“MY OVERALL THOUGHTS ARE TO PAY ATTENTION TO MY BODY AND MY MIND, AND NOT TO COMPARE MYSELF TO SOMEONE ELSE.”

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New dads who sleep less may bond more with baby
At the time we are closing this issue of WebMD Magazine, COVID-19 continues to affect the lives of patients and health care providers around the world.

Our thoughts are with those who are sick or whose families are affected. We extend our heartfelt wishes for a full recovery.

We also want to thank both the health care workers and the everyday people around the world who are helping in their communities to test, treat, and support each other.

We at WebMD have been working day and night to bring you the latest information to keep you informed during these challenging times. Here are some of the online resources our audience has found most helpful.

Your health and safety remain our top priority during this time.

Stay safe and well,

Kristy Hammam
Editor in Chief
kristy@webmd.com

For more, go to www.webmd.com/coronavirus
Dad Perks
EMBARKING ON FATHERHOOD HAS REAL REWARDS FOR NEW DADS

- **57%** Percentage of dads who feel that fatherhood is central to their identity.
- **2 YEARS** The increase in life expectancy at age 60 of fathers compared with men without kids.
- **85%** Percentage of new dads who say they’d do anything to be more involved in their newborn’s life.
- **26%** Percentage drop in a man’s daytime testosterone levels after he becomes a father—not necessarily a bad thing, because it promotes bonding and caregiving.

WEBMD.COM
As the COVID-19 pandemic continues through the summer, we’ve included some relevant information about the coronavirus in this issue. Perhaps of greatest impact is understanding what happens to the body when a person contracts the virus, especially if other health conditions are involved, such as high blood pressure, heart disease, diabetes, asthma, and COPD. If you or someone you know has these conditions, learn all you can about how the coronavirus can quickly worsen symptoms and how you can protect yourself. Our coverage begins on page 32 with “Inside Look.” Meanwhile, you can do a lot to make sure your home environment is as clean as possible—follow our tips in “Clean Routine,” page 37. Finally, if you’re wondering if it’s COVID-19 or the common cold or the flu, check your symptoms with our handy chart (“COVID-19—or Something Else?” page 56). Please stay safe and healthy, everyone. —

COLLEEN PARETTY
Editorial Director, colleen@webmd.com

IN THE NEWS

Your Health and the Coronavirus

As the COVID-19 pandemic continues through the summer, we’ve included some relevant information about the coronavirus in this issue. Perhaps of greatest impact is understanding what happens to the body when a person contracts the virus, especially if other health conditions are involved, such as high blood pressure, heart disease, diabetes, asthma, and COPD. If you or someone you know has these conditions, learn all you can about how the coronavirus can quickly worsen symptoms and how you can protect yourself. Our coverage begins on page 32 with “Inside Look.” Meanwhile, you can do a lot to make sure your home environment is as clean as possible—follow our tips in “Clean Routine,” page 37. Finally, if you’re wondering if it’s COVID-19 or the common cold or the flu, check your symptoms with our handy chart (“COVID-19—or Something Else?” page 56). Please stay safe and healthy, everyone. —

COLLEEN PARETTY
Editorial Director, colleen@webmd.com

DRUG RESEARCH

Researchers in Vancouver, British Columbia, have developed a drug that could stop progression of the coronavirus after it enters your body. The virus spreads throughout the body by latching onto proteins called ACE2 receptors on the surface of your cells. It then gets inside the cells, multiplies, and continues to spread. When researchers tested the experimental drug on human cells in a lab, it blocked ACE2 receptors and locked the virus out. The treatment reduced replication of the virus by as much as 5,000 times. Human clinical trials of the drug will begin soon. (Note: these ACE proteins are not the same as the ACE inhibitors in drugs commonly prescribed to treat high blood pressure.)

SOURCE: Cell

CHOOSE GLASSES

“Don’t touch your face” may be the hardest piece of advice to follow when it comes to preventing COVID-19, especially if you wear contact lenses. According to the American Academy of Ophthalmology, contact lens wearers touch their eyes more than other people do. That’s why the group of eye specialists recommends that you switch to glasses during the coronavirus outbreak. Not only will they make you think twice about touching your face, they may also offer a little extra protection.

SOURCE: American Academy of Ophthalmology
TUNE UP

Can’t work out without your playlist? It really does help. New research shows that when you listen to fast-paced music while you exercise, the workout feels easier. And while that music is pumping in your ears, your heart pumps faster. That means you get more health benefits from the sweat session. Now isn’t that music to your ears?

SOURCE: Frontiers in Psychology

HELPING HANDS

Altruism—helping strangers in need even when it’s a personal sacrifice—is a uniquely human quality. But when does this behavior begin? In an experiment, researchers paired with 19-month-olds pretended to accidentally drop a piece of fruit out of their own reach and into the baby’s reach and then try to pick it up unsuccessfully. Though the experiment took place at the babies’ mealtime, when they would likely be hungry, about 40% of the infants picked up the fruit and passed it back to the researcher. When the researcher didn’t appear to want the fruit, none of the babies offered it.

SOURCE: Scientific Reports

SLEEP AND LEARN

Learning in your sleep: possible or pipe dream? German children learned a list of English words in school. Half reviewed the lists at home as usual and took a test a week later. The others reviewed at home with rose-scented incense on their desk. They slept with the incense at their bedside every night until the test. Those who studied and slept with the fragrance scored 30% higher on the test. The researchers believe the brain connects the words to the scent during learning. Then the scent reactivates the memory during sleep, when the brain stores information long term.

SOURCE: Scientific Reports

STATE OF HAPPINESS

The Aloha State (Hawaii) recently earned the title Happiest State, followed by Utah, then Minnesota. Rankings considered physical and emotional wellness, workplace satisfaction, and the environment, among other factors.

SOURCE: WalletHub

4 IN 10

Number of Americans who have eaten plant-based “meats.”

SOURCE: Gallup

12%

Percentage of Americans who smoke weed. Who smokes more? Men, liberals, and young adults.

SOURCE: Gallup
SWEET TOOTH
Sugar doesn't just cause cavities. It leads to gum disease, too, new research shows. If you have inflamed gums, it's not just time to floss. It's time to think about your diet.
SOURCE: Journal of Oral Microbiology

PLANT-BASED PREVENTION
Vegetarians: You've probably heard that they have healthy hearts and colons. But did you know that vegetarians may get fewer urinary tract infections (UTIs), too? E. coli bacteria—sometimes in meat—is a common cause of UTIs. But experts didn't know whether avoiding meat reduced risk for the infections—until now. In a study that followed 9,724 Taiwanese adults for a decade, vegetarians were 16% less likely to develop a UTI during that time than their meat-eating peers.
SOURCE: Scientific Reports

SHORTER TERMS
The average weight of a newborn has dropped 2.4 ounces in 25 years. That's because soaring rates of C-sections and inductions have shortened the average pregnancy by a full week. Today, births are much more likely to occur between weeks 37 and 39 and less likely to occur after week 40.
SOURCE: Demography
60% Percentage of the time that high school students feel negative about school. The most common negative emotions they report: tired, stressed, and bored, says a study of 22,000 kids.

SOURCE: Learning and Instruction

CANCER CONTROL
More than 2 in 5 cancer cases stem from factors within a person's control, including smoking, exposure to UV light, obesity, unhealthy diet, and lack of physical activity.

SOURCE: American Cancer Society

QUALITY TIME
Screens can be like a digital pacifier for little ones. But, too much time with them can have serious consequences. Researchers surveyed 2,441 moms about screen time and their children's physical and social abilities. On average, children aged 2, 3, and 4 years old, watched about 2 hours and 25 minutes, 3 hours and 36 minutes, and 1 hour and 36 minutes of TV per day respectively.

Kids who had the most screen time were furthest behind on developmental milestones. Pediatricians recommend no more than 1 hour of high-quality screen-viewing per day for toddlers.

SOURCE: JAMA Pediatrics

ACID TEST
About 1 in 13 U.S. adults takes a proton-pump inhibitor (for heartburn or other acid-related symptoms). But many of them were only supposed to take the pill for 8 weeks and simply continued indefinitely. Do you take a PPI? Ask your doctor whether you still need it.

SOURCE: Clinical Correlations

71% Percentage of U.S. adults who give their physical and mental health a thumbs-up. (22% give it mixed reviews.)

SOURCE: Gallup
A QUARTER OF AMERICAN WORKERS SAY THEIR JOB IS THE MOST STRESSFUL PART OF THEIR LIVES. Exposure to green spaces is one way to beat stress, but who has time to leave the office midday and walk in the park, much less the woods? Researchers in Japan have devised a simple way to bring nature’s calming effects into the office. They asked electric company workers to take 3-minute breaks and look at a plant on their desk whenever they felt tired. After 4 weeks, participants’ pulse rates and anxiety scores dropped, illustrating the restorative effect that even a small amount of nature can have on emotional well-being. Adopt a potted plant for your workspace and see if it benefits you. —STEPHANIE WATSON
SINCE SOCIAL DISTANCING CLOSED GYMS AND MADE MANY PARKS OFF-LIMITS, you might have let your workout routine languish. Don’t give up on staying fit. You can still get a good workout at home—even with small children underfoot.

“Consistency is key,” says Kevin Steele, PhD, exercise physiologist and president of PTA Global. “The key thing is that you do something, somewhere, sometime,” he says.

An effective fitness program has five components: A warmup, aerobic workout, resistance or strength-training exercises, flexibility moves, and a cooldown—all of which are doable at home.

THE WARMUP
Start with an easy walk outside or on a treadmill, or pedal at a slow pace on a stationary bike. Warm up for at least 5 to 10 minutes. The more intensely you plan to work out, the longer your warmup should be.

AEROBIC WORKOUT
For the cardiovascular portion of your routine, walk or pedal faster, do Zumba or high-intensity interval training (HIIT), or jump rope. Choose any exercise you love that increases your heart rate.

RESISTANCE TRAINING
The resistance portion of your workout can be as simple as doing squats, push-ups, and abdominal crunches. Or work with small dumbbells, a weight bar, resistance bands, or tubing.

FLEXIBILITY MOVES
Increase your flexibility with floor stretches, like sitting with your legs outstretched and bringing your chin toward your knees. Or, practice a series of gentle yoga poses.

COOLDOWN
This can look similar to your warmup. Walk or do another slow movement for about 5 minutes until your heart rate returns to normal.

If you’re short on time, increase the intensity of your workout. Step up the pace of your strength workout by doing compound exercises that work more than one muscle group at a time. For example, squats work the quadriceps, hamstrings, gluteus, and calves. Push-ups involve the pectorals, deltoids, biceps, triceps, abdominals, and upper back.

If you’re not the create-your-own workout type, follow a fitness video on YouTube or your streaming service of choice. Try to get in 30 minutes of cardiovascular exercise at least five times a week, and do a strength routine twice or more a week. Be sure your resistance workout covers all major muscle groups in your upper body, lower body, abdominals, and back. Shoot for 3 sets of 12 to 15 repetitions of each strength exercise.

No matter what type of exercise you do, start slowly and gradually increase your workout time and intensity.

4 TIPS
IS THE PITTER-PATTER OF LITTLE FEET INTERRUPTING YOUR HOME WORKOUTS?
CERTIFIED PERSONAL TRAINER GINA HARNEY HAS THESE TIPS FOR WORKING OUT WITH KIDS AROUND.

1. BREAK IT UP.
   It may be challenging to carve out 30 minutes for a full workout. Instead, split it into three 10-minute sections throughout the day.

2. TAKE IT OUTDOORS.
   Let the kids play while you work out on the grass.

3. HAVE A PLAN.
   Know exactly what you’re going to do for your workout before getting the kids settled so you don’t waste precious time figuring everything out.

4. LET THEM JOIN IN.
   Make up silly names for the exercises you’re doing (Frankenstein walks, frog jumps) to make it fun for the kids, and encourage them to get fit with you.
Telehealth Visits

WITH THE OUTBREAK OF THE CORONAVIRUS, WE’RE ALL DOING THINGS A BIT DIFFERENTLY. THAT INCLUDES VIRTUAL VISITS TO YOUR DOCTORS VIA YOUR SMARTPHONE OR COMPUTER SCREEN. WELCOME TO TELEHEALTH.

BY Matt McMillen REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

NOW MORE THAN EVER, YOU DON’T WANT TO SIT IN A DOCTOR’S WAITING ROOM AMONG OTHER SICK PEOPLE. Or maybe you simply can’t leave your home. That’s where telehealth comes in. Using video chat via an app, your doctor can review your symptoms, make decisions on care, and prescribe medications.

“Not all care requires your doctor to be hands on,” says Iris Berman, RN, MSN, vice president of telehealth services at Northwell Health in Syosset, New York. “It’s more about assessing and seeing the patient than it is about touching them in many instances.”

With what’s happening now, Berman says, people are realizing the important role telehealth can play in enabling doctors to deliver care. And she expects it to become increasingly available.

“In this emergency, we went from a few hundred providers offering telehealth to now over a thousand in different specialties and geographic areas,” she says.

Across the United States, more than 50 health systems now use telehealth to see patients, according to an editorial published in the New England Journal of Medicine in March. As the authors point out, the platform helps protect patients, providers, and the community from exposure to the virus. Think you’re sick but don’t know whether you should go to the hospital? Your doctor—who may be working from home—can evaluate you remotely and tell you what steps to take. In fact, doctors frequently use telehealth appointments to evaluate respiratory symptoms like those that appear early in COVID-19, the disease caused by the novel coronavirus.

Beyond the current situation, telehealth offers people a convenient way to connect with their provider. For some, such appointments may be more than just time savers.

“We have people who don’t have access to transportation or who have trouble getting places because of their illnesses,” Berman says. For example, people confined to nursing homes can use telehealth to access specialty care.

There are some drawbacks, of course. On the technical side, she says, connections can be dropped, interrupting appointments. Also, it can be hard to get cell coverage in high-rise buildings. And, she says, not all areas in the country have broadband, and some people do not have smartphones or other devices.

How do you get started? First, ask your doctor or the healthcare system that you use whether they offer a telehealth option.

If you need urgent care and your doctor can’t be reached, other services, like Teladoc, MDLIVE, and Amwell, offer access to health professionals licensed to practice in your area. The fees vary, but your health insurance may cover it.

Because of the coronavirus crisis, Medicare has recently—and perhaps temporarily—loosened its restrictions, making telehealth a more viable option. States set their own rules for Medicaid recipients, so check with your state’s office.

Finally, get comfortable with your equipment and be sure you have a strong Wi-Fi connection. “Then,” Berman says, “as long as you have a good camera and a good speaker, you should be good to go.”
Travel Know-How
ADOPT SOME NEW HABITS TO GET AROUND SAFELY DURING AN OUTBREAK

BY Stephanie Watson
REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

IT’S HARD TO THINK OF A SINGLE PART OF OUR LIVES THAT COVID-19 HASN’T IMPACTED. The coronavirus that causes this respiratory illness has changed the way we interact with each other, including how we travel.

Coronavirus spreads through close contact. The CDC’s advice is to stay at least 6 feet away from people in public. But it’s hard to keep your distance when you’re crammed into a crowded subway car or bus. What should you do if you have to take public transportation? And how safe is ridesharing? Here’s a guide to getting around safely.

TRAINS AND BUSES
To protect yourself, travel at off-peak times when you can—like late morning or before evening rush hour. Avoid subway cars and buses that are packed with people. If you count more than 10 passengers on your bus, wait for the next one. Leave an empty seat between you and the next passenger.

Don’t hold onto the metal subway pole if you can avoid it. Coronaviruses like the one that causes COVID-19 can live on metal surfaces for up to 5 days. If you have to touch the pole, use a tissue as a buffer between the pole and your hand. It can be hard to know when yours was last scrubbed down.

As soon as you get home or to the office after your ride, wash your hands with warm water and soap for at least 20 seconds. If you don’t have access to a sink, use a hand sanitizer that contains at least 60% alcohol. Don’t touch your face until after you’ve cleaned your hands.

RIDE SHARING
People who don’t own a car may rely on ride sharing services like Uber and Lyft to get around. These services have already made changes in response to COVID-19. For one thing, they’ve canceled shared carpools to avoid packing too many passengers into one car. They’ve also given drivers disinfectants to keep their cars clean.

For the driver’s safety, don’t ride if you feel sick. Even if you’re healthy, sit in the back seat to keep some distance between you and the driver. Wash your hands as soon as you can after your ride.

AIR TRAVEL
Flying these days needs more serious thought. The CDC recommends that you check before you travel to see if COVID-19 is spreading at your destination. If it is spreading there, you may want to postpone your trip—especially if you’re older than age 60 or you’re at higher risk for severe illness because of a condition like heart disease or diabetes.

Provided you’re healthy, your risk of catching the virus on a plane is pretty low. The air on planes circulates through a filter that catches most viruses and other germs. To be safe, carry on a disinfecting wipe and clean off your seat and tray table before you sit down.

You’re more likely to get infected if you sit close to someone who is sick. If someone near you is coughing or looks ill, ask the flight attendants to move you or that person to a seat that’s at least 6 feet away.

WHEN YOU DRIVE
Driving will expose you to the fewest germs, but at some point you will need to refuel. And that means you’ll have to handle a gas pump and credit card keypad that countless other people have touched.

To protect yourself, carry a pair of disposable gloves in your car. Put them on before you pay or pump gas. Or use a disinfecting wipe to clean off the pump handle and keypad. After you finish pumping gas, toss the gloves and wash your hands or use an alcohol-based hand sanitizer.
ARE CERAMIDES THE NEXT BIG THING IN HEALTHY SKIN? "Skin-care products with ceramides are definitely trending, and with good reason," says Peterson Pierre, MD, a dermatologist in Thousand Oaks, CA. A recent study in Clinical, Cosmetic and Investigational Dermatology found that applying a ceramide cream regularly led to a hefty boost in hydration. Ceramides, which are waxy lipid molecules found in skin cell membranes, create a powerful barrier that plumps your skin, keeps moisture in, and protects against irritants, allergens, and microbes. Ready to take the plunge? Pierre suggests two to try: ceramide-rich CeraVe Daily Moisturizing Lotion and Aveeno Skin Relief Moisture Repair Cream. —KARA MAYER ROBINSON
Love You, Dad!

ON FATHER’S DAY, TREAT THE MEN IN YOUR LIFE TO THESE TOP PICKS FOR SKIN-CARE GIFTS, RECOMMENDED BY ZAIN HUSAIN, MD, A BOARD-CERTIFIED DERMATOLOGIST IN MARLBORO, NJ

BY Kara Mayer Robinson
REVIEWED BY Karyn Grossman, MD, WebMD Medical Reviewer

EXPERT PICKS

1. NO MORE CRACKS
Aquaphor Healing Ointment, $14
“I like this product because it can be used for hands, body, and lips. It helps keep skin healthy and moisturized without irritation.”

2. SALT LIFE
Kneipp Arnica Mineral Bath Salt – Joint & Muscle, $20
“Arnica is an essential oil known to soothe achy muscles and joints. This mineral-rich salt soak helps dad relax and decompress after a long day.”

3. SMOOTH PROTECTOR
EltaMD UV Clear Broad-Spectrum SPF 46, $35
“This oil-free facial sunscreen is lightweight and smooth. It contains transparent zinc oxide for superior protection against UVA/UVB light without a chalky residue.”

4. START UP
Kiehl’s Men’s Skincare Starter Kit, $39
“This full kit is perfect for a man who wants to start a new skin-care routine. It has products to cleanse, shave, and moisturize his face in an easy, step-by-step format.”

5. CLEAN SWEEP
SheaMoisture Men Maracuja Oil & Shea Butter Beard Wash, $10
“It’s important to keep beards, and the skin underneath, clean and healthy. This wash is an all-natural, lightweight gel cleanser that’s tough on grime but soft on strands.”

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.
DIY Color Like a Pro

YOU CAN DYE YOUR HAIR AT HOME WITH THESE TIPS FROM THE PROS

BY Liesa Goins  REVIEWED BY Mohiba Tareen, MD, WebMD Medical Reviewer

THE THOUGHT OF DYING YOUR OWN HAIR MIGHT SEEM INTIMIDATING—after all, it is permanent or semipermanent—but the pros say it’s possible to have salon-quality results at home if you stick to some guidelines. Of course, stylists want you to come see them in a perfect world, but many acknowledge box color has its place.

“At-home color is good for people who have a lot of gray or those who can’t get to the salon easily,” says Doug Macintosh, color director at Kieran McKenna Salon in New York City. “Coming into a salon isn’t always convenient or affordable and that’s when a box color is helpful.”

Here are top salon colorists’ advice for making the most of DIY permanent color so you have the best results at home.

Know when you have to go to the salon.
There are some color jobs that require a pro. “The further away you want to go from your natural color, the bigger reason you need to go to a professional,” says Colin Lively, a colorist at Eddy’s on Coventry in Cleveland, OH. Macintosh says that going more than two shades lighter or darker than your natural color sets you up for unpredictable results.

Bleaching or lightening your hair can also be a challenging job for an amateur. “Without knowledge of how color lifts, the density of hair and hair texture, it’s hard to gauge how long to leave on bleach to get the result you’re looking for,” says Nicole Brumley, owner of Kiiro Hair Lab in Springfield, MO. “I’ve had to fix quite a few mistakes with DIY bleaching, so I wouldn’t do home lightening.”

Select the right shade.
To match your color, standing under the store’s lights won’t help much. “It’s essential to go outside to see the true color and take a close-up picture of your hair,” says Jet Rhys, president of Jet Rhys Hair Salon in Solana Beach, CA. Having that image of your shade in daylight will be helpful to match with the picture on the box, she explains.

Brumley also says your eye color can be a good guide. She says...
blue eyes often pair well with cooler hair color shades that have ash or a word that implies blue in the description. For hazel or brown eyes, warmer chestnuts and golden colors are a good complement.

“When in doubt, opt for the lighter shade,” Macintosh says. “If the color comes out too dark, you can’t lighten it at home but you can always darken it.”

**Do a patch test.**
The boxes all suggest performing a patch test before applying the color to your entire head. Macintosh says this is essential. “You want to make sure you’re not allergic to the color because you could have a reaction,” he says. His advice is to mix a small amount of the kit, apply it to your skin behind your ear or near your elbow, and wait at least 24 hours to see if you get a rash or any irritation just to be safe.

**You might need more than one box.**
Your hair length and texture will impact how many boxes of dye you need to completely color your hair. “For a first-time application you will likely need more than one box because they are designed for touch-ups or regrowth,” Lively explains. “If your hair is past your shoulder, buy two boxes to be safe.”

Macintosh advises buying more than one box at a time to be prepared. Mix one box and you have the second box handy if you need more color or, worst case, you have a box ready for the next time you need to color.

**Prep to avoid stains.**
Staining around the hairline is a telltale sign of at-home color. Rhys suggests using Vaseline as a barrier around the hairline and the tops of ears to prevent the dye from adhering to the skin in these areas. Brumley is also an advocate of this technique, but she warns to be very careful to keep the Vaseline away from your hair because it will also block the pigments from getting into your hair.

**Upgrade your tools.**
While the box kits usually come with gloves, the experts suggest an upgrade for a better experience. “I advise getting gloves from the drugstore because the gloves in the box are thin, flimsy, and tend to tear,” Lively says. “They’re not really ideal for dye application.”

Some kits contain brushes but investing in a tint applicator brush from a beauty supply store can also help ensure for a seamless application, Rhys says. The brush helps to evenly spread the color on the hair rather than the unpredictable blob that can come out of a bottle nozzle.

**Apply like a pro.**
Don’t try to cover your entire head at once. Section your hair into quadrants, Brumley says. Part your hair from forehead to nape and from ear to ear and clip each of the four separate sections. Then you want to apply the color as close to the scalp as possible. Macintosh says you might want to consider enlisting the help of a close friend who can see where the dye is going. He also advises starting with the back sections because they are darker and more resistant to color, so you’ll want to leave the dye on a bit

Continued on page 19
longer to process. “When applying the color, make sure you firmly press the color on the root area with the brush,” Rhys says. “You want to feel the color on the scalp. You’re not going to get good results if you’re feathering or lightly pressing on the roots.”

Follow the directions. “Box color is a progressive tint,” Macintosh explains. “So the longer you leave it on the longer it develops.” You should follow the directions on the box and monitor your hair to see how it’s reacting to the dye. And Brumley says you should follow with the conditioner included in the kit. “The conditioners drop the pH of the hair to close the cuticle so the color will last longer, so you should always use them.”

Call for help. If you don’t like the results, it’s probably best to seek the advice of a professional rather than try to troubleshoot on your own. Macintosh says you can try the 800 number on the box to seek the manufacturer’s recommendations. “The best advice might be to come into a salon and see a professional because you don’t want to make it worse,” Macintosh says. “If you start doing too much on your own, you risk causing too much damage or putting too much pigment into it so there’s not much that can be done to repair the results.”

DIRTY SECRET
“I use the same disposable razor for months at a time.”

SHAVING TIME.
You shouldn’t keep your razor around for more than a month—your blade can dull in just four or five uses depending on how often you shave and how large the areas are. No matter how new a razor is, you should toss it if you see rust spots or the blade looks warped.

STAY SHARP.
As the razor’s edge dulls, you have to exert more pressure to slice each hair and that increases the odds you’ll nick or cut yourself. Plus, pressing and dragging the dull metal over your skin causes irritation in the form of razor burn. And the longer your shaver sits in a damp shower bacteria and fungus have more opportunity to grow. If one of those microbes enters a cut, you’re risking an infection of the hair follicle (foliculitis), impetigo or even cellulitis.

SMOOTH MOVES.
To extend the life of your razor and reduce the risk of irritation, use a shaving cream to diminish friction. Clean it in hot water after each use—taking extra care if you’ve cut yourself. Store it in an upright position so the blades can dry between uses to ensure you’re not providing an environment where bacteria can thrive.

—Papri Sarkar, MD, dermatologist, Brookline, MA

Aisle Do
SMOOTH OPERATOR

If you crave soft, shiny hair, we’ve got your back. Silky smooth locks are a cinch with these expert-recommended serums and oils.

PRODUCT PICK
Herstyler Argan Oil Hair Serum ($16) “This hair-smoothing serum reduces frizz, loosens tangles, lessens split ends, and restores shine to dry, damaged hair. Many clients I treat for thinning or problem hair truly love this product.” Emmanuel Loucas, MD founder of Loucas Dermatology & Laser Center in New York City

PRODUCT PICK
OGX Coconut Milk Anti-Breakage Serum ($7) “This is my favorite hair serum with coconut oil, which locks in moisture by lubricating and nourishing the hair shaft. It’s light, nongreasy, and gives hair a shine.” Rina Allawh, MD a board-certified dermatologist in King of Prussia, PA

PRODUCT PICK
Amika Blockade Heat Defense Serum ($25) “This serum is totally weightless, vegan- and cruelty-free, and safe for color-treated and keratin-treated hair. Using it over time helps with frizz and dryness and gives hair a lot of shine.” Tabitha Fredrichs an AMA-certified trichologist in Plymouth, MN

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.
SLEEP-DEPRIVED NEW DADS, TAKE A BIT OF COMFORT IN THIS: Staying up with your new arrival could help you grow closer to your baby and your partner. Researchers studied 140 fathers and 143 mothers of 10-month-olds to assess the impact that daily stressors and daily self-care had on family life. They found that new fathers who slept less than others in those early days of parenthood reported being happier and feeling closer to both their baby and their partner than fathers who caught more ZZZs. (For what it’s worth, too little sleep had the opposite effect on new moms.) —SONYA COLLINS
Family

Allergy Alert

BABY’S CRACKED SKIN CAN SOMETIMES OPEN THE DOOR TO ECZEMA, BUT YOU CAN CLOSE IT

BY Sonya Collins REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

DOES YOUR BABY HAVE FLAKY, IRRITATED, CRACKED SKIN? About 1 in 5 kids gets eczema. For some, it’s the first symptom of a lifetime of allergies. Infants who have eczema are more likely to develop hay fever and asthma later. Doctors refer to this type of allergic disease progression as “atopic march.” How you treat your baby’s eczema could make all the difference.

“We believe that cracked skin is the entry point for food allergens, such as peanuts and eggs. Food can get into the skin off the table or off people who eat these foods and then kiss or touch the baby. When the food comes through the skin, it causes an allergic reaction,” says Donald Leung, MD, PhD, head of pediatric allergy and clinical immunology at National Jewish Health in Denver.

Doctors don’t fully understand what causes eczema. They believe genetics and the child’s environment each play a role. But parents can help repair their baby’s broken skin barrier and prevent allergens from getting in. This could stop development of future allergies.

In babies, eczema usually shows up as an itchy, red patch on the cheeks, chin, or scalp and the front of arms and legs. If you see these signs, Leung recommends the “soak and seal” method. Gently bathe your baby in lukewarm (not hot) water with a gentle cleanser free of soap. Don’t scrub irritated skin. Allow your baby to soak for at least 5 minutes.

Lightly pat your baby’s skin dry. Within 3 minutes, while the skin is still moist and damp, apply a thick moisturizing ointment or cream. Choose a moisturizer with a high oil content. Avoid lotions with alcohol, which can dry the skin. Look for jellies or creams that don’t run. You can repeat this process daily or as needed.

“Soak and seal adds water to the skin and then traps it in,” Leung says. “This creates a barrier so that irritants from the environment can’t invade.”

ASK YOUR DOCTOR

IF YOUR BABY HAS SEVERELY DRY, ITCHY SKIN, PEDIATRIC IMMUNOLOGIST DONALD LEUNG, MD, PHD, SUGGESTS YOU ASK YOUR PEDIATRICIAN THESE QUESTIONS:

• Should I “soak and seal” my baby’s skin?
• Which skin cream do you recommend?
• When should I introduce solid foods to best prevent food allergies?
• Could products in my household, such as laundry detergents, trigger eczema?
WE LIVE IN ANXIOUS TIMES. Even for an adult, the constant bombardment of news about the coronavirus and its death toll is stress-provoking. How you respond to the situation can affect your children’s reaction, too.

“Kids take their cues from their parents,” says Julian Ford, PhD, professor in the Department of Psychiatry at the University of Connecticut Health Center. “They’re going to be affected primarily by what their parents are feeling and what they see and hear in the media.”

Kids don’t need to know all the scary details about how the virus spreads. They’re most interested in learning whether your family has a plan to deal with the coronavirus.

Given the uncertainty surrounding this disease, it’s impossible to answer the question, “Are we going to be OK?” with a simple “yes.” Instead, focus on what protective plans you’ve put in place to ensure that they, and everyone else in the family, stays safe—like frequent handwashing and keeping everyone home from work and school. “Focus on what’s being done to help, rather than saying everything’s going to be fine,” Ford says.

When your kids come to you with their fears, respond with questions. “The best place to start is for parents to say, ‘Tell me what you’ve heard and tell me what you’re worried about,’” he adds. Only by knowing the source of their information can you judge whether the fear is overblown (“I read on Snapchat that every old person is going to die”) and needs to be defused, or whether it’s a genuine worry you should address.

Be honest, but also comforting. Emphasize that most people who get the virus, and especially children, have a mild case and fully recover. And those who do get very sick can be treated in a hospital.

Let your child know that, even as the family adapts to the problem, you’ll keep some things the same. Try to stick with familiar routines—consistent wake times and bedtimes, and assigned times for learning and free play.

While it can be hard to entertain kids all day without screens, limit how much time they spend on their devices. Be especially vigilant about social media, where kids can see things that are unnecessarily frightening. Encourage your children to use the time they do spend online in more positive ways. Look for fun activities you can do together as a family, or encourage them to send positive messages to their friends online, Ford suggests.

Most importantly, don’t let yourself get burned out. Take time for self-care so that you’ll have enough of yourself left over for your children. “They tend to get more anxious if they see that their parent is feeling the burden,” Ford says.

Take little moments each day to reinforce a sense of closeness with your kids. Just sitting on your child’s bed and ruffling their hair lets them know you’re there and that you love them. “The whole idea is that, while we’re socially distancing, we really need to make sure that we’re not emotionally distancing,” Ford says.

SIGNS OF THE TIMES

KIDS REACT DIFFERENTLY TO SCARY SITUATIONS. SADNESS AND TEARS AREN’T THE ONLY SIGNS THAT YOUR CHILD IS IN DISTRESS. ALSO WATCH FOR SYMPTOMS LIKE THESE:

- Unexplained headaches, stomachaches, or other pains
- Irritability or acting out
- Reverting to behaviors they’ve outgrown, like wetting the bed
- Not eating or sleeping well
- Doing poorly in school or avoiding classes
- Using alcohol or drugs

If you notice these signs, call your child’s pediatrician or ask a mental health professional for advice.
Math Myths

ARE BOYS REALLY BORN TO BE BETTER AT MATH? MOUNTING RESEARCH SUGGESTS NO, BUT GENDER STEREOTYPES PERSIST AMONG TEACHERS AND PARENTS.

BY Lisa Marshall REVIEWED BY Hansa Bhargava, WebMD Senior Medical Editor

ARE BOYS INNATELY BETTER AT MATH AND SCIENCE?

The question has generated heated debate for decades, with some researchers theorizing that differences in brain activity and hormones give males a mathematical edge from the start.

But new first-of-its-kind research spying on the brains of children while they do math may say otherwise.

“There has been a lot of lore around the potential of boys and girls, but it really hadn’t been tested at the neurobiological level,” says Jessica Cantlon, PhD, a professor of developmental neuroscience at Carnegie Mellon University in Pittsburgh. “We’re finding that the science doesn’t align with the folk beliefs.”

For one recent study, Cantlon used functional magnetic resonance imaging (fMRI) to scan the brain activity of 104 children, ages 3 to 10, while they watched educational videos and did math problems. When they compared which brain regions lit up, how much, and in what patterns, they found no statistical differences between boys and girls. And when they assessed the children’s level of brain maturity, specifically in areas associated with math, boys and girls were similar.

In a previous study of 500 children ages 6 months to 8 years, Cantlon found that even in infancy boys and girls were equally interested in concepts involving numbers, and there were no substantive gender differences.
in older children’s ability to count or understand school-based math concepts.

Yet as early as third grade, previous research shows, a gender gap begins to emerge. By high school, boys generally score higher on math in standardized tests, although not by much. By college age, only about a third of female students in the United States pursue degrees in math and science, and by the time they reach the workforce, men outnumber women in the sciences 4 to 1.

“It raises this question of: If boys and girls start out with similar behaviors and similar brain mechanisms, what is leading them to pursue STEM (science, technology, engineering, and math) degrees at such different rates later in life?” she asks. “The arrows are pointing to social factors.”

WHERE PARENTS AND TEACHERS COME IN
Numerous studies have shown that boys and girls are treated differently at home and in the classroom when it comes to math and science.

“The perception is so strong that science and math is for boys that it gets passed on through our culture,” says Jo Boaler, PhD, a professor in the Graduate School of Education at Stanford University in California.

One 2015 study showed parents spend significantly more time playing with blocks, puzzles, and other “building toys” with boys, fostering important “spatial reasoning ability” that is key for success in the STEM fields. Other studies show teachers spend more time explaining math and science concepts to boys in the classroom. And one recent study found even today teachers tend to grade boys higher in math class and steer them toward harder classes.

Meanwhile, other studies have found that the way a mother recalls her own math experience can have a significant impact on a daughter’s attitudes about math, Boaler says.

“When mothers say to daughters, ‘I was never good at math,’ their achievement goes down.”

Pop culture, and some notable public statements, have helped perpetuate the idea that girls are bad at math.

When Mattel first rolled out its Teen Talk Barbie in 1992 it was programmed to utter the phrase, “Math class is tough.” Thirteen years later, Harvard’s then-President Lawrence Summers contended at a conference that differences in “intrinsic aptitude” were to blame for the gender gap in science. And in 2018, a famous Italian physicist stood before a room full of scientists at a conference and declared that “physics was invented and built by men.”

Even today, according to a recent report by the World Economic Forum, fewer than 12% of on-screen characters with identifiable science-related jobs are women. And if you ask a little girl to draw a mathematician, she’s significantly more likely to draw a man than a woman.

Some progress has been made. For instance, Mattel recently rolled out a new line of STEM-related Barbies, including a robotics engineer, an astronaut, and a computer programmer.

And numerous programs have sprung up to boost girls’ involvement in science.

Boaler, who founded youcubed.org to do just that, says while she rejects the idea that boys are born with a head start in math, males and females do learn differently, with girls doing better when they can see the broader impact of what they are learning, or when they can learn in the absence of boys.

“In mixed classes, girls often can get inhibited,” she said. “They feel like their ideas are not being heard.”

For Cantlon, the Carnegie Mellon professor, just recognizing our own stereotypes can be a great step forward.

“Even the most well-meaning of us have gender biases that we have inherited over time,” she says. “Being aware of those and how we interact with boys and girls differently around intellection subjects is really important.”

4 TIPS
TO ENGAGE GIRLS IN SCIENCE AND MATH
JO BOALER, PhD, A PROFESSOR IN THE GRADUATE SCHOOL OF EDUCATION AT STANFORD UNIVERSITY, RECOMMENDS THE FOLLOWING:

1. RESIST STEREOTYPES OF GIRL TOYS AND BOY TOYS
The new STEM-themed Barbie series is great, but math- and science-themed toys and games are also great for girls.

2. DEVELOP SPATIAL AWARENESS
Play with blocks, puzzles, and other building toys that can develop this skill, necessary for work in the sciences.

3. BE WITH GIRLS
Consider an all-girl camp for your daughter. Some research suggests that when boys are not around, girls feel more confident exploring math and science.

4. BE POSITIVE
Avoid negative talk about your own experiences with math. Research shows if you express that you hated it or were no good at it, it rubs off.
ASK YOUR VETERINARIAN ABOUT FOOD DOS AND DON'TS, SAYS LORI M. TELLER, DVM.

THE NEXT TIME YOU'RE TEMPTED to slip your pet a piece of food from your plate, think twice.

Some of your favorite foods, including boneless chicken, cheese, cauliflower, and apples are safe for your dog or cat, but some human food can make pets quite sick.

“Xylitol [an artificial sweetener in foods like peanut butter, ketchup, and gum] is very dangerous for dogs,” says Lori M. Teller, DVM, veterinarian and clinical associate professor at Texas A&M College of Veterinary Medicine. “A very small quantity can kill a large dog very quickly.”

Foods like avocado, grapes, macadamia nuts, onions, garlic, yeast dough, and meat with bones are also unsafe for pets. In cats, an all-fish diet can lead to an overabundance of vitamin A, which affects the liver, Teller says.

If your pet eats something potentially dangerous, call your vet right away. Teller notes that treatment options depend on the food and amount consumed and range from inducing vomiting to medications that control diarrhea to doses of activated charcoal that help prevent absorption of toxins.

It’s not just specific foods that pose problems; quantity matters, too. Too many table scraps could cause weight gain. The Association for Pet Obesity Prevention notes that 60% of cats and 56% of dogs are overweight or obese, increasing the chances of diabetes, osteoarthritis, and shortened lifespan.

“You need to be conscious of how many calories you’re adding to your pet’s diet,” Teller says. “If you only feed your pets human foods, they would not be getting all of the micronutrients in the right balance.”

Offering small quantities of certain fruits, vegetables, and boneless meats might be all right occasionally, but Teller notes that when it comes to meals, pet food is best.
FIT for a King

OSCAR- AND EMMY-WINNING ACTOR REGINA KING, WHO PLAYS A SUPERHERO VIGILANTE IN THE WATCHMEN, IS STRONGER THAN EVER—INSIDE AND OUT

BY KARA MAYER ROBINSON  REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD SENIOR MEDICAL EDITOR
Recently, King has also stepped behind the camera, directing TV shows like *This Is Us*, *Scandal*, and *Insecure*; and her first feature film, *One Night in Miami*, an adaptation of the Kemp Powers play about a pivotal gathering between Cassius Clay (later known as Muhammad Ali), activist Malcolm X, singer Sam Cooke, and football star Jim Brown.

**STAYING POWER**
As physically demanding as playing a superhero can be, King says directing *One Night in Miami*, which was filmed recently in New Orleans, was even more grueling.

“You’re using so much more brain power,” she explains. “There’s shooting and there’s prep. A typical day probably runs 16 hours.” In her limited downtime, her first priority was sleep. She scraped together time for stretching, but full-blown workouts were elusive.

That was challenging because when King doesn’t exercise, she feels off. “You know how some people get sore when they work out? I get sore if I’m not working out,” she says.

King’s normal fitness routine centers on personal trainer-led workouts three times a week. “I do well with a trainer because it makes me get up and go. I don’t like spending money and wasting it,” she says.

While she used to lift weights, now she opts for exercises that use her body weight, like resistance training and plyometrics. That’s perfect for an onscreen superhero, says Eva Barrington, CPT, co-owner of Bolder Fitness in Los Angeles. “To get that lean, sculpted, strong body, you need resistance training in your regimen,” she says.

Bodyweight exercises like lunges, crunches, and push-ups build strength quickly and effectively. Plyometrics, which are explosive exercises like squat jumps and burpees, are great for building power and stamina while torching calories, Barrington says.

King also hikes the hills near her Los Angeles home with her dog, a 14-year-old Shepherd-Labrador-Akita mix. It’s a cardio workout that fires up her calves, glutes, hamstrings, quads, and hip stabilizers, Barrington says. King’s best advice for getting in shape? “Get a dog. It’s built-in exercise,” she says. “Not a cat. A dog. And not a little lap dog who’ll just walk to the corner.”

Healthy eating habits also keep King in peak condition. “Every morning I have half an avocado and a big, giant bowl of mixed green vegetables,” she says. Often in the mix are green beans, broccoli, kale, sugar-snap peas, and spinach. A glass of green juice completes the meal.

Lunch is typically a big salad topped with a protein like fish or lamb. Dinner varies and depends on where and when she’s filming. King tries not to snack, but she believes in balance. “It’s OK if you want to eat a cookie,” she says.

She’s quick to add that everyone’s different. Just because these eating habits work for her doesn’t mean they’re right for everyone. “My overall thoughts are to pay attention to my body and my mind, and not to compare myself to someone else,” she says.

**STAYING IN CONTROL**
Eating well isn’t only important for King’s work. It’s vital for her life. “High blood pressure runs on both sides of my family,” she says, adding that high cholesterol, which is linked to high blood pressure, also runs on her mother’s side. “My eldest sister passed away from blood pressure-related issues.”

High blood pressure, or hypertension, is often called the “silent killer.” “Most of the time, there are no obvious symptoms,” says Suzanne Steinbaum, DO, a preventive medicine specialist at Cedars-Sinai Medical Center. “If you feel old, then you are. If you feel young, you’re young.”

If you feel old, then you are. If you feel young, you’re young.
cardiologist from New York and national Go Red for Women volunteer. "When left untreated, high blood pressure can be a significant contributing factor to heart attack, stroke, and other heart health threats, including death."

Tens of millions of Americans have high blood pressure. It may be caused by lack of exercise, unhealthy diet, being overweight, poor sleep, too much alcohol, high cholesterol, diabetes, smoking, and stress. It also runs in families. "If your parents or another relative like a grandparent or sibling has high blood pressure, there's an increased chance that you may develop it, too," Steinbaum says.

It's a common misconception that it rarely affects women. "However," Steinbaum says, "nearly half of all
adults with high blood pressure are women, and 56% of African American women over age 20 have it.”

Many people don’t know they have high blood pressure. The easiest way to find out is to see a doctor. If you have it, you can manage it by knowing your numbers, working closely with your doctor, and making healthy lifestyle choices like eating well, exercising, and quitting smoking. “For some people, medication is needed,” Steinbaum says.

“I was able to keep my blood pressure and cholesterol down with diet until about a year ago,” King says. “Now I take a really small dose of Lipitor. That helps keep it at normal levels.”

MAINTAINING PERSPECTIVE
Rounding out King’s healthy lifestyle are weekend massages and stress management techniques like deep breathing.

When a day doesn’t go as planned, or when she can’t step away from a film set to regroup, she relies on slow breathing. “It’s breathing in for 8 seconds, holding it for 8 seconds, then releasing it for 8 seconds,” she says. “I do that all the time. All my life.”

King learned the technique from a book her mother once gave her, The Little Me and the Great Me, which teaches children when they’re on the verge of misbehaving to breathe in their higher self and breathe out their smaller self.

It came in handy when she was deep in production on One Night in Miami and missing her son, Ian, 24, who lives in Los Angeles. When certain scenes left her raw and emotional, she’d flash to her son and crave a comforting hug. Instead of crying in a corner, she says, she simply breathed.

King and Ian have a unique relationship. “I was 25 when I had him, so I grew up with my son,” she says. Remember what King said earlier about not comparing herself to others? That’s a lesson she learned back then.

When Ian was a toddler, she questioned her parenting skills based on other people’s opinions. But when he was 3 or 4, that changed. King’s friends, who had older children and were confident about parenting, advised her to shift her mindset. “Don’t let someone else tell you how you should be mothering your child,” they said. “Every child is different. What works for one child doesn’t work for another.”

This resonated deeply. And it reinforced what her mother had always taught her: Be yourself and use your voice. It’s still a guiding principle. But her voice isn’t the only one she’s interested in. King actively seeks diverse perspectives—not as a barometer of how she’s doing, but for a deeper understanding of others and a richer experience of the world.

“You don’t want to just surround yourself with people that are like you and have the same taste as you,” she says. “To expand your experiences and get a better understanding of other people’s experiences, it’s necessary to put yourself in situations where you’re meeting people from different places.”

And so, as King gets into costume and readies herself for a particular scene, whether she’s playing a vigilante or a real-life director, one thing’s for sure. Her preparation for the role is a compilation of experiences and insights she’s gained over the years.

“The beauty of it all is the wisdom,” King says. “I’ve made it almost half a century, and I’m able to employ the wisdom that I’ve gained along the way.”

Heart-Healthy LIFESTYLE CHOICES

To keep your blood pressure in check, try these tips from the American Heart Association.

- **Eat well.** Strive for a diet that’s rich in fruits, vegetables, whole grains, lean protein, low-fat dairy products, nuts, legumes, and healthy oils.
- **Eat less salt.** Foods that are high in sodium can raise your blood pressure.
- **Limit foods that put you at risk.** That includes saturated fats and trans fats, which are known to raise your cholesterol, as well as red meat, sweets, and sugary drinks.
- **Be active.** Exercise isn’t just great for managing your weight and lowering your stress. It strengthens your heart and helps you control high blood pressure.
- **Manage stress.** There may be a link between stress and high blood pressure. Stress can also lead to drinking and poor eating habits, both of which bump up your risk.
- **Lose weight.** If you’re overweight, even a small change goes a long way. Losing just 5 to 10 pounds can lower your blood pressure.
- **Quit smoking and limit your drinking.** Smoking puts you at a higher risk of heart attack and stroke. Too much alcohol may raise your blood pressure.
- **Partner with your doctor** to monitor your blood pressure, make healthy lifestyle choices, and manage your medication.
INSIDE LOOK

What happens to your body if you’re infected

BY WEBMD EDITORIAL STAFF
REVIEWED BY NEHA PATHAK, MD, WEBMD MEDICAL EDITOR


The coronavirus gains entry through your eyes, nose, or mouth. It then grabs onto your cells by latching its spiky surface proteins to receptors on normal cells, especially those in your lungs. Specifically, the viral proteins bust into cells through the receptors called ACE2 on the cell’s surface. Once inside, the coronavirus hijacks your healthy cells and takes over command. Eventually, the virus kills some of the healthy cells.

WHAT HAPPENS AFTER AN INFECTION

COVID-19, the illness caused by the coronavirus, starts in your respiratory tract. That’s the airway between your mouth, nose, throat, and lungs. It’s the same place that the common cold attacks. But COVID-19 can become more serious than the common cold, because it’s more likely to get deeper into your respiratory tract, including into your lungs. That’s because your lower airways have more ACE2 receptors.

When your body spots the virus, your immune system counterattacks. One sign of that is a fever. You might have a cough, too. That’s your body’s usual response to something in the airways that shouldn’t be there.

For most people, the symptoms end here. More than eight in 10 cases are mild. But for others, the infection gets more severe.

CORONAVIRUS AND YOUR LUNGS

Think of your respiratory tract as an upside-down tree. The trunk is your trachea, or windpipe. It splits into smaller and smaller branches in your lungs. At the end of each branch are tiny air sacs called alveoli. This is where oxygen goes into your blood and carbon dioxide comes out.

WHEN COVID-19 GETS SERIOUS

As the infection reaches your lower respiratory system, including your lungs, it can be hard for you to breathe. This is when more serious medical problems can crop up.

For example, many viral infections can cause pneumonia. This infection makes your airways swell and your lungs fill with fluid. In the most severe cases, fluid in the lungs can lead to acute respiratory distress syndrome, or ARDS. People who get this condition are usually already in the hospital for the illness that caused it. ARDS makes it difficult or impossible to breathe.

As fluid collects in the lungs, they can’t carry as much oxygen to your blood. That means your blood may not supply your organs with enough oxygen to survive. This can cause organs like your kidneys, lungs, and liver to shut down and stop working.

Not everyone who has COVID-19 develops these serious complications. And not everyone needs medical attention. But if your symptoms include trouble breathing, you need emergency help.
The new coronavirus can infect the upper or lower part of your respiratory tract. It travels down your airways. The lining can become irritated and inflamed. In some cases, the infection can reach all the way down into your alveoli. Some people have pneumonia, a lung infection in which the alveoli are inflamed.

Doctors can see signs of respiratory inflammation on a chest X-ray or CT scan. On a chest CT, they may see something they call "ground-glass opacity" because it looks like the frosted glass on a shower door.

About 14% of COVID-19 cases are severe, with an infection that affects both lungs. As the swelling gets worse, your lungs fill with fluid and debris.

You might also have a more serious case of pneumonia. The air sacs fill with mucus, fluid, and other cells that are trying to fight the infection. This can make it harder for your body to take in oxygen. You may have trouble breathing or feel short of breath. You may also breathe faster.

In critical COVID-19—about 5% of total cases—the infection can damage the walls and linings of the air sacs in your lungs. As your body tries to fight it, your lungs become more inflamed and fill with fluid. This can make it harder for them to swap oxygen and carbon dioxide. In the most critical situation, your lungs will need help from a machine called a ventilator to do their job.

**CORONAVIRUS AND YOUR HEART**

Coronavirus mainly attacks the lungs, but people with heart conditions also have reason to be concerned. For one thing, people who already have heart disease or high blood pressure are more likely to catch the virus and to have more severe symptoms from it. Early data from China suggest that 40% of people who were hospitalized for COVID-19 had pre-existing heart disease or a previous stroke.

The virus is especially dangerous to older adults with heart disease. Both age and heart disease can weaken the immune system, leaving it less able to fight off the virus.

Once someone does get infected, the disease damages the lungs, making them less able to provide oxygen-rich blood for the body. As a result, the heart has to work harder to pump out as much oxygenated blood as possible.

That extra work can quickly overwhelm an organ that’s already been damaged by heart disease. The virus can also dislodge fatty buildups called plaques in the arteries. If pieces of those plaques become stuck in arteries that feed the heart, it could lead to a heart attack.

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**BY THE NUMBERS**

- **80%** Percentage of people who get a mild illness when they’re infected.
- **14%** Percentage of people who have more severe symptoms, including shortness of breath.
- **5%** Percentage of people who become critically ill, with organ or breathing failure.
As the coronavirus that causes COVID-19 continues to spread across the country and around the globe, the main concern has been for older adults. But age isn’t the only factor that determines whether you become severely ill. Having other diseases, like heart disease, diabetes, and asthma, can also put you at risk for a worse outcome.

Here’s what you need to know if you live with one of these chronic conditions.
HEART DISEASE AND HIGH BLOOD PRESSURE

Infections put extra strain on the body, and especially the heart. If your heart isn’t perfectly healthy, the chances of you becoming more severely affected goes up.

People with high blood pressure, heart disease, or heart failure seem to get sicker with COVID-19 compared to healthy people, which is why anyone with heart disease needs to take extra precautions to stay well, including staying away from others who may be infected.

Evidence from China, the site of the first infections, suggests that coronavirus may damage the heart by killing heart cells. Scientists know that the body’s physical response to infections can overstress the heart. The coronavirus also limits your lungs’ ability to deliver oxygen to your heart, which can create additional stress on an already damaged or diseased organ.

There have been some reports that angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) used to treat high blood pressure increase coronavirus complications. The theory is based on the fact that ACE inhibitors and ARBs raise levels of an enzyme called ACE2 in your body. To infect cells, the COVID-19 virus must attach itself to ACE2.

Until more research comes out, the American College of Cardiology and the American Heart Association recommend that you keep taking your high blood pressure medicine as prescribed. If you don’t, it could increase your risk for a heart attack or stroke, putting you in the hospital just as coronavirus cases are coming in.

If you do get infected with coronavirus, contact your doctor for instructions. Your treatment may vary depending on your specific type of heart disease. For example, if you have heart failure, you may need extra monitoring for excess fluid buildup while you’re ill. Also ask your doctor which over-the-counter remedies are safe for you to take.

HOW TO PROTECT YOURSELF

Everyone needs to be extra cautious to stay healthy, but that’s especially true for people with chronic health conditions. If you have one of these diseases, keep it under good control with your doctor’s help.

Also use common-sense measures. Stay up-to-date with all your vaccinations, including the flu and pneumococcal vaccines. Avoid large crowds. Wash your hands frequently for 20 seconds at a time. And avoid touching your nose and mouth.

Keep up your good health habits. Continue to exercise, eat nutritious food, and use the stress management techniques that work for you.

Check your medication supply, and make sure you have enough stocked to last for an extended period of time. Ask your doctor or health insurance plan provider if you can order more than a 30-day supply.

If you have coronavirus symptoms such as a fever, coughing, or difficulty breathing, contact a doctor as soon as possible. In the meantime, self-quarantining is your safest option. If your symptoms don’t improve, contact your doctor or your local health department for COVID-19 testing.
DIABETES

Early studies showed that about 25 percent of people who went to the hospital with severe COVID-19 infections had diabetes. Those with diabetes were more likely to have serious complications and to die from the virus. One reason is that high blood sugar weakens the immune system and makes it less able to fight off infections.

Your risk of severe coronavirus infection is even higher if you also have another condition, like heart or lung disease. If you do get COVID-19, the infection could put you at greater risk for diabetes complications like diabetic ketoacidosis (DKA). DKA happens when high levels of acids called ketones build up in your blood. It can be very serious.

Social distancing and shelter-in-place rules may make it harder to get the supplies you need. Stock up on enough goods to last you for a couple of weeks, in case you get quarantined. Make sure you have:

- Enough food, especially healthy carbs like whole-wheat crackers, vegetable or noodle soups, and unsweetened applesauce
- Simple carbs like honey, sugar-sweetened soda, fruit juice, or hard candies in case your blood sugar dips
- The maximum number of refills you can get of your insulin and other medications
- Extra glucagon and ketone strips
- Phone numbers for your doctors and health insurance company

Ask your doctor how often to check your blood sugar and ketones, how to adjust your diabetes medicines if you’re sick, and what cold and flu remedies are safe for you to take. Some over-the-counter medicines that relieve virus symptoms like fever or cough can affect your blood sugar levels.

Call your doctor if you get coronavirus-like symptoms such as a dry cough, fever, or shortness of breath. Have your most recent blood sugar and ketone readings available to share with your doctor.

ASTHMA AND COPD

For people with asthma or COPD, infection with the virus could lead to an asthma attack, pneumonia, or other lung disease. If you do get sick, your symptoms could be worse because you already have problems breathing.

Stay home as much as possible to lower your chance of coming into contact with the virus. Keep taking your asthma medicine. Ask your doctor, pharmacist, and insurance company if you need an emergency supply of prescription asthma medicines.

Know how to use your inhaler, clean your nebulizer well, and stay away from asthma triggers like smoke, allergens, and air pollution.

COMPLICATIONS

Most people get a mild version of COVID-19. But if you’re older or you have another illness, you’re at higher risk for the serious form of the disease. About 1 in 6 people will have complications, including some that are life-threatening.

- Acute respiratory failure. This happens when your lungs don’t pump enough oxygen into your blood or don’t remove enough carbon dioxide from your blood.
- Pneumonia. When you have this infection, the air sacs in your lungs become inflamed, making it harder to breathe.
- Acute respiratory distress syndrome (ARDS). With ARDS, the lungs are so severely damaged that fluid begins to leak into them. As a result, the body has trouble getting oxygen into the bloodstream. You may need mechanical help to breathe, such as a ventilator, until your lungs recover.
- Acute cardiac injury. It’s not clear whether the virus itself affects the heart, or if the damage occurs because the illness causes so much stress on the body. COVID-19 could cause heart problems that last long after people have recovered from the coronavirus infection.
- Secondary infection. A secondary infection means that you get an infection unrelated to the first problem you had. Sometimes a person fighting off or recovering from a virus gets infected by bacteria like strep or staph.
- Septic shock. Sepsis happens when your body’s reaction to an infection misfires. The chemicals released into your bloodstream to battle the illness don’t trigger the right response, and instead damage your organs. If the process isn’t stopped, you can go into what’s called septic shock, which can be fatal.
THE CORONAVIRUS CAN LIVE ON SURFACES FOR several hours and sometimes days (at least in the laboratory). Although it’s not the most common transmission route, theoretically if someone in your family touches a surface the virus has contaminated, they could get the infection by touching their mouth, nose, or eyes, or potentially pass it to someone else by shaking hands or hugging. That’s why it’s important to disinfect surfaces to get rid of the virus.

Clean surfaces your family often touches thoroughly and regularly. This includes objects that frequently come into contact with hands, such as tables, doorknobs, light switches, countertops, handles, desks, nightstands, phones, keyboards, toilets, faucets, and sinks. Also, clean any surfaces that may have blood, stool, or body fluids on them.

If you have gloves available, wear them when you clean. Disposable gloves are best. Throw them out after each use. If you only have reusable gloves, reserve them for cleaning only.

A number of home cleaning products may be effective against the virus.

KEEP YOUR HOME HYGIENIC IN THE ERA OF CORONAVIRUS

BY WEBMD EDITORIAL STAFF
REVIEWED BY MICHAEL W. SMITH, MD, WEBMD CHIEF MEDICAL EDITOR

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A number of home cleaning products may be effective against the virus.
HOUSEHOLD DISINFECTANTS
Disinfect surfaces regularly, especially if someone in your household is sick. A regular household disinfectant should work, but don’t apply it straight to a dirty surface. Use detergent or soap and water first to clean the area and remove any dirt or grime. Once you spray the disinfectant, wait a beat. Then wipe off the area with a wet cloth.

“An important general rule is that you shouldn’t immediately wipe a cleaning solution off as soon as you’ve applied it to a surface. Let it sit there long enough to kill viruses first,” Rutgers University professor and food microbiologist Donald Schaffner said in a university news release.

BLEACH
You can use household bleach solutions to effectively kill coronavirus. Make sure that the product is safe to use on the surface you’re treating, use it only in a well-ventilated area, and follow the instructions on the label. Also make sure the product hasn’t expired. If so, it won’t work as well. To make a bleach solution, mix 1/3 cup of bleach per gallon of cold water. Use the solution within 24 hours, because its disinfecting ability will fade with time. Keep the surface wet for at least one minute, and then thoroughly dry it to ensure the germs have been killed. Use gloves when disinfecting with a bleach solution. If they’re reusable, be sure to disinfect them too after you use them.

Dip nonporous items like plastic toys in bleach for 30 seconds. Leave bleach on household surfaces for 10 minutes or more.

ALCOHOL
Many types of alcohol, including rubbing alcohol, are effective at killing germs. Because pure alcohol evaporates quickly, dilute it with water (or aloe vera to make hand sanitizer). Keep the alcohol concentration at around 70% to kill coronaviruses. Leave alcohol solutions on surfaces for 30 seconds to ensure they do kill the virus.

Alcohol solutions will stay potent for a while, as long as you keep them sealed between uses. Just don’t use these solutions on your hands, because they’re harsh on the skin.

HYDROGEN PEROXIDE
Hydrogen peroxide is typically sold in concentrations of about 3%. You can use it as-is, or dilute it with water to 0.5% concentration for effective use against coronaviruses. Pour it into a spray bottle and spray it on surfaces. Leave the hydrogen peroxide solution on surfaces for at least one minute before wiping it off.

NATURAL CLEANERS
Natural chemicals such as vinegar and tea tree oil are fine for everyday use, but they’re not recommended for fighting coronaviruses. Household disinfectants, bleach, and alcohol are much more effective germ killers.

HOW TO CLEAN FABRICS
Start by cleaning fabrics like rugs and drapes with soap and water, or a carpet or upholstery cleaner. If you can, run fabric items through the washing machine. Follow the instructions on the label, using the warmest water possible. You can also use household disinfectants on these surfaces.

CLEANING SAFETY
Each type of disinfecting chemical has its own instructions. Follow them carefully. Never use different cleaning agents at the same time. Some household chemicals can create dangerous and poisonous gases if you mix them. For example, never mix bleach with ammonia.

Bleach solutions are also no replacement for soap and water or hand sanitizer when it comes to washing your hands. They can be very harsh on your skin.
GOOD FOR YOU

SOMETIMES HEALTHY EATING IS RIDICULOUSLY SIMPLE. Juicy cantaloupe is a case in point. One cup of fresh, cubed cantaloupe provides roughly 100% of an adult’s daily value of vitamin C and vitamin A, two vitamins that promote skin health. This melon also contains lutein and zeaxanthin, yellow and orange plant pigments that protect your eyes against age-related macular degeneration, as well as fiber and plenty of water, making it a hydrating treat for steamy days. Before you cut into a whole cantaloupe, scrub the rind with a veggie brush and rinse well, which removes any harmful bacteria found there. Store cut cantaloupe in the fridge. And think beyond breakfast; enjoy cantaloupe on salads, or wrapped in prosciutto for a salty-sweet meal starter. —ERIN O’DONNELL

GOOD FOR YOU

Mighty Melon

CANTALOUPE IS A STEALTH SUPERFRUIT, A NUTRIENT-PACKED COMPLEMENT TO JUST ABOUT ANY MEAL—NOT JUST BREAKFAST
Pick Purple

THIS SUMMER, LIVEN UP YOUR PLATE WITH DELICIOUS, NUTRITIOUS DARK-HUED FRUITS

BY Matt McMillen
REVIEWED BY Hansa Bhargava MD, WebMD Senior Medical Editor

BLUE AND PURPLE FRUITS GET THEIR STRIKING APPEARANCE from anthocyanins, antioxidant compounds that produce colors ranging from red nearly to black. Some research suggests they help boost your body’s immune system, and they may offer some protection against heart disease and certain cancers. Mindy Fox, author of Salads: Beyond the Bowl: Extraordinary Recipes for Everyday Eating, loves them for their flavor and color. “They’re so vibrant, stunning—they pop right off the plate!” she says. Here are five of Fox’s favorites.

GRAPES
“Tangy and bright tasting, grapes complement both savory and sweet dishes. Roast them along with chicken thighs and fresh rosemary or slice them into rounds and toss with a grain salad.”

BLUEBERRIES
“When ripe and in season, they’re tangy and not too sweet, plump, unwrinkled, and they burst when you bite into them. Eat them on their own, or toss them in a salad with feta and fresh mint.”

BLACKBERRIES
“Sweet yet tart, fresh, seasonal blackberries burst with dark juices that elevate crisps, crumbles, and galettes. Or enjoy them on their own or with a variety of other seasonal fruit, like peaches and plums.”
PLUMS

“Perfectly sweet yet pungent and full of juice, they’re hard to resist on their own, but they also belong on cheese boards, in salads, and, as compote served alongside duck or lamb.”

PASSION FRUIT

“A sweet, tart flavor that plays well with other tropical fruits, like mango, banana, and papaya. It makes a perfect addition, seeds and flesh, to smoothies, vinaigrettes, and, for dessert, delicious curds.”
Supper Salads

FARMERS MARKETS AND GARDENS BRIM WITH FRESH, RIPE VEGETABLES.
CELEBRATE THE SEASON’S BOUNTY BY SERVING SALAD FOR DINNER.

BY Erin O’Donnell  RECIPES BY Kathleen Zelman, MPH, RD, LD.

THE MIX

BUTTER LETTUCE + 1 LB SALMON FILLET, GREEN BEANS, BEETS, JARRED ARTICHOKE HEARTS, HARD COOKED EGGS, CHERRY TOMATOES, PITTED BLACK OLIVES, OLIVE OIL, LEMONS

FRENCH FAVORITE

Salad Niçoise

This Mediterranean-inspired salad includes fresh beets for a pop of color and flavor. You can use any type of beet available, but we really like the sweet golden variety.

MAKE IT

Spray a nonstick pan with cooking spray and heat to medium high. Add salmon and cook on one side for 6 minutes. Flip and cook for 4 to 5 minutes more, or until an instant-read thermometer in the thickest part registers 145°F. Remove fish from heat and break into large pieces. In a medium saucepan, heat 2 cups of water to a boil. Add ½ lb green beans and cook 2 to 3 minutes until crisp. Drain and place beans in an ice bath for 5 minutes. Drain again and set aside. Using a box grater or mandoline, grate or thinly slice 2 small beets. Make the dressing: Whisk together 1 tbsp each minced shallot and Dijon mustard with the juice of 1 lemon, salt and pepper to taste, and 3 tbsp olive oil. Assemble salads by dividing lettuce into four bowls. To each one, add salmon, green beans, half an egg, drained artichoke hearts, beets, tomatoes, and olives. Drizzle with vinaigrette and serve with a wedge of lemon and a little fresh dill. SERVES 4

PER SERVING (ABOUT 2 CUPS SALAD WITH 4 OZ SALMON)

501 calories, 31 g protein, 24 g carbohydrate, 33 g fat (6 g saturated fat), 150 mg cholesterol, 9 g fiber, 6 g sugar, 464 mg sodium. Calories from fat: 59%
Grilled Chicken Salad With Fruit and Nuts

This family favorite features colorful berries and veggies, and a tasty honey-mustard dressing popular with kids. The dressing recipe calls for champagne vinegar, but white balsamic works, too.

MAKE IT

Preheat grill to medium high. Sprinkle chicken with ¼ tsp salt and some black pepper. Grill chicken 6 to 7 minutes per side or until an instant-read thermometer in the thickest part registers 165°F. Remove from heat. Let chicken rest for a few minutes, then cut in ¼-inch slices. In a small bowl, whisk together 1 tbsp vinegar, 2 tsp mustard, 1 tbsp honey, ¼ tsp salt and freshly ground pepper to taste, and 4 tbsp olive oil. Divide greens onto four plates. Top with vegetables, fruit, and sliced chicken. Garnish with pecans and blue cheese. Drizzle with dressing.

SERVES 4

PER SERVING (2½ CUPS SALAD AND 1 CHICKEN BREAST) 381 calories, 31 g protein, 13 g carbohydrate, 23 g fat (5 g saturated fat), 75 mg cholesterol, 3 g fiber, 9 g sugar, 388 mg sodium. Calories from fat: 53%
Grilled Shrimp Salad With Citrus Vinaigrette

When it’s too hot to cook inside, fire up the grill. This recipe features delectable grilled vegetables and jumbo shrimp. (Yes, size matters; smaller shrimp won’t get the attractive and tasty grill marks.) Place veggies and shrimp on separate skewers since they cook at different rates.

MAKE IT
If you’re using wooden skewers, soak them in water for 20 minutes. Thread 20 shrimp on skewers and season with ¼ tsp of salt and some black pepper. Thread mushroom caps and large onion pieces onto skewers. Preheat grill to medium high. Cut pepper into chunks, shuck 2 ears of corn, and slice 1 zucchini into lengthwise “planks.” Brush shrimp and vegetables with canola oil. Working in batches, grill vegetables until lightly charred: 8 to 10 minutes for red pepper; 10 to 12 minutes for corn; 7 minutes each for the zucchini, and mushroom and onion skewers. Finally, grill shrimp until pink, about 3 to 4 minutes per side. Using a sharp knife, cut corn from the cob. In a small bowl, whisk together 3 tbsp olive oil, 2 tbsp lime juice, 1 tsp honey, ½ tsp minced garlic, and 1 tbsp chopped fresh cilantro with salt and pepper to taste. In a large bowl, toss baby greens with dressing. Divide greens onto four plates and top with shrimp and vegetables. Sprinkle with goat cheese and fresh cilantro. SERVES 4

PER SERVING (ABOUT 2½ CUPS VEGETABLES AND 5 JUMBO SHRIMP) 420 calories, 37 g protein, 24 g carbohydrate, 21 g fat (5 g saturated fat), 219 mg cholesterol, 5 g fiber, 9 g sugar, 590 mg sodium. Calories from fat: 43%
Kebab

SIMPLE TO PREPARE AND QUICK TO COOK, KEBABS BELONG ON YOUR TO-GRILL LIST THIS SUMMER

BY Matt McMillen
REVIEWED BY Arefa Cassoobhoy, MD, MPH, WebMD Senior Medical Editor

KEBAB HAS COME TO MEAN ANY FOOD COOKED ON A SKEWER OVER HOT COALS (or baked in the oven in bad weather). “Kebabs fit any flavor profile and ingredient you want to use,” says Derrick Riches, co-author, with Sabrina Baksh, of Kebab: 75 Spectacular Recipes for Grilling. “They are incredibly versatile.” Here are his top tips for getting kebabs right.

• Use metal skewers. They are reusable and help transfer heat so that the interior of your foods cooks faster. Bamboo skewers can burn, break, or splinter.
• Group together foods that will take about the same amount of time to cook. You don’t want a skewer of overcooked zucchini and undercooked meat.
• When prepping your ingredients, make your pieces bite-size. That way, you just slide everything off the skewer ready to eat.
• For best flavor, expose as much of the food surfaces to the flame as possible. For example, slice summer squash into thick rounds and run the skewer through the sides so that the flesh faces the heat.
• Don’t overpack your skewers. If you crowd everything together, you’ll expose less to the flames, and it will take longer to cook. Keep things loose, with a little space in between each piece.
• Marinate to maximize flavor. A simple Italian dressing is all you will need. Brush it on the skewered meat and veggies, then let sit for about 30 minutes before cooking.
• Skip superdense foods that will be hard to skewer and will take a long time to cook, such as acorn squash.
• Most vegetables are done when they have nice grill marks. You don’t want them mushy. Play it safe and use a thermometer to test grilled meat.
• Make dessert kebabs! Briefly marinate fruit like mango, pineapple, and watermelon in rum or citrus juices, brown sugar, and cinnamon. Cook briefly to get some flavor-boosting caramelization, then serve with ice cream.
Managing Type 1
ADOPT THESE DAILY PRACTICES TO BETTER CONTROL YOUR DIABETES

BY Rachel Reiff Ellis  REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

THE BEDROCK OF TYPE 1 TREATMENT IS INSULIN THERAPY, but your lifestyle choices are also a crucial part of your treatment—choices like what you put in your body, how you move it, and how much rest you give it.

“A healthy, balanced diet, and a routine which regularly incorporates physical activity and leaves time for sleep is even more important for a person with type 1 diabetes than for everyone else,” says Soumya Adhikari, MD, associate professor of pediatrics at UT Southwestern Medical Center and medical director of the Endocrinology Clinic at Children’s Health in Dallas. “Attention to these things can help minimize the swings in glucose levels as well as deliver many other health benefits.”

Choose the right foods—with help. Knowing what to eat and when can be one of the most challenging parts of type 1 management. If you’re at all confused, call on a professional. “A registered dietitian with experience working with persons with type 1 is a great source of help,” Adhikari says.

Once you know your diet goals, you can use other tools to stay on track. “Apps with nutritional information about common foods can be handy when you’re eating something you’re less familiar with and need to know how many carbs or how much protein or fat are in whatever you’re eating,” he says. If you want a simple rule of thumb, start with this: Fill half your plate with vegetables at each meal.

Work in a workout. Exercise boosts your body’s response to insulin and helps prevent glucose swings. A good guide: Don’t go more than 2 days without exercise. With your doctor’s OK, shoot for 150 minutes of physical activity a week. “Even a brisk walk for 30 minutes after a meal can help maintain lower glucose levels,” Adhikari says.

A careful watch on your glucose is the key to safe and successful workouts. “Take precautions by knowing your symptoms of hypoglycemia,” Adhikari says. Consider wearing a continuous glucose monitor to see how exercise affects your glucose levels, and eat some healthy carbs, like a slice of whole-grain bread or an apple, before exercise if your glucose levels are not above a certain threshold to minimize your risk.

Reduce your stress. Stress makes blood glucose levels rise, and not just while you’re in the thick of it. “You tend to fall into a routine where you’re exercising less, sleeping less, eating less healthy, and in general paying less attention to taking care of yourself,” Adhikari says. “All of this can snowball into less effective diabetes care.”

He recommends a few simple stress slashers: One, make sleep a priority so your body gets the daily reset it needs. Two, take time to celebrate easy wins like reaching your steps goal for the day. Most of all, turn your focus inward instead of outward. “Resist the urge to compare yourself to others,” Adhikari says. “Your situation, your challenges, and your priorities are your own. Everything from the medicine you take, to the type of equipment and technology you use to manage your diabetes, to the meal plan you set for yourself, might be very different from someone else’s approach, and that’s OK.”

CHECKUP CHECKLIST

SOUMYA ADHIKARI, MD, HELPS YOU CRAFT TALKING POINTS FOR YOUR NEXT OFFICE VISIT.

1. MAKE A TOPIC LIST
Having a plan to discuss what is most important to you can be crucial to making the most of your time with your doctor.

2. IDENTIFY YOUR PRIORITIES
We all have different goals and challenges. Your doctor can help you best if he or she understands what your concerns are.

3. TALK ABOUT EXERCISE
Your doctor can help you with strategies to stay on track and avoid blood glucose dips when working out.

4. DISCUSS DIET PREFERENCES AND CHANGES
Your doctor may be able to advise you about whether a change is right for you based on your individual risk factors and priorities.
I always thought in the back of my mind that I might get type 2 diabetes. I just assumed it would happen after I got pregnant. My mother had gestational diabetes that turned into type 2 after her pregnancy, and so did my grandmother. When my symptoms started at age 26—dizziness, blurred vision, getting up to go to the bathroom every hour at night—I just figured I was working too much. I was social media manager for a nonprofit, putting in 50 to 60 hours a week. I lived with symptoms for about 4 months. Finally, it got to the point where I felt really bad and tired. That forced me to go to the doctor to find out what it was.

My doctor did a physical exam, checked my blood pressure and weight, and did an A1c test of my blood sugar. My A1c was 12%, which was way higher than normal. My doctor said, “If you stay on this path, you’re going to do a lot of damage to yourself. You need to shape up and change your life.”

I already was pretty health conscious, aside from working too much. My first 3 months of treatment just focused on diet and exercise. My doctor wanted me to keep a food log so he could see what changes I needed to make to my diet. He also gave me the directive to add more exercise. When I came back 3 months later, my A1c had dropped from 12% to 10%.

I thought that was a pretty good change in 3 months, but my doctor wasn’t satisfied. He added a diabetes drug and a combination long-acting and short-acting insulin. The other thing he had me do was six to eight finger sticks a day to check my blood sugar. That was difficult for me, having to stop my life several times a day to test. I eventually discovered a continuous glucose monitoring device with a sensor that I wear on the back of my upper arm for 14 days. Now I just scan the device to get accurate, real-time glucose readings without the pain of fingersticks.

I’ve changed what I eat to adapt to my blood sugar level. I’m now on a long-acting insulin, which prevents me from getting blood sugar spikes at mealtimes. I also exercise more. I run, take a boxing class twice a week, and practice yoga. At my last checkup, my A1c was 6.1%—in the healthy range.

I started my blog, Hangry Woman, in 2016 to give people a sense of what life with type 2 diabetes looks like. You can live a pretty healthy and happy life. You have to work pretty hard at it for sure, but it’s achievable and possible.

Adapting to Change
A MILLENNIAL USES HER TYPE 2 DIABETES JOURNEY TO INSPIRE OTHERS
BY Mila Clarke Buckley REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

Mila’s Tips
1. Make Small Steps
Sometimes when you try to think of the big picture, it can scare you. Take it one day at a time so you don’t get overwhelmed.

2. Find a Community
A lot of people get diagnosed in isolation. They don’t have anyone to turn to about their frustrations. Find a diabetes support group. Just listening to other people talk can be helpful.

3. Make Incremental Changes
When you get that diagnosis, you don’t have to change every single thing about your life. Make small changes and you’ll really see your successes.

4. Focus on the Good
You’ll have good days and bad days. Focus on the good ones. It’s important for people to know that there are positive aspects to having this condition.
MISCONCEPTIONS ABOUND ABOUT PREDIABETES.
Elizabeth Halprin, MD, an endocrinologist at Joslin Diabetes Center in Boston, explains some basics about this condition.

Q How is prediabetes different from diabetes?
HALPRIN Prediabetes is a condition that happens when your blood sugar levels are above normal but not high enough to be considered type 2 diabetes. A fasting blood sugar between 110 and 125 would be considered in the “prediabetes” range. Less than 110 is normal and greater than 126 is diabetes. These abnormal blood sugar levels usually happen when a person’s tissues don’t respond well to a hormone [insulin] signal to take up sugar from the blood. Also, the body doesn’t make enough insulin to help overcome the weak tissue response to insulin.

Q Does prediabetes always progress to type 2 diabetes?
HALPRIN No, not always. People who eat a health-conscious diet, exercise regularly, and keep a healthy weight can lower their blood sugar levels and even bring them back to normal. In fact, learning you have prediabetes gives you a chance to make the lifestyle changes you need to avoid getting type 2 diabetes.

Q What puts me at risk of having prediabetes?
HALPRIN The biggest risk factor for prediabetes in the general adult population is being overweight or obese, particularly when the extra weight is due to excess fat in your abdomen. Also, the older you get, the higher your risk goes. Black, Hispanic, and Asian people are at higher risk than other races, as well as women who have had gestational diabetes, and people with a family history of diabetes.

Q How can a doctor tell if I have prediabetes? Are there symptoms?
HALPRIN There’s no way to know you have prediabetes without a doctor diagnosing with a blood test. Typically, people with prediabetes don’t have any symptoms. Symptoms of high blood sugar levels—like frequent urination, increased thirst, blurry vision, and fatigue—usually become noticeable once a person develops diabetes. Some people with prediabetes may have signs of insulin resistance—darkened skin in the armpit or on the back and sides of the neck or small skin growths or skin tags in these same areas.

Q What can I do to help prevent prediabetes?
HALPRIN Eat more vegetables, fewer simple carbs [such as those in sugary foods like candy and many processed foods], and increase your activity. Try to get 10,000 steps per day, at least. Exercise gets your body to use its own insulin more efficiently so that the blood sugars come down. It also helps you lose or maintain your weight, which will decrease the risk of prediabetes and diabetes.

Avoid junk food, and sweets, and especially sweet drinks like soda and juice. Get plenty of sleep. Poor sleep hygiene and not getting enough sleep makes it harder to lose weight, and therefore increases the risk of prediabetes.
LIVING WELL WITH TYPE 2 DIABETES REQUIRES ADOPTING HEALTHY ROUTINES. We spoke with endocrinologist and diabetes educator Anthony Pick, MD, of Northwestern Medicine Lake Forest Hospital in Illinois, to find out which regular habits he recommends for his patients.

**DAILY HABITS**

Aim for smart food choices. To keep blood sugar levels in a healthy range, Pick recommends eating slowly, savoring your food, being attentive to signs of fullness, and choosing nutritious foods. He recommends that patients newly diagnosed with type 2 work closely with a registered dietitian and diabetes educator to create an eating plan designed just for them.

Make sleep a priority. Pick encourages patients with type 2 diabetes to get 7 to 8 hours of sleep each night, and to seek treatment for possible sleep apnea if they snore. “What’s underappreciated is that sleep deprivation and sleep apnea aggravate diabetes,” Pick says. “It leads to cravings for unhealthy food and increased insulin resistance.” It also makes weight loss harder, he adds.

Record blood sugar levels. Testing and recording your blood sugar allows you to see patterns, such as how certain foods or activities affect your blood sugar levels. Your doctor or diabetes educator will tell you how often you should test daily.

Many people use traditional blood sugar meters, which involve testing a drop of blood from your fingertip. But Pick says a growing number of his patients use continuous glucose monitors (CGMs), in which a small sensor placed on the skin of the upper arm measures blood sugar every few minutes and some send the results to your smartphone.

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**Type 2 Checklist**

WHEN YOU HAVE DIABETES, CERTAIN HABITS BECOME ESSENTIAL TO GOOD HEALTH. HERE’S A REVIEW OF WHAT YOU NEED TO FEEL YOUR BEST.

BY Erin O’Donnell REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

LIVING WELL WITH TYPE 2 DIABETES REQUIRES ADOPTING HEALTHY ROUTINES. We spoke with endocrinologist and diabetes educator Anthony Pick, MD, of Northwestern Medicine Lake Forest Hospital in Illinois, to find out which regular habits he recommends for his patients.

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**3 STRESS-BUSTING HABITS**

STRESS RAISES BLOOD GLUCOSE LEVELS AND MAKES IT HARDER TO TAKE GOOD CARE OF YOURSELF, SAYS ANTHONY PICK, MD. HE ENCOURAGES HIS PATIENTS WITH TYPE 2 DIABETES TO CONSIDER THE FOLLOWING HABITS TO REDUCE STRESS.

1. **Foster Friendships**
   Meeting with pals regularly for tea or a jog keeps you connected and may protect against depression and loneliness, two risk factors for heart disease.

2. **Own a Pet**
   Caring for a cat or dog can also keep loneliness at bay. A dog provides the added benefits of getting you outside for walks.

3. **Take Time in Nature**
   Research shows that walks in the woods can decrease stress hormone levels, pulse rate, and blood pressure. They can also boost your mood.
This makes it easier to see trends and share information with your doctor.

**Avoid sitting for long spells.** If you have a desk job that involves sitting all day or you like to binge-watch TV, Pick urges you to get up and move regularly. Research suggests that long periods of sitting are harmful for the heart. “There’s that saying that ‘sitting is the new smoking,’” Pick says. Current exercise guidelines recommend 150 minutes of moderately intense exercise a week, or at least 30 minutes of physical activity 5 days a week. Choose physical activities that you enjoy enough to do regularly.

**Peek at your feet.** Diabetes can cause nerve damage in your feet, so you might injure your foot but not feel it, causing potentially serious wounds that won’t heal on their own. Examine your feet daily to spot problems.

**SEVERAL TIMES A YEAR**

**Have your A1c tested.** The A1c blood test reveals your average blood sugar level over the last 2 to 3 months. Most people with type 2 diabetes need an A1c test twice a year, although some need it more frequently.

**Visit the dentist.** Diabetes weakens your body’s ability to fight bacteria, increasing your risk of gingivitis, a condition in which the gums swell and bleed. Left untreated, this inflammation can develop into gum disease and increase your risk of losing teeth. It also worsens glucose control. See your dentist at least twice a year.

**ANNUAL HABITS**

**See a diabetes educator.** Make this appointment soon after you’re diagnosed with type 2 diabetes, and return at least once a year. “Study after study shows that when people meet with diabetes educators, they have lower A1c, less diabetes distress, a better understanding of their medications, and better self-management,” Pick says. Certified diabetes educators previously used the initials “CDE” after their names, but beginning this year this is changing to “CDCES,” which stands for certified diabetes care and education specialist.

**Get your feet checked.** Because type 2 diabetes can impair your ability to sense foot injuries and put you at risk for severe infection, ask your doctor to examine your feet at least once a year.

**Visit the eye doctor.** Diabetes increases your risk of eye diseases such as retinopathy, glaucoma, and cataracts. The American Diabetes Association recommends that you have a dilated eye exam soon after being diagnosed with type 2 diabetes, because 1 in 5 people already have an eye problem when diabetes is diagnosed. Pick encourages patients to repeat this exam annually.

**Get a flu shot.** Pick recommends that his patients get a flu vaccine every fall; diabetes makes it harder for your body to fight this illness. He also recommends the pneumococcal vaccine to provide protection against pneumonia and related infections.
Next-Gen Diabetes Control

JUST AS INNOVATION HAS CHANGED THE WAY WE SHOP, BANK, AND SEARCH FOR INFORMATION, it’s transformed the way we manage chronic diseases like diabetes. These new technologies have made life easier for people with type 1 and type 2 diabetes.

STICK-FREE GLUCOSE TESTING

Frequent needlesticks to test blood sugar are a crucial, but sometimes unpleasant part of the daily diabetes routine. Testing your blood sugar helps you make decisions about what you eat, exercise, and insulin dosing.

Continuous glucose monitoring, or CGM, helps you avoid the stick. It measures your blood sugar every few minutes via a tiny sensor inserted under the skin of your belly or arm, and sends the results wirelessly to a pump, smartphone, or other device.

The FreeStyle Libre was the first CGM system to not require a fingerstick. To get your blood sugar number, you simply wave a reader over the sensor. The original Abbott’s FreeStyle Libre was wearable for up to 10 days, but the newest version is designed for 14-day wear.

The Dexcom G6 is approved as both a standalone CGM and for integration with automated insulin dosing systems.

In January 2020, Tandem Diabetes Care launched its t:slim X2 insulin pump with Control-IQ technology, which combines the Dexcom G6 CGM with an insulin pump to regulate insulin levels with little user effort. It’s the first system that both adjusts basal (background) insulin levels and delivers automatic bolus (mealtime) doses to prevent blood sugar from getting too low or too high.

“With the advent of CGM, we’re looking at a new phrase: ‘time-in-range.’ That’s the percentage of the day a person spends with their blood sugar in the range their doctor wants them to be in,” explains Jason Ng, MD, clinical associate professor of medicine in the University of Pittsburgh Medical Center Division of Endocrinology and Metabolism. “The monitor can check blood sugar every 5 minutes throughout the day, and it can catch fluctuations in a patient’s blood sugar that a fingerstick can’t.”

The t:slim-Dexcom combination doesn’t just react to blood sugar changes, it...
predicts them. “Because the CGM is gathering evidence and accumulating data, the decision treatments are based on calculations of what your blood sugar will be in 30 minutes,” Ng explains. “It’s almost like a weather forecast. It can make changes before a patient hits that level to keep their blood sugar more stable.”

The next-generation CGM, the Dexcom G7, should come out in late 2020. “The sensor is a bit thinner than the G6, and it hopefully will have a longer lifespan,” Ng says.

NONINVASIVE GLUCOSE MONITORING
CGMs cut down on fingersticks, but they still require a small needle under your skin. The ultimate aim is to create a CGM device that monitors blood sugar continuously, without having to stick anything under your skin.

A couple of products are trying to achieve this goal, including the sugarBEAT CGM, which measures blood sugar through a sticky patch placed on the skin. It launched in 2019 but isn’t yet available in the United States. AerBetic is another wearable device that measures blood sugar through chemical changes in breath gases. It’s still in the testing phase.

Ng says he hasn’t seen any evidence that these noninvasive sensors are superior to the under-the-skin sensors currently available. “I’ve had hundreds of patients on the minimally invasive sensor and most people say they can’t feel it.”

CLOSED-LOOP SYSTEMS
The future of insulin pumps is an automated, closed-loop system, also called an artificial pancreas because it acts more like your real organ. In this system, a CGM constantly checks your blood sugar level. The pump then uses an algorithm to determine whether you need insulin to lower your blood sugar or glucagon (a hormone that releases sugar from your liver) to raise it, and then automatically delivers the correct dose to keep your blood sugar steady day and night.

The Medtronic MiniMed 670G was the first hybrid closed-loop system. It continuously monitors blood sugar levels and automatically delivers insulin, but you still have to input the bolus insulin dose based on what you eat.

Actual closed-loop systems that deliver both insulin and glucagon are in development. The trouble has been finding a form of glucagon that’s stable enough to work in the pump.

Beta Bionics is developing the world’s first fully automated bionic pancreas, the iLet Bionic Pancreas System. It received the FDA’s Breakthrough Device designation in late 2019. “This would be the world’s first system that could do both,” Ng says. “It’s not sure we’re ever going to get to a true closed-loop system, but we’re getting close.”

SMART PENS
Smart Pens offer the memory capability of a pump, without tethering you to your device. Products like InPen and Gocap connect via Bluetooth to a smartphone app that keeps track of your insulin dose and timing.

The new NovoPen Echo device offers the additional benefits of half-unit dosing increments. “That allows you to fine-tune the amount of insulin you need,” Ng says.

ASK YOUR DOCTOR

Q What are my blood sugar goals?
Your doctor may recommend that you keep your blood glucose in the 80–130 milligram/deciliter (mg/dL) range before meals, and less than 180 mg/dL 2 hours after meals.

Q How often do I need to test?
That depends on whether you have type 1 or type 2 diabetes, and what medicines you take to manage it. Typically, you’ll test several times a day, including before meals and bed.

Q If I have a CGM, do I still need to stick?
Many CGMs still require a fingerstick to calibrate the machine, although you won’t need to stick as often as you did without it. Ask your doctor how often to do manual blood sugar checks.

Q What should I do if my levels are still too high?
See your doctor. You may need to adjust your medicine dose or make a few changes to your diet.
On the Go

EATING HEALTHY MEALS WHEN YOU’RE IN A HURRY CAN BE A CHALLENGE. TRY THESE EXPERT-APPROVED TIPS TO MAKE IT EASIER.

BY Colleen Oakley  REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

BETWEEN WORK, FAMILY, AND OTHER COMMITMENTS, life often feels like one big juggling act, where you’re trying to fit 25 hours of activity in a 24-hour day. And when you have diabetes, all the meal planning, grocery shopping, and food prep can feel like one more thing you just don’t have time for. But on those days, you don’t have to resort to burger and fries from the nearest drive-through or the break room doughnuts, which can wreak havoc on your blood sugar. These five expert tips can help you stick to a healthy eating plan even when life gets hectic.

MAKE A PLAN
When you have a busy day ahead, plan what you’re going to eat the night before. Pack preportioned meals and snacks to take with you, or if you’re planning to go to a restaurant, study the menu ahead of time and decide what you will order. “Failure to plan ahead can have you reaching for every tempting snack or meal in sight,” says registered dietitian Allison Childress, PhD, chief clinical dietitian of nutrition and metabolic health initiative at Texas Tech University.

STOCK UP ON SNACKS
Keep nonperishable foods in your bag, purse, desk, and car so you always have a healthy snack in reach when hunger strikes. These foods include items like nuts, beef jerky, low-calorie granola bars, and dried fruit. “Look for options that are protein- and fiber-packed rather than high in carbohydrates,” Childress says.

EAT OFTEN
“If you go long periods of time without eating, it could wreck your blood sugar and cause you to binge when you are around food again,” she says. Shoot for 5 to 6 smaller meals throughout the day, eating every 3 to 4 hours.

ORDER THE KIDS MEAL
Despite all your best planning, you will likely find yourself at a drive-through every now and then. When that happens, remember that most fast food “value” meals contain several servings of food. “The kids meals are the correct portion size for most adults,” Childress says. Other options: a salad (ask for dressing on the side) or a grilled chicken sandwich (eat only half the bun). Substitute unhealthy sides (French fries) for healthier ones (fruit or side salad), or ditch the sides altogether.

REDUCE STRESS
Studies show stress can elevate blood sugar levels for some people with diabetes, so if all the planning and prepping gets overwhelming, just breathe. “Many people who have diabetes think that there are foods that they can’t eat, but it’s not true,” Childress says. “All foods can fit in your diet if you know the correct portion sizes.” Keep a cheat sheet in your purse or wallet that can help you eyeball portion sizes and make the best choices possible on the go—without the stress.

3 TIPS
REGISTERED DIETITIAN ALLISON CHILDRESS, PhD, POINTS OUT 3 WAYS TO MAKE SURE YOU GET THE RIGHT KIND OF LIQUIDS.

HYDRATION IS KEY IF YOU HAVE TYPE 2
“When your body is dehydrated, it will try to pull fluid from wherever it can, including the bloodstream, leaving glucose behind and raising blood sugar even higher,” Childress says.

BUT NOT ALL LIQUIDS ARE CREATED EQUAL
Steer clear of juices, sodas, and sweet teas that not only will cause your blood sugar to rise quickly, but also are high in empty calories, meaning they won’t make you full and could cause you to overeat later on. Instead, keep a water bottle with you at all times, and shoot for drinking 8 cups a day—more in hot summer months and on days when you’re more active than usual.

NOT SURE IF YOU’RE GETTING ENOUGH?
Check your urine. “It should be clear or a pale yellow color,” Childress says. “And you should be urinating anywhere from 6 to 10 times a day.”
Sickle Cell Disease

Up to 80,000 Americans have sickle cell disease, including 1 in 500 African Americans and as many as 1 in 1,000 Hispanic Americans. New research aims to correct the genetic defect.

Sickle cell disease affects hemoglobin—the protein in red blood cells that carries oxygen throughout the body. Abnormal hemoglobin causes red blood cells to "sickle," or become crescent-shaped. Stiff, sickled cells can get trapped inside small blood vessels, cutting off oxygen to the organs. This causes extreme pain and can damage organs. People who have the disease—most often of African, Hispanic, Middle Eastern, or Mediterranean descent—inherit the gene that causes it from both of their parents.

In an ongoing clinical trial led by the National Institutes of Health, bone marrow transplants have cured a handful of people of severe sickle cell disease. Doctors remove the stem cells that become blood cells from the bone marrow. They add to the cells a normal version of the gene that is faulty in sickle cell disease. Then they return the stem cells back to the bone marrow, where they begin to produce normal, nonsickling hemoglobin. This procedure, like a number of other gene therapies in development for sickle cell, is still experimental.

Researchers at the Children’s Hospital of Philadelphia are exploring whether a pill can correct the genetic flaw. Symptoms of sickle cell disease develop after a baby’s body stops producing fetal hemoglobin and switches to adult hemoglobin. People with sickle cell who have higher levels of fetal hemoglobin have a milder case of the disease. Researchers discovered the protein that causes the body to switch from fetal to adult hemoglobin production. They are studying drugs that could block that protein in people with sickle cell and keep fetal hemoglobin levels high. —SONYA COLLINS
LIFE AS YOU KNOW IT SEEMS TO HAVE CHANGED. Loss of social gatherings and sporting events. Working from home. Online learning for kids. No more (or limited) dining at restaurants or using public transportation. What’s the new normal? You might be feeling grief for losing some aspects of your previous routines or feeling anxiety about not knowing what’s next. During a crisis, it’s normal to feel overwhelmed at times. You might believe there is a lot of uncertainty, making it harder to cope with change. Left unrecognized or ignored, anxiety and stress can have serious negative consequences on your physical, emotional, and mental health. Don’t dismiss the mind-body connection.

These five strategies can help you manage your feelings.

Call it what it is. To address your emotions, you need to acknowledge them. Name what you are feeling—whether it’s fear, sadness, anxiety, or anger. Admit what you are feeling, with no apology. Once you acknowledge your emotions, you can then start to address them. It’s truly the first step.

Control what you can. You are not going to be able to impact what is happening in another part of the country. You can, however, control what is happening in your home and community. Make sure you have enough food and medicine in case you need to self-quarantine. Set up high-speed internet so everyone in the family can use the internet at the same time. Practice handwashing and cleaning/sanitizing surfaces to keep you and your family safe. Control is power.

Consistency is key. We are creatures of habit. Losing routines can elevate stress. If you lost some routines such as going to/from work; make new ones. Wake up and go to sleep at the same time. Plan your work schedule ahead of time. Consistency in your day will help decrease some anxiety you might be feeling by not having a routine.

Connect in new ways. Humans tend to be social by nature. Although socializing with family and friends in person may be on hold, you can create new ways to connect. Do happy hour with friends or colleagues through a video-conferencing platform. Take time to actually talk on the phone. Sit down for dinner every night as a family. Go out for walks in your neighborhood with appropriate social distancing so you can still see friends. Staying connected will help keep you from getting depressed and lonely.

Closure will come. This pandemic will end. We may not know yet how, or exactly when, but we do know that what you are going through now is temporary. Therefore, focus on the present. Go to trusted sources for information while also limiting the amount of time you spend on the coronavirus topic. Avoid information overload. Become aware but not scared.

Questions? Comments? Email me at john@webmd.com.
### COVID-19—or Something Else?

**BY WebMD Editorial Staff**  
**REVIEWED BY** Brunilda Nazario, MD, WebMD Senior Medical Editor

**SYMPTOMS**  
<table>
<thead>
<tr>
<th>COLD</th>
<th>FLU</th>
<th>ALLERGIES</th>
<th>COVID-19** (can range from mild to serious)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fever</strong></td>
<td>Rare</td>
<td>High (100-102°F), can last 3 to 4 days</td>
<td>Never</td>
</tr>
<tr>
<td><strong>Headache</strong></td>
<td>Rare</td>
<td>Intense</td>
<td>Uncommon</td>
</tr>
<tr>
<td><strong>General Aches, Pains</strong></td>
<td>Slight</td>
<td>Usual, often severe</td>
<td>Never</td>
</tr>
<tr>
<td><strong>Fatigue, Weakness</strong></td>
<td>Mild</td>
<td>Intense, can last up to 2 to 3 weeks</td>
<td>Sometimes</td>
</tr>
<tr>
<td><strong>Extreme Exhaustion</strong></td>
<td>Never</td>
<td>Usual (starts early)</td>
<td>Never</td>
</tr>
<tr>
<td><strong>Stuffy/Runny Nose</strong></td>
<td>Common</td>
<td>Sometimes</td>
<td>Common</td>
</tr>
<tr>
<td><strong>Sneezing</strong></td>
<td>Usual</td>
<td>Sometimes</td>
<td>Usual</td>
</tr>
<tr>
<td><strong>Sore Throat</strong></td>
<td>Common</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>Mild to moderate</td>
<td>Common, can become severe</td>
<td>Sometimes</td>
</tr>
<tr>
<td><strong>Shortness of Breath</strong></td>
<td>Rare</td>
<td>Rare</td>
<td>Rare, except for those with allergic asthma</td>
</tr>
</tbody>
</table>

**SOURCES:** NATIONAL INSTITUTE OF ALLERGY AND INFECTION DISSEASES, CDC, WHO

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**BY THE NUMBERS**

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**WEBMD.COM**

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**GETTY IMAGES**
1. YOUR TV SERIES SNOWPIERCER PREMIERED ON TNT ON MAY 31. TELL US ABOUT YOUR CHARACTER AND WHAT WE CAN EXPECT.
The show is set in a post-apocalyptic world after a global freeze, with the remainder of humanity on a train constantly circling the globe. What is on the train is all that is left in the world. First class, the front of the train, is incredibly opulent, while the tail is essentially barracks. The lead character wants something better for his people in the tail, and wants the system to be changed.

2. YOU’VE SAID THAT FOR A WHILE PRIOR TO BOOKING HAMILTON (DIGGS PLAYED DUAL ROLES, THE MARQUIS DE LAFAYETTE AND THOMAS JEFFERSON, IN THE SMASH BROADWAY MUSICAL), YOU WERE TECHNICALLY HOMELESS, COUCH SURFING, AND EVEN SLEEPING ON SUBWAY TRAINS SOMETIMES. WHAT KEPT YOU OPTIMISTIC AND MOVING FORWARD?
It’s interesting how that story got focused on for a while. But I was like 22 or 23 and we were all doing that. Being poor wasn’t anything, I was used to that. I was young and in New York and scraping pennies together with all my creative friends. I don’t remember being cold and like, “There are wolves chasing me.”

3. WHEN YOUR 2018 FILM BLINDSPOTTING WAS COMING OUT, YOU TALKED ABOUT GETTING PULLED OVER BY POLICE 36 TIMES IN THE COURSE OF 3 YEARS, AND COMPARED GOING THROUGH THAT TO A KIND OF PTSD. HOW DOES THAT AFFECT YOU?
It just is. It’s unfortunate, and it’s not normal, but every black person I know has that same thing. It is demoralizing. The more you become aware that there is a difference in value judgment placed on your life versus somebody else’s life for no reason, you just have to live differently.

4. TELL US ABOUT YOUR NEW ANIMATED FILM, PIXAR’S FANTASY COMEDY SOUL, DUE OUT THIS MONTH. I love films like this that don’t treat children as incapable of understanding very adult ideas. They just need them to be presented in a way that’s digestible. That allows those of us who are older to be in a conversation with children in a way we couldn’t before.

5. WITH SO MANY PROJECTS GOING ON, HOW DO YOU FIND THE TIME TO WORK OUT? WHAT’S YOUR TYPICAL ROUTINE?
I like weights and I like calisthenics and plyometric stuff. I usually either work it in first thing in the morning or last thing at night. I grew up running track and was used to having someone design a workout plan for me, so I also like using workout apps.

6. WHAT’S YOUR GO-TO COMFORT FOOD?
Most of what I eat is comfort food! I love a good pizza or a good burger. I’m a plain cheese pizza purist. I’ll go pepperoni sometimes, maybe do one of each, if I’m getting a slice in New York. New York is pizza, L.A. is for burgers.

7. WHAT IS YOUR SECRET HEALTH VICE?
It’s probably my diet. I still eat like a teenager most of the time. What’s also probably really destructive is that when I’m working out I don’t warm up properly, and when you get older that becomes more necessary.

8. WHO’S YOUR HEALTH ROLE MODEL?
My dad has always been pretty healthy. He’s in great shape. He was into juicing in the 1980s, before people were doing it. He’d make me these concoctions with wheatgrass juice from the health food store.

9. WHAT DISEASE OR CONDITION WOULD YOU MOST LIKE TO SEE ERADICATED IN YOUR LIFETIME?
Probably poverty. That would end up getting rid of a lot of other ones.

10. WHAT DO YOU DO WHEN YOU HAVE A DAY JUST TO YOURSELF?
I really like doing nothing. That’s where the ideas come from. I’m very good at relaxing. It’s a special skill. —GINA SHAW