

CAN BLUE LIGHT AT NIGHT HARM YOUR HEALTH? PAGE 38

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MAY  
2018

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TO HAPPY  
**WORKING  
MOTHERS**

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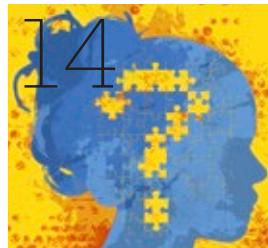
*“Many of us feel like we’re never good enough—not tall enough, thin enough, smart enough, rich enough, but really, we’re perfect just as we are.”*

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## On the Cover

PHOTOGRAPHY BY:  
ANDREW MACPHERSON/  
CPI SYNDICATION



FROM THE WEBMD TEAM

# WHAT DO YOU DO EVERY DAY FOR A HEALTHY BODY?



**W**hen it comes to your health, the little things really do matter. Whatever your goal, whether it's losing weight or getting in shape, you can set yourself up for success by creating daily habits that are manageable one small step at a time. Once you've mastered one healthy habit, gradually add another. You're more likely to stick with it than if you try to take on too much all at once. Since our theme this month is "The Body Issue: Inside and Out," we asked some of our staffers: What is the one thing you do every day for a healthy body? I hope their answers inspire you.

**Kristy Hammam**  
Editor in Chief  
kristy@webmd.com



**Alyson West**, WebMD Manager, Editorial Development Operations

I love to start the day with oatmeal. [My bowl is anything but boring.](#) I like to spice it up with dried ginger, sprinkle in pecans and fruit, or top it with cardamom yogurt. [Plus, it keeps me full until lunch.](#)



**Michael Smith, MD, CPT**, WebMD Chief Medical Director

[I keep my daily routine the same.](#) I go to bed and get up about the same time, exercise in the morning, eat every two to three hours, and [dedicate time to relaxing my mind](#) with deep breathing exercises or meditation. [Now all this is a habit—it's just what I do.](#)

**Christie Majors**, WebMD Social Media Director



As a mother to a toddler, I have little time to focus on myself. I try to squeeze in [three miles on our office desk treadmills](#) on weekdays between meetings. [I also meditate every night to shut my brain down.](#)

## Special Report: America's Pain

While the opioid crisis continues to grip the country, [those in pain watch and worry how they'll get help.](#) A new special report from WebMD, "America's Pain: The Opioid Epidemic," examines the crisis from its origins in the 1980s to the past few years of mounting deaths. The [in-depth report includes deeply personal stories and videos](#), a look at the future of pain management, and insights from key public health experts. Search "America's Pain" on WebMD.com.



*Correction:* In the "Off the Charts" story about kids' vision disorders (July/August 2017), we incorrectly cited New Jersey developmental optometrist Barry Tannen as the specialist who treated Ethan Hopp. Ethan Hopp lives in California and underwent vision therapy with a different developmental optometrist in his area.

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Collins, Liesa Goins, Jodi  
Helmer, Ayren Jackson-  
Cannady, Katherine Kam,  
Lauren Paige Kennedy, Lisa  
Marshall, Matt McMillen,  
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## FACTS &amp; STATS

## The World Inside

The human body is a feat of biological engineering. Our brains calculate 30 times as quickly as a supercomputer and generate enough energy to power a 40-watt lightbulb. Our gut contains billions of microorganisms that do everything from help us digest food to protect us against disease. Marvel at more amazing facts about the collection of cells, tissues, and organs we call home.



10 billion miles

How far your DNA would stretch if it were uncoiled. It could travel to the sun and back more than 60 times.

10 days to 2 weeks

How often your 10,000 or so taste buds renew themselves.

500 million

The number of skin cells you shed each day. You replace your entire outer layer of skin every two to four weeks.

10,000

The number of movements your eyes make during one hour of reading.

IN THE NEWS

# Let There Be Dark



**COLLEEN PARETTY**  
 Editorial Director  
 colleen@  
 webmd.com

Do our busy, post-modern, always-connected lives bathe us in too much so-called blue light? Numerous health experts now think so and are sounding some pretty alarming bells. “The more research we do, the more evidence we have that excess artificial light at night can have a profound, deleterious effect on many aspects of human health,” a sleep disorder specialist tells us. “It’s a growing public health concern.” This potentially harmful longer-wave light comes from the ubiquitous gadgets in our hands (and our kids’ hands) but also from newfangled street lamps, TVs, and household lightbulbs. The toll on our health? By delaying the shift to the nighttime physiology our bodies need, sleep disruption is just the tip of the iceberg. Obesity, depression, and even cancer may be among the ill-effects of too much blue light. What to do? Turn to “Too Blue” on page 38 to find out. Hint: You might want to plan a family camping trip this summer. — *Colleen*



## Multivitamins for Mothers

If you’re pregnant or trying to get pregnant, your doctor has probably told you to take folic acid, which can help prevent certain birth defects of the spine and brain. It might prevent autism, too. In a study of 45,300 children, the ones whose mothers took folic acid and/or multivitamin supplements while pregnant were 73% less likely to develop autism than the kids whose mothers did not. The CDC recommends all women of childbearing age take a multivitamin that contains 400 mcg of folic acid daily.

SOURCE: JAMA Psychiatry



## WALK FAST. THINK FAST.

Just two days of exercise per week can help slow decline in thinking skills for older adults who already have mild loss of those skills. But don’t stop there—adults should get at least 30 minutes of moderate exercise, such as a brisk walk, five days a week for overall better health.

SOURCE: American Academy of Neurology

**60%**

**PERCENTAGE**

of women ages 18 to 29 surveyed who say they or a female family member have been sexually harassed.

SOURCE: Harvard T.H. Chan School of Public Health

## BABY WEIGHT

Only half of women start pregnancy at a healthy weight—a BMI of 18.5 to 24.9. An underweight pregnancy brings risk for premature birth and low birthweight. Overweight pregnancy brings risk of gestational diabetes for the mom and, later, obesity for the child.

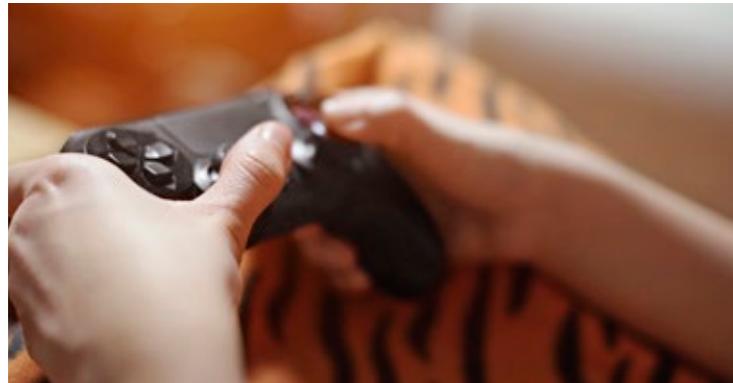
SOURCE: CDC



## KEEP YOUR BRAIN FLEXIBLE

In older women who practice yoga, the brain is thicker in areas related to memory and cognition, which could mean the ancient practice helps preserve these functions.

SOURCE: *Frontiers in Aging Neuroscience*



### GAMER DANGER

The World Health Organization now classifies excessive digital- or video-gaming as a disorder when gamers are unable to stop, prioritize gaming over other activities and interests, and continue to play more despite negative consequences. Gaming reaches the level of disorder when it interferes with work, school, relationships, or other responsibilities for at least a year.

SOURCE: World Health Organization

## An Apple a Day...

How exactly do fruits and vegetables lead to better health? Researchers may have found one new way. Gut bacteria produce a certain chemical when they help digest fruits and vegetables. That chemical can leave the gut and move into cells in the intestinal wall. According to new research, once inside those cells, the chemical can shut off genes that might make the body more prone to cancer.

SOURCE: *Nature Communications*

GETTY IMAGES

### REDUCE THE RINGING

Tinnitus, a constant ringing in the ears, lowers the quality of life of millions of people worldwide. The condition may start at a point in the brain where nerves that interpret sound meet with nerves that interpret touch. Daily electrical stimulation of those nerves could help. In an experiment, 10 people with tinnitus received nerve stimulation for 20 minutes a day for four weeks. Ten others got a fake version of the treatment. After four weeks, the ones who got the real deal reported a reduction in the volume and intensity of their tinnitus.

SOURCE: *Science Translational Medicine*



## DRINK TEA AND SEE

Daily drinkers of caffeinated hot tea are 74% less likely to develop glaucoma than those who don't partake, says a study that followed 1,678 older adults for several decades. Decaffeinated tea, iced tea, coffee, and soft drinks didn't provide the same benefit. Caffeinated tea might

be higher in antioxidants than decaffeinated, the researchers say. But they don't know why iced tea didn't reap rewards. Glaucoma is one of the leading causes of vision loss worldwide. Risk increases slightly with every year of age.

SOURCE: Temple University Hospital



## Cost Over Benefit

MORE THAN ONE IN THREE WOMEN put off medical treatment because of the cost. About one in five men do.

SOURCE: *Frontiers in Aging Neuroscience*



## PERFECT TIMING

Only one in three babies starts "complementary foods"—non-breast milk and non-formula food and drinks—at the right time. The American Academy of Pediatrics recommends 6 months of age. More than half of babies start too soon, which raises risk for obesity. Others start too late, which can lead to allergies, malnutrition, and overall poor eating habits. Starting too early or too late can raise risk for celiac disease (gluten intolerance) and type 1 diabetes.

SOURCE: *Journal of the Academy of Nutrition and Dietetics*

6 in 10

NUMBER  
of Americans who took a vacation last year.

SOURCE: Gallup



4 in 10

NUMBER

of Americans who say they don't have the time to do everything they want.

SOURCE: Gallup

## Red Flag

Women who are obese and have a body-mass index of 35 or more are 48% more likely to develop rosacea than women of a healthy weight. This could be due to the constant, low-grade inflammation associated with obesity, say researchers, who tracked rosacea cases in 89,886 women.

SOURCE: *Journal of American Academy of Dermatology*

## GETTING LESS SALTY

You're doing better, but you're not there yet, says a new study on salt intake. Manufacturers are lowering the sodium content in the foods they make, and consumers buy less salt through processed foods than they did 15 years ago. Still, more than 9 out of 10 households stock up on foods with a cumulative salt content higher than their diet should include. For most adults, limiting sodium to 1,500 mg per day is ideal.

SOURCE: JAMA

## WORTH THE RISK?

Teens who use drugs, have symptoms of depression and anxiety, and see frequent violence are more likely to take sexual risks that can lead to HIV, says a study that followed 850 people starting when they were 14 until they were 32.

SOURCE: AIDS



### WATCH YOUR CHILD'S WEIGHT

Overweight kids often become overweight adults. But that doesn't mean their fate is sealed. Getting kids' weight under control before age 6 could make all the difference, says a study of 2,717 people in Finland. Compared to people who were overweight throughout childhood, the ones who achieved a healthy weight before age 6 maintained a more stable weight growing up and were less likely to be overweight as adults. In kids who were overweight throughout childhood, body-mass index—that's weight-to-height ratio—continued to rise through adolescence for boys and early adulthood for girls.

SOURCE: *Pediatrics*

only  
41%

PERCENTAGE

of high school students who have ever had sex. The number has steadily declined for the last 20 years.

SOURCE: CDC

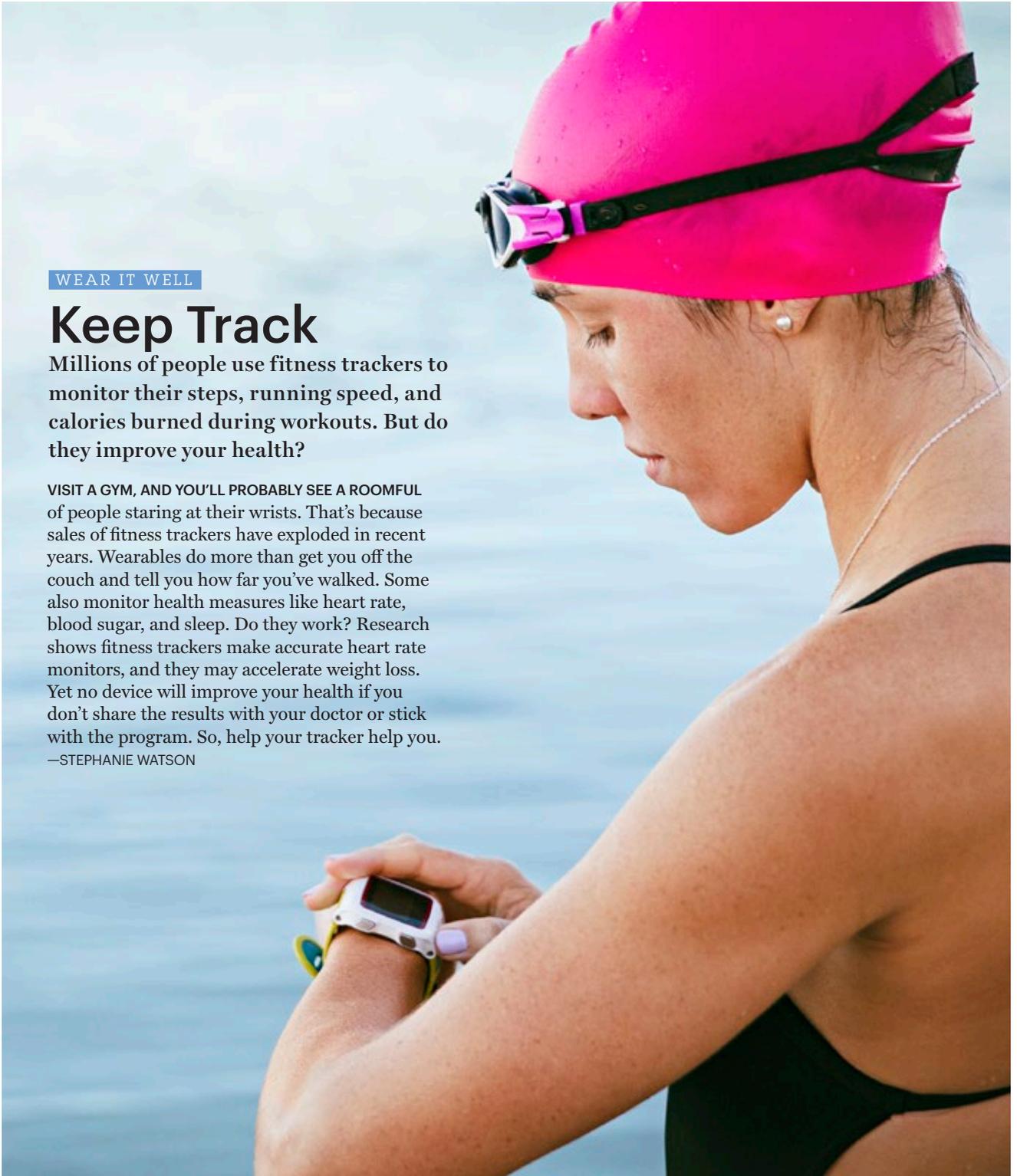
**WEAR IT WELL**

## Keep Track

Millions of people use fitness trackers to monitor their steps, running speed, and calories burned during workouts. But do they improve your health?

VISIT A GYM, AND YOU'LL PROBABLY SEE A ROOMFUL of people staring at their wrists. That's because sales of fitness trackers have exploded in recent years. Wearables do more than get you off the couch and tell you how far you've walked. Some also monitor health measures like heart rate, blood sugar, and sleep. Do they work? Research shows fitness trackers make accurate heart rate monitors, and they may accelerate weight loss. Yet no device will improve your health if you don't share the results with your doctor or stick with the program. So, help your tracker help you.

—STEPHANIE WATSON





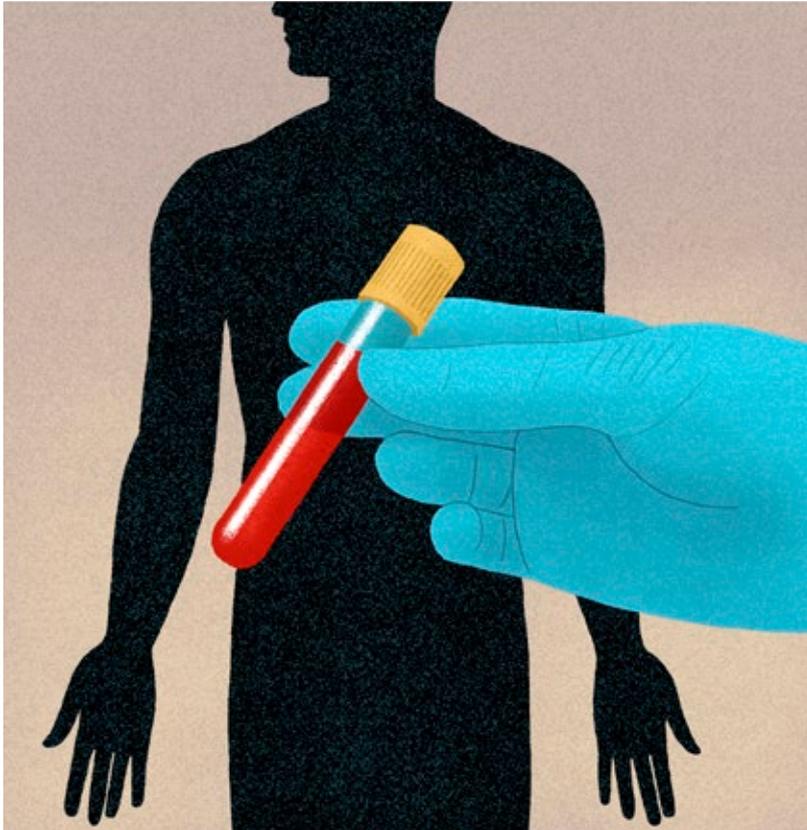
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REVIEWED BY *Arefa Cussoobhoy, MD, MPH*  
WebMD Senior Medical Director

## MEN'S HEALTH

# Hepatitis C and You

The number of people living with chronic hepatitis C in the U.S. may be as high as 4 million, according to the CDC. In some key ways, this contagious liver disease hits men differently than women.



ABOUT ONE IN FIVE PEOPLE INFECTED WITH HEPATITIS C DEVELOP SCARRING of the liver, or cirrhosis, within 20 to 25 years. This happens more frequently in men than in women. Men tend to get hepatitis C at a younger age. That allows them more time to develop cirrhosis, which can progress to liver failure and also boosts the risk of liver cancer.

Why remains a mystery, says Carlos Romero-Marrero, MD, chief of hepatology at the Cleveland Clinic, though it may be that women's higher levels of the hormone estrogen better protects them from liver damage.

One thing men and women have in common: They're equally susceptible to hepatitis C, which spreads from one person to another via blood. Needle-sharing accounts for the most cases.

Much less common causes include contact with contaminated tattoo and piercing needles, razor blades, and even toothbrushes. Also, says Romero-Marrero, "sexual transmission of hepatitis C is quite uncommon." The risk increases if you have multiple sexual partners, have a sexually transmitted disease, engage in rough sex, or have HIV.

Chronic hepatitis C can be successfully treated, but it first has to be diagnosed. Often, though, the disease has no symptoms that would trigger a visit to the doctor. For men, who are less likely than women to see a doctor for routine care, that could mean living with the disease long enough for it to do real damage before it's caught. Romero-Marrero recommends that men become more proactive about their health.

So, who should get tested? Everyone born between 1945 through 1965, current intravenous drug users, and those who injected drugs in the past, even just once. Get tested if you received a blood transfusion or an organ transplant, especially before 1992, when screening for hepatitis C became routine. People with liver disease or HIV or on kidney dialysis should also be screened for hepatitis C. Visit [cdc.gov](http://cdc.gov) for more on who's at risk.

"Knowing you have the disease before you have any symptoms is, of course, better than knowing when you've already developed cirrhosis or other complications," Romero-Marrero says. "We now have medications that can cure hepatitis C in more than 95% of cases."

## 4 Tips

IF YOU HAVE OR ARE AT RISK FOR HEPATITIS C, LIVER SPECIALIST **CARLOS ROMERO-MARRERO, MD**, SUGGESTS SOME STEPS YOU CAN TAKE

### CHANGE YOUR LIFESTYLE

Avoid alcohol, eat a nutritious diet, and maintain a healthy weight to protect your liver from further damage.

### STAY COMMITTED

If you're in a stable, monogamous relationship, stick with it and enjoy it. Your risk of spreading the disease to your partner via unprotected sex is negligible.

### EDUCATE YOURSELF

Learn as much as you can about hepatitis C, especially the symptoms that could indicate you're approaching cirrhosis.

### TALK ABOUT IT

Living with hepatitis C increases your risk of depression. Be open with your doctor about how the disease affects you emotionally.

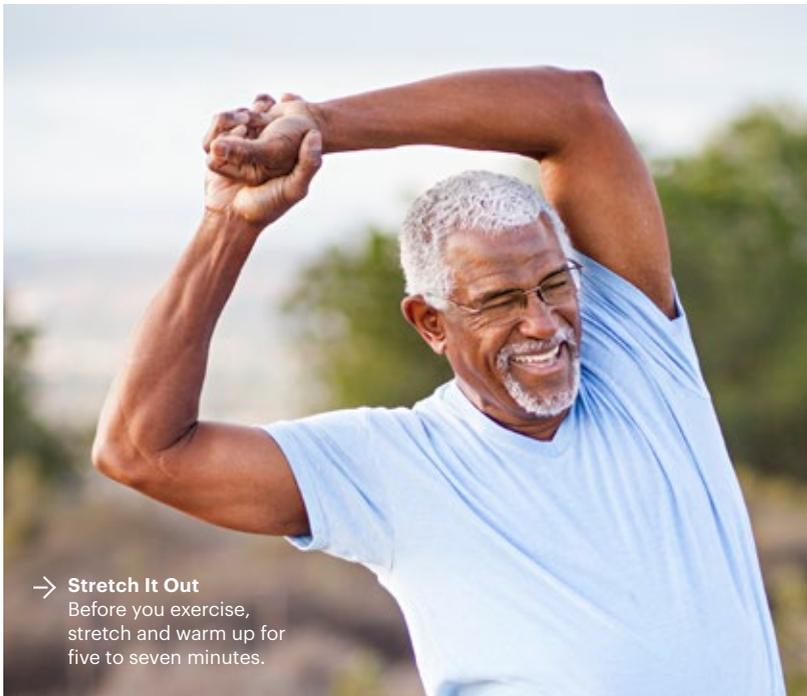


Search for the quiz  
Our Bodies as We Age  
at WebMD.com.

## FITNESS

## Fit and 50 (and Up)

Exercise reduces your risk of disease, helps with balance and coordination, and keeps falls at bay. But as you age, keep these important things in mind.



→ **Stretch It Out**  
Before you exercise, stretch and warm up for five to seven minutes.

EXERCISE IS AN EXCELLENT WAY TO OFFSET AGE-RELATED CHANGES LIKE muscle and bone loss. But smart choices are key, says certified personal trainer Kelly Borowiec, or you may end up benched.

### BUILD STRENGTH

After you reach 50, you lose about one-quarter pound of muscle mass every year. Strength training offsets this, but you have to be careful.

“Exercises using bodyweight or light weights are ideal,” says Borowiec. “Heavy weights may cause injuries.” Try lunges, squats, and planks. Do dumbbell curls: Start with a light weight, and once you can lift it for 15 reps while maintaining

excellent form, then slowly increase the weight. Aim for one to two sets of 10 to 15 repetitions at a moderate speed, three times a week.

Use good form to avoid injury. “Check in the mirror or ask a trainer if you’re not sure if you’re doing it correctly,” she says. You can also find videos online that can help guide you.

### FOCUS ON FLEXIBILITY

As you age, your range of motion may shrink. Adding balance and flexibility exercises three to four times a week helps.

Try simple hamstring and quadriceps stretches. For balance, try standing knee holds: Start by holding onto a wall or a chair till you feel comfortable. Bring one leg up while bending your knee, hold for 10 to 30 seconds, then bring it back down. Switch legs and repeat.

### CHOOSE WISELY

Make smart choices about how you exercise—and where.

If running is hard on your joints, try an elliptical machine. “If you run or do cardio outside, choose softer ground like dirt trails, which are easier on your knees, back, and hips,” says Borowiec.

Try gentler exercises like yoga, Pilates, dancing, or walking. Or jump in the pool. “Exercising in water is great for aerobic and resistance—and it’s joint-friendly,” says Borowiec.

Want to dial it up? Exercise longer instead of boosting intensity—it’s safer. “Pushing yourself beyond your limits can be disastrous,” Borowiec says. “An injury can set you back a long time, leaving you with negative progress.”

## 4 Lessons

STAY FIT AND SAFE WITH THESE TIPS FROM **KELLY BOROWIEC, CPT**, FOUNDER OF KEEBS FITNESS IN SARATOGA, CALIFORNIA. BUT GET YOUR DOCTOR’S OK FIRST IF YOU’RE NEW TO EXERCISE.

### WARM UP

For five to seven minutes, do gentle moves like arm circles, hamstring curls, or sit-and-reach. When you feel warm and loose, you’re ready to launch.

### WEAR GOOD SHOES

Invest in comfortable, quality shoes that fit properly. Shoes wear out, so spring for a new pair every 300 to 500 miles or six months.

### FIND A GYM

Check out classes designed for people older than 50. Ask if they offer a senior discount; many gyms do.

### TAKE TIME OFF

Your body needs time to recover. Give yourself at least one full day of rest each week.

Search for the slideshow **How to Recognize and Treat Mood Disorders** at WebMD.com.

MIND MATTERS

# State of Mind

A surprising number of Americans still don't recognize the signs of mental illness or know how to seek help. Our expert offers guidance and points the way for solutions.



DESPITE REAL INROADS TO DISPEL STIGMA AND MISCONCEPTIONS ABOUT mental illness, new research from Michigan State University (MSU) reveals that many people still lack basic knowledge about mental health conditions, their treatments, and how drug and alcohol abuse can sometimes mask the symptoms of common psychiatric disorders.

The MSU web-based survey, which polled 4,600 people nationally, reports that more than half of those who responded did not recognize the common signs of anxiety. Most did not know what to do about depression, even when they did recognize the signs of it. A full 80% did not believe prescription drug abuse is a treatable problem, while 32% did not recognize the signs of prescription drug abuse.

"It's impressive how little people know," says Ken Duckworth, MD, medical director of National Alliance

for Mental Illness (NAMI) and an adult and child psychiatrist, "which means we have more work to do."

According to NAMI, one in five Americans lives with a mental health condition. This includes disorders such as depression, anxiety, bipolar, attention-deficit disorder, post-traumatic stress disorder, autism, and binge- and restrictive-eating, as well as less common conditions such as schizophrenia and psychosis. Alcohol and drug use problems are sometimes, but are not always, linked to these conditions, Duckworth notes. He clears up some common misconceptions about mental illness:

**Only certain people are prone to mental illness.** Wrong, says Duckworth: "There is a risk factor for all people. If you get past age 25 without any mental illness, you may be less likely to have one. But there's never a time when you're out of the woods. There are life challenges, such as post-partum depression, under-employment in your 40s and 50s, and elderly folks who are alone and who've lost their support networks. Maintaining mental health is dealing with human vulnerability."

**Mental illness is always triggered by a life event.** "Not true. However, it's often triggered by something," says Duckworth. "It's complicated. A first manic episode in college—the onset of bipolar disorder—might be triggered by sleep deprivation and the breakup of a relationship. But it might have happened anyway. The narrative may give you a sense of causation, but it's impossible to know. Take psychosis, which often begins at age 18 or 19. Was the use of marijuana a trigger? Maybe. You can't prove it."



**Kids and teens don't battle real depression. That's for adults.** "There's an evolving understanding on this,"

he says. "There's no question there are genuine mood symptoms in kids, but we're not sure where the borders are. What is a syndrome versus a difficult experience? There's a big demand for mental health services for children, greatly outstripped by the number of child psychiatrists. Kids do have symptoms that are meaningful, and not just because they're being bullied or questioning their sexuality, which are risk factors."

**You're just sad. Get over it.**

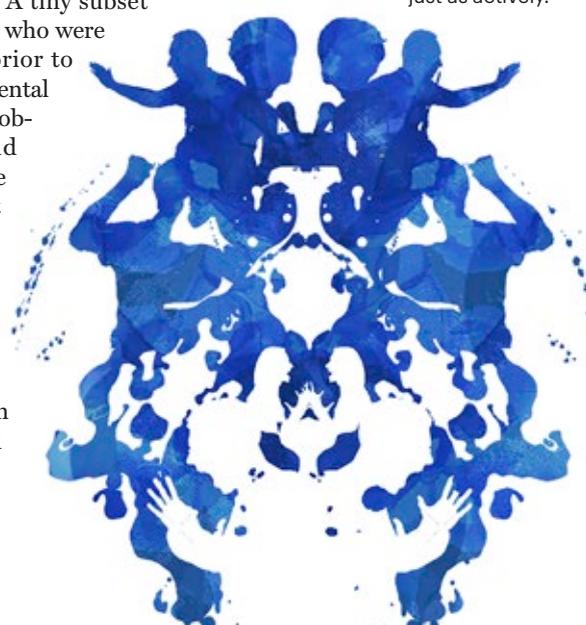
"Depression is a real, clinical, treatable problem. People say this [about others] because at one point in their life they were sad and got over it," Duckworth says. "But you can't extrapolate that. Once a person begins to have symptoms of sleep deprivation, loss of appetite, inability to concentrate, they're way past the 'get over it' model. Depression is a clinical syndrome that can lead to suicide, alcohol overuse, problems with work, and functioning."

**Specific races are more prone to mental illness than others.** "There is a misdiagnosis problem . . . that skews a lot of epidemiological research," Duckworth says. "But here's a truth: Depression, anxiety, and prescription drug [abuse] are ubiquitous human problems. Are people in the African American community more likely to see a pastoral counselor from their church? The answer is yes. Are people more likely to talk to their primary

care doctor in the Latino community than to see a therapist? Also yes. But the prevalence of the conditions is not fundamentally different by race."

**People who abuse drugs or alcohol should only seek help for substance abuse.** "Co-occurring disorders, which are mental health issues and substance issues together, are common," Duckworth says. "At times it's a matter of self-medicating, at times it's not. People using substances may be actively treating, or imperfectly attending to, a mental health vulnerability."

**Those with mental illness are dangerous.** "Most people with mental health problems are your neighbors, your spouse, or yourself," says Duckworth. "There's a big study [called "Violence and Behavior Disorders," published in 1975] on people who were discharged from a mental hospital who showed the same level of violence as people in the community. People with mental illness are far more likely to be victims of violence than to be perpetrators of violence. A tiny subset of people who were violent prior to having mental health problems, and who are also not being treated for substance abuse, do show an increased risk."



## 4 QUESTIONS

PSYCHIATRIST **KEN DUCKWORTH, MD**, ANSWERS COMMON QUESTIONS ABOUT MENTAL HEALTH

**IF I FEEL BETTER, CAN I CONSIDER MYSELF CURED OF MY MENTAL HEALTH CONDITION?**

"We don't do 'cures' in mental health. If you're doing well, you're doing well. The real question is: 'What are you doing to prevent future occurrence?'"

**MY TEENAGER HAS BEEN DIAGNOSED WITH DEPRESSION. AM I A BAD PARENT?**

"Mental health conditions are not simply a side effect of parenting. While environmental factors can affect a person's mental health, so can biological factors, and just as actively."

**IF I'M BEING TREATED FOR MENTAL ILLNESS, CAN I GO TO WORK OR ATTEND SCHOOL?**

"Stressful situations can be difficult for all people, not just those who live with mental illness. People with mental health conditions have jobs, go to school, and are active members of their communities."

**MY SPOUSE IS STRUGGLING WITH A MENTAL HEALTH ISSUE. WHERE DO WE BOTH TURN?**

"Start with your primary care doctor, who has resources in the community. And call the number on the back of your health insurance card. They are obligated to help you. Or visit NAMI.org."



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



## WOMEN'S HEALTH

## Good Bones

As you age, bones become more fragile and breaks are harder to heal. But you can make some changes to avoid injury.

IF YOU'RE A WOMAN WHO IS POST-MENOPAUSAL, AN INCREASED RISK OF osteoporosis goes with the territory. But you can control many risk factors for fracture—whether you want to avoid a first break or prevent another one.

"Bone health is important, but that's only part of it," says Karly Pippitt, MD, a family physician at the University of Utah Health. "You have to prevent falls, too."

**FACE YOUR FEAR**

Fear of falling increases your risk. Release some of that anxiety by making your home a fall-free zone. Secure loose rugs and electrical cords and clear pathways.

Then have a friend survey the area. "You might not even notice that rug with a curled-up corner that's been that way for years," Pippitt says.

Bring a friend to practice walking in places where you're unsure—down the driveway, up the front steps.

Check out fall-prevention courses offered through the National Council on Aging.

**MOVE YOUR BODY**

Like muscle, bone gets stronger with exercise. Think weight-bearing exercise that works against gravity, such as walking, jogging, and weightlifting.

But you don't have to pump iron, if that seems like a stretch. "Think about little things you can do, like carrying a basket at the supermarket rather than pushing a cart," says Pippitt. While you watch your morning coffee drip, lift canned goods or do lunges hugging a bag of flour.

Exercise strengthens muscle and improves balance and coordination, too, all of which can prevent falls. If you're not sure what's right for you—maybe because you've already broken a bone—talk to your doctor.

**FEED YOUR BONES**

Bones live on calcium and vitamin D. "It's better to get it from what you eat than from supplements," Pippitt says, "because your body makes better use of them that way." Women age 51 and up need 1,200 mg of calcium a day. That's four cups of milk. Broccoli, arugula, spinach, figs, and tofu are also calcium-rich. You can make up the difference with supplements.

Women in this age group also need 800 to 1,000 IUs of vitamin D a day. It's hard to get it all from food. But you can start with fatty fish, like salmon, and milk. Most milk has about 100 IUs per cup.

**ASK YOUR DOCTOR**

**Q** What's my risk for osteoporosis?

"Older age, ethnicity, certain medications, smoking, and having more than two drinks a day can all increase your risk," says Karly Pippitt, MD.

**Q** Can my medications increase my risk of fracture?

"Some medications, such as steroids, can weaken your bones," she says.

**Q** Is my family history significant?

"If your mom, or some other family member, had osteoporosis, that raises your risk," Pippitt says.

**Q** Should I have a bone scan?

The U.S. Preventive Services Task Force recommends bone scans for women age 65 and older who have average risk.

**SKIN CARE**

## Scrub Step

Take your daily face-cleansing regimen to the next (velvety smooth) level with a little exfoliation action

To achieve the afterglow typically reserved for esthetician offices, follow these simple steps from Nadia Dekhkanova, owner and esthetician at Tribeca Beauty Spa. Start by washing your skin with a salicylic-based cleanser to help loosen old skin cells. Hold a warm washcloth over your skin for one to two minutes before removing the cleanser. Next, use your favorite face scrub with warm water, continuing over the entire face in small circles for up to two minutes. Let the exfoliator sit on your skin for a few seconds before removing with a warm washcloth. While your skin is still a little damp, apply three drops of rosehip oil (found at most natural food stores) over your entire face for a gorgeous, dewy finish.

—AYREN JACKSON-CANNADY



EXPERT PICKS

# Mist Opportunities

Facial mists deliver a nice spritz of hydration for your skin. Spray and go with these picks from **Joshua Zeichner, MD**, director of cosmetic and clinical research, Mount Sinai Hospital's department of dermatology.



**1. FLOWER POWER**  
**Glossier Rosewater** (\$18)

*"Rosewater offers anti-inflammatory and antioxidant benefits, making this the perfect makeup refresher or midday pick-me-up to stash in your bag."*

**2. COOL IT**  
**Mario Badescu Facial Spray with Aloe, Cucumber, and Green Tea** (\$7)

*"Green tea, which is infused into this spray, is calming—and explains why this may be particularly popular with patients who have irritating acne."*

**3. WATER WORKS**  
**La Roche-Posay Thermal Spring Water** (\$13)

*"Not your run-of-the-mill water, this lightweight mist contains vitamins, minerals, and antioxidants that leave skin feeling instantly refreshed and hydrated."*

**4. TROPICAL PUNCH**  
**Herbivore Botanicals Rose Hibiscus Face Mist** (\$32)

*"Coconut water, which is rich in exfoliating hibiscus extract and skin-repairing copper and potassium, coming in this soothing spray."*

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## ANATOMY OF...

# Eye Shadow

What's behind that pop of color on your lids?

**SHADOW POWER**

Ancient Egyptian men and women wore eye shadow as part of a religious practice. They believed enhancing their beauty was a holy pursuit, endowing them with the protection of the gods and providing magical healing powers.

**WHAT'S PACKED IN THE POWDER**

The basic recipe for shadow contains filler like talc or mica that serves as the base; binders like zinc or magnesium ensure the powder adheres to your skin; an ingredient such as silica or nylon helps the powder glide over your lids; and without a preservative like glycol (a type of alcohol) or tocopherol (a form of vitamin E), your shadow would become a petri dish of bacteria.

**POWDER VS. CREAM**

Adding waxes and oils in the shadow base will turn a powder formula into a cream version. Beeswax, castor oil, jojoba oil, shea butter, and silicone may be added to change the texture.

**SAVE YOUR SHADOW**

Repair a crumbled pan of shadow with rubbing alcohol. Mix the powder with the alcohol and press it back into its case with a spoon. Once the mixture dries, it will be good as new.

**ANTI-SMEAR CAMPAIGN**

Before applying shadow, press oil-blotting paper to your lids to absorb oils that can cause creasing and smudging. Then, swipe on a layer of primer and close your eyes while it dries so it won't collect in the crease.

**BRIGHTEN UP**

Increase the intensity of your shadow hue and start with a layer of white or champagne shadow. The lighter base allows the pigments to appear more saturated. (The inverse works as well—apply a darker brown shade to tone down your shadow.)

**APPLY YOURSELF**

Start with your eye shadow application so you can easily clean up any powder fallout without disturbing the rest of your makeup. If powder has spilled to your cheek, use scotch tape to gently remove it.

BEAUTY SMARTS

# The Ingredients for Great Skin

When you put together your skin care regimen, make sure these five dermatologist favorites are on the label

WHEN IT COMES TO YOUR SKIN, LESS IS OFTEN MORE. SIXTEEN-STEP routines may be popular right now, but all you need are a handful of basics. “Skin care doesn’t have to be complicated, cost a lot, or even require a prescription,” says Laurel Naversen Geraghty, MD, a dermatologist in Medford, Oregon. Next time you shop for products, look for these staples that provide essential benefits for a fresh, calm complexion.

**SUNSCREEN WITH ZINC OXIDE AND TITANIUM DIOXIDE**

If you don’t know the importance of sun protection, you’ve been living in a cave—and don’t need it. But sunscreen is an essential, non-negotiable part of a routine, says Papri Sarkar, MD, a dermatologist in Boston. Her advice is to opt for the mineral ingredients zinc oxide and titanium dioxide. “These are the home run ingredients for sunscreen, not to mention the most effective and safest,” she explains. The reason: Chemical sunscreens have to perform a chemical reaction before they are active, whereas physical versions work the minute you apply them.

The downside is that these mineral sunscreens can look chalky, so opt for a formula containing a tint or fine particles that blend more seamlessly. Geraghty likes La Roche-Posay Anthelios 50 Mineral Ultra Light Sunscreen and EltaMD UV Clear Broad-Spectrum SPF 46.

**RETINOL**

After sunscreen, the word *retinol* might be the word you hear most from a dermatologist. “Retinol does pretty much everything,” Sarkar says. On the long list of benefits: stimulating collagen production to treat fine wrinkles, creating new blood vessels in the skin, encouraging the skin’s natural

*Chemical sunscreens have to perform a chemical reaction before they are active, whereas physical versions work the minute you apply them.*

exfoliation to help treat hyperpigmentation, and fighting acne.

“As a multi-purpose treatment it’s the best bang for your buck and one of the most proven, studied ingredients,” Sarkar says. You can get a prescription from your doctor but you can also find retinol in over-the-counter products. “Adapalene, sold as Differin gel, is an especially effective version,” Geraghty says. “It’s marketed for acne but it works for skin rejuvenation as well.” If you’re new to retinol, Sarkar likes Roc’s Retinol Correxion Sensitive Night Cream.

**VITAMIN C**

“Vitamin C is an important ingredient to look for,” says Sarkar. This antioxidant helps brighten skin, treats pigmentation, and acts as an anti-inflammatory, which makes it an essential part of a skin care regimen, she says.

“Antioxidants work by neutralizing free radicals—high energy compounds that naturally accumulate in the skin due to sun exposure, pollution, and other stressors that can damage skin cells,” Geraghty says. In addition, vitamin C may also help to stimulate collagen growth, which helps treat fine lines.

The most effective form of vitamin C

is l-ascorbic acid. It works synergistically with vitamin E and ferulic acid to protect the skin, so look for a formula with both if possible, Sarkar advises. Apply a few drops in the morning after cleansing and before applying sunscreen. “Vitamin C antioxidants are well proven and work best if they come in a serum packaged in a dark dropper bottle to protect the ingredients from degrading in the light,” Geraghty says. Her picks are SkinCeuticals C E Ferulic and, for less pricey options, The Body Shop Vitamin C Boost Instant Smoother and Clinique Fresh Pressed 7-Day System with Pure Vitamin C. Sarkar likes Timeless 20% Vitamin C+E Ferulic Acid Serum.

**ALPHA HYDROXY ACIDS**

Alpha hydroxy acids (AHAs) are great exfoliators to keep skin fresh, says Sarkar. They loosen the bonds between skin cells on the topmost layer, so they gently remove dead, dull skin. Shedding that layer has the cosmetic benefit of revealing fresh skin, but exfoliating also allows the rest of your skin care to work more effectively since you’ve removed the obstacle of the dead cells.

AHAs include glycolic and lactic acids

**THE SCOOP**

**Out of Line**

NOT QUITE READY TO GO UNDER THE NEEDLE TO MINIMIZE FOREHEAD FINE LINES? FOLLOW THESE DOS AND DON'T'S FROM **DEBRA JALIMAN, MD**, ASSISTANT PROFESSOR OF DERMATOLOGY AT ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI IN NEW YORK CITY.



**DON'T FORGET TO WEAR SUNSCREEN.**

Wear a broad-spectrum SPF 30 or above sunscreen every day, rain or shine. Sun damage is cumulative, so even just five minutes of unprotected exposure can cause sun damage and a breakdown of your skin’s collagen and elastin tissue that leads to forehead wrinkles.

**DON'T DO FACIAL EXERCISES.**

Sure, it’s a trend that sounds great, but this repetitive facial movement can actually cause wrinkles. Think about it—some fillers work by weakening facial muscles so that the skin overlying them is prevented from wrinkling.

**DO SLATHER ON A GOOD MOISTURIZER.**

When the skin is dry, fine lines are accentuated. So keeping it hydrated is extremely important. The best time to apply a facial product (such as one with hyaluronic acid) is when you get out of the shower and the skin is still moist—this binds the water molecules to the outer layers of the skin.

**DO USE AN ANTI-AGING CREAM WITH PEPTIDES, RETINOL, OR ANTIOXIDANTS.**

Peptides, which you can find in creams and serums, stimulate collagen production. Retinol is a vitamin A derivative that helps to slough off dead skin and stimulate collagen production. Antioxidants repair free radical skin cell damage.



**Aisle Do**

CLEANSING WATER, A MAKEUP-REMOVER-FACE-WASH HYBRID, IS EFFECTIVE, GENTLE, AND ALL THE RAGE



**PRODUCT PICK**

**BIODERMA Sensibio H2O** (\$15)  
*“Made popular in France, this skin care staple is super easy to use—just apply it to a cotton round and swipe across the face to remove grit, grime, and makeup. Since it contains micelles (tiny bubbles that strip away oil and dirt), you don’t need to rinse. Bonus: It won’t make your skin flare up, breakout, or become irritated.”*  
**Kasey Adam Spickard**  
*professional makeup artist, New York City*

**PRODUCT PICK**

**SON AND PARK Beauty Water** (\$30)  
*“While this lavender- and papaya extract-infused water can’t completely replace a traditional face wash or cleanser, especially for those with acne or rosacea, you can use this once daily on all skin types to conveniently cleanse or remove makeup.”*  
**Gary Goldenberg, MD**  
*dermatologist, Goldenberg Dermatology, New York City*

**PRODUCT PICK**

**SIMPLE Water Boost Skin Micellar Cleansing Water** (\$10)  
*“Harsh detergents and soaps disrupt the skin’s natural pH and damage the lipid barrier, leading to dry skin, rosacea, and other skin issues. Micellar water like this takes a different approach by using tiny cleansing molecules that attract dirt and other impurities like a magnet, cleansing without drying the skin.”*  
**David Pollock**  
*beauty chemist, Fort Lauderdale*

GETTY IMAGES

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*Continued from page 21*

in a variety of products including cleansers, spot treatments, and lotions. “I like a glycolic acid toner or peel,” Sarkar says. But use caution and don’t overdo it. “AHAs can cause irritation if they’re used excessively or too frequently,” she adds. She likes Nip + Fab Glycolic Fix Gentle Pads. Geraghty picks Paula’s Choice Skin Perfecting 8% AHA Lotion and Mario Badescu Glycolic Foaming Cleanser as a few of her favorites.

### **CERAMIDES**

A well-moisturized, intact skin barrier is one of the keys to great skin—no matter what underlying issue you’re trying to treat, Sarkar says. Ceramides, a type of lipid, are a major component of skin cell walls and help the skin maintain its barrier function and retain moisture. You lose lipids due to the aging process and

exposure to harsh elements, so you need to replenish them for healthy, calm skin.

“Ceramides are like the mortar that holds the cells together and are essential to skin health,” Sarkar says. They’re naturally occurring and easily absorbed, which makes them more effective. “One of the most compelling reasons to use ceramides is that they’re very effective adjuncts to very dry skin conditions such as eczema,” Sarkar says. Look for them in lotions and moisturizers to ensure you’ve reinforced your skin.

“As much as we are all on the hunt for new and improved skin potions and miracle creams, the world’s most well-studied, well-proven, and most effective ingredients haven’t changed much in recent years,” Geraghty says. Her picks: CeraVe Moisturizing Cream or Cetaphil Pro Gentle Body Moisturizer.

## **Dirty Secret**

“I PLUCK MY GRAY HAIRS, BUT WONDER IF I’M HARMING MY HAIR OR SCALP!”



### **BAD PLUCK**

*“Plucking gray hairs doesn’t do any good and can actually do a whole lot of bad. Yanking them can damage the hair follicle and cause permanent hair loss. It’s easy to start with a single hair, but it can quickly become a bad habit.”*

### **STRAND THEORY**

*“Repeatedly pulling out strands can lead to noticeable thinning. And worst-case scenario, you will suffer permanent hair loss. Plucking causes inflammation and also sends the follicle into the shedding phase. Over time, the repeated stress leads to scarring of the follicle, which prevents hair regrowth.”*

### **SILVER LINING**

*“If you have a stray that’s standing out, you’re better off using scissors to trim it. Snipping it close to the scalp will make it less visible without harming the hair follicle. Ask your colorist for the various options to mask gray hair if you really can’t stand the sight of them.”*

—Melissa Piliang, MD, dermatologist, Cleveland Clinic, Cleveland, Ohio



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DERM Q&A

# Rash Decision

Our expert sheds light on atopic dermatitis, a common and long-lasting type of eczema



ARE YOU PRONE TO A RED, ITCHY RASH? DO YOU OR A FAMILY member have asthma? It may be atopic dermatitis (AD), a kind of eczema that runs in families and is tied to asthma and seasonal allergies.

Many people develop AD during childhood. Some grow out of it, others don't. If it lingers, you can keep it at bay with proper tools, says **Melanie Palm, MD**, a dermatologist in Solana Beach, California. Begin with a good skin-care regimen.

**Q How does skin care help?**

**PALM** Eczema-prone skin forms microfissures, or tiny microscopic breaks in your skin that create inflammation, itch, and rash. A proper moisturizing routine protects and repairs your skin barrier, so microfissures are less likely to form and potential irritants are less likely to bother your skin.

**Q How do I know if it's AD or just a rash?**

**PALM** Eczema is known as the "itch that rashes." Redness and irritation are almost always preceded by itching or burning. You can also look for telltale locations: neck, insides of elbows, backs of knees, lower legs, and hands.

**Q When should I see a doctor?**

**PALM** If it's bothering you, worsening, or interfering with activities, it's time. A dermatologist can develop a skin care program and use medication to treat flares and reduce the chance of exacerbations.

**Q How is AD treated?**

**PALM** Start with a proper moisturizing routine: a gentle wash and effective moisturizer. For flares, prescription topical steroids or calcineurin inhibitors (Elidel, Protopic) calm the rash. Oral antihistamines like cetirizine (Zyrtec) or fexofenadine (Allegra) ease itching. If it's infected, your dermatologist may recommend an oral antibiotic. If it's severe, you may take oral immunosuppressives or an injection called dupilumab (Dupixent).

**Q Will I have it forever?**

**PALM** There's no cure, but there is highly effective treatment. You may go through periods of clearance and occasional flares. Good skin care and lifestyle choices may help.

## 4 Tips

GOOD SKIN CARE IS THE KEY TO WARDING OFF AND REDUCING ATOPIC DERMATITIS FLARES, SAYS **MELANIE PALM, MD**. START HERE.

**SOFTEN SKIN**

Use a gentle moisturizing body wash and a therapeutic moisturizer.

**READ LABELS**

Look for ingredients like ceramide 3, free fatty acids, and hyaluronic acid.

**STAY AWAY**

Steer clear of products that may irritate your skin, like strong chemicals and perfumes.

**KEEP COOL**

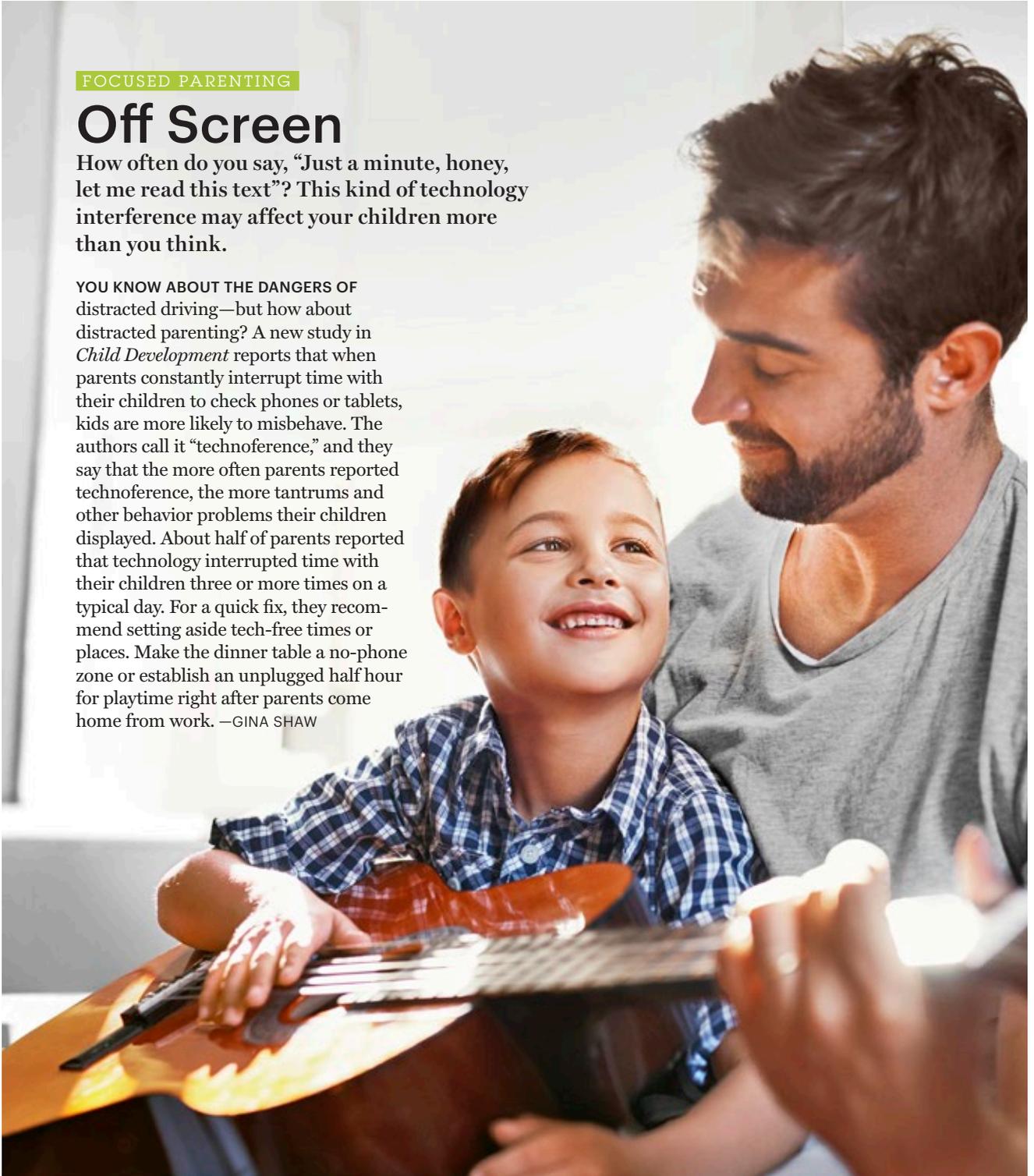
Avoid extreme temperatures and excessive sweating, which may also irritate your skin.

**FOCUSED PARENTING**

## Off Screen

How often do you say, “Just a minute, honey, let me read this text”? This kind of technology interference may affect your children more than you think.

YOU KNOW ABOUT THE DANGERS OF distracted driving—but how about distracted parenting? A new study in *Child Development* reports that when parents constantly interrupt time with their children to check phones or tablets, kids are more likely to misbehave. The authors call it “technoference,” and they say that the more often parents reported technoference, the more tantrums and other behavior problems their children displayed. About half of parents reported that technology interrupted time with their children three or more times on a typical day. For a quick fix, they recommend setting aside tech-free times or places. Make the dinner table a no-phone zone or establish an unplugged half hour for playtime right after parents come home from work. —GINA SHAW



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PREGNANCY

# Under Pressure

Rising blood pressure during pregnancy can be a sign of preeclampsia, a potentially life-threatening condition for mom and baby. Know the warning signs to keep you and your baby safe.



PREECLAMPSIA AFFECTS 5% TO 8% OF ALL PREGNANCIES AND IS ONE OF THE LEADING causes of premature birth. **Lisa Levine, MD, MSCE**, assistant professor of maternal-fetal medicine at the University of Pennsylvania and director of the pregnancy and heart disease program at Penn Medicine, explains this mysterious disorder.

**Q What is preeclampsia?**

**LEVINE** It's a disease specific to pregnancy, in which women develop high blood pressure, usually during the third trimester or in the six weeks after birth. Most of the time it's cured with delivery, but it can still develop afterward. It's a disease that can affect a mother's kidneys, liver, brain, and lungs and a baby's growth.

**Q Who is at risk of developing it?**

**LEVINE** If you have a history of preeclampsia in a prior pregnancy, you're at higher risk. Mothers with high blood pressure or diabetes in a prior pregnancy, or who have any kidney diseases are at high risk. So are teen moms and older moms in their late 30s to early 40s, moms who are obese, moms who have had in-vitro fertilization, and moms with twins or triplets.

**Q What causes it?**

**LEVINE** We don't have a firm understanding of the causes, other than it may be related to the placenta in some way. Since we don't know yet, preventing it or finding therapies to treat it has been incredibly difficult.

**Q What warning signs should women watch for?**

**LEVINE** Some moms just have high blood pressure. Some have headaches, blurry vision, spots in their vision, or severe

abdominal pain. But sometimes there are no symptoms, and blood work reveals that the kidney is abnormal, the liver is not functioning properly, their blood counts are not normal, or blood is not clotting correctly.

**Q Researchers recently announced a new urine test for preeclampsia that tracks levels of podocytes, a type of kidney cell. How long until doctors and patients can use this test?**

**LEVINE** It definitely has a lot of promise, but this research is still very much in its infancy.

**Q If a woman shows signs of preeclampsia, what happens next?**

**LEVINE** That depends on how far along she is when diagnosed. If she's full-term or close to full-term, we usually deliver the baby. If they are diagnosed earlier, then depending on the severity, we'll keep them in the hospital or monitor them closely at home.

## 4 Strategies

IF YOU'RE AT RISK FOR PREECLAMPSIA, THESE HABITS MAY REDUCE YOUR RISK, SAYS **LISA LEVINE, MD, MSCE**

**GET PRENATAL CARE**

"See your doctor regularly so she can monitor your blood pressure and watch for other changes."

**TAKE ASPIRIN**

"For women at high risk, nothing has been shown to be as effective in preventing preeclampsia as baby aspirin. I start my patients on it at 11 or 12 weeks."

**MONITOR BLOOD PRESSURE**

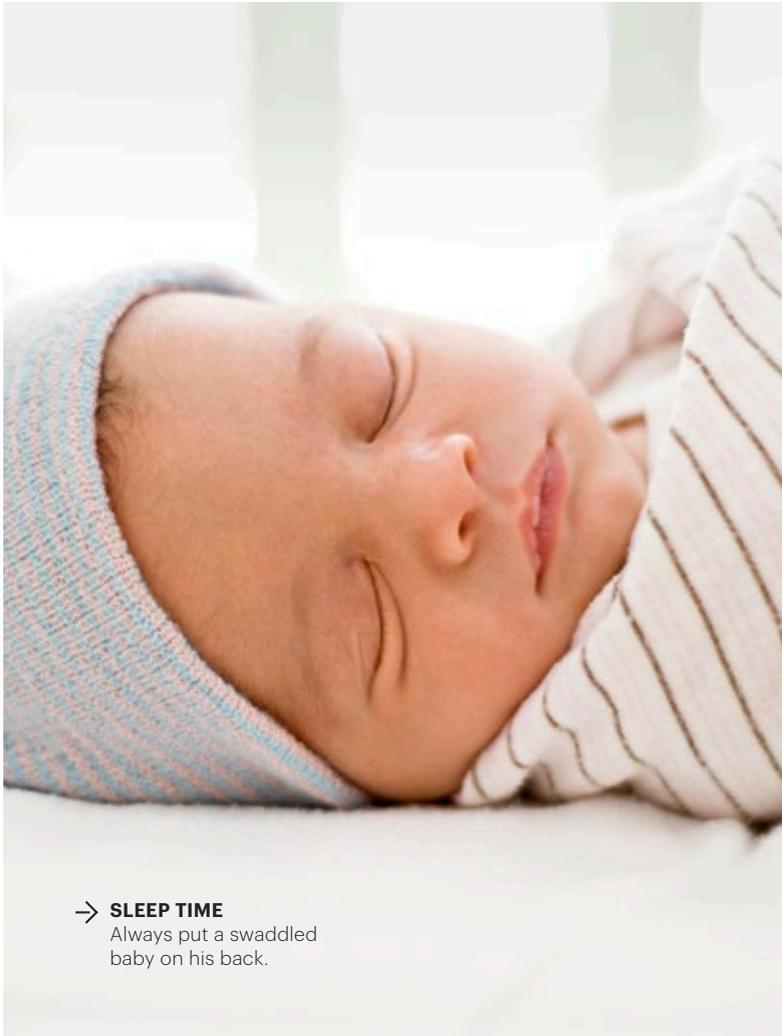
"In addition to regular checks with your doctor, consider using a blood pressure cuff at home to keep an eye on your numbers."

**LISTEN TO YOUR BODY**

"If you don't feel right, say something. I've found that if mom thinks something isn't right, oftentimes it's not."



Search for the video [See How to Swaddle Baby](#) at WebMD.com.



→ **SLEEP TIME**  
Always put a swaddled baby on his back.

BABY

## Bundle of Joy

To swaddle or not to swaddle? If you plan to, learn how to do it safely.

WHEN IT COMES TO SOOTHING A FUSSY BABY, PARENTS WILL TRY JUST about everything, from rocking to lullabies. Swaddling—wrapping baby up in a blanket—is a favored technique, because it mimics the comforting environment of a mother’s womb. When done right, it can ease your baby to sleep and lead to a more restful night for both of you.

Yet swaddling has been linked to some serious risks. A 2016 study in the journal *Pediatrics* found that swaddled babies are more likely to succumb to sudden infant death syndrome (SIDS)—especially those placed on their belly or side to sleep.

### ASK YOUR DOCTOR

**Q** Should I let my baby’s day care swaddle her?

No. Because of the increased SIDS risk, swaddling is best left for home.

**Q** What are the warning signs that my baby has hip dysplasia?

Signs include uneven buttocks and a clicking sound when your baby moves his legs.

**Q** What steps can I take to try to avoid SIDS?

Put a firm mattress in your baby’s crib. Don’t put pillows, blankets, stuffed animals, or other objects in the crib that could block your baby’s breathing.

**Q** How else can I soothe my baby, besides swaddling?

Try to rock your baby, play calming music, or give her a pacifier.

“The biggest risk with swaddling is when babies end up on their stomach, because if they’re swaddled and on their stomach, they can’t move and they can’t escape from that situation,” says the study’s co-author, Rachel Moon, MD, a professor of pediatrics at the University of Virginia.

Also of concern is an increased risk for hip dysplasia, in which the baby’s thighbone doesn’t go all the way into the hip socket. This can happen if babies are wrapped too tightly with their hips in the wrong position.

Careful bundling and good timing can prevent both of these issues. To swaddle correctly, lay your baby face-up on a blanket. Bring the left corner of the blanket over her body and tuck it under her right side. Then bring the right corner over her body and tuck it under her left side.

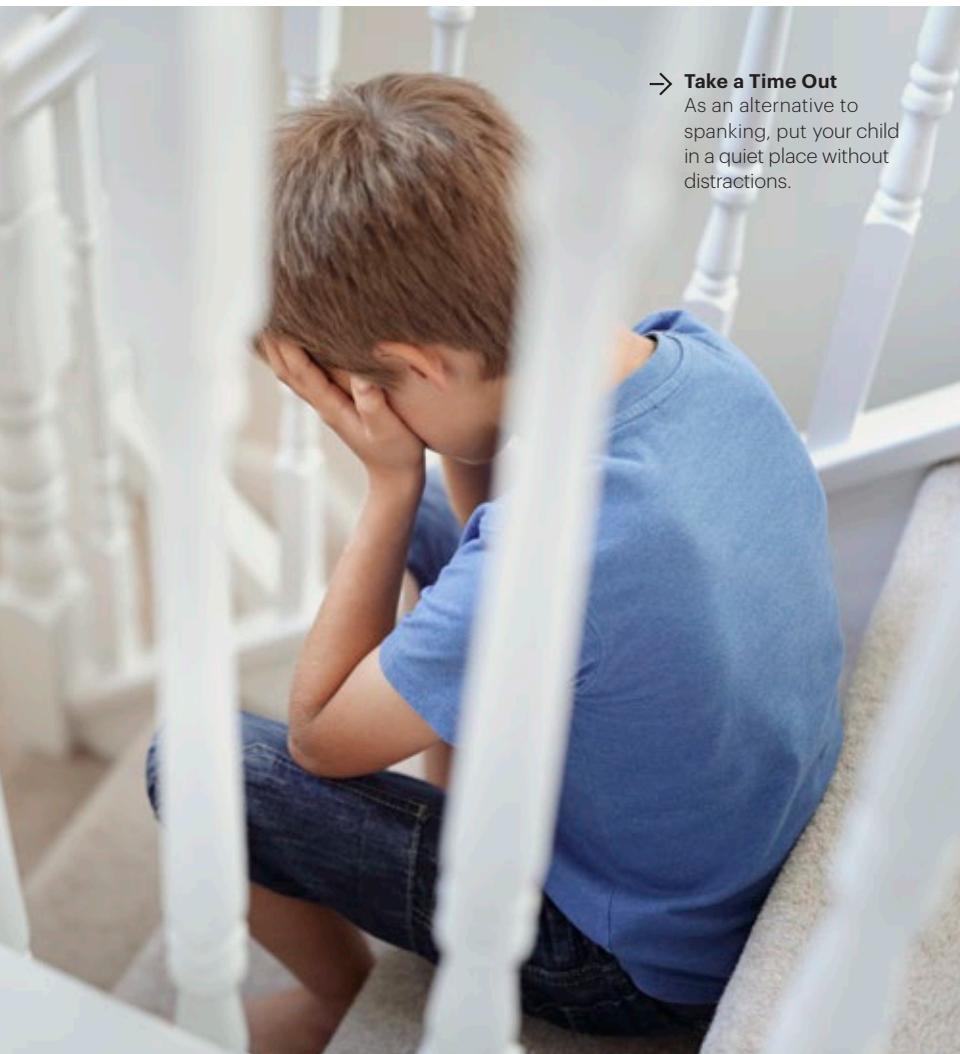
Keep the blanket loose enough so baby’s hips and legs can move. “Make sure you can stick a couple of fingers between the swaddle and the baby’s chest,” Moon adds. Always put a swaddled baby to sleep on her back—never on her side or stomach. “Stop swaddling as soon as it looks like your baby is about to roll—at least by 2 months,” Moon says. And make sure nothing else is in baby’s crib, such as loose blankets or sheets.

Search for the slideshow  
Alternatives to Spanking  
at WebMD.com.

KIDS' HEALTH

# Is Spanking the New Smoking?

Mounting evidence suggests corporal punishment can have negative long-term effects on health and relationships



→ **Take a Time Out**  
As an alternative to spanking, put your child in a quiet place without distractions.

suggesting that not only is corporal punishment—defined as “the use of physical force with the intention of causing pain but not injury”—ineffective in improving a child’s behavior, it can also cause long-term harm.

“The evidence is very strong now,” says Jeff Temple, PhD, a professor and psychologist at the University of Texas Medical Branch. “As much as we can say that smoking causes cancer, we can say that corporal punishment causes problem behaviors later in life.”

In one 2017 study of 758 young adults, Temple found that those who were spanked as children—even if not subjected to more injurious treatment considered child abuse—were significantly more likely to inflict physical violence on a romantic partner. (The more often they were hit, the greater the odds they hit their date.)

Another recent study of 8,000 adults found that those who were spanked (even if never “abused”) were more likely to attempt suicide, drink heavily, or use drugs in adulthood.

Other large studies have associated frequent spanking in childhood with depression, antisocial behavior, aggression, and negative relationships with family members. And a few have found that young children who were hit as a form of punishment at a young age have altered stress-hormone profiles, which can make them more vulnerable to stress-related illnesses like heart and respiratory disease later in life.

Meanwhile, there is “no evidence that spanking is associated with improved child behavior,” according to a sweeping 2016 review of 75 studies involving 160,000 kids.

“Hitting a child will certainly prompt them to stop what they are doing right then. But in the long term it is ineffective in helping them learn to regulate their own behavior,” says Robert Sege, MD, a child abuse prevention expert and director of the Center for Community Engaged Medicine at Tufts Medical Center.

Sege says that children subjected to corporal punishment often learn to “not get caught” (they lie or figure out other ways to get away with poor behavior) and miss out on the opportunity to develop an internal voice that steers them toward right and away from wrong. They also get a mixed signal of what love is supposed to look like, he says.

“Our attachment with our parents forms the template for all of our intimate relationships later in life,” says Sege, “and corporal punishment adds an element of fear and violence to that relationship that in no way helps it.”

Not everyone agrees. Some researchers have criticized past studies as flawed for including behavior that should be considered child abuse, and a small minority still contend it can be effective if used as a last-resort and not “overly severe.”

Temple, whose study carefully

distinguished between abuse and spanking and still found long-term harm, firmly opposes it under any circumstances. But he stresses that parents who do it are not “bad parents.” Rather, they often learned the practice from their own parents at a time when research demonstrating its potential harm wasn’t out yet.

“Again, just like with smoking, it may take a generation before people change their behavior,” Temple says.

Already, research suggests the practice is beginning to fall out of favor, at least among women, with one 2016 study showing the number of young, middle-income moms who endorse spanking has fallen by half since 1988.

The AAP hopes that trend will continue.

As of this writing, the AAP was working on an update to its statement on corporal punishment, due out this year, which is expected to more directly advise against it and suggest things like positive reinforcement and time out, says Sege, lead author of the statement.

“The AAP does not want pediatricians to waffle around this issue. Instead, they should tell parents not to hit their children,” Sege says.

## 5 Tips for Discipline

How can parents lovingly discipline children of all ages? Experts **Jeff Temple, PhD**, and **Robert Sege, MD**, have some advice.

### ESTABLISH GOOD SLEEP PATTERNS EARLY ON

Bedtime battles and refusal to get up in the morning are among the top discipline problems parents report, says Sege. Setting a firm bedtime and bedtime routine in infancy and toddlerhood can prevent these battles later.

### RECOGNIZE GOOD BEHAVIOR

To a young child, a parent’s attention is critical. “If a parent isn’t paying attention to good behavior, a child will escalate to bad behavior to get attention,” says Sege. Acknowledge your child for doing something right and also for not repeating a bad behavior, says Temple: “Even in the middle of a temper tantrum you can say, ‘I realize you are frustrated, and I appreciate that you did not hit me this time like you did last time.’”

### OFFER CHOICES

Instead of telling them what to wear, ask, “Would you rather wear the blue sweater or the red sweater?” This makes them feel empowered and eliminates the option of just saying “no,” says Sege.

### USE TIME OUT OR TAKE AWAY OBJECTS

If a child throws a tantrum, put them in a quiet place without distractions (not a room surrounded by toys) or take away a valued possession temporarily, says Temple. Always explain what the child did wrong and what they can do better next time.

### IF YOU SPANK YOUR CHILD, STOP

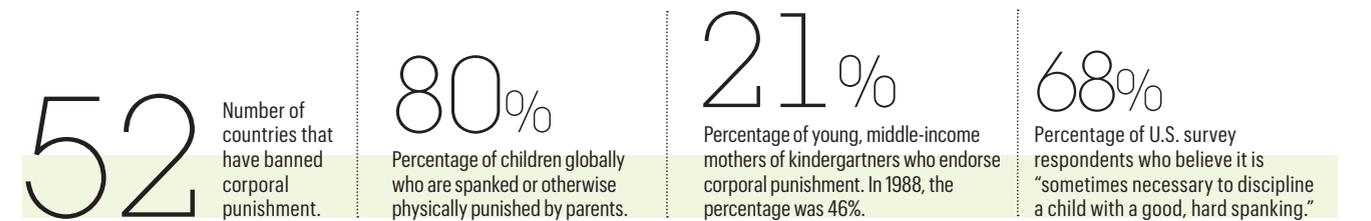
If you already use corporal punishment, don’t worry, says Temple. While it can increase risk of behavioral problems down the line, it doesn’t guarantee it. The sooner you stop, the more you lower the risk.

ASK A MOM OR DAD IN THE UNITED STATES WHAT THEY DO TO discipline an unruly child and, chances are, they’ll bring up spanking.

Twenty years after the American Academy of Pediatrics (AAP) issued a statement formally discouraging it, more than two thirds of U.S. parents still say they believe a “good, hard” swat on the butt is sometimes necessary, 68% of teens report being hit as a form of discipline as a child, and 19 states still allow teachers to paddle their students.

Those statistics are alarming to many pediatricians, who point to signs

### BY THE NUMBERS



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TEEN HEALTH

## Teen Opioid Use

More potent drugs increase the risk that even a one-time experiment could turn deadly. What can you do to keep your teen from becoming a statistic?

OPIOID USE AMONG AMERICAN TEENS HIT AN ALL-TIME LOW LAST YEAR, ACCORDING to the CDC. Just 4.2% of 12th graders reported using narcotics other than heroin, compared with a high of 9.5% in 2004.

But although overall use has declined, the rates of drug overdose deaths involving opioids among 15- to 19-year-olds has started climbing again (after a significant decline between 2007 and 2014), reaching nearly 2.5% in 2015.

So if fewer teens than ever are abusing opioids, why are more of them dying from opioid overdoses? The answer has a lot to do with the potency of the drugs that

are now available, says Nicholas Chadi, MD, a pediatrician with the Adolescent Substance Use and Addiction Program at Boston Children's Hospital.

"Fentanyl and similar products, which when used in surgery and in patch form to help with pain can be very effective, are increasingly either sold as is on the street or mixed with heroin," Chadi explains. "Right now, it's hard to find heroin on the streets that doesn't have fentanyl mixed with it. Teens will buy pills or powders that include fentanyl and inhale or snort or inject it, but they aren't aware that it can be so deadly. Just a tiny bit can have a dramatic effect on heart rate and breathing."

From 50 to 100 times more powerful than heroin, as little as a one-quarter milligram of fentanyl can lead to a fatal overdose.

What are the warning signs that your child may be using opioids? Some are hard to distinguish from typical teen growing pains, like moodiness, sleeping more, and communicating less. Other signs that are more clearly related to substance use include missing school regularly, grades dropping for no obvious reason, money or objects disappearing, or unexplained transactions on a credit card.

"Don't assume it can't happen in your family," says Chadi. "Opioid abuse can happen in any home, and it has nothing to do with how good a parent you are. Denial and stigma prevent teens from getting appropriate treatment and can put their lives in danger."

### 4 Steps

HOW CAN YOU KEEP YOUR KIDS SAFE FROM OPIOID ABUSE? PEDIATRICIAN NICHOLAS CHADI, MD, SUGGESTS WAYS PARENTS CAN TAKE ACTION.

#### KEEP OPIOIDS OUT OF THE HOUSE

"If you absolutely need opioid pain medications, keep them under lock and key," Chadi says. "Access to these medications is one of the biggest risk factors."

#### TALK OPENLY

Discuss opioids—explain what they are and why they can be dangerous. Good resources for this conversation can be found on the American Academy of Pediatrics website.

#### SET CLEAR LIMITS

Define what is acceptable behavior and what isn't—things like what time your teen is expected home at night and what kind of parties they can and can't go to.

#### GET HELP

If your child has used opioids the past, or if you have reason to worry that they may be using them now, find a treatment program. Try the Substance Abuse and Mental Health Service Administration's treatment services locator.

Search for the slideshow **Stress and Your Body** at WebMD.com.

PARENTING

# Balancing Act

Trying to have it all? Researchers may have found the secret to being a happy working mother.



COMBINING PARENTING AND A JOB IS HARD—ANY WORKING MOM WILL attest to that, especially in the first days back to work after giving birth. You're separated from your baby for the first time, still learning to meet the demands of motherhood and now trying to balance those with the demands of your career. So what's the secret to being a happy working mom?

"Don't be so hard on yourself," says new research in the *Journal of Happiness Studies*. "Trying to be a perfect mother, a perfect partner, and a perfect colleague is a mission impossible," says Katrijn Brenning, PhD, professor of psychology at Ghent University in Belgium and lead author of the study.

In the study, 126 working mothers-to-be answered questionnaires to measure their tendency toward depression. After their babies were born and started day care, the working moms answered questions daily for the first

five days back at work to assess their babies' temperament and their own symptoms of depression, energy level, mood, and satisfaction with their psychological needs.

Many psychologists agree that everyone has three basic psychological needs: freedom of choice, connection with others, and a sense of competence. The researchers found that when the new moms' needs were met—regardless of the baby's demeanor—they were in a better mood, had more energy, and were less likely to be depressed. When they had unmet psychological needs, the opposite was true.

The needs may sound simple, but how do you satisfy them in the face of so many competing demands?

Cut yourself some slack. In the study, highly self-critical women were less likely to be happy. "Ask yourself," Brenning says, "where could I save some energy?" Reducing the demands on yourself can help you feel more competent as a mom. It can also give you the freedom to pick how you spend your time with your baby.

"Choose activities that are not only good for the baby, but that satisfy your needs, too," says Brenning. This, in turn, can cause you to feel more connected with your child and feel more competent as a parent.

## 3 Tips

THE SECRET TO HAPPINESS FOR WORKING MOMS IS SATISFYING THREE BASIC NEEDS: FREEDOM OF CHOICE, CONNECTION WITH OTHERS, AND A SENSE OF COMPETENCE. PSYCHOLOGIST AND WORKING MOM **KATRIJN BRENNING, PHD**, EXPLAINS.

### FREEDOM

"From time to time, do something you choose to do rather than something you need to do," she says.

### CONNECTION

"Every now and then, shift from being the caregiver to the 'cared-for,'" says Brenning. Reaffirm connections with your partner, sibling, or friend by letting them do something for you.

### COMPETENCE

"Sticky floors and dirty ovens are OK sometimes," she says. Set achievable goals, and give yourself a compliment at the end of each day.

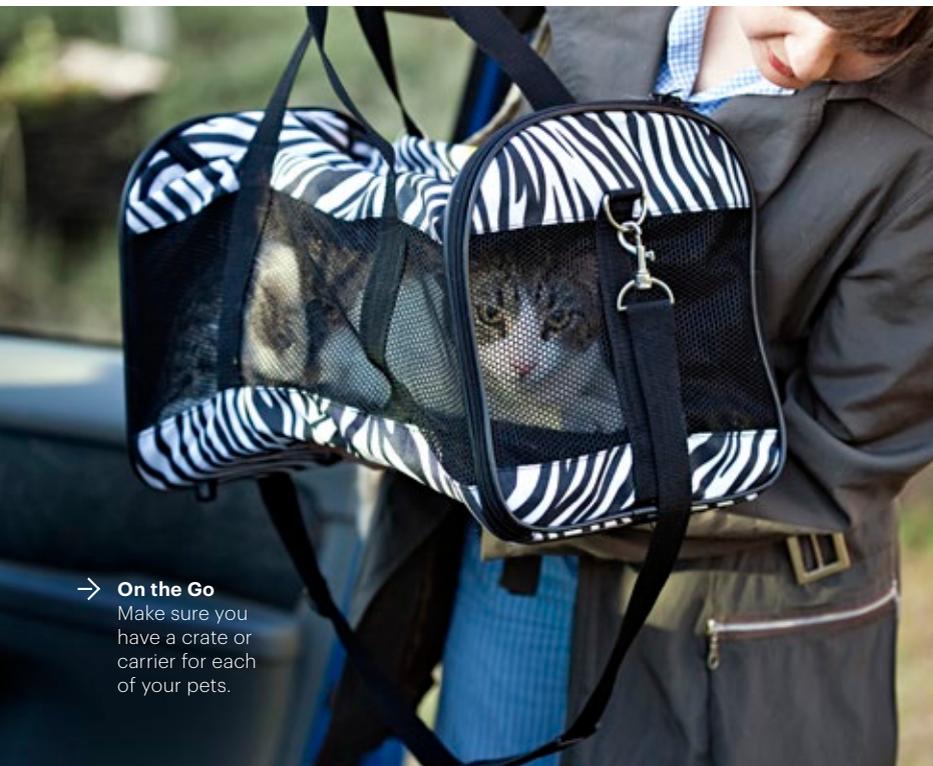


Search for the [WebMD Pets Message Boards](#) at [WebMD.com](#).

PETS

# Disaster Plan 101

Make sure your emergency preparedness includes your pets



→ **On the Go**  
Make sure you have a crate or carrier for each of your pets.

WHEN HURRICANE HARVEY SET OFF WIDESPREAD FLOODING, 780,000 PEOPLE were forced to evacuate their homes. But throughout Texas, many pets were left behind, also in need of rescue. That's where the Texas A&M Veterinary Emergency Team came in.

"We had equipment and people everywhere from Corpus Christi to the Louisiana border," says Wesley Bissett, director of the team, which coordinated a rescue of thousands of cats, dogs, cows, birds, and even exotic animals that were stranded by Harvey.

While emergency veterinary response teams do exist in some places to rescue

animals from danger, many more people could evacuate with their pets with proper planning.

"Having things ready in your home makes things so much easier and so much safer," says Bissett.

### Start with the basics

If you have to leave your house with your pets, you're going to need a way to contain them and move them safely. The first thing you'll need is a crate for each of your pets. "Sometimes people will have three dogs and just one crate," says Bissett.

If you are driving to safety, make sure you have leashes or harnesses for each animal, so that you'll be able to get out of the car for potty breaks.

For cats and other animals that need litter or newspaper, make sure you stock those items.

### Plan for five days

Assemble a five-day supply of food and medicine. Remember to pack bowls for food and water and anything else you might need to prepare your pet's meal, such as a can opener and spoon.

In terms of medicine, ask your vet for a five-day to two-week supply of any medications that your pet takes to manage chronic conditions. If the medicine needs to be refrigerated, you'll need to have an ice chest and ice packs, says Bissett.

You can also ask your vet about a sedative or anti-nausea medications to keep on hand if your pet is especially stressed by travel.

## 4 Lessons

PET RESCUE DIRECTOR **WESLEY BISSETT** RECOMMENDS FOUR THINGS YOU CAN DO TO PREPARE YOUR PETS THAT DON'T INVOLVE PACKING AN EVACUATION KIT

### GET YOUR PET USED TO CAR TRAVEL

A six-hour car ride can get dicey for pets who've never traveled more than 20 minutes—or at all. Prepare them by taking them on trips from time to time.

### REGISTER YOUR PET

Rabies tags and papers are great, but collars can come off. Microchip your pet, register the chips, and keep the information up to date.

### TAKE A PHOTO OF YOUR PET

If you get separated from your pet during a crisis, photos (especially ones of you and your pet) can help you get reunited.

### KEEP YOUR PET HEALTHY

Bring your pet to the vet regularly, treat illnesses when they happen, and make sure vaccines are up to date. Then keep those records handy.

By Kara Mayer Robinson  
Reviewed by Neha Pathak, MD  
WebMD Medical Editor

# This is me

**Chrissy Metz** wows TV viewers and critics alike with **her performance on the hit series** “This Is Us.” Offscreen, the **Emmy-nominated actor** begins to hit her mark and learns to **love herself.**

MILLER MOBLEY / AUGUST IMAGES



Chrissy Metz occasionally has to pinch herself. Star of the wildly popular NBC television series “This Is Us,” Metz is having a dazzling year (or two). Her character, Kate Pearson, a woman struggling with her weight and her past, is a fan favorite. People—even a smattering of celebrities, including Reese Witherspoon and Oprah Winfrey—often approach her to gush about how connected they feel to Kate.

Critics also have given her the nod. In just more than a year, Metz, 37, was nominated for two Golden Globes and an Emmy. In January, she took home a Screen Actors Guild Award for outstanding performance by an ensemble.

“I’m just trying to enjoy the moment,” Metz says. “There were plenty of years when I wasn’t even part of the conversation.” After being passed over for countless roles, she is grateful to play a character who’s “flawed and complex and full of heart,” and Metz hopes the tide is turning as more relatable plus-size women appear on television.

### **This was then**

But while Metz’s life may seem glamorous, it’s complicated.

As she explains in her new memoir, *This Is Me: Loving the Person You Are Today*, looks can be

deceiving. “People think celebrities are on a pedestal—and that we don’t have the same issues or thoughts or experiences,” she says. “But we do.” Like her TV character, Metz has struggled with her weight most her life and had difficulties in childhood that remain with her today.

Metz grew up the youngest of three. Her father was in the Navy, and the family moved to Japan when she was a baby. But she felt largely ignored by him—in fact, she refers to him as “Mark” rather than “Dad.”

When Metz was 8, he went his own way. Her mother moved the family to Gainesville, Florida, but struggled to make ends meet. Soon she became pregnant, had a baby, then remarried. Somewhere in the shuffle, they moved in with her mother’s new husband and his daughter—and their lives became tumultuous. “There was a lot going on, and everyone was trying to find their footing,” Metz explains.

Metz’s stepfather abused her physically and emotionally. “He shoved me, slapped me, punched my arm, and yanked my wrist,” she writes in her memoir. Displeased with everything from her weight to her chores, he constantly chastised her. Because her mother didn’t come to her rescue, Metz felt neglected. She began eating secretly for comfort. Her self-esteem plummeted.

Being the chubbiest child at school didn’t help. Kids teased her and she felt embarrassed and ashamed. “I became hardened and defensive to protect myself,” she says. She made jokes about herself before others had a chance to and morphed into a class clown, doing and saying things that were out of character.

“It was really difficult,” she says of her childhood. “I felt alone and picked on. I always felt inadequate. I felt like an outsider when all I wanted to do was be on the inside.”

With adulthood came new challenges. In 2005, Metz moved to Los Angeles to give acting a try, but her weight was an obstacle. She rarely got auditions, much less roles. Those she booked were clichés—an overweight friend, the butt of a joke. She auditioned for “American Idol”—yes, she also sings—but that didn’t pan out either.

While she did find work (and success) as a talent agent, and met and married a man she loved, Metz spent much of her 20s down on her luck and down on herself.

### **Then this happened**

In September 2010, on her 30th birthday, Metz was in a movie theater settling in to watch *The Expendables*, when something felt terribly wrong. Her heart raced and she had trouble breathing. “I thought I was having a heart attack. I was rushed to the hospital in an ambulance,” she says. “It was one of the scariest things in the world.”

After a battery of tests, doctors told her nothing was wrong. She needed to lose weight, they said, but she didn’t have a heart attack. It was an anxiety attack.

Symptoms of anxiety attacks—palpitations, shortness of breath, sweating, chest pain—are similar to those of a heart attack. “It can be very frightening if you don’t know why you’re having them,” says Gladys Frankel, PhD, assistant professor at Dartmouth University’s Geisel School of Medicine. “People often rush to the emergency room to be assessed and treated for a heart attack.”

METZ (BOTTOM CENTER) POSES WITH HER “THIS IS US” CASTMATES. >>



ART STREIBER / AUGUST IMAGES

Anxiety is common. About 40 million Americans have an anxiety disorder, which is different from everyday worries. Anxiety is persistent and overwhelming, and may involve fatigue, headaches, and insomnia. It often interferes with work, relationships, and life. Anxiety tends to stick around and can get worse over time. But treatments can help, such as a combination of cognitive-behavioral therapy, relaxation techniques, and medication.

Some people are more prone to anxiety than others. “Children who’ve experienced their parents’ divorce, bullying, and overeating are more vulnerable,” says Frankel. Not all children who go through stressful experiences have anxiety as adults. But childhood issues have a way of coming back, especially if you don’t deal

with them, she says.

After her health scare, Metz came face-to-face with what she’d been reluctant to address for years—emotional eating. “I ate over my feelings. It was the only way I could cope,” she says.

“Emotional eating is a real thing,” says Sanam Hafeez, PsyD, director of Comprehensive Consultation Psychological Services in New York. “Eating can be a coping strategy, but it’s not an effective one. It’s like an immediate drug. Later you feel terrible.”

Metz decided to take charge of her health. “I was forced to reconcile my past. I started seeking outside help about why I ate about my feelings and how not to, so things started to shift,” she says. She ate better, walked every day, joined a support group, and learned to forgive and accept herself.

### Then this

Soon Metz hit a bump in the road. After a five-year marriage, she and her husband divorced. They’re friends now, but as their relationship dissolved, her anxiety resurfaced.

This time, she was determined to manage it better. She read inspirational books like *The Untethered Soul*, found advice on podcasts and YouTube, and tapped into her spirituality. She learned to identify and accept feelings of worry, then calm and distract herself with meditation, music, and walking. “I learned to lean into the fear,” she says. “The more you resist, the more it persists, as they say.”

Metz also started a gratitude journal. “Before I get out of bed, I name at least five to 10 things I’m grateful for. It sounds silly but it’s an amazing thing,” she says.

These coping skills have proved invaluable. Last summer, just before she was to fly to Los Angeles to be her daughter’s Emmy Awards date, Metz’s mother had a severe stroke. Now she has aphasia, a post-stroke condition that affects language communication. While she can’t use words, she communicates with gestures and sounds.

Initially, Metz was shaken by this new reality. But as she learned more about aphasia, she felt empowered to manage it. She also learned to appreciate small victories. “When I saw her at Christmas, she actually held a marker in her hand and wrote her name in cursive,” Metz says with pride. “My mom is a bad-

ass. She has this willpower and strength that I could only hope to have.”

### This is now

Today, after facing her fears and practicing coping skills, Metz has a new supply of willpower and strength—and it’s growing.

Metz says she focuses on lifestyle changes to improve her health, like forging a better relationship with food and making healthier choices. But she stops short of judging herself. “So many of us feel like we’re never good enough—not tall enough, thin enough, smart enough, rich enough,” she says.

“But really, we’re perfect just as we are.”

Instead of worrying about next week or next month, she tries to live day by day. When anxiety surfaces—which it often does when good things happen, she says—she reaches into her toolbox of strategies.

She also basks in the sunshine—like when Oprah invited her over for lunch and told Metz she’s “one of our lifetime’s heroes.” Or when her acting idol Sam Rockwell introduced himself at the Golden Globes. “I was like, ‘You know me?!’” she recalls with awe.

Just as it is on “This Is Us,” Metz’s life has highs and lows. “Just because I’m on a TV show doesn’t mean things are unicorns and rainbows,” she says. “Most days they really are. But it’s been a process. I’m still a work in progress.”



⌘ METZ, IN CHARACTER AS KATE IN SEASON TWO OF “THIS IS US.”

## FACTS AND STATS ABOUT Anxiety

Like Chrissy Metz, millions of Americans have anxiety attacks or develop anxiety disorders. Some facts.

- + **Women are more likely than men** to have an anxiety disorder. About **19% of adults** in the U.S. have an anxiety disorder.
- + **Most people develop symptoms before age 21.** In fact, anxiety is **common among teenagers**—about 32%.
- + **Studies suggest anxiety runs in families** and develops from a **combination of genetics and environmental factors.**
- + **Anxiety is linked to depression, substance use, ADHD, sleep issues, and eating disorders.**
- + About **31% of adults have had anxiety** at some point in their life.
- + **Risk factors include:** stressful life events, being divorced or widowed, shyness in childhood, limited economic means, close relatives with anxiety disorders, and parents with mental illness.
- + **Anxiety is linked to depression, substance use, ADHD, sleep issues, and eating disorders.**
- + **About 31% of adults have had anxiety** at some point in their life.

- + **Most people with an anxiety disorder have mild impairment.** About 34% have moderate impairment. About 23% have serious impairment.
- + **Anxiety can be managed with tools like psychotherapy, self-help, support groups, stress-management strategies, and medication.**



CHRIS SULLIVAN PLAYS METZ’S ON-SCREEN ⌘ LOVE INTEREST IN “THIS IS US.”

COURTESY OF: RON BATZDORFF/NBC/NBCU PHOTO BANK

COURTESY OF: RON BATZDORFF/NBC

# TOO BLUE

**BRIGHT NIGHTS** FILLED WITH **GLOWING BLUE LIGHTS** COULD NOT ONLY **ROB YOU OF SLEEP**, THEY COULD ALSO BOOST YOUR RISK OF **OBESITY**, **DEPRESSION**, AND EVEN **CANCER**. BUT YOU CAN TAKE STEPS TO GET THE **RIGHT LIGHT** IN YOUR LIFE.

**P**EER INTO THE TYPICAL AMERICAN HOUSEHOLD AFTER DINNER, and you'll find the occupants bathed in a faint bluish glow. As parents send off late emails on their laptops or lie in bed with eyes fixed on e-readers, kids update their Snapchat accounts or squeeze in one last game on their phones. Even if the gadgets are off, new eco-friendly street lamps, TVs, and household bulbs shine into the night, emitting a brighter, shorter-wavelength (more bluish), and more potent light than older incandescent bulbs.

All this concerns Charles Czeisler, PhD, MD, chief of the Division of Sleep and Circadian Disorders at Brigham and Women's Hospital in Boston.

"The more research we do, the more evidence we have that excess artificial light at night can have a profound, deleterious effect on many aspects of human health," says Czeisler. He is also the director of sleep medicine at Harvard Medical School. "It is a growing public health concern."

Czeisler is among an increasing number of physicians, researchers, and health policy makers sounding the alarm that dark nights—like a healthy diet, regular exercise, and good sleep habits—are a key, endangered ingredient for long-term health.

In 2016, the U.S. National Toxicology Program convened a two-day workshop to



GETTY IMAGES

BY LISA MARSHALL  
REVIEWED BY MICHAEL W. SMITH, MD  
WEBMD CHIEF MEDICAL DIRECTOR

explore mounting research linking exposure to artificial light at night not just to sleep problems, but also to weight gain, depression, cancer, and heart disease. In October, NASA went so far as to retrofit all the lights on the International Space Station to ones that, as night falls, dim and change to longer wavelength light, which has less impact on human physiology than “blue light.”

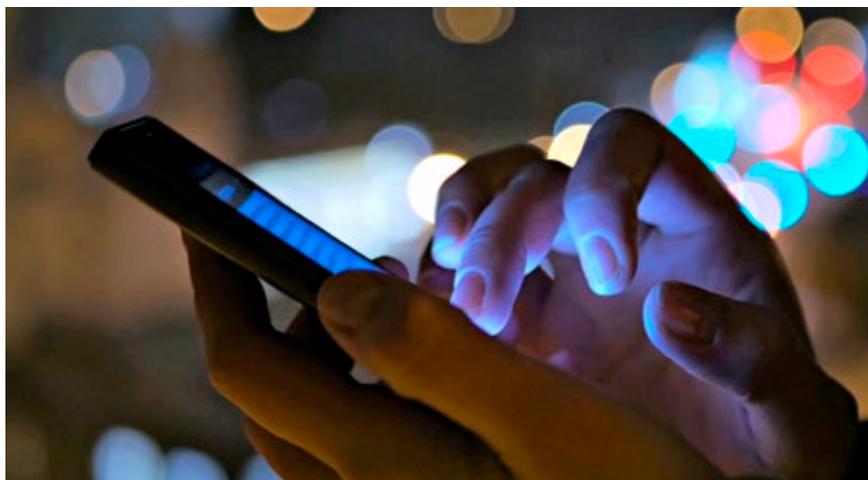
Last June, the American Medical Association chimed in, issuing a statement expressing concerns that the new ultra-bright light emitting diode (LED) lamps many cities are installing in their street lights could “contribute to the risk of chronic disease.”

Much of the research so far has been done in animals or comes from large population studies (which demonstrate patterns but don't confirm cause and effect). Nonetheless, many health experts say the results are troublesome enough to warrant action now.

“As opposed to the many other kinds of harmful environmental pollutants out there, we are rapidly figuring out exactly what to do about this one, and it is really not that hard,” says Richard Stevens, PhD, a University of Connecticut cancer epidemiologist and light-at-night researcher. Just dim the lights at night and tone down that blue, he says.

### 'DARKNESS DEPRIVED'

Light is by far the most important synchronizer of human circadian rhythms, or body clocks, Czeisler explains. Step outside in the morning, and the instant those rays hit



you, specialized cells in the retina—finely tuned to respond to the short wavelength light emitted by a cloudless blue sky—signal the brain to stop pumping out drowsiness-inducing melatonin and start producing hormones like cortisol and ghrelin that wake us up and make us hungry.

At dusk, in an electricity-free world, the opposite occurs. As light fades, the body begins to transition to “nighttime physiology,” in which melatonin levels rise, body temperature drops, sleepiness grows, and hunger abates. The time spent in this restful state, even if we are not actually sleeping, is restorative, Stevens says. Trouble is, in the modern world, we are bathed by lights that share that same potent wavelength we evolved to wake up to, so our transition to nighttime physiology has been delayed by hours.

As Stevens puts it, we are “darkness deprived.”

By far the best documented consequence of excess evening light exposure is short-term sleep disruption. In one study, people in a sleep lab who read from an e-reader at night saw their nighttime melatonin levels drop by 55% after five days, took longer to fall asleep, had less restorative rapid eye movement (REM) sleep, and felt groggier the next day than those reading a paper book.

Another study suggests teenagers may be even more sensitive to light at night. Just one hour of exposure from a glowing device, like a phone, suppressed melatonin by 23%; two hours decreased it by 38%.

Sleep issues aside, light at night has increasingly been implicated in helping fuel weight gain and metabolic diseases. Studies show people exposed to more

bright light at night are hungrier and produce less insulin, making it harder for them to turn those late-night snacks into fuel. As a result, it rests in the blood, boosting diabetes risk—or is stored as fat.

One March 2016 study by University of Haifa researchers compared World Health Organization obesity data with military satellite images of nighttime illumination and found that people who lived in the places most illuminated at night were also the most likely to be obese.

Animal studies conducted at Ohio State University show that even exposure to relatively dim light—about the brightness of a child's nightlight 3 feet from the eyes—over the course of eight weeks has a measurable impact on the brain, increasing inflammation, decreasing levels of the hormone brain-derived neurotrophic factor, key for promoting new brain cell growth, and causing hair-like transmitters between neurons to wither.

The animals also showed “depressive-like symptoms” and had memory problems, explains study author Randy Nelson, chair of the department of neuroscience at Ohio State University. While studies looking at the impact light at night has on the human brain are only in their infancy, population studies of emergency room workers and oil field

workers chronically exposed to bright light at night show similar cognitive and mood impairments, even if those workers are getting enough sleep, notes Nelson. “This is not just a sleep problem. This is a problem of disruption of the entire circadian clock, and sleep is just one hand of that clock,” says Nelson.

Research is young, but some studies suggest chronic exposure to excess light at night may also fuel cancer, in part by reducing the overall levels of melatonin—a known anti-cancer agent—circulating in the blood. Female night shift workers

are between 50% and 70% at greater risk of developing breast cancer during their lifetime, notes David Blask, MD, associate director of the Tulane University Center for Circadian Biology.

One recent study of 75,000 nurses, published in the *American Journal of Preventive Medicine*, found that those who worked the night shift for more than five years were 11% more likely to die early. Some European governments, with health risks in mind, now pay women night shift workers hazard pay.

“In a sense, with all our gadgets, we are all night shift workers to a degree now,” says Blask.

### GO DARK

Mariana Figueiro, PhD, light and health program director at the Lighting

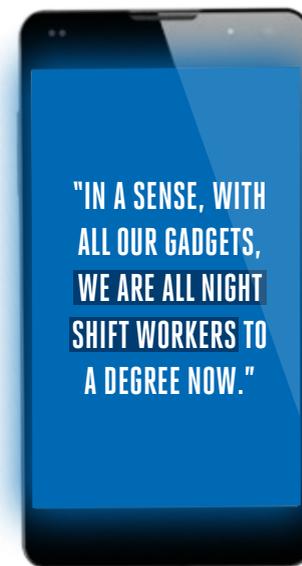
Research Center in Troy, New York, stresses that in addition to minimizing bright blue-hued light—particularly from gadgets held close to the eyes—at night, we should try to maximize the amount of bright light we get during the day.

“It not only makes you more awake and alert by day, research suggests it may also make you less sensitive to the negative health consequences of light at night.”

Stevens suggests that, beyond the seven to eight hours of sleep you try to get each

night, you should make an effort to get an additional three hours of relative darkness. No need to live by candlelight after dinner, but it's a good idea to dim the lights and steer clear of bright blue screens. Replace the lights in your bedroom and bathroom with dimmer, longer-wavelength lights, consider using black-out shades if street lights shine in your window, and invest in an eye mask for when it's time to go to sleep.

At a minimum you'll wake up feeling more refreshed. Best-case scenario: You'll live longer.



## HOW TO CULTIVATE A HEALTHY BODY CLOCK



### GET PLENTY OF NATURAL LIGHT BY DAY

Take a walk outside in the morning. Pull your desk at the office up to a window. Invest in a bright light—one that delivers 1,000 lux (a measure of light intensity) or more of blue-hued light at eye level—to put on your desk at work. Studies show most office environments are too dim to stimulate the positive, alerting effects of light by day.

One 2014 study by Northwestern University researchers found that people who got the bulk of their bright light exposure before noon were about 1.4 pounds leaner on average than those exposed to most bright light in the evening.



### START POWERING DOWN AT DUSK

Use f.lux and other apps that automatically shift screens on

phones and laptops to more orange-red longer-wavelength lights at night. Several lighting companies, including GE, are also rolling out household bulbs that change wavelengths as the day goes on.



### GO CAMPING FOR THE WEEKEND

A recent study by University of Colorado-Boulder researchers found that as little as 48 hours spent in the woods, with no artificial light at night and as much as 13 times more natural light by day, prompted campers to shift into nighttime physiology (signaled by a rise in melatonin) 1.4 hours earlier. They also fell asleep earlier than others who didn't go camping and were less groggy on Monday mornings.

## BY THE NUMBERS

17.7%

Percentage of U.S. workers who work the night shift

71%

Percentage of Americans who sleep with their smartphones by their bed

89%

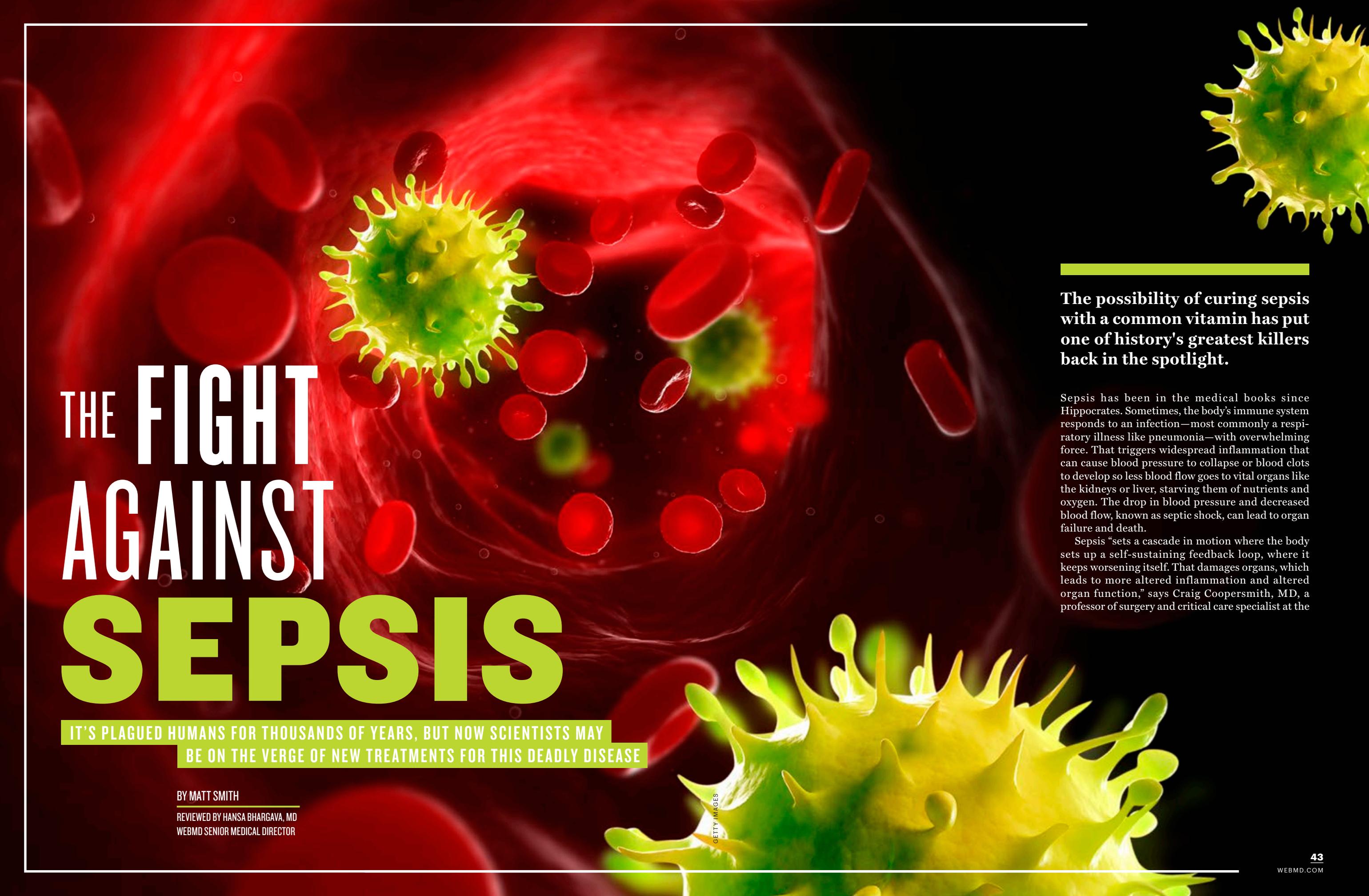
Percentage of adults who have at least one electronic device in their bedroom

5x

Amount by which bluish bulbs suppress melatonin compared to older bulbs that give off orange-yellow light

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# THE FIGHT AGAINST SEPSIS

IT'S PLAGUED HUMANS FOR THOUSANDS OF YEARS, BUT NOW SCIENTISTS MAY  
BE ON THE VERGE OF NEW TREATMENTS FOR THIS DEADLY DISEASE

BY MATT SMITH

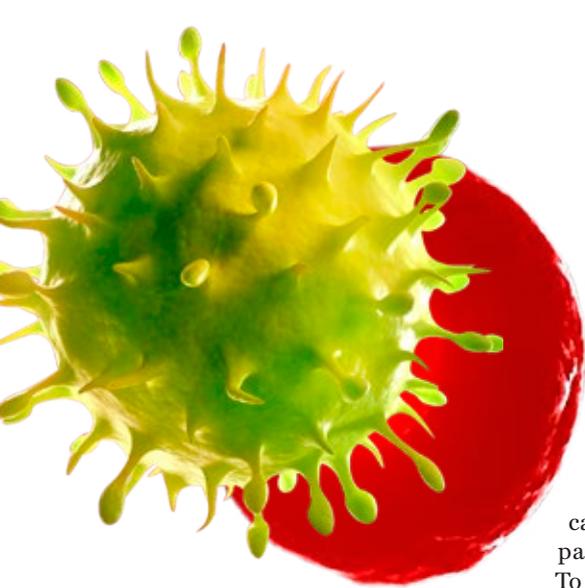
REVIEWED BY HANSA BHARGAVA, MD  
WEBMD SENIOR MEDICAL DIRECTOR

**The possibility of curing sepsis with a common vitamin has put one of history's greatest killers back in the spotlight.**

Sepsis has been in the medical books since Hippocrates. Sometimes, the body's immune system responds to an infection—most commonly a respiratory illness like pneumonia—with overwhelming force. That triggers widespread inflammation that can cause blood pressure to collapse or blood clots to develop so less blood flow goes to vital organs like the kidneys or liver, starving them of nutrients and oxygen. The drop in blood pressure and decreased blood flow, known as septic shock, can lead to organ failure and death.

Sepsis “sets a cascade in motion where the body sets up a self-sustaining feedback loop, where it keeps worsening itself. That damages organs, which leads to more altered inflammation and altered organ function,” says Craig Coopersmith, MD, a professor of surgery and critical care specialist at the

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Emory University School of Medicine and a former president of the Society of Critical Care Medicine. “What starts as a simple, ‘I scraped my knee and I got a simple infection,’ can actually, in rare circumstances, end up killing you.”

### THE RISK OF SEPSIS

The danger is real. In the days before sterile instruments and antibiotics, sepsis was a frequent and deadly complication of wounds. But today, sepsis still strikes at least 900,000 people a year, and 25% to 50% of them die.

Coopersmith says certain types of infections—including pneumonia, some forms of streptococcus bacteria and *E. coli*, urinary tract infections, skin and gut infections, and the antibiotic-resistant MRSA bacteria—are more likely than others to trigger sepsis. Infants and people older than 65 are more susceptible. But the biggest risk is among people with other illnesses like cancer or a disease that suppresses their immune system, he says.

“Those illnesses predispose people to be more likely to become septic and have worse outcomes when they become septic,” he says.

Though four in five cases start outside of hospitals, it’s one of the leading

causes of death for hospital patients, particularly those in intensive care. To treat sepsis, doctors have to tackle not only the underlying infection, but the complications that come from the body’s immune response, says Jonathan Sevransky, MD, who works with critically ill patients at Emory University Hospital in Atlanta.

Survival often depends on a quick diagnosis, an early dose of the right antibiotics and intravenous fluids, along with tests to look for an infection or symptoms of impaired metabolism—such as high levels of lactic acid in the blood, a sign that cells aren’t getting enough oxygen. Unfortunately, no simple test can identify sepsis early—something that’s particularly dangerous for intensive-care patients, Sevransky says. “When you look at people who die in the hospital, between one in three or even one in two will die from sepsis,” he says. “Sometimes it’s because they have so many other problems that we can’t solve all the problems and the infection, but sometimes it’s because we don’t think of it early enough.”

### A NEW LOOK AT AN OLD MEDICAL PROBLEM

Recently, doctors in Virginia used a cocktail of vitamin C, corticosteroids,

and vitamin B-1 to help fight off organ failure and death in people with sepsis. Among 47 patients who received the mixture, all but four survived, the doctors reported in a recent study.

That study, however, involved a small number of patients in one hospital, and the authors note that more research is needed to confirm their findings. “For the type of study that it was, it was nicely done,” Sevransky says. But he says a follow-up study will need to involve more patients, some of whom would get the treatment and others who wouldn’t.

Previous research suggests vitamin C can improve blood flow to tissues in the body of a sepsis patient, keeping the cells supplied with nutrients and oxygen and preventing organ failure. Other studies have tried to focus on restraining the immune overreaction that causes sepsis. That overreaction makes it harder for blood to flow. And it’s possible that non-steroidal anti-inflammatory drugs (NSAIDs)—a group that includes popular over-the-counter painkillers like ibuprofen—may be able to offset that response, says Hang Hubert Yin, a biochemist at the University of Colorado.

Yin has been studying a family of naturally occurring enzymes called caspases, which fuel the kind of aggressive immune response that can lead to sepsis. When he

and his colleagues sorted through a list of more than 1,200 drugs that can restrain caspases, he found about a dozen NSAIDs on that list.

Those findings, published last year, could help doctors find new drugs to help treat sepsis and other problems. But it’s not without risk: Yin notes that NSAIDs can cause heart and stomach problems, and those complications kill as many as 16,000 people a year. It will take several years before NSAIDs are tested to treat sepsis in humans.

Meanwhile, other potential anti-sepsis drugs failed to live up to their initial promise. A drug that targeted a protein involved in the body’s immune response failed in a clinical trial in 2011, while another aimed at improving blood flow in sepsis patients was pulled from the market the same year after disappointing results.

“We have simple treatments that work, but so far, none of the fancier treatments have worked,” Sevransky says.

Yin adds that the pathology of sepsis makes it more difficult to fight with drugs. Death can occur in 24 to 48 hours, the underlying infection may be resistant to antibiotics, and organ damage that happens can be extremely difficult to halt with drugs.

### ‘THINK SEPSIS’

For now, Sevransky says the most important thing doctors can do is detect signs of sepsis early—something that is often difficult. For some people, confusion is the first outward sign of the problem, he says.

“They often have symptoms that don’t often jump and say, ‘I have an infection.’ Somebody gets confused,

somebody gets sore, somebody has trouble breathing—that suggests that they’re sick, but may not necessarily be a flag sticking up that says, ‘I have a bad infection, and I need treatment rapidly,’” Sevransky says.

The CDC now focuses awareness on the problem and urges doctors to “Think sepsis.” A similar push is underway by the Society for Critical Care Medicine and its European counterpart, the European Society of Intensive Care Medicine. Those organizations have introduced a three-point test to help identify patients at risk: rapid breathing, a drop in blood pressure, and an altered mental status.

“It’s tremendously important, because a lot of people have it,” Sevransky says. “But it’s not complicated, which is maybe why people haven’t paid a lot of attention to this. It’s really bread-and-butter medicine, but we don’t do as good a job as we’d like to do.”

## THE WARNING SIGNS OF SEPSIS INCLUDE:

- Fever, chills, or shivering
- Breathing difficulty
- Rapid heartbeat
- Disorientation or confusion
- Clammy skin

The CDC recommends that if you or a family member have an infection that seems to be getting worse, see a doctor—and ask about sepsis.

“WHEN YOU LOOK AT PEOPLE WHO DIE IN THE HOSPITAL, BETWEEN ONE IN THREE OR EVEN ONE IN TWO WILL DIE FROM SEPSIS.”

### BY THE NUMBERS

At least  
**900,000**

The number of people who develop sepsis in the United States every year.

**1/4 to 1/2**

Of those who get sepsis, the proportion who will die from the disease.

About  
**7 in 10**

The number of people with sepsis who had a chronic disease or had been treated for some illness recently.

**24 billion**

The amount spent on treating sepsis cases in U.S. hospitals in recent years.

GETTY IMAGES

➔ Search for the video **The Basics: Sepsis** at WebMD.com.



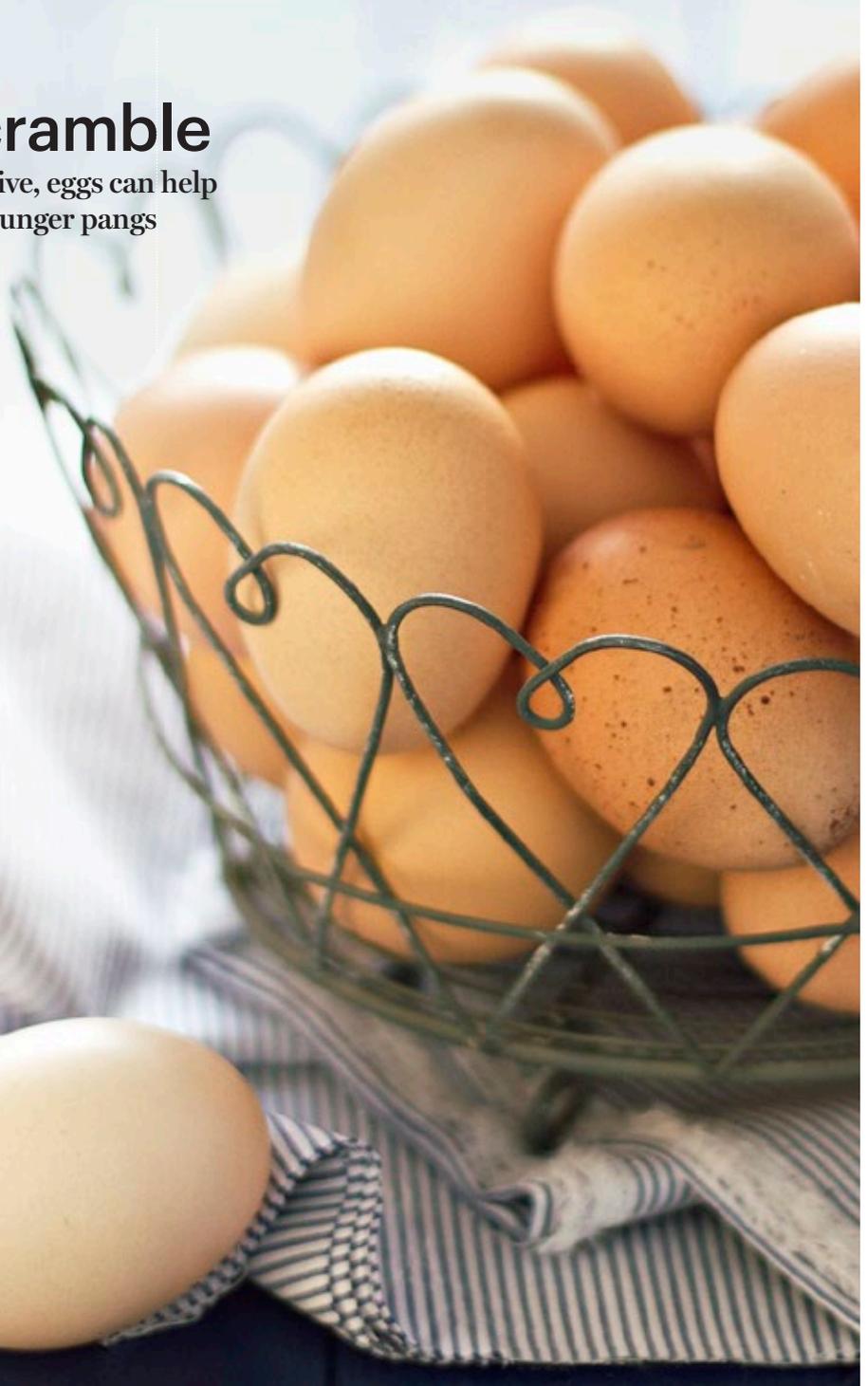
**GOOD FOR YOU**

## Morning Scramble

Protein-rich and inexpensive, eggs can help you power past morning hunger pangs

EGGS, LONG SEEN AS A DIETARY devil because their yolks are chock full of cholesterol, are no longer a no-no. Researchers now know that cholesterol from food doesn't elevate blood cholesterol in most people. And a large 2017 study of Finnish men found that eating one egg a day didn't boost their risk of heart disease. One large egg offers more than 6 grams of protein, 41 IUs of vitamin D, and the eye-protective antioxidants lutein and zeaxanthin. Even better, eggs make an easy, inexpensive, and kid-friendly meal. Note this isn't a thumbs up to daily omelets; researchers say your intake should average no more than an egg a day. Instead of pairing that egg with sausage and greasy hash browns, try veggies, fruit, salsa, or whole-grain toast.

—ERIN O'DONNELL



3 WAYS

# Oatmeal

Think beyond porridge! A standout superfood, oatmeal works well with a surprising array of sweet and savory add-ins and provides a tasty way to reduce your LDL cholesterol and type-2 diabetes risk.



→ **Old-Fashioned Oats and Veggie Bowl**  
Season this dish with thyme or other fresh herbs.

PHOTOGRAPHY: RICK LOZIER; FOOD STYLING: CHARLIE WORTHINGTON

## 1

### THE OUT-OF-THE-BOX BREAKFAST

#### Old-Fashioned Oats and Veggie Bowl

Savory breakfast lovers: Think of oatmeal as more than a sweet treat. Old-fashioned oats (also known as “rolled” oats) make a perfect backdrop for sautéed veggies and eggs for a delicious, unexpected way to eat more produce and get the savory start you crave.

#### → THE MIX

Oatmeal + red pepper, green onions, mushrooms, garlic, red pepper flakes, eggs, fresh thyme, Parmesan cheese



**MAKE IT** Prepare oats according to package directions. Sauté sliced red pepper, a bunch of green onions (slice and save tops for garnish), mushrooms, and garlic. Season with red pepper flakes, salt, and pepper. Divide oats into four bowls. Top each with veggies and 1 fried egg. Garnish with green onion tops, fresh thyme, and a sprinkle of shredded Parmesan. Serve immediately. **SERVES 4**

**PER SERVING (ABOUT 1½ CUPS COOKED OATMEAL WITH VEGETABLES AND 1 EGG)** | 173 calories, 11 g protein, 17 g carbohydrate, 7 g fat (2 g saturated fat), 176 mg cholesterol, 3 g fiber, 2 g sugar, 261 mg sodium. Calories from fat: 36%

## 2

### THE SWEET START

#### Blueberry Banana Oatmeal

We like to use frozen wild blueberries in this recipe because we find them more flavorful than farm-raised varieties, but either type will work.

#### → THE MIX

Oatmeal + frozen wild blueberries; salt; bananas; toasted, chopped almonds; honey; cinnamon



**MAKE IT** Prepare oatmeal according to package directions. In the last 3 minutes, add frozen blueberries and salt. Spoon oatmeal into four bowls. Top with sliced bananas, almonds, a drizzle of honey, and a sprinkle of cinnamon. Serve immediately. **SERVES 4**

**PER SERVING (ABOUT 1½ CUPS COOKED OATMEAL AND TOPPINGS)** | 281 calories, 8 g protein, 51 g carbohydrate, 7 g fat (1 g saturated fat), 0 mg cholesterol, 7 g fiber, 14 g sugar, 151 mg sodium. Calories from fat: 14%

## 3

### THE BRUNCH BOWL

#### Mediterranean-Style Oatmeal

Pair the amazing oat with popular Mediterranean ingredients, including cherry tomatoes. (We like the cheery combo of red and yellow tomatoes.) Consider this option for brunch.

#### → THE MIX

Oatmeal + low-sodium chicken stock, baby spinach, salt, freshly ground pepper, cherry tomatoes, avocado, basil, olive oil



**MAKE IT** Prepare oatmeal according to package directions, substituting chicken stock for water. Stir chopped spinach, salt, and pepper into the oatmeal, then divide into four bowls. Top each bowl with tomatoes and avocado, and finish with chopped fresh basil and a drizzle of oil. Serve immediately. **SERVES 4**

**PER SERVING (ABOUT 1½ CUPS COOKED OATMEAL AND TOPPINGS)** | 288 calories, 11 g protein, 36 g carbohydrate, 13 g fat (2 g saturated fat), 0 mg cholesterol, 7 g fiber, 2 g sugar, 185 mg sodium. Calories from fat: 34%

Search for the **Healthy Recipe Finder** at [WebMD.com](http://WebMD.com).



**MAKE IT**

- Plan for one or two tacos per person, depending on appetites.
- Heat small-size flour tortillas in a single layer on a dry skillet or griddle until puffed and lightly charred on both sides. Do not microwave.
- Tortillas won't stick to a hot pan, so preheat your pan on medium for several minutes.
- Keep the tortillas warm for up to 30 minutes by wrapping them in a towel and putting them in a plastic bag.
- Scrambled eggs, cubed potatoes, and sausage (chorizo is a great choice) make the best fillings. Cook the potatoes and sausage in advance if you like, but scramble the eggs right before you serve.
- Fill your tortillas just enough so that they can still close.
- Bring salsa, guacamole, and other toppings to room temperature. Lightly heat the salsa if you like.
- Top with a variety of fresh, flavorful garnishes, like cilantro, lettuce, scallions, and pico de gallo.
- Set out the fillings and toppings like a buffet so everyone can build their own taco.
- Invest in a large griddle if you make tacos often. It allows you to heat several tortillas at once. A tortilla warmer will also come in handy, and they don't cost much. You don't want cold tortillas.

**BUILD A BETTER**

# Breakfast Taco

Start your family's day with a generous spread of filling morning favorites—eggs, sausage, and potatoes—stuffed into warm flour tortillas

BREAKFAST TACOS MAKE THE DAY'S PERFECT FIRST MEAL, ACCORDING TO PATI JINICH, AUTHOR of the cookbook *Mexican Today* and host of PBS's "Pati's Mexican Table." "They have all the things you like in one package," says Jinich, who notes that much can be made or bought in advance. Here, she shares her tips for a delicious way to begin your day.

## Milk Substitutes

WANT A DAIRY MILK ALTERNATIVE FOR YOUR CEREAL OR COFFEE, OR TO SAVOR ON ITS OWN? TRY THESE RECOMMENDATIONS FROM REGISTERED DIETITIAN **MELISSA JOY DOBBINS, MS**, HOST OF THE "SOUND BITES" PODCAST.



**SILK ALMOND AND CASHEW PROTEIN NUTMILK**

"Beating out dairy milk, a serving boasts 10 grams of protein, half your daily calcium, and 25% of vitamin D. But go easy: It's heavier than milk on fat and calories."



**RIPPLE UNSWEETENED VANILLA PEA MILK**

"Get half the carbs, more calcium and vitamin D, and the same amount of protein and calories as milk, plus omega-3s. Great for people with nut, soy, or dairy allergies."



**GOOD KARMA FLAXMILK + PROTEIN**

"Very few carbs, 8 grams of protein, and omega 3s, it offers comparable amounts of calcium and vitamins D and B-12 as milk. Bonus: It's free of all major allergens."



**ALMOND BREEZE UNSWEETENED CHOCOLATE**

"An excellent source of calcium, vitamin D, and flavor—with only 40 calories and 2 grams of carbs. But note—only 1 gram of protein."



**COCONUT DREAM VANILLA ENRICHED**

"No protein here, but for 90 calories and 5 grams fat, you get 10% of your daily vitamin A, 30% of calcium, and 25% of vitamins D and B-12."

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.

PHOTOGRAPHY: RICK LOZIER; FOOD STYLING: CHARLIE WORTHINGTON

1 TOOL, 5 MEALS

# A Wiz in the Kitchen

TODAY'S SMOOTHIES ARE AS CREATIVE AS THEY ARE HEALTHY. BREAK OUT YOUR BLENDER AND GET YOUR MOTOR RUNNING WITH THESE FIVE BREAKFAST SMOOTHIES.



PHOTOGRAPHY: RICK LOZIER; FOOD STYLING: CHARLIE WORTHINGTON

## BREAKFAST BOX

## Eggs in an Instant



While they don't take long to cook, eggs for breakfast can seem like a lot of work—cleaning egg pans is a notoriously sticky business. But you can use your microwave to cook up eggs—no pan scrubbing necessary. Try these three ways.

**Scrambled:** In a microwave-safe bowl, beat 1 egg with 1 tablespoon of milk and a dash of salt and pepper. Microwave for 45 seconds, stir, then microwave another 30 to 45 seconds.

**Poached:** Crack an egg into a microwave-safe bowl and cover with half a cup of water, a pinch of salt and 1 tablespoon of vinegar. Microwave on high for 1 minute. Continue to cook at 15-second intervals until the yolks are as set as you like them.

**“Baked”:** Spray a microwave-safe bowl or mug with cooking spray. Add a handful of spinach and a slice of ham. Crack an egg on top and sprinkle with grated parmesan or cheddar. Cover with a damp paper towel and microwave for 1 minute.

### MONDAY

#### TAHINI-DATE SHAKES

This Palm Springs classic gets a breakfast-ready update by swapping the ice cream for plain Greek yogurt, keeping fresh dates as a sweetener, and adding a swirl of tahini for added protein and healthy fats. Add ice cubes and milk to blend it to the right consistency.

### TUESDAY

#### GREEN GODDESS

Supercharge your green smoothie by adding a scoop of matcha or spirulina to a handful of spinach, a squeeze of lime, plus ½ cup each of frozen mango, fresh banana, coconut water, and coconut milk.

### WEDNESDAY

#### TROPICAL TWIST

If you haven't yet been acquainted with pitaya (aka dragonfruit), you should be. You can find the pulp of this brilliant-fuchsia fruit in the freezer aisle. Blend together ½ cup frozen pitaya cubes with ½ cup each of frozen pineapple and mango. Cover with coconut water and add a tablespoon of chia seeds, blend, then top with toasted coconut flakes.

### THURSDAY

#### MORNING GLORY

This winning flavor combination isn't just for muffins. A high-powered blender works best to get this smoothie ultra-smooth. Blend together ½ apple, ½ banana, ¼ cup rolled oats, 1 tablespoon flax seeds, 1 tablespoon walnuts, a dash of cinnamon, ½ cup each carrot juice, coconut milk, and ice cubes

### FRIDAY

#### BALANCED BREAKFAST

This smoothie delivers everything you need for breakfast: coffee and a balanced meal. Blend together a cup of cold-brew coffee, a frozen banana, 1 to 2 tablespoons of hazelnut butter, and ½ cup milk of choice, along with ice cubes. Add cocoa powder to turn it into a breakfast mocha.



**1. KUMQUATS**  
Brimming with both sour and sweet flavors, eat these little torpedo-shape fruits whole, skin and all. Or mash them with butter and spread on your favorite breakfast bread.

**2. ORANGES**  
Juice them to start your day, slice them thinly and toss into salads and slaws, or roast with fresh lavender to serve on top of your breakfast yogurt.

**3. GRAPEFRUITS**  
Yellow, pink, or ruby, let their juice wake up your senses. Or simply slice, sprinkle with chopped fresh mint, and drizzle with honey for a healthy breakfast treat.

**4. TANGERINES**  
Smaller, sweeter, and easier to peel than oranges, savor them fresh or dry them and add to homemade granola. Candied, they pair perfectly with breakfast crepes.

**5. LEMONS**  
A kitchen staple, grab a common Eureka lemon, with its thick skin and tart taste, and squeeze it over finished dishes. Or seek out Meyer lemons, ideal for vinaigrettes, sorbets, and ice cream.

## FOOD 101

## Citrus Sensations

Brighten your morning with these sweet, tangy fruits

CITRUS FRUITS BURST WITH JUICY FLAVOR. AND THEY ALL BOAST AN abundance of nutritional benefits. Richest in vitamin C, citrus fruits also provide calcium, potassium, fiber, and more. “Whether you squeeze, zest, or just peel and eat them, citrus fruits are packed with nutritious goodness,” says Valerie Aikman-Smith, author of *Citrus: Sweet and Savory Sun-Kissed Recipes*. These five are among her favorites.

## CUTTING EDGE

## Some 1.5 million Americans have a form of the autoimmune disease lupus.

**A healthy immune system produces cells called antibodies that fight viruses, bacteria, and other infections that invade the body.** In people who have lupus, the immune system doesn't recognize the difference between healthy cells and invaders. As a result, it attacks the body's own healthy tissue. These often-painful attacks can occur in various parts of the body, including major organs such as the heart, lungs, kidneys, and brain, or skin.

**WHILE MEDICATIONS CAN RELIEVE SYMPTOMS** and put some people in remission, lupus has no cure. Researchers at the Medical University of South Carolina want to change that. In a clinical trial, they plan to use stem cells taken from donated umbilical cord blood to try to stop the immune system's attacks on the body.

**WITHOUT A CURE FOR LUPUS, RESEARCHERS MUST LEARN MORE ABOUT FACTORS** that triggers the development, progression, and flare-ups of the condition. Genes seem to play a role in who develops

lupus. A recent study found that several environmental factors may worsen it. One of these is ultraviolet light from the sun. People living with lupus can help prevent flare-ups by always using sunscreen and limiting time in the sun. Sun protection, however, can rob the body of vitamin D, which is critical for people who have lupus; new research shows vitamin D deficiency can increase the risk of lupus-related kidney failure. Vitamin D supplements may be a safe way to address this risk, researchers say.  
—SONYA COLLINS

→ **Under Attack**  
Researchers studying lupus are looking into ways to stop the immune system, such as this white blood cell, from attacking healthy tissue.



Need a specialist?  
Use **WebMD's Physician Finder**. Go to  
[webmd.com/findadoctor](http://webmd.com/findadoctor).

REVIEWED BY *Michael W. Smith, MD*  
WebMD Chief Medical Director

## DOCTOR Q&amp;A

# 5 Things to Know About RA

A rheumatology expert shines a light on this autoimmune disease



WITH THE WORD *ARTHRITIS* IN THE NAME, YOU CAN ASSUME RHEUMATOID arthritis (RA) affects the joints. Yet, RA is more than sore joints. M. Elaine Husni, MD, MPH, director of the Arthritis Center at Cleveland Clinic, explains.

## RA ISN'T YOUR GRANDPARENTS' ARTHRITIS

Osteoarthritis (OA)—the type of arthritis that makes your grandparents' joints ache—is a disease of wear and tear. Run, jump, lift, and climb for a few decades and your joints start wearing thin. “Rheumatoid arthritis is a lot more variable because it’s autoimmune,” Husni says. “Kids can get RA, although the most common age is 40 to 60.”

## TIME IS OF THE ESSENCE

A few different medications treat RA, including disease-modifying anti-rheumatic drugs (DMARDs) like methotrexate. Which one your doctor prescribes depends on the severity of your symptoms, but one thing is true across the board: You want to get on them ASAP. “The earlier you start treatment, the better the response,” Husni says.

## PAINFUL JOINTS AREN'T THE ONLY ISSUE

RA symptoms often include swollen, sore joints. Yet, this type of arthritis isn't confined to the joints. “The inflammatory response in RA also spills over into other things, like osteoporosis—thinning of the bones—and heart disease,” Husni says.

In fact, RA can affect virtually every organ system—including the eyes, mouth, skin, heart, and lungs. That's why the right treatment is so critical. Early, aggressive therapy with drugs like the DMARDs and biologics can simultaneously stop joint inflammation and prevent organ damage.

## RA WILL WEAR YOU OUT

One of the most debilitating symptoms is fatigue. Up to 98% of people with RA have it—and it isn't your average tiredness. RA can exhaust you, and getting enough sleep doesn't help. “Fatigue is a big issue . . . it's a harder symptom to define and get rid of, so that makes it more frustrating,” Husni says. RA drugs do double duty. They relieve fatigue—in part by bringing down inflammation.

## THAT SAID, THE OUTLOOK IS BETTER

Living with RA has improved over the last two decades, with declining rates of depression, anxiety, and disability. New drugs are part of the reason. “I think when I graduated from medical school, we only had one medication for RA and now we have more than a dozen,” Husni says. “The number of people who get joint replacements for RA has decreased tremendously, so we know our drugs are working.”

Lifestyle changes work, too. An anti-inflammatory diet high in fresh fruits, vegetables, and fish and a generous dose of low-impact exercise are the core components of an RA treatment regimen.

### BY THE NUMBERS

2.4% Percentage by which smoking can increase your risk of RA.

3 to 1 Ratio of women to men who get RA.

300,000 Number of children in the U.S. with the juvenile form of RA.

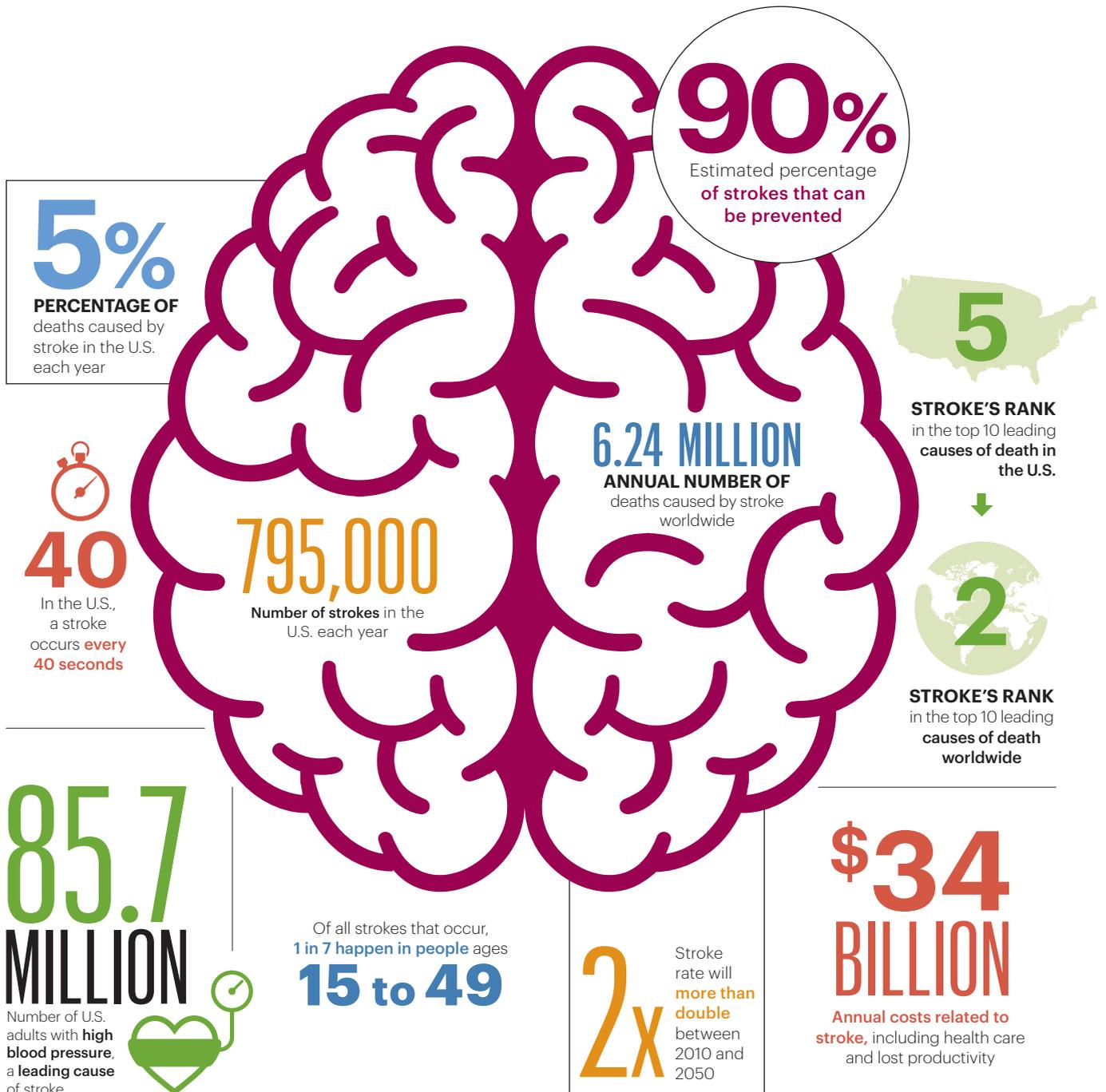


Search for the video **10 Ways to Lower Your Stroke Risk** at WebMD.com.

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

# Stroke

BY THE NUMBERS: Facts and Stats on Trending Health Topics

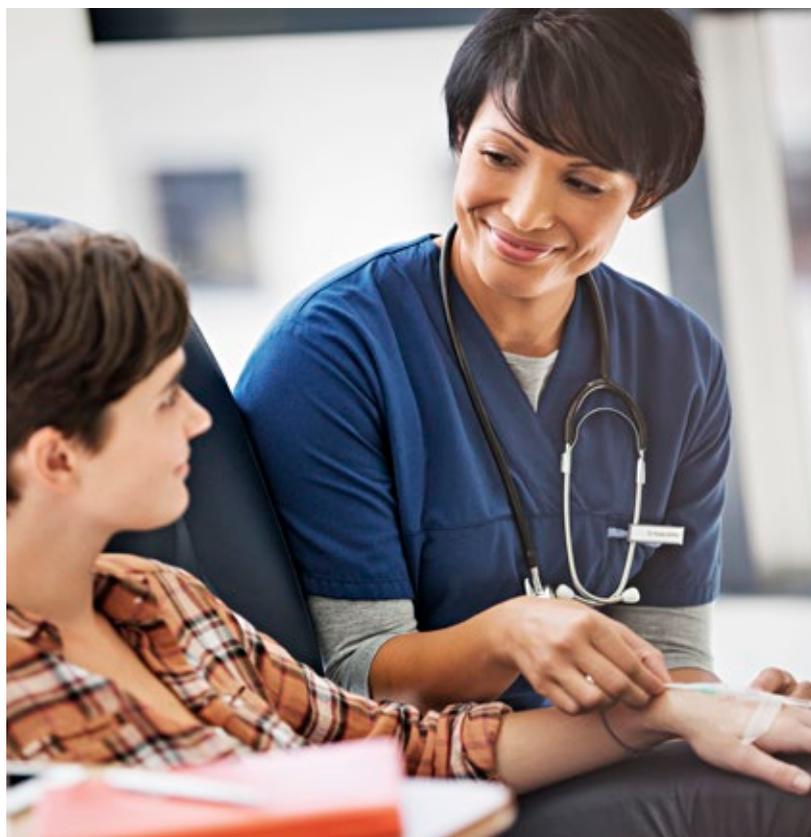


GETTY IMAGES; SOURCES: AMERICAN HEART ASSOCIATION, CDC, WHO, NEUROLOGY, THE LANCET



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Go to [webmd.com/findadoctor](http://webmd.com/findadoctor).

REVIEWED BY *Arefa Cassoobhoy, MD, MPH*  
*WebMD Senior Medical Director*



## WHO'S WHO

# Oncologist

What does this cancer specialist do?

**YOU PROBABLY KNOW THAT AN ONCOLOGIST IS A CANCER DOCTOR, BUT** what makes someone qualified to treat such a complex and serious disease? Some facts may surprise you.

**There's more than one type**

If you've been diagnosed with cancer, you might interact with a medical oncologist, surgical oncologist, and radiation oncologist. These experts are all oncologists because they're trained to treat cancer, but they have very different roles.

A medical oncologist will likely be your primary point person. This doctor diagnoses cancer, gives medications (including those for chemotherapy) to treat it, and coordinates care with other cancer specialists as needed.

A surgical oncologist, as you might have guessed, is the person who performs surgery in cancer patients. That includes major surgeries, such as mastectomies for breast cancer, as well as less invasive surgical procedures like biopsies.

A radiation oncologist is a doctor who specializes in treating cancer with radiation therapy.

**The job is extremely specialized**

All oncologists treat cancer, but they don't all treat the same kind of cancer. A patient who has breast cancer, for example, may go to a different medical oncologist from someone who has prostate or lung cancer.

**A lot of training is involved**

Medical school is only the beginning. A doctor who wants to be a medical oncologist must complete a three-year internal medicine residency (hands-on training at a hospital or clinic), followed by a medical oncology fellowship (another two to three years).

To become a surgical oncologist, a doctor must complete a five-year general surgery residency, then a surgical oncology fellowship (at least two years). Radiation oncologists do a one-year internship after medical school plus a four-year radiation oncology residency; some also do a one- to two-year fellowship.

Most oncologists are also board-certified, which means a doctor has successfully completed advanced levels of training and passed additional exams. He or she must also go through a rigorous re-certification process to remain board-certified.

## BY THE NUMBERS

1.7 million  
Number of new cancer cases diagnosed in the U.S. each year

15.5 million  
Number of cancer survivors living in the U.S.

32%  
Percentage of oncologists in the U.S. who are women

51  
The average age of oncologists who currently treat patients in the U.S.

## HEALTH HIGHLIGHTS

# Help for Incontinence

By some estimates, about 25 million American adults have urinary incontinence and about 18 million have difficulty with bowel control. Don't ignore the problem. Instead, investigate and address it.



## 10 Tips to Cope

- 1. LOSE WEIGHT**  
Shrink your belly so that it does not press on your bladder.
- 2. CUT THE CAFFEINE**  
Avoid coffee, tea, and other caffeinated drinks, which irritate the bladder.
- 3. WORK OUT**  
Practice Kegel exercises to strengthen the muscles that control your bladder and bowels.
- 4. FIX YOUR DIET**  
Cut back on spicy, fatty, and greasy foods, which can worsen fecal incontinence.
- 5. FIND THE CAUSE**  
Ask your doctor about medical conditions that may affect bowel control.
- 6. TAKE 5**  
Need to urinate? Wait five minutes. Increase intervals over time to train your bladder.
- 7. SIP IT**  
Drink slowly and limit liquids to eight cups or less per day.
- 8. GO DARK**  
Wear darker clothes, which hide accidents more effectively than light-colored outfits.
- 9. CHECK YOUR DRUGS**  
Ask your pharmacist if your medications may explain your incontinence.
- 10. WRITE IT DOWN**  
Keep an incontinence journal to help your doctor design a treatment plan.

## EXPERT TIPS

*“Talk to your doctor when you first notice a problem. Most patients assume incontinence is common for their age. However, no form of incontinence is normal, and the worry over accidents can lead to isolation and depression.”*

**JAMIN BRAHMBHATT, MD**  
urologist, Orlando Health, Orlando, Florida

*“Urinate every two hours, whether you have to go or not, to prevent your bladder from getting too full. This alone can decrease episodes of leaking. Also, try over-the-counter vaginal inserts and protective pads and garments.”*

**PETER S. FINAMORE, MD**  
chief of urogynecology, Southside Hospital, Bay Shore, New York

*“Don't burden yourself with water bottles when you head out on the town. No medical evidence says we need eight glasses of water a day. It's more important to avoid overdoing it with liquids, especially if you'll be in places where there's no toilet.”*

**AMY E. ROSENMAN, MD**  
health sciences clinical professor, David Geffen School of Medicine, UCLA, and co-author of *The Incontinence Solution: Answers for Women of All Ages*



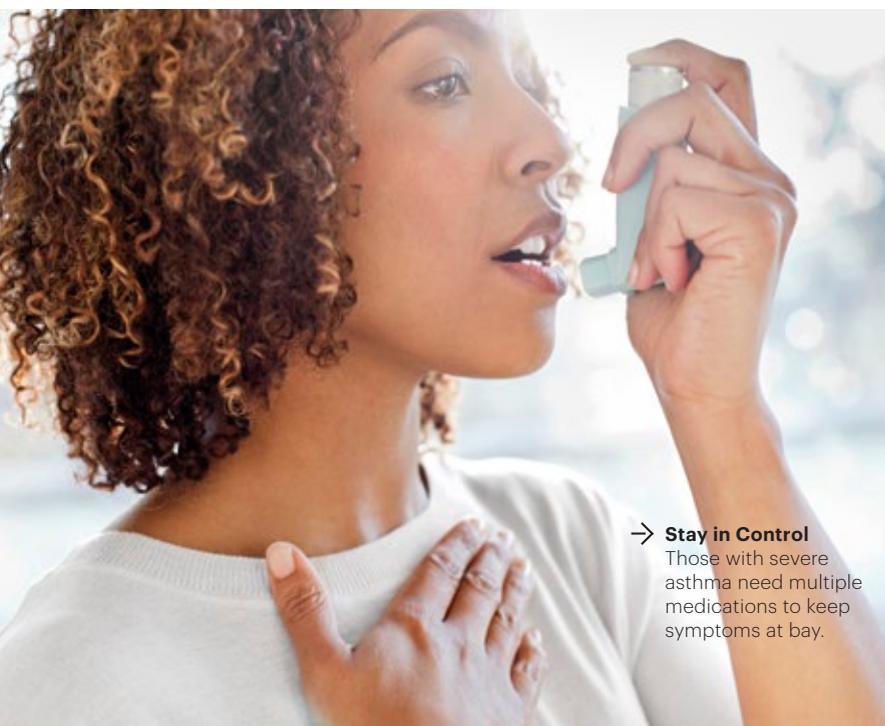
Search for the slideshow **Breathe Better at Home** at [WebMD.com](http://WebMD.com).

REVIEWED BY *Arefa Cussoobhoy, MD, MPH*  
WebMD Senior Medical Director

## LIVING WELL

# Breathe Easier

Asthma can't be cured, but trying newer medications, avoiding triggers, and partnering with your doctor can help with the severe form of the disease



→ **Stay in Control**  
Those with severe asthma need multiple medications to keep symptoms at bay.

ONE IN EVERY 12 ADULTS HAS ASTHMA, ACCORDING TO THE CDC. BUT NOT ALL asthma is the same. "It's a very common disease, but it's also very heterogeneous in a sense that some people have mild forms and some have very severe forms," says John Fahy, MSc MD, professor of medicine in the division of pulmonary and critical care medicine and director of the severe asthma clinic at University of California, San Francisco Medical Center.

If you have the severe form, which about 5% to 10% of adults with asthma do, you need multiple asthma medications to control symptoms, including high doses of inhaled corticosteroids, Fahy explains. Even then, asthma

symptoms such as wheezing and shortness of breath may persist.

What can you do to improve quality of life when you have severe asthma? First, get a comprehensive assessment. "Some people think they have severe asthma, and we find they actually have some other disease," says Fahy.

Your doctor will probably order tests, including lung function, blood, and allergy tests, to understand your particular asthma, he adds.

Then "we make sure you're on the right medications" and also that people use inhalers correctly, he says.

"Inhaled drug treatments have improved for people with severe asthma," he explains, "including longer-acting drugs and combinations of drugs that are formulated together in a single inhaler. In addition, treatments given by injection are also now available. These target the specific inflammatory pathways that cause asthma attacks."

Next: Avoid triggers. "Many times, asthma attacks are triggered by things we inhale in the air, such as cigarette smoke, cat dander, or house dust mites," explains Fahy.

Limit your exposure to furred animals, if you're allergic. For dust mites, encase your mattress and pillows in dust-proof covers, and be careful when vacuuming, as it can stir up dust mites, says Fahy. You can also buy products to put on your carpet before vacuuming, he adds.

Finally, take precautions to avoid colds and flu. "A common cause of an asthma attack is the common cold," says Fahy. Wash your hands frequently, and, if possible, avoid co-workers and other people who are sick. Because the flu can also make asthma worse, make sure to get a flu shot every year.

## ASK YOUR DOCTOR

### Q Why do I have severe asthma?

"We don't always understand the reasons why some people are prone to more severe forms, but asthma does tend to run in families," says John Fahy, MD.

### Q How often should I see you?

Check in with your doctor fairly regularly, probably once every three to four months at a minimum to adjust medication and find the right combination of medicines and ways to avoid attacks.

### Q Are newer therapies right for me?

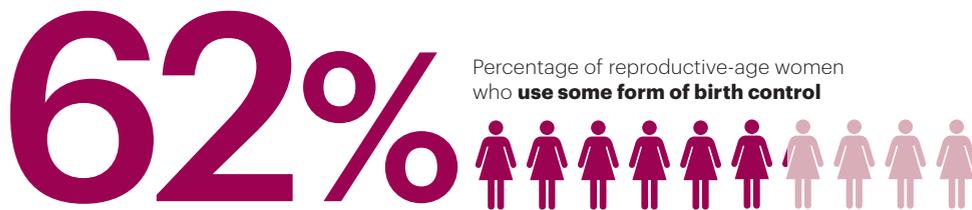
Injectable medications are prescribed based on blood tests and other factors, so ask your doctor if you're a good candidate.

### Q Will losing weight help with severe asthma?

Yes. "Generally, gaining weight makes asthma worse," explains Fahy.

# Birth Control

BY THE NUMBERS: Facts and Stats on Trending Health Topics



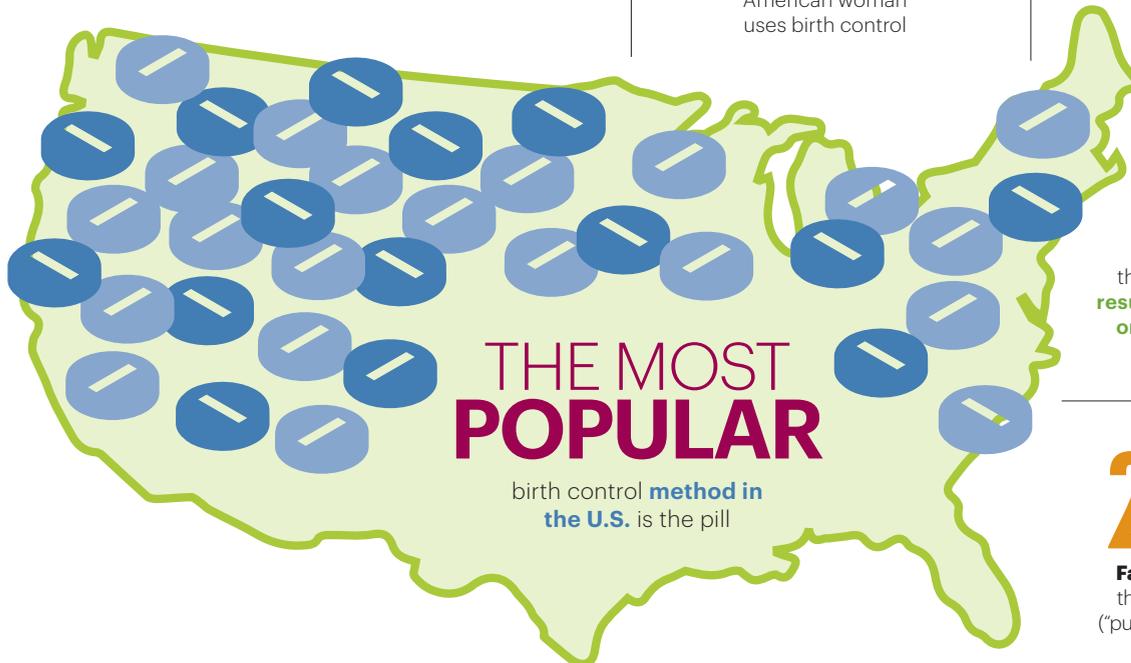
**PERCENTAGE OF WOMEN** of reproductive age who use **more than one type of contraception** (usually a condom combined with another method)



**NUMBER OF** years the average American woman uses birth control



**PERCENTAGE OF** unintended pregnancies that happen **among women using some form of birth control**



90%

**PERCENTAGE OF** those pregnancies that **resulted from incorrect or inconsistent use of birth control**

22%

**Failure rate** of the withdrawal ("pull-out") method

## Marcia Gay Harden

Actor, author, mother of three, 58, Los Angeles

1

**Your new memoir, *The Seasons of My Mother*, celebrates your mom, Beverly, who battles Alzheimer's disease.**

People with Alzheimer's have lived incredibly rich, full, determined, loving lives, and their legacy is lost to their disease. I want my mother to be remembered for the beauty she brought to our family and the change she made in the world. It's a tribute to her.

2

**Does your mom, who's now 80, still have bouts of recognition and memory?**

Brief bouts. Sometimes she's nonsensical, other times there's such a startling clarity.

Before I enter the room her caregivers say: "Look who it is! It's Marcia Gay!" Then I'll hear, "Your daughter." So I know she's asked, "Who?" There are no hurt feelings; it's about making sure she's OK.

3

**She has early-onset Alzheimer's, which has a genetic component. Do you worry about getting it?**

I plan to get tested. What was hard with Mom is she hadn't put things in place. There was no formal sit-down early on to say, "This is what I want." Suddenly everyone's juggling to figure out the best course for her. It's a family disease and can devastate a whole family. Thankfully, we have a strong unit.

4

**You describe your mother's love for the Japanese art of floral arrangement called ikebana. What's your passion?**

I do pottery. Lately, I, too, have taken up ikebana. It astonishes me how I can come up with something beautiful following its principles. And I love, love, love to read.



*"I want my mother to be remembered for the beauty she brought to our family."*

5

**In 2011 you went through a divorce that broke your heart. How's your heart now?**

When I divorced I went still for a while. Now, it's time for me. I haven't met anybody, but I'm in a really good place. It's not about replacing a picture I had before. It's about creating something new.

6

**Which brings us to sex—and 50 *Shades Freed*, the third installment of the movie series. Do these characters possibly need further freeing?!**

His love is freed! And now they are free to love each other and have all kinds of sexual escapades that come from love. It's a sexy action movie and a fun ride!

7

**"Code Black": Is it tough to make those ER scenes look so real, and work with eternally handsome Rob Lowe?**

We do a medical boot camp every year. By the third [season] I was like, "I can do a thoracotomy, thanks!" And Rob is so irritating because he's so beautiful. But he's an adept and thoughtful actor. I love him.

8

**What's the current landscape like in Hollywood for women older than 40?**

More opportunity. In the past 15 years, the crossover for actors is far more seamless than it used to be. You can go from a commercial to a TV show to a film to theater—and even write a book!

9

**What's the best and worst part about being 58?**

The best part is the contentedness. I can be in the kitchen making something with my kids, and I realize everything I need is around me, and it's beautiful. Worst is the slowing down. I don't want to slow down, ever!

10

**On that note, are you still doing your 10,000 steps every day?**

I'm trying! I got back on the treadmill this past January after cracking a rib, which is finally getting better.

—LAUREN PAIGE KENNEDY