm your unborn baby.

Pregnancy Registry: Genentech has a registry for pregnant women who take ACTEMRA. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking ACTEMRA, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll.

- plan to breast-feed or are breast-feeding. You and your healthcare provider should decide if you will take ACTEMRA or breast-feed. You should not do both.

Tell your healthcare provider about all of the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. ACTEMRA and other medicines may affect each other causing side effects.

Especially tell your healthcare provider if you take:

- any other medicines to treat your RA. You should not take etanercept (Enbrel®), adalimumab (Humira®), infliximab (Remicade®), rituximab (Rituxan®), abatacept (Orencia®), anakinra (Kineret®), certolizumab (Cimzia®), or golimumab (Simponi®), while you are taking ACTEMRA. Taking ACTEMRA with these medicines may increase your risk of infection.
- medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.

Know the medicines you take.

Keep a list of them to show to your healthcare provider and pharmacist when you get a new medicine.

How will I receive ACTEMRA?

- You will receive ACTEMRA from a healthcare provider through a needle placed in a vein in your arm (IV or intravenous infusion). The infusion will take about 1 hour to give you the full dose of medicine.
- You will receive a dose of ACTEMRA about every 4 weeks.
- If you miss a scheduled dose of ACTEMRA, ask your healthcare provider when to schedule your next infusion.
- While taking ACTEMRA, you may continue to use other medicines that help treat your rheumatoid arthritis such as methotrexate, non-steroidal anti-inflammatory drugs (NSAIDs) and prescription steroids, as instructed by your healthcare provider.
- Keep all of your follow-up appointments and get your blood tests as ordered by your healthcare provider.

What are the possible side effects with ACTEMRA?

ACTEMRA can cause serious side effects, including:

- See “What is the most important information I should know about ACTEMRA?”
- Hepatitis B infection in people who carry the virus in their blood. If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus may become active while you use ACTEMRA. This happens with other biologic medicines used to treat RA. Your doctor may do blood tests before you start treatment with ACTEMRA and while you are using ACTEMRA. Tell your healthcare provider if you have any of the following symptoms of a possible hepatitis B infection:

- feel very tired
- skin or eyes look yellow
- little or no appetite
- vomiting
- clay-colored bowel movements
- fevers
- chills
- stomach discomfort
- muscle aches
- dark urine
- skin rash

- Nervous system problems. Multiple Sclerosis has been diagnosed rarely in people who take ACTEMRA. It is not known what effect ACTEMRA may have on some nervous system disorders.

- Allergic Reactions. Serious allergic reactions can happen with ACTEMRA. These reactions may not happen with your first infusion, and may happen with future infusions of ACTEMRA. Tell your healthcare provider right away if you have any of the following signs of a serious allergic reaction:

- shortness of breath or trouble breathing
- skin rash
- swelling of the lips, tongue, or face
- chest pain
- feeling dizzy or faint

Common side effects of ACTEMRA include:

- upper respiratory tract infections (common cold, sinus infections)
- headache
- increased blood pressure (hypertension)

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

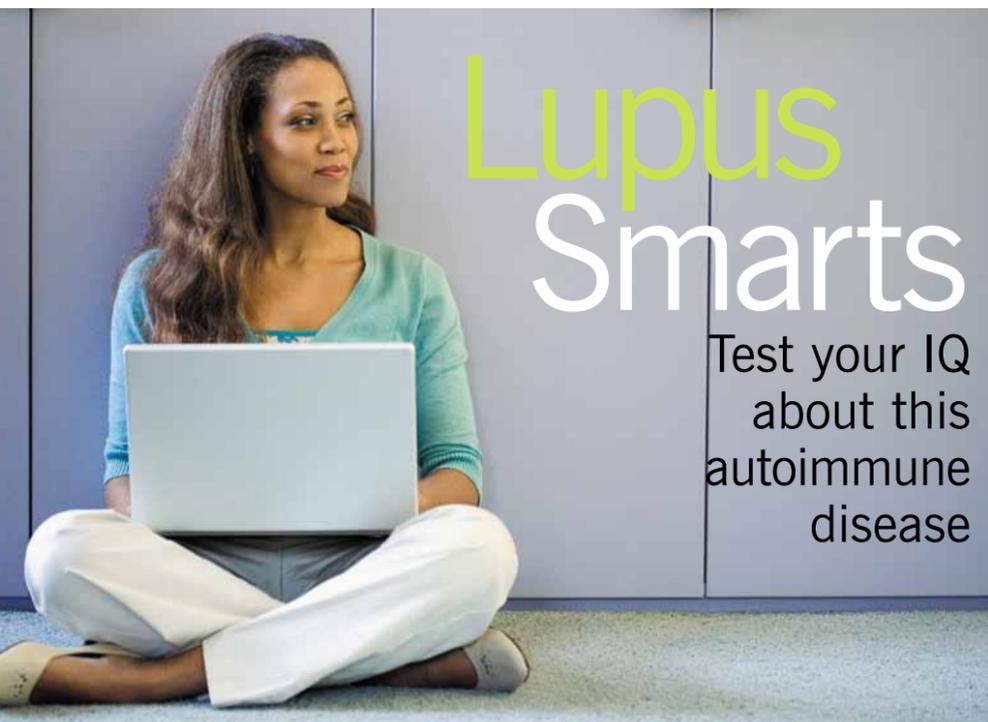
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Genentech at 1-888-835-2555.

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About 1.5 million Americans have lupus (systemic lupus erythematosus, or SLE, the most common form), according to the Lupus Foundation of America. The majority—90%—are women, who usually develop the disease between ages 15 and 44. African-American, Hispanic, and Asian women have a higher risk. Eliza Chakravarty, MD, assistant professor of medicine in the division of immunology and rheumatology at Stanford University School of Medicine, sheds light on a disease you might not know much about.

1 HOW DO YOU KNOW IF YOU HAVE LUPUS?

A lot of people who come to see me have “tested positive for lupus,” meaning they have a positive ANA (antinuclear antibody) test. That doesn’t necessarily mean they have lupus or will ever get it. To make a positive diagnosis, you typically will

have a positive ANA, but you must have more things happening, such as swelling of the joints, very particular kinds of rashes, evidence that there’s something going on in your kidneys, or inflammation in different parts of your body.

A lot of lupus is not really that visible, so you can have lupus and look completely healthy. The other tricky thing is that people often have symptoms like tiredness, fatigue, and achiness, and it’s hard to tell whether that’s due to the lupus itself because such symptoms are common in a lot of people.

Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR



2 HOW DO YOU GET THE DISEASE?

We have no idea. It’s an autoimmune disease, which means your immune system—which is made to protect you from viruses and bacteria and other infections—has gotten confused and has recognized parts of your own body as foreign and tries to attack them. We think people probably inherit a susceptibility for getting lupus, but it’s not a single gene; it’s probably a combination of different genes. In addition, we think something else has to happen that triggers the disease.

3 DOES LUPUS GET PROGRESSIVELY WORSE?

Not necessarily. It can behave so differently in different people. It can be very mild in somebody forever—only a few rashes and some joint pain here and there. On the other end of the spectrum, it can be a very devastating disease and cause seizures and kidney failure. Most of the time people with lupus live relatively normal lives. The disease certainly can be fatal in some people, but that’s a very small proportion.

4 WHAT ABOUT PREGNANCY IF YOU HAVE LUPUS?

If you’re interested in becoming pregnant, it’s a good idea to talk with your doctor to make sure your lupus is under control and the medicines you’re taking are not ones that can cause birth defects. There’s probably a very small subset, maybe 5% of women, who would be at high risk for having a lot of pregnancy complications. But the majority of women who want to have children can—and can have healthy pregnancies.

5 WHAT’S AHEAD FOR PEOPLE WITH LUPUS?

Now is a very exciting time because we’re learning more and more about the disease every day, with the specific goal of trying to understand what causes it so we can try to prevent it as well as [develop] better and safer ways of treating it. These days, we have much better therapies than we had even 20 years ago.—Christina Boufis

KLAUS TIEDEGLOW IMAGES

Find more expert A's to your lupus Q's.  WebMD.com

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HER2⁺



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- ◆ HER2+ tumor type

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EMILIA/TDM4370g is a clinical trial that compares the effects of trastuzumab emtansine (T-DM1) with capecitabine (Xeloda®) plus lapatinib (Tykerb®) in patients with HER2+ advanced or metastatic breast cancer. Currently enrolling at 107 locations in 36 states throughout the U.S.

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*American Journal of Preventive Medicine, August 2008

Mom Time

Make her Mother's Day with gift-worthy beauty essentials ideas from **Pantea Tamjidi, MD**, a dermatologist and owner of Tamjidi Skin Institute in Chevy Chase, Md.

1 ▶ Body of Work

The Body Shop Mango Body Scrub, \$16 Some body scrubs can dry out skin, but this one contains organic sugar and salt to gently exfoliate, plus mango seed and organic soy oil to hydrate.

2 ▶ Hair Apparent

Denman Natural Boar Bristle and Nylon Brush, \$25 The brush's boar bristles help distribute oil from the scalp down the hair shaft, and the nylon pins help your hair dry faster so the dryer does less damage.

3 ▶ Paint Job

Zoya Nail Polish, \$7 Get colorful nails the healthy way with polish that doesn't contain harmful chemicals like formaldehyde or toluene.

4 ▶ Sole Searching

Tweezerman Sole Mates Dual Sided Foot File, \$20 This tool is the next best thing to a professional pedicure, with a steel microfile on one side to remove dead skin and a soft file on the other side to buff heels and soles smooth.

5 ▶ Here's the Rub

Clinique 7 Day Scrub Cream Rinse-Off Formula, \$18.50 This scrub helps minimize fine lines by removing dead surface skin cells and clears the way for moisturizer to do its job.

6 ▶ Base Camp

Olay Regenerist Micro-Sculpting Serum, \$24.99 This serum boasts amino-peptides, proteins that act as antioxidants to help build collagen, hydrate and plump the skin, and reduce signs of sun damage.

7 ▶ Skin Saver

Aveeno Positively Radiant Daily Moisturizer SPF 30, \$13.99 This moisturizer is full of soy, a triple threat that plumps the skin, smooths fine lines, and reduces the appearance of brown spots. —Linda Formichelli

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Reviewed by
Karyn Grossman, MD
WebMD SKIN CARE EXPERT



THE MAKEUP OF MAKEUP



EYE SHADOW

Made in the Shade

Eye shadow formulations start with a base filler. **Cosmetics-grade talc or mica are the go-to filler ingredients**, but some formulas include kaolin clay, says cosmetics chemist Jane Hollenberg, director of JCH consulting in Red Hook, N.Y.

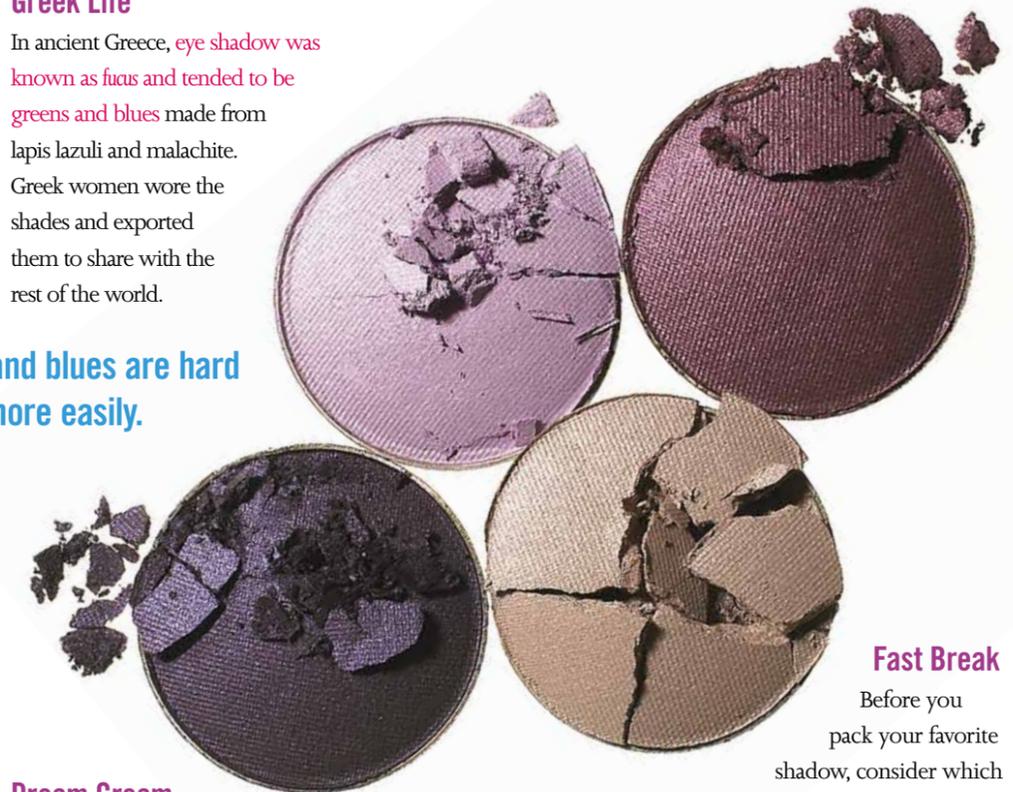
Greek Life

In ancient Greece, **eye shadow was known as fuas and tended to be greens and blues** made from lapis lazuli and malachite. Greek women wore the shades and exported them to share with the rest of the world.

Frosted shades, violets, and blues are hard to compress and break more easily.

In a Bind

Binders are essential to ensure the powder will adhere to skin. The most common binders are derivatives of zinc or magnesium. In addition to pigment, some manufacturers add silica, nylon, dimethicone, boron nitride (a ceramic material), or bismuth oxychloride for "slip" so the **powder slides more easily over the lid**. And a bit of preservative like glycol (a type of alcohol) or tocopherol (a form of vitamin E) helps prevent bacteria growth.



Dream Cream

The big difference between a cream and a powder shadow is waxes and oils in the base. **Beeswax, castor oil, jojoba oil, shea butter, or silicone** are among the options for liquefying

a standard shadow. Once the wax or oil dries, the pigment tends to wear longer due to the way the ingredients bond with the skin.

Fast Break

Before you pack your favorite shadow, consider which are more likely to crumble in your bag: Frosted shades, violets, and blues are difficult to compress into cakes and break more easily. **Matte shadows are more likely to hold together.**

All That Glitters

Do some eye shadows irritate your skin? **Large particles in shadow that can cause abrasion** are the most common culprits, Hollenberg says. If you have any sensitivities, stay away from glittery shadows.—Liesl Goins

Napoleon Perdis, celebrity makeup artist and creator of NP Set cosmetics, offers his secret for shadow application.



“ To minimize the mess of shadow application, use a firm small brush rather than a fluffy brush. The stiffer bristles help keep color in place. And always apply mascara first. ”

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Thinking Ink?

What you need to know about tattoos

Kate Beschen spent years contemplating a tattoo. So when the 37-year-old Philadelphia-based doula finally went for her ink last year, she thought she had covered all the bases. "I had my son and daughter drawn as superheroes on my upper arm," Beschen says. "I decided this was an image I'd be proud to have for the rest of my life."

But there was one angle Beschen didn't anticipate: her daughter's reaction. "My 15-year-old is making comments about wanting a tattoo," she says. "Now I'm not so sure how I feel about the process—I want her to be safe, and I don't want her to regret it."

Are tattoos safe? The FDA regulates the inks in tattoos, but the actual practice of tattooing is regulated by local jurisdictions, such as cities and counties. That means there is no standardized certification for those doing the tattooing or an overall governing body supervising the health and safety of tattoo parlors.

"When you are injecting a substance into the skin, you risk infection," says Elizabeth Tanzi, MD, co-director of the Washington Institute of Dermatologic Laser Surgery in Washington, D.C., and assistant professor of dermatology at Johns Hopkins University. "Although small, the risks include hepatitis, staph, or warts."

There are other possible health risks: A gun equipped with needles punctures the top layer of the skin to deposit ink in the dermis, the deep layer of the skin. Unsterilized tools such as the needles or gun and ink that has been contaminated can lead to



infection. As the surface skin heals, the pigment remains trapped below. And pain is always a factor. Depending on the part of the body you're tattooing, the experience can feel like a pin scratch or like being carved by nails. And since the skin is punctured, bleeding is involved, which can put you at risk for blood-borne illnesses such as hepatitis B.

The most likely downside for anyone getting a tattoo is regret. "Tattoos are very difficult to remove," Tanzi says. "You can lighten them, but complete removal is a challenge. You have to accept the fact that the skin will never look the same."

Regret is what worries Beschen about her daughter's interest in ink. "I think of myself as a teenager, and I know I would not be happy with any permanent decision I made then," she says. "I just hope the fact that I have a tattoo will make it seem less cool when she's older."—Liesa Goin

CHRISTINA GRIFFITH/GETTY IMAGES

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- Sally Field's tips on managing your osteoporosis and building stronger bones.
- Helpful monthly reminders to take your BONIVA, delivered by phone, e-mail, or mail.
- Quarterly newsletters filled with bone-strengthening exercises and simple, delicious recipes.



If you have osteoporosis, like me, calcium-rich foods, vitamin D, and exercise can help. But they may not be enough to keep your bones strong. So ask your doctor if once-monthly BONIVA can help you do more.

BONIVA is a prescription medication to treat and prevent postmenopausal osteoporosis. **Ask your doctor if BONIVA is right for you.**

Important Safety Information: You should not take BONIVA if you have certain problems with your esophagus (the tube that connects your mouth and stomach), low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your doctor right away if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the dosing instructions for once-monthly BONIVA carefully to lower the chance of these events occurring. Side effects may include diarrhea, pain in the arms or legs, or upset stomach. Tell your doctor and dentist about all the medicines you take. Tell them if you develop jaw problems (especially following a dental procedure) or severe bone, joint, and/or muscle pain. Your doctor may also recommend a calcium and vitamin D supplement.

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

Please read Patient Information on the next page.

Enroll today. Call 1-888-434-6193 or visit BONIVAFreetrial.com and try BONIVA free.



"Eat plenty of calcium-rich foods like yogurt, spinach, and cheese."

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once-monthly
Boniva®
ibandronate sodium
150 mg tablet

Find out what you need to know before you tattoo.  **WebMD.com**



IMPORTANT FACTS ABOUT BONIVA

(bon-EE-va) ibandronate sodium 150-mg tablet

What is BONIVA?

BONIVA, a bisphosphonate, is a prescription medicine used to treat and prevent osteoporosis in postmenopausal women, characterized by weakening of the bone. Taken once a month in tablet form, BONIVA may stop and reverse bone loss in most women. It has been clinically proven to help build and maintain bone density, which can help reduce fractures.

What is the most important information about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers.

Who should not take BONIVA?

Do not take BONIVA if you:

- have abnormalities with your esophagus, such as restriction or difficulty swallowing
 - have low blood calcium (hypocalcemia)
 - cannot sit or stand for at least 60 minutes
 - have kidneys that work very poorly
 - are allergic to BONIVA or any of its ingredients
- See Patient Information for complete list.

Before you start BONIVA.

Tell your health care provider if you:

- are pregnant or plan to become pregnant
 - are breast-feeding
 - have trouble swallowing or other problems with your esophagus
 - have kidney problems
 - are planning a dental procedure such as tooth extraction
- Tell your health care provider and dentist about all medications you're taking, including vitamins, antacids, and supplements.

How should you take BONIVA?

You must take BONIVA exactly as instructed by your health care provider.

- Take first thing in the morning, on the same day each month.
- Swallow whole (do not chew or suck) with a full glass (6 to 8 oz) of plain water (not sparkling or mineral). Do not take with tea, coffee, juice, or milk.
- After you take BONIVA, remain standing or sitting for at least 60 minutes before you eat, drink, lie down, or take any other oral medications, including calcium, vitamins, and antacids. Some medicines can stop BONIVA from getting to your bones.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- If you miss a monthly dose and your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150 mg tablet in the morning following the day that you remember. Do not take two 150 mg tablets within the same week. If your scheduled BONIVA day is only 1 to 7 days away, wait until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150 mg tablet every month in the morning of your chosen day, according to your original schedule. If you are not sure what to do if you miss a dose, contact your health care provider, who will be able to advise you.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have pain or trouble swallowing, chest pain, or very bad heartburn or heartburn that does not get better. Follow dosing instructions carefully to decrease the risk of these effects.

BONIVA may cause:

- Pain or trouble swallowing
- Heartburn
- Ulcers in stomach or esophagus

Common side effects are:

- Diarrhea
- Pain in extremities (arms or legs)
- Upset stomach

Less common side effects are:

- Short-term, mild flu-like symptoms, which usually improve after the first dose

Rarely, patients have reported allergic and skin reactions. Contact your health care provider if you develop any symptoms of an allergic reaction including skin rash (with or without blisters), hives, wheezing, or swelling of the face, lips, tongue, or throat. Get medical help right away if you have trouble breathing, swallowing, or feel light-headed.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take oral bisphosphonate drugs. Contact your health care provider if you develop these symptoms after starting BONIVA.

Rarely, patients have reported serious jaw problems associated with delayed healing and infection, often following dental procedures such as tooth extraction. If you experience jaw problems, contact your health care provider and dentist.

This summary is not a complete list of side effects. For a complete list, consult your health care provider or pharmacist.

Want to know more?

This summary is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or treatment. For more complete information, talk to your health care provider or pharmacist. Visit myboniva.com or call 1-888-MyBONIVA for the complete Prescribing Information, which includes the Patient Information.

livingwell

EXPERT A'S TO YOUR BEAUTY Q'S

Baby Face

Want to make up for lost time? Our experts share their anti-aging product picks



Q. Why isn't the makeup routine I used when I was younger cutting it anymore?



Joanne Balassone, 56, sales representative, Florham Park, N.J.

Dr. Sarnoff says:

A. Younger skin naturally produces more oil and skin cells renew themselves every 21 days, so the "canvas" stays smooth. But as we age, skin gets thinner and feels dehydrated, and cell turnover slows to about every 28 days. The trick to ensuring your makeup looks luminous and not cakey is to apply products in a way that will boost your skin's moisture levels.

Start by washing your face with a super-hydrating liquid cleanser. Then, when your skin is still damp, rub in a dollop of moisturizer. One pumped with SPF, vitamins, and antioxidants, such as **Olay Total Effects 7-in-1 Anti-Aging Daily UV Moisturizer + SPF 15** (\$19.99), will reduce fine lines and help prevent future ones.

Mature skin is full of ridges. For makeup to glide on smoothly without getting stuck in cracks, apply a primer after moisturizing. **Smashbox Photo Finish Foundation Primer** (\$36) is infused with antioxidants, including vitamin A and grapeseed extract.

Finally, use a makeup brush to apply a foundation like **Cover Girl & Olay Simply Ageless Foundation** (\$13.99), which is infused with SPF 22. If you see caking at the end of the day, spritz your face with a moisturizing spray like **Evian Facial Spray** (\$10) to remoisten your makeup and give skin a dewy quality.

Deborah Sarnoff, MD, clinical professor of dermatology, NYU Langone Medical Center



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.



1 Prime Time
Get off to a smooth start with **Smashbox Photo Finish Foundation Primer**.

4 Mist Opportunity
Spritz a little **Evian Facial Spray** on your face for a dewy look.

2 Miracle Whip
Olay Total Effects 7-in-1 Anti-Aging Daily UV Moisturizer + SPF 15 fights past and future fine lines.

3 Bases Loaded
Face the day with **Cover Girl & Olay Simply Ageless Foundation**.

DAN SAELINGER

You asked!

Dr. Goldberg says:

A. First, the buzz-killing fact of life: As we age, we start to lose fatty tissue, and skin-plumping collagen production slows, revealing fine lines. But certain ingredients in makeup products can make your skin look and feel more supple and hydrated.

You're used to reading the labels on your skin care products, and it's just as important to do the same with your cosmetics, especially if you're seeing signs of aging. The zinc oxide and titanium dioxide in **Jane Iredale PurePressed Base Mineral Foundation** (\$49.50) provide UVA/UVB sun protection for wrinkle prevention.

Hyaluronic acid, which is infused in **L'Oréal Visible Lift Line-Minimizing & Tone-Enhancing Concealer** (\$11.95), plumps up fine lines by enhancing the skin's ability to retain more moisture. Antioxidants like the vitamin E and soy in **Neutrogena Healthy Skin Custom Glow Blush & Bronzer** (\$12.49) help block wrinkle-causing free radicals from seeping into pores.

To prevent caking, apply makeup to freshly exfoliated and moisturized skin. Try an all-in-one product like **Aveeno Positively Radiant Tinted Moisturizer SPF 30** (\$14.99), which is infused with light-reflecting minerals to lighten the appearance of sun spots.

And avoid using makeup that contains talc, a common filler that can clog pores and increase the appearance of fine lines.—*Ayren Jackson-Cannady*

David Goldberg, MD, clinical professor, Mount Sinai Department of Dermatology, New York City



Tricks of the Trade

If you want...plumper lips

Due to fat loss, lips get thinner over time. Fill out your kisser by using a lip pencil to slightly overdraw your lip line, says makeup artist Sonia Kashuk. Also, steer clear of dark lipstick shades, which will instantly shrink your pout. After you apply your lipstick, dab a dot of clear gloss in the center of your lips to visually puff them up.

If you want...fuller cheeks

As you age, the cheek area hollows out. Use a cream blush on the apples of your cheeks and on your cheekbones to plump them up. "Add a hint of shimmer on your cheekbones to make them look higher," Kashuk says.

If you want...brighter eyes

Lashes tend to straighten as you get older, Kashuk says. To instantly open up the eyes, always use an eyelash curler after you've applied eye shadow.

1 Girl Powder

Get natural coverage and UV protection with **Jane Iredale PurePressed Base Mineral Foundation**.

2 Under Line

Hide fine lines with the plumping **L'Oréal Visible Lift Line-Minimizing & Tone-Enhancing Concealer**.

3 Tint Condition

Soften your skin and get glowing with **Aveeno Positively Radiant Tinted Moisturizer SPF 30**.

4 Sweet Cheeks

Neutrogena Healthy Skin Custom Glow Blush & Bronzer fights free-radicals and brightens.



“As we age, we start to lose fatty tissue, and skin-plumping collagen production slows.”

DAN SAEILINGER

Overhaul your makeup bag with more anti-aging products. WebMD.com



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What's Up?

Can't sleep before your time of the month? Here's why—and what you can do

Most nights, Karin Wacaser, 48, a public relations consultant in Dallas, sleeps soundly for about 10 hours. But three days before her period, like clockwork, Wacaser has intense insomnia, waking up every hour or two. "It's crazy," she says. "And frustrating. Sometimes I'll toss and turn for an hour until I can go back to sleep." At other

during their menstrual cycles. Another 16% report missing one or more days of work in the past month because of sleep problems.

The menstrual cycle is divided into two main phases: follicular (day one of menstruation to ovulation) and luteal (after ovulation). Kathryn Lee, RN, PhD, associate dean of research at the University of

California, San Francisco School of Nursing and women's sleep expert, explains that during the follicular phase, estrogen builds up until ovulation. "Estrogen is almost like an energy supplement," Breus says. Then at, ovulation, around day 14, "estrogen is suddenly kicked up another notch, and we see a tremendous number of sleep disturbances for women."

After ovulation, your progesterone rises. Lee calls this "the soporific

hormone"—in other words, one that can make you drowsy. Then, just a few days before the start of your next period, estrogen and progesterone levels drop. And this is when many women have trouble sleeping. "The thinking is women who have a more abrupt withdrawal of progesterone—or maybe had a higher amount and it fell faster—have insomnia," explains Lee.

And how does Wacaser cope? "Now I know what it is and when so I can plan for it. I don't plan any early morning meetings or calls [just before my period] because I know more than likely I'm not going to get any sleep."—Christina Boufis

PMS & ZZZ'S

To combat menstrual-related sleep problems, Kathryn Lee, RN, PhD, who has been studying women and sleep patterns for more than a decade, recommends:

Exercise more. "Exercise helps to promote deep-sleep stages," says Lee, the kind of restorative sleep where growth hormone, necessary for cell repair and regeneration, is secreted.

Avoid alcohol. Progesterone is highest around ovulation and during the luteal phase, which can exacerbate the effects of alcohol (or any other central-nervous system depressant). Though having a glass of wine in the evening may induce sleepiness, drinking alcohol at night can cause wakefulness and fragmented sleep.

Keep a sleep diary. Record the days of the month you have trouble falling or staying asleep, as well as when you wake early or have daytime sleepiness and fatigue.



AROUND DAY 14, ESTROGEN SUDDENLY KICKS UP ANOTHER NOTCH, AND WE SEE A TREMENDOUS NUMBER OF SLEEP DISTURBANCES FOR WOMEN.

times, Wacaser lies awake all night, finally falling asleep around 7 a.m.

What is going on? "Each phase of the menstrual cycle has different effects on sleep," explains Michael Breus, PhD, D, ABSM, WebMD's sleep expert and author of the "Sleep Well" blog on WebMD.com. Rising and falling levels of the hormones estrogen and progesterone, which regulate the menstrual cycle, can affect a woman's ability to fall and stay asleep—as well as influence the quality of her sleep.

According to a 2007 National Sleep Foundation poll, 33% of women say their sleep is disturbed



67% of women report having a sleep problem a few nights a week.

What's your snooze snafu? Get expert shut-eye tips. WebMD.com



Car Trouble

How do you know when it's time to take your aging parent's keys?

When Nancy Levitt's mother was first diagnosed with dementia 14 years ago at age 78, the doctor told her she could safely drive to familiar places. But Levitt, 61, who volunteers at UCLA's Center on Aging in Los Angeles, was still nervous. Unexplained nicks and dents started appearing on her mother's car. She forgot where she parked. Levitt tried

Levitt says, "and I didn't want to be the one taking her everywhere, but it got pretty scary."

If your parent shows signs of unsafe driving, start by scheduling an appointment with your parent's doctor, says Joseph Shega, MD, associate professor of medicine in geriatrics and palliative medicine at the University of Chicago. Some pain medications can

cause changes in attention span or the issue might be an undiagnosed condition.

The physician might refer your parent to a driver rehabilitation specialist, a certified professional trained to evaluate people with medical issues that can affect driving. Such specialists are employed in hospitals, rehabilitation centers, and private driving schools, and their services are typically covered by insurance, says Patrick Baker, a specialist

at the Cleveland Clinic Driver Rehabilitation Program. But if an older unsafe driver refuses to stop operating a vehicle, you may have to take drastic steps like hiding the car keys or writing to the state, Shega says.

Levitt and her mother worked out a solution. Levitt drove her mother some places and hired a driver for a few hours a week. In time the driver became a friend, accompanying her mother to the hairdresser. "And my mother loved it," Levitt says.—Joanna Broder

IF YOUR PARENT SHOWS SIGNS OF UNSAFE DRIVING, START BY SCHEDULING AN APPOINTMENT WITH HIS DOCTOR.



to discuss driving safety with her mother, but she angrily denied there was a problem. Then, she would forget their talks about driving altogether.

At her wit's end, Levitt finally asked her mother's doctor to write to the state, hoping it would revoke her mother's driver's license. But before he could do so, she discovered her mother's car insurance company had canceled her policy, citing five auto accidents. Reluctantly, Levitt took possession of the keys. "I didn't want to because I wanted her to have her independence,"

DRIVING TEST

How to tell if your parent still drives safely? Patrick Baker, a specialist at the Cleveland Clinic Driver Rehabilitation Program, has a few tips.

Ride along. Go on a drive with your parent and look for problems with specific driving behaviors or tasks, such as difficulty backing up or turning around, or riding the brake and gas pedals at the same time.

Look for patterns. This isn't about changes in driving style but about things your parent should know how to do, such as come to a full stop at a stop sign or check the blind spot before changing lanes. Your mom or dad should also be comfortable driving in unfamiliar places and amid road construction.

Gauge sightlines. How well can your parent see? "You should have about three inches above the steering wheel to view over as a minimum. But as we lose height, sometimes we're too low to actually see where we're going," Baker says.



Fatal crash rates increase starting at age 75 and increase notably after age 80.

Give and get tips for helping aging parents. WebMD.com

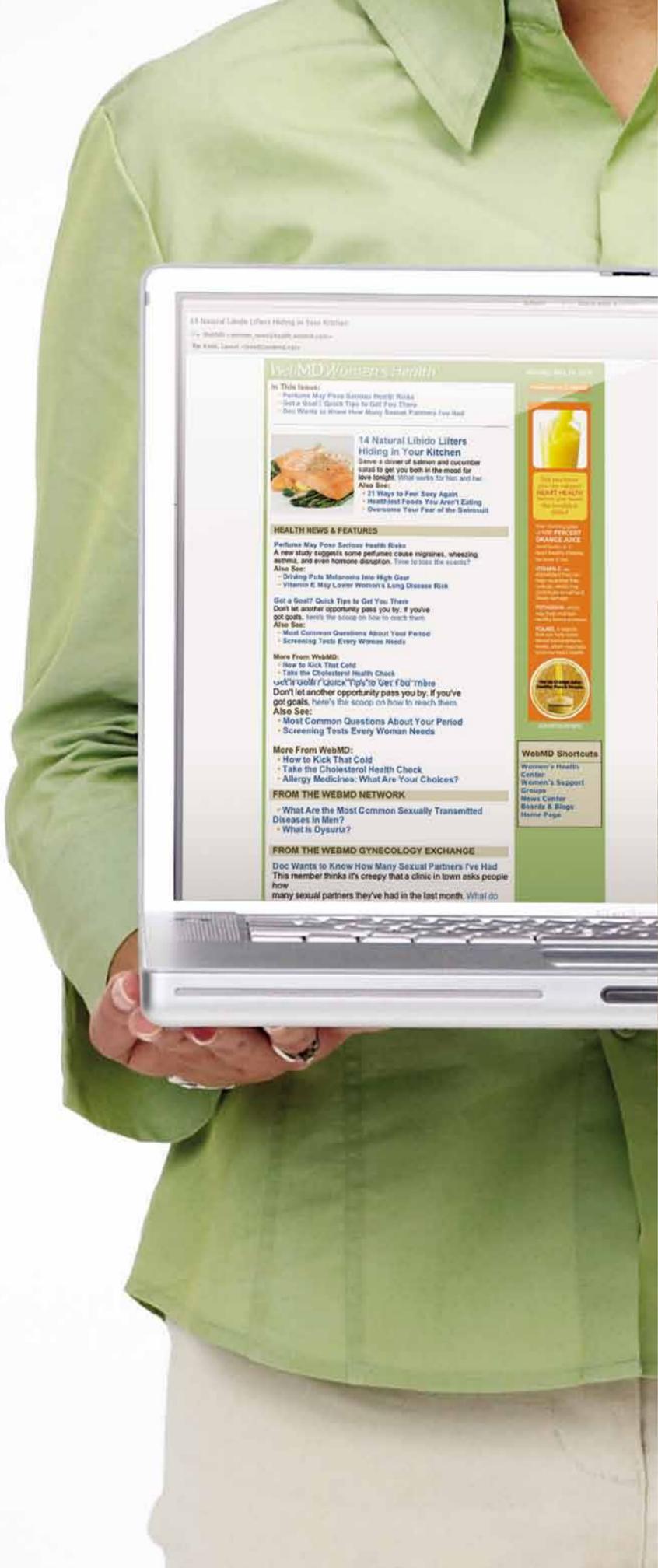
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The Teen Brain

Did your teenager lock himself out—again? A peek inside his neurons helps explain why

Eva-Marie Fredric thought her then-14-year-old son, Dylan, could handle the task of packing for their trip to the mountains. But when the two arrived at the campsite, she found the tent—but no tent poles. “We slept outside on an inflated air mattress, freezing our bums off, with the dog huddled between us,” recalls the L.A.-based writer and producer.

According to Trauner, the brain doesn't complete its development until a person reaches his or her mid-to-late 20s, although it continues changing throughout life. During the initial development phase, nerve cells, or neurons, are busy making connections with each other.

The frontal lobe and parietal cortex are two areas

of the brain that don't complete development until the late teens or early 20s, and both are involved in what's known as executive functioning—the ability to perform tasks such as planning, paying attention, and reasoning.

A child's brain has many more nerve cells and connections than an adult's. Before the frontal lobe and parietal cortex mature, children and teenagers can make use of some of these “extra” neurons to remember, plan, and reason. “Yes, a child or teen-

BRAIN BOOSTERS

How can you help your kid avoid brain glitches without coming across as a nagging parent? Doris Trauner, MD, has some pointers:

Set limits. Because your teen's brain is still developing in response to experience, you can actually help shape it by setting clear limits and providing precise guidelines for what is and is not acceptable.

Model behavior. As important as setting limits is showing your kid how to behave. “If you model reasoning or considering the consequences of your actions, your child is going to pick that up and incorporate that into the learning of executive functioning,” she says.



Teach cause and effect. Thinking about possible consequences of our actions *before* we do them is an important executive function. A good way to teach your teen this, Trauner says, is to simply list some possible consequences to an action.



Teens often frustrate their parents with their inability to remember key information and keep track of their stuff. Part of the problem is that their brains are not developed enough to do these things consistently and well, says Doris Trauner, MD, professor of neurosciences and chief of pediatric neurology at the University of California, San Diego School of Medicine.

ager can plan and remember, but not as well as you would like them to,” Trauner says. “It doesn't mean you shouldn't have expectations. But if they make mistakes, cut them a little slack.”

Since the tent fiasco, Fredric learned to remind herself when Dylan makes a gaffe that the situation could be worse. She adds, “To this day, he'll tell you it was his favorite camping night ever.”—Susan Kuchinskas



Teen drivers ages 16 to 19 are four times more likely than older drivers to crash.

Need **teen parenting tips** from experts and other parents? [WebMD.com](#)



Parent Trap

Raising kids ain't for sissies. Do you know the keys to staying happily married with children?

Ah, the joys of raising children: The pitter-patter of little feet, the tiny plump hands slipped into yours, the first day of school...and the bitter arguments with your spouse over who gets to go to the gym after work tonight.

While children are wonderful, there's no question that their arrival can put strains on a marriage.

babies takes the shine off faster than when couples remain child-free.

"The writer Nora Ephron once said, 'Having a baby is like throwing a hand grenade into a marriage,'" says Charles Schmitz, PhD. "I've always thought that was pretty apt." Schmitz, who is dean emeritus of counseling and family therapy at the

University of Missouri—St. Louis, and his wife, Elizabeth Schmitz, EdD, president of Successful Marriage Reflections, LLC, have studied thousands of couples in 45 countries in their search for the secrets to a happy marriage. And one of the key ones, they say, is figuring out what your priorities are and should be.

"The relationship between husband and wife should trump everything else," Charles says.

"You have to keep it strong, keep the romantic energy. Everything else comes from that. Children are beautiful, but they're not the sole purpose of marriage."

That's why, they say, when married-with-children couples start to bicker or grow apart, it's time to change the patterns they have fallen into. "We believe that sometimes you have to jolt your marriage from negative to positive," Elizabeth says.

"If your husband comes home and you immediately start arguing about housework, you have to change the conversation. Don't start with complaints. Start with an expression of appreciation."—Susan Davis

THE TWO OF YOU

Charles and Elizabeth Schmitz traveled the world to study thousands of successful couples. Their book, *Building a Love That Lasts: The Seven Surprising Secrets of Successful Marriage*,

details what they learned, including these findings:

Time in Whether it's a date night, a walk in the park, or going for a bike ride, "you have to spend time together to keep the flame alive," Elizabeth says. "You have to allow time for each other."

Time out Conversely, alone time is also crucial. "In the best marriages, spouses allow each other time for solitude, so they can think private thoughts or just get things done," Elizabeth says.

Touchy, touchy Successful couples use the "Morse code of marriage," Charles says. "It's called touching. It's a substitute for talking about feelings. You are saying, 'I love you so much I have to touch you.'"



A RECENT STUDY OF COUPLES FOUND 90% WERE LESS HAPPY WITH THEIR MARRIAGE ONCE THEY BECAME PARENTS.

Between the lack of sleep, fragmented attention, and, in some cases, strained finances, parents often find themselves losing the connection that brought them together in the first place—if not fighting like cats and dogs over who does more housework, who pays more bills, and who knows best how to raise a child.

A recent study of 218 couples over the first eight years of marriage found a sudden negative aspect to measures such as relationship satisfaction once couples became parents, compared to those who didn't. And while the researchers found that childless marriages also lose some luster over time, having



Two-thirds of first marriages last 10 years or more, according to the CDC.

Find more expert advice for a happy, lasting marriage. WebMD.com



Baby Boon

Struggling to conceive? Get the scoop on infertility and treatment options

Anyone who's struggled with infertility will tell you this: It can be quite the roller-coaster ride. "The hardest thing for us was not having answers," says one woman, now 38. She and her 45-year-old husband were derailed for several years while doctors tried to figure out the cause of their infertility.

Some women are as fertile as they were in their 20s, while others very quickly reach the proverbial point of no return. A simple blood test can measure hormone levels to determine where you are on this spectrum.

Age aside, if either you or your partner shows signs of problems that need immediate attention, such

as a lack of ovulation or an undescended testicle, which can impair normal sperm production, the first step is to find a doctor you trust.

It's OK to start with your OB/GYN, Keefe says, but many couples benefit from seeing a specialist who is board certified in reproductive endocrinology and infertility. You also want to look for a doctor who is a good fit for you personally, "someone who will let you cry, help you cope, and guide you in

making sense of things and finding meaning in the different alternatives," Keefe says. Immediately find the exit, Keefe adds, if a doctor dismisses your questions with something like, "Don't you worry. Just let me tell you how this is done."

The couple got their happy ending: three kids, one through gestational surrogacy, using their own fertilized embryo, and twins two months later, with the help of donor sperm. They advise couples in similar situations to connect with others and to "keep an open mind. The path that ultimately leads to success may not be the one you start on."—Annie Stuart

WHAT CAN YOU DO?

Trying but not yet conceiving? Have your doctor check the health of your eggs and your partner's sperm, your tubes and uterus, and whether you have hormonal imbalances that can lead to infertility, says David L. Keefe, MD. Treatments might involve:

Surgery in either partner to correct any structural obstacles to pregnancy.

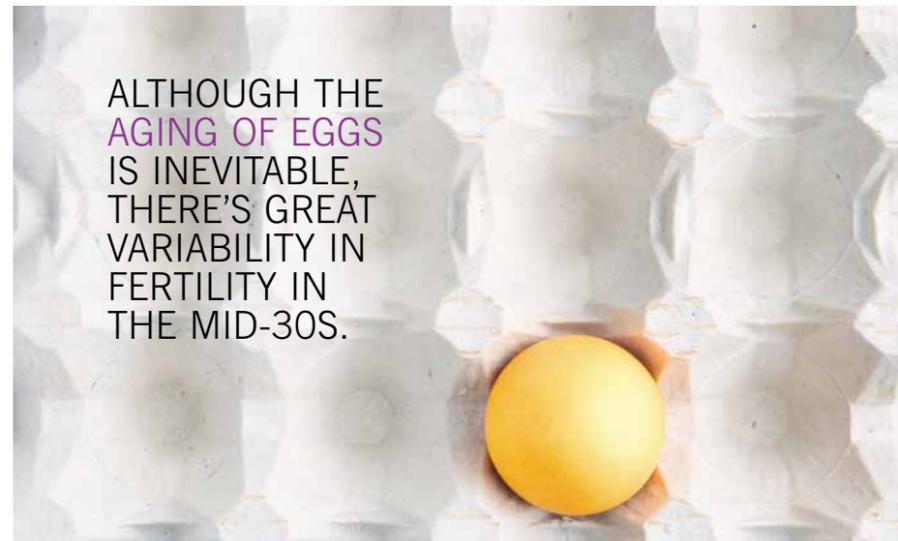
Oral or injectable drugs to improve the timing or number of eggs released.

Intrauterine insemination (IUI) to give sperm a "free ride" into the uterus. Doctors use a catheter to place sperm into the uterus via the cervix around the time of ovulation.

In vitro fertilization (IVF) to unite eggs and sperm in a laboratory dish before one or more eggs is transferred to the uterus. Sometimes a single sperm is injected directly into the egg.

Egg or sperm donation if your eggs or his sperm are unable to unite and develop.

Gestational surrogacy that involves a woman carrying and delivering a child for another person or couple.



ALTHOUGH THE AGING OF EGGS IS INEVITABLE, THERE'S GREAT VARIABILITY IN FERTILITY IN THE MID-30S.

Unlike this couple, about 80% to 85% of U.S. couples are able to get pregnant after a year of trying. When you get past the year mark, however, it's time to seek help. If you're over age 35, it's best not to wait longer than six months. That's because fertility, especially in women, is profoundly influenced by age, says David L. Keefe, MD, professor and chairman of the department of obstetrics and gynecology at NYU Langone Medical Center.

Although the aging of your eggs is inevitable, there's great variability in fertility in the mid-30s, says Keefe, whose clinical practice focuses on infertility.

BIG CHEESE/LOW IMAGES

IMAGE SOURCE/LOW IMAGES



How quickly your eggs age is mostly determined by genetics.

Give and get support in the trying to conceive community. WebMD.com

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



Foot Loose

It's not for everyone, but some runners are trying out a new trend: hitting the road sans shoes

Six miles into an 18-mile race along the Pacific Crest Trail in 2010, Kate Clemens felt a sharp pain in her knee. Instead of stopping, the 29-year-old personal trainer from San Francisco took off her shoes and ran barefoot. Without shoes, her knee pain disappeared and she was able to finish the race. "I felt a difference the minute I took my

fractures. In contrast, barefoot runners land on the balls of their feet, generating less impact when their foot strikes the ground.

"We've oversupported our feet [in running shoes] to the point that our foot doesn't have to do what it's designed to do," explains Irene S. Davis, PhD, PT, professor of physical medicine and rehabilitation at Harvard Medical School and director of the Spaulding National Running Center. "When you support a muscle, it doesn't have to work as hard; when it doesn't have to work as hard, it gets weak."

Davis believes your body instinctively knows how to adjust when you shed your shoes or run in "barefoot shoes," ultra-lightweight shoes designed to mimic barefoot running. Barefoot runners shorten their

strides, reducing the impact on their lower bodies, and automatically flex their knees, hips, and ankles for a softer landing on hard surfaces, Davis says.

Ditching your shoes means the muscles in your calves and feet will have to work harder to accommodate to a different foot strike and shorter stride; it takes time for new barefoot runners to build up those muscles.

But Clemens is on board. She's become a regular barefoot runner since the day she abandoned her shoes on the trail. "Without shoes, I'm more attuned to how my body moves," she says. "It's grounding to feel the earth beneath my feet."—Jodi Helmer

READY TO RUN BAREFOOT?

If you have a history of foot problems, check with your doctor before going barefoot. If you decide to ditch your running shoes, there are a few things you should know, says Irene S. Davis, PhD, PT.

Start slow. You're more likely to suffer injuries if your foot and leg muscles aren't properly conditioned for running barefoot. Start with walk-jog intervals, walking for nine minutes, running for one minute, and repeat, working up to longer distances. In addition, the skin on your feet needs to thicken to get used to barefoot running.

Think twice. Though there is a risk of stepping on glass or pebbles, Davis believes it's safe to run barefoot on the pavement. If you're nervous about foot-to-asphalt contact, wear barefoot running shoes instead.

Know when to say no. Runners who have any loss of feeling in their feet, including people who have diabetes, should wear sneakers.



BAREFOOT RUNNERS AUTOMATICALLY FLEX THEIR KNEES, HIPS, AND ANKLES FOR A SOFTER LANDING ON HARD SURFACES.



shoes off," she recalls. "When I'm barefoot, my alignment is better and I run more from my core."

Clemens is following in the footsteps of the growing number of runners who have been hitting the streets and trails without their sneakers. Proponents of barefoot running believe wearing shoes hinders their natural stride, causing pain and injuries.

According to a 2010 study published in the journal *Nature*, runners who wear shoes tend to strike the ground with the heels of their feet first. This gait, called a heel-strike, generates a force up to three times the body's weight, which can lead to injuries such as Achilles tendinitis and stress



Of the 206 bones in the human skeleton, 26 are in the foot.

Trade tips with other road runners in the [WebMD community](#).



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pet matters

HEALTHY DOGS AND CATS

Reviewed by
Drew Weigner, DVM, ABVP
WebMD PET CARE EXPERT



Bringing Up Baby

Kitten and puppy care tips

We'd had our new kittens for about two weeks when one of them developed diarrhea. It was a stinky mess in the litterbox—and one that had me worried something was seriously wrong.

A quick consultation with a veterinarian helped us figure out that the culprit was the leftover milk the kitten had lapped out of a cereal bowl one morning. Though I had shooed her away from it, she drank just enough to upset her tender tummy. Like human babies, animal babies are susceptible to all sorts of illnesses and conditions. Here's what you should know:

Your first step after getting your pet is to take her to a veterinarian to make sure she's gotten the vaccinations she needs. The vet will also give her a thorough physical exam, including checking her stool for signs of internal parasites (not unusual in young animals).

"This first visit is important for all new pets," says Scott Shaw, DVM, an assistant professor of clinical sciences at the Cummings School of Veterinary Medicine at Tufts University. But it's especially important if you get them from sources other than adoption agencies or breeders, he notes. "When you get animals as strays or through other families, you never know what health issues might be smoldering."

Both kittens and puppies are vulnerable to internal parasites (such as roundworms, hookworms, and coccidiosis) and external parasites (such as ear mites, fleas, and ticks). Symptoms of internal parasites include diarrhea, a potbelly, and weight loss. Symptoms of external parasites include scratching, dandruff, and black crust inside the ears.

Kittens are also vulnerable to:

Upper respiratory infections. Kittens pick up respiratory viruses fairly easily, and they often develop secondary bacterial infections as well. Symptoms include sneezing, eye discharge, and loss of appetite. "Because they're so young, they just become miserable little things," Shaw says.

Accidents. "We see a fair number of kittens who get sat on or crushed in reclining chairs," Shaw says. "Owners need to be very, very careful. "Kittens can also sprain or fracture their legs if they fall from counters or table tops and tear their nails if they get caught in fabric."

Puppies are prone to getting:

Pneumonia. This condition is so common that "it's unusual for a day to go by that we don't have a puppy in the intensive-care unit getting treated," Shaw says. "It's most often caused by bacteria, but the stress of traveling to a pet store or new home also plays a role." This is a life-threatening disease that requires veterinary care.

GI issues. Puppies' gastrointestinal systems are immature and therefore vulnerable to stress (like going to a new home). Symptoms include vomiting, diarrhea, lack of appetite, and bloating.—Susan Davis



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Reviewed by Elizabeth A. Martinez, DVM WebMD PET HEALTH EXPERT



Mutt Manners

The do's and don'ts of hitting the dog park without a breach of canine etiquette

For a pent-up pooch, a trip to the dog park can be pure bliss. The dog burns off energy, gets some exercise, and plays off-leash with other dogs. But just like any playground, dog parks can be scenes of bullying and fighting. What happens when one dog starts a fight or guards the area like his own front lawn? And what if—heaven forbid—the offending pooch is yours? WebMD consulted dog behavior experts about the best ways to avoid conflicts and make the most out of your trip to the dog park.



Think ahead. If your dog is sick or in heat, don't bring it to the dog park. The same goes for dogs with a history of aggression, says Kimberly Anne May, DVM, MS, an assistant director at the American Veterinary Medical Association. "You can

work with a trainer or a veterinary behaviorist to try to get your dog's aggression curbed so it can be a good citizen at dog parks," May says, but for some dogs, "it's just not appropriate."

Stay in command. Most problems can be avoided if your dog is trained to come when called, "meaning that you call and the dog, within a split second, turns and runs full speed toward you," says Sophia Yin, DVM, MS, spokesperson for the American Veterinary Society of Animal Behavior and author of *How to Behave So Your Dog Behaves*.

Know your dog. Understand the difference between playing and fighting. Well-socialized dogs will display a relaxed posture, take turns chasing each other, and pause frequently to calm themselves down, says Cheryl S. Smith, certified dog behavior consultant and author of *Visiting the Dog Park: Having Fun, Staying Safe*.

Act quickly if a fight starts. If you have access to a garden hose or spray bottle, spray the dogs until they back away. If that doesn't work, the owners should grab the dogs' back legs and pick them up like a wheelbarrow, backing up slowly, Smith says. "Most people grab for the head, and you're likely to get bit unintentionally," she adds.

If your dog causes an injury or you suspect it might be injured, be sure to exchange names and phone numbers with the other dog owner before leaving the park.—Daphne Sashin



An estimated **4.7 million dog bites** occur in the U.S. each year. Nearly 800,000 require medical care.

Can't curb your canine's behavior problem? WebMD.com



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Harrison Ford and Ben Ford are EIF Ambassadors. Photograph by Jesse Dylan.





ANATOMY OF BOK CHOY

Name Game

Bok choy is sometimes referred to as white cabbage, not to be confused with Napa cabbage, which is also a type of Chinese cabbage. There are many kinds of bok choy that vary in color, taste, and size, including tah tsai and joi choi.

Green Team

Bok choy might look a lot like celery, but it's a member of the cabbage family.

Great Haul

The Chinese have been cultivating the vegetable for more than 5,000 years.

Domestic Travels

Although the veggie is still grown in China, bok choy is now also harvested in California and parts of Canada.

Gentle Giant

Bok choy, known for its mild flavor, is good for stir-fries, braising, and soups and can also be eaten raw.



Fresh Start

The leaves and the stalks can both be cooked, but should be separated before washing to ensure that both parts are thoroughly cleansed.

Time Limit

For optimal freshness, don't wash bok choy until you're ready to use. Unused parts can stay fresh in the refrigerator for up to six days.

Mighty Bite

The veggie is packed with vitamins A and C—one cup of cooked bok choy provides more than 100% of the recommended dietary allowance of A, and close to two-thirds the RDA of C.

Good to Grow

The veggie takes about two months from planting to harvest and thrives best in milder weather.

Spoon Fed

Bok choy is sometimes called a "soup spoon" because of the shape of its leaves.—*Chloe Thompson*

healthy recipe

Sesame Asian Bok Choy Salad

Makes 4 servings
Ingredients

Salad

- 3 cups thinly sliced bok choy
- 1 cup chopped Napa cabbage
- 1 large red pepper, sliced
- ½ cup shredded carrots
- ½ cup chopped, seeded cucumber
- ½ cup snow peas, blanched
- ¼ cup sliced green onions
- ¼ cup chopped cilantro
- ¼ cup unsalted peanuts

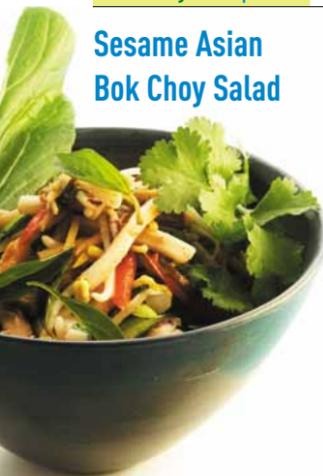
Salad Dressing

- 2 tbsp low-sodium soy sauce
- 1 tbsp brown sugar
- 1 tbsp rice vinegar
- 2 tbsp lime juice
- 1 garlic clove, minced
- 1 tbsp fresh ginger, minced
- 2 tsp sesame oil
- 1 tbsp olive oil

Directions

1. Place all salad ingredients in a large bowl and toss to combine.
2. To prepare dressing, whisk together all salad dressing ingredients.
3. Drizzle dressing over salad and toss gently to coat.

Per serving:
229 calories,
9 g protein,
22 g carbohydrate,
14 g fat (1 g saturated fat),
6 g fiber, 9 g sugar, 348 mg sodium. Calories from fat: 44%.



TOP: SHAN IRVINE/STOCKFOOD; JOHN HAY/STOCKFOOD; OPPOSITE: KELLER & KELLER PHOTOGRAPHY/STOCKFOOD

Go green this spring with more [bok choy recipes](#). WebMD.com

Three Ways to Cook Pork

Festive and flavorful, nutrient-rich tenderloin is as lean as chicken breast



If the word “pork” brings to mind fatty indulgences like bacon and ham, think again. Pork tenderloin is a surprisingly healthy option. “The beauty of pork is that over the years farmers have bred it to be leaner and leaner,” says Debra Krummel, PhD, RD, endowed professor of nutrition at the University of Cincinnati. “You can now find pork that is just as lean as chicken breast.”

As the leanest part of the pig, pork tenderloin has very little saturated fat and therefore won't affect your blood cholesterol levels significantly, Krummel says. Pork is also one of the richest food sources of thiamin, a B vitamin that helps the body produce energy from food, and a good source of zinc, a mineral needed for immune system function. And it might help keep hunger at bay. A recent Australian study found that when people ate pork, their bodies produced more of an appetite-suppressing hormone known as PYY than when they ate chicken.

Pork tenderloin is versatile, equally at home at the center of an elegant dinner or at a tailgate party. But because it's so lean, prepare it with care. “I think some people get turned off because they overcook it, or they don't marinate, or they don't use a moist cooking method, and then it tastes like shoe leather,” Krummel says. She recommends using an instant-read thermometer and cooking the meat just until the internal temperature reaches 160°F, a surefire way to keep the tender in your tenderloin.—*Erin O'Donnell*

Pork tenderloin has very little saturated fat and won't affect your blood cholesterol levels significantly.



healthy recipe

→ Pork Piccata

This simple but elegant recipe takes pork tenderloin on a trip to Tuscany with the classic Italian flavors of olive oil, lemon, and capers.

Makes 4 servings

Ingredients

- 1 whole pork tenderloin, about 1 lb
- 3 tbsp flour
- 2 tsp lemon pepper
- 2 tsp olive oil
- ¼ cup dry white wine
- ¼ cup lemon juice
- 4 to 6 slices lemon, very thin
- 4 tbsp capers, drained

Directions

1. Slice tenderloin into 8 equal pieces. Place pieces between sheets of plastic wrap; pound each piece to 1/8-inch thickness with a meat mallet or rolling pin.
2. Dust cutlets lightly with flour and sprinkle with lemon pepper.
3. Add olive oil to nonstick pan over medium-high heat. Quickly sauté cutlets, about 4 minutes per side, or until golden brown.
4. Add wine and lemon juice to skillet; shake pan gently and cook 2 minutes, until sauce is slightly thickened.
5. Garnish with lemon slices and capers and serve.

Per serving: 194 calories, 24 g protein, 6 g carbohydrate, 6 g fat (2 g saturated fat), 73 mg cholesterol, 311 mg sodium. Calories from fat: 29%.



healthy recipe

→ Pork Tenderloin Mango Pitas

Pork in pita pockets is a natural for a lunchbox treat or simple weeknight dinner. Packed with healthy veggies, the exotic taste of mango, and a kick of salsa, they are filling on their own but are great with a salad or bowl of soup.

Makes 6 servings

Ingredients

- 1 whole pork tenderloin, about 1 lb
- cooking spray
- 1 red pepper, coarsely chopped
- ¼ cup chopped fresh cilantro
- 2 cups shredded cabbage
- ½ cup shredded carrots
- 1 jalapeño pepper, minced (optional)
- 1 mango, peeled, sliced
- 6 (4-inch) whole-wheat pita pockets, warmed
- 6 tbsp salsa

Directions

1. Preheat oven to 450°F. Spray ovenproof nonstick skillet with cooking spray and heat over medium-high heat.
2. Add pork to skillet and sear 2 to 3 minutes per side until brown.
3. Transfer to oven and roast 15 to 18 minutes until meat thermometer reaches 160°F.
4. Remove from oven, and let rest 5 minutes. Slice into bite-size pieces.
5. Place pork, fruit, and vegetables into pita pockets and top with salsa.

Per serving: 232 calories, 21 g protein, 30 g carbohydrate, 4 g fat (1 g saturated fat), 49 mg cholesterol, 5 g fiber, 8 g sugar, 315 mg sodium. Calories from fat: 15%.



healthy recipe

→ Pork Tenderloin With Spicy Rub

The combination of ingredients in this rub delivers a lively flavor with very little salt. Serve the pork tenderloin with long-grain brown rice and a tossed green salad.

Makes 4 servings

Ingredients

- 1 whole pork tenderloin, about 1 lb
- 1 tbsp smoked paprika
- ½ tsp salt
- 1½ tsp brown sugar
- 1½ tsp sugar
- 1½ tsp chili powder
- 1½ tsp ground cumin
- 1½ tsp black pepper

Directions

1. Preheat oven to 425°F.
2. Make the spice rub: In small bowl, thoroughly combine paprika, salt, brown sugar, sugar, chili powder, ground cumin, and black pepper.
3. Rub enough of the mixture on the tenderloin to lightly coat the entire surface. Store remaining spice rub in a sealed container for future use.
4. Place tenderloin in shallow pan and roast 30 to 35 minutes, or until a meat thermometer inserted in the thickest part registers 160°F.
5. Remove pork from oven and let rest 5 minutes. Slice tenderloin and serve.

Per serving: 147 calories, 23 g protein, 3 g carbohydrate, 36 g fat (4 g saturated fat), 73 mg cholesterol, 3 g sugar, 349 mg sodium. Calories from fat: 24%.

Pork Tenderloin Pantry Picks

Our three pork tenderloin recipes, on the opposite page, feature healthy ingredients that deserve a permanent home in your fridge and pantry. Carolyn O'Neil, MS, RD, co-author of *The Dish on Eating Healthy and Being Fabulous!*, offers a closer look at some top cooking staples.



BRINE TIME

The unopened flower buds of a Mediterranean plant, capers provide a powerful dose of antioxidants. Researchers from the University of Palermo found the antioxidants in capers neutralized harmful compounds formed during the digestion of fats in meat. (Digestion oxidizes fats, creating byproducts that may contribute to heart disease and cancer.) Capers are sold pickled in brine or packed in salt. Give both types a rinse to reduce their sodium content before adding them to dishes. O'Neil recommends **Reese and Crosse and Blackwell** brands, which are brined and readily available in many supermarkets.

WHEAT TREAT

Whole-wheat pitas are a tasty way to sneak more whole grains into your diet and get more potential protection against heart disease and diabetes. But it's important to read labels closely to ensure that you're getting the real thing. Look for brands that list "100% whole wheat" on the label, such as **Kangaroo Salad Pockets**, **Toufayan Bakeries Pitettes**, and **Flatout Artisan 5 Grain Flax Fold It Flatbread**.

MAIN SQUEEZE

Lemon juice offers a hefty dose of vitamin C and potent antioxidant compounds known as limonoids, which research suggests may fight mouth, skin, and lung cancers. And because it lends dishes a tart kick, lemon juice can be a substitute for salt. O'Neil prefers the bright flavor of freshly squeezed lemons, but in a pinch, she suggests stocking your fridge with the lemon juice from **Sunkist** and **ReaLemon**, or **Sicilia**, an Italian brand some supermarkets carry.

LOW SAT FAT

O'Neil keeps canola oil in her pantry because of its impressive fat profile: It contains the least saturated fat of popular cooking oils and provides heart-healthy monounsaturated and omega-3 fats. It also stands up to medium-high temperatures, making it a good choice for sautéing, and its subtle flavor doesn't overpower foods. Her favorites include **Wesson** and **Pompeian OlivExtra**, a blend of canola and extra-virgin olive oil.

CUMIN ON IN

This peppery spice, a staple of Mexican and Indian cuisine, is a decent source of iron and aids digestion, possibly by stimulating the release of pancreatic enzymes. O'Neil uses **McCormick** and **Spice Islands** cumin, readily available in most grocery stores. She recommends keeping spices in a cabinet away from heat and light and using them within six to nine months for best flavor.—E.O.



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healthy eats

NUTRITIOUS AND DELICIOUS

Reviewed by
Kathleen Zelman, MPH, RH, LD
WebMD DIRECTOR OF NUTRITION



How I Got Myself to Eat Cilantro



Rebecca Rose, 33, Huntington, N.Y., life-insurance case manager

healthy recipe

Cooking With Cilantro

Cilantro adds fresh, lemony, bright, and spicy flavors as well as earthy undertones to Asian soups, spring rolls, salads, and Southwestern dips, salsas, stews, and sandwiches. Pulsing cilantro into dips or pestos tames the herb's scent somewhat, making it more approachable for a wider audience.

Cilantro is a good source of dietary fiber, vitamin K, iron, magnesium, and manganese. The herb is super low in calories (only 1 calorie per quarter cup) and super high in a long list of plant-based nutrients called phytochemicals, including limonene, camphor, and quercetin. These compounds, abundant in vegetables and fruit and in cilantro's essential oils, are powerful antioxidants, which help the body fight disease and aging.

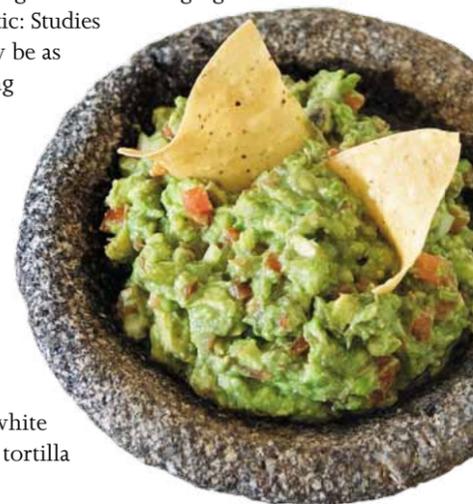
Fresh cilantro leaves may also be a natural antibiotic: Studies show a compound called dodecenal in the leaves may be as effective as a commonly used antibiotic drug at killing salmonella. To get the most out of these benefits, eat cilantro when it's fresh and vibrantly deep green. Leaves should be crisp and spot-free.

→ Cilantro-Spiked Guacamole

Combine one or two thin slices of jalapeño pepper with ¼ cup fresh cilantro leaves (bottom of stems removed), 2 ripe avocados (pitted and peeled), ¼ tsp salt, ½ tsp ground cumin, the juice of one lime, and ½ cup water in food processor. Pulse/blend until smooth. Mix in 3 tbsp chopped white or red onion and serve with fresh veggies or baked tortilla chips for dipping.

→ Cilantro Pesto

Combine 1 bunch of very fresh cilantro (bottom of stems removed) with four cloves of garlic, ¼ cup of grated Parmigiano-Reggiano cheese, 1 slice of jalapeño pepper (or ½ tsp red chili flakes), and ½ cup toasted pine nuts or blanched almonds in a food processor. Pulse. With motor running, slowly pour in ½ cup extra-virgin olive oil. Add 1 tbsp lime juice and blend. Mix in sea salt to taste and toss with 6 to 8 servings of your favorite prepared whole-grain pasta.



Of all the bright-green herbs out there, cilantro—the fresh, leafy stalks of the coriander plant—may be the most polarizing. The millions who love cilantro pile it on soups, salsas, wraps, and roll-ups. And the people who hate it, really hate it, tend to post vitriolic rants in online food blogs. But even dedicated cilantrophobes can have a change of heart, mind, and tastebud. Take WebMD community member Rebecca Rose.

Rose's first cilantro moment came at a restaurant in New York, when she was a teenager. "I scooped up a chip full of pico de gallo, took a bite, and basically freaked out," she remembers. "I couldn't get it out of my mouth fast enough. I was convinced I had eaten a bug!" But there was no bug in the salsa, just a lot of cilantro. "I was completely unfamiliar with the herb," says Rose.

For years, Rose was on cilantro high-alert, carefully avoiding the herb, which she called "The Great Parsley Pretender." Finally, she decided to give it another try. "I love, love, love avocados. And my favorite guacamole-making restaurant includes cilantro in the guac. I think that's what converted me."

Today? Rose not only tolerates the herb, she seeks it out. "My mom always said, 'Your tastes change. You might not like something today that you'll like farther down the road.'" And cilantro-wise? "She was right!"—Monica Kass Rogers

TOP: ROSEMARY CALVERT/GETTY IMAGES; FOOD IMAGE: SOURCE/GETTY IMAGE

What's your family food challenge? WebMD.com

As she returns to Broadway in *The House of Blue Leaves*, **Edie Falco** opens up about beating alcoholism, getting into character as *Nurse Jackie*, and her **most important role of all, mom**



Life Stages

Edie Falco

may spend her days tending to trauma victims and juggling the hectic demands of a Lower Manhattan hospital on the set of Showtime's dark comedy *Nurse Jackie*, but playing Jackie Peyton—a top-notch ER nurse and quick-tongued, functioning drug addict with a penchant for Percocet—is as close as the Emmy-winning actress gets to living on the edge. The only thing this mother of two craves, she says, is popcorn and curling up on the couch for cartoon movie marathons with her kids.

By Jenna Bergen, WebMD Contributing Writer

Reviewed by
Louise Chang, MD
WebMD MEDICAL EDITOR



“The greatest thing I’ve ever learned is acceptance,” says Falco, 47, who, in addition to gearing up for the third season of *Nurse Jackie*, returned to Broadway in April, starring alongside Ben Stiller in the revival of John Guare’s comedy, *The House of Blue Leaves*. “To just take life as it occurs, learn from it, and make it as enjoyable as possible. That’s what life is. And it’s often spectacular.”

“Spectacular” is also a fitting word for Falco’s career, which started on the stage and in indie films, then built momentum in the early ’90s with recurring roles on *Law & Order*, *Homicide: Life on the Street*, and a much-talked-about role on HBO’s prison drama, *Oz*. Finally, in 1999, Falco skyrocketed to household-name fame when she was cast as Carmela, the outspoken, home décor-obsessed wife of New Jersey mobster Tony Soprano, on another HBO hit series, *The Sopranos*—a role that garnered her three Emmys and two Golden Globes as dramatic lead actress. In 2003, she became the first actress to ever claim Emmy, Golden Globe, and Screen Actor’s Guild awards in the same year. She also has appeared in the hit comedy *30 Rock*, as Alec Baldwin’s love interest, and has kept up her film work, working with Harrison Ford, Julianne Moore, and other stars.

With *Nurse Jackie*, which debuted in 2009 on Showtime, the drama queen proves she has a knack for comedy, too. In 2010, she took home the Emmy for Outstanding Lead Actress in a Comedy Series for the show, a success Falco credits largely to her past personal struggle with addiction. Though you’d never think it by looking at the Long Island native now, she says her life closely mirrored her current character’s struggles for many years. The only major difference: Nurse Jackie pops painkillers and Falco struggled with alcohol.

“I think having gone through alcoholism really helps me understand how Nurse Jackie functions,” says Falco, who’s been sober since she was 29. “It’s hard for people who aren’t addicts to understand the nature of [addiction]—how irrational it is and, at the same time, how deeply powerful. If you’re an ex-addict, you understand it completely because you *have* to. You drink because your body tells you that is what you need.”



Falco channels her experience beating alcoholism in *Nurse Jackie*.

“The greatest thing I’ve ever learned is acceptance. To just take life as it occurs, learn from it, and make it as enjoyable as possible. That’s what life is. And it’s often spectacular.”

Nurse Jackie clearly identifies with that power. She’ll do just about anything to score a hit—even if it means having an affair with the hospital pharmacist. In the last two seasons, she’s tossed back Vicodin, snorted Adderall in the ladies room, and gulped down vials of morphine.

But while Jackie is certainly flawed, in Falco’s capable hands she’s also quick-witted, smart, and lovable, an imperfect, big-hearted heroine who cares for her patients, will tell off any MD who gets in her way, and is raising two young girls.

“She’s a wise guy, you know?” says Falco. “She’s not that careful about the way she’s perceived, which is very freeing to someone like me, who spends a certain amount of time attending to those sorts of things.”

But despite the dark laughs, the show also carries a serious message, one that is personal and important to Falco and the show’s executive producers, Liz Brixius and Linda Wallem, both past addicts as well. “Playing Nurse Jackie makes me grateful every day that I’m no longer living a life



Falco’s Emmy award-winning role as Carmela on *The Sopranos*.

OPENING SPREAD: SHOWTIME; TOP: KEN REGAN/SHOWTIME; HBO/EVERETT COLLECTION

ruled by addiction,” says Falco. “It’s heart-breaking to remember what that feels like: that every other thing pales in comparison to feeding your addiction. It’s a great luxury to be freed from that.”

Life Lessons

Falco’s victory over alcoholism came about like many other accomplishments in her life: It was hard won. “It was actually unimaginable in the beginning that I could succeed because my life so revolved around alcohol,” says Falco, who credits a large part of her success to a group of pals who put down the bottle first. “Some of the closest friends in my life right now are people who got sober before me. I’ve got a very strong network of people who would simply not have it if I were to drop out of the club.”

Finding a fellowship of people who no longer drink can have a huge influence on staying sober, says Harry Haroutunian, MD, physician director of the Betty Ford Center’s Residential Treatment Programs in Rancho Mirage, Calif. “Alcoholism is a disease that loves to hide in the dark and to stay cloaked in denial, but having a fellowship holds you accountable to a power outside of yourself,” says Haroutunian.

“For some people, that fellowship might be a recovery group like Alcoholics Anonymous, and for others, like Edie, it could be a group of sober friends.”

Watching a loved one struggle with addiction can make many family members feel helpless—something Falco understands, too.

“When I was little, I used to break my parents’ cigarettes all the time to get them to stop smoking. They would get furious with me, and then just go out and buy more cigarettes,” says Falco.

“It’s hard to talk to an addict who doesn’t want to hear anything. But there is a way out. You get to the point where you think there isn’t, and I can say from the other side that there is *always* a way out if you ask for help.”

New Beginnings

After kicking the bottle, Falco cleaned up her diet and swapped her unhealthy addiction for a healthy one: running. “Back when I drank, I didn’t exercise at all, and I

7 Rules for Health and Happiness

Sweat for your sanity. To actor Edie Falco, the gym is for more than staying toned and trim. “It always clears my head,” says Falco, who was running up to five miles a day until knee pain recently caused her to cut back. “You feel better all day because of the endorphins running through your system. I do it more for my brain than anything else. It just makes me feel good.”

Say “yes” to siestas. Scoring eight straight hours of shut-eye rarely happens for Falco, as she’s often up early with her children and stays up late to cross items off her to-do list. However, whenever she has the chance, she’ll catch some midday zzz’s. “I love to nap in the afternoon,” says Falco. “I’ll grab my dog and we’ll go up in my bedroom and sleep for a few hours. It’s not consistent, but it seems like the greatest luxury in the world.”

Make exercise “me” time. As an Emmy-winning actress and a single mom of two, finding time to exercise or sneak in alone time isn’t always easy. Her solution? Combine the two: While a babysitter watches the kids, “I’ll do an exercise of some kind and listen to music,” says Falco. “It’s very quiet time, very private time.”

Don’t be crazy about cardio. In the past, if Falco had a 5 a.m. start time, she’d be up at 3:30 a.m. to work out. “I used to be sort of obsessive about exercise,” admits Falco. “But now, I fit it in where it’s manageable and reasonable. As always, just do the best you can.”

Reward yourself with a healthy treat. Forget chocolate, cookies, or cake. Falco’s must-have treat is popcorn. “There’s something about watching TV and eating popcorn that’s so satisfying,” says Falco. “It’s got all the perfect flavors, and I can almost tell myself it’s a vegetable.”

Cave to your cravings—occasionally. Though Falco mainly eats a healthy diet full of fresh fruit and vegetables and lean proteins, like fish and low-fat dairy, now and then she indulges in her favorite foods. “I go through periods of time, like the holidays, that are just ridiculous,” says Falco. “But I always go back to ground zero. I just feel better when I eat well.”

Boycott boredom. In addition to running, Falco stays active with Pilates, yoga, and the elliptical machine. “I’m always switching it up to stay interested,” says Falco. The healthy bonus: Varying your fitness routine is a good way to avoid frustrating plateaus and helps prevent over-use injuries, too.—*J.B.*



decided to take better care of myself,” says Falco, who discovered she loved logging miles outdoors for the mood-boosting benefits. Then, in September 2003, Falco received the life-changing diagnosis of stage 1 breast cancer. Suddenly, exercise became much more than a way to stay fit and firm—it became a source of solace. Even on days when she was depressed over losing her hair to chemo, Falco’s runs made her feel strong and calm.

Finally, in February 2004, the clouds lifted: Falco entered remission. But despite her soaring career and regained health, she realized something was missing: She wanted to be a mom.

“I had been pursuing this career for so long and living, literally, by the seat of my pants, that it never occurred to me that I would have children,” says Falco who, after graduating from the prestigious Conservatory of Theatre Arts and Film, lived in

The moment her son, Anderson, was placed in her arms, **Falco burst into tears.** “It’s as big as it gets in one’s life. I learned a capacity for love I didn’t think I had. **A selfless kind of love.**”



Falco with her son, Anderson, now 6, last fall.

Manhattan and worked odd jobs to support her acting career.

Call of Motherhood

“I traveled in a circle of poor artists, and I just never thought I would be a mom. I didn’t think it would be something I would be good at, and it didn’t seem like something I wanted. And then...it did!” She laughs. “It kind of snuck up on me and grabbed ahold of me—and it wasn’t going to let go.”

That Falco was 40 and single didn’t matter to her. She knew it was time and quickly began looking into adoption. “It’s an arduous process, but I imagine the nine months of watching your body change [during pregnancy] is sort of an arduous process as well,” Falco says, laughing, recalling the mountains of paperwork and days of waiting expectantly for a phone call.

The moment her son, Anderson, was placed in her arms that December, Falco burst into tears. “It’s as big as it gets in one’s life. I learned a capacity for love I didn’t think I had. A selfless kind of

love.” That she wasn’t the baby’s biological mother made no difference to her. “It feels very clear to me that the second they hand you a newborn it’s your child, and it makes absolutely no difference what body it came out of,” she says. She likens the experience to her instantaneous love-bond with her beloved dog, Marley, 12, a yellow Lab-white shepherd mix. “It’s sort of embarrassing, but I love Marley so much that I have a hard time believing she did not come from me. In a way, all dogs are adopted.” In 2008, Falco adopted a sibling for her son, a baby girl she named Macy.

“They couldn’t be more different from each other,” Falco says of her duo, now 6 and 3. “My son is deeply intense, crazy-smart, and shy, and my daughter is crazy-comfortable in her skin, creative, and really social—very girly. It’s such a joy watching them become these little people they were always destined to be, with or without me.”

While becoming a mother has undoubtedly cut down on Falco’s gym time and trips to the masseuse, she couldn’t be happier. “I love being a single mom,” says Falco, who, despite past relationships with other well-known stars such as Stanley Tucci, has never married.

“I did this very much on purpose. I wanted to raise my children by myself. I feel strongly about being consistent for them and being there for them, and all I can promise is that I will be those things. I can’t make those promises to them when it involves other people,” says Falco, who recalls growing up enduring her parents’ arguments and long, cold silences until they divorced.

“I just feel this is the way I can do this most cleanly. It’s very painful to see one parent leave. I also have strong feelings about the way to go about things, such as



Falco with her daughter, Macy, now 3.

education and discipline, and I don’t want to compromise with anybody.”

Of course, Falco quickly found out that doing everything entirely on her own would be too much, even for someone with her level of energy. “At first, I tried to do it all,” says Falco, who finally gave up singlehandedly managing every night and day feedings for her son after almost walking into oncoming traffic. “I got a nanny to help me during the days, and I kept shifting my plans until I found a very workable one.”

Opting to navigate motherhood alone has become a viable option for many women, says Argie Allen, PhD, MFT, director of clinical training at the couple and family therapy program at Drexel University in Philadelphia. Being a single mother can be wonderfully rewarding to both your child and you. “However, it’s important to have support systems in place to ensure the child is adequately cared for and the mother is still able to have a healthy amount of alone time,” says Allen, who recommends scheduling biweekly sleepovers at a close friend’s or family member’s house.

“Sleepovers can be a wonderful thing. The children get to play and socialize with their peers, and the parent can take some time to relax.” Also, creating a small network of friends or relatives who can commit to helping with chores and errands is key, Allen adds.

Still, even with additional hands, parenting—single or partnered—is a challenge. “It just puts everything front and center,” says Falco, “the things that I’m

good at, the ways in which I fall short. But it’s also very moving and gratifying.” So gratifying, in fact, that the actor hasn’t dated seriously since becoming a mom.

“My kids came into my life, and whatever it was that was driving me to get involved with someone really went up in smoke,” says Falco, who’d been dating steadily since her teen years.

“Every human wants love, and here it was in such large quantities and in such purity that I just no longer felt that drive to go out and meet someone. I have life in my house. And I have deep friendships that are, on average, about 30 years old. My life is very full and satisfying.”

Looking Ahead

No matter how busy Falco may be, she always finds time to do more—a habit she sustains through the occasional afternoon nap and a wholesome, vegetarian diet chock-full of energizing fruits and vegetables. In 2009, she appeared in a Stand Up To Cancer public service campaign with actor Cynthia Nixon to raise awareness about the increased risk of infection during cancer treatment.

Fifteen years ago, she began studying Buddhism and recently joined a cabaret act. “I’m always doing stuff that keeps me occupied, interested, and challenged,” says Falco. “It’s just the way I stay happy.”

In addition to looking forward to seeing what season three holds for *Nurse Jackie*, Falco has been prepping for her return to Broadway in *The House of Blue Leaves*. “I saw the play a million years ago, and I remember leaving the theater with this glowing feeling, thinking ‘God, that was beautiful,’” says Falco, who was only 18 at the time. “Here it is all these years later and I’m getting to do it. It’s just one of those glorious things about this career that I’ve had that’s been such a gift.”

But ask Falco what she’s planning next, and she’ll laugh and tell you “nothing.” “I tend not to think that way,” says Falco.

“What has worked for me has been not to plan anything. All I know is that I love what I do. I don’t want to direct, I don’t want to write. I really just love to act. Thus far, I just see what comes my way or gets offered to me and what moves me.

“As a result,” Falco says, “I’ve had this tremendous journey that’s much better than anything I could have planned.”

Expert Tips for Battling the Bottle

Nearly 18 million people in the United States—about one in 12 adults—abuse alcohol or are alcohol dependent. While actor Edie Falco relies heavily on non-drinking friends for support, there are numerous ways to get help. “Alcoholism is a chronic disease that requires lifelong management, but you can live a long, healthy, and fulfilling life beyond your wildest dreams if you recover from this disease,” says Harry Haroutunian, MD, physician director of the Betty Ford Center’s Residential Treatment Programs. Here, his top tips for getting—and staying—sober.

Admit you have a problem. “There aren’t always red flags that clearly show that someone is an alcoholic, but there are signs that allow us to recognize problem drinkers,” says Haroutunian. “Drinking more than intended at any specific time, loss of control while drinking, or continuing to drink despite adverse consequences are absolute hallmarks of this disease.” Not sure you have a problem? Find a simple questionnaire at aa.org.

Reach out. There’s a reason more than 2 million Americans are members of Alcoholics Anonymous, the nonprofit group that originally proposed the “12-step program” as a method of recovery from alcoholism: It works. “In my experience, recovery is possible when the 12-step program is used,” says Haroutunian. “If you attend the meetings and practice the steps on a daily basis, your chances for recovery are very, very high.”

Find new ways to de-stress. Many people become addicted to alcohol because it eases stress and lessens anxiety, says Haroutunian, and alcoholics must learn new coping mechanisms, such as meditation, exercise, or cognitive behavioral therapy. So, instead of reaching for a drink the next time you’re under the gun at work or have a fight with your spouse, hit the gym, go for a run, call a friend to vent, or try another healthy activity that eases tension.—J.B.

“All that I know is that I love what I do. I just see what comes my way and what moves me.”





SUN DAY BEST

The heat is on! Are you covered? Our experts debunk top sunscreen myths

By Ayren Jackson-Cannady
WebMD Contributing Writer

Don't believe the hype. It may be shady outside. Your skin may be naturally tan. And you may be wearing foundation pumped with SPF. But that's no reason to stow away your sunblock. WebMD talks to top dermatologists who reveal the biggest misconceptions about wearing sunscreen.

The higher the SPF, the better the protection.

FALSE. It sounds right—a sun protection factor of 100 should be twice as protective as SPF 50. But it's only a few percentage points more effective. An SPF of 15 screens 93% of the sun's rays and an SPF of 30 screens 97%. "But the number becomes irrelevant if you aren't applying enough in the first place," says Mona Gohara, MD, a dermatologist in Danbury, Conn., and an assistant clinical professor at Yale University Department of Dermatology. Studies show the average person slaps on one-seventh to one-tenth of the amount of SPF needed to reach the number that's on the bottle.

"For better protection apply 1 to 2 ounces (the size of a Ping-Pong ball) of sunscreen on your body 30 minutes before going outdoors [so your skin can absorb it completely], and every two hours to any exposed skin after that," Gohara says. For your face, apply a dollop the size of a silver dollar every day, no matter what the weather. Note, too, that SPF refers to protection from UVB (the burning rays) only, not UVA (the aging rays). You need to guard against both, since both can lead to skin cancer. (See "What's in a Label?" on page 80 for ingredients to look for on sunscreen product labels.)

It's OK to use last year's bottle of SPF.

TRUE. Most sunscreens have a shelf life of about two years, says Jordana Gilman, MD, a New York City dermatologist. If you are using sunscreen properly, however, you shouldn't have any left, since it takes about 1 to 2 ounces of sunscreen to cover the entire body, so a 4-ounce bottle should last for only four applications.

Sunscreen only needs to be applied to exposed skin.

FALSE. The average T-shirt offers an SPF of about 7, notes Gilman. Darker fabrics and tighter weaves provide more protection, but it is much safer to apply sunscreen to your entire body before you get dressed. Or better yet, wear clothing made of UV protective fabrics. These have been specially treated with colorless UV-absorbing dyes, and most offer an ultraviolet protection factor (UPF) of 50, which blocks both UVA and UVB. Don't want to invest in a whole new summer wardrobe? Spike your detergent with a wash-in SPF product you can toss in with your laundry.

Using makeup with SPF is just like wearing regular facial sunscreen.

FALSE. Certainly, applying makeup that contains SPF is better than skipping it altogether, but it's not as effective as wearing a facial lotion with sunscreen underneath. Generally, most makeup cracks on skin, allowing UV rays through. "For makeup to provide adequate ultraviolet protection, it would need to be applied in a really thick layer, which most women do not do," Gilman says. So unless you plan to spackle on your foundation, smooth on a layer of lotion with sunscreen first, and then apply your makeup.

Sunscreen can cause cancer.

FALSE. The only way sunscreen could be hazardous to your health is if it is absorbed into the body, which does not happen, says Amy Wechsler, MD, dermatologist and author of *The Mind-Beauty Connection: 9 Days to Reverse Stress Aging and Reveal More Youthful, Beautiful Skin*. "UV rays break down the chemical molecules in some sunscreens relatively quickly, long before they can seep into skin."

Still concerned? Use a sunscreen containing physical blocking ingredients such as zinc oxide and titanium oxide, which stay on the surface of the skin as a protective barrier. Don't be tempted to use babies' or children's sunscreens, which don't necessarily

Reviewed by
Karyn Grossman, MD
WebMD SKIN CARE EXPERT



“Antioxidants are a good way to catch the UV radiation that ‘sneaks’ past the sunscreen.”

contain physical blocks. And make sure to check the “active ingredients” section on the label to see what the bottle contains. Even the same product can vary from year to year. Some dermatologists believe people should wear physical blocks only. They might be safer than a mix but are harder to find and not as easy to wear since they tend to be thicker and goopier products. Try a few to find one you like.

“Waterproof” sunscreen doesn’t need to be reapplied after swimming.

FALSE. It’s no surprise researchers at the Colorado School of Public Health recently found that vacations near the water were associated with a 5% increase in small skin moles, which in turn boosts a person’s risk of melanoma. While the FDA recognizes the term “water resistant” (which means a sunscreen offers SPF protection after 40 minutes of exposure to water), it does not acknowledge the term “waterproof.” “No sunscreen is truly waterproof,” Wechsler confirms. Sunscreen should be reapplied every two to three hours—and every time you get out of the water if you’re doing laps in the pool or splashing around in the ocean.

Wearing sunscreen can lead to vitamin D deficiency.

FALSE. There’s no denying that our bodies need vitamin D (which can be obtained through sun exposure) to function—without it, the body can’t use calcium or phosphorus (minerals necessary for healthy bones). And according to a study published in *Archives of Internal Medicine*, three-quarters of Americans are deficient in the crucial vitamin. But that doesn’t give you a no-SPF pass. “You still get enough sun to make plenty of vitamin D through the sunscreen,” says Brett Coldiron, MD, a dermatologist at the University of Cincinnati. If you’re worried about vitamin D deficiency leading to brittle bones, Wechsler says, ask your doctor about taking a supplement. The Institute of Medicine’s recently revised guidelines recommend most adults get 600 international units a day; some people may need more.

Sunscreen with antioxidants provides better UVA/UVB protection.

TRUE. While they aren’t necessarily active sunscreen ingredients, antioxidants are great SPF supplements. Sunscreen alone does not block all of the damaging rays from the sun—even an SPF of 50 blocks out only 98% of UV rays. “Antioxidants are a good way to catch the UV radiation that ‘sneaks’ past the sunscreen,” Gohara says. Sunscreens infused with antioxidants such as skin-loving green tea extract or polyphenols from tomatoes and berries are proven to reduce the formation of free radicals (small chemical particles that wreak havoc on skin and can cause skin cancer) in the presence of UV light.

WHAT’S IN A LABEL?

To ensure that you’re getting the best protection possible, look for a broad-spectrum UVA/UVB sunscreen. How do you know you have the right product? Even if the front label of the bottle advertises UVA and UVB protection, turn to the back and scan for a combination of these ingredients. Sometimes the front labels can be misleading.

These ingredients block UVA rays (the rays that cause aging):

- Avobenzone
- Ecamsule (Mexoryl)
- Zinc oxide
- Titanium dioxide

These ingredients block UVB rays (the rays that burn skin):

- Octyl methoxycinnamate
- Octyl salicylate
- Octocrylene
- Zinc oxide
- Titanium dioxide



TOM MERTON/GETTY IMAGES

What’s in your summer beach bag? WebMD.com

Always running to the bathroom?

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

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

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

*Results may vary.

USE AND DOSE

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

IMPORTANT SAFETY INFORMATION

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

Please see Important Patient Information on the following page.



If you don’t have prescription coverage, visit pparx.org, or call 1-888-4PPA-NOW (1-888-477-2669)

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



First 30-day prescription free[†] at vesicare.com, or call (800) 403-6565.

[†]Subject to eligibility. Restrictions may apply.

Take care with **VESicare**[®] (solifenacin succinate) tablets

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



WHAT'S YOUR RISK?

When 24-year-old tabbiecat_PCSM asked the WebMD skin cancer community about a mole on the back of her thigh, the moderator quickly responded. "Because skin cancer runs in your family and you are worried, I would definitely get it checked out," she wrote. Family history is just one risk factor for melanoma. Do you know the others?

- 1 Do you have fair or freckled skin that burns easily?
 - Yes
 - No
- 2 Do you have light-colored eyes or red or blond hair?
 - Yes
 - No
- 3 Have you had a lot of sun exposure or a history of blistering sunburns?
 - Yes
 - No
- 4 Do you have a family history of melanoma?
 - Yes
 - No
- 5 Do you have many large, irregularly shaped moles?
 - Yes
 - No

Answers: Each is a risk factor for skin cancer. Sun exposure and sunburn are big risk factors; most skin cancers occur on areas that have been regularly exposed to the sun. People with light eyes, skin, and hair are at greatest risk—even during cold-weather months. But even those with darker complexions can get all forms of skin cancer, so everyone should practice sun safety. Having lots of large, irregular moles makes you more likely to get a form of skin cancer called melanoma. So can a family history of melanoma or severe, blistering sunburns during childhood or adolescence. Ask your doctor to examine irregular moles, and make a thorough skin exam part of your regular checkups.



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

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

What is VESicare?
 VESicare is a prescription medicine used in adults to treat the following symptoms due to a condition called overactive bladder:

- Having to go to the bathroom too often, also called "urinary frequency"
- Having a strong need to go to the bathroom right away, also called "urgency"
- Leaking or wetting accidents, also called "urinary incontinence"

VESicare has not been studied in children.

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

Who should NOT take VESicare?
 Do not take VESicare if you:

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

What should I tell my doctor before starting VESicare?
 Before starting VESicare, tell your doctor or healthcare professional about all of your medical conditions including if you:

- Have any stomach or intestinal problems or problems with constipation
- Have trouble emptying your bladder or you have a weak urine stream
- Have an eye problem called narrow-angle glaucoma
- Have liver problems
- Have kidney problems
- Are pregnant or trying to become pregnant (it is not known if VESicare can harm your unborn baby)
- Are breastfeeding (it is not known if VESicare passes into breast milk and if it can harm your baby. You should decide whether to breastfeed or take VESicare, but not both)

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

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

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

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

The most common side effects with VESicare are:

- Blurred vision. Use caution while driving or doing dangerous activities until you know how VESicare affects you.
- Dry mouth.
- Constipation. Call your doctor if you get severe stomach area (abdominal) pain or become constipated for 3 or more days.
- Heat prostration. Heat prostration (due to decreased sweating) can occur when drugs, such as VESicare, are used in a hot environment.

Tell your doctor if you have any side effects that bother you or that do not go away. These are not all the side effects with VESicare. For more information, ask your doctor, healthcare professional or pharmacist.

How should I store VESicare?

- Keep VESicare and all other medications out of the reach of children.
- Store VESicare at room temperature, 59° to 86°F (15° to 30°C). Keep the bottle closed.
- Safely dispose of VESicare that is out of date or that you no longer need.

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

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

What are the ingredients in VESicare?
Active ingredient: solifenacin succinate
Inactive ingredients: lactose monohydrate, corn starch, hypromellose 2910, magnesium stearate, talc, polyethylene glycol 8000 and titanium dioxide with yellow ferric oxide (5 mg VESicare tablet) or red ferric oxide (10 mg VESicare tablet)

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Screen Stars

A top derm's SPF product picks



Ever wonder what sunscreens top dermatologists slather on themselves? "It has to be SPF 30 or higher, and I like it to protect against both UVA and UVB," says dermatologist Jordana Gilman, MD. Here are some SPF picks she swears by (all these protect against both types of rays).

BEST FOR FACE
La Roche-Posay Anthelios 60 Ultra Light Sunscreen Fluid (\$29.50) is made with a filtering system of avobenzene and octocrylene to protect against both UVA and UVB rays, while boosting photostability (the rate at which a sunscreen breaks down under sunlight).

Coppertone Oil Free Foaming Sunscreen Lotion SPF 75+ (\$9.99) is easy to apply over facial hair, plus it's noncomedogenic (meaning it won't clog your pores).

Hawaiian Tropic Sensitive Skin Oil-Free Face Lotion SPF 30 (\$6.99) is lightweight and nongreasy—a great option for those with sensitive or acne-prone skin.

BEST FOR BODY
Aveeno Positively Ageless Sunblock Lotion SPF 70 (\$11.99) is infused with feverfew, soy, and vitamin E, powerful antioxidants.

Lubriderm Advanced Therapy SPF 30 Lotion (\$8.99), which is pumped with a healthy dose of vitamins B5 and E, dries on contact (non-SPF formula pictured).



BEST FOR LIPS
Nivea A Kiss Of Protection Lip Care SPF 30 (\$2.49) contains sun-shielding titanium dioxide, plus moisturizing shea butter to protect your pout.

BEST FOR SPORTS
Neutrogena Wet Skin Sunblock Spray SPF 85 (\$8.99) can be applied over wet skin after swimming or exercising (and it doesn't leave white marks!).

FOR YOUR LAUNDRY
 Spike your detergent with **SunGuard** (\$1.99), a powder laundry aid that amps up the ultraviolet protection factor (UPF) of your clothing to 30 and lasts through 20 washes.

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



Tired Truths

Why are you so fatigued? We asked leading health experts about the reasons so many **women are exhausted**. Here are the **7 culprits** they say are most often to blame

By Stephanie Watson, WebMD Contributing Writer

Worn out and weary, women across the country named fatigue among their top five health concerns of 2010 in WebMD's annual Year in Health survey (the other four were period problems, "superfoods" best for nutrition, thyroid conditions, and sex and relationship issues). Here are seven of the biggest reasons you may be dragging, and ways to put the spring back into your step.

Illustrations by Scott Bakal

Reviewed by
Brunilda Nazario, MD
WEBMD SENIOR MEDICAL EDITOR



Thyroid Problems

The thyroid—a little butterfly-shaped gland in your neck—produces the hormones that regulate how your body burns fuel for energy. It can be overactive or underactive, but either way you'll feel sleepy.

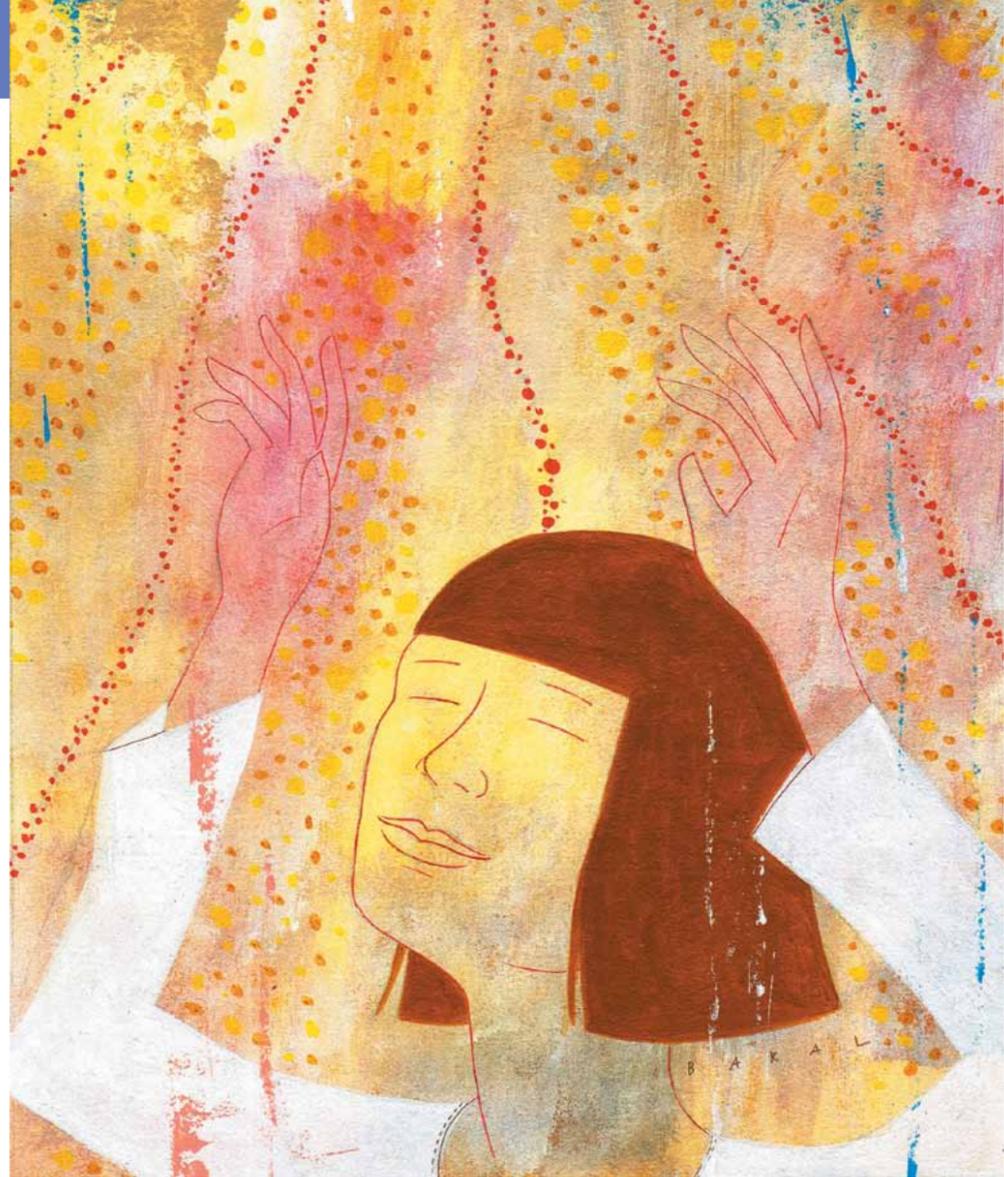
Why? "With an underactive thyroid you can't get your engine going. With an overactive thyroid your engine's on overdrive and you start to burn out," says Sandra Fryhofer, MD, clinical associate professor of medicine at the Emory University School of Medicine in Atlanta.

Thyroid problems are more common in women, although doctors aren't sure why. "That's the big mystery. It may be related to genetics or hormones—we don't know," says Hossein Gharib, MD, professor of medicine at the Mayo Clinic College of Medicine in Rochester, Minn.

What to do: Tests can reveal whether you need to take a manmade version of thyroid hormone to rev up an underactive thyroid, or antithyroid medicine to calm down an overactive thyroid.

Heart Disease

"We think it's just a man's disease, but it's not," says Fryhofer. In fact, heart disease is a serious threat to women—more serious than every type of cancer, including breast cancer, even though many



"When your heart isn't pumping efficiently, it can't get enough blood out to your body, and that can make you tired."

women believe cancer is a bigger concern. According to the American Heart Association, nearly twice as many American women die of heart disease, stroke, and other cardiovascular diseases as from all forms of cancer.

When your heart isn't pumping efficiently, it can't get enough blood out to your body, and that can make you tired.

"Fatigue is one of the most common complaints of women with heart disease," says Annabelle S. Volgman, MD, associate

professor of medicine and medical director of the Heart Center for Women at Rush University Medical Center in Chicago.

What to do: If you have heart risk factors such as obesity, high blood pressure, and a family history of heart conditions, you need to have your heart checked out. Measuring your blood pressure and other simple tests such as an electrocardiogram or an echocardiogram can pinpoint whether your heart is the source of your weariness.

Vitamin D Deficiency

"There's been an epidemic of vitamin D deficiency over the last few decades because we've been avoiding the sun," Volgman says. Other reasons include having a milk allergy, following a strict vegetarian meal plan, and having darker skin (the pigment melanin reduces the skin's ability to make vitamin D from sunlight). For some people, their digestive tract cannot absorb vitamin D well. For others, the kidneys have trouble converting the nutrient to its active form. And being overweight makes vitamin D less available for use in the body. Whatever the reason, too little of this essential vitamin can sap your bone strength, and some research links a deficiency of vitamin D to chronic fatigue syndrome.

What to do: A blood test can determine whether you're getting enough of your

daily D. If not, a supplement can get you to the amount you need each day. The Institute of Medicine, which published new guidelines in 2010, recommends that most adults get 600 international units a day. For people 71 and older, the recommended amount climbs to 800 IUs. At these amounts, you're getting enough D to benefit your bones without overdoing it and causing kidney problems or other side effects.

Iron Deficiency (Anemia)

When your blood can't carry enough oxygen to your body, you're bound to feel sluggish. "Anemia is more of a symptom than a disease," Fryhofer says. It could be a sign that you're losing too much iron in your blood during your period, or you may be deficient in other vitamins and minerals.

What to do: See your doctor for a blood test to find out whether you've got an iron deficiency or other medical problem that's affecting your red blood cell count. The solution could be as easy as taking an iron or B vitamin supplement.

Sleep Apnea

Your husband jokes that you sound like a buzz saw when you sleep, but snoring is no laughing matter. It could be a sign of sleep apnea, a condition that halts your breathing over and over again throughout the night. Every time your breathing stops, your brain jolts you awake to restart it. "You are never getting a restful sleep, so your body never has time to recuperate and recharge," Fryhofer says. As a result, you end up feeling drained.

What to do: Being overweight can put pressure on your airway at night, which is why weight loss is the prescription to help sleep apnea. To help you breathe more easily while sleeping, a continuous positive airway pressure (CPAP) device will keep air flowing into your airway. Once you get the hang of sleeping

with a mask on your face, CPAP can "really change your life," Fryhofer says.

Lack of Sleep

While juggling a job, family, and a million other responsibilities, it's hard to squeeze in the full seven to eight hours of sleep you need each night. "A lot of women have a very hectic lifestyle and don't have a schedule that allows them to get sufficient sleep," says Hadine Joffe, MD, MSc. Joffe is associate professor of psychiatry at Harvard Medical School and director of research for the Center for Women's Mental Health at Massachusetts General Hospital.

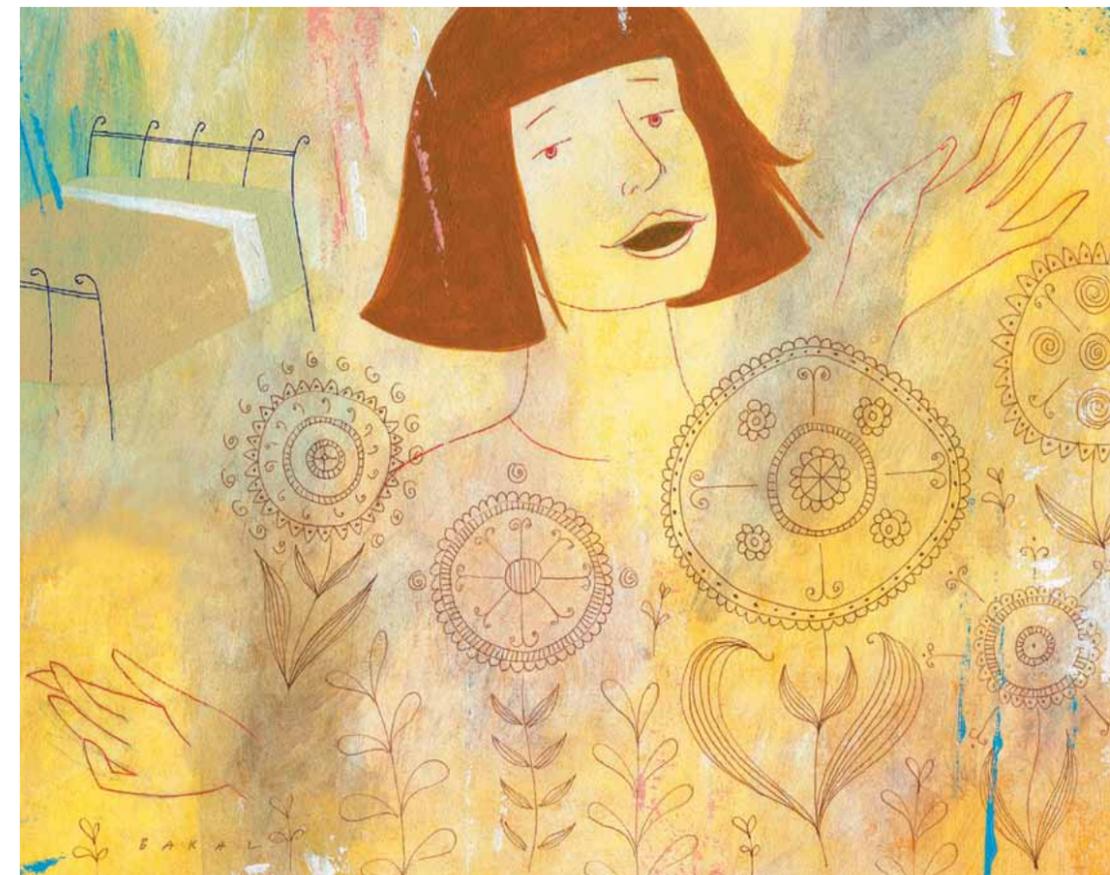
What to do: "You want to make sure when you want to go to sleep you can sleep," Fryhofer says. Get into a calming bedtime routine. Turn on soft music. Spray a whiff of lavender on your pillow to help calm your nervous system and encourage relaxation. Sip a cup of chamomile tea, a fragrant flower extract that some health experts believe helps ease anxiety. If you still can't fall asleep, go

into another room and read or do another relaxing activity for about 15 minutes, then go back to bed and try it again.

Depression

Depression and fatigue are both common in women, and the two conditions appear to fuel one another. People who are depressed are more than four times as likely to be tired, and those who are fatigued are almost three times as likely to be depressed. The stress and worry that are hallmarks of depression can keep you tossing and turning all night, and if you drag through every day you're bound to feel miserable.

What to do: "Treating the depression will give you more energy," Fryhofer says. Talk to your doctor about how you're feeling. He or she will want to know when your symptoms began, how long they have lasted, and how severe they are. Together, you can then determine the best course of treatment, which may include antidepressants, psychotherapy, or both. ●



Why are you tired? Find **expert snooze tips.**



DIABETES

QUIZ

HEAD-TO-TOE DIABETES CHECKUP

Diabetes isn't just a disorder of the pancreas—it also can cause serious complications in other parts of your body. That's why it's important to pay close attention to your symptoms. **"The pain in your foot could be neuropathy due to high blood sugar,"** MrsCora01 posted to a WebMD member in our diabetes community recently. **"You should see your doctor."** Do you know these four ways diabetes can affect your overall health?

Your Vision

Get a dilated eye exam once a year. Diabetes can cause small blood vessels to leak into the retina, leading to blurry vision and possibly blindness. Cataracts and glaucoma can develop, too.

Your Mouth

See your dentist twice a year. High blood sugar from diabetes makes tooth and gum problems more likely.

Your Skin

Moisturize and check it often. Diabetes can cause your skin to become dry, itchy, and cracked. When the skin is injured, germs can enter and spur infection.

Your Feet

Keep an eye on your feet. Diabetes can cause nerve damage and circulation problems, which in turn can lead to serious foot problems, such as infections that are slow to heal and, in extreme cases, amputation. Every day, check your feet thoroughly for cuts, cracks, redness, swelling, sores, blisters, calluses, splinters, and other injuries.

Source: Centers for Disease Control, the National Institute of Diabetes and Digestive and Kidney Diseases, the Agency for Healthcare Research and Quality, and the [WebMD Diabetes Health Center](#)

DID YOU KNOW?

If you have diabetes, **smoking** makes you prone to gum disease, especially if you're 45 or older.



QUESTIONS FOR YOUR DOCTOR

- 1 Should I see a diabetes educator to learn more about body care?
- 2 What kinds of things can I prevent? What steps should I take?
- 3 When I examine my body, what warning signs should I watch for?
- 4 What tests do I need to check for diabetes complications? How often?

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DIET

QUIZ

COULD YOU HAVE IBS?

Plenty of people have trouble with their digestive system—but it's not always easy to figure out what you have. **"I'm not quite sure how Irritable Bowel Syndrome starts,"** Anon_81297 wrote to the IBS support community, **"but for about 2 or 3 months now I've had diarrhea after nearly every meal. It doesn't matter what I eat, it all gives me diarrhea about 10 minutes after eating."** Diarrhea can be a symptom of IBS (as well as other conditions). Here are some other signs:

- You have frequent abdominal pain.
- Your stomach feels bloated.
- Having a bowel movement relieves the ache or discomfort.
- How often you have a bowel movement has changed.
- The stool comes out lumpy and hard or loose and watery.
- Having a bowel movement feels uncontrollably urgent, difficult to pass, or unfinished.
- You notice mucus in the stool.

Answer: These problems are among the most common symptoms of IBS, though everyone's case is different—and may not indicate IBS at all, but some other digestive condition. Tell your doctor about any symptoms you have. If you do have IBS, you can find relief with lifestyle changes and medications.

Source: National Digestive Diseases Information Clearinghouse, the American College of Gastroenterology, and the [WebMD Irritable Bowel Syndrome Health Center](#)

DID YOU KNOW?

IBS can be painful, but it **does not damage the bowel** or cause any other conditions.



QUESTIONS FOR YOUR DOCTOR

- 1 What types of things will trigger my symptoms? How can I prevent this?
- 2 How does stress contribute to my condition? What can I do about it?
- 3 What dietary, fitness, and other lifestyle changes should I consider?
- 4 What types of medications are available? Are they right for me?

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ALLERGIES

QUIZ

CHECK YOUR TOP ALLERGY SYMPTOMS

Talk of allergies is common this time of year—and some people have them worse than others. **“My husband has suffered from seasonal allergies for the past 4 years,”** *jermanda23* posts in WebMD’s allergies community. **“During the fall and spring, he will spend the entire season with symptoms like sneezing constantly, eyes swollen and watery, and runny nose. He can barely function.”** Sound familiar? Take our quiz to find out if you have allergies, too.

Nasal congestion

- Never
- 1–2 weeks
- 2 months
- 6 months
- All year

Runny nose

- Never
- 1–2 weeks
- 2 months
- 6 months
- All year

Itchy eyes or nose

- Never
- 1–2 weeks
- 2 months
- 6 months
- All year

Red eyes

- Never
- 1–2 weeks
- 2 months
- 6 months
- All year

Sneezing

- Never
- 1–2 weeks
- 2 months
- 6 months
- All year

Answer: If you marked two or more symptoms for more than one to two weeks out of the year, you may have an allergy. Talk with your doctor.

Source: [WebMD Guide to Allergies Health Center](#)

DID YOU KNOW?

17.7 million: the number of American adults who have hay fever. **7.2 million** American children also have this allergy.



QUESTIONS FOR YOUR DOCTOR

- 1** What is causing my allergy symptoms? What kind of allergies do I have?
- 2** What are my treatment options? What lifestyle changes can I make?
- 3** Will allergy shots work for me? How often will I need to get them?
- 4** Will I need to take medications in conjunction with shots?

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WebMD also provides tips and tools to keep your pet healthy!

INSIDE

WebMD HealthyPets

you’ll find:

- Information on pet symptoms and conditions
- Tried and tested solutions to pet behavior problems
- From recalls to new medications – the latest pet health news
- Ask a Vet: Access experts in our WebMD Pet Health Community

For Dog Lovers

For Cat Lovers



PAIN

QUIZ

PAINFUL TRUTHS

Millions of people suffer from chronic pain in this country, and it's not just the pain that hurts them. **"Living with chronic pain can be so lonely at times," Anon_153921** told the WebMD back pain community recently, **"because if you have not suffered pain you really don't understand."** How much do you know about chronic pain? Take our quiz to find out.

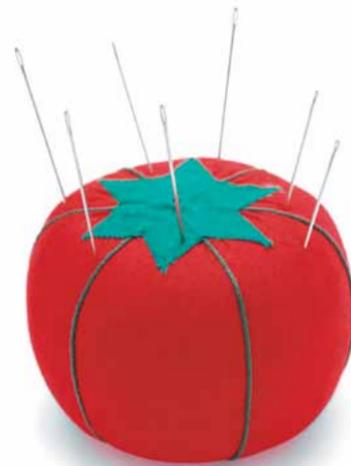
- 1 Migraines and severe headaches are most common among postmenopausal women.
 - True
 - False
- 2 The shoulder is the most common site of joint pain.
 - True
 - False
- 3 People with recent lower back pain are twice as likely to be psychologically distressed as those without back pain.
 - True
 - False
- 4 Diabetes can cause chronic pain.
 - True
 - False

Answers: 1. False. These headaches are most common during women's childbearing years. Migraines and severe headaches affect twice as many women as men—21% compared to 10%. 2. False. Knees top the joint pain list, followed by the shoulder, fingers, and hips. 3. False. The true number is higher. People with recent back pain are more than four times as likely to report serious psychological distress as those without back pain, according to a 2006 U.S. government survey on the nation's health. Back pain also disrupts daily life. In the same survey, 28% of adults who reported low back pain said a chronic condition limited their activity, compared with only 10% of adults who did not report low back pain. 4. True. Diabetes can cause nerve damage that leads to chronic pain in hands, arms, feet, legs, and other areas.

Source: Centers for Disease Control, the National Institutes of Health, and the WebMD Pain Management Health Center

DID YOU KNOW?

People with chronic pain are at risk for sleep disorders, depression, and drug abuse.



QUESTIONS FOR YOUR DOCTOR

- 1 What is causing my chronic pain? Should I see a specialist?
- 2 Will medication, steroid injections, or surgery help my type of pain?
- 3 Are there alternative therapies that can help me? What about exercise?
- 4 Can counseling help me address pain-related emotional issues?

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Michael C. Hall



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HEART

QUIZ

HEART ATTACK SMARTS

- 1 Most heart attacks occur suddenly, without warning.
 - True
 - False
- 2 The medical term for heart attack—myocardial infarction—means "death of heart muscle."
 - True
 - False
- 3 Women rarely have heart attacks.
 - True
 - False
- 4 You can have a "silent" heart attack.
 - True
 - False

Answers: 1. False. Most heart attacks begin with mild discomfort; half of all people who are having a heart attack delay more than two hours before seeking attention. 2. True. When an artery that supplies fresh, oxygenated blood to the heart becomes blocked, the starved heart muscle can die—and this defines a heart attack. The longer the blockage lasts, the more damage done. The sooner the blockage can be opened, the less damage occurs. 3. False. Heart disease is the No. 1 killer of women older than 40. Women tend to get heart attacks later in life than men. 4. True. "Silent" heart attacks, which most often affect the elderly, women, and people with diabetes, tend to go unrecognized because they cause subtle pain or no pain. But they can still damage the heart muscle.

Source: National Institutes of Health, the American Heart Association, and the WebMD Heart Disease Health Center

Heart attacks can have a lot of symptoms beyond the crushing chest pain so often dramatized in movies. Take the case of **Aacro**, a 22-year-old man who recently posted in WebMD's heart disease community. **"I get these symptoms—chest pain all over, feeling like something is in the middle of my chest (sorta burning feeling),..."** he writes. **"When I stand, my heart beats harder, increasing my pulse from 70 to over 100... Always just feeling like there's something wrong with my heart."** Only a doctor can really tell Aacro what's going on. How much do you know about heart attacks?

SLEEP

QUIZ

DO YOU HAVE GOOD SLEEP HABITS?

schraderj4, a member of the WebMD sleep disorders community, doesn't have a problem falling asleep. Her problem, she posted recently, **"is STAYING asleep! I sleep for about an hour at a time, sometimes a little more or less. It affects everything in my life now as I am always tired, can't remember things I've known for years, can't concentrate on simple tasks."** **schraderj4** may have a problem with her sleep habits, also called "sleep hygiene." Do you know how the following factors can affect your sleep?

- 1 Do you watch TV, eat, or discuss emotional issues in bed?
 - Yes No
- 2 Do you drink fluids after 8 p.m.?
 - Yes No
- 3 Do you smoke or drink alcohol before sleeping?
 - Yes No
- 4 Do you exercise before bedtime?
 - Yes No
- 5 Does your pet sleep with you?
 - Yes No

Answers: If you answered "yes" to any question, you may need to improve your sleep hygiene. **1.** Use your bed only for sleeping or sex; associating it with other activities can make it harder for you to fall asleep. **2.** Stop drinking fluids after 8 p.m. so that you don't wake up to urinate. Don't consume caffeine in coffee, tea, sodas, or medications for six to eight hours before bedtime. **3.** Nicotine is actually a stimulant. Alcohol may help you fall asleep, but it can disrupt your sleep. **4.** Exercising regularly makes it easier to fall asleep and contributes to sounder sleep, but do it at least five hours before bedtime. **5.** Keep pets out of your bed so they don't wake you or trigger allergic reactions. If you improve your sleep habits and still don't sleep well, talk with your doctor.

Source: National Sleep Foundation; the National Heart, Lung, and Blood Institute; and the [WebMD Sleep Disorders Health Center](#)

DID YOU KNOW?

During middle age, sleep patterns alter: **We wake up more** than in our younger years.



QUESTIONS FOR YOUR DOCTOR

- 1 What are some things I can do to improve my sleep?
- 2 Do I have health or psychological problems that might be affecting my sleep?
- 3 What are the common types of sleep disorders? Could I have one?
- 4 Do I need to see a sleep specialist? What can I expect at that appointment?

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sleep [WebMD SEARCH](#)

MIND

QUIZ

COULD YOUR BLUES BE DEPRESSION?

Anon_55577 is 22, married, and the mother of two. She loves her husband but, she says, **"we are so utterly broke."** She feels guilty for not making more money, she's losing weight, she has no energy, and she doesn't want to leave her house. **"Am I possibly feeling depressed, or are these things that everyone deals with and just a part of becoming an adult?"** she asked the WebMD depression community recently. How much do you know about the symptoms of depression?

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

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

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

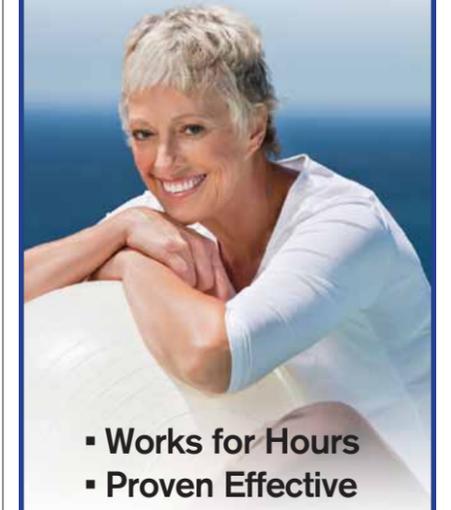
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QUANTUM HEALTH

BETHANY HAMILTON SURFER

It's been more than seven years since you were attacked by a shark while surfing in your native Hawaii as a 13-year-old. Despite losing your arm, you've gone on to a career as a professional surfer, competing all over the world. Your autobiography recently hit the big screen in the movie *Soul Surfer*, where you're played by AnnaSophia Robb and which also stars Dennis Quaid and Helen Hunt. Did you immediately know you had to get back to surfing, or did you worry you might have ridden your last wave?

At first, my family and I were just grateful that I was even alive. It was kind of a miracle because I lost more than 60% of my blood. But I knew I wanted to try surfing again. I had a really good doctor and he encouraged me by saying, "There's a long list of things you'll be able to do, and a very short list of things you won't be able to do." And it's true—there really aren't many things I can't do.

What was it like when you got back in the water?

I went out for the first time about two weeks after I got out of the hospital. Once I got up on the board and was riding, it came back naturally. It just took time and creativity to figure out how to paddle out with only one arm.

You've been able to inspire people—especially young people—through your story. What lessons do you try to impart?

We all go through hard times and struggles, and I just try to encourage kids that they can overcome those problems. Look what happened to me, and I still continued my dream of being a professional surfer.

What health condition would you like to see eradicated in your lifetime?

Obesity. It's an epidemic that's taking over, and it leads to a lot of other diseases. I want to encourage the youth of America to eat healthier and exercise. A lot of schools are taking out PE, which is awful because it's like taking away a big part of a child's health. If you're healthy, life can be so much more adventurous and fun and successful.

What is your best health habit?

I have a lot, but my favorite is surfing. It's a really good place to go where you can be strong and get exercise and sunshine.

What's your worst health habit?

I consider myself pretty healthy. Let me see...for me, something unhealthy is some dark chocolate. Does that count?

Barely! You don't ever crave a cheeseburger or french fries?

I'll have a couple fries if they're cooked in good oil. I don't eat hydrogenated oil or fast food at all. I like chocolate pudding, but I have this recipe that I make: I'll get a packet of unsweetened acai and avocado and chocolate powder and blend that up with a little bit of honey and maybe a dash of mint. It's really good.

What is your favorite part of your body?

I don't know! I guess I like my smile.

Are you excited about seeing your life story in a movie theater?

Yes! I just saw the final finished product and it turned out amazing. It's really inspirational and something I hope people can relate to if they're going through a hard time. And for people who haven't been around the ocean much, you really experience the power and the beauty of it.

Are you scared of sharks now?

I'm not that scared, actually. There are certain times when the water is murky or brown and no one is out on the ocean with me that it can get kind of eerie. But for the most part, I'm fine.—Julia Dahl



NOAH HAMILTON

Read [Bethany Hamilton's full interview.](#)  WebMD.com

WebMD Baby

webmd.com

May 2011



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Danica McKellar

The *Wonder Years* star and math maven on her family's latest addition **88**

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Good Food, Good Life

Feed Back Get the 411 on spitting, burping, and bottles



Q ▶ What are some common bottle-feeding do's and don'ts?

A ▶ The main thing is to engage in lots of trial-and-error to be sure you find a bottle and nipple combination that works for your baby. Don't stock up on too many of the same kind of bottle unless you know she is going to take it well.

When you're bottle-feeding, make sure milk is filling up the nipple. Otherwise, she could swallow a lot of air. One problem is the way parents position babies: Some lay them completely flat, which can make babies choke when feeding on the bottle. Be sure to have your baby semi-inclined or upright.

Another common mistake is propping the bottle. Don't prop it—it can be a choking hazard. That is also why you should always be present when your baby is feeding, even when she's old enough to hold her own bottle.

If an infant is going to burp, it will usually happen in the first minute or two after feeding. Still, some parents worry if their baby doesn't burp, but it's OK. Some babies just don't burp very well, and some don't need to very often. A lot of babies will burp on their own, but for the first few months, most do need a little help. If your baby hasn't burped and you feel she needs to, put her in your lap in a sitting position and tap her back gently.

Did you know?

6 months is the average age at which a baby's mature hair begins to grow in. That hair she was born with is temporary and will start to shed at about 1 month.

Source: American Academy of Pediatrics



Q ▶ My baby spits up a lot and also vomits after I feed him. What causes this, what's normal, and when do I need to worry?

A ▶ After your baby swallows milk, it glides past the back of the throat into a muscular tube called the esophagus and then into the stomach. Where the stomach and esophagus join, there is a ring of muscle called the lower esophageal sphincter that's meant to prevent milk and stomach acid from coming up backward into the esophagus. In babies, this sphincter doesn't always work perfectly. If stomach contents go back up into the esophagus, this is called "reflux."

Infants are especially prone to reflux. Their stomachs are small, about the size of a golf ball, and the lower esophageal sphincter might not tighten up when it should. And babies will occasionally take in more than they're ready to handle.

Every baby spits up, or refluxes, occasionally. Some babies may spit up at least a little bit with almost every feeding. For most babies, these spit-ups don't cause any problems. As long as your baby isn't very fussy and is growing well, ordinary reflux episodes don't need any treatment. Typically, the lower esophagus valve tightens up sometime in the first year, and spitting lessens.

Reflux is called gastroesophageal reflux disease or GERD when the spitting up is causing significant problems. GERD symptoms can include pain and fussiness, breathing problems, and poor weight gain. If your baby shows any of these signs, talk to your pediatrician.

COVER PHOTO BY CATHRYN FARNSWORTH; TOP: CULTURAMASTERFILE; PETER DAZELEY/GETTY IMAGES



Roy Benaroch, MD
WebMD BABY CARE EXPERT



Jennifer Shu, MD
WebMD BABY CARE EXPERT



Math whiz and *Wonder Years* star **Danica McKellar** adds a new role to her impressive résumé: mom

Plus One

Do natural childbirth and the quadratic equation share a common denominator?

It just might be Danica McKellar, the former child actress who first stole hearts as Winnie Cooper on the late '80s hit show *The Wonder Years* before carving out a new niche as a math advocate for girls with three best-selling books: *Math Doesn't Suck: How to Survive Middle School Math Without Losing Your Mind or Breaking a Nail*; *Kiss My Math: Showing Pre-Algebra Who's Boss*; and *Hot X: Algebra Exposed*.

By Lauren Paige Kennedy, WebMD Contributing Writer
Photography by Cathryn Farnsworth

"During the toughest moments," McKellar tells WebMD of her 36-hour labor, "I kept thinking about what I tell my readers about their abilities in math, and it resonated with labor, too: You're more capable than you think you are."

Which is not to say McKellar didn't struggle, like many girls do as they tackle algebraic problems just as puberty hits, as she rode out one painful contraction after another. She faced moments where she wanted to quit. With the support of her doctor, her husband, and her doula (birth coach) and the practice of self-hypnosis, she got through her long labor.

"My goal was to do natural childbirth," she explains. "But I didn't know if it would [fully] go that way until the baby was actually born." McKellar gave birth to her son, Draco—named for a constellation in the sky—"on Labor Day" she says, in a Los Angeles-area hospital under the supervision of a doctor, who happily worked with her doula. "I wanted Western medicine close...I wanted to be prepared, just in case."

McKellar's reward, she says, for resisting an epidural (pain medication delivered through a needle inserted into the spinal cord, numbing the spinal nerves that cause feeling in the lower body) was that she was alert and mobile enough to "pull out Draco myself." When her baby was ready, her doctor invited her to sit up and "come and get him!" Beaming, she relates, "It was one of the most amazing moments of my life."

Natural Selection

McKellar, 36, says she's a firm believer that "every woman has an inner sense that guides her" when it comes to pregnancy, labor, and breastfeeding, and "that we should never judge another woman's choices." She says that a strict approach to nutrition before and after birth, the goal of natural labor, and exclusive breastfeeding for at least six months was right for her.

After a miscarriage in October 2009, McKellar and husband, composer Mike Verta, decided to keep mum when she found herself pregnant again just months later—even when *Maxim* magazine asked her to do a sexy lingerie shoot timed to when she was 11 weeks along. "I wasn't really showing yet, but I couldn't suck in my stomach," she laughs about the photos. "Let's just say no one asked me if I'd had any work done," she adds, referring to her suddenly swollen breasts.

Her discipline translated to other areas: She gave up sugar, white flour, gluten, anything artificial, caffeine, and alcohol during pregnancy and continues with the same diet now that she's breastfeeding.

But not every woman needs to follow McKellar's choices. "Many women think

they need to eat a 'perfect' diet to make nutritious milk," says Marianne Neifert, MD, a pediatrician, national breastfeeding expert, and author of *Great Expectations: The Essential Guide to Breastfeeding*. "I like to keep it simple," Neifert advises. "Maintain your good eating habits from pregnancy while you nurse, and keep taking your prenatal vitamins."

Feeding Time

McKellar used her own advice to conquer her initial challenges with breastfeeding. Her books address the mental blocks that can stall potential math stars before they even attempt to solve that first equation. "So many girls say 'I can't do math' before they even try it. They have to build their confidence and know that by sticking with it, they can have success."

The same holds true for nursing, McKellar believes. Some women and babies face physical challenges that make it impossible, while others simply need

support and professional help to get over the initial hurdles: difficult latching, sore nipples, low milk supply, and mastitis, a painful breast infection, all of which McKellar had.

If a woman can breastfeed, there are significant health benefits for both mother and baby, says Neifert, including a lower risk of ear infections, asthma, and type 1 and 2 diabetes for babies, and a reduced risk of type 2 diabetes as well as breast and ovarian cancers for women, she says.

Still acting (McKellar has done TV guest spots on ABC's *How I Met Your Mother* and CBS's *The Big Bang Theory*, and voices an animated character on *Young Justice* for Cartoon Network) even as she celebrates her third best-seller, she's loving motherhood so much that she and her husband are already planning for baby No. 2.

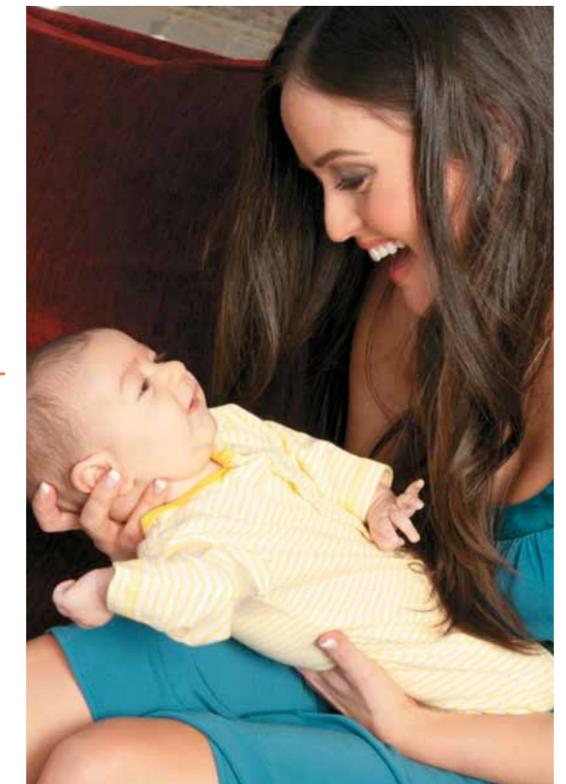
"The plan is to have them two and a half years apart," she says, calculating the optimal time between siblings. Which means, if you do the math, she'll be pregnant again this time next year. Stay tuned. ●



“

I kept thinking about what I tell my readers about their abilities in math, and it resonated with labor, too: You're more capable than you think you are.

”



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Bottle Recap

By Wendy Fries, WebMD Contributing Writer

When it comes to baby bottles, nipples, bibs, and more, the array of choices facing new parents can be confusing: Should you go with glass, plastic, or disposable bottles? Should bottles be BPA-free? Do you need a bottle warmer and sterilizer? We cover the essentials.

BOTTLES

Which should you choose? Ask for advice from friends, family, or your baby's pediatrician, or try several kinds to see which you and your baby like best. There are three basic choices of baby bottles:

Glass

Pros: Glass bottles last a long time and can also be deep-cleaned by boiling.

Cons: They're heavier than plastic and may shatter if dropped.

Disposable

Pros: These are essentially reusable plastic bottles that use a disposable sterilized liner for each feeding. They're very convenient for quick cleanups.

Cons: The disposable inserts may not be environmentally sound, and the bottles are usually more expensive than regular plastic or glass.

Plastic

Pros: Plastic bottles are lightweight, strong, and unbreakable.

Cons: They may not last as long as glass; safety concerns have been raised about plastic bottles that contain bisphenol A or BPA.

The National Toxicology Program released a report in 2008 that noted "some concern" about BPA's potential effects on the brain, prostate gland, and behavior of fetuses, infants, and children.

If you want to buy BPA-free baby bottles, steer clear of bottles with the number 7 or the letters PC (polycarbonate) on the bottom. Instead, buy plastic bottles with the

numbers 1 to 6 on the bottom, or choose glass baby bottles. In 2009 the top six manufacturers of baby bottles in the United States agreed to stop using the chemical in their bottles. The FDA supports the industry's actions to stop making BPA bottles for the U.S. market.

NIPPLES

Baby bottle nipples are usually rubber or silicone and may be rounded, wide, flat, or shaped to mimic mother's nipple when in baby's mouth. Depending on the size of the nipple hole, they also have different flow rates, from slow to fast.

As with baby bottles, babies may show a preference for a certain nipple type. To get started, ask friends, family, and your baby's doctor which types and brands they like most.

Plan on buying at least 12 nipples and covers, but because nipples crack and leak with use, you may end up buying more over time.

BOTTLE GEAR

Bottles and nipples are just the beginning; manufacturers offer a big assortment of feeding accessories, from brushes and bottle carrying cases to sterilizers and special dishwasher bottle baskets.

Pediatricians and parents generally agree that it's helpful to have:

- 1 baby bottle brush
- 1 nipple brush
- 6 to 12 bibs
- 12 burp cloths

How to
choose the
right one for
your baby



tips Don't sterilize glass baby bottles and nipples before every use. (That was necessary in the past, when municipal water supplies were not as reliably clean as they are now.) Do, however, sterilize new glass baby bottles and nipples by putting them in boiling water for five minutes.

Do replace a plastic baby bottle if it's cracked, leaks, is discolored, or smells bad.

TED MORRISON



Cry Baby

What her wails really mean, and how to soothe her like a pro

By Susan Davis, WebMD Contributing Writer

All babies cry. It's a basic way of communicating their wants and needs. But for many new parents, a crying baby can be frustrating and heart-rending. Fortunately, parents can do a lot to help their little ones calm down and be happy.

To start, think of your newborn as not entirely ready to be out of the womb. "I believe the key to understanding babies is to recognize that they come into the world three months before they're fully ready," says Harvey Karp, MD, an assistant professor of pediatrics at the USC School of Medicine and author of *The Happiest Baby on the Block*.

"That's why a big part of soothing your baby—and getting some extra sleep yourself—is giving at least three months, a fourth trimester, of extra rocking and touch."

Once you're equipped with that perspective, the next step to soothing a fussy baby is figuring out what's making him or her cry. Learn to recognize these classic signals:

- Opening the mouth and turning the head from side to side is a sign of hunger in a young baby.
- Yawning, blinking, and drooping eyelids can be signs of fatigue.
- Looking away is often a sign of overstimulation. It means "I need a little break."
- Frowning, grunting, and straining can be signs of gassiness or needing to poop.

If you've ruled out these problems and your baby is still fussy, you may have a more serious issue on your hands.

Babies who cry loudly for several hours a day may have "colic," which can start around two weeks of age and end at three or four months. Although associated with abdominal discomfort, "colic" in babies refers simply to daily, extended crying

spells (usually for three hours or more). Other symptoms of colic include crying that worsens in the evening, a worried or pained look on the baby's face, and crying that starts during or after a meal.

But even a colicky baby who seems to be screaming in pain can be soothed, Karp notes. "Crying doesn't necessarily spell crisis. The vast majority of fussy babies are just homesick for the '5 S's' that constantly calm them in the womb."

Here are Karp's 5 S's—things you can do to imitate the environment in your womb and trigger your little one's calming reflexes.

Swaddling: Wrapping your baby snugly in a blanket is "the cornerstone of calming," Karp says. The arms should be snug and straight; the hips should have some wiggle room.

Side or stomach position: Babies should always sleep on their backs. But to soothe a baby, hold her in your arms either on her stomach or resting on her side.

Shushing: White noise can be a young baby's best friend because the noise in the womb is "as loud as a vacuum," Karp notes. Try making a loud and steady "shhhh" noise to calm your baby.

Swinging: Whether it's bouncing or something slower, rhythmic motions replicate movement in the womb. Remember to be gentle when using motion to soothe.

Sucking: Mouthing a nipple, pacifier, or clean finger helps many babies settle into deep relaxation.

When to call the doc

Sometimes crying is a sign of true illness. That's why a doctor should examine a baby that you just can't soothe. "Babies don't have strong immune systems and can get very sick very fast," Karp says. "And the younger they are, the less prepared their immune systems are to fight off infection. It's always better to be safe than sorry."

Warning signs of illness include:

- Rectal temperature of 100.4°F or more
- Rash
- Cough, congestion or breathing problems
- Vomiting and/or diarrhea
- Blood in the urine or stool
- Not looking well or not feeding well



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