

2020 HEALTH HEROES SPECIAL ISSUE SEE OUR WINNERS
STARTING ON
PG 31

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2020



**NOT JUST FOR BOYS:
ADHD IN
GIRLS**

PG 28

**NEIL
PATRICK
HARRIS
& DAVID
BURTKA**

**ON A MISSION FOR
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**GOD'S LOVE
WE DELIVER**

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**HOW TO
DIFFUSE A
PANIC
ATTACK**

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"THEY'RE JUST A REMARKABLE
GROUP OF FRIENDLY, HARD-
WORKING PEOPLE."

—NEIL PATRICK HARRIS
ON GOD'S LOVE WE DELIVER

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ON A MISSION

Neil Patrick Harris,
David Burtka, and
other volunteers
pitch in for
God's Love We
Deliver, our **Game
Changer WebMD
Health Hero**
winner



"FOCUSING ON A FEW BIG GOALS AND
WORKING WITH OUR PARTNERS ...
WE CAN HELP EVERY PERSON
GET THE CHANCE TO LIVE
A HEALTHY, PRODUCTIVE LIFE."

—BILL & MELINDA GATES



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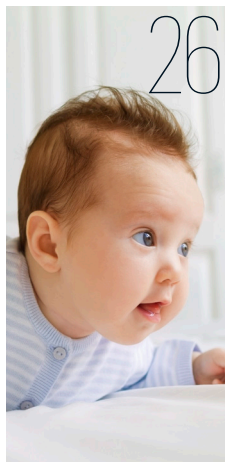
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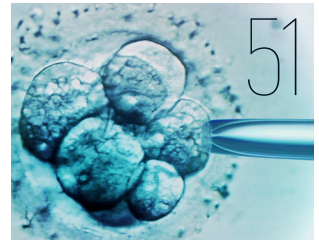


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FROM THE WEBMD TEAM



Each year, WebMD celebrates Health Heroes—individuals who are working tirelessly to improve the health care landscape through their insights, courage, and perseverance. Our Health Heroes for 2020 are on the front lines every day finding innovative ways to meet unique health challenges in our communities. Whether it's the constraints of socioeconomic status, bias, or other barriers, they are challenging the status quo to open minds and open doors, and most important, create better health for everyone. It is with the greatest admiration that we introduce you to this group of Heroes who serve as a source of hope and optimism to us. We're sure they will be to you as well.

We each know people who overcome adversity and use their own difficult situations to improve the lives of those around them. We asked our staff to share their personal Health Heroes.

Kristy

Kristy Hammam
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Who Is Your Health Hero?



KIM RICHARDSON
WebMD Blogs Editor

My Health Heroes are my two teenage kids. They both pay close attention to their mental and emotional health—staying tuned into themselves, communicating their anxieties and fears, and asking for help when they need it. It takes a lot of courage to face the scary parts of ourselves. I'm very proud of them.

I have great admiration for Dr. Janet Woodcock who, over the last decade, innovated the FDA new drug approvals process, ensuring medications are safe and effective. She insisted patients be included in the process all along the way, saying, "Patients are the experts."



JOHN WHYTE, MD, MPH
WebMD Chief Medical Officer



AREFA CASSOOBHOJ, MD, MPH
WebMD Senior Medical Editor

My health hero is Neelo Lewis, my sister-in-law. Over the past two years she's transitioned from a tech career to being a full-time caregiver for her sister and aging parents. She's risen to the occasion with a grace, strength, and compassion that's inspiring. I don't know what our family would do without her.



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QUALITY CHECK

Air Pollution

HOW CLEAN IS THE AIR YOU BREATHE? NINE IN 10 PEOPLE AROUND THE WORLD LIVE IN AREAS WITH POOR AIR QUALITY, ACCORDING TO THE WORLD HEALTH ORGANIZATION. POLLUTION CAN BE HARMFUL TO YOUR HEALTH, INCREASING YOUR RISK FOR LUNG DISEASE AND CONDITIONS LIKE HEART DISEASE AND STROKE.



0 to 50

A “good” level on the government’s Air Quality Index, which means the air around you is safe to breathe.

MORE THAN 141 MILLION

Number of Americans—more than four in 10—who live in counties with unhealthy air.

73%

Percentage by which air pollution emissions have dropped since the Clean Air Act passed in 1970.

MORE THAN 30,000

Number of lives that could potentially be saved by lowering air pollution levels below the current standard.

IN THE NEWS

Heroes and More

The literal heart and soul of this issue is our annual WebMD Health Heroes awards, a celebration this year of extraordinary people and organizations working to improve health inequities across diverse populations around the globe and close to home. Elsewhere in the issue: Check out Kids' Health, a look at **how ADHD is very different in girls** compared to boys, who are more likely to show "externalizing behavior," according to one of our experts. In girls, the signs are more subtle and often ignored. Recognizing this could make a difference in a girl's life (page 28). There's more: New research about **young women and smoking** gives you (or someone you know) ample incentive to finally quit the habit (page 14). And new programs may just help more **men make an appointment to see a doctor** and begin a crucial relationship for their health today and many years to come (page 13). Or maybe you just want to ease into spring with a **steaming pot of vegetable soup**. Our expert's tips will help you create the best bowl ever (page 48). Enjoy. — *Colleen*



**COLLEEN
PARETTY**
Editorial Director,
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HUNGER IN
SENIORS

Nearly one in 10 seniors on Medicare doesn't have enough to eat. For people younger than 65 who qualify for Medicare, four in 10 go hungry sometimes.

SOURCE: JAMA Internal Medicine

TURTLE TROUBLE

Got a pet turtle in the house? Even when they look clean and healthy, the shelled critters can carry salmonella in their poop. But don't throw out the turtle with the terrarium. Just be safe. Wash your hands well—and supervise kids when they wash theirs—after holding your turtle or cleaning its habitat. Clean turtle's tank and toys outside—not in the kitchen sink. Don't kiss, cuddle, or otherwise let your turtle near your face. And don't let it roam the house freely either. Keep it contained.

SOURCE: CDC

EARLY
CONCERNS

Women who hit menopause before age 50 are more likely to develop heart disease or have serious but non-fatal problems including heart attack and stroke. That was the conclusion of a group of studies that included 300,000 women. If you reach menopause early, talk to your doctor about lowering your risk for heart and circulatory problems later in life.

SOURCE: The Lancet

45%

Percentage of Americans worried about being a victim of a mass shooting—the same amount that worry about a terrorist attack.

SOURCE: Gallup



THE RESISTANCE

Antibiotic-resistant strains of *H. pylori*—a common gut infection—doubled in the last 20 years. In a recent study of 1,232 infected people from across Europe, one in five didn't respond to the commonly prescribed antibiotic clarithromycin. Compare that to one in 10 just 20 years ago.

SOURCE: United European Gastroenterology

6.5%

Percentage of kids ages 0 to 17 who had a food or digestive allergy in the last six months. That's up from 4% 10 years ago.

SOURCE: CDC

FINANCIAL WORRIES

17% of Americans say health care costs are their top financial concern. It tops the list of all other money problems that Americans named in a recent national survey.

SOURCE: Gallup



FITNESS FOR CANCER SURVIVORS

Exercise is good medicine for cancer survivors. But how much and what kind? In a recent analysis of research from the last 10 years, an international team of experts answered that question. Cancer survivors need 90 minutes of aerobic and resistance training each week. Three 30-minute sessions per week can help prolong life after a diagnosis of breast, colon, or prostate cancer. Exercise throughout and after treatment improves fatigue, anxiety, depression, physical function, and quality of life. For all adults, regular exercise is good cancer prevention—especially for cancers of the colon, breast, uterus, kidney, bladder, esophagus, and stomach.

SOURCE: *Medicine & Science in Sports & Exercise*

TIE THE KNOT, LIVE LONGER?

Fact: Married people live longer than single people. It may be that healthy people are more likely to get married in the first place. Or, maybe spouses keep each other's health in check with reminders to go to the doctor and take prescriptions. Either way, that longevity gap is widening. Over the last decade, death rates among married people fell by 7%. Among never-married, divorced, and widowed people, the death rate fell by only 2%.

SOURCE: CDC



SMOKING RATES FALL

Just less than 8% of 18- to 24-year-olds currently smoke cigarettes. That's down from a whopping 16.7% four years ago. Vapers in this age group rose from 5.1% to 7.6% during that time.

SOURCE: CDC

14%

Percentage of Americans who say they use CBD products.

SOURCE: Gallup

PREVENTION POSSIBILITIES

Some of the risk for Alzheimer's disease is genetic. You can't change that part. But even people with high genetic risk can improve their odds with a healthy lifestyle. Researchers followed 196,383 people without dementia age 60 and over for about eight years. Among those who didn't have genetic risk factors, the ones with the healthiest habits were least likely to develop Alzheimer's. The same was true for people whose genes predisposed them to the disease. If they didn't smoke, ate right, exercised, and drank in moderation, they were less likely to develop dementia than their genetically similar peers.

SOURCE: JAMA



1 IN 3

Number of contact-lens wearers who don't recall learning any safety tips from their doctor. Improper wear and care—such as sleeping in them or topping off contact solution—can cause serious, vision-damaging infections.

SOURCE: CDC

HOLD THE FRIES

Eat fried foods one to three times a week, and you could raise your stroke and heart attack risk by 7%. Eat it every day and risk climbs 14%.

SOURCE: Clinical Nutrition



THE BOOK IS BETTER

Think reading to your child from a tablet is the same as a real book? Experiments say no. In a study of 37 parent-child pairs, when parents read to toddlers from real books, both used body language that showed greater connection and a more shared experience. When parents read from tablets, tots were more likely to close the book, turn away from their parents, push their parents hand away, and block the screen. Parents were also more likely to push tots' hands away.

SOURCE: JAMA Pediatrics

PTSD AND STROKES

More than one in 10 strokes happen to people between ages 18 and 45. But doctors don't know what puts these younger people at risk. A new study suggests PTSD could be a factor. Researchers followed more than one million young and middle-aged veterans for 13 years. During that time, those who had PTSD were twice as likely to have a mini-stroke by middle age. They were 62% more likely to have a major stroke. That would make PTSD a greater risk factor than diabetes, sleep apnea, smoking, and obesity. Getting treatment for PTSD may help reduce risk.

SOURCE: Stroke

OBESITY IN CHILDREN

Almost one in five U.S. kids ages 10 to 17 are obese. That's 4.8 million. A recent report of state obesity rates found that no U.S. state is making a dent in the problem.

SOURCE: Robert Wood Johnson Foundation

RAW RISKS

Do you feed your dog raw meat? The popular pet diet might spread harmful bacteria to you and your family. Researchers found unacceptable levels of *Enterobacteriaceae* in three out of four raw-meat-based pet food samples. That's the bacteria family that includes *E. coli* and salmonella. Three in five samples contained antibiotic-resistant strains of bacteria. Two samples contained salmonella and two *E. coli*. Always wash your hands with warm water and soap after handling raw meat. Don't let raw meat touch other food. And thoroughly clean bowls, utensils, and anything else you use to prepare your pet's meal.

SOURCE: Royal Society Open Science



REGIONAL SNEEZING

It's springtime allergy season. You might have it bad, but residents of these three cities have it worse: McAllen, Texas; Jackson, Mississippi; and Providence, Rhode Island.

SOURCE: Asthma and Allergy Foundation of America

SECONDHAND SMOKE AND EYE HEALTH

Parents: If you can't kick the habit, at least take the cigarettes outside. The smoke damages kids' eyes. In a study of 1,400 kids in Hong Kong, those who lived with secondhand smoke had a thinner choroid. That's a layer of tissue in the eye filled with blood vessels. A thick choroid is a sign of good eye health—it helps feed nutrients and oxygen to the outer retina. In the study, the more smokers in a household—or the more frequently family members smoked—the thinner the kids' choroids.

SOURCE: JAMA Ophthalmology



THE ASTHMA-WEIGHT CONNECTION

Obesity can raise risk for asthma and other breathing problems. It can also make existing asthma worse. But doctors don't understand why. A recent study found for the first time that it's possible for fat to accumulate in the lungs. More fat collects in the lungs of people with a higher body-mass index. Researchers believe that the fat causes inflammation, which thickens the walls of airways and makes it harder to breathe freely. The team's next step is to find out whether weight loss can get rid of fat in the lungs.

SOURCE: European Respiratory Journal

HEALTHIER OUTSIDE ... AND IN?

Researchers know that people who eat healthy have a lower risk for depression. But what about people who are already depressed? Can a switch from french fries to salad help? In a study of 73 young adults with depression and a poor diet, half adopted a healthy diet of fruits, vegetables, fish, and lean meat. The other half didn't change their diet. After three weeks, the healthy eaters had fewer symptoms of depression than before.

They continued to feel those benefits for the next three months.

SOURCE: PLOS One



GET YOUR SHOTS

94.7% of U.S. kindergarteners received vaccinations against measles, mumps, and rubella before starting school last year. The CDC recommends 95% vaccination rates to prevent outbreaks of these conditions.

SOURCE: CDC

23.2%

Percentage of Americans who get the recommended 150 minutes per week of aerobic and muscle-strengthening exercise. That's less than one in four.

SOURCE: CDC



REST & REFRESH

Every Minute Counts

LOST SHUT-EYE AT NIGHT MAKES YOU LESS PRODUCTIVE BY DAY

ONE IN THREE AMERICANS IS CHRONICALLY SLEEP-DEPRIVED, A STATUS THAT COULD AFFECT THEIR JOB PERFORMANCE. Sleep deprivation costs American companies more than \$63 billion annually in lost productivity. A study of 130 middle-aged employees published in the journal *Sleep Health* showed that even 16 minutes of lost sleep led to more distractions and less ability to focus on the job. Poor concentration increased the workers' stress levels, which made them go to bed and wake up earlier than usual, throwing off their sleep cycles even more. If you're drowsy at work, the National Sleep Foundation recommends a 20-minute nap. It could make you more alert—and boost your company's bottom line in the process.

—STEPHANIE WATSON

Make a Date

MEN STILL PUT OFF AN APPOINTMENT WITH A DOCTOR

BY Matt McMillen REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor



GUYS, MAKE TIME TO VISIT THE DOCTOR.

Four in five men say they make an effort to remain in good health for the benefit of their loved ones. Why, then, do nearly three-quarters of men prefer to scrub the toilet or do other chores than see a doctor for preventive care, such as annual checkups?

These stats from a national survey, conducted by the Cleveland Clinic and published last September, reconfirm past findings about men's unwillingness to make routine doctor visits. "As long as they're strong and healthy, they don't see any reason," says Cleveland Clinic urologist Frank Jevnikar, MD. But, he says, you shouldn't wait until you become ill before establishing a relationship with a physician.

"Men in their 30s and 40s are mostly healthy, but those are the ages that you need to start thinking about preventive measures to keep yourself healthy as you age," says Jevnikar. "Those are the times you need to be checking your blood pressure, checking cholesterol, and getting other simple screenings."

Jevnikar says that a relationship with a doctor you trust may encourage you to be more open and forthright during appointments. About one in five men minimize the symptoms that bother them when speaking with a doctor. That may prevent the doctor from accurately diagnosing issues of concern.

Take erectile dysfunction (ED), for example.

Many men, says Jevnikar, clam up when discussing issues below the belt. But ED can indicate other health issues that need to be addressed, including heart disease. Avoid the discussion and you could delay treatment.

"Not every little thing means you have cancer or cardiovascular disease," says Jevnikar, "but usually, anything that's caught early will be easier to deal with than things that are allowed to progress or are caught late."

Of course, some health issues do not cause noticeable symptoms. High blood pressure increases your risk of heart attack and stroke, but you won't know you have it unless you get a checkup. All the more reason to make doctor visits routine.

In the survey, men point to inconvenience as a primary barrier. Nearly two-thirds say they would see the doctor if appointments had less of an impact on their schedules. The Cleveland Clinic, as well as some other providers, have responded with solutions like expanded office hours and virtual visits, as well as appointment schedules with multiple specialists during the same visit.

But it's up to men, says Jevnikar, to rethink their attitude about health care. "We all have busy lives, we all have obligations," says Jevnikar, "but if we can't be healthy for the people who are counting on us, we are letting more people down than just ourselves."

QUESTIONS FOR YOUR DOCTOR

Q What should I bring to my appointment?

To be sure you don't forget anything, bring a list of any symptoms you'd like to discuss as well as any questions and concerns you have.

Q Are you the right doctor for me?

Comfort and connection help build trust, so make sure you feel both with a doctor you expect to see on a regular basis.

Q Am I up to date on my screenings?

Your age, your family medical history, and other factors will determine your need for tests like a colonoscopy, which doctors perform to screen for colorectal cancer.

Q Do I need to make lifestyle changes?

Review your exercise routine, diet, weight, sleep, and other lifestyle factors to see where there's room for improvement.



Sign up for the **Men's Health Newsletter** at WebMD.com.

Heart Matters

WOMEN WHO SMOKE RUN A MUCH HIGHER RISK OF HAVING A HEART ATTACK THAN MEN WHO LIGHT UP

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

Search for the article
Smoking and Heart Disease at WebMD.com.



BY NOW, MOST PEOPLE KNOW SMOKING IS TERRIBLE FOR THEIR HEALTH. But a surprising new study showed that for women, smoking can pose an even greater risk. Women between the ages of 18 and 49 who smoke were 13 times more likely to have a major heart attack called a STEMI, which refers to a complete blockage of one of the main heart arteries, while male smokers had only an 8.6 times higher risk.

Osita Onugha, MD, director of the Thoracic Surgery Research and Surgical Innovation Lab at John Wayne Cancer Institute in Santa Monica, California, explains.

Q Why does smoking affect young women's heart health more than men's?

ONUGHA Cigarette smoking accelerates the development of plaque in both major arteries and coronary arteries in men and women. But in general, women have smaller arteries than men. As a result, arteries can be blocked faster, which increases the risk of a heart attack. Women who smoke 20 cigarettes per day are six times more likely to have a heart attack than non-smokers. And the effect of smoking on plaque in the arteries is dose-responsive, which is a fancy way of saying the risk increases the more cigarettes you smoke.

Q What if you smoke less—do casual smokers, or those who only smoke a few cigarettes every now and then, need to be worried?

ONUGHA The short answer is yes. There are several studies that have demonstrated that even casual cigarette smoking increases the risk of heart disease. The Pooling Project on Diet and Coronary Heart Disease study found that smoking less than 15 cigarettes per day increases your risk of heart disease almost two times while smoking more than 15 cigarettes increases your heart disease risk almost 2.5 times when compared to non-smokers. The coronary risk is elevated in women who smoke as little as one to two cigarettes per day.

Q What are some other risks of smoking that are unique to women—or that pose a greater health risk to women?

ONUGHA Cigarette smoking increases the risk of stroke, heart attack, infertility, miscarriage, still birth and neonatal death, placental abruption, and pre-term birth. It has also been found to increase the risk of sudden infant death syndrome and diabetes mellitus in a child after birth if a mother smokes while pregnant.

Q Is there any hope?

ONUGHA Yes! The great news is that if you stop smoking, the cardiovascular risk decreases quite rapidly. The sooner you quit, the better for your health.

3 TIPS

TRYING TO KICK A SMOKING HABIT? TRY THESE TIPS FROM **OSITA ONUGHA, MD**.

1. DON'T GO IT ALONE

"There are online, virtual, and in-person smoking-cessation groups," says Onugha. "All have proven beneficial to help patients quit smoking."

2. PAY ATTENTION TO YOUR SMOKING TRIGGERS—AND TRY TO AVOID THEM

Are you most likely to smoke while having a glass of wine with friends? Meet for a walk instead. Or maybe you smoke at work when you're stressed. Instead of heading outside, try a meditation app. Once you pinpoint your smoking triggers, replace them with new habits to make quitting easier, says Onugha.

3. HIT THE GYM

Exercise has been shown to help stave off nicotine cravings—and it can help reduce weight gain, which can sometimes be an unwanted side effect of quitting smoking, says Onugha. Win-win!

Trainer Tips

IS YOUR PERSONAL TRAINER FIRST-RATE OR JUST AVERAGE? WE ASKED PROS HOW TO TELL THE DIFFERENCE. HINT: BUFF ARMS AND A TOUGH ATTITUDE AREN'T PROPER INDICATORS.

BY Kara Mayer Robinson REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

YOU HIRED A PERSONAL TRAINER—CONGRATS! But will you get the results you want? Here's what a good trainer should do.

ASK QUESTIONS

Beginning with your first session, your personal trainer should assess where you are, your injury history, and your goals—and how to safely and steadily reach them.

"To create a program that works, we need to know everything we can about your workout and medical history, eating habits, sleep rhythm, and stress levels," says personal trainer Jennifer Fidler, MA.

KNOW YOUR SWEET SPOT

"Your workouts should be challenging but not over the top. Starting off with a bunch of burpees is a red flag," says Tony Maloney, an ACSM-certified exercise physiologist.

Too many trainers put clients through intense sessions that are way too advanced, says NASM-certified personal trainer Alex Robles, MD. They do it to make you feel like you've had a good workout, he says, but it's the wrong move. "They should begin with a regimen that's right for your skill level and gradually increase volume and intensity," says Robles.

MAKE ADJUSTMENTS

"Didn't sleep well last night? Let's take it a bit

slower. Woke up with knee pain? Let's skip high-intensity exercises," says Fidler. A good trainer will adjust workouts on the fly to keep you motivated and injury-free.

BE CRYSTAL CLEAR

Your trainer should clearly explain and demonstrate exercises, says Ali Greenman, NASM-certified personal trainer. If you don't follow what she's saying, does she explain it differently? Does she take time to clearly answer your questions or throw big words at you and move on?

A good trainer doesn't send you off on your own. "The reason you're paying a trainer is to take the guesswork out of the fitness process," says ISSA-certified personal trainer Jamie Hickey. During warm-ups, for example, he should explain how to stretch, how long to hold, which muscles to focus on, and why.

BE LASER-FOCUSED

Your trainer's attention should always be on you. If you're doing reps and she's distracted by other people or her phone, it's a red flag. "I hate when I see this," says Hickey. "Any coach that texts, browses the web, or takes calls while working with you isn't worth your time."

Other signs of distraction are being late, disorganized, unprepared, or unfocused. If your trainer isn't 100% present, it may be best to move on.

WHAT TO ASK A PERSONAL TRAINER

Ready to book? Start with these questions, says personal trainer **Chris Cooper, NSCA-CPT.**

Q Which certification(s) do you have?

You'll see many types of certifications. Look for someone who's been certified by a reliable organization like NSCA, ACE, ISSA, NASM, or ACSM, says Cooper.

Q Have you worked with people like me?

It's a plus when a trainer has experience with clients who've had similar goals or a similar injury history to yours. He can apply that experience to you.

Q Are you up to date on fitness news?

Make sure she's in the know. Ask which continuing education classes she's taken recently or the last thing she read about fitness and training.

Q How will you create a plan that's right for me?

Your trainer should design an individualized program tailored to your needs. It should include an assessment and a plan for slow but steady progress.



Panic Strategy

IF YOU HAVE A PANIC ATTACK, WHAT'S THE BEST WAY TO COPE?

BY Katherine Kam

REVIEWED BY Patricia A. Farrell, PhD, WebMD Medical Reviewer



Search for the slideshow
**Ways to Stop a Panic
Attack** at WebMD.com.

PANIC IS GOOD. IN THE RIGHT CONTEXT, OF COURSE. The symptoms of panic—a racing heart, rapid breathing, sweating—strike when our bodies are mobilizing to fight or flee, says Elizabeth Duval, PhD, an assistant professor of psychiatry at the University of Michigan.

“If I’m being chased by a lion, I want to have these things happen in my body so that I can get more oxygen to my muscles and I can run really fast. This process is very much a natural response that keeps us safe and alive.”

But the panic that spurred our ancestors to flee from ferocious beasts can go haywire in modern life. People can spiral into uncontrollable terror over innocuous things: elevators, bridges, a plane ride, a big crowd at the mall.

“It starts happening in realistically safe situations or out of the blue,” says Duval, who treats people with panic attacks that disrupt their lives. “That’s when it starts creating a lot of distress and anxiety.”

In some people, internal sensations, such as a racing heart or feeling warm, can seem so scary that they set off a cascade that leads to a panic attack, Duval says. Panic attack symptoms, which might include trembling, shortness of breath, and a sense of impending doom, can frighten people into believing they’re having a heart attack or stroke.

Often, people begin to steer clear of situations that might provoke another attack. “They might be avoiding things that are really important,” Duval says. “They might not be able to get to work. They’re not able to go to the grocery store or get in the car.”

But Duval offers reassuring news: “Panic attacks are not dangerous at all. Even without doing anything, panic attacks will resolve on their own. They’re often pretty quick, so they’ll peak typically within 10 minutes.”

It’s best to ride out an attack, Duval says, knowing that it’s the body’s natural fear response activating. Prescription benzodiazepines can ease the acute stress of a panic attack, but they have drawbacks, she says: “Drugs often serve as a way to escape or avoid the panic. They help you feel better in the moment, but don’t always help more long term with managing the panic. I often advise people to try to continue living their lives and not letting the panic dictate whether they stay in a situation or not.” In other words, don’t flee a store, office, or other safe place when a panic attack strikes.

As people learn to tolerate the uncomfortable physical sensations, there’s a payoff, she says: “Over time, that makes the panic attacks less intense, and then they start to occur less frequently.”

5 STEPS

During a panic attack, try the 5-4-3-2-1 grounding technique, says **Elizabeth Duval, PhD**. It can help distract you from anxious thoughts by grounding you in the reality of your surroundings. Practice this calming technique so that you’re ready to use it whenever you need it. Take several deep breaths before you start.

1. NAME 5 THINGS . THAT YOU CAN SEE
(for example, a pen, plant, or lamp)

2. NAME 4 THINGS . THAT YOU CAN TOUCH (your body in a chair, your feet touching the ground, etc.)

3. NAME 3 THINGS . THAT YOU CAN HEAR (a clock ticking, traffic, wind)

4. NAME 2 THINGS . THAT YOU CAN SMELL (fragrance, food odors)

5. NAME 1 THING . THAT YOU CAN TASTE (for example, coffee, gum, or even your tongue)





SKIN CARE

Flake Off

SPRING IS TIME FOR RENEWAL, AND YOUR SKIN IS NO EXCEPTION. BUT WHAT'S THE BEST WAY TO SLOUGH OFF DRY WINTER SKIN WITHOUT IRRITATION?

THE TRICK TO DO-IT-YOURSELF EXFOLIATION, says Jennifer Sawaya, MD, a dermatologist in Scottsdale, Arizona, is to be gentle. "Overzealous scrubbing can do more harm than good, causing inflammation or even scarring," she says. To avoid problems, choose a technique that's a good match for your skin type. If you have sensitive or acne-prone skin, skip the brushes and sponges and try an alpha hydroxy acid like glycolic acid. If you have oily skin, you may be fine with a scrub or a chemical treatment. If you're acne-prone, try a product with salicylic acid to unclog pores. "If you want a bit more aggressive treatment, consider using a cleansing brush every day," Sawaya says. No matter which technique you try, use gentle, circular motions and always follow up with a moisturizer. —KARA MAYER ROBINSON

Silky Smoothers

IT'S THE SEASON TO SWAP SWEATERS FOR SUNDRESSES, AND THE PERFECT ACCESSORY IS SMOOTH, SILKY SKIN. FOR A CLOSE, COMFY SHAVE, TRY THESE TOP PICKS FROM **JESSICA WEISER, MD**, FOUNDER OF WEISER SKIN MD AND ASSISTANT CLINICAL PROFESSOR OF DERMATOLOGY AT COLUMBIA UNIVERSITY.

BY Kara Mayer Robinson

REVIEWED BY Karyn Grossman, MD
WebMD Medical Reviewer

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AFTER SHAVE BALM

ALL SKIN TYPES / SOOTHING FORMULA

glycerin
aloe extract
allantoin
menthol
cooling sensation

Baxter
OF CALIFORNIA

120 ml • 4 FL. Oz.

SOOTHING STORY

**Baxter of California
After Shave Balm, \$2**

"Even though it's marketed as a men's product, this alcohol-free balm works well for women. The tea tree oil is calming, while the allantoin hydrates and protects your skin."

OIL LUBE

The Ordinary 100% Organic Cold-Pressed Moroccan Argan Oil, \$7

"This simple oil hydrates and lubricates your skin to reduce friction while also softening the hair shaft to make shaving easier."

The Ordinary

100% Organic Cold-Pressed Moroccan Argan Oil
Daily Support for Skin
100% HUILE D'ARGAN
du Maroc Pressée à la Chaleur
Formule Pure et Simple
Chimiquement Stable

eos
evolution of smooth®

Unique, skin-friendly
& super-smooth
Shave Cream

Sensitive

Moisturizes & soothes
Aloe & wild oat
lavender butter
added fragrance

GET CREAMED EOS

Sensitive Skin Shave Cream, \$5

"This shave cream is thick and smooth to create excellent lubrication. The hypoallergenic formula reduces irritation, and wild oats soothe your skin to help decrease razor burn."

OUTGROW IT

Malin+Goetz Ingrown Hair Cream, \$34

"This plant-based emollient has soothing chamomile and allantoin to reduce irritation, vitamin E and B5 to hydrate and repair, and light chemical exfoliants to turn over dead skin and help prevent ingrown hairs."

(MALIN+GOETZ)
Ingrown hair cream.
CRÈME DE TRAITEMENT DES POILS SOUS-CUTANÉS.
3.0% SALICYLIC ACID—1.2% B5—1.2% E
0.5 fl. oz. • 15ml

RAZOR-SHARP

Gillette Fusion5 ProGlide, \$15

"This five-blade razor has spaced-out blades to avoid tugging on hairs and irritating hair follicles. The lubricating strip helps with a smooth glide."



Spring Clean

IS IT TIME TO CHANGE UP YOUR SKIN CARE REGIMEN? TOP DERMATOLOGISTS WEIGH IN.

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

SPRING MAY INSPIRE A FRESH START WITH YOUR HOUSE CLEANING, and it's also a good time to give your medicine cabinet and makeup bag a clean sweep as well. The warmer weather and sunnier days may inspire a closer look at what you're using on your skin, but it's wise to take stock of your routine every few months regardless.

"If your skin is experiencing any changes from its baseline, it could mean your current skin care regimen isn't cutting it anymore," says Michelle Henry, MD, a clinical instructor of dermatology at Weill Cornell Medical College in New York City. Here are the signs that you should take a look at your current skin care routine.

THE SEASONS ARE CHANGING

"For most people, a change in the seasons means a change in skin care," says Rajani Katta, MD, a dermatologist in Houston. "That's because there are seasonal differences in temperature, humidity levels, and other environmental exposures that can really impact how our skin responds."

When your wardrobe needs an update, so does your skin care. Omer Ibrahim, MD, a dermatologist in Chicago, advises tailoring your moisturizer and cleanser to your climate. "In the summer, I generally remind patients that just like their wardrobe, their skin care routine may need to be a little more lightweight. In the dry climate of winter, heavier cream cleansers and thicker

moisturizers are necessary to keep the skin hydrated and combat dryness,” he says. “However, in the summer, the heat and humidity enables patients to switch to gentle, foaming cleansers and lightweight moisturizing lotions.”

Ibrahim recommends trying a clarifying cleanser like iS Clinical Cleansing Complex (\$42) to keep pores clear and opting for a moisturizer with a gel formula like Neutrogena Hydro Boost Water Gel (\$16) for non-greasy hydration.

Another swap you can make in warmer months is your retinoid. Ibrahim says that higher strength retinols can be used in the more humid summer months. These can be drying in colder weather, requiring a weaker potency.

YOU'RE BREAKING OUT

An acne flare can be a sign that you need to address your routine. Your skin may simply be responding to a seasonal shift. “Warmer weather can cause sweat and oil glands to become more active,” Henry says. “When sweat begins to build up, excess oil can clog pores and eventually result in pimples.” She

suggests exfoliating once or twice weekly to remove sweat, excess skin, and debris that may have built up and could lead to breakouts. She says a cleansing brush like the Clarisonic Mia Prima (\$88) can clear acne-causing debris from pores to keep skin clear.

Julie Harper, MD, a clinical associate professor of dermatology at the University of Alabama-Birmingham, says a topical retinoid may also be a good solution for acne that hasn't responded to over-the-counter options. “Retinoids are our first line of defense in prescription acne treatment because they're able to regulate skin cell turnover and possess anti-inflammatory properties,” she says. Plus, in warmer weather you're showing more skin and may need to add in a product that treats acne on your chest, shoulders, and back. In these cases, she often adds a retinoid called Aklief that's designed for the body.

You should also check your labels to make sure they are non-comedogenic, which means they don't contain anything that will clog pores, says Laurel Naversen Geraghty, MD, a dermatologist in

Medford, Oregon. Some ingredients that your skin tolerated in the winter might combine with heat, humidity, and sweating to aggravate acne. Coconut oil is a prime example of this, she warns.

YOUR SKIN LOOKS DULL

Sometimes your skin needs a literal refresh to restore its vibrancy. “If you're looking dull, you really need to take a look at your cleansing routine first,” Katta says. She says a cleanser that effectively removes oil, dirt, and makeup is crucial.

Next, you need to encourage cell turnover with an alpha hydroxy or beta hydroxy acid treatment, Geraghty suggests. Look for ingredients like salicylic acid or glycolic acid. “A light home peel or overnight mask (or a stronger professional peel at your dermatologist's office) can do so much for skin refreshing and rejuvenating,” she says. Geraghty recommends adding treatments like SkinCeuticals Glycolic 10 Renew Overnight (\$80) or Bliss That's Incredi-peel (\$10) to your routine to increase radiance: “These types of products gently exfoliate the skin and

Continued on page 21

DIRTY SECRET

“I'm obsessed with using pore strips.”



AVOID A STICKY SITUATION

“The adhesive in pore strips that removes blackheads also strips away surface oils and the stratum corneum, the uppermost layer of the skin. So while you're getting material out of the pores you're also damaging the natural part of the skin's defense mechanism. There's also a risk of allergic contact dermatitis from the adhesive.”

DON'T GO ON A TEAR

“When used repetitively and excessively, you can rip off the skin and strip away important proteins from the stratum corneum leading to microscopic fissures or tears, setting yourself up to skin infections. They can be especially problematic for people with skin of color because a rip or tear in the skin can lead to scarring and post-inflammatory hyperpigmentation.”

WASH, DON'T RIP

“I advise using a mild acne cleanser containing salicylic acid or benzoyl peroxide to gently exfoliate and remove debris from pores. If you feel like you need to regularly use pore strips, you probably have moderate enough acne that you should see a dermatologist for a treatment plan.”

Continued from page 22

“FOR MOST PEOPLE, A CHANGE IN THE SEASONS MEANS A CHANGE IN SKIN CARE.”

remove built-up dead skin cells to leave it smoother and more radiant and glowing.”

To further enhance your glow, Ibrahim suggests investing in an antioxidant vitamin C serum, which will also help fight free radicals induced by the sun and urban pollution, combat hyper-pigmentation, and help with collagen production. Ibrahim likes Revision C+ Correcting Complex 30% to deliver antioxidant-boosting benefits. “Vitamin C is great year-round, but all the more important in the summer,” he says.

YOU HAVE IRRITATION

If your skin feels rashy or angry, you should consider scaling back your routine. “I’m seeing a lot of patients who are experiencing more skin irritation,” Katta says. “Some of it comes down to experimenting with 10-step skin care routines and

overusing harsh or exfoliating products. I always recommend simplifying your regimen as a first step.”

When you see irritation, it’s often a good time to take a minimalist approach. “Often combining or layering multiple ingredients or products is a setup for skin irritation, allergies, redness, flaking, and more,” Geraghty says. “That’s why I often ask my patients to back away from that overstuffed shelf filled with lovely skin care products and stick with a simplified, gentle, proven regimen instead.”

She recommends paring back to a gentle cleanser, a moisturizer with SPF, light exfoliation once a week, and a nightly retinoid, if your skin tolerates it. “There are always more steps one can add into a skin care regimen,” Geraghty says, “but when it comes to skin care, sometimes too much really can be too much.”

THE SCOOP

FLARE TACTICS

WHEN IT COMES TO THE REDNESS AND IRRITATION ASSOCIATED WITH ROSACEA FLARES, **PAUL FRIEDMAN, MD**, A CLINICAL ASSISTANT PROFESSOR OF DERMATOLOGY AT THE UNIVERSITY OF TEXAS MCGOVERN MEDICAL SCHOOL IN HOUSTON, SAYS THESE TACTICS WILL KEEP YOUR SKIN CALM.

DON’T WAIT

“When I see someone with rosacea, the first thing I do is educate them on the importance of early intervention and compliance with a skin care regimen,” Friedman says. “Patients who are diagnosed later often require more treatment and have more redness and irritation.”

BE GENTLE

While the most common rosacea triggers are sun exposure, emotional stress, hot weather, wind, exercise, alcohol, and spicy food, Friedman says that rosacea patients tend to have sensitive skin and should be cautious about their skin care regimen. He warns against products containing irritating alcohol and fragrance.

PROTECT YOURSELF

Friedman advises wearing a broad-spectrum sunscreen with UVA and UVB protection daily to shield from UV rays, one of the top flare triggers.

SEE THE LIGHT

Laser therapy is often used to reduce persistent redness. Friedman uses a vascular laser called Vbeam that targets the blood vessels to minimize the ruddiness associated with rosacea. “Laser treatment works to reverse the redness and keep it at bay,” he says.

Bumps in the Road

ONE DAY IT'S OILY SKIN, THE NEXT IT'S A PIMPLE. TEEN SKIN SEEMS TO HAVE A LIFE OF ITS OWN. WHEN IT COMES TO ADOLESCENT SKIN CARE, WHAT REALLY WORKS?

BY Kara Mayer Robinson

REVIEWED BY Mohiba K. Tareen, MD, WebMD Medical Reviewer



Search for the article [Skin Care Tips for Teens](#) at [WebMD.com](#).



IT MAY BE TEMPTING TO STOCK UP ON PRODUCTS THAT PROMISE TO MAKE SKIN PROBLEMS VANISH. But for teen skin, says **Morgan McCarty, DO**, a dermatologist at Austin Regional Clinic in Texas, less is more.

Q What type of skin care works best for teen skin?

McCARTY The best regimen is a simple and consistent one. Use a gentle cleanser every day and a retinoid, either one available over-the-counter or a stronger prescription from a dermatologist, at night. People are obsessed with scrubs, masks, and Clarisonics, but these products can cause too much irritation, increase intolerance to acne medications, and even cause increased pigmentation, which is leftover color from old acne spots.

Q What are common myths about teen skin?

McCARTY It's a myth that oily foods or chocolate causes acne. But there is some evidence that whey protein in protein shakes can cause acne. Another myth is that you can scrub out acne. The truth is irritation can make blemishes worse.

Q Is it possible to stop a pimple from getting worse?

McCARTY Yes. Apply a benzoyl peroxide face wash with a warm compress, and then apply ice. Look for a face wash that lists 2.5% benzoyl peroxide. For your body, try a 10% benzoyl peroxide wash like PanOxyl. At-home light spot therapy devices with red light, which you can find online, can also help. You simply hover the device over a pimple. It works if you catch it early enough.

Q Which over-the-counter products do you recommend for acne?

McCARTY Look for products with the words 'retinoid' or 'adapalene.' They can improve texture and hyperpigmentation, which is leftover color from old acne spots. They can also help with oily skin, which feeds the bacteria that is responsible for acne. I recommend Differin gel because it decreases oil production, prevents new pimples, decreases hyperpigmentation, and helps with scarring. To get results, use these products every day—and be patient. It takes about 12 weeks to see improvement.

Q What acne treatments are available at a dermatologist's office?

McCARTY There are many options, from creams to medications to laser treatments. We usually try oral antibiotics or birth control pills first. If a patient has a lot of scarring, we may try laser treatment. If other treatments don't work, we may recommend isotretinoin, commonly known as Accutane, which is a high dose of vitamin A that you take orally. But there are side effects, like eczema and dry lips, which is why other therapies like retinoids and oral antibiotics are often suggested first.

Q When is it best to see a dermatologist?

McCARTY If you use over-the-counter topicals for about three months and don't see any improvement, or if you see scarring, visit a dermatologist.

WHAT TO ASK

A DERMATOLOGIST CAN CUSTOMIZE A TEEN'S SKIN CARE ROUTINE BASED ON HIS OR HER SPECIFIC NEEDS. DERMATOLOGIST **MORGAN McCARTY, DO**, SUGGESTS STARTING WITH THESE QUESTIONS.

Q What do you recommend for redness?

Teens may have pimples, rosacea, or a combination of both. A dermatologist can suggest issue-specific solutions.

Q What can they try if most treatments irritate the skin?

A lot of people are sensitive to benzoyl peroxide, which makes it hard to tolerate typical acne medications. A dermatologist can suggest gentler alternatives.

Q Which foods should my teen avoid?

There's a lot of misinformation about how oily and sugary foods affect teen skin. A dermatologist can clear up the confusion.

Q Will a better diet lead to better skin?

Certain foods and supplements, like salmon and fish oil, may help teen skin. Ask a dermatologist for specific suggestions.



THE POWER OF SLEEP

Bedtime Story

A RECENT STUDY SHOWS TEEN GIRL “NIGHT OWLS” ARE MORE LIKELY TO GAIN WEIGHT

IF YOUR TEEN DAUGHTER—BUT NOT SON—LIKES TO GO TO BED LATE, SHE MAY BE MORE LIKELY TO GAIN WEIGHT THAN TEEN GIRLS WHO HIT THE HAY EARLIER, according to a new study funded by the National Institutes of Health. The greater her “social jet lag”—defined as the number of additional hours of lost sleep on weekends—the higher her chance of increasing both her waist size and percentage of body fat. Teen boy “night owls” in the study showed no statistically significant differences in weight or body size. (Cue “unfair” eye rolls from females of all ages, everywhere.) —LAUREN PAIGE KENNEDY



Medication Check

ABOUT 10% OF WOMEN WILL TAKE DRUGS FOR DEPRESSION OR ANXIETY DURING PREGNANCY. IS IT SAFE?

BY Lisa Marshall

REVIEWED BY Nivin C.S. Todd, MD, WebMD Medical Reviewer



Search for the article [Pregnancy and Depression](#) at WebMD.com.

IS IT SAFE TO TAKE MEDICATIONS FOR MOOD DISORDERS WHEN YOU'RE PREGNANT?

Worried mothers-to-be are increasingly asking this question in the wake of a flurry of new studies linking antidepressants and anti-anxiety drugs to everything from heightened risk of miscarriage to birth defects and autism. The answer, experts say, is complicated.

"I try to stay away from the 'safe or not safe' discussion and frame it in terms of risks vs. risks," says Mary Kimmel, MD, assistant professor and medical director of the Perinatal Psychiatry Inpatient Unit at the University of North Carolina. "There is a risk to taking medication, but there is also a risk to not treating."

MATERNAL MENTAL HEALTH ISSUES ON THE RISE

As many as one in four pregnant women have depression, and about one in 10 meet the criteria for generalized anxiety disorder. In some cases, a pregnancy is unintended, leading to complicated emotions. In others, shifting hormones and a predisposition to depression collide to worsen existing mood disorders or bring

BY THE NUMBERS

14% to 23%

Percentage of women who develop depression during pregnancy.

3X

Increase in frequency of some birth defects among the infants of women treated with paroxetine or fluoxetine early in pregnancy.

1 in 10

Number of women who take medication for mood disorders during pregnancy.

60%

Percentage by which the use of benzodiazepines during pregnancy increases the risk of miscarriage.

previously undiagnosed ones to the surface. Often, women are ashamed to speak up, says Shoshana Bennett, PhD, a perinatal psychologist and author of *Beyond the Blues: Understanding and Treating Prenatal and Postpartum Depression and Anxiety* (2019 Updated Edition).

“There is an expectation that you are supposed to be happy and excited,” she says. “The reality is, women are not always happy that they are pregnant.” Counseling can be helpful; medications are not the only option.

As attention to prenatal mood disorders has risen, so has the number of women taking medication for it, with about 10% of pregnant U.S. women taking antidepressants and 1% taking benzodiazepines. That concerns some clinicians, who say that while medication is key for severe cases, other options—like nutritional interventions, better sleep, and psychotherapy—may work as well or better for mild to moderate cases.

“Is it wonderful that this is now being regarded as something real and needing treatment? Yes,” says Bennett, who often starts with non-drug options before recommending medication. “Do we jump to medication too quickly sometimes? Yes. I believe we do.”

RISKS CAN BE SMALL, BUT REAL

Professor Anick Berard, PhD, a perinatal pharmacology researcher at the University of Montreal, notes that because it is considered unethical to ask a healthy pregnant woman to take a drug for a research study, clinical trials on risks and benefits for mom-to-be and baby are hard to find. To fill the gap, she’s followed pregnancies in Quebec for 17 years, looking at birth outcomes for nearly 450,000 mothers, and published dozens of studies.

One, published last year in the journal *JAMA Psychiatry*, found that women who take benzodiazepines like Xanax or Ativan for anxiety in early pregnancy are anywhere from 60% to three times more likely to have a miscarriage, depending on which one they’re taking.

Another, published in 2017, found that those who took certain antidepressants (selective serotonin reuptake inhibitors, or SSRIs) in the first trimester were slightly more likely to have children with defects of the heart, lungs, digestive system, face, and other organs.

Other large studies have linked antidepressant use during pregnancy with an increased risk of preterm birth and gestational hypertension (high blood pressure). One, published in the journal *Pediatrics*, found that boys with autism spectrum disorder were three times as likely to have been exposed to SSRIs in utero.

“Serotonin is essential for musculoskeletal, organ, and brain development, and SSRIs work by blocking this molecule,” says Berard. “As a result, it has the potential to lead to a wide range of birth defects.”

Meanwhile, some studies suggest that for women with mild to moderate depression, antidepressant efficacy is questionable. About 13% of women who take antidepressants during pregnancy remain depressed.

“Given that antidepressants don’t do that well for women with mild to moderate depression and that there is some risk, I think it leans to the side of more risky than not for them,” said Berard. “That being said, every woman should talk to her doctor to see what’s right for her.”

THE RISKS OF DOING NOTHING

Kimmel stresses that untreated depression and anxiety come with their own risks.

Depressed mothers are less likely to attend prenatal visits or take their prenatal vitamins and more likely to smoke, drink, and use drugs—all

factors that can lead to preterm and low-birth-weight babies.

“We also know that depression and anxiety during pregnancy is associated with a child being more likely to have depression and anxiety and other psychiatric disorders later in life,” says Kimmel.

For some women, she says, better self-care and therapy can go a long way to ease mental health problems during pregnancy. “But there are times when someone may be

doing all the right things and still be depressed or even suicidal,” she says, noting that there can be underlying biological reasons. “In that case, medication may be really important.”

THE RIGHT MEDICATION AT THE RIGHT DOSE

Kimmel suspects that some women may not respond well to antidepressants because they are not taking enough or not taking the right one. Due to changes in blood volume and metabolism during pregnancy, women already taking antidepressants may have to take a higher dose to maintain the same effect.

While she generally does not recommend benzodiazepines for pregnant women, she warns that abruptly halting them is not advised. And she stresses that some medications come with more risks than others. For instance, one recent study found that while paroxetine (Paxil) and fluoxetine were strongly linked to birth defects, including cardiac defects, sertraline (Zoloft) was not.

“If you do need medication, our objective is to use the right medication and the lowest effective dose to get you well,” Kimmel says. Her advice to those mulling this tough question: “Talk to your doctor about it—and keep talking with your doctor about it. Different decisions can be made at different times to be sure you are doing all you can for your mental health.”

DOS AND DON'TS

DO

talk to your doctor if you are already on medication and considering pregnancy.

DON'T

suddenly go off your medication because you are pregnant. Rapid withdrawal can come with its own risks to both you and your baby.

DO

make sure you are taking the right dose. Some medication doses must be increased to work effectively during pregnancy.

DO

ask your doctor about your medication's safety profile. Some are safer during pregnancy than others.

DO

ask your doctor what other steps you can take to prevent depression. Some psychotherapies have been shown to help.

The Case for Tummy Time

IS YOUR INFANT GETTING ENOUGH PLAY TIME ON HIS STOMACH? THIS SIMPLE HABIT BENEFITS HIS HEAD SHAPE—AND HIS DEVELOPMENT.

BY Erin O'Donnell

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor



Search for the article
Tummy Time: Why It's Important at WebMD.com.



IN 1992, THE AMERICAN ACADEMY OF PEDIATRICS LAUNCHED THE BACK TO SLEEP CAMPAIGN, which recommended that parents put infants on their backs for sleep until their first birthday to prevent Sudden Infant Death Syndrome (SIDS). This important campaign triggered a dramatic decline in infant deaths. A side effect, however, is that babies are more likely to develop a flat spot on the back of their heads, a condition known as flat head syndrome or positional plagiocephaly.

In severe cases, flat head syndrome can lead to facial asymmetry or even a change in ear position, says Dawn Rothchild, APRN, PCNS-BC, advanced practice nurse for the division of plastic surgery at Cincinnati Children's Hospital, where she works daily with babies with positional plagiocephaly. Parents should never put babies on their stomachs to sleep to prevent this problem, Rothchild warns. "The safe sleeping recommendations remain a priority," she says.

The best way to prevent flat head syndrome? Give babies frequent, supervised periods on their stomachs while awake, Rothchild says. Tummy time not only reduces the risk of a flat head, it also strengthens babies' muscles, helps them develop neck control, and increases their chances of meeting developmental milestones

in the first year, Rothchild says. "As long as it's supervised, tummy time can start the day of birth," she adds.

It can also help to switch your baby's position in the crib, putting his head at one end one night and then on the opposite end the next night. Avoid leaving the baby in car seats and bouncy seats for long periods, which puts pressure on the malleable skull. Give the baby's head a break by holding him or wearing him in a sling or other baby carrier that has been recommended by a pediatrician.

Some babies develop a flat spot because they have torticollis, a condition in which the muscles on one side of the neck are short and tight, limiting head movement. Physical therapy may help address an underlying neck problem.

In moderate to severe cases of flattening, your physician may recommend fitting your baby with a special helmet that corrects the head shape. Rothchild explains that these are most effective if started when the baby is 4 to 6 months old, when the skull and brain are undergoing rapid growth.

Rothchild adds that some parents feel at fault for their infant's flat head, but most are simply taking the Back to Sleep recommendation to heart. "Families should never feel guilty for doing the right thing," she says.

4 QUESTIONS

TALK TO YOUR PEDIATRICIAN ABOUT POSITIONAL PLAGIOCEPHALY.

Q Is my infant's head flat?

If you are concerned, ask your pediatrician to examine your baby's head and refer you to a specialist if necessary. The sooner you ask, the more treatment options are available.

Q My baby cries during tummy time. What can I do?

The earlier you can get your baby accustomed to short supervised periods on her stomach, the less likely she is to fuss in that position. If tummy time is new for your baby, try it for just a minute or two several times a day, and work her up to longer periods.

Q Could the flattening hurt my baby's brain?

Positional plagiocephaly usually is just a cosmetic issue. But your doctor also should check for a different problem: craniosynostosis, a birth defect in which the baby's skull bones fuse too early, causing an abnormal head shape and limiting brain growth. It may require surgery.

Q Does my baby need a helmet?

Your doctor may recommend a helmet, also known as a cranial orthotic, to reshape her skull. But some research suggests that flat spots often resolve on their own once baby starts sitting up.

Save the Date?

TEENS WHO AVOID ROMANCE DURING THEIR FORMATIVE YEARS MAY BE EMOTIONALLY HEALTHIER AND RATE HIGHER ON SOCIAL AND LEADERSHIP SKILLS, SAYS ONE RECENT STUDY

BY Lauren Paige Kennedy REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

THINK OF HIGH SCHOOL ROMANCE: IMAGES COME TO MIND OF THE SCHOOL DANCE, with lucky couples clinging to one another—and having all the fun—on the dance floor. Dejected singletons sit it out on the sidelines, feeling sorry for themselves. Right?

The reality of teen dating may be very different, according to a recent study out of the University of Georgia's College of Public Health. Researchers there followed a group of adolescents from the 6th through the 12th grade. Students were surveyed each year about their relationships, whether or not they dated, and whether they had symptoms of depression or even suicidal thoughts. Their teachers also reported their views on how well these same students were doing at school in leadership, social skills, and signs of depression.

The results? Nondating students did just as well—and often better—than their classmates who had coupled up when it came to levels of happiness and interpersonal skills. In fact, their teachers ranked their single students significantly higher for social and leadership skills.

This does not come as a surprise to **Barbara Greenberg, PhD**, a clinical psychologist based in Fairfield County, Connecticut, who specializes in the treatment of adolescents. “I followed this study with interest,” she says. “And the results did not surprise me. I see it in my practice all the time. Not just teen girls,

but boys, too, who are devastated when a relationship ends. They did not expect its demise to affect them so adversely. They think they're ready for physical intimacy but are surprised how emotionally connecting physical intimacy can be. Then, after a breakup, they must return to school, where they see this person—and they can't get space” to work through it.

While dating can be a normal and healthy part of teen development, Greenberg says, there may be more cons than pros—and it's certainly not the norm. According to the U.S. Department of Health and Human Services, only 35% of American teens ages 13–17 have some experience with romantic relationships, with 19% currently in a steady relationship. Yet despite the many tropes in our culture that are devoted to lovelorn teens—blockbuster movies, yearning pop songs—the majority of teens don't date. Nearly two-thirds of 13- to 17-year-olds don't have any experience with romance at all.

They may be better off, Greenberg says. “Social media makes it especially tough right now. It can be fuel for obsession. I see kids following their former boyfriends/girlfriends, and I suggest they block them for their own mental well-being. Also, kids often reject their friend groups when they enter into a romantic relationship. By doing so they lose a vital social support when the relationship ends.”



ASK YOUR DOCTOR

CLINICAL PSYCHOLOGIST BARBARA GREENBERG, PHD, GUIDES PARENTS ON HOW TO HANDLE TEENS CHASING LOVE IN HIGH SCHOOL.

Q Should parents discourage, or even ban, high school romance?

“You don't want to set up a Romeo and Juliet situation,” Greenberg says. Instead, discuss the importance of staying both goal-driven and friendship-focused as your child enters high school.

Q Is there a happy medium when it comes to teen dating?

In Greenberg's view, it's really tough to do. “It sounds ideal—a date here or there—but the teenaged brain is the unregulated brain. Teens tend to want to dive right in, and they have difficulty setting limits.”

Q If my teenager is already in an exclusive relationship, what should I do?

“If the relationship is already happening, parents may introduce a lot of conflict by intervening or attempting to end it. Instead, keep your teenager busy with healthy activities—and strongly urge him or her to cultivate and maintain close friendships outside of the romance.”

ADHD in Girls

MORE BOYS ARE DIAGNOSED WITH THE CONDITION. THAT MAY BE BECAUSE THE SIGNS ARE DIFFERENT—AND OFTEN IGNORED—FOR GIRLS.

BY Katherine Kam

REVIEWED BY Roy Benaroch, MD, WebMD Medical Reviewer



BY THE NUMBERS

AMONG U.S. CHILDREN AGES 5 TO 17:

10.6%

Percentage ever diagnosed with ADHD.

14.5%

Percentage of boys ever diagnosed with ADHD.

6.5%

Percentage of girls ever diagnosed with ADHD.

FIDGETING WITH ONE'S HANDS AND FEET. NOT STAYING SEATED. INTERRUPTING INSTEAD OF WAITING FOR A TURN TO TALK.

As the slides advanced during a community talk about diagnosing and treating attention deficit hyperactivity disorder (ADHD), the symptoms sounded familiar to then 14-year-old Carly Duryea. *Oh, yeah, that's my sister all right*, thought Duryea, whose bouncy little sibling was diagnosed with ADHD at age 5.

The next slide flashed the disorder's inattentive symptoms, among them: being easily distracted, not seeming to listen, and not following through or finishing schoolwork. Duryea was astonished. "I had been so completely opposite of my sister that I never even thought I could have ADHD. But everything on the slide described me."

Ironically, Duryea was in the audience because her mother, a family physician in Centre, Alabama, was giving the presentation. After Duryea mentioned her jolt of recognition, her mom took her to another doctor, who diagnosed Duryea with attention deficit disorder, minus the hyperactivity. For mother and daughter, Duryea says, "It was an aha moment."

Duryea was almost a decade older than her younger sister had been at the time of diagnosis. Unfortunately, it's common for parents, teachers, and other adults to overlook ADHD in inattentive, distractible girls like Duryea.

"The notion that this is a hyperactive boy condition is not correct," says Craig Surman, MD, a neuropsychiatrist and ADHD researcher at Harvard Medical School.



Search for the slideshow **ADHD in Women and Girls** at WebMD.com.

“There’s a different trajectory for girls,” he says. Often, they’re the quiet daydreamers who sit in the back of the classroom, unable to focus and follow through on tasks. They don’t raise the same red flags as the hyperactive, impulsive children—stereotypically, boys—who disrupt the teacher’s lessons. And yet, they’re just as impaired.

Duryea, now 22, wonders whether being diagnosed and treated in early childhood might have made elementary school less arduous. “I could tell that I was different from my peers, that I was a little off,” she says. “I noticed that I wasn’t, like, as smart as my peers. I worked so hard not to be different and I came up with ways to hide it. One coping mechanism I developed was I would never answer questions. I was always wrong because I didn’t process the question, I didn’t hear all of it, I wasn’t paying attention.”

She simply couldn’t maintain focus, she says. “I would describe myself as a daydreamer. But if you asked me at that age, ‘Carly, are you daydreaming? I would say, ‘Of course I’m not. I want to pay attention. I want to learn.’”

Other signs cropped up, too. “I also realized with peers that I couldn’t keep up with conversations that involved more than a few people,” she says, a problem that made group projects hard. As a result, she became, in her own words, “withdrawn or reserved.”

“I was hypervigilant and self-conscious about how people might perceive me. I constantly got headaches and stomachaches,” she says. “I was very sensitive to failure, and I was trying to compensate for a lot.”

In fact, she compensated so well during elementary school that teachers never expressed

concern. “I was known for being sweet and helpful,” she says. “I got straight As. I loved running errands.” But outside the classroom, she says, “Everything took twice as long as it should have.”

Girls with inattention can compensate in the early school years, especially if they’re bright. But the strategies often fail when they get to middle school, which demands more planning, time management, and organizational skills. And that’s when girls’ self-esteem can plummet.

In boys with ADHD, “There’s more externalizing behavior,” Surman says. They’re more likely to be “oppositional,” which shows up in defiance and rule-breaking. In contrast, girls tend to turn inward and blame themselves. Beyond the elementary school years, Duryea couldn’t get started on tasks, including schoolwork. “I would tell myself, ‘Carly, you want to do the work. Why aren’t you doing it? Are you lazy? What’s the problem?’”

She felt anxious and depressed, which is common in girls confronted with the daily challenges of ADHD. Fortunately, ADHD medication worked well for Duryea when she started taking it at 14. She still must manage her symptoms, but she’s become a college student with dreams of someday working in the field of ADHD.

As she now knows, the disorder can run in families. Sometimes, parents realize after their children’s diagnosis that they also have ADHD. Duryea’s mother discovered in adulthood that all along, she, too, had the inattentive form.

“When it comes to my future plans, I’ve never felt that ADHD limits my scope,” Duryea says, “especially with my mom being a doctor. She made it through.”

SIGNS OF INATTENTION

IN CHILDREN WHO HAVE THE PREDOMINANTLY INATTENTIVE FORM OF ADHD, THESE SYMPTOMS OFTEN APPEAR:

- Lack of attention to details or careless mistakes in schoolwork or other activities; problems paying attention during tasks or play
- Trouble following through on instructions and completing schoolwork, chores, or other tasks
- Difficulty organizing tasks or activities
- Avoidance or dislike of tasks that require continuous mental effort, such as schoolwork or homework
- Trouble listening even when spoken to directly
- Frequently loses needed items, such as books, pencils, toys, or tools
- Easily distracted by surrounding activity or noise
- Often forgetful



When a Dog Bites

NOT SURE WHAT TO DO IF YOUR PET OR SOMEONE ELSE'S WOUNDS YOU? FIRST, TAKE ACTION TO MAKE SURE YOU DON'T RISK INFECTION.

BY Katherine Kam REVIEWED BY Will Draper, DVM, WebMD Medical Reviewer



WHEN YOUR POOCH IS FIGHTING WITH ANOTHER DOG, YOU COULD EASILY BECOME THE CASUALTY. As you try to snatch your pet's collar, she swings around and bites your arm, leaving a nasty wound.

Dog bites commonly bring people into the emergency room, says Jonathan Jones, MD, an emergency physician in Jackson, Mississippi. Another typical scenario: young children bitten while reaching into a dog's bowl.

"Most dog bites are from known animals, either a household pet or a neighbor's pet," Jones says. "I very rarely see someone bitten by a stray dog."

If you're bleeding heavily or feeling faint after a dog bite, call 911, he cautions. But if a dog that you know has bruised but not punctured your skin, or if the bite barely penetrates the skin's surface, you can treat it at home, Jones says.

First, wash the wound copiously with soap and water to cut the risk of infection. "Soap and water are better than any antibiotic, at least initially," he says. "Turn the tap on high, get it under there. It just needs to be clean. That by far is the number-one advice."

Then apply an over-the-counter antibiotic ointment. An uncovered wound heals better, Jones says, although you might need to wear a bandage at work. Change the bandage twice a day, washing the wound each time, and tell your doctor if you see signs of infection, including

increased redness, pain, swelling, or pus.

For any bite beyond the superficial, you'll need prompt medical care, Jones says: "If it's truly gone through the skin and you have significant bleeding, especially if it's on the hand, you need to see a doctor." Hand wounds require medical attention because hands have less blood flow, making them more prone to infection. Treatment can also reduce risk of disability to such an important body part.

Doctors will clean a bite wound and check that your tetanus vaccination is up to date. They usually don't suture bites, which can raise the risk of infection, but they might suture a facial bite to reduce scarring. They'll prescribe antibiotics, too, to prevent bacterial infection from the dog's mouth.

If you're bitten by an unknown or stray dog, Jones says, always see a doctor. If possible, get the name, address, and phone number of the dog owner as well as proof of rabies vaccination and the veterinarian's contact information. Call the police so that the dog can be observed for signs of illness.

In the U.S., rabies from a dog bite is so rare that the danger is almost nonexistent, according to Jones. But if you're bitten abroad, especially in countries where dogs are feral or not routinely vaccinated, always get medical help and discuss whether you need to start rabies treatment.

4 TIPS

1. INTERVENE

Separate fighting dogs by grabbing their hind legs and pulling them apart. Don't reach toward their heads or necks. Still, be very cautious, as dogs can turn quickly and may bite.

2. SUPERVISE

Never leave small children alone with a dog—not even the family pet.

3. HEED WARNINGS

If a dog is growling and barking in a threatening manner, stay calm, avoid eye contact, and back away slowly until the dog loses interest and leaves.

4. PROTECT YOURSELF

If a dog knocks you over, curl up into a ball and use your arms and fists to protect your eyes, face, and neck.



Search for the article **Dog Bites** at WebMD.com.

Health HEROES

► Each year, we honor extraordinary people who strive to improve the health and well-being of others. This time, we celebrate social justice efforts that bring medical care to the underserved, improve access to care, and even curb violence.

Turn the page to meet our honorees.

BY STEPHANIE WATSON

REVIEWED BY AREFA CASSOOBHOY, MD, MPH,
WEBMD SENIOR MEDICAL EDITOR

Game Changer

God's Love WE DELIVER

▶ MADE WITH LOVE

God's Love We Deliver provides thousands of meals to New Yorkers who have serious chronic diseases with the help of a legion of volunteers—including celebrity couple **Neil Patrick Harris and David Burtka**



WHEN YOUR PARENTS ARE STARS OF TV, SCREEN, AND STAGE, YOU GET TO DO SOME PRETTY COOL THINGS. Gideon and Harper, the 9-year-old twins of actors/writers/producers Neil Patrick Harris (*Doogie Howser, M.D.*, *How I Met Your Mother*) and David Burtka (*How I Met Your Mother*), have eaten ice cream in France and Italy, seen every top Broadway show from *Frozen* to *The Lion King*, and marched in New York's WorldPride parade.

Beyond offering up a healthy dose of culture, Harris and Burtka model compassion for their twins. One regular family outing involves bringing meals door to door in their Harlem, New York, neighborhood for the organization God's Love We Deliver.

The people God's Love serves all have serious chronic diseases like HIV/AIDS or diabetes and have reached a point in their condition that leaves them too sick to shop and cook for themselves. Having food delivered to them offers a lifeline—and for many meal recipients, a precious taste of human connection.

"They love the fact that there's human contact, because I don't think a lot of people are able to leave their apartment or their house," says Burtka. "People love when [our] kids come to the door."

Harris tasks Gideon and Harper with delivering food and engaging the recipients in conversation by asking them questions. Through the process of giving back, the couple has seen their children's altruism blossom.

"They started, to be honest, in a state of dissatisfaction, not really wanting to participate: 'What are we going to do after we have delivered meals?'"



Harris says. “And then, their takeaway when we were walking away was authentic appreciation for having done it and gratitude for the organization, for us as parents, and quite frankly, for them as citizens of human society.”

Burtka adds: “I remember once as we were leaving an apartment, Gideon said, ‘Dad, my heart feels bigger.’ I thought, *I’m done for the day. I’ve done something right as a parent.*”

FOOD IS MEDICINE AND LOVE

Volunteers like Harris and Burtka deliver 8,000 meals to people each weekday. But the organization started back in 1985 with a single delivery. A hospice volunteer named Ganga Stone brought a bag of groceries to Richard Sale, who was dying of AIDS. When she returned the next day, the bag was still sitting on his counter.

For Stone it was a watershed moment. People who were very ill didn’t have the energy to cook for themselves. They needed someone to prepare meals for them. “She realized in that moment that delivering a meal to somebody who was that ill could bring dignity to a very desperate situation,” says Karen Pearl, God’s Love president and CEO.

The organization isn’t religious. Its name originated from a chance meeting. On one of her meal-delivery

I REMEMBER ONCE AS WE WERE LEAVING AN APARTMENT, GIDEON SAID, ‘DAD, MY HEART FEELS BIGGER.’ I THOUGHT, I’M DONE FOR THE DAY. I’VE DONE SOMETHING RIGHT AS A PARENT.”

runs, Stone passed a minister, who asked what she was doing. When she told him, he replied, “You’re not just delivering food, you’re delivering God’s love.” The name stuck, and the organization was born.

What started as a meal delivery service for people with AIDS has since broadened into an organization that cooks and delivers 2 million meals annually to people with more than 200 medical conditions in the New York metro area. To qualify for the service, clients must have a chronic illness severe enough to limit their daily activities, as verified by their doctor. This May, as God’s Love celebrates its 35th

▶ BEHIND GOD'S LOVE



ATA ADUNA
Client

There was a time when Ata Aduna spent his days taking care of others. He worked as a nursing assistant, caring for the disabled in a Bronx, New York, nursing home. Aduna loved his patients, and they were so fond of him that he earned the employee of the year distinction twice.

But after he retired in 2010, Aduna suddenly found that he needed to rely on others for his own care. His vision was faltering from glaucoma. His lower back hurt. He had diabetes, prostate cancer, and kidney disease severe enough to require a transplant. Shopping and cooking for himself had become too difficult. He couldn't stand long enough to make his own meals.

During one visit to the hospital for his kidney checkup, a staff member asked if he'd be interested in having meals delivered to his home. Aduna called the phone number she gave him, and in January 2017, he started getting weekly meal deliveries from God's Love We Deliver.

A God's Love nutritionist tailored Aduna's meals to his dietary restrictions—low sugar for his diabetes, low fat to manage his lipid levels, and low sodium for his high blood pressure. "She told me what to eat, what not to eat, and the quantity. It was very helpful," he says. "The food is very nutritious and it tastes good ... I like it."

Aduna has since recommended God's Love We Deliver to a few friends, one of whom had a stroke and the other has dementia. "I'm very, very grateful for what I'm getting," he says.

THE COMMITMENT OF FINDING THE HARDEST TO REACH, SERVING THOSE WHO NEED US, AND NOT TURNING PEOPLE AWAY KEEPS US GROWING, YEAR AFTER YEAR."

anniversary, the organization will deliver its 25 millionth meal.

A meal from God's Love is designed to provide much more than sustenance. Each one is medically tailored to a client's condition, allergies, medications, ability to chew, and dietary restrictions. With the help of more than 16,000 volunteers, every meal is cooked from scratch in God's Love's state-of-the-art SoHo kitchen, packaged, and then hand delivered to either the clients' homes or to neighborhood distribution centers.

"I think the fact that these people are able to have something completely catered to them for the way they should be eating is really extraordinary," says Burtka, who, along with Harris and their children, has spent time in the God's Love kitchen cooking and assembling meals.

On birthdays, each of God's Love's clients gets a cake specially made, decorated, and personalized for them. The entire process exemplifies the organization's twin mottoes of "Food is medicine" and "Food is love."

That love extends beyond the clients God's Love serves. The organization recognizes that chronic illnesses affect the whole family. "What we found early on in our existence is that if, say, mom is sick—and she's so sick she can't get up to cook—if we bring meals just to mom, she'll give them to her kids," Pearl says. That's why they also deliver food to their clients' children and adult caregivers.

So that no one who needs food ever has to wait for it, God's Love has continually expanded to keep up with the ever-growing demand for its services. "The commitment of finding the hardest to reach, serving those who need us, and not turning people away keeps us growing, year after year," Pearl says.

FUNDING THE MISSION

Delivering thousands of meals each day isn't cheap. God's Love relies on the philanthropy of individuals, foundations, and corporations, which provide the majority of its funding. "We're lucky to have such a generous community supporting us," Pearl says.

That community comes out in full force at God's Love's annual fundraising events. Harris and Burtka have become fixtures at its Love Rocks concert, held each year at New York's historic Beacon Theater, and its Golden Heart Awards, which Harris won for Outstanding Community Service in 2015.



▶ BEHIND GOD'S LOVE



MICHAEL ANTHONY
Executive chef, Gramercy Tavern

When you've been named Best Chef in a city renowned for its culinary stars, you know you're doing something right. Michael Anthony is the James Beard Award-winning executive chef of the landmark Gramercy Tavern. For the last six years, he's also been a member of the God's Love We Deliver board of directors.

Anthony receives numerous requests from local charities, but the mission of

God's Love struck a special chord with him: "It was important to me that the organization was not just thoughtful, but really adamant about paying attention to not only feeding or helping people in need, but also paying close attention to what they feed them. God's Love makes a very visible, tactile difference. They keep people out of hospitals. They save lives by providing essential nutrition. They bring physical contact to people who are lonely."

Anthony has been so impressed by the organization's work that he's brought some of his staff on board to help fundraise for them. Each November, a team of 20 to 30 Gramercy employees laces up their sneakers for the Race to Deliver, a four-mile run through Central Park to benefit God's Love. In conjunction with the race, Gramercy sells a special seasonal cocktail called the Concord Crush and donates part of the proceeds from each drink.

Anthony has also volunteered in the charity's kitchen. "My wife and kids and I have participated in cooking volunteerism

at God's Love, and that is a real source of pride for us," he says. "The kitchen smells good. It's well organized. And it's filled with friendly people."

He also spearheads a quarterly community table event in which he invites celebrities and well-known chefs to join him for a cooking demonstration. "Kyle MacLachlan was a recent guest, and he was able to bring some tastes of the wine he produces in his winery," Anthony says. "Lidia Bastianich has been there to provide great insight and stories. Amanda Freitag is a very active chef in the organization."

God's Love's motto, "Food is medicine," resonates with Anthony, who serves fresh, locally sourced foods in his own restaurant. "It underscores the fact that eating a healthy diet leads to a better life," he says. "We embody that in the parties we throw, in the fundraising we do. I see that impressively every day in the hard, fundamental work of that organization, saving people who are too sick to take care of themselves."

A few attendees at God's Love events have been lucky enough to win a private dinner party with Harris and Burtka, which raised \$85,000 at auction. In addition to his work as an actor, Burtka is an accomplished chef. "David is a very experienced and talented cook. ... The dinners are really fun," says Michael Anthony, executive chef of New York's Gramercy Tavern, who auctioned off the prize.

Burtka also contributed to the *God's Love We Deliver Cookbook*, a collection of personal stories and recipes to benefit the organization. His grilled rib eye steak with porcini rub, arugula, and oven-dried tomatoes recipe sits alongside entries from other celebrities and powerhouse chefs like Ina Garten, Michael Kors, Meryl Streep, and Daniel Boulud.

GIVING STARTS AT HOME

"We love donating our time to them because it's such a great organization," Burtka says. One reason for his affinity with God's Love is that he embraces its philosophy of food as medicine when cooking at home for his family.

"I really feel like what I give to my kids is medicine," he says. "I love putting food together that's healthy for them." Burtka serves a rainbow of colorful fruits and vegetables, fresh from the farmers market. Fostering a genuine love of good food in Gideon and Harper means he's never had to sneak greens into their brownies. "My kids are healthy all around. ... They enjoy food just as much as we do," he says.

The couple's close connection to God's Love also stems from the organization's proximity to the renovated Harlem townhouse they've called home since 2014. "Everyone can give to larger organizations, but when it's in your hometown you can really see the impact," Harris says.

Neighbors helping neighbors is how God's Love can deliver as many meals as it does each year. Pearl is grateful for volunteers like Burtka and Harris, who bring visibility to the organization's mission while delivering compassion to its clients.

"Every single day, we are making life better for people who are in their homes and are very sick, and who, without us, would be malnourished and in great danger of negative outcomes, including potentially death," Pearl says. "We're able to brighten their lives, nourish their bodies, feed their souls, and let them know that they are cared for and part of a really big community of people who care for them."

Harris and Burtka say they get back from God's Love every bit as much as they give. "Providing meals for those who are unable to get to a restaurant or cook a meal themselves, just in principle is a wonderful way to help. But then when you go and see all of the volunteers and the kitchens, and you cook and package the meals yourself, and you deliver them ... you can really actively see it being put into action," Harris says. "They're just a remarkable group of friendly, hard-working people. And it inspires us every time we're there."



DANIELLE KOSANN / KINTZING / AUGUST

EVERYONE CAN GIVE TO LARGER ORGANIZATIONS, BUT WHEN IT'S IN YOUR HOMETOWN YOU CAN REALLY SEE THE IMPACT."



BILL MENZEL

► BEHIND GOD'S LOVE



BERNIE WILLIAMS
Former professional
baseball player, musician

Bernie Williams is perhaps best known as the legendary center fielder who helped lead the New York Yankees to four World Series championships and six pennants during his 16-year career. Some attendees at God's Love We Deliver's Love Rocks concerts have been surprised to discover that his talent also extends to the electric guitar.

"What most people don't know is that I went to a performing arts high school and I've been playing since I was 8 years old," Williams says. "I consider myself a musician who just happened to play baseball."

Onstage at the Love Rocks shows, Williams has played with a who's who of musical legends, including ZZ Top lead singer and guitarist Billy Gibbons, Grammy-winning blues artist Keb' Mo', and Ann Wilson of Heart. "I've played with people I never thought in my wildest dreams I'd play with," he says. "It's been such an incredible musical experience for me."

In the presence of these legends, Williams has more than held his own. *New York Post* columnist Chuck Arnold named him the "MVP" at last year's concert for demonstrating "that he has become a major-league musician" since his retirement from professional baseball in 2006.

Williams pours his soul into his annual performances at the God's Love concerts to raise money for its mission of providing nutritious meals to people with chronic illnesses. He came on board two years ago because he was "blown away" by the cause. "I do whatever I can to spread the news about this," he says. "It's been quite an honor to be part of an organization that has such an important task. I am aware of the reason why the organization exists and how important it is for the people who are relying on this service."

Lifetime Achievement

Bill & Melinda GATES



► **“WE BELIEVE WE CAN HELP EVERY PERSON GET THE CHANCE TO LIVE A HEALTHY, PRODUCTIVE LIFE.”**

development and delivery of vaccines to prevent illnesses like diarrhea and pneumonia. While routine and easily treatable in the developed world, these diseases kill an estimated 1.5 million children in developing nations each year.

The foundation also provides countries with the tools and innovations they need to eradicate deadly diseases like malaria, HIV/AIDS, and polio. Since the early 2000s, malaria cases have dropped by more than 40% and deaths have been reduced by more than 60% worldwide, in part thanks to its investments in prevention, diagnosis, and treatment.

And in the U.S., the foundation is working to address the issues of maternal mortality, violence and incarceration, lack of education, and social inequality. Its goal is to ensure that every child has an opportunity to succeed.

Moving forward, the foundation has set a lofty goal: to prevent more than 11 million deaths, 3.9 million disabilities, and 264 million illnesses by 2020. Despite the huge challenges that remain, the philanthropic couple says they're both optimists: “We believe that by doing these things—focusing on a few big goals and working with our partners on innovative solutions—we can help every person get the chance to live a healthy, productive life.”

The foundation that has donated more than \$50 billion in grants to improve global health and reduce inequities launched with a single article. In January 1997, *The New York Times* published the story “For Third World, Water Is Still a Deadly Drink,” which described in grim detail how diarrheal illnesses from drinking contaminated water were killing more than 3 million people worldwide each year—most of them children.

“We saw this article, and I remember saying to Bill, ‘This is unbelievable. People are still dying of diarrhea.’ How could that be?” Melinda Gates recalls in the Netflix documentary series *Inside Bill’s Brain: Decoding Bill Gates*. “We had made the commitment that the vast resources from

Microsoft would go back to society. But what this article did for us is really get us thinking about global health.”

Today, the core of the Bill & Melinda Gates Foundation’s mission is to tackle extreme poverty, reduce health inequalities, and improve access to education, both abroad and in the United States. “We focus on these issues in particular because we think they are the biggest barriers that prevent people from making the most of their lives,” the couple writes on the foundation’s website.

The Gates Foundation provides the funding and tools needed to extend and improve the lives of some of the poorest people around the globe. One way it achieves its goals is by investing in the

Trailblazer

Robert BULLARD, PhD



In 1979, when Robert Bullard, PhD, was a young sociologist and assistant professor at Texas Southern University, he was called in to collect data for a class-action lawsuit. His wife, attorney Linda McKeever Bullard, was suing a waste management company to stop a landfill from being built in a middle-class African American community in the Houston suburbs. By Bullard's calculations, 82% of all the garbage dumped in Houston from the 1930s to 1978 was in black neighborhoods, even though African Americans made up only 25% of the city's population.

Bullard lost the case, but it became a

► **"THE PEOPLE WHO ARE LEAST LIKELY TO GENERATE THE MOST WASTE ARE ALSO THE PEOPLE WHO SUFFER THE MOST FROM WHERE IT'S DISPOSED."**

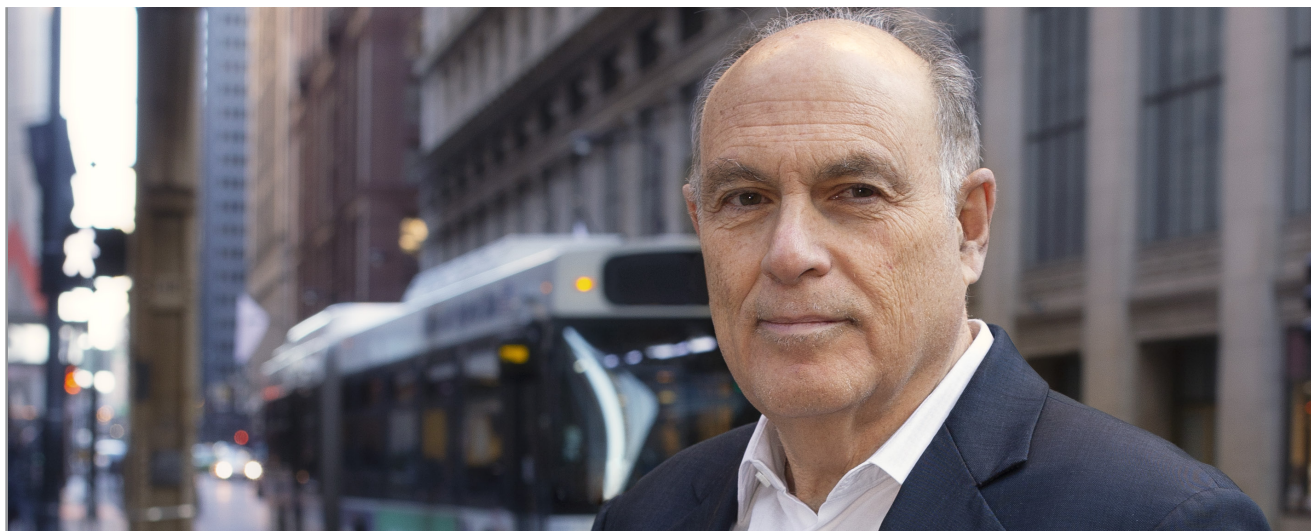
major catalyst for the environmental justice movement. "Environmental justice embraces the principle that all communities and all people are entitled to equal protection under our environmental laws," he says. "And no community should be differentially impacted because of their race, income, and where they live."

Bullard has earned the title "father of environmental justice" for his more than 40 years of studying, writing about, and pushing for policy changes to reduce the burden of pollution on poor and minority communities. He's authored 18 books that address issues like climate justice, environmental racism, and community reinvestment and resilience. In 2011, Bullard, along with environmental justice scholar Beverly Wright, PhD, co-founded the Historically Black College and University Climate Change Consortium, which works to raise awareness about the disproportionate impact of climate change on marginalized communities. And he's currently the distinguished professor of urban planning and environmental policy at Texas Southern University.

Bullard's work has exposed a disturbing pattern of environmental injustice across the United States and throughout the world. "The people who are least likely to generate the most waste are also the people who suffer the most from where it's disposed," he says.

Those health effects are well documented. People who live near coal-fired power plants, for example, are more susceptible to lung cancer, heart disease, and premature death. Mental health is a consequence as well. People "see the negative impacts of their community being basically thrown away and not counted as having value," Bullard says. "Somehow, we don't count. Our health doesn't matter. Our lives don't matter."

Bullard says his greatest accomplishment has been informing, through his research and writings, future generations of environmental justice activists. "To start from an idea and grow into a movement, that's something I can look to with pride," he says.



Innovator

Gary SLUTKIN, MD

In the United States, more than seven people die each hour from violence. While politicians argue whether guns or mental health issues are to blame, Gary Slutkin, MD, has another idea. What if violence is a disease we can prevent?

The idea isn't far-fetched. Like the flu or other infectious diseases, violence results in symptoms—and deaths. It's also contagious, says Slutkin, an epidemiologist who once worked in Somali refugee camps and for the World Health Organization to help curb outbreaks of tuberculosis, cholera, and AIDS. "The more you're exposed, the more likely you are to do it to someone else."

He says violence has been misunderstood and misclassified, much in the way we once treated leprosy and the plague. "We saw these people as bad, and they were punished," says Slutkin.

Cure Violence, the organization Slutkin founded in 1995, aims to prevent violence in the same way public health efforts prevent outbreaks of infectious diseases. "It's been well shown by independent studies that you can find people who are about to do a shooting, stop them, and prevent retaliations. This is the way public health works," he says.

In cities like New York, Baltimore, Oakland, San Salvador, and Nairobi, Cure Violence sends out "violence interrupters," trusted members of the community who are trained to identify simmering individuals and intervene before they can commit a violent act. "These workers have been very carefully selected for having access and trust and credibility, which is essential for any health worker," Slutkin says. "The outreach workers know how to cool people down, prevent events from

happening, and prevent relapses."

Does it work? Cure Violence cites studies that show big declines in violence in cities where the program has rolled out: a 63% drop in shootings in New York City, 45% less violent crime in Trinidad and Tobago, and a 48% decline in shootings the first week the program launched in Chicago.

Slutkin says that within two to three years after implementing this program, given enough funding and training, cities could see as much as a 70% to 80% drop in violent crime. Preventing violence not only saves lives, it saves money. "This is an overwhelming societal problem," he says. "They're the kids not being able to think and study, teachers not being able to recruit or stay, businesses not coming into the neighborhoods, economic development not happening, housing costs way down, tourism down, people migrating out."

He says his solution is no different than what cities would do if they were faced with a health epidemic like Ebola or measles. "You'd get the right amount of money, and you'd get rid of the problem," Slutkin says.

► **"THE OUTREACH WORKERS KNOW HOW TO COOL PEOPLE DOWN AND PREVENT RELAPSES."**

Educator

Liliana CAMPOS

When Liliana Campos was just 7 years old, she and her family crossed the border from Mexico into the United States. “There was a lot of secrecy. There was a lot of fear,” she recalls. “You hear adults tell you, ‘Don’t talk. Don’t say anything. Hide.’ You know something isn’t going to be safe.”

For the next 22 years, Campos lived in the shadows with no resources to help her cope with the strain of existing in legal limbo. “We didn’t have any opportunities for preventive health care,” she says. “For my family, as it is for many undocumented families, the fear of deportation is a barrier to accessing health care.”

While studying psychology at California State University, Long Beach, Campos began to think about the impact undocumented status was having on the health of immigrants like herself. She became a health educator for student Dreamers—young undocumented immigrants who were brought to the United States as children.

► **“FOR MY FAMILY, AS IT IS FOR MANY UNDOCUMENTED FAMILIES, THE FEAR OF DEPORTATION IS A BARRIER TO ACCESSING HEALTH CARE.”**



As a member of the California Psychological Association’s Immigrant Task Force, today Campos helps train immigration attorneys, social workers, and mental health professionals who work with immigrants and refugees. “An example could be an immigration attorney who’s working with a family that has applied for a visa that requires them to be a survivor of a particular crime,” she says. “People may not want to share details, but knowing the details could help with the case. ... How do we do it in a sensitive way?”

She also works as a mental health advocate for Immigrants Rising, an organization that empowers young undocumented immigrants to achieve their educational and career goals. For many of the people she works with, it’s the first time anyone has addressed their fears and anxieties. “Folks shared with me that they had never thought they could think of themselves outside of their

undocumented legal status,” Campos says. “They said, ‘Wow, I never knew that I was experiencing depression.’”

Being able to share her personal story has given her a special connection with the people she helps: “It allows for trust to happen very quickly. I think our communities don’t trust health care providers a lot of the time.”

Campos has had lawful permanent resident status since receiving a U visa a few years ago. She’s currently a doctoral candidate in clinical psychology at the University of San Francisco and is applying for internships with university medical centers where she can continue her work with immigrant communities.

“My hope and dream is that we can find a sense of liberation in our wellness and our political voice,” she says. “Whether or not we get legal status, I think it’s an ongoing healing journey for many people who experience oppression.”



▶ **“THESE WOMEN ARE LACKING ACCESS TO HIGH-QUALITY CARE DURING PREGNANCY AND LABOR.”**

Advocate

Angela DOYINSOLA

AINA Black Mamas Matter Alliance

The United States has the highest maternal mortality rate in the developed world, and black women bear the disproportionate share of those deaths. Black women are more than three times more likely to die during pregnancy than are white women, regardless of their education or income level.

“Even when they’ve done everything they could to have a viable and healthy pregnancy, they’re still experiencing horrible birth outcomes and are even dying,” says Angela Doyinsola Aina, MPH, a former public health prevention service fellow at the Centers for Disease Control and Prevention and current co-director and research lead for the Black Mamas Matter Alliance. “This is a serious system problem.”

Why do black women have such negative outcomes? “They’re not being listened to when they complain of pain. They’re being forced to go home earlier than necessary after giving birth,” Aina says. The problem isn’t that these women

are sicker, it’s that they are lacking access to high-quality care during pregnancy and labor. Even wealthy and famous women like Serena Williams and Beyoncé aren’t immune—both faced life-threatening complications during childbirth.

Recognizing the need for a national organization focused on black maternal health, the Black Mamas Matter Alliance started with a collaboration between the Center for Reproductive Rights (CRR) and the SisterSong Women of Color Reproductive Justice Collective. In 2014, the CRR released a report chronicling a pattern of racial discrimination in the delivery of reproductive health care. Two years later, a group of health care experts and activists developed a Black Mamas Matter Toolkit of resources for maternal health, and the organization was born.

One area of the organization’s focus is on providing culturally appropriate care during labor, which in the black community comes from midwives and doulas. “We need to have a team-based approach,”

Aina says. “Obstetrician-gynecologists, nurses, nurse-midwives, doulas, maternal mental health professionals. All of these people, working together across the full spectrum of maternal and reproductive health, to provide the care that women need.”

In its three-year existence, Black Mamas Matter has been instrumental in pushing through legislative changes like the Preventing Maternal Deaths Act of 2018, which provides states with the necessary resources to collect data on maternal deaths. “Because if we don’t know how and why women are dying, we’re not able to address these systems-level issues,” Aina says.

The organization has also advocated for a cultural shift. “We have really been instrumental in changing the narrative and the negative stereotypes of black motherhood in this country,” Aina says. Her hope for the future is to see more black women-run birthing centers as well as robust research to support quality improvement and systems change at hospitals around the country. “Ultimately, we want to see a complete end to the disparity,” she says. “We want to see maternal mortality end. It is possible.”

WHERE ARE THEY NOW?

► An update on a few of our recent WebMD Health Hero winners



2018 AMBASSADOR RUFUS WAINWRIGHT

After Canadian folk singer Kate McGarrigle was diagnosed with clear cell sarcoma, she started a fund to raise money for sarcoma research. Following her 2010 death, her children, singer/songwriters Rufus and Martha Wainwright, created the Kate McGarrigle Foundation to continue her work.

The foundation has partnered with Stand Up to Cancer (SU2C), an organization that funds innovative cancer treatments. Its collaboration, the SU2C-Kate McGarrigle Fund, raises money to support lifesaving sarcoma research and provides music therapy for people with the disease. Their Music as Healing program offers musicians grants to professionally record original songs inspired by their cancer journey. The SU2C-Kate McGarrigle Fund plans to compile those recordings into a digital album to support sarcoma research.

Each year, Rufus and Martha Wainwright, along with several other musicians, put on a series of holiday concerts to benefit the SU2C-Kate McGarrigle Fund. In 2019, they brought the show to London, England, and Dublin, Ireland.



2018 TRAILBLAZER MARGARET CUOMO, MD

Rather than follow the path of her late father Mario Cuomo (the 52nd governor of New York) and her brother Andrew (the current New York governor), Margaret Cuomo, MD, forged her own road into medicine. She promotes prevention through her work with True Health Initiative, an advocacy group of health experts "creating a world free of preventable diseases" like cancer, heart disease, and diabetes.

This year, the Centre for Responsible Leadership, an international organization that brings together thought leaders to solve global problems, invited Cuomo to participate in its Responsible Leaders Summit at the United Nations. "My contributions to the summit are focused on global health and the ways in which nations can emphasize disease prevention through lifestyle and consumer protection against harmful chemicals," she says.

Cuomo's 2013 book, *A World Without Cancer*, has been turned into a one-hour TV show, which premiered on Amazon Prime in January. "This vital information will now be available to a wide audience around the world," she says.



2017 MENTOR DONNA MAGID, MD, MEd

When radiology students at Johns Hopkins Medicine need mentoring, they turn to Donna Magid. Her advice runs the gamut from reminders when residency applications are due to warnings about the questionable content students shouldn't include on their social media sites. Magid also created two computer-based resources to help her students succeed.

In May 2019, the Association of University Radiologists named Magid its Medical Student Educator of the Year. She's also revised the gross anatomy and clinical radiology educational sessions she teaches to emphasize high-value care and non-interpretive skills—rather than just teaching students how to read imaging scans.

"It is the students and residents themselves who energize and inspire me to keep making the effort," Magid says. "We have to keep them in our sights in an increasingly pressure-cooker workplace!"



2017 INVESTIGATOR LAUREN SINGER

Inspired by her older sister, Jodie, who has autism, Lauren Singer spent a summer during high school in the lab of Mount Sinai Icahn School of Medicine autism researcher Joseph Buxbaum, PhD. She then went on to Yale University to study perceptive cognitive science.

Now a junior at Yale, Singer has already been accepted into Mount Sinai's FlexMed Early Assurance Program. "I am still interested in neurology and psychiatry, but I am open to and excited to learn about all types of medicine."

In the winter of 2018, she won first place in the Albert Einstein College of Medicine Trachtenberg Essay Contest. She is currently co-president of a student-led organization at Yale that presents health education workshops to students in New Haven, Connecticut. Singer is also a member of the International Society for Autism Research's Student & Trainee Committee.



2016 ADVOCATE BETTY FERRELL, RN, PhD

Going through the experience of watching her mother get diagnosed and treated for lung cancer led Betty Ferrell to become a missionary in the field of palliative care and pain management. In 2000, she founded the End-of-Life Nursing Education Consortium (ELNEC) project to teach nurses how to deliver effective palliative care.

In 2019, ELNEC celebrated its 20th anniversary. The organization now trains nurses in 100 countries. To date, ELNEC has taught 24,500 trainers, who have gone on to teach palliative care to more than 735,000 providers around the world.

In October 2019, Ferrell was elected as a member of the National Academy of Medicine. This membership is one of the highest honors awarded in the field of health and medicine, recognizing people who have "demonstrated outstanding professional achievement and commitment to service."



GOOD FOR YOU

Bright and Juicy

PACKED WITH NUTRIENTS, MANGOES PROVIDE FLAVOR, FIBER, AND COLOR

EVEN IF YOUR SPRING BREAK THIS YEAR DOESN'T INVOLVE A SUNNY BEACH, give yourself a taste of the tropics with juicy mangoes. Several varieties of mangoes are in season now. Slice them into smoothies, dice them and add them to your favorite salsas, or toss them over leafy salads and slaws. This sweet treat offers impressive nutrition: A cup of chopped mango provides 25% of an adult's daily value of vitamin A and 76% of vitamin C (two nutrients beneficial to the immune system) as well as 12% of the daily value of fiber. If you're impatient for a mango to ripen, pop it in a paper bag and let it sit at room temperature overnight.

—ERIN O'DONNELL

Healing Meals

GOD'S LOVE WE DELIVER MAKES NUTRITIOUS MEALS FOR THOUSANDS OF PEOPLE EACH WEEK—AND NOW YOU CAN COOK THREE OF THEIR MOST POPULAR DISHES FOR YOUR OWN TABLE

BY Erin O'Donnell RECIPES BY The God's Love We Deliver team

Preparing people-healthy meals is one of the best ways to show them love. That's a central idea behind the nonprofit God's Love We Deliver, which makes and delivers free, medically tailored meals to people in New York City who have severe illnesses, including cancer, HIV, and heart disease. All of the more than 8,000 meals that God's Love makes and delivers each week are heart healthy, says registered dietitian Lisa Zullig, MS, director of nutrition services. She and her team also tailor meals to each person's needs, accommodating issues such as side effects from cancer treatment. "Getting proper nutrition can help someone through a difficult treatment regimen, and then once it's finished, help with recovery and repair," Zullig says.

Executive chef Daniel Metzger and his team need to make dishes that taste delicious but don't include too much salt, fat, and sugar. They rely on ingredients such as vinegars, onions, garlic, and fresh herbs from the God's Love rooftop garden. "We believe very strongly that food is medicine, but it doesn't have to taste like medicine," Metzger says. "We pack as much flavor as we can into our meals," in part to tempt people who don't always feel like eating because of their illness and treatment.

"I really love to cook," he adds. "And to be able to do it for people who need it the most is doubly rewarding."

Turn to page 32 to read more about God's Love, one of our WebMD Health Hero winners this year.





THE FISH COURSE

Roasted Tilapia with Black Bean Salsa

This recipe uses fresh salsa to add zing to a mild fish. (Salsas and pestos are among chef Daniel Metzger's favorite ways to add heart-healthy flavor to meals.) We use tilapia here, but the recipe works with any white fish, such as cod or pollock.

MAKE IT

Preheat oven to 450°F. Make salsa: In a small saucepan, cook 1 chopped onion in 1 tbsp hot olive oil over medium-high heat until just tender. Add chopped red and green pepper and 1 cup frozen corn, thawed. Cook briefly to marry flavors. Remove from heat. Stir in one 15-oz can of black beans, rinsed, with 1 tsp each of white wine vinegar and Dijon mustard. Fold in ½ cup fresh chopped cilantro. Salt to taste and set aside. Season four 6- to 7-oz fish fillets with a little salt and pepper. Place on a baking sheet coated with nonstick cooking spray. Roast in preheated oven 4 to 6 minutes per ½-inch thickness of fish or until fish flakes easily when tested with a fork. Place one fish fillet on each plate and top with bean salsa.

Serve with steamed rice. **SERVES 4**

PER SERVING (1 FILLET WITH ABOUT ¾ CUP SALSA) 369 calories, 8 g protein, 42 g carbohydrate, 21 g fat (4 g saturated fat), 11 mg cholesterol, 8 g fiber, 8 g sugar, 356 mg sodium. Calories from fat: 49%

THE MIX

ONION, OLIVE OIL, RED SWEET PEPPER, GREEN SWEET PEPPER, CORN, BLACK BEANS, WHITE WINE VINEGAR, DIJON MUSTARD, CILANTRO, KOSHER SALT, TILAPIA FILLETS

FAMILY FAVORITE

Balsamic Glazed Chicken with Cilantro Rice

The God's Love We Deliver team often roasts chicken with the bones intact to keep the meat tender and juicy, and the balsamic vinegar glaze makes ordinary chicken extra tasty. Prepare the cilantro rice with any type of white rice, such as jasmine. Serve with steamed broccoli.

MAKE IT

Heat oven to 375°F. Season 4 chicken breasts with a little salt and pepper. Place in baking dish and roast in the oven 45 to 60 minutes or until an instant-read thermometer inserted in the thickest part shows 165°F. Remove from oven. In a medium saucepan, heat 2 tsp olive oil over medium-high heat. Add half an onion, diced, and 2 minced garlic cloves and cook and stir until soft. Stir in 2 cups water and 1 cup rice. Bring to a boil, and then reduce to a simmer. Cook, covered, 15 to 20 minutes or until water is absorbed. Remove from heat. In another small saucepan, heat 2 tsp olive oil over medium heat. Add another half an onion,

diced, and 2 minced garlic cloves and cook and stir until soft. Add 1½ tbsp balsamic vinegar, 1½ tbsp orange juice, and 1 tbsp honey, stirring to loosen any bits on the bottom of the pan. Continue stirring until mixture is slightly syrupy. Brush glaze on chicken. Chop a large bunch of fresh cilantro and fold into the cooked rice. Place 1 chicken breast on each plate with a serving of cilantro rice. **SERVES 4**

PER SERVING (1 CHICKEN BREAST WITH ABOUT

¾ CUP RICE) 692 calories, 92 g protein, 48 g carbohydrate, 13 g fat (3 g saturated fat), 241 mg cholesterol, 2 g fiber, 7 g sugar, 217 mg sodium. Calories from fat: 17%

THE MIX

ONION, GARLIC, OLIVE OIL, CURRY POWDER, WHITE BEANS, ARTICHOKE HEARTS, MOZZARELLA CHEESE, BREAD CRUMBS, RED SWEET PEPPERS

THE MIX

BONE-IN CHICKEN BREASTS, OLIVE OIL, ONION, GARLIC, WHITE RICE, BALSAMIC VINEGAR, ORANGE JUICE, HONEY, CILANTRO

THE VEGETARIAN OPTION

White Bean Stuffed Peppers

This entrée is always a hit among God's Love We Deliver clients, in part because the beans and melted mozzarella are so satisfying. Use canned artichoke hearts and a 15-oz can of any type of white beans, such as cannellini, Great Northern, or navy, drained and rinsed to remove excess sodium. Serve with quinoa or another grain of your choice.

MAKE IT

Preheat oven to 325°F. Mince 1 small onion and 2 cloves garlic and sauté in olive oil until soft. Add 1 tsp curry powder and cook until spice is fragrant. Remove from heat. In a medium bowl, fold together one 15-oz can white beans, 2 chopped artichoke hearts, ½ cup shredded mozzarella, ¼ cup bread crumbs, and onion mixture. Cut each pepper in half vertically. Remove seeds and ribs. Divide bean mixture among the four halves. Place peppers in a baking dish coated with nonstick cooking spray. Sprinkle each with a bit more cheese. Bake about 35 minutes or until peppers are tender, bean mixture is heated through, and cheese melted. **SERVES 4**

PER SERVING (1 PEPPER HALF WITH BEAN FILLING) 317 calories, 18 g protein, 50 g carbohydrate, 7 g fat (2 g saturated fat), 9 mg cholesterol, 15 g fiber, 5 g sugar, 214 mg sodium. Calories from fat: 20%



BUILD A BETTER

Soup's On

VEGETABLE SOUP OFFERS ENDLESS OPPORTUNITIES TO GET CREATIVE WHILE YOU GET ALL OR MOST OF YOUR RECOMMENDED DAILY SERVINGS OF VEGGIES

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

FOR DEREK BISSONETTE, VEGETABLE SOUP EARNS ITS PLACE at the table by being such a versatile, simple, and often quick-cooking dish to create. One of his top tips: Go big. "It's a shame to make a great soup and not have leftovers for the next day," says Bissonette, a Kennebunk, Maine-based chef, photographer, and author of *Soup: The Ultimate Book of Soups and Stews*. Here are a few more lessons from soup school:

MAKE IT

- Don't define your recipe until you've done your shopping. Base your soup on the ripest, most flavorful vegetables at the farmers market or produce department.
- Start with great ingredients. No amount of culinary alchemy can transform subpar vegetables into a desirable soup.
- Save vegetable trimmings, like roots, stalks, skins, and other scraps, for vegetable stock, your soup's base. Freeze the scraps from tonight's vegetable soup and use them the next time you make soup. Skip trimmings from starchy vegetables, which will cloud a soup.
- Prepare your soup in advance if you can. A day or two in the fridge will do wonders for its flavor. An exception: vegetables that have lots of chlorophyll, like leafy greens, that will discolor if not served right away.
- Add your soup's vegetables according to how long each takes to cook so that everything's ready at about the same time. For example, raw carrots should be added earlier than asparagus.
- Add salt at the end. If you season your soup just right at the start, it'll become increasingly salty as the liquid evaporates during cooking.
- If you need to satisfy non-vegetarians, prep a quick meaty garnish, like seared chicken breast or seared scallops, which guests can add at the table.

HOT CEREALS

FOR A HEALTHY START TO THE DAY, WARM YOUR BELLY WITH THESE HOT CEREALS SELECTED BY REGISTERED DIETITIAN KAREN ANSEL, MS, AUTHOR OF *HEALING SUPERFOODS FOR ANTI-AGING: STAY YOUNGER, LIVE LONGER*

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.



QUAKER OATS OLD FASHIONED OATMEAL
"Oats are one of nature's top sources of beta-glucan, a unique fiber proven to lower cholesterol. Stir in peanut or almond butter and sliced banana to complement their perfect chewy texture."



BOB'S RED MILL OLD COUNTRY STYLE MUESLI
"Traditionally prepared cold, this blend of dried fruit, nuts, seeds, and several whole grains—whole wheat, rye, barley, oats, and triticale—shines when served hot."



PURELY ELIZABETH VIBRANT OAT CUPS
"Quick-cooking hot cereals often come loaded with added sugars. Not these. They have only 6 grams, plus hunger-busting protein and fiber provided by whole grains and seeds."



HODGDON MILL MULTI GRAIN HOT CEREAL
"This combo of whole wheat, quinoa, and oats boasts zero grams of sugar and a healthy dose of blood pressure-friendly potassium. Sweeten with chopped apple and a hint of honey."



ROLAND MEDIUM GRAIN POLENTA
"Often overlooked as a breakfast cereal, polenta is incredibly creamy and comforting. For an antioxidant-packed breakfast, mix it with canned pumpkin and a drizzle of maple syrup."

Cool Beans

A BUBBLING POT OF BEANS MAKES AN IDEAL COMFORT FOOD: NUTRITIOUS, DELICIOUS, FILLING

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

VINCE HAYWARD HAS BEANS IN HIS BLOOD. His family has owned New Orleans-based Camellia Beans for 100 years. He likes dried beans for their varied textures and flavors, their heart-healthy high fiber and low cholesterol nutrition profile, and their universal appeal: “No matter where you are, you’ll find people brought together eating beans.” These are six of his favorites.

BABY LIMA BEANS

“A bit sweet and loaded with fiber, these babies are big and satisfying beans. Simmer them with a leftover ham bone, smoked ham hocks, or—to go vegetarian—a favorite smoky spice.”

LENTILS

“Simmer these legumes for a mere 20 minutes, and they’ll take on whatever flavors you’ve added to the pot. Butter and onions make ideal accompaniments. Serve them as a main course or as a side.”

BLACKEYE PEAS

“With a unique, delicate and earthy flavor, these distinctive looking beans feature on menus throughout the South and around the world. Stew them with kale, tomatoes, turmeric, curry powder, and coconut milk.”



BLACK BEANS

"Thick-skinned and hearty, they boast a lot of texture and flavor. Serve seasoned with lime juice and topped with a little sour cream and cheese. Or, puree to make a delicious dip."

RED KIDNEY BEANS

"Beloved in the New Orleans classic red beans and rice, these hearty beans cook up creamy and combine beautifully with smoked ham, onions, celery, and garlic."

LADY CREAM BEANS

"These tender little delicacies cook fast and easy. Simmer them with a little chili powder and garlic to complement their light, subtle flavor. Pairing them with zucchini or yellow squash makes a killer combination."

THE LATEST

Infertility

ABOUT ONE IN EIGHT COUPLES HAVE TROUBLE WHEN THEY TRY TO CONCEIVE. BOTH MALE AND FEMALE INFERTILITY PLAY EQUAL PARTS. OFTEN, A COMBINATION OF FACTORS OR UNKNOWN REASONS PREVENT A COUPLE FROM CONCEIVING. RESEARCHERS CONTINUALLY EXPLORE NEW APPROACHES TO HELP PEOPLE START A FAMILY UNDER ALL SORTS OF CIRCUMSTANCES.



FOR THE FIRST TIME, SCIENTISTS AT THE UNIVERSITY OF CALIFORNIA SAN DIEGO TOOK A CLOSE LOOK AT THE SPECIALIZED STEM CELLS THAT ENABLE MEN TO PRODUCE SPERM THROUGHOUT MOST OF THEIR LIFE SPAN. Scientists have long known about the existence of these cells. But the UC San Diego team developed tools that allow them to isolate and study them. The new tools, they say, could pave the way for transplantation of these stem cells as a treatment for male infertility.

Geneticists at Newcastle University in the U.K. recently discovered a possible genetic cause of male infertility. They learned a gene called *RBMXL2* plays a key role in the production of fully functioning

sperm. Faulty versions of this gene may be the cause of infertility in some men. The discovery could lead to targeted therapies that might correct the gene's defects and restore fertility.

Women who don't have a uterus can receive a transplant from a live donor and become pregnant. But, researchers in São Paulo recently revealed the first case in which a woman gave birth after receiving a uterus from a non-living donor. She became pregnant through embryo transfer seven months after the uterine transplant. Doctors removed the uterus after she delivered her baby girl. The newly discovered possibility could increase access to the crucial organ for many infertile women. —SONYA COLLINS



Irritable Bowel Syndrome

TIPS TO HELP PREVENT AND RELIEVE THE EFFECTS OF IRRITABLE BOWEL SYNDROME (IBS)

BY Matt McMillen REVIEWED BY Neha Pathak, MD, WebMD Medical Editor

EXPERT TIPS

"Speak with your doctor about depression and anxiety. Both can be seen in patients with IBS. Try exercises like swimming and yoga, which may lessen the impact of your IBS, help reduce stress, ease symptoms of depression, and improve your overall health."

SHERIF ANDRAWES, MD
gastroenterologist, Director of Endoscopy, Staten Island University Hospital

"See a specialist, such as a gastroenterologist, to be sure you have the right diagnosis. Such doctors will evaluate you for any disorders that can have symptoms like those of IBS, such as an inflammatory bowel disease like Crohn's or a disorder of the pancreas."

CHRISTINE LEE, MD
gastroenterologist, Cleveland Clinic

"Keep a food diary. This may uncover patterns between the foods that you eat and your IBS. Talk to your doctor about eliminating certain types of food to see if doing so helps relieve your symptoms. For example, milk and other foods that contain lactose often are IBS culprits."

TARA MENON, MD
gastroenterologist, The Ohio State University Wexner Medical Center

10 TIPS

TRY THESE TO REDUCE SYMPTOMS

1. DOWNSIZE

To counter bloating, eat several small meals each day, not three large ones.

2. TALK ABOUT IT

Discuss your IBS with your partner to reduce stress and conflict.

3. CHOOSE WISELY

Identify and avoid the foods that trigger your symptoms.

4. DRINK UP

Consume plenty of water to counter constipation.

5. BULK UP

Gradually add fiber to your diet to reduce constipation.

6. WORK OUT

Exercise helps relieve stress, stimulates normal contractions of your intestines, and can help you feel better.

7. AVOID BUBBLES

Choose non-carbonated beverages to minimize bloating.

8. SWITCH TO DECAF

Avoid caffeine, which can cause diarrhea.

9. ASK ABOUT OPTIONS

Talk to your doctor about available medications, which may ease symptoms.

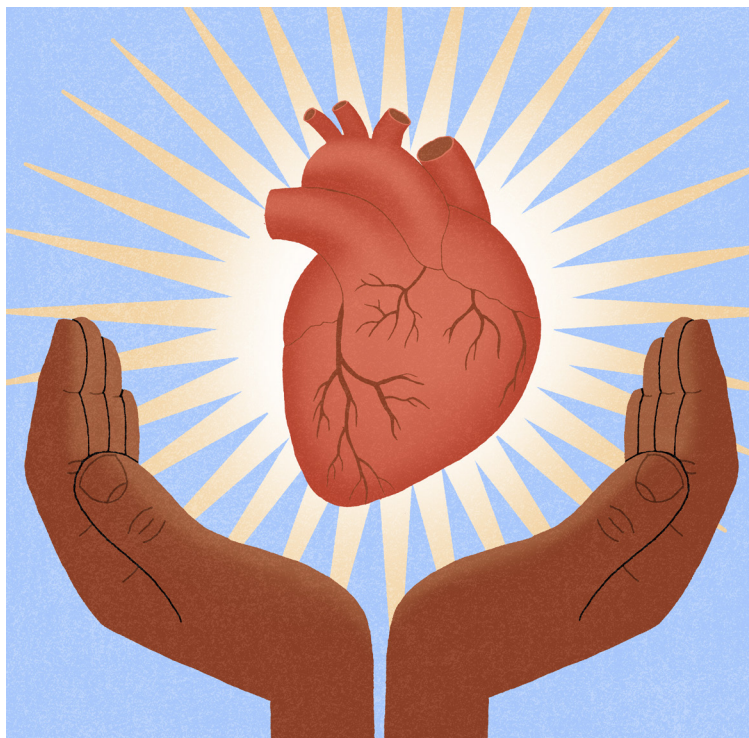
10. SET A SCHEDULE

Eat at set times to help regulate your bowels.

Heart Smart

TAKE EXTRA STEPS TO PROTECT YOUR HEART WHEN YOU HAVE TYPE 2 DIABETES

BY Matt McMillen REVIEWED BY Brunilda Nazario, WebMD Senior Medical Editor



DIABETES DOUBLES YOUR RISK OF HEART DISEASE, and more people with diabetes die from heart disease than from any other cause. But don't let these dire facts make you think there's nothing you can do.

While experts don't fully understand the link between diabetes and heart disease, many factors likely play a role. In addition to potential harm to your blood vessels and arteries caused by chronically elevated blood glucose, metabolic conditions like high blood pressure, obesity, and high cholesterol, as well as lack of physical activity and poor diet—all of which very often occur alongside diabetes—also contribute to heart disease risk. Lifestyle management can make a dramatic difference.

"Lifestyle is what I focus on most with my diabetes patients," says Ethan Weiss, MD, an associate professor of medicine at UC San Francisco and a cardiologist in the UCSF Center for Prevention of Heart and Vascular Disease.

The priority: exercising and eating a nutritious diet that emphasizes food quality and limits its quantity, which together can help you shed excess pounds. "The goal is to feel better and to improve your metabolic health," says Weiss. "A lot of times, losing weight is sufficient to do that."

In fact, weight loss can be modest and still offer benefits. According to the CDC, you can improve your blood pressure, cholesterol, and blood glucose by dropping as little as 5% to 10% of your body weight. Even that, though, will take work. Weiss says that losing weight—and keeping it off—can be quite a challenge. "But there are lots of new options for people to help manage their weight and nutrition," he says.

QUESTIONS FOR YOUR DOCTOR

Q Should I worry about stress?

If it's chronic, stress can harm your heart health over time. Relaxation techniques like meditation may help, but make sure to address the causes of your stress.

Q Does my family history factor into my heart disease risk?

Yes. If a family member had a heart attack before age 50, that may further increase your risk of heart disease. Discuss this with your doctor.

Q Are lifestyle adjustments enough?

For some people, yes. However, you may need medications to control your diabetes, blood pressure, and cholesterol if they don't improve sufficiently via lifestyle changes.

Q What else can I do?

If you smoke, quit. Your doctor can help you find a smoking cessation program that works for you.

In addition to nutrition and fitness apps, he points to virtual coaching, which connects people who need assistance managing their diabetes and their lifestyle with trained diabetes coaches who can help them meet their goals. Rather than in-person appointments, coaching takes place via smartphone or computer. Virtual coaching does not come cheap, and it's rarely covered by insurance. But if it continues to demonstrate benefits, says Weiss, that may change.

Weiss also works with his patients with diabetes who sleep poorly. Over time, insufficient sleep also contributes to the risk of heart disease, while improved sleep may help people with diabetes better manage their blood glucose. Weiss discusses simple measures, like not looking at your phone in bed and limiting both alcohol and caffeine. But his priority is to get them to understand the significance of sleep.

"When people learn that sleep is not just important for them to feel well at work, that it's really important for their health," says Weiss, "that's when they say, 'I've got to make it work.'"

BY THE NUMBERS

1

Heart attack is one of the **most common causes of death** among people with diabetes.



44%

Percentage **more likely** women with diabetes will **develop heart disease** than men.

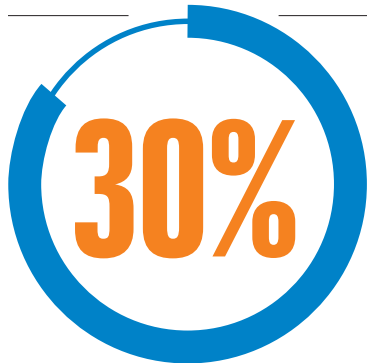
9%

Percentage **more likely** women with type 2 will **develop heart failure** than men.

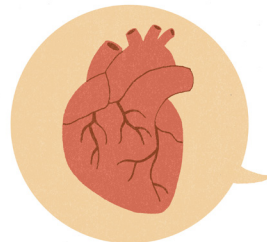


2.5X

Times more likely **elderly people** with type 2 diabetes will **develop heart failure** if they also have **depression**.



Percentage **reduction in risk of heart attack, stroke, and death** from heart disease a **Mediterranean diet** can provide.



1 IN 2

Number of people **45 and older** with type 2 diabetes who **know their risk** of heart attack or stroke or have **discussed it with a doctor**.

39%

Percentage **decrease in risk of heart disease** for people with type 2 diabetes provided by **weight loss surgery**.

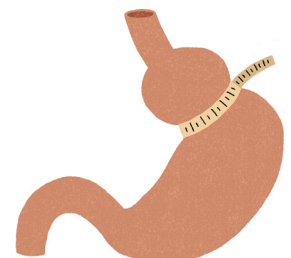
3X

Times **increased risk of stroke** among people who have **had diabetes at least 10 years**.



1/2

Reduction in risk of **dying from heart disease** by **walking 2 to 4.5 hours each week** in people with diabetes.



Test Update

SOME CHANGES YOU NEED TO KNOW ABOUT COMMON TESTS



BY John Whyte, MD, MPH,
WebMD Chief Medical Officer

A VISIT TO THE DOCTOR OFTEN INCLUDES A VISIT TO THE LAB FOR BLOOD TESTS. But the last few years have brought changes to how some common lab tests are done.

LIPID TESTING

This test looks at lipids (also called blood fats), including total cholesterol, high-density lipoprotein (HDL or “good” cholesterol), low-density lipoprotein (LDL or “bad” cholesterol), and triglycerides. The results of this test often help predict risk of heart disease and stroke.

What’s changed? Traditionally, patients needed to fast prior to this test because doctors believed food could impact these levels. But fasting is not required for most people. Certain foods can impact triglyceride levels, so if the test comes back high, you might need to do the test again while fasting. But most patients can skip the fast.

DIABETES TESTING

More than 23 million U.S. adults have diabetes and another seven million have diabetes and do not know it. Another 84 million have prediabetes, a condition often related to obesity that puts a person at much higher risk for developing the disease. Therefore, it is important to get the right test to determine if you have diabetes.

Recently, many physicians have ordered the hemoglobin A1c blood sugar test for this purpose. In the past it was used for helping manage medication doses. But around 2012, several organizations began to add it as a diagnostic test. Many doctors and patients prefer it over the oral glucose tolerance test, which requires an overnight fast and takes more than two hours.

The hemoglobin A1c test measures glucose that sticks to hemoglobin, part of the red blood cells that carry oxygen to the body. It gives an average glucose reading over the course of the life of the red blood cell, which is around 90 to 120 days.

However, we have recently learned that if you have certain conditions that might affect red blood cells, such as anemia or sickle cell disease (more common in African Americans than other ethnicities), the hemoglobin A1c test might not be completely accurate. In some instances, it might register artificially high. It’s important to remember that there are numerous factors that affect blood sugar, so it’s important to talk to your doctor about the results.

This mostly matters when the test results are close to the normal cutoffs, since that can make diagnosis more challenging. You may need additional blood sugar tests, both fasting and non-fasting, to help with diagnosis.

URINE SAMPLES

Many people used to give a yearly urine sample (called a urinalysis) to test for infections and assess kidney function. Now, the U.S. Preventive Services Task Force does not recommend a urinalysis unless you have symptoms such as burning, pain, urgency, or bad odor. (Note that this recommendation doesn’t apply to pregnant women, who should get frequent urine tests as part of their routine obstetrics care.)

For kidney function, physicians now largely rely on a test called the EGFR (estimated glomerular filtration rate), which is calculated as part of a basic metabolic panel, a standard blood test, that helps your doctor determine if your kidneys are working properly.

Questions? Comments? Email me at john@webmd.com.

Living With RA

HOW A SURPRISE DIAGNOSIS HELPED ME BECOME A VOLUNTEER TO HELP OTHERS LIVING WITH THE CONDITION

BY Helen King REVIEWED BY Michael W. Smith, MD, WebMD Chief Medical Editor



FIVE YEARS AGO, A FEW MONTHS BEFORE MY 49TH BIRTHDAY, I WENT TO BED FEELING FINE BUT WOKE UP THE NEXT MORNING AND COULDN'T LIFT MY RIGHT ARM. It was a feeling I'd never had before. I'm a fit, middle-aged woman. I was exercising, walking, eating right—all the things you're supposed to be doing to stay healthy.

I'd had spine surgery a few years before and have a titanium plate in my neck, and I thought it must be related. I saw my spine doctor, and he said, "This isn't your neck. I think you have rheumatoid arthritis [RA]." I'd heard of it, but I had no idea what I was in for.

He ordered blood work, and my numbers were off the charts. My rheumatoid factor was greater than 600—that's an antibody present in the blood of many with RA. Normal is less than 15. I was told to see a rheumatologist.

In the meantime, I was in pain. I work full time. I have two grown sons and a very active life and couldn't do anything with my arm. I couldn't even hold a coffee cup. The pain progressed into my wrists and knuckles. They took X-rays, and thankfully I didn't have any joint destruction. My spine doctor put me on a steroid.

After I was officially diagnosed by my rheumatologist, I was put on another drug, which had

severe side effects. I started losing my hair, and it made me very sick. My rheumatologist switched me to a different form of the medication and the side effects were better, but it still didn't give me enough relief. A few months later, my doctor added another drug, a biologic, and it's that combination that keeps my disease under control. Now most days my pain is a one to two on a scale of one to 10. It becomes something you almost dismiss.

Even though my disease is well-controlled, I still have flare-ups. And if you've ever had tendonitis or bursitis in a joint, imagine that in multiple joints then throw a good case of the flu on top of it. You feel like you've been run over by a truck.

Today, I'm doing really well. I consider myself very fortunate. I was diagnosed when my children were grown, and there are drugs that can slow the progression of the disease.

I still work more than 40 hours per week. And I eat clean—no sugar, processed food, red meat, or dairy. I drink a lot of water. I do Pilates and walk—easy on the joints.

We talk about the pain and the physical aspect that comes along with a chronic disease, but the mental and emotional side is just as important. I wanted to connect with other people who could understand my journey, and there wasn't a support group in my area, so I became a trained facilitator and started one for adults with arthritis and other rheumatic diseases. I'm also a volunteer with the Arthritis Foundation. By immersing myself in volunteering, it helps me.

HELEN'S TIPS FOR LIVING WITH RA

1. FIND YOUR TRIBE
Seek people who can support you through your bad days and be there to celebrate with you on your good ones.

2. BE PROACTIVE IN YOUR HEALTH CARE
Advocate for yourself. It's not about your doctor telling you what to do, it's about partnering and learning how to talk to your doctor to get the best outcome.

3. PRACTICE SELF-CARE
A lot of women are bad at putting themselves first. But it's important to do something that feeds your soul. For me, it's volunteering and giving back.

4. KEEP A POSITIVE ATTITUDE
We all have down days. By no means am I flying through this without getting depressed or getting tired of being in pain after three days of a flare. I just try not to get stuck there.



Sinusitis

TIPS TO HELP PREVENT AND RELIEVE SYMPTOMS

BY Matt McMillen

REVIEWED BY Neha Pathak, MD, WebMD Medical Editor

EXPERT TIPS

"A stuffy nose caused by a cold and allergies can develop into a sinus infection. Help protect yourself by using nasal irrigation, such as a neti pot, as well as over-the-counter decongestants and nasal steroid sprays. If your symptoms last more than seven to 10 days, see your doctor. You may have an infection that requires antibiotics."

EUGENE CHIO, MD
otolaryngologist, The Ohio State University Wexner Medical Center

"Control your environment to help control your sinusitis. Stay away from smoke—both tobacco and marijuana—which can cause sinus swelling. Dusty and mold-ridden environments can also cause sinus inflammation, so make sure to clean your carpets with a HEPA vacuum cleaner. Use HEPA air filters in your air conditioning system and change them regularly."

JORDAN S. JOSEPHSON, MD
otolaryngologist, Lenox Hill Hospital, New York City, and author of *Sinus Relief Now*

"When does a cold become a sinus infection requiring antibiotic treatment? In addition to long-lasting symptoms, the reappearance of symptoms after improvement is a warning sign that you may have developed a bacterial sinusitis—and an indication you should see your doctor, who will determine the best treatment. Remember: Take antibiotics only for a bacterial infection. They won't cure viral infections like the common cold."

BARBARA KEBER, MD
chair of Family Medicine, Northwell Health's Glen Cove Hospital, Glen Cove, New York

10 TIPS TO COPE

1. KEEP IT CLEAN

To avoid infections, use only distilled, sterile, or boiled-then-cooled water in your neti pot.

2. RELIEVE PAIN

Rest a warm, moist towel on your face to reduce sinus pain.

3. WASH UP

Wash your hands often to help prevent future infections.

4. ID THE CULPRITS

For allergic sinusitis, learn your triggers—like dust or pollen—and avoid them.

5. TAKE IT EASY

To help your body fight infection, get plenty of rest.

6. DRINK UP

Consume lots of liquids to help thin your mucus.

7. HIT THE SHOWERS

Let the hot, steamy air ease your discomfort and clear your sinuses.

8. HEADS UP

Elevate your head when you sleep to help mucus drain.

9. BE GENTLE

Lightly blow your nose, one nostril at a time.

10. COOL DOWN

Go to the doctor if your fever tops 100.4°F.



Search for the article
What Is Sinusitis?
at WebMD.com.

Faces of Depression

HOW TO TELL IF YOU'RE DEPRESSED—AND IMPROVE YOUR MOOD IF YOU ARE

BY Stephanie Watson REVIEWED BY Neha Pathak, MD, WebMD Medical Editor

 Search for the article **Types of Depression** at [WebMD.com](https://www.webmd.com).



DEPRESSION CAN BE HARD TO DISTINGUISH BETWEEN EVERYDAY SADNESS AND MEDICAL CONDITIONS LIKE THYROID DISEASE. **Michael Thase, MD**, professor of psychiatry at the University of Pennsylvania Perelman School of Medicine, explains the difference and how to treat depression.

Q How can you tell whether you're sad or depressed?

THASE Sometimes people can't tell the difference because the boundaries between the two conditions are permeable. Generally, if you feel low or blue every day and you've lost the ability to enjoy life, plus you have symptoms like poor sleep, low energy, and difficulty concentrating, you have a depressive disorder. Then you need to sort out whether depression is a consequence of drug use or another illness.

Q What is bipolar depression?

THASE It's a type of depressive disorder in which people have depression, alternated with abnormally up or elated periods

called manias or hypomanias, depending on their severity. People with bipolar depression are treated with a mood stabilizer first, because antidepressants could cause the depression to switch into mania.

Q Which medical conditions often coexist with depression?

THASE The most common one is probably thyroid disease. The thyroid helps set the tone for a lot of the body's stress response systems. When thyroid hormone levels are low, people are less resilient and able to deal with stress. Conditions that involve the brain, including brain tumors, multiple sclerosis, Alzheimer's disease, and other dementias also increase the risk for depression.

Q When does depression warrant a call to a doctor?

THASE Any time you're having suicidal thoughts. If you're contemplating ending your life, you need professional help. And if the depression is still going on, day after day for several weeks, particularly if it's starting to take a toll on your work or personal life, that's the time to get help.

Q How is it treated?

THASE I usually recommend that people start out with either psychotherapy (talk therapy) or antidepressants, depending on what feels like the most natural fit. Or they may try both treatments.

Q How long does depression typically last?

THASE A fair number of depressive episodes are short-lived—four to eight weeks. That kind of depression is hard to sort out from normal sadness. Many people who have these episodes don't get treatment for them. The average duration of depression episodes in people who get treatment is six to nine months.

Q What happens if depression comes back after treatment?

THASE Most depression eventually returns. There's about a 50/50 chance of having a second episode within five years. Some people think the experience of being depressed changes the brain's responses to certain types of stressors.

If depression does return, people can either stay on their original treatment, switch to another antidepressant, or add cognitive therapy.

Q What are some lifestyle tips to manage depression?

THASE Get moving. Do light- to medium-intensity aerobic exercises every morning with the sun on your face. Exercise has natural resilience-enhancing, energizing effects on the brain and spirit. Work on solving your problems and getting help so you feel better and you're not a passive victim of your depression.

Parkinson's Disease

BY Matt McMillen REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor



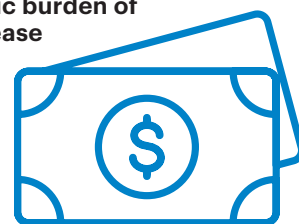
Search for the article
Understanding Parkinson's
Disease at [WebMD.com](https://www.webmd.com).

930,000

Estimated number of American adults **older than 45**
who will have Parkinson's disease in 2020.

\$52 BILLION

Annual **economic burden** of
Parkinson's disease
in the U.S.



\$24,439

Annual **cost of medical**
expenses for an individual
with Parkinson's disease.

307

Number of **active**
clinical trials
investigating
Parkinson's disease.

50% to 80%

Percentage of those
diagnosed with Parkinson's disease
who will have dementia.



1.5x

Number of times **more frequently**
men are diagnosed with
Parkinson's disease than women.

\$165 MILLION

Amount of **NIH funding**
to research Parkinson's
disease in 2019.

70%

Percentage of
caregivers who are
spouses or partners.



33%

Percentage
increase in the
number of U.S.
adults with
Parkinson's
disease expected
between now
and 2030.

1 IN 10

Number of people
with Parkinson's who
develop it before
age 50.

35%

Percentage of people
with Parkinson's
disease **who also have**
depression.

Asthma 101

ASTHMA ISN'T A SINGLE DISEASE—IT'S A COMPLEX SYNDROME WITH DIFFERENT CAUSES, SYMPTOMS, TRIGGERS, AND RESPONSES TO TREATMENT IN DIFFERENT PEOPLE

BY Rachel Ellis REVIEWED BY Neha Pathak, MD, WebMD Medical Editor



HOW MUCH DO YOU REALLY KNOW ABOUT ASTHMA? Learn the basics of this common breathing condition from **Amanda Cox, MD**, pediatric allergist and immunologist at Mt. Sinai and fellow of the American Academy of Allergy Asthma & Immunology.

Q What is asthma?

COX When you have asthma, certain triggers, like exercise, cold air, allergens, or upper respiratory infections, make your bronchi—the passages that carry air from your wind pipe to your lungs—narrow. The tissues that line these airways also get inflamed and make extra mucus. This may make you feel short of breath, experience tightness in your chest, and cause you to cough and wheeze. During a severe asthma attack, you breathe more rapidly and your heart rate may go up as you work hard to breathe. Some asthma attacks can even lead to respiratory distress and decrease the oxygen in your blood—and thus may be life-threatening.

Q Are there different types?

COX Yes, the type of asthma you have is classified by how severe it is, how much it affects your daily activity, how often you have symptoms, and whether your symptoms can be well-controlled with asthma medications. Your asthma type may also be defined by the specific triggers that cause your attacks—for example, exercise-induced asthma or occupational asthma.

Q Who's most at risk of getting it?

COX You're more likely to get asthma if you have other allergic conditions such as eczema or allergic rhinitis or if other people in your family have asthma. Studies have also linked exposure to air pollution, certain molds, indoor dust mites, and cockroaches to the development of asthma in some populations. Smoking, secondhand tobacco smoke, and being obese also raise your risk. Most people with asthma get it as children. It's possible to outgrow asthma, but having it as a child raises the chances that you'll have it as an adult.

Q How is it treated?

COX You'll need to see a doctor regularly to monitor your symptoms and have pulmonary function testing. You also need to know, control, and avoid your triggers and treat your symptoms with medications such as bronchodilators and controller medications, including long-acting beta-agonists, leukotriene antagonists, inhaled corticosteroids, oral corticosteroids combination agents, and biologic agents. Your asthma medication needs may change over time and in different seasons. Asthma care may also involve allergen immunotherapy, thermoplasty, and other treatments.

Q Can it be cured?

COX Currently, no, but treatments can reduce your response to triggers, which lowers your risk of severe attacks, prevents the need for hospital visits, and minimizes the loss of lung function over time.

STAMP OUT SYMPTOMS

Amanda Cox, MD, offers some lifestyle tips to help you breathe free.

- Know your asthma attack signs and symptoms
- Track and avoid triggers
- Pre-medicate with a short-acting beta-agonist if you know you'll be near a trigger
- Ask your doctor about creating an asthma action plan
- Carry rescue meds with you at all times (and know how to use them)
- Stay up-to-date on your immunizations, including a yearly flu shot



Search for the article
Types of Asthma
at WebMD.com.

1. WHAT DID YOU LIKE BEST ABOUT RE-TURNING TO THE WORLD OF *A QUIET PLACE* FOR THE SEQUEL?

To see my “movie family” and work with them again! We already know each other, so we understand what each other needs and how to support them the best we can. We all reconnected again. The locations of *A Quiet Place* are so beautiful as always. I miss being surrounded by nature.

2. WHAT MOST APPEALED TO YOU ABOUT YOUR CHARACTER, REGAN?

Her confidence. I love how she used her cochlear implant as a weapon, to take her weakness and use it to become her strength. She refused to let it bring her down. That made me feel more motivated and inspired to do my best to portray Regan.

3. WHAT SCARES YOU IN REAL LIFE?

I do have stage fright, but every time I get onstage and see people watching me, I think that calms me down. I try to think about the fact that people don't have to be there, but they are. I feel that they are supporting me, so that makes me get over my stage fright.

4. WHAT OR WHO GIVES YOU COURAGE?

My family. Especially my mom. She's one of the strongest people I know. I see how hard she works, always pushing herself to do her best, and I learn so much from her by just watching her. I have so much respect for her, and whatever I do, I always keep her in the back of my mind and want to make her proud.

5. HOW DOES IT FEEL TO BE A ROLE MODEL?

It's such an honor to be a deaf role model and role model in general, because not a lot of people have that. Right now, I'm in a position where I can inspire and teach people about deaf culture and the



Millicent Simmonds

actor, 17, Utah

“I’M IN A POSITION WHERE I CAN INSPIRE AND TEACH PEOPLE ABOUT DEAF CULTURE AND THE COMMUNITY I LOVE.”

community—a community that I'm very proud of and that I love. It's a privilege, really.

6. HOW DO YOU LIKE TO ADVOCATE FOR MORE REPRESENTATION FOR YOUR COMMUNITY?

My goals for more representation are to teach people how to work alongside of us and how to communicate with us. It's really not as hard as I think people think it is. I'm noticing that people are slowly becoming more open-minded and are listening to us now. We keep chipping away at that barrier.

7. HOW DO YOU LIKE TO KEEP FIT?

I have a few exercise apps that I really love on my phone, and it's convenient to do them when I'm on set or in the hotel. When I'm at home, I go to an indoor rock climbing gym with my brother, and I love it! I love to push myself. It's such an individual sport, and your only competition is yourself. I love that. I also love to do yoga, so I'm trying to do that every day, too.

8. DO YOU MAKE A POINT TO EAT A HEALTHY DIET?

I really try to stick to a plant-based diet with some protein. I try to drink a ton of water during the day, and I have some herbal teas that I really like.

9. ANY GUILTY-PLEASURE FOODS?

Red velvet and carrot cakes!

10. WHAT ADVICE HAS SERVED YOU BEST AS AN ACTOR?

My parents, who I'm very close with, told me that I can take my time to speak what's on my mind and be clear about how I feel and what I need. In this industry, where everyone's so busy and so focused on their part, it's really hard to sit down and talk about what you need to get the job done. But we, especially kids in this industry, need to remember that we need to stop and communicate our needs.

— MATT McMILLEN