

TRIED EVERYTHING AND STILL CAN'T SLEEP? THINK AGAIN PAGE 36

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OCTOBER  
2019

**YOUR  
COLD-WEATHER  
SKIN SURVIVAL  
GUIDE**

PG 20



**CANCER  
UPDATE**

**IMMUNOTHERAPY:  
WHERE ARE WE NOW?**

PG 39

**MANAGING  
CHEMOTHERAPY**

PG 52

**FOCUS ON  
MEN'S AND WOMEN'S  
DIAGNOSES**

PG 12 & 13

**WHAT TO TELL  
YOUR BOSS**

PG 14

# MANDY MOORE

**CLIMBS TO NEW HEIGHTS** PG 30

## FEATURES

30

### **MOORE, PLEASE**

Mandy Moore focuses on hiking and healing

35

### **THE SECRETS OF SLEEP**

If you have insomnia, sleep hygiene may not be enough

“I’M TRYING TO ENJOY THINGS AND CHALLENGE MYSELF. I’M KIND OF STEPPING INTO MY POWER.”



## CANCER UPDATE

### 6 **FACTS & STATS**

Fewer Americans are dying from cancer

### 12 **MEN'S HEALTH**

What you should know about common cancers

### 13 **WOMEN'S HEALTH**

Screenings you might be missing

### 14 **WORK WISE**

What to tell your boss about your diagnosis

### 39 **FIGHTING CANCER FROM WITHIN**

The promise—and limitations—of immune therapy

### 50 **BY THE NUMBERS**

Facts and stats on breast cancer

### 52 **HEALTH SMARTS**

How to minimize chemotherapy side effects

### 59 **FOCUS ON**

Tips for managing chronic lymphocytic leukemia



11

## LIVING

- 11 SLEEP SOLUTION**  
A simple change that could improve your slumber
- 16 FITNESS**  
Cardio workouts to get your blood pumping—without leaving home



17



18

## BEAUTY

- 17 SKIN CARE**  
A couple of key steps can make all the difference in your nighttime routine
- 18 EXPERT PICKS**  
At-home teeth-whiteners
- 19 DERM Q&A**  
Expert tips for stronger nails
- 20 BEAUTY SMARTS**  
Your winter skin survival guide



25



28

## FAMILY

- 23 RELATIONSHIPS**  
How to keep your stress from affecting your kids
- 24 PREGNANCY**  
Your risk for depression during pregnancy
- 25 BABY**  
Exercising with your little one
- 26 PARENTING**  
The truth about sugar and irritability
- 27 KIDS' HEALTH**  
Why kids don't get enough exercise
- 28 PETS**  
Acupuncture for pain relief



43



46

## FOOD

- 43 GOOD FOR YOU**  
Pear perfection
- 44 3 WAYS**  
New ways to enjoy a fall favorite
- 46 BUILD A BETTER**  
Tips for your next casserole
- 47 FOOD 101**  
Flour power



**ON THE COVER**  
PHOTOGRAPHY BY:  
Nino Munoz / CPI



49

## CHECKUP

- 49 THE LATEST**  
What is the microbiome—and how does it prevent disease?
- 51 INSIGHT**  
The difference between palliative care and hospice care
- 53 DOCTOR Q&A**  
How to tell if you're depressed—and what to do about it
- 54 SPOTLIGHT**  
Living liver donations by the numbers
- 55 QUIZ**  
Cold & flu 101
- 57 SPOTLIGHT**  
Tips for managing rheumatoid arthritis
- 60 HEALTH HIGHLIGHTS**  
How to live with sleep apnea



61

## IN EVERY ISSUE

- 4 EDITOR'S NOTE**
- 7 UPFRONT**  
News on dementia blockers, coffee benefits, probiotics, and more
- 61 TAKE 10**  
Marie Osmond on joining *The Talk*, her exercise philosophy, and why she feels grateful

FROM THE WEBMD TEAM



Farm-to-table may be on trend, but the truth is, seasonal cooking never goes out of style. Using locally or regionally sourced ingredients means you're dining on the season's bounty that not only tastes delicious but also helps you connect with your community. And, of course, sharing a meal is one of the ultimate communal experiences. So when you turn the pages of this issue and see casseroles, pears, and butternut squash, one thing is clear: Fall is here. We've got your meal plans covered with seasonal recipes that are healthy and easy to make. We also asked our staff which foods they most look forward to this season. Enjoy!

*Kristy*

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

# What foods do you most look forward to now that fall is here?

When days get colder, it's time for hot tea. It smells wonderful (good morning, Earl Grey), and cupping a warm mug in your hands while you sip makes it even cozier. Not to mention all those antioxidants! It's a simple pleasure that really warms you up from the inside out.



**MICHELLE BOURG**  
WebMD  
Health Editor

Nothing says fall like a soothing bowl of soup with a slice of sweet potato pie or a caramel apple for an occasional treat! I'm convinced they taste best on a brisk autumn day just before a hayride at twilight or while basking in the warmth of a bonfire.



**NICOLE HOLLIMON**  
WebMD Health  
Writer and Editor



**DAVID WILLIAMS**  
WebMD  
Photo Editor

I'm a creature of habit, so I reluctantly let go of my seasonal favorites. The flavors of summer berries fade by fall, but tart apples and pomegranates are tempting replacements on oatmeal. Sweet potato turkey chili on a brisk weekend afternoon? Yes, please—followed with a creamy wedge of paleo pumpkin pie!

PHOTOGRAPHY: SHARON SHU AND AMIE BRINK; STYLING: MINDY SAAD

STAY IN TOUCH



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EMAIL THE EDITORS  
webmdmagazineeditors@webmd.net

# WebMD®

395 HUDSON ST., NEW YORK, NY 10014

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Kristy Hammam

**EDITORIAL DIRECTOR**  
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Christina Boufis  
Sonya Collins  
Liesa Goins  
Jodi Helmer  
Ayren Jackson-Cannady  
Katherine Kam  
Lauren Paige Kennedy  
Lisa Marshall  
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312-768-6919

**ANNA NOVINGER**  
anovinger@webmd.net  
312-523-3171

### WEST COAST

**NICOLE JONES**  
njones@webmd.net  
213-718-5550

**mxm**  
PART OF  
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155 AVENUE OF THE AMERICAS  
NEW YORK, NY 10013

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Grant Fairchild

**BOOKINGS DIRECTOR**  
Susan Pocharski  
spocharski@gmail.com  
617-869-1713

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**SENIOR ART DIRECTOR**  
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**ASSISTANT ART DIRECTORS**  
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Jessica M. Johnson  
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**DIRECTOR**  
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FACTS &amp; STATS

# Good News

CANCER RESEARCHERS ARE ENCOURAGED: FEWER AMERICANS ARE DYING FROM CANCER, AND IMPROVEMENTS IN CANCER DETECTION AND TREATMENT HAVE HELPED DRIVE THIS DROP IN CANCER DEATHS

## 27%

Percentage by which the cancer death rate for men and women fell from its peak in 1991 to 2016.

## 2.6 MILLION

Number of deaths avoided thanks to this decline.

## 18 MILLION

The expected number of cancer survivors in 2020.

## 42%

Percentage of newly diagnosed cancers in the United States that are preventable.

IN THE NEWS



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

# A Good Night's Rest

Can't sleep? Join the rest of the nation, from kids to teens to adults of every age and stage. Lights out presents a serious challenge for millions of people. Why is this so, and what can you do about it if you're wide-eyed in bed most nights (or your kids are)? As you'll learn in **"The Secrets of Sleep," page 35**, sleep hygiene isn't enough. Measures like avoiding caffeine late in the day and banning screens from the bedroom do help, but what you really need to do is shut off your busy brain. A few ways to do that involve cognitive behavioral therapy specifically for insomnia, meditative movement like tai chi, and mindfulness training. The idea, one of our experts says, is that "if you have to focus on your breathing, you can't focus on tomorrow's doctor's appointment or what the future holds." Give one of these approaches a try to get the sleep you need and deserve. — *Colleen*



## DEMENTIA BLOCKERS?

Blood pressure meds, including beta-blockers, calcium channel blockers, angiotensin II receptor blockers, and angiotensin-converting enzyme inhibitors, may lower the risk of dementia, according to a study of 24,810 adults older than 60.

SOURCE: *Journal of Alzheimer's Disease*

## POST-HEART ATTACK DEPRESSION

Still depressed after your heart attack? Get help. Feeling down in the weeks after a heart attack is normal and may even motivate you to make lifestyle changes. But new research shows people who are chronically depressed a year later are about 50% more likely to die over the next five years than those who have no post-heart attack depression. The ones who have depression for a few months don't have increased risk of death. Ongoing depression, the researchers say, could prevent you from adopting the healthy lifestyle that can help you live longer.

SOURCE: *European Journal of Preventive Cardiology*

## STAY ON SCHEDULE

A yo-yo sleep schedule can wreak havoc on your health. Among 2,003 middle-aged and older adults, those who went to bed and rose at the same time every day were far less likely to develop high blood pressure, high cholesterol, and obesity over a six-year period. Variability in time to bed, time to wake, and hours slept raised the risk for all of these conditions.

SOURCE: *Diabetes Care*

# 65%

Percentage of U.S. adults who say smoking marijuana is acceptable.

SOURCE: Gallup



GETTY IMAGES



## PREGNANCY PRESSURE

About one in 10 women develops high blood pressure during pregnancy that later goes away. But that might not mean you're out of the woods. A study that followed nearly 6.5 million women for 18 years found that those who had high blood pressure during pregnancy, or the more serious condition pre-eclampsia, had increased risk for heart attack and stroke throughout life. This is a warning for women to watch their blood pressure during pregnancy. Women who already had high blood pressure during pregnancy should be aware of their increased risk and maintain a heart-healthy lifestyle.

SOURCE: Heart

## SCAR OPTIONS FOR BREAST CANCER SURVIVORS

Most women who have a lump or a breast removed because of breast cancer are unhappy with the look or location of their scar. Yet, one in three women didn't know at the time of their surgery about options that could help, a new study finds.

A third of women who had a lumpectomy or mastectomy say their doctors didn't tell them about hidden-scar procedures and nipple-saving surgeries. If you are planning breast cancer treatment, talk to your doctor about these options. Already had surgery? It may not be too late. Some cosmetic options are available long after your treatment.

SOURCE: BMC Cancer

## HEALTHY OUTLOOK

Eighty-three percent of U.S. adults said in a survey that they were in good or excellent mental health. That's most people, but it's close to the survey's all-time low of 81% in 2002. The high was 89% in 2012.

SOURCE: Gallup

## THE SLEEP AND NUTRITION CYCLE

Many people who don't get enough sleep also don't eat well. The two problems—poor sleep and poor nutrition—may actually feed each other. In a large study of adults' diets and lifestyles, researchers found that those who slept the least also consumed the least magnesium, niacin, vitamin D, calcium, and fiber. Lack of sleep could push people to snack on empty calories and miss out on these nutrients. But, the researchers say, it's also possible that poor nutrition is what's keeping people awake at night.

SOURCE: American Society for Nutrition



72,947

The number of calls to poison control centers about liquid laundry detergent pods in 2017. This number continues to rise among older children and young adults despite recent safety campaigns.

SOURCE: Gallup

## FIBER FIGHTS RISK OF CELIAC DISEASE

For each 10-gram increase in daily fiber intake during pregnancy, moms-to-be lower their babies' risk for celiac disease by 8%. Women who get more than 45 grams a day could lower risk by 34% compared to those who eat 19 grams or less.

SOURCE: European Society of Paediatric Gastroenterology, Hepatology and Nutrition



## PREVENTING AFIB

Atrial fibrillation, or afib, is the most common type of irregular heartbeat. The condition, which happens sporadically and affects up to 6.1 million mostly older adults, raises stroke risk up to five times above average. Stress and anger are common afib triggers, but beta-blockers (a common blood pressure medication) might help. Researchers tracked 100 people with afib for a year. Half took beta-blockers; the other half did not. During the year, both groups had just as many episodes of stress and anger, but the beta-blocker group was five times less likely to go into afib.

SOURCE: Heart Rhythm

## FALL FACTS

Deaths from falls in people older than age 75 are on the rise in the U.S. In 2000, falls caused 8,613 deaths among older adults. In 2016, more than 25,000 people died after falls. Researchers don't completely understand this sharp increase, though they say underreporting in the past could be partially to blame. Certain health conditions and medications can increase risk for falls, too. Talk to your doctor about your risk and prevention.

SOURCE: JAMA

\$22  
BILLION

Total amount seniors withdrew from long-term savings to pay for health care in the last year.

SOURCE: Gallup

16.9  
MILLION

Number of cancer survivors alive in the U.S. today. Survivors could surpass 22 million by 2030.

SOURCE: American Cancer Society

VEGGIE  
POWER

One in 12 heart-related deaths worldwide could be due to not eating enough vegetables. One in seven arise from too little fruit. Adults need 2.5 cups of veggies and 2 cups of fruit each day.

SOURCE: American Society for Nutrition



3 IN 4

The number of Americans who believe they pay too much for health care relative to the quality of care they receive.

SOURCE: Gallup



## COFFEE BENEFITS

That morning cup of Joe might help you in more ways than you think. In a study that tracked 4,000 people, those who drank a cup or more of unsweetened black coffee every day were 37% less likely than those who didn't to develop type 2 diabetes or prediabetes over 15 years of follow-up. Those who saw the greatest reduction in their diabetes risk were people born with a gene that predisposed them to diabetes.

SOURCE: *American Society for Nutrition*

## PEDIATRIC PNEUMONIA POINTERS

Antibiotics treat bacterial, not viral, infections. Yet, three in four preschoolers get unnecessary antibiotics for viral pneumonia, which can lead to antibiotic-resistance. Nearly half of them get chest X-rays—against national guidelines.

Numerous X-rays throughout life can increase risk for cancer.

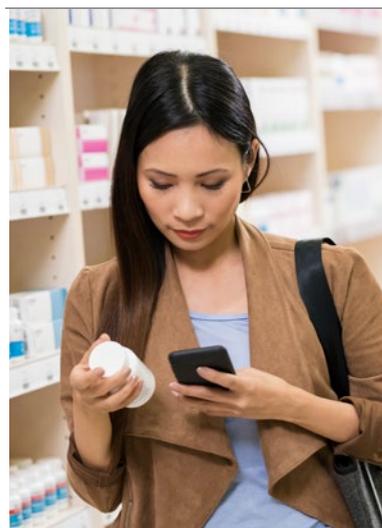
SOURCE: *Journal of Pediatric Infectious Disease*

## KIDS AND SUPPLEMENTS

Do you leave a chewable multivitamin next to your child's cereal bowl every morning? Many parents do, but kids may take other—riskier—supplements, too.

New research finds that children and young adults take supplements for weight loss, muscle building, and extra energy. These products bring almost three times greater risk of severe medical problems—including hospitalization, disability, and death—than vitamin supplements. Kids and young adults take supplements for sexual performance and colon cleansing, too. These double the risk of serious medical problems compared to vitamins.

SOURCE: *Scientific Reports*



## PICKING THE RIGHT PROBIOTIC

Probiotics are “good bacteria” that are similar to microbes that live inside your body—especially in your gut. Probiotic supplements may help improve the balance of healthy bacteria in your gut. But it might be hard to choose the best one. Researchers analyzed 93 different bottles of probiotics and found that only 33 had proven health benefits. Lower-cost products, with fewer bacterial strains, that provide names of strains on the label, such as *Lactobacillus Acidophilus*, tend to be best. The researchers suggest consumers do their homework before buying a product to find one that has proven benefits.

SOURCE: *Journal of General Internal Medicine*

## HARASSMENT HAPPENS

Almost three-quarters of women and just over half of men say workplace sexual harassment is a major problem. About half of women say they have been sexually harassed.

SOURCE: Gallup



SLEEP SOLUTION

# The Night Shift

WANT TO SLEEP BETTER? HEALTH EXPERTS SUGGEST THIS SIMPLE CHANGE TO YOUR BEDTIME ROUTINE.

IF YOU'RE ONE OF THE NINE IN 10 AMERICANS WHO USE A CELL PHONE, LAPTOP, TABLET, OR OTHER SCREEN BEFORE BED, HERE'S A GOOD REASON TO PUT IT DOWN—it's likely ruining your sleep. Experts have long thought that the blue light emitted from most screens can suppress the secretion of melatonin, the sleep-regulating hormone, but a new study finds that the unending entertainment offered by electronics is also pushing back bedtimes—and causing people who use them at night to be less alert during the first hour after waking. The solution? In the evenings, simply switch out your beloved device for a book, magazine, or newspaper so you fall asleep earlier—and get the full night of rest you need. —COLLEEN OAKLEY



# Common Cancers

PAY ATTENTION TO YOUR PROSTATE CANCER RISK, BUT DON'T FORGET: THERE ARE OTHER CANCERS OUT THERE. LEARN WHAT THEY ARE AND WHAT YOU CAN DO TO PREVENT THEM.

BY Matt McMillen

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

FOR MEN, THE TOP FOUR CANCERS AFTER PROSTATE CANCER ARE LUNG, COLORECTAL, BLADDER, AND MELANOMA, according to Houston oncologist **Mamta Kalidas, MD**, a medical editor for the American Cancer Society and a volunteer faculty member in hematology-oncology at Baylor College of Medicine. Here's what men need to know.

## LUNG CANCER

Quit smoking. It causes at least four in five lung cancer deaths. Current and former smokers: If you're 55 to 74, ask your doctor about an annual screening.

Finding lung cancer early could save your life. (Just being around cigarette smoke or someone who smokes—even if you don't—increases your risk.) The number-one cause among non-smokers is radon, a radioactive chemical that can accumulate indoors. Inexpensive tests can alert you to dangerous levels in your home.

## COLORECTAL CANCER

Improve your lifestyle. Being overweight or obese, lack of exercise, smoking, and a diet heavy on red meat, processed meats, and moderate to heavy alcohol use all raise your risk of cancers that begin in the colon and rectum.

Equally important: Get screened beginning at age 50, the CDC recommends. Early detection makes effective treatment much more likely. Review your own and your family's health history with your doctor to ID other potential red flags, like inflammatory bowel disease and polyps, benign growths that can become cancerous.

## BLADDER CANCER

Need another reason to quit tobacco? Smoking significantly boosts your odds of bladder cancer. Other risk factors include exposure to certain industrial chemicals. Some, but not all, studies suggest that eating lots of fruits and vegetables can help protect you.

Another potential preventive measure: Drink lots of water. "The thinking is that you will urinate out a lot of the toxins that may be in your bladder," says Kalidas. "Not just any fluids, but specifically water might be helpful."

## MELANOMA

This type of skin cancer can be deadly, but it's highly treatable in its early stages. And it often can be prevented. Protect yourself by wearing sunscreen that blocks the sun's UV rays—and stay away from tanning salons and sun lamps. Also, scan your skin (ask your partner or someone else you're comfortable with to check your back).

Do you have lots of moles? If so, have a dermatologist evaluate them regularly. Between exams, keep an eye on them. If any moles change color, size, or shape, that's a warning sign. Other risk factors: fair skin, red or blond hair, and abundant freckles.

"We want men who have these risk factors to see their doctor regularly," says Kalidas.

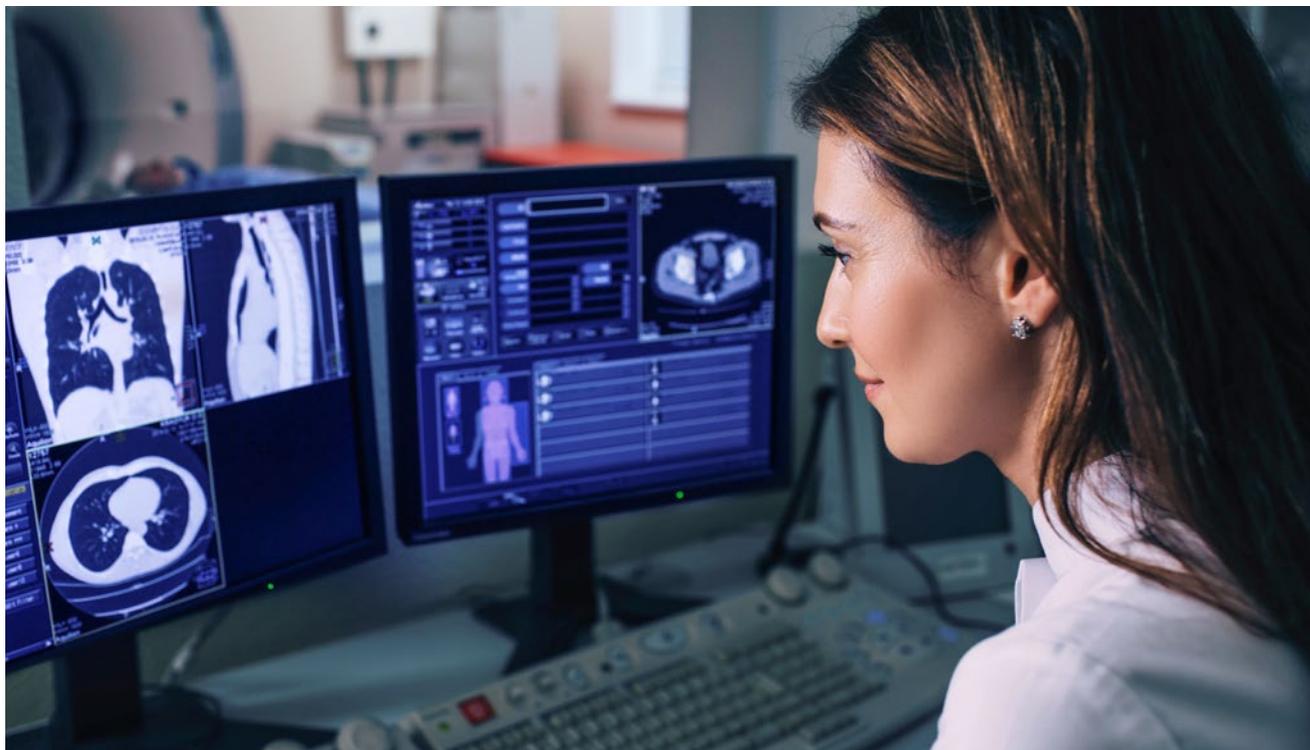
## BY THE NUMBERS

**#1** Ranking of lung cancer in deaths in men. An estimated 76,750 men will die from lung cancer in 2019.

**1%** Percentage increase in deaths from colorectal cancer—the number-three cancer killer for men—in younger adults each year from 2007 to 2016.

**3x** The number of times more likely men are to develop bladder cancer than women this year. Nearly three times as many men will die from it.

**4,740** Estimated number of men who will die from melanoma this year, nearly twice the number of women. Men's melanoma rates outpace women's starting at age 50.



# Screen Time

BEYOND MAMMOGRAMS AND BREAST EXAMS, THESE ARE THE CANCER SCREENINGS YOU MIGHT BE MISSING

BY Gina Shaw

REVIEWED BY Neha Pathak, MD, WebMD Medical Editor

**MOST WOMEN KNOW ABOUT MAMMOGRAMS AND PHYSICAL EXAMS TO CHECK FOR EARLY SIGNS OF BREAST CANCER**, but many may not be getting recommended screening exams to help detect and prevent other types of cancer.

Lung cancer is the leading cause of cancer deaths among women, far outpacing breast cancer. If you have a history of heavy smoking, either smoke now or have quit within the past 15 years, and are between 55 and 80 years old, the U.S. Preventive Services Task Force and the American Society of Clinical Oncology (ASCO) recommend that you get a yearly computed tomography (CT) scan to assess your risk of lung cancer—a strategy that can cut lung cancer death risk by 20%.

According to research published by ASCO, however, just 1.9% of current or former heavy smokers have been getting those screenings. Early detection is particularly important for women. While the rate of new lung cancer cases in men has dropped 35% over the past four decades, among women it has risen 87%. And women who smoke have twice the risk of developing lung cancer as men who smoke the same amount.

Many women also miss out on recommended screenings for cervical cancer, according to new research presented at this year's ASCO meeting. One-third of women 30 to 65 were behind on cancer screening tests (which involves a Pap test) for the human papillomavirus (HPV); HPV causes most cases of cervical cancer. And only 54% of women in their 20s had been screened on schedule.

One of the best ways to prevent cervical cancer is the HPV vaccine. HPV infection is so common that nearly all men and women will get one at some point in their lives, most without knowing they have it. To protect against HPV, the CDC recommends that vaccination begin in early adolescence, before teens reach puberty or start having sex. As of 2017, only about half of all teenagers in the United States were up to date with an HPV vaccination.

In 2018, the FDA also approved the vaccine for young adults ages 20 to 45; even if you have already been exposed to a few strains of HPV, it can still offer protection against the strains you have not encountered.

At your next visit with your primary care doctor, be sure to ask these questions:

- Based on my family history, personal health history, and exposure to smoking, what is my risk for lung cancer?
- Do you recommend that I get lung cancer screening? If so, how often?
- What is my risk of cervical cancer?
- How often should I be screened for cervical cancer?
- Should I (or my child) receive the HPV vaccine? On what schedule?



WORK WISE

# Cancer and the Workplace

YOU MIGHT BE ENTITLED TO TIME OFF AND SPECIAL ADJUSTMENTS AT WORK TO HELP YOU THROUGH YOUR CANCER TREATMENT, BUT THAT DOESN'T MEAN YOU HAVE TO TELL YOUR EMPLOYER WHY

BY Sonya Collins  
REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

**IF YOU'VE JUST LEARNED YOU HAVE CANCER, YOU MAY BE THINKING ABOUT HOW YOU'LL TELL THE PEOPLE IN YOUR LIFE.** You probably want to tell those closest to you, but what about your employer?

"At a time when you may feel that you have lost so much control because you have cancer, you do have a choice about this," says Monica Bryant, a lawyer and chief operating officer at Cancer Triage. "If you decide you'd like to keep your privacy, you can still access all the rights and benefits you're entitled to without disclosing that you have cancer."

## What are your rights?

If your employer has at least 50 employees, the organization must follow a law called the Family Medical Leave Act. The law gives employees who are seriously ill 12 work-weeks of leave during a 12-month period. If you've been at your job at least 12 months in the last 7 years, and you've worked the equivalent of about 24 hours a week per year, you're probably eligible. Leave can give you the time you need for treatment, including surgery, recovery, and chemotherapy.

But you might need more than time off to help you through treatment. The Americans with Disabilities Act (ADA) makes sure that organizations with at least 15 employees help make the necessary adjustments for employees to do their job during and after serious illness.

"Not enough people know about reasonable accommodations and utilize them to their full benefit," says Bryant. "They're one

of the most important tools for individuals to either work through treatments or to return to work after treatment."

Reasonable accommodations, as the ADA calls them, are exactly that: accommodations, so long as they are within reason, that will help you do your job when you're sick. The things you might need depend on many factors. A big factor is what kinds of side effects you have from treatment, such as fatigue, nausea, pain, or trouble thinking clearly. You won't know what accommodations would be helpful to you until you need them. And, that may change over time.

"What somebody needs soon after treatment is likely going to be different three months out, five years out, and 10 years out," says Bryant.

Some accommodations could include a change in working hours; the option to work from home; dictation software on your computer; or a more comfortable workstation. You can ask for these things as issues arise and make changes as you go.

"It's very flexible, and it's beneficial for both employees and employers," says Bryant. "The employer doesn't want to lose a valued employee [because they can't work in the current conditions] and go through the process of hiring someone else, so they benefit, too."

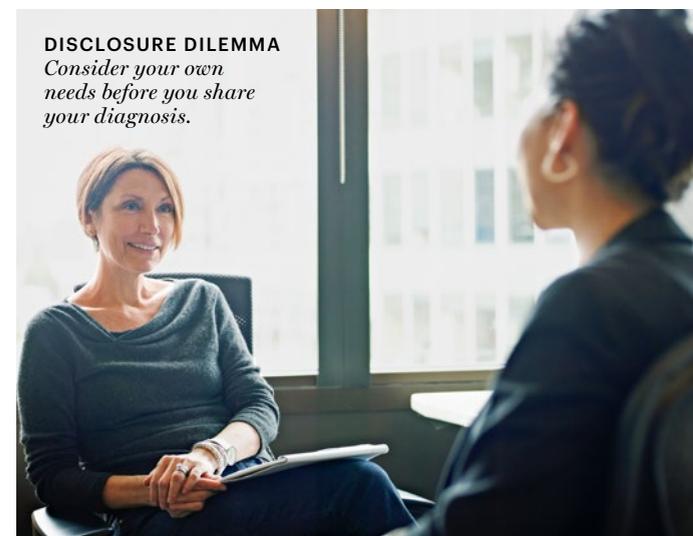
If you or your company don't meet the criteria for you to get leave or accommodations, all is not lost. State laws may protect you or the employer may have a policy for workers who need sick leave. "Many employers are much more generous than that bare minimum that the law requires," says Bryant.

## Don't I have to tell the boss?

But how, you might wonder, can you get the time off and the adjustments you need without telling your boss you have cancer?

For most people, it's the side effects of treatment, not the cancer itself, that keep you from working. It's chemotherapy-related pain or grogginess that might make it hard to do your job the way you usually do. You may choose to tell your employer about these symptoms rather than your diagnosis. For example, "I need medical treatment that will require me to take time off."

You and a health care provider will fill out a few forms for your leave and accommodations. It's important to know that your employer might give you a company-based form that asks for a diagnosis, but federal forms don't ask that.



**DISCLOSURE DILEMMA**  
*Consider your own needs before you share your diagnosis.*

GETTY IMAGES

GETTY IMAGES

## BY THE NUMBERS

46%

Percentage of people diagnosed with cancer who are of working age (20 to 64).

20%

Percentage of cancer survivors who have work-related limitations due to cancer up to five years later.

69%

Percentage of cancer survivors who say their work routine helped their recovery.

855

Number of cancer-related discrimination claims filed with the Equal Employment Opportunity Commission in 2017.

## TALK TO YOUR CANCER CARE TEAM

BEFORE YOU TALK TO YOUR EMPLOYER, ASK YOUR CARE TEAM HOW TREATMENT MIGHT AFFECT YOUR ABILITY TO WORK. YOU MIGHT WANT TO ASK THESE QUESTIONS, SAYS EXPERT MONICA BRYANT.

- How much time off will I need for surgery, recovery, chemotherapy, radiation, or other treatments? How much time do other people usually take?

- What immediate side effects could I have from my treatment?

- How might these side effects affect my ability to do my job?

- Could I have new and different side effects over time?

- Will I be able to predict certain side effects, such as when I might feel nausea, fatigue, or pain?

Check out the [Cancer Message Board](#) at [WebMD.com](#).

"Some health care professionals will only fill out the Department of Labor form, so they're only sharing information that the employer is legally entitled to," says Bryant.

The federal form simply requires certification from a health care provider that you have a medical reason to request leave. If you don't want to share your diagnosis, tell your provider before you complete the forms.

That way, the provider will omit your diagnosis from the paperwork and avoid words such as *chemotherapy* and *oncology*.

"One sticking point is where the form asks for your provider's specialty," says Bryant. "If you don't want to disclose, the provider can write 'internal medicine' rather than 'oncology.' It's absolutely true without inadvertently disclosing."

## But why not tell?

Some research shows that people whose cancer history is known in their workplace may face stereotyping and discrimination. People who share on a job application or in an interview that they are cancer survivors may be less likely to get the job.

Before you choose whether to disclose, it might be important to consider these possibilities. But, ultimately, you know your workplace and colleagues, and you should decide what is best for you. Whether you tell your employer that you have cancer is 100% your choice. You might feel empowered sharing your diagnosis with others, but that power comes from knowing that it is your decision.

# Get Moving—at Home

ZERO TIME FOR THE GYM? TRY ONE OF THESE AT-HOME CARDIO WORKOUTS. NO MACHINERY OR COMMUTE REQUIRED.

BY Kara Mayer Robinson **REVIEWED BY** Michael W. Smith, MD, CPT, WebMD Chief Medical Editor

**FOR DAYS WHEN YOU DON'T FEEL LIKE GOING TO THE GYM** or gearing up for an outdoor workout like running or biking, make it simple with these at-home cardio workouts.

## CIRCUIT TRAIN

Circuit training pumps up your heart rate and builds strength in a short amount of time.

To create an at-home circuit, first choose three to four cardio exercises like jumping jacks, jogging in place, step-ups, mountain climbers, burpees, and jumping rope. Then choose three strength-training exercises like push-ups, planks, abdominal crunches, tricep dips, wall sits, lunges, and squats.

Alternate between cardio and strength-training exercises. Do short, 30-second bursts of each for three to four minutes. Repeat this circuit two to three times.

## JUMP ROPE

Jumping rope burns calories, elevates your heart rate, and improves coordination, muscle elasticity, and brain function. Plus, it's fun, easy, and takes up very little space.

After a short warmup, do 30-second intervals of jumps, followed by 15 to 30 seconds of rest. Mix it up with a combination of single-leg jumps, split-leg jumps, wide-to-narrow jumps, running in place, and taking off and landing on both feet.

Bump up the time as you get better. Cool down with calf and quadriceps stretches.

## BOX OR KICKBOX

"Think inside the box," says Grant Roberts, an Internal Sports Medicine Association-certified fitness trainer who works with celebs like Eva Longoria and Zachary Levi. Boxing and kickboxing are stellar conditioning workouts you can easily do at home while channeling your inner aggressor and relieving stress.

Fire up YouTube or on-demand TV for a wide range of boxing and kickboxing workouts to follow along with at home. Or, create your own. Alternate between one-minute intervals of jabs, crosses, and kicks and one-minute intervals of active recovery like shadow boxing, jogging in place, or skipping rope. Gradually increase the time of your active intervals. "If you can work your way up to three 12-minute rounds with one-minute rests in between, you'll feel like a champion," Roberts says.

## CLIMB STAIRS

"Got some stairs in your home?" asks Roberts. "Include them in your cardio workout." An at-home stair-climbing workout is about as simple as it gets. Set a timer for your preferred workout length, walk up and down your stairs, and repeat until it beeps. Start with just a few minutes, then work your way up to longer stair-climbing workouts as you feel stronger.

**Strength-training bonus:** Take breaks for calf raises. Put the balls of your feet on one step, then use your calf muscles to raise up as high as you can. Lower your body as far as you can, then return to your starting position and repeat.

 Search for the slideshow **The No-Gym Workout** at [WebMD.com](http://WebMD.com).

## AT-HOME MOOD BOOSTER: DANCING

"I CAN'T THINK OF ANYTHING THAT LIFTS YOUR SPIRITS AND YOUR HEART RATE AS MUCH AS DANCING," SAYS FITNESS TRAINER **GRANT ROBERTS**. WE WON'T TELL YOU HOW TO DO IT—EVERYONE'S GOT THEIR OWN STYLE—BUT WE'LL TELL YOU WHY.

### 1. IT'S UNIVERSAL

Dancing works no matter your age, skill level, or style. "We're all amazing dancers when nobody is watching, so hit your favorite playlist and make a dancing fool of yourself," says Roberts.

### 2. IT'S LEGIT CARDIO

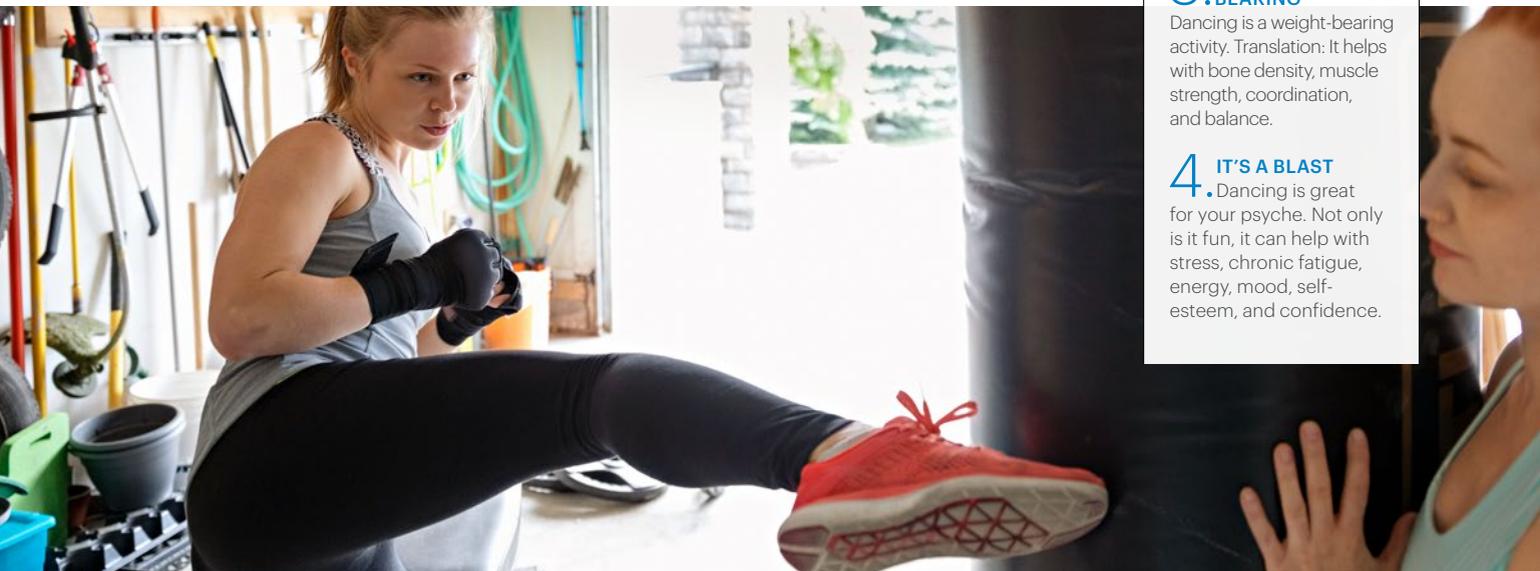
Dancing counts as a cardio workout. It can lower your risk of coronary heart disease and blood pressure and help you lose weight.

### 3. IT'S WEIGHT-BEARING

Dancing is a weight-bearing activity. Translation: It helps with bone density, muscle strength, coordination, and balance.

### 4. IT'S A BLAST

Dancing is great for your psyche. Not only is it fun, it can help with stress, chronic fatigue, energy, mood, self-esteem, and confidence.





SKIN CARE

## After-Dark Improvements

DOES YOUR CURRENT NIGHTTIME ROUTINE INVOLVE AN ELABORATE SEVEN-STEP PROCESS? OR DO YOU CALL IT A VICTORY IF YOU CAN JUST WASH YOUR FACE?

WHILE NO REGIMEN IS SUPERIOR TO ANOTHER, A COUPLE OF P.M. PRACTICES HAVE BEEN SCIENTIFICALLY PROVEN TO HELP KEEP SKIN HEALTHY, according to Fayne Frey, MD, a dermatologist in West Nyack, New York. “If your skin is flaky, scaly, or dry, apply a moisturizer with hydrating ingredients,” says Frey. Science shows that consistent moisturizer application (especially one that contains ceramides) increases skin water content that optimizes skin health. The next step is to get a good night’s sleep. Researchers at University Hospitals Case Medical Center found that poor sleepers had increased signs of skin aging and slower recovery from environmental stressors, such as sun exposure. —AYREN JACKSON-CANNADY

EXPERT PICKS

# Bright Smile Basics

WHITEN YOUR TEETH AT HOME WITH THESE PRO PICKS THAT ACTUALLY WORK, AS RECOMMENDED BY **ALFRED BOVE, DMD**, A DENTIST IN FORT LAUDERDALE, FLORIDA

BY Ayren Jackson-Cannady

REVIEWED BY Eric Yabu, DDS, WebMD Medical Reviewer



## 1. BRUSH WITH GREATNESS

**Oral-B 3D White Luxe Toothbrush with Stain Eraser, \$7**

*"Look for an American Dental Association-approved soft or even very soft toothbrush. Believe it or not, this cleans better than the harder-bristled toothbrushes."*

## 2. MAIN SQUEEZE

**Sensodyne True White Toothpaste, \$7**

*"This super-gentle toothpaste has the benefits of whitening for surface stains, and its ingredients diminish tooth sensitivity."*

## 3. SHOW AND GEL

**Colgate Optic White Gel Professional Whitening Take-Home Kit, \$40**

*"For more intense stains, this gel kit provides a step up from strips in whitening power, yet it's still gentle enough for most people."*

## 4. STICK IT

**Crest 3D Whitestrips, \$45**

*"Beyond convenient, these strips are great to use at home, especially after a professional dental cleaning when teeth are at their cleanest."*

## 5. DO THE FLOSS

**Listerine Healthy White Whitening Dental Floss, \$3**

*"For in-between-teeth stains, good old-fashioned effective flossing keeps the discoloration to as much of a minimum as any good toothbrush."*

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DERM Q&amp;A

# Nailed It!

WANT STRONGER, HEALTHIER NAILS? CHECK OUT THESE EXPERT TIPS.

BY Kara Mayer Robinson REVIEWED BY Mohiba K. Tareen, MD, WebMD Medical Reviewer

**WHETHER YOU PREFER YOUR NAILS PERFECTLY POLISHED OR BARELY THERE, KEEPING THEM HEALTHY PAYS OFF.** They'll look sharper and hold up better.

We asked **Lynn McKinley-Grant, MD**, assistant professor of dermatology at Howard University Hospital in Washington, DC, for tips.

**Q Can certain foods make my nails healthier?**

**McKINLEY-GRANT** "Foods high in protein and omega-3 fatty acids, like salmon, eggs, and biotin, contribute to stronger nails. Dark, green, leafy vegetables like collard greens and spinach also help them grow."

**Q Are nail polish and remover safe to use regularly—or do my nails need a rest?**

**McKINLEY-GRANT** "Your nails definitely need a rest from prolonged chemical use. I recommend removing nail polish with acetone-free remover to decrease yellowing. If you see damage, stop using the polish until your nails start to regrow normally. Be aware that each time you remove nail polish, it dries out and destroys keratin in your nails."

**Q Are salon-applied gels OK for my nails?**

**McKINLEY-GRANT** "Newer nail gels are designed to last longer. However, we're seeing more people come down with allergic reactions, especially around the cuticles. In some cases, they're damaging their nails permanently. If gels are applied correctly, there's less chance of permanent damage."

**Q How safe are nail salons?**

**McKINLEY-GRANT** "There are a lot of toxic

chemicals used in nail salons, like formaldehyde and toluene. Prolonged exposure isn't safe.

Regulations vary from state to state. Personally, I recommend an eye test and smell test. Check for cleanliness. Ask for new instruments that are only used by you. Make sure they use a new plastic liner when soaking your feet. You can also request to see your nail technician's license."

**Q What can I do about an ingrown nail?**

**McKINLEY-GRANT** "An ingrown nail starts with trauma to your cuticle, hands, or feet—from an aggressive mani-pedi to shoes that are too tight, or when your nail is cut too short or at an angle. Try soaking it daily in lukewarm water and gently lifting it out of the skin if possible. After a few weeks of new growth, it'll be above the skin and grow in a normal path."

**Q What can I do about cracked, brittle, or weak nails?**

**McKINLEY-GRANT** "Eat more green, leafy foods. Try using creams and moisturizers on your hands. Schedule an appointment to see a board-certified dermatologist for a routine checkup."

**Q When should I see a doctor for a nail problem?**

**McKINLEY-GRANT** "Your nails reflect the health of every organ in your body. Health problems like diabetes, hair loss, psoriasis, eczema, melanoma, and allergies have signs that appear in the nails. With any changes in your nail health—like growth, color, pain, weakening, easy breakage, or redness around a nail—consult a dermatologist trained in skin, hair, and nails."



Search for the article **What Your Nails Say About Your Health** at [WebMD.com](https://www.webmd.com).

## 4 TIPS

KEEP YOUR NAIL HEALTH IN CHECK WITH THESE HANDY TIPS.

**1. CLIP WITH CARE**  
Cut your nails straight across with sharp clippers or nail scissors. Round them slightly at the tips for better strength.

**2. KEEP THEM SMOOTH**  
Use an emery board to shape nails and prevent snags. Don't bite your nails or use them as impromptu can openers.

**3. KEEP THEM CLEAN AND DRY**  
Keep your nails clean to avoid bacterial or fungal infections. Keep your toenails off the ground and away from fungus by wearing flip-flops at public pools or showers.

**4. TREAT THEM WELL**  
Use moisturizer on your hands and cuticles every day. If your nails are thick and tough to cut, soak them in warm saltwater for 10 minutes first.



their favorite products; follow their expert tips to keep complexions calm and smooth during the coldest months.

**RACHEL PRITZKER, MD, DERMATOLOGIST, CHICAGO**  
**Start early**

“The winters hit hard in Chicago, so it is important for me to increase hydration in my skin as early in the season as possible so I’m not playing catch-up. I like to change to a heavy hydrating moisturizer as early as October to prepare for winter. I look for more emollient moisturizers and treatment-oriented options like Avène XeraCalm Balm (\$48).”

**Don’t skip SPF**

“Sun protection is important all year long. People tend to forget SPF for their lips in the winter. I like Colorescience Lip Shine SPF 35 (\$29) because it adds a bit of glossy color. I use ISDIN Eryfotona Actinica (\$55) sunscreen on my entire face and hands—it has an ultralight formulation and is easy to spread.”

**Treat yourself**

“I always tell my patients that winter is a good time to seek in-office laser treatments that you might put off in the

summer. Two of my winter favorites are the Fraxel Dual to peel off summer sun damage and the Vbeam Prima to remove uneven skin tone and rosacea.”

**LAUREL GERAGHTY, MD, DERMATOLOGIST, MEDFORD, OREGON**  
**Gentle wash**

“I only use gentle cleansers, but I know it’s especially important to do so during the winter. I buy the Dove Sensitive Skin Beauty Bar in bulk (\$4.50 for two) because I know it won’t dry or irritate my sensitive skin. If a cleanser has terms like ‘purifying,’ ‘deep cleansing,’ or ‘toning’ on the label, I run away from it! Those often imply harsh ingredients that will strip away skin’s natural moisture. I might be able to tolerate those formulas in warmer months, but the skin’s barrier is innately more vulnerable when it’s cold and dry.”

**Wear your layers**

“I’m a skin care minimalist, but lately I have been using Beauty Pie’s Super Active Capsules with Hyaluronic Acid and Bioactive Microspheres (\$12 plus \$10 membership). I love how silky my skin feels after slipping on the serum. At bedtime, I layer it under a moisturizer

like La Roche-Posay Lipikar Balm (\$15), which offers perfect deep hydration for wintertime. I basically use it everywhere.”

**Reduce retinoids**

“I tend to reduce the frequency of my prescription retinoid during the winter because my skin doesn’t tolerate it as well. Sometimes I swap it out for a gentler alternative until the spring thaw.”

**PAPRI SARKAR, MD, DERMATOLOGIST, BROOKLINE, MASSACHUSETTS, AND PRESIDENT OF THE NEW ENGLAND DERMATOLOGICAL SOCIETY**  
**Make the most of moisturizer**

“I have eczema that tends to flare in the winter. But if I’m really good about moisturizer, I can avoid a flare-up. One of my tricks is to make sure my skin is damp so I have an extra layer of hydration for my lotion to seal in. I’ll apply moisturizer right after the shower or I pat some water on my hands, wipe it on my skin, and immediately put moisturizer on top. It makes a huge difference. I’ve been using the Alba Botanica Very Emollient Body Lotion (\$8) because I’m more likely to use a moisturizer if it’s easy to pump out.”

*Continued on page 22*

## THE SCOOP



### THE SCIENCE OF SERUMS

FROM AGE SPOTS TO ZITS, THERE SEEMS TO BE A SERUM FOR EVERY SKIN CONDITION UNDER THE SUN. BUT ARE THEY WORTH THE EXTRA STEP IN YOUR REGIMEN? MANY SKIN CARE EXPERTS SAY YES—HERE’S WHY.

**THEY WORK BELOW YOUR SKIN’S SURFACE**

Sure, you probably already exfoliate, cleanse, tone, and moisturize, but what makes serums so special is that they target specific concerns by penetrating deeper into skin than other products, including cleansers and moisturizers, says Shari Sperling, MD, a dermatologist in Florham Park, New Jersey.

**THEY ARE HIGHLY CONCENTRATED**

Serums have a higher concentration of active ingredients (up to 70% versus 5% to 10% in other products like cleansers and moisturizers) that help with anti-aging, pigmentation changes, and acne.

**THEY ARE DIFFERENT FROM FACE OIL**

“Oils are used to hydrate skin and mimic our skin’s natural sebum; while serums treat pigmentation, aging, acne, and other skin concerns,” says Sperling. Plus, serums are lighter in weight and can be applied under moisturizer.

**THEY GO A LONG WAY**

You only need a pea-size amount to get results over time. And the best part? You can use more than one serum at a time, depending on the issues you are trying to resolve (think: acne on the chin or fine lines on your forehead).

# Winter Skin Survival Guide

DERMATOLOGISTS REVEAL THEIR TOP PRODUCTS AND INSIDER TRICKS FOR AVOIDING IRRITATION AND DRYNESS IN COLD WEATHER

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

**THE IRONY OF WINTER IS THAT IT’S THE SEASON WE’RE THE MOST BUNDLED UP AND SHOWING THE LEAST SKIN,** but it’s also the time our skin can feel the most irritated. “The colder temperatures

outside, blasting heaters inside, and low humidity can really dry out the skin,” says Laurel Geraghty, MD, a dermatologist in Medford, Oregon. “Dermatologists see a significant uptick in rashes every winter for these reasons—and we’re not immune to

winter skin irritation either.”

Dermatologists, however, have a wealth of knowledge and access to products to help their skin survive the harsh winter weather. Consider this your peek inside some top dermatologists’ medicine cabinets to see

Continued from page 21

**Do some lip service**

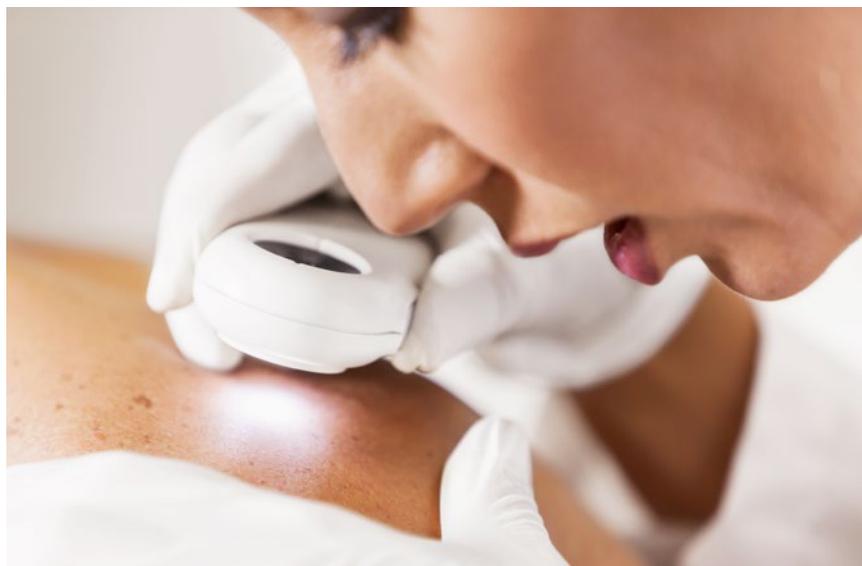
“In winter I like to keep some brown sugar in a small container in my bathroom to use as a yummy lip scrub when my lip balm isn’t doing the trick. Also, I like the Laneige Lip Sleeping Mask (\$20), but I wear it all day. It’s sheer and really effective at beating a dry lip.”

**Treat your feet**

“My feet get really dry, so I’ll occasionally do a foot peel mask like the Patchology PoshPeel Pedi Cure (\$20). It causes your feet to shed tons of dead skin. It’s best to do this in the winter or early spring because the peeling happens for a week—so you won’t want to expose your feet. But it leaves your feet so soft and smooth.”

**DIRTY SECRET**

“I don’t go to a dermatologist”



**EXTRA EXPERTISE MATTERS**

“When it comes to the successful treatment of skin conditions, especially when there’s the possibility of cancer, it’s important to get the right diagnosis and treatment started quickly—that’s why it’s worth it to put in the time and the effort to find a dermatologist. Board-certified dermatologists spend an extra three years of training after medical school specializing in the diagnosis and treatment of skin conditions. That experience, along with years of seeing similar cases, means they have invaluable insight.”

**DON’T SKIP THE SKIN CHECK**

“At a minimum, you’ll need to see a dermatologist for an annual skin exam to detect skin cancer. This is crucial because early detection of skin cancer can make all the difference—whether that means a smaller surgical scar or a lifesaving early diagnosis of melanoma.”

**SEEK A SPECIALIST**

“If you need treatment for a localized skin infection, a rash like poison ivy, or mild acne or eczema, your general practitioner is a good place to start. But for chronic or more complicated conditions, it’s best to seek a dermatologist. Having a specialist can prevent you from enduring uncomfortable symptoms and limit the risk of skin scarring.”

—Rajani Katta, MD, dermatologist and clinical assistant professor of medicine, Baylor College of Medicine, Houston

**AISLE DO**

**MUD MAGIC**

SHEET MASKS MAY BE A NEW FAVORITE, BUT THE CLASSIC CLAY MASK—WHICH EXFOLIATES, BRIGHTENS, AND REDUCES BREAKOUTS—IS HERE TO STAY. HERE ARE THE EXPERTS’ FAVORITES.



**PRODUCT PICK**  
**AHAVA TIME TO CLEAR PURIFYING MUD MASK** (\$35)

“The unique blend of minerals pulls out impurities and contains lactic acid, which gently exfoliates as well. You can use this weekly or as a spot treatment, and it will gently and effectively reduce breakouts without leaving your skin dry.”

**Elena Duque**  
esthetician and owner of BodyBrite, Bayside, New York



**PRODUCT PICK**  
**MICHAEL TODD KAOLIN CLAY DETOXIFYING FACIAL MASK** (\$34)

“This clarifying treatment mask for oily and blemish-prone skin helps to remove pore-clogging impurities, promote balance for a healthier-looking complexion, and soothe irritated skin with organic aloe vera leaf juice.”

**Gretchen Frieling, MD**  
dermatologist, Boston



**PRODUCT PICK**  
**BLISSOMA CLAY RENEWAL TREATMENT** (\$40)

“This organic mask has a Rhassoul clay base to draw out impurities and improve skin’s health with vital minerals and nutrients. It is exfoliating with natural salicylic acid from willow bark and celery juice enzymes to clear out pores. And rose, echinacea, and olive leaf improve tone and firmness. It’s like a mini-spa experience you can enjoy at home.”

**Roxanne Daniel**  
esthetician and owner of RZD Beauty, New York City

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## RELATIONSHIPS

# Don't Bring It Home

CLOCK OUT FROM JOB STRESS BEFORE PUTTING ON YOUR PARENTING HAT

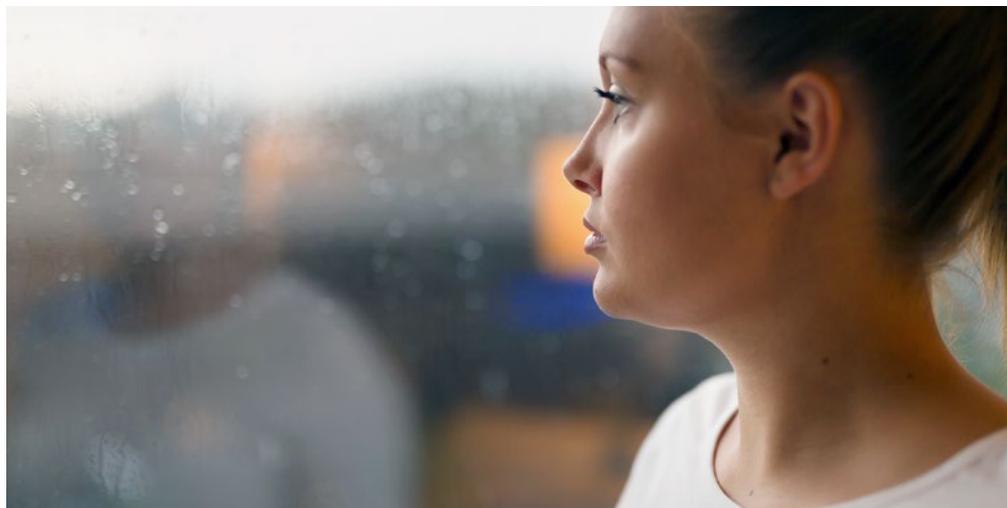
**RESEARCH SHOWS PARENTS' WORK WORRIES CAN HARM THEIR CHILDREN'S HEALTH.** Having a high-stress job—especially if you have little say in decision-making—weakens your ability to control your emotions and behaviors elsewhere. This lack of self-control in parents is linked to worse health outcomes for kids. Practice mindfulness after quitting time to create a built-in work-life buffer. Sit quietly and bring your thoughts into the present. You'll lower stress levels, stop your brain from stewing, and tame your emotions so you're back in the self-control saddle before plunging into parenting.

—RACHEL REIFF ELLIS

# Your Depression Risk

POSTPARTUM DEPRESSION ISN'T THE ONLY ISSUE—  
YOUR MENTAL HEALTH MAY TAKE A HIT WHILE YOU'RE WAITING FOR BABY

BY Rachel Reiff Ellis **REVIEWED BY** Nivin C.S. Todd, MD, WebMD Medical Reviewer



**POSTPARTUM DEPRESSION AWARENESS IS ON THE RISE, AND WITH GOOD REASON**—one in nine women deal with it after giving birth. But depression during pregnancy is still often overlooked, even though it happens just as frequently as the postpartum variety.

One of the biggest reasons for this is that many of the physical symptoms of pregnancy and depression are the same, such as a change in appetite, problems concentrating, fatigue, insomnia, even aches and pains, says Veerle Bergink, MD, PhD, professor in the departments of psychiatry and obstetrics, gynecology, and reproductive science at the Icahn School of Medicine at Mount Sinai.

“The complicated thing about depression during pregnancy is that your body is changing so much already,” she says. “You’re already feeling atypical.”

Another complicating factor is that though some practitioners may make a point to ask questions about your mood, depression screening isn’t a routine part of prenatal care. “There has been much more attention on postpartum depression,” says Bergink. “It’s much more common to screen for that than prenatal depression, even though it would actually be more logical to start screening when women first come into the office during pregnancy.”

Your health history can increase the likelihood

you’ll develop depression during pregnancy, so knowing your risk going in can help you be on high alert. The biggie? Previous rounds of depression or anxiety. “The number-one risk factor for both depression during and after pregnancy is women who have had a mood episode before,” says Bergink.

Thyroid disorders can up your chances, as can illness, preeclampsia, or finding out about abnormalities on an ultrasound. Non-physical risk factors include financial problems, a history of trauma or sexual abuse, an unstable relationship, or an unwanted pregnancy.

Though realizing you’re dealing with depression can be a hurdle, Bergink says once you do, it’s very treatable. “Because all medication passes through the placenta, we prefer to look for non-medication options first, such as exercise and behavioral changes through psychotherapy,” she says. But for more serious bouts, medications like antidepressants can be safe options.

Also key to both recognizing and working through depression: being open and honest about how you’re feeling. “So many women feel guilty, especially during pregnancy, because they think they should be feeling happy,” says Bergink. But, she says, depression isn’t something you choose to have, and you can’t blame yourself for having it. The more women share their struggles, the less hidden prenatal depression will be.

## 4 QUESTIONS

**VEERLE BERGINK, MD, PhD**, OFFERS THESE QUESTIONS AS A WAY TO DETERMINE WHETHER YOU OR SOMEONE YOU KNOW MAY BE DEPRESSED DURING PREGNANCY.

### Q Do you enjoy the things you normally enjoy?

If you’re not finding happiness in your usual pleasures, that’s a clue something’s off.

### Q How’s your mood most days?

It’s called depression for a reason—feeling low or “flat” is typical of depression.

### Q What kinds of symptoms have you been dealing with lately?

Insomnia, fatigue, loss of appetite, trouble concentrating, aches, and even crying spells can crop up in both pregnancy and depression.

### Q Do you feel depressed?

Often the simplest question is the most accurate.



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

# Workouts With Baby

READY TO START EXERCISING AGAIN? INCLUDE BABY WHEN YOU DO.

BY Stephanie Watson

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

**YOU'VE MADE IT THROUGH LABOR AND DELIVERY, AND YOU MAY BE ITCHING TO GET ACTIVE AGAIN.** Since your baby will spend a lot of these early months by your side, why not make him part of your post-pregnancy fitness routine? Working out together will increase your bonding time and give your baby's physical skills a boost.

If you had an uncomplicated vaginal delivery, you may be able to start exercising a few days after giving birth. For a C-section delivery, ask your doctor how long to wait. Either way, take it slow.

"Don't be a superhero," says Sarah Ann Kelly, a prenatal and postpartum fitness specialist in Denver, Colorado, and owner of MomTrainer.com. She advises new moms to avoid running or other high-impact exercises in the first three months, or until their doctor has cleared them.

"Once you start to feel OK, walking is fine. You can go for a stroller walk. Your baby is just going to sleep," says Kelly. Or, put baby in a swing or car seat nearby while you do light squats or biceps curls with exercise bands.

Once you get the go-ahead, use your baby as extra weight. "You can cradle his head against you and do deadlifts or hip hinges, squats, or lunges," Kelly says. Or, lie baby on your belly and do bridges to work your

glutes. This will also give your baby tummy time to practice using his neck muscles.

When your baby is old enough to hold up his head (at around 4 months), do overhead presses or side lunges while lifting him up and down. "I will stand in front of a mirror with my daughter facing out. We'll do squats and lunges while I make faces at him," Kelly says.

If you're craving adult company, enroll in a structured baby-and-me fitness program. You'll find baby boot camp, stroller fitness, yoga, and barre classes across the country. Infants who are too young to participate sit in a stroller or on a blanket next to you while you work out.

Once your baby becomes a crawler, exercising together gets a little more complicated. "Half of the exercise is chasing after your child," Kelly says. "That's when I recommend starting naptime workouts." If you do keep baby by your side, create a safe space and keep your eye on him.

Babies need a lot of attention, so your time will be limited for the first few months. Kelly recommends making the most of your workouts with timed exercises. Rather than doing 20 squats, do as many squats as you can in 30 seconds to bring up your heart rate. On days when you feel totally exhausted, give yourself a break and skip the workout.

## 3 TIPS

FOLLOW THIS ADVICE FROM PREGNANCY AND POSTPARTUM FITNESS SPECIALIST **SARAH ANN KELLY** TO KEEP BOTH YOU AND YOUR BABY SAFE WHEN YOU EXERCISE TOGETHER.

### 1. GET CLEARANCE

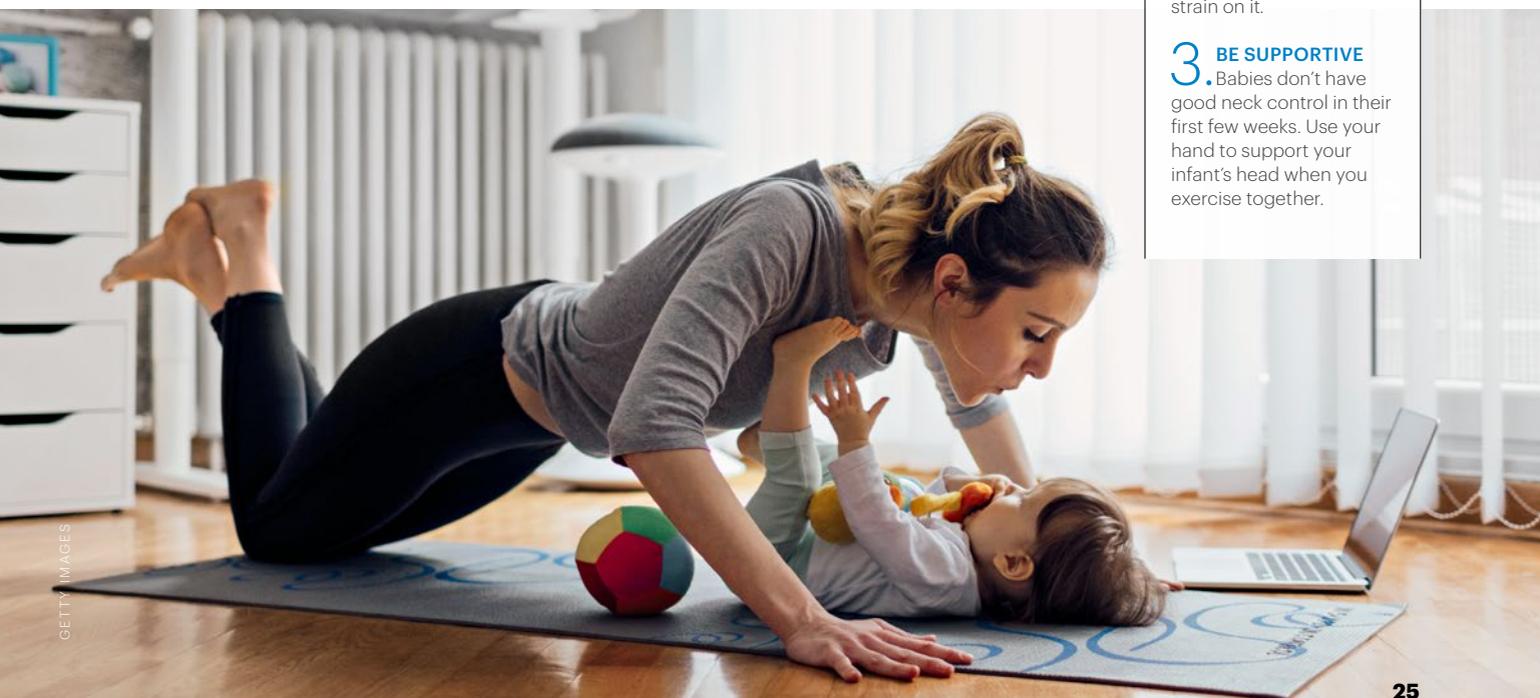
Ask your doctor how soon you can start to work out, based on your type of delivery.

### 2. AVOID ABS

Doing crunches or twists too soon after you deliver could inflict long-term damage on your ab muscles. For the first few weeks, breathe in through your nose and out through your mouth while gently pulling in your navel. This exercise tones your abdominal wall without putting too much strain on it.

### 3. BE SUPPORTIVE

Babies don't have good neck control in their first few weeks. Use your hand to support your infant's head when you exercise together.



# Sugar Crash Course

RESEARCHERS NOTE A LOSS OF SENSITIVITY TO THE HORMONE THAT REGULATES APPETITE AND FAT STORAGE IN OBESE CHILDREN. DOES THIS EXPLAIN SUGAR BINGES AND THE SO-CALLED “CRASH” THAT COMES SOON AFTER?

BY Lauren Paige Kennedy **REVIEWED BY** Roy Benaroch, MD, WebMD Medical Reviewer



**MAYBE YOUR OLDEST CHILD CAN TAKE OR LEAVE CANDY.** Your middle child is averse to anything sweet. Yet your youngest binges on sugary foods and struggles with his weight. You feed all three kids a balanced diet and parent the same way. What gives?

According to Robert H. Lustig, MD, MSL, professor emeritus of pediatrics, division of endocrinology, and an obesity specialist at the University of California, San Francisco, both genetics and what's known as leptin resistance may factor into how some kids react to the simple sugars glucose and fructose, as well as to sucrose (the chemical name of cane or beet sugar) and high-fructose corn syrup (HFCS, glucose and fructose derived from corn starch), all found in processed foods. He adds that what parents swear are sugar “crashes”—irritability a few hours after over-indulging in sugar-laden treats—are not the result of fluctuating blood glucose levels, as is commonly, and mistakenly, believed.

Research shows no direct causation between dietary sugar and behavior, says Lustig. “At most, we see fidgeting,” he says, as an aversive response to sugar consumption. Lustig says that the body’s response to sucrose and HFCS is to make insulin, which delivers sugar into fat cells for storage. Fat cells then make leptin, a hormone produced by fat cells to regulate appetite and fat storage.

“Leptin goes to the base of the brain and signals a response, telling the body it’s eaten enough—to go and burn off that caloric excess,” he says. “This is why you might see fidgeting. You don’t see a sugar ‘crash.’” True hypoglycemia, he says, is when blood glucose levels dip beneath 60 milligrams per deciliter (mg/dL), which your typical sugar binge comes nowhere close to causing.

Sugar consumption, much like certain drugs and behaviors, triggers the release of dopamine in the brain’s reward center. “Obese kids eat sugar to try to stimulate a dopamine response,” Lustig explains. “They can’t get it because they’ve developed leptin-resistance, so they eat more. It’s not that they’re ‘crashing.’ They can’t get the reward response. It’s more like withdrawal, which can trigger irritability.”

Lustig, who is the lecturer behind the seminar “Sugar: The Bitter Truth,” which viewers have seen more than 8.3 million times on YouTube, says leptin-resistance is a chronic condition—and doesn’t develop overnight. Parents should keep a close eye on their kids’ sugar intake. When kids cut down on sugar, leptin-resistance slowly improves.

Not every child reacts to sugar in the same way, and some may be more susceptible to its sweet pull than others. “There may be genetic reasons for this,” he says. Researchers are still trying to determine how genes may play a role.

## SWEET TRUTH

**ROBERT H. LUSTIG, MD,** REFUSES TO SUGARCOAT THE FACTS.

### Sugar harms health

Most doctors, researchers, and nutritionists agree that too much sugar in the diet can lead to health conditions in both children and adults, such as unwanted weight gain, diabetes, and heart disease, plus liver, metabolic, and dental issues.

### Read the label

A surprising amount of added sucrose and high-fructose corn syrup is in condiments, beverages, granola bars, yogurt, and sports drinks.

### How much is enough?

According to Lustig, kids should not consume more than 12 grams, or three teaspoons, of added sugar per day. That includes no more than 24 ounces of sugar-sweetened drinks per week.

### Sugar research can cause confusion

Lustig asserts that while research shows no conclusive or direct *causative* connection between sugar consumption and health detriments, dozens of independent studies—those not sponsored by the food industry—nearly all show *correlation*, citing a 2016 meta-analysis of 60 sugar studies.

# Move It, Kid

RECENT RESEARCH SUGGESTS CHILDREN DON'T GET ENOUGH EXERCISE. OUR EXPERT EXPLAINS WHY—AND WHAT PARENTS CAN DO.

BY Colleen Oakley REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

HAVE THE HAPPY SOUNDS OF CHILDREN PLAYING IN THE PARK BEEN REPLACED BY THE BEEPS AND DINGS OF VIDEO GAMES? A new study says yes. Up to four-fifths of kids aren't getting the recommended amount of daily physical activity—and researchers see the decline in children as young as 7. **S. Daniel Ganjian, MD**, pediatrician at Providence Saint John's Health Center in Santa Monica, California, says he's "absolutely" witnessed this trend in his medical practice.

**Q What's causing this decline in physical activity? Is it simply a matter of too much screen time?**

**GANJIAN** The increase in screens doesn't help, but there are other contributing factors as well. The streets are perceived as less safe, so parents keep their children inside more. People who live in urban areas don't have backyards. There aren't enough parks. Parents are working more and they are not home to take their children to parks/sports or even play with them. And, of course, electronics are more available and cheaper—screens hypnotize children and keep them in one spot.

**Q What are the consequences when children don't get enough exercise?**

**GANJIAN** In the short term, it can cause an increase in weight and body mass index (BMI), which

in the long term can lead to an increased risk of chronic diseases, such as heart disease, high blood pressure, diabetes, high cholesterol, strokes, and even certain forms of cancer. Inactive kids are also less likely to be active as adults.

**Q How much physical activity should kids be getting?**

**GANJIAN** Until age 6, kids should have at least two hours of physical activity per day. Children ages 6 and up need at least one hour of physical activity per day six days a week. When kids do get the recommended amount of exercise, they'll have more energy, which allows them to learn and focus better. Plus, playing with other children increases their social skills and playing sports helps children learn to follow rules and have better self-control.

**Q What's one change that you'd like to see happen to help make physical activity a priority for kids?**

**GANJIAN** School playgrounds should be left open for the community to use after school hours. And more school sports/activities should be offered to kids, especially older children who are just not good at sports but want to stay healthy. I often see children willing to exercise but they are not good enough to join a team, so they just stay home and keep themselves busy with screens.

## 4 TIPS

GET YOUR KIDS OFF THE COUCH AND ON THE ROAD TO BETTER HEALTH WITH THESE TIPS FROM PEDIATRICIAN **S. DANIEL GANJIAN, MD**.

### 1. LEAD BY EXAMPLE

"Parents should exercise themselves, be excited about it, and talk about it with their children," says Ganjian. "Kids mirror what they see."

### 2. STOCK UP ON SPORTS EQUIPMENT

The more soccer balls, footballs, roller blades, skateboards, Pogo sticks, bats, nets, baskets, goals (you get the idea) that are available, the more likely your children will use them.

### 3. GO OLD SCHOOL

Teach your kids tag, hopscotch, hula-hoop, kick the can—and play with them.

### 4. ENFORCE SCREEN LIMITS

"I recommend no video games or television during the week and only one hour during the weekend," says Ganjian. "This will force your child to do other things." If you do allow screen time, look for exercise-based games, like dance competitions or interactive bowling.



# Pain Points

ACUPUNCTURE CAN HELP GIVE ACHING PETS COMFORT

BY Jodi Helmer **REVIEWED BY** Will Draper, DVM, WebMD Medical Reviewer



Search for the article  
**Treat Your Dog's  
Pain and Lameness**  
at [WebMD.com](https://www.webmd.com).



**IF YOUR PET HAS ARTHRITIS, ALLERGIES, DIGESTIVE ISSUES, HIP DYSPLASIA, OR CERTAIN NEUROLOGICAL DISORDERS, YOUR VET MAY RECOMMEND ACUPUNCTURE.**

The ancient Chinese practice is often recommended as a complement to conventional veterinary treatments such as medication and surgery, according to Amelia Munsterman, DVM, veterinary acupuncturist and assistant clinical professor at the University of Wisconsin. Research shows that acupuncture can help reduce pain and inflammation and improve a pet's quality of life.

During a session, a veterinary acupuncturist will insert thin needles into areas such as muscles, tendons, fascia, and nerve fibers to alleviate symptoms by altering the perception of pain or stimulating neurotransmitters in the brain.

The alternative therapy, while effective, is not right for every pet. Munsterman doesn't recommend it for acute conditions such as infections and admits that some pets might not cooperate when an acupuncturist wants to insert needles and remain still during the 20-minute sessions.

"We'll actually feel along the meridians to see if the animal is sensitive to touch," says Munsterman. "If they're not even letting you touch them, it's going to be really difficult to get needles into them."

Massaging trigger points—called acupressure—can be a good alternative for pets that dislike needles. In addition, laser therapy, a noninvasive treatment that uses light to improve blood circulation and regenerate cells, is an option for pets with significant pain.

Veterinary acupuncturists are licensed veterinarians with additional training in acupuncture. Your vet might do the sessions in the office or provide a referral to another provider. The International Veterinary Acupuncture Society maintains a list of certified veterinary acupuncturists.

Although the idea for acupuncture for pets is catching on, many pet owners are still unfamiliar with the idea. "Keep an open mind," Munsterman says. "Acupuncture can provide another way to help our pets and improve their conditions that complements the treatments we're providing with Western medicine."

## 4 QUESTIONS

LEARN MORE ABOUT ACUPUNCTURE FROM YOUR VET, SAYS **AMELIA MUNSTERMAN, DVM**.

### Q Is my pet a good candidate?

Acupuncture might not be the best option for older pets or those with serious illnesses or injuries, Munsterman says. It is most effective for pets with orthopedic conditions such as arthritis and back pain.

### Q What about side effects?

While your pet could get an infection at a needle site, "it's very, very rare to see a reaction to acupuncture," she says.

### Q How long will it take to get results?

The number of sessions your pet may need to find relief depends on the diagnosis. In general, improvements come after three to four sessions.

### Q What additional therapies might help?

Veterinary acupuncturists might recommend electroacupuncture, which sends mild electric currents through the needles for more stimulation, or they may suggest herbal supplements to complement acupuncture and speed healing.



# MOORE, PLEASE!

**SINGER, SONGWRITER,  
AND *THIS IS US* STAR  
MANDY MOORE RECLAIMS  
HER POWER, TAKING ONE  
STEP AT A TIME**

BY KARA MAYER ROBINSON  
REVIEWED BY MICHAEL W. SMITH, MD, CPT  
WEBMD CHIEF MEDICAL EDITOR

Last May, between seasons of her megahit NBC television series *This Is Us*, actor Mandy Moore, who plays mother-of-three Rebecca Pearson, took on Mount Everest.

On a weeklong excursion with a group of hikers led by a professional guide, Moore, 35, trekked through the Himalayas to reach Everest Base Camp (elevation: 17,500 feet). No, she didn't climb to the top of the world's highest peak—that's an endeavor that takes two months and serious mountaineer training—but it was monumental for someone who's spent the last five years reclaiming her life. "I'm trying to enjoy things and challenge myself," Moore says. "I'm kind of stepping into my power, owning who I am and what it's taken to bring me here."

## STANDING STILL

For the better part of a decade, Moore felt like she was drifting.

At 14, she was "discovered" for her singing talent and was quickly signed by Epic Records. When her first single, "Candy," sped to the top of the Billboard charts, she burst into the

spotlight alongside teen-pop idols like Christina Aguilera and Britney Spears. Not long after, she tackled acting, landing roles in movies like *The Princess Diaries* and *A Walk to Remember*.

“I was thrust into an adult world that was really unexpected. I just kept putting one foot in front of the other and working hard,” she says. “Then in my mid- to late 20s, I allowed myself to take my foot off the gas and coast. I allowed myself to be a drifter.”

In 2009, Moore married singer-songwriter Ryan Adams. She didn’t immediately realize it, but her marriage took a toll on her emotional health and on her music. “I found myself in a relationship where I allowed myself to be as insignificant as possible to make the other person more comfortable,” she says. “I allowed the idea of music and my role in music and the role of music in my life to be diminished because I was intimidated. I wanted to allow as much room as possible for this other person and what he was doing, so I just kind of abandoned it.”

Six years later, they split up. “I realized I couldn’t keep going like this,” she says. Moore missed music and acting, and she felt rudderless: “I realized how deeply unhappy I was and how deeply unhealthy the situation was and that if I wanted to reclaim my life, I had to do the work and take the steps to dig myself out.”

With the help of friends, family, journaling, and therapy, she started rebuilding herself and her life. Talking about her struggles and reflecting on her choices and what motivated them was key—and it still is. “I’m constantly examining things,” she says.

## OFF ON THE RIGHT FOOT

Last November, Moore married musician and Dawes front-man Taylor Goldsmith. On their honeymoon to Chile, the newly-hitched duo hiked—and hiked and hiked. It wasn’t their first time: They’d already scaled Mount Kilimanjaro. Nor was it the last. Last spring, they trekked through New Zealand.

It isn’t just sky-high summits and far-flung destinations that draw Moore to hiking. On weekends, when she isn’t lolling around her Los Angeles home with Goldsmith and their three cats and two dogs, she loves lacing up and heading to a local trail.

“I’m really interested in getting into the slightly more technical side of climbing and being able to go on peaks like Mount Rainier and Mount Baker,” she says. “But for now, I’m sticking to just slowly walking uphill and enjoying the surroundings. I find it so meditative and grounding. It’s sort of the perfect cure-all.”

She’s onto something. Studies suggest exercising in nature restores your emotional well-being and relieves stress. It’s also a stellar physical workout. It strengthens your quads, hamstrings, calves, glutes, and core and raises your heart rate for a cardio workout.

Note: If you’re considering stepping up to Moore’s level, it takes serious training to prepare for long days climbing and descending and the physical demands of extreme altitude. “Going up too fast, which many people do, significantly



increases your chances of developing altitude illness, which can be fatal,” says Eric A. Weiss, MD, a professor of emergency medicine at Stanford University School of Medicine.

Attempting to reach the summit of the world’s highest mountain is another level entirely. “At a minimum, one would need to prepare both physically and mentally and acquire the requisite mountaineering skill set before attempting Everest,” says Weiss. He says you’d need experience climbing technical mountains above 5,000 meters and can’t simply rely on a guide service to get you to the summit and back. The conditions are hazardous, and overcrowding has become a big problem. This year alone, at least 11 people died on Mount Everest.

## ALONG THE WAY

To stay fit, Moore supplements her hikes with trainer-led workouts and gym classes. “I try to do it at least three to four times a week to get the blood flowing,” she says. She also watches what she eats. Moore has digestive issues and gluten sensitivity, which often leads to bloating, gas, and lethargy.

TOP LEFT: MOORE WAS HONORED WITH A STAR ON THE HOLLYWOOD WALK OF FAME IN 2019.

TOP RIGHT: THE CAST AND CREW OF THIS IS US CELEBRATES THEIR SCREEN ACTORS GUILD AWARD.

BOTTOM: MOORE WITH CASTMATE MILO VENTIMIGLIA.

After seeing various doctors, doing bloodwork, and having an upper endoscopy and colonoscopy, she knows it’s not celiac disease. But she still isn’t sure of the cause. “The only thing that’s helped is a food sensitivity panel,” she says.

“Food sensitivities are a common cause of lethargy, bloating, and gas,” says Peyton Berookim, MD, director of the Gastroenterology Institute of Southern California. “Food sensitivity panels can help identify specific foods a person may be sensitive to. Eliminating them can improve or prevent symptoms.”

Moore discovered that along with a bacterial overgrowth in her small intestine, for which she takes supplements, she’s

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GETTY IMAGES

sensitive to several of her favorite foods, like salmon. “I was a huge salmon fan—I had it pretty much every day! No wonder I felt bad all the time,” she says. Salmon is now out of the equation, along with dairy, beef, gluten, and soybeans.

Her new staples are eggs, chicken, cod, and halibut. She and Goldsmith are big snackers, so they often reach for almonds, cashews, macadamias, and nut cheeses. She also loves homemade gluten-free chocolate chip cookies, which she makes with almond flour. Plus, it’s easy to find healthy options around town. “We live in Los Angeles, the land of salads and green juices,” she says.

## LIFELONG EXPEDITION

Staying healthy helps Moore deliver the goods onscreen. Simply sitting in the makeup chair to prepare for *This Is Us* requires endurance. “It takes about three and a half hours to be present-day Rebecca. It took six hours to be Rebecca in the future,” she says.

One of the hallmarks of the show is its use of timelines, jumping between flashbacks, present day, and flash-forwards. Moore plays Rebecca at different ages, from her mid-20s to her mid-80s, which she says is the most gratifying experience she’s ever had.

It’s also a role that landed Moore her first Emmy nomination—for Outstanding Lead Actress in a Drama Series this year. (The winner will be announced Sept. 22.)

Moore hints we’ll see more of “future Rebecca,” who first appeared in last year’s season finale, but not necessarily right away. “I think they’re going to parse it out and save it for a little bit later,” she says. (The show was recently renewed for three seasons.) This season, she says, will focus on the courtship of young Jack and Rebecca, which she’s thrilled about. “We get to go back to the ’70s,” says Moore. “I love those happy-go-lucky days working with Milo [Ventimiglia]. And the fun clothes!”

Moore is also excited about her upcoming movie, *Midway*,

which premieres in November and stars Dennis Quaid. “It’s a big, sweeping, epic war saga about the Battle of Midway, a pivotal naval battle that took place in the Pacific Ocean midway through World War II,” she says.

With her acting career on solid ground, Moore is setting her sights on doing more of what she’s passionate about. “I can’t wait to have a family. I can’t wait to continue this career trajectory that I started 20 years ago,” she says. One week after Everest, for the first time in years, Moore returned to the recording studio.

“In Nepal I was thinking a lot about the things that scare me. I was thinking about the rest of the year, about the next five years, like, ‘What do you want to do? What’s holding you back?’” she says.

Moore had an epiphany: Instead of letting other people’s definitions of her as a musician hold her back, it was time to reclaim ownership of her music. “I was thinking, *What prevents me from just getting out there and having some small performances here in Los Angeles?* It doesn’t have to be the end-all-be-all,” she says. The way to scale a mountain, after all, is one step at a time.

“It’s taken me to this point to recognize I have the power to control the narrative, the projects that I want to do, the people I want to work with, and how I choose to spend my time,” she says. “I haven’t put out a record in over a decade, but I’m not nervous anymore. I’m invigorated and excited to put that behind me and plow forward into the future.”

# TAKE A HIKE!

INSPIRED TO HIT THE TRAILS LIKE MANDY MOORE? GET OFF ON THE RIGHT FOOT WITH THESE TIPS.

- ▲ **Check the weather.** If a rainstorm is in the forecast, reschedule.
- ▲ **Always tell someone** where you’re going and **when you plan to return.**
- ▲ **Wear good hiking shoes** to avoid aches, pains, and blisters. Carry tape or moleskin for blisters and hotspots.
- ▲ **Not sure what you need?** The American Hiking Society suggests good footwear, a map and compass or GPS, water, food, extra clothes or raingear, a safety light and whistle, first aid, a multipurpose tool, sunscreen, and a daypack.
- ▲ **Bring easy-to-carry, non-perishable snacks** like trail mix, nuts, seeds, dried fruits, energy bars, and dried jerky.
- ▲ **Stay hydrated.** Drink water before a hike and carry two cups for every hour.
- ▲ **Go at your own pace.** Take rest breaks when you need them.
- ▲ **Start easy** and work your way up with distance, time, and hills.
- ▲ **Mix it up.** Try converted railway trails, dirt paths, city parks, or wilderness trails.
- ▲ **Ready for the next level?** Pick up your pace, try steeper trails, or carry a backpack with weight in it.

KAI Z FENG / TRUNK ARCHIVE



# THE SECRETS OF SLEEP

Trouble getting enough shut-eye every night? [It might just be you've gotten the wrong advice.](#)

By Sonya Collins  
Reviewed by Neha Pathak, MD,  
WebMD Medical Editor

## Is nighttime a showdown between you and your bed?

You lie there for hours in a fight to fall asleep. Or maybe you doze off right away, only to find yourself wide awake again in just a couple of hours. Whether the problem is falling asleep or staying that way, the bottom line is you're not getting the rest that you should.

And maybe you've tried everything—all the familiar sleep hygiene rules, including keeping your bedroom cool and dark, using your bed only for sleep and sex, no screens in bed, getting into and out of bed at the same time every day—and nothing works.

Don't worry, you're not doing it wrong. You've just gotten the wrong advice.

"For someone who is suffering with insomnia, sleep hygiene is almost never enough," says Jennifer Martin, PhD, a behavioral sleep medicine specialist at the University of California, Los Angeles. So

you probably *haven't* "tried everything." Numerous proven options—from talk therapy to tai chi—are available. Chances are, at least one of them will help.

"For anyone who feels that sleep hygiene is the only advice they've gotten, don't give up. It's not the best treatment we have to offer."

### Getting help getting to sleep

If you have trouble falling asleep or staying asleep at least three nights a week for three months, that's insomnia, and there are treatments for it. No matter what's causing it—sickness, your medications, anxiety, chronic pain—doctors won't make you wait around while they treat those possible causes first. They will start to work on your insomnia right away. That's because "insomnia and other conditions tend to exacerbate each other," says Martin. "When we treat the insomnia, depression gets better, pain gets better, quality of life improves, even if we are not directly treating those other conditions."

If your idea of treatment for insomnia is pills, think again. "There are many reasons why sleeping pills are not the first-line treatment for insomnia, including concerns about physical or psychological dependence

## "SLEEP HYGIENE IS ALMOST NEVER ENOUGH."

on the medications and the potential for side effects," says Michelle Drerup, PsyD, director of behavioral sleep medicine at Cleveland Clinic. Sleeping pills have a role, she says, "for shorter-term use and may be helpful if you have insomnia caused by a stressful event such as a death in the family or a major illness."

### Hungry for sleep

The best treatment for long-term insomnia, most experts agree, is a form of stretch-out-on-the-sofa talk therapy adapted specifically for insomnia. Cognitive behavioral therapy for insomnia—or CBTI—is not what most people imagine.

"People think, *I don't have depression or anxiety or PTSD. I don't need therapy,*" says Eric Zhou, PhD, a psychologist in the Division of Sleep Medicine at Harvard Medical School. But CBTI is simply a way to adjust the way you think (cognition) and act (behavior) in relation to sleep. It helps more than 70% of people with insomnia who try it.

When you can't sleep, you may panic and think, *If I don't get to sleep, I'm going to be worthless tomorrow.* "It becomes this vicious cycle when you get into bed: You're trying so hard to sleep that the effort and pressure in and of themselves keep you awake," says Martin. To change the way you think about sleep, a therapist may point out that you have in fact been functioning this way for years. That understanding could help you take some of the pressure off yourself to fall asleep.

One of several behaviors a therapist might help you change—at least until you're sleeping the way you should—is your bedtime. And, no, you shouldn't go to bed earlier. What's more, "it's a myth that you should go to bed at the same time every night," says Zhou. "You can't consciously control when sleep occurs. It happens when it's been long enough since you last slept—just like hunger."

So to make you hungry for sleep, a therapist may ask you to go to bed very, very late. Zhou asks patients to keep a record of the number of hours they spend in bed and the number of hours they spend asleep every night for a few weeks. If, for example, you

# “IF THERE WERE ANY OTHER ACTIVITY IN YOUR LIFE THAT YOU FAILED AT FOR TWO TO THREE HOURS A DAY ... YOU WOULD HATE THAT ACTIVITY.”

sleep an average of five hours a night, though you spend seven in bed. “Every night, you spend two hours teaching your body to fight in bed,” he says. “If there were any other activity in your life that you failed at for two to three hours a day, every single day, you would hate that activity.”

If you manage to sleep for five hours a night, Zhou would instruct you to stay up—doing anything you want, as long as it’s not productive—until five hours before you have to be up for work or school. “If you sleep five hours and you’re in bed for five hours,” he says, “that’s a million times better than being in bed for eight hours but only sleeping for five.”

Within about a week of forcing yourself to stay up until, say, 3 a.m., you’ll become so sleep-deprived that you’ll sleep through the night and eventually be ready to go to bed earlier and earlier. “You essentially

Search for the slideshow **20 Tips for Better Sleep** at WebMD.com.

people a chance to focus on something other than the worries that keep them up. “The focus is on being in the present moment,” says Michael Irwin, MD, a psychiatrist and professor at UCLA, who led the tai chi study.

In the clinical trial, women with breast cancer were randomly assigned to either two hours of CBTI or tai chi per week for three months. Between sessions,

retrain your body to fall asleep and stay asleep,” he says.

In CBTI sessions, you might also deal with the issues that may be keeping you awake. Your therapist may help come up with some ways to overcome those barriers to sleep. “It’s not just one magical set of rules that everyone follows,” says Martin. “It’s individualized and tailored to each person’s situation.”

## Being in the moment

CBTI isn’t your only option. Emerging research suggests that other strategies, some free or cheap, could be just as effective.

In a clinical trial, the meditative movements of tai chi were just as effective as CBTI to combat insomnia in breast cancer survivors. This group can be prone to sleep troubles because of anxiety and treatments that can disrupt sleep. Tai chi, an ancient Chinese martial art that involves slow, fluid movements, may give sleepless

they practiced at home. At the end of the program and continuing for 15 months after, women in both groups had a similar reduction in insomnia symptoms.

Dianne Wilburn, 66, enrolled in the trial because she would lay awake at night, she says, “worrying [my breast cancer] would come back and thinking that life as I knew it was over.” When she practices tai chi, she says, “I’m not thinking, *Are cancer cells growing in my body?* or *Why did I get it?* which is pretty difficult not to think about.”

Mindfulness meditation may also relieve insomnia. Similar to tai chi, this form of meditation challenges practitioners to be in the moment and let go of worries about the past or the future. “Mindfulness-based therapy for insomnia, or MBTI, integrates behavioral treatments for insomnia with the principles and practices of mindfulness meditation,” says Drerup. “It’s a promising treatment option.”

In a small clinical trial, older adults with

sleep troubles received training in either sleep hygiene or mindfulness meditation. At the end of the course, those in the meditation group saw a significant improvement in their sleep, compared to those in the hygiene group.

The mindfulness training included guided meditations, available for free online at UCLA’s Mindful Awareness Research Center, in which participants were asked to focus on their breathing; focus on unpleasant emotions, such as anxiety, and then take the focus off of those emotions; and scan their body to take stock of every sensation and then move on.

“If you have to focus on your breathing, you can’t focus on tomorrow’s doctor’s appointment or what the future holds,” says Arlene Winnick, 71, who took part in a recent study that tested the benefits of mindfulness meditation in caregivers of people with dementia. “I thought meditation was woo-woo craziness, hippy stuff from the ’70s. I was the biggest skeptic of them all, but now I am a convert.”

After her partner was diagnosed with dementia, Winnick found that it took her longer and longer to fall asleep at night.

“You just don’t know what the future’s going to bring. When I’d go to bed at night, my mind would just fill with *What’s going to happen next week? Next month? How am I going to handle this?*” she says.

Mindfulness meditation training gave Winnick repeated practice in observing a concerning thought and then bringing her focus back to her breathing, her body, or the present moment. On the nights when her mind is racing, she listens to a guided meditation when she gets into bed. It’s a 13-minute recording that tells listeners to focus first on the top of their head, then their forehead, their eyelids, the bridge of their nose, and so forth, down to their toes. Now Winnick often falls asleep before she reaches her shoulders. “When you stay in the moment, a lot of the other stuff just goes away. That’s what it did for me,” she says.

Learning to focus on the moment and let everything else go can help troubled sleepers let go of the concerns that keep them awake—even if that concern is about sleep itself. “A big contributor to a night of bad sleep is hyper-arousal of the mind,” says Zhou, “and one of the best ways to make yourself hyper-aroused is to worry that you won’t be able to sleep.”

**ONCE YOU ARE SLEEPING BETTER, ADOPT GOOD SLEEP HYGIENE HABITS TO HELP MAINTAIN THAT SLEEP, SAYS ERIC ZHOU, PHD, A SLEEP PSYCHOLOGIST AT HARVARD MEDICAL SCHOOL.**

Limit daytime naps to 30 minutes or less

Avoid stimulants, like caffeine and nicotine, close to bedtime

Exercise daily

Avoid foods that could cause heartburn during sleeping hours

See enough sunlight during the day

Set a relaxing bedtime routine that tells your body it’s time to wind down

Go to bed and get up at the same time every day—even weekends!

Keep your bedroom cool and dark and keep screens and electronics out

# “IF YOU HAVE TO FOCUS ON YOUR BREATHING, YOU CAN’T FOCUS ON ... WHAT THE FUTURE HOLDS.”



Search for the article **How Immunotherapy for Cancer Works** at WebMD.com.

# FIGHTING cancer

FROM WITHIN

IMMUNE THERAPY IS A PROMISING TOOL FOR TREATING SOME TYPES OF CANCER TUMORS, THOUGH LIMITATIONS STILL EXIST

BY KAREN WEINTRAUB

REVIEWED BY BRUNILDA NAZARIO, MD,  
WEBMD SENIOR MEDICAL EDITOR

Not long ago, only about five in 100 people were expected to be alive five years after a diagnosis with an advanced form of lung cancer. Today, up to four times more people live that long, thanks to treatments that help unleash the immune system to attack cancer. The results are even more impressive for late-stage patients with melanoma, a type of skin cancer.

These so-called immune checkpoint blockades have revolutionized cancer care, putting immune therapy on par with chemotherapy, radiation, surgery, and targeted therapies as a cornerstone of treatment for many tumor types. "Without this, many, many, many more patients would have died," says Allison Betof Warner, MD, PhD, an oncology fellow soon to be on the melanoma faculty at Memorial Sloan Kettering Cancer Center in New York City. "It's a complete game changer for the diseases for which it works."

# 6

## MONTHS

HOW LONG PEOPLE WITH LATE-STAGE MELANOMA WERE EXPECTED TO LIVE A DECADE AGO.

However, the success of these drugs has raised patients' expectations about how much they will benefit. And if 20% to 30% are given a long-term reprieve, that means 70% to 80% still die of their disease. Being a patient today is "certainly better than it was five years ago—but definitely a lot of work still needs to be done and a lot of progress needs to be made," says Mark Awad, MD, PhD, clinical director of the Lowe Center for Thoracic Oncology at the Dana-Farber Cancer Institute and an assistant professor at Harvard Medical School. Providing patients with "realistic expectations is by far the most important thing that we can do as oncologists," adds Betof Warner. "Immune therapy is an incredible tool. But it's not a magic bullet."

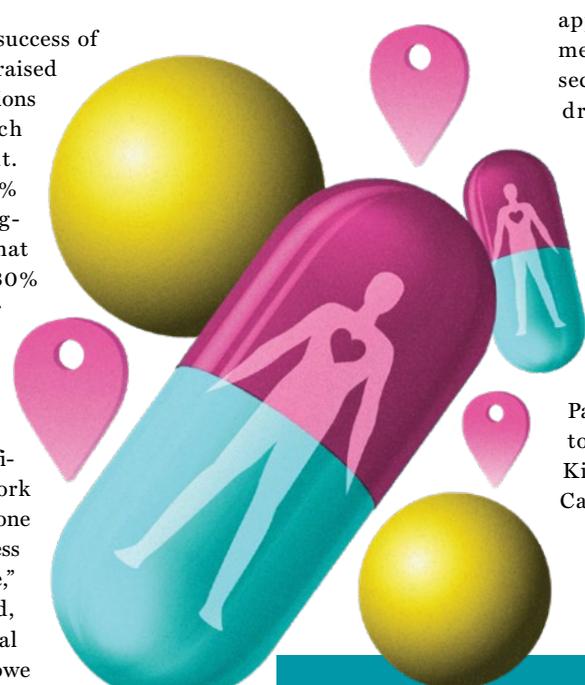
### RESISTANCE TRAINING

For well over a century, doctors dreamed of using the immune system to fight off cancer. If the immune system, once trained to recognize a virus like the measles, can protect against it for a lifetime, why can't it do the same with cancer cells?

The answer, scientists realized after decades of research, is that cancers can manipulate the body's immune system. Sometimes, tumors trick the immune system into stepping on the brakes instead of attacking when faced with cancer cells.

Checkpoint blockades may remove this brake, helping the body's defenses mount a successful and long-lasting attack. The FDA has approved seven checkpoint blockades that treat more than a dozen types of cancer, including melanoma, non-small-cell lung cancer, kidney cancer, and some types of colorectal cancer. Given alone, the drugs haven't been shown to help many patients with advanced tumors of the pancreas, brain, and prostate, though they may eventually be part of a cocktail of treatments for these tumors.

The checkpoint drugs took off in the early years of this decade, beginning with the approval of Yervoy for melanoma in 2011. The second type of blockade drugs provided more than double the benefit of Yervoy. The assumption then was that improvements would keep on at that rate—helping 20% of patients, then 40%, 60%, and 80%, says Drew Pardoll, MD, PhD, director of the Bloomberg-Kimmel Institute for Cancer Immunotherapy at Johns Hopkins Medicine in Baltimore.



# MORE THAN 2,250

THE NUMBER OF CLINICAL TRIALS EVALUATING PD-1/L-1 CHECKPOINT INHIBITOR DRUGS IN 2019.

# 1.54%

ESTIMATED PERCENTAGE OF PEOPLE WITH CANCER WHO WERE ELIGIBLE FOR IMMUNE CHECKPOINT INHIBITOR TREATMENT IN 2011.

Instead, improvements over the last five years have been more gradual. In advanced melanoma, for example, about 30% to 40% of patients still get no benefit at all from checkpoint inhibitors, says Keith Flaherty, MD, a melanoma specialist at Massachusetts General Hospital in Boston. Roughly another third of melanoma patients get great early results, but then the drugs stop working, Flaherty says. The tumor apparently figures out how to take a different path to shutting down the immune system.

# 12.46%

PERCENTAGE OF PEOPLE WHO RESPONDED TO THIS TREATMENT IN 2018.

No one understands why. New research suggests this recurrence strikes patients whose tumors shrank at first while taking checkpoint inhibitors but didn't disappear completely.

Regardless of their results on the therapy, patients and insurance companies are charged a lot

# 43.63%

PERCENTAGE OF PEOPLE WHO WERE ELIGIBLE FOR THIS TREATMENT IN 2018.

of money for these immune therapies. According to one 2015 estimate, for instance, one of the more recent blockade drugs costs just over \$100,000 for a typical patient. With a 20% copay, that would run a patient \$20,000. And side effects happen nearly as often in people who get little benefit from the drugs as those who benefit long-term, Awad says. "We really have no way of predicting who's going to develop which toxicity, but almost every organ has the potential to be involved," he says, including the thyroid, nerves, skin, and digestive system. The vast majority of these side effects are reversible with early treatment or, in more serious cases, stopping the immune therapy, he adds.

### THE RIGHT COMBINATION

If a single checkpoint blockade drug doesn't work, it may be because the cancer has stepped on more than one brake. To get around this, some patients are given two checkpoint blockades. The side effects are multiplied, though—and often terrible—and the combo doesn't seem to do much for melanoma patients, Flaherty says. For them, each checkpoint blockade alone is better than the two together, though it's hard to tell in advance who will benefit from which drug.

Other drugs and combinations may help deliver more gas to the immune system or push on its metaphoric gas pedal, revving it up to kill tumor cells. The so-called microenvironment right around the tumor seems to affect the immune system's ability to fight, and researchers are still figuring out how to read and manipulate that ecosystem, Betof Warner says.

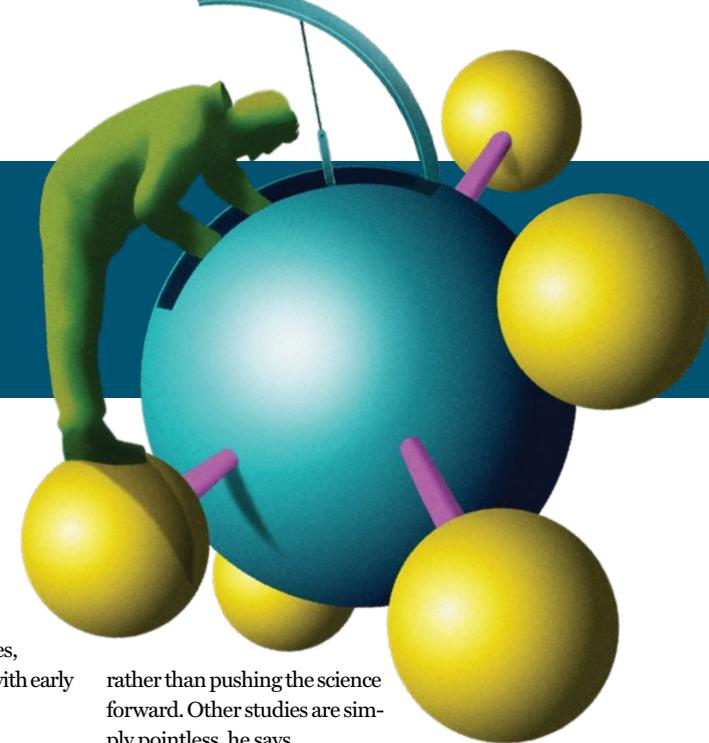
Padmanee Sharma, MD, PhD, a professor and researcher at the University of Texas MD Anderson Cancer Center in Houston, says scientists have so far focused on manipulating T cells, often described as the soldiers of the immune system. But the immune system is incredibly complex, with different routes for turning itself on to fight off invaders and off to prevent overreactions that can lead to autoimmune disease.

"We shouldn't assume that we're done understanding the basic science," says Sharma, whose husband and colleague, James Allison, shared a Nobel Prize last year for work that led to the development of the first checkpoint inhibitor, Yervoy. The immune system may also react differently, depending on where the tumor started, so a patient whose cancer started in the skin might need a different immune therapy than one whose cancer started in their bones, she says.

Yet another current hurdle: A lot of the research attention on checkpoint blockades has been redundant, Pardoll says, proving the same basic findings again and again

# 3 YEARS

HOW LONG MORE THAN HALF OF PEOPLE WITH ADVANCED MELANOMA REMAIN ALIVE TODAY AFTER TREATMENT WITH IMMUNOTHERAPY.



rather than pushing the science forward. Other studies are simply pointless, he says.

What needs to happen, says Flaherty, is more careful research combining these blockade drugs with other treatments—such as chemotherapy, targeted therapies, and other immune approaches like vaccines—to see what works and how the approaches work at the molecular level. The results are likely to be different for different cancers—and maybe different stages of cancer, he says, noting that most research so far has focused on end-stage cancer.

### GRADUAL IMPROVEMENTS

Pardoll says the scientific understanding of cancer and the immune system continues to improve and will eventually lead to better results for patients—both in terms of longer life and fewer ineffective therapies. "Science is creating a huge number of very promising new targets, new approaches, and also new insights in what I like to call precision immunotherapies," he says, including indicators that will help doctors identify which patients are most likely to respond to a given combination of treatments.

But it isn't easy to be a patient in the current climate, he and other doctors say, because it's not known which drugs will help which patients and for how long. Hope can be crucial for someone getting cancer treatment, but irrational hope can be damaging.

If people are disappointed in immune therapy's results now, it's mainly because these checkpoint blockades "have been the most impactful [treatments] in the history of cancer therapy," Pardoll says. "But you don't hit a grand slam every time you come to bat."

# 6

THE NUMBER OF PD-1/L-1 DRUGS THAT HAVE BEEN APPROVED AS OF THIS YEAR.



## GOOD FOR YOU | The Ripe Stuff

PICK A PERFECTLY RIPE PEAR, WHICH OFFERS A LOW-CALORIE COMBO OF BENEFICIAL FIBER AND FANTASTIC FLAVOR

APPLES MAY GET ALL THE ATTENTION THIS TIME OF YEAR, BUT IT'S ALSO PEAK SEASON FOR PEARS. These succulent super foods stand out for their fiber content—one medium pear contains 22% of an adult's daily value of fiber, which may help protect against both heart disease and type 2 diabetes. One study found that people who ate pears and apples on a regular basis were less likely to develop type 2 diabetes, and research suggests that the antioxidants in pears may increase insulin sensitivity. Pears come in a host of colors, shapes, and flavors, so sample a variety this season to choose your favorites. Slice them into salads, slip them into smoothies, or savor them poached or roasted. —ERIN O'DONNELL

# Roasted Butternut Squash

PACKED WITH DISEASE-FIGHTING ANTIOXIDANTS, BUTTERNUT SQUASH DEVELOPS RICH, CARAMELIZED FLAVOR WHEN ROASTED. WE OFFER THREE NEW WAYS TO ENJOY THIS DELECTABLE FALL FAVORITE.

BY Erin O'Donnell RECIPES BY Kathleen Zelman, MPH, RD, LD



Search for the slideshow **Veggies That Are Healthy Sources of Carbs** at WebMD.com.

## HOW TO Roast Butternut Squash

Prick squash skin with a fork. Heat whole squash in the microwave for 3 minutes, then remove the skin with a peeler. Discard the seeds and dice flesh into 1-inch pieces. Toss with olive oil, salt, and pepper. Place squash in a single layer on a roasting pan coated with cooking spray. Do not crowd the pieces. Roast at 425°F for 25 minutes. Gently stir and roast for another 20 minutes or until tender and lightly browned.

## THE PIZZA TREATMENT

### Butternut Squash Apple Flatbread

This flavorful flatbread combines two fall favorites: squash and apples. (Fuji, honeycrisp, or Braeburns work well here.) Use a prepared pizza crust, flatbread, or our favorite, naan bread! Serve with salad or as an appetizer.

#### MAKE IT

Preheat oven to 450°F. In a large bowl, toss roasted squash and chopped onion with 2 tbsp maple syrup and 1 tbsp chopped sage. Place flatbreads on 2 pizza stones or baking trays. Brush tops with olive oil. Add butternut squash mixture, apple slices, chopped spinach, and cheese crumbles. Bake 10 to 12 minutes or until edges are browned and toppings are heated through. Cut each flatbread into 6 slices. **SERVES 6**

**PERSERVING (ABOUT 2 SLICES)** 249 calories, 6 g protein, 33 g carbohydrate, 11 g fat (4 g saturated fat), 6 mg cholesterol, 3 g fiber, 8 g sugar, 426 mg sodium. Calories from fat: 40%

#### THE MIX

ROASTED BUTTERNUT SQUASH + RED ONION, MAPLE SYRUP, FRESH SAGE, 2 PREPARED FLATBREADS, OLIVE OIL, RED APPLE, BABY SPINACH, GOAT CHEESE

## THE SUPPER STARTER

### Curried Butternut Squash Soup

Nothing nourishes on a chilly fall evening like this golden soup. We like it garnished with plain nonfat Greek yogurt, herbs, pumpkin seeds, and tangy pomegranate arils (find them in your supermarket produce department).

#### MAKE IT

In a large, heavy-bottom pot, heat 1 tbsp olive oil over medium heat. Add chopped leeks and cook about 5 minutes or until golden. Add chopped garlic, 3 sprigs thyme, 1 tbsp curry powder, and 1 tsp each nutmeg and ginger. Cook 2 to 3 minutes. Add roasted squash pieces, 6 cups chicken stock, and 1 bay leaf. Stir and simmer 30 minutes. Remove bay leaf and thyme sprigs. Purée soup using an immersion blender or food processor. Add additional water or stock to achieve desired consistency. Ladle into 6 bowls. Garnish with a drizzle of yogurt as well as pumpkin seeds and pomegranate arils (as shown) or thyme. **SERVES 6**

**PER SERVING (ABOUT 1½ CUPS)** 188 calories, 9 g protein, 23 g carbohydrate, 8 g fat (2 g saturated fat), 0 mg cholesterol, 3 g fiber, 5 g sugar, 384 mg sodium. Calories from fat: 39%

#### THE MIX

ROASTED BUTTERNUT SQUASH + OLIVE OIL, LEEKS, GARLIC, FRESH THYME, CURRY POWDER, NUTMEG, GINGER, CHICKEN STOCK, BAY LEAF

#### THE MIX

ROASTED BUTTERNUT SQUASH + OLIVE OIL, WHITE BALSAMIC VINEGAR, LEMON JUICE, DIJON MUSTARD, BABY KALE, COOKED FARRO, DRIED CHERRIES, FETA CHEESE, PECANS, CHICKPEAS, AVOCADO

#### MAKE IT

For the dressing: Whisk together 3 tbsp olive oil, 2 tbsp vinegar, 1 tbsp lemon juice, ½ tsp mustard, and salt and pepper to taste. In a medium bowl, toss kale with 2 tbsp dressing. In each of 6 bowls, arrange kale, 1/3 cup farro, butternut squash, cherries, feta, pecans, chickpeas, and 2 slices of avocado. Drizzle remaining vinaigrette evenly over each bowl. **SERVES 6**

**PERSERVING (ABOUT 2 CUPS)** 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 LUSCIOUS LUNCH

### Grain Bowl with Butternut Squash and Kale

This grain bowl is fantastically flexible; feel free to try substitutions. For example, we use farro, a type of wheat, but you can try brown rice or another whole grain instead. You can also use cranberries in place of the dried cherries or cider vinegar instead of white balsamic. Start with a 2 lb squash and follow the roasting directions above before you begin the recipe.

PHOTOGRAPHY: RICK LOZIER, FOOD STYLING: CHARLIE WORTHINGTON



# Casserole

THIS DISH MAY JUST BE THE ULTIMATE COMFORT FOOD

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

**CASSEROLES RANGE FROM ONE-POT WONDERS** quickly concocted from leftovers and whatever you find in the fridge to involved kitchen projects that require plenty of planning, time, and attention. “A casserole can be what you want it to be, and that’s the beauty of it,” says Heather Pelletier, executive chef at Chumley’s in New York City. Incorporate her tips for your next casserole.

## MAKE IT

- Bake in a heavy-duty pot that allows for slow, even cooking, such as stoneware or cast iron.
- Blend in something fruity or acidic to give the casserole a little pop, like cherries, apricots, lightly pickled pearl onions, or lemon.
- Braised meats belong in a casserole. Use beef short ribs, duck legs, lamb, or pork shoulder with the braising liquid, thickened, for the sauce.
- Pre-cook vegetables that contain lots of water, like mushrooms and leafy greens. That water can otherwise thin the casserole or change its flavor significantly.
- Undercook the pasta by three to four minutes. It will finish in the casserole while absorbing more of the sauce.
- Choose a nice gooey melting cheese to top your casserole, like mozzarella, Gruyère, or raclette.
- Load it with your favorite fresh herbs. If your base is something as simple as canned soup and leftover chicken, fresh herbs like parsley, cilantro, and mint can make it taste a lot more homemade.
- Bake in advance when your schedule allows, then reheat it. Wait a day or two before serving to allow the flavors to meld.
- Make more than you need. Double or triple your recipe and freeze the extra before baking. That way, you’ll only have to prep once to have multiple casseroles for the weeks ahead.
- Serve it simply. Bring the pot to the table and dish it out there, along with a light salad to balance the richness of the casserole.

## VINEGARS

POPULATE YOUR PANTRY WITH THESE FIVE VINEGARS, SELECTED BY **HARRY ROSENBLUM**, AUTHOR OF *VINEGAR REVIVAL* AND FOUNDER OF THE BROOKLYN KITCHEN.

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.



### SEWALL'S CIDER VINEGAR

“Made in Maine, aged for three months, and tasting of acidic and tart apples, it’s made from organic apples and is great for pickling, sauces, and marinades.”



### ACETAIA SAN GIACOMO BALSAMIC VINEGAR

“Dark, fruity, caramel notes with a hint of sharpness, even their young balsamics are miles beyond what you find on most grocery store shelves. Delicious on salad, fruit, and ice cream.”



### CEPA VIEJA SHERRY VINEGAR

“Made from Spanish grapes and aged in oak barrels for a deep, complex flavor, this vinegar belongs in salad dressings and soups as well as myriad egg dishes.”



### O-MED WINE VINEGARS

“Depending on the variety—Chardonnay, Cabernet, rosé—the flavors range from fruit to mineral to rounded sweetness. Choose what you like to drink and add to braises, marinades, and dressings.”



### MADHOUSE MALT VINEGAR

“Made from beer and classically paired with fish and chips, it also shines in potato dishes and long-cooked braises like stewed lamb. Available in both light and dark versions.”

# Flour

BREAD, BISCUITS, COOKIES, CRACKERS, CAKE. WHAT DO THESE AND OTHER BAKED TREATS HAVE IN COMMON? FLOUR IN ONE OF ITS MANY FORMS.

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

FLOURS COME FROM MYRIAD SOURCES, including wheat, nuts, grasses, and legumes. And they play a variety of roles in the kitchen. In fact, no two flours perform the same. "All flours have different characteristics and different uses, and they are specific to what you want to make," says Margarita Manzke, the James Beard Award-nominated chef/owner of République in Los Angeles and author of *Baking at République*. Here are her five essential flours for your pantry.



## HARD WHITE WHEAT FLOUR

"A middle ground between all-purpose flour and whole wheat flour, it's great for essentially any baked good, but it's particularly nice in waffles for its nutty flavor and crispy texture."

## SEMOLINA FLOUR

"Milled from durum wheat, it's very versatile and should be used by more home bakers and cooks. It's most commonly used in pastas and breads for a slightly sweet and rich flavor."

## DARK RYE

"Deeply earthy and nutty in flavor, it's often used in breads, especially combined with molasses or honey and seeds like caraway, pumpkin, and sunflower. A particular treat: honey rye bread."



## ALMOND FLOUR

"This versatile nut flour can be substituted for some or all of the wheat flour in a variety of recipes, such as gluten-free cookies, almond cakes, and tart doughs."

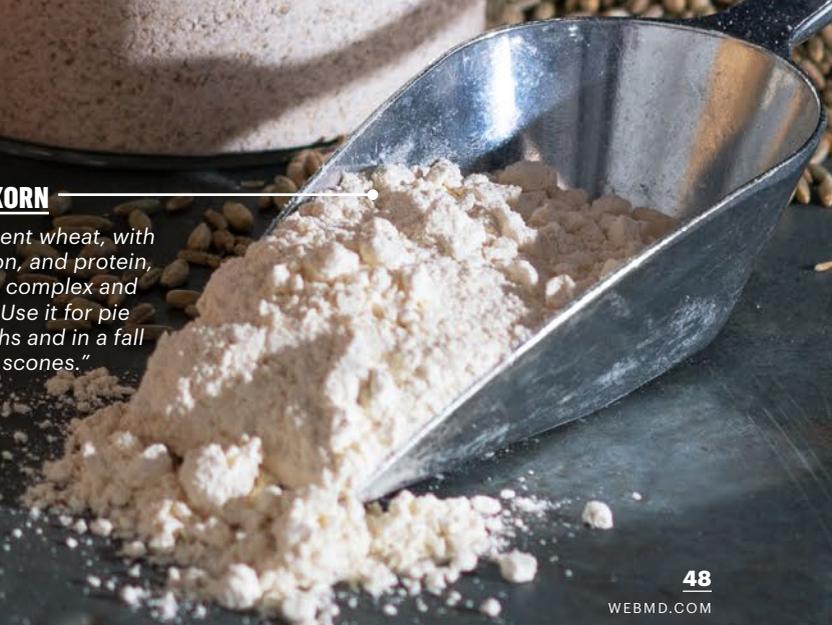


PHOTOGRAPHY: RICK LOZIER; FOOD STYLING: CHARLIE WORTHINGTON



## EINKORN

"The most ancient wheat, with lots of fiber, iron, and protein, einkorn has a complex and nutty flavor. Use it for pie and tart doughs and in a fall favorite: scones."



Search for the slideshow **Guide to Non-Wheat Flours** at WebMD.com.



CUTTING EDGE

# The Human Microbiome

BACTERIA OUTNUMBER HUMAN CELLS IN THE BODY. JUST THE RIGHT MIX OF THEM MAY PREVENT A HOST OF DISEASES.

**THE HUMAN BODY IS TEEMING WITH BACTERIA.** In fact, your body is home to more bacteria than its own cells. Researchers estimate that your 30 trillion cells live alongside some 39 trillion bacterial cells. They grow on skin and in your mouth, nose, intestines, and genitalia. All these bacteria combined form the microbiome. With so many of them, it's no wonder microbes play a role in your health. A healthy mix of bacteria seems to be beneficial to health, while an imbalance or lack of diversity can have consequences. Some research suggests that an off-kilter microbiome can lead to inflammation, which may open the door to many diseases.

Because most of the microbiome resides in the intestines, a great deal of research focuses on “gut bacteria.” A new study from Osaka University in Japan

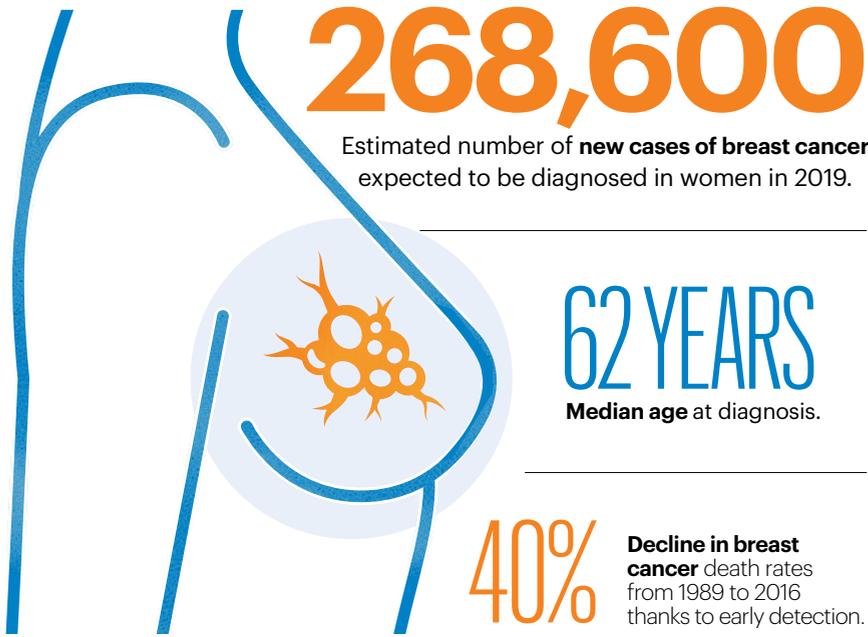
suggests that bacteria in the gut change very early in the development of colon cancer. This finding could help doctors diagnose the disease at its earliest stages through a stool sample.

Scientists at New York University recently found a strong link between gut bacteria and lupus—a disease in which the immune system attacks the body and causes pain and damage to joints, skin, and kidneys. In the study, women with lupus had five times more *Ruminococcus gnavus* bacteria in their intestines than women of the same age and race who didn't have lupus. The researchers found that periodic increases in this gut microbe coincided with lupus flares. The finding could lead to treatments for lupus that aim to rebalance the gut biome. —SONYA COLLINS

# Breast Cancer

BY Jodi Helmer REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

 Search for the slideshow [A Visual Guide to Breast Cancer](#) at WebMD.com.



The **chance of a woman developing breast cancer** in her lifetime.

**64%**  
Percentage of women in the U.S. who reported having a **mammogram in the past two years.**

**<5%**

Percentage of **women under 40 diagnosed** with breast cancer.



**145.6 PER 100,000**

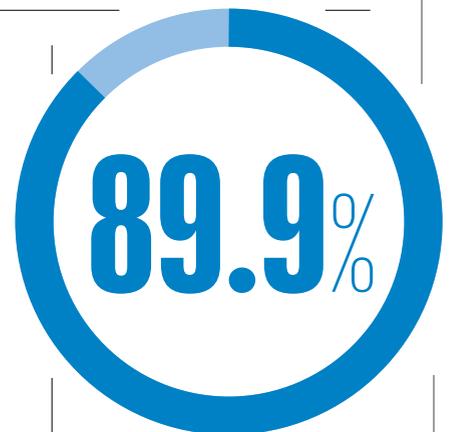
**Incidence of breast cancer diagnoses in New Hampshire,** the state with the highest incidence of breast cancer in the nation.

**#1**

**Breast cancer** is the number-one cancer diagnosis in women.

**41,760**

Estimated number of women who will **die from breast cancer in 2019.**



Percentage of **women who survive more than five years** after being diagnosed with breast cancer.

# Care Choices

BOTH HOSPICE CARE AND PALLIATIVE CARE CAN BE BENEFICIAL. UNDERSTAND SOME IMPORTANT DIFFERENCES.



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

AS WE GET OLDER AND TAKE CARE OF OUR LOVED ONES it's important to know about all our options because diseases sometimes get harder to treat and manage. *Hospice* and *palliative care* are words that many people misunderstand or simply do not want to talk about. Much of this is because many do not know what these types of care entail and when it might be a good idea to discuss the topic with a doctor. Keep these five points in mind.

**1. THERE ARE SOME DISTINCTIONS BETWEEN HOSPICE CARE AND PALLIATIVE CARE,** though the terms are often used interchangeably. Palliative care can begin any time after a diagnosis. It usually starts when one's condition has few treatment options and gets to a point where one will not likely recover or improve. It does not replace other treatments but instead is one more strategy to help manage conditions such as end-stage renal or liver disease, heart failure, dementia, or cancer.

Hospice care usually starts when the decision to stop treatment of the disease has been made. Palliative care is often a component of hospice care.

**2. GUILT CAN BE PARALYZING.** I find that many people feel if they choose hospice or palliative care, it means they are giving up on a loved one. That is simply not true. I have often told patients and family members that it is easier to say, "Doc, do everything," which sometimes inflicts needless pain and suffering. It is often a

harder decision to consider other therapies, such as hospice, to help a loved one have the best quality of life possible with whatever remaining time he or she has left.

**3. IT DOES NOT HASTEN DEATH.** Hospice and palliative care are in no way associated with some of the physician-assisted suicide legislation discussed in some states. They are not at all related. Palliative and hospice care are about making patients comfortable and trying to minimize pain. The pain medications given do not speed up any processes but rather focus on maximizing comfort.

**4. YOU CAN SPEND TIME IN YOUR OWN HOME.** A long time ago, hospice was primarily performed in hospitals or nursing homes. But that is not the case anymore. Many hospice and palliative care services are done in a person's home. For many family members, this provides a certain level of peace. My father participated in hospice care, and he died in his home surrounded by his family. I know that is what he would have preferred, and I am grateful my family was able to provide him that comfort.

**5. DON'T WAIT FOR SOMEONE TO SUGGEST IT TO YOU.** Many doctors aren't familiar with hospice care or palliative medicine. Therefore, they do not mention or adequately describe it.

Always remember hospice is not a place, but rather a journey.

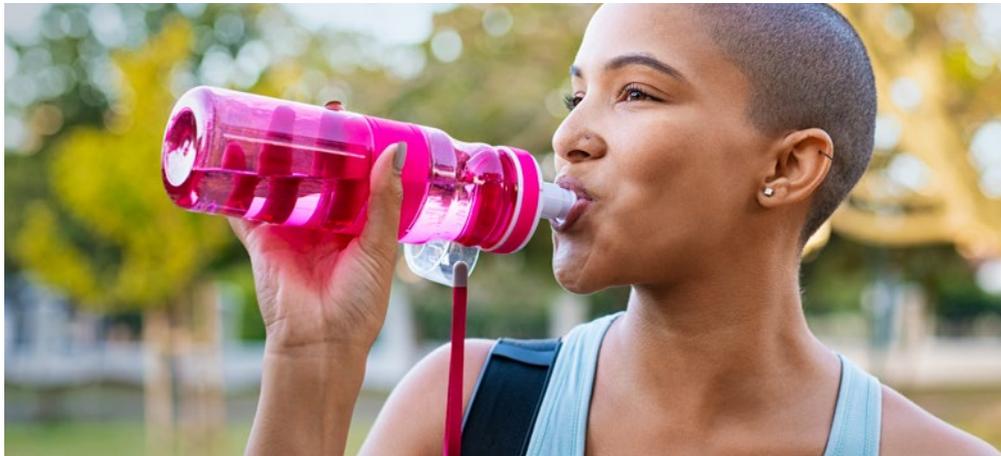
Questions? Comments? Email me at [john@webmd.com](mailto:john@webmd.com).

# Treatment Tips

A CANCER SPECIALIST RECOMMENDS FOUR HABITS TO HELP YOU STAY STRONG THROUGH YOUR CHEMOTHERAPY REGIMEN

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

Search for the article **Chemotherapy: How It Works and How You'll Feel** at [WebMD.com](http://WebMD.com).



**WHEN YOU UNDERGO CHEMOTHERAPY, SOME HABITS MAY HELP MINIMIZE SIDE EFFECTS** and even speed your recovery once your treatment is complete, says Kim Barker, MD, a cancer rehabilitation specialist at University of Texas Southwestern Medical Center. These are some of the habits she recommends to her patients.

## Stay active

Some people undergoing chemotherapy report that well-meaning loved ones will confine them to the couch, urging them to rest. While rest is important, Barker also recommends daily physical activity during cancer treatment. “There’s so much evidence that exercise and physical activity actually decrease fatigue, help people sleep better, and just improve the chance of a fast recovery once cancer treatment is done,” Barker says.

Consider walking or riding a recumbent bike, for example. “Even doing it 15 minutes a day is better than nothing,” she says. Swimming and water aerobics in a warm pool can also help ease achy muscles and swelling related to treatment, Barker adds. Swimming is off-limits for some patients who have a port for their chemo drugs; check with your doctor before diving in.

## Eat and stay hydrated

Nausea and vomiting are common side effects of chemotherapy, which can sometimes lead

to problematic weight loss. Barker encourages patients to eat when they can and think beyond milkshakes (a fallback food for many of her patients). Make protein-rich foods such as chicken and dairy part of your diet when possible and consider seeing a cancer-savvy dietitian if you need additional advice, Barker says.

Sip water regularly throughout the day. “A lot of people have low blood pressure or kidney problems with cancer treatment, and staying well-hydrated can help prevent both of those things,” she says.

## Stay in touch with your doc

Certain symptoms warrant a call to your oncologist’s office, Barker says. These include a fever of 100.5°F or higher, chills, dizziness, confusion, or new pain or weakness. Ask your oncologist if there are any other warning signs you should call about.

## Ask before you supplement

Many people with cancer may be tempted to try herbs or other supplements during treatment. Check with your oncologist first, Barker says. “A lot of patients think supplements are benign and are not going to hurt anything, but some of them can actually with cancer medicines,” she says. To increase your chances of a successful treatment, have an honest conversation with your doctor before adding supplements to your routine.

## 4 TIPS

FOR CAREGIVERS

CARING FOR A LOVED ONE WHO IS UNDERGOING CANCER TREATMENT IS HARD WORK. CANCER SPECIALIST **KIM BARKER, MD**, OFFERS THIS ADVICE FOR PEOPLE IN A CAREGIVER ROLE.

### 1. FIND YOUR OWN SUPPORT

Ask your loved one’s medical team if they can recommend support groups for caregivers. These can be a useful source of information, a place to share ideas, and a way to talk with others who “get” the challenges of this role.

### 2. TALK TO LOVED ONES ABOUT THEIR NEEDS

These may change from day to day. “People going through cancer are going to have ups and downs,” Barker says. “Sometimes they want someone to listen, and sometimes they just want someone to be their coach or taskmaster.” Check in periodically to ensure you are on the same page.

### 3. KEEP PHONE NUMBERS HANDY

Find out which people at the oncologist’s office can supply answers when you have questions, including those that crop up at night or on weekends.

### 4. EXERCISE

Physical activity is just as important for the caregiver as it is for the person with cancer, Barker says. Caregivers sometimes feel guilty about taking time for themselves. “But you can’t care for someone else if you’re not healthy yourself,” she says.

# 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](#).



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.

This content is created and controlled by WebMD's editorial staff and brought to you by the UPMC Living-Donor Liver Transplant Program.

SPOTLIGHT

# Living-Donor Liver Transplant

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



Nearly **14,000**

Number of people in the U.S. currently on the waiting list for a liver transplant.

1989

Year the **first living-donor liver transplant** was performed.

85

Total number of **anonymous living liver donations** since 1989.

8

Number of weeks until the donor and recipient **livers** have nearly fully regrown.

3 OUT OF 4

People who know that the **liver regenerates** after transplant.



40% to 60%

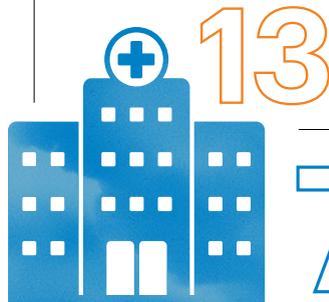
Percentage of a **living donor's liver** that is transplanted to a recipient.

38,000

Number of people who have **died while waiting for a liver transplant** since 1995.

39%

Percentage of **people willing to be a living donor** for a stranger.



13 Number of **U.S. medical centers** that perform more than 10 living-donor transplants in a year.

75

Number of **U.S. medical centers** that perform living liver donor transplants.

6,990

Number of living liver donor **transplants completed during the last 30 years.**

70%

Percentage of **people willing to be a living donor** for someone they know.

1,824

Number of people in the U.S. who have been **waiting for a liver transplant for more than five years** as of 2019.



4%

Percentage of **liver transplants from living donors** since 1989.

GETTY IMAGES

ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK, UCSF HEALTH, UPMC/MEDSCAPE SURVEY, UW HEALTH.

# Checkup

QUIZ

## Cold & Flu

ACCORDING TO THE CDC, ADULTS GET TWO TO THREE COLDS A YEAR, AND AS MANY AS 43 MILLION AMERICANS CAUGHT THE FLU DURING THE MOST RECENT FLU SEASON. THAT'S A LOT OF MISERY. HOW MUCH DO YOU KNOW?

BY Matt McMillen **REVIEWED BY** Michael W. Smith, MD, WebMD Chief Medical Editor

1

LIKE MANY OTHER VACCINES, I ONLY NEED TO GET A FLU VACCINE ONCE.

- TRUE  
 FALSE

2

ANTIBIOTICS WILL NOT TREAT MY COLD OR FLU.

- TRUE  
 FALSE

3

I AM SICK, BUT I SHOULD TOUGH IT OUT AND GO TO WORK.

- TRUE  
 FALSE

4

I FEEL AWFUL BUT DON'T HAVE A FEVER, SO IT'S LIKELY A COLD.

- TRUE  
 FALSE

5

THE FLU CAN BE MUCH MORE SERIOUS FOR SOME PEOPLE THAN FOR OTHERS.

- TRUE  
 FALSE

*Answers on page 56*



Questions on page 55

## ANSWERS

### 1. FALSE

Different viruses cause the flu, and each year a new vaccine must be developed to counter the three to four flu strains that experts predict will be the most common. Get a flu shot each fall, ideally before November. It doesn't guarantee protection, but even if you do get the flu, the vaccine may curb the severity of your illness.

### 2. TRUE

Antibiotics treat bacterial infections, not the viral infections responsible for colds or the flu. In fact, if you take antibiotics when you don't need them, they may be less effective against bacterial infections that you catch in the future. Relieve your symptoms with rest and appropriate over-the-counter medications.

### 3. FALSE

Colds and flu spread easily, so stay home if you can for a day or two when you're most contagious. For the flu, you'll likely be contagious the day before and for five to seven days after symptoms start. If you must work, wash your hands frequently, sneeze and cough into your elbow, and avoid close contact with your coworkers.

### 4. TRUE

Colds and the flu often share some common symptoms, such as a runny nose, a cough, and a sore throat, but fevers rarely accompany colds (though they're more common in infants and small children with a cold). Muscle aches, headaches, and tiredness also occur more often when the flu strikes.

### 5. TRUE

Very young children, the elderly, people with weakened immune systems, pregnant or recently pregnant women, and those with chronic conditions like asthma, diabetes, and heart disease have a higher risk of serious flu complications, including pneumonia, that could require a hospital stay. For some people at high risk of serious flu complications, an antiviral may be an option; this medication works best taken within a day or two of developing symptoms.



Search for the article  
**Flu or Cold Symptoms?**  
at [WebMD.com](https://www.webmd.com).

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SPOTLIGHT

# Living Well With RA

TAKE LIFESTYLE STEPS TO MANAGE THIS AUTOIMMUNE DISEASE

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



**RHEUMATOID ARTHRITIS (RA) CAUSES YOUR IMMUNE SYSTEM TO ATTACK YOUR JOINTS.** Unchecked, it can lead to irreversible joint damage and disability. Sometimes RA can affect other organs like your eyes, skin, and lungs.

It has no cure, but treatments help control the symptoms and slow the progression of the disease. **William Stohl, MD, PhD**, a professor of medicine and chief of rheumatology at the University of Southern California's Keck School of Medicine, answers questions about living well with RA.

**Q HOW CAN EXERCISE HELP RHEUMATOID ARTHRITIS?**

**STOHL** Exercise allows you to better maintain your joints' ability to function. Of course, it's easier said than done when you have discomfort. Talk to your doctor or physical therapist to determine the most beneficial exercises for you as well as which work-outs you should avoid. Unless you have damage to your ankle,

knee, or hip joints that prevents it, take daily walks. Start slowly and build up your endurance and distance. Set your sights on 10,000 steps a day. That may be a realistic goal for you.

**Q DOES MY WEIGHT AFFECT MY RA?**

**STOHL** Yes, it does. The heavier you are, the more effort your joints will have to make to keep you upright. Also, when you carry excess fat, your body produces more cytokines, a type of protein that boosts inflammation and aggravates your RA symptoms. There's no doubt that individuals with RA who maintain a proper weight do better than those who do not.

**Q BEYOND JOINT HEALTH, WHAT OTHER HEALTH CONCERNS SHOULD I BE AWARE OF?**

**STOHL** The inflammation caused by RA can damage more than your joints. People with RA have higher odds of having a heart attack, stroke, and other heart problems. That makes it particularly important to keep your RA well-managed. You can also help protect your heart by maintaining a healthy diet and exercising regularly.

**Q IF MY RA GOES INTO REMISSION, HOW WILL THAT AFFECT MY TREATMENT?**

**STOHL** One pitfall RA patients often fall into is thinking that once they feel better, they can stop or cut back their medication. That's a bad idea because it can trigger a relapse. If you do feel better, talk to your physician, who may recommend that you take a lower dose of your medication or take it less frequently. Your doctor even may recommend you go drug-free. But don't make those decisions on your own.

**Q ARE THERE ANY PROMISING NEW DEVELOPMENTS IN NON-DRUG TREATMENTS FOR RA?**

**STOHL** Recent research into vagus nerve stimulation suggests that RA could be treated not just biologically but electrically. The vagus nerve helps control inflammation, and signals sent from an implanted device, currently being tested in a small number of people, appear to help the vagus nerve do a better job of that.

## BY THE NUMBERS

**\$20,000 to \$50,000**

Estimated annual cost of biologic treatments for an individual with rheumatoid arthritis.

**2x**

Rheumatoid arthritis doubles the risk of heart attack, stroke, and atherosclerosis, the dangerous buildup of plaque in the arteries.

**75%**

Percentage of people with RA who are women.

**1.5 million**

Number of Americans living with rheumatoid arthritis.

GETTY IMAGES



**TOGETHER, YOUR FEET CONTAIN 66 JOINTS, 52 BONES, 38 MUSCLES, AND 214 LIGAMENTS—** and podiatrists care for all of them.

A podiatrist, or doctor of podiatric medicine (DPM), specializes in conditions that affect the ankles and feet, including fractures, tumors, ulcers, heel spurs, bunions, calluses, and ingrown toenails. Their expertise in diagnosis and treatment can help you take a big step toward better health.

### ON THE FRONT LINES OF CARE

Podiatrists work in private medical practices, hospitals, nursing homes, and departments of public health and prescribe medication, order physical therapy, set fractures, and perform surgeries. These highly trained medical professionals are also among the first to spot the signs of health problems: Swelling, stiff joints, and numbness or tingling in the feet and ankles are associated with issues such as diabetes, arthritis, and heart disease, which often cause foot-related symptoms.

### DEVOTED TO DIABETES CARE

For the 30.3 million Americans living with diabetes, appointments with podiatrists are an essential part of routine care. Diabetes can take its toll on your feet, causing issues such as foot ulcers, infections that are slow to heal, and permanent nerve damage known as diabetic neuropathy. Making an annual appointment with a podiatrist is an important part of managing the disease and preventing complications.

### PRIORITIZING PREVENTION

Most common foot problems can be prevented. Podiatrists educate patients about the importance of maintaining a healthy weight, choosing the right shoes for activities such as work and sports, and practicing good foot hygiene.

The better your feet and ankles feel, the more likely you are to walk, run, dance, or skip out of the podiatrist's office until it's time for your next appointment.

WHO'S WHO

# Podiatrist

THIS HEALTH CARE PROFESSIONAL PUTS YOUR FEET FIRST

BY Jodi Helmer

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

## BY THE NUMBERS

**11** Number of years of education and training—including undergraduate and medical school degrees and residencies—required to become a podiatrist.

**9** Number of colleges of podiatric medicine in the U.S.

**75%** Percentage of Americans who have foot health problems in their lives.

**250,000** Number of sweat glands in your feet.

GETTY IMAGES

# Chronic Lymphocytic Leukemia

CLL IS THE MOST COMMON TYPE OF LEUKEMIA IN ADULTS, WITH MORE THAN 61,000 PEOPLE NEWLY DIAGNOSED EACH YEAR. FOR PEOPLE WHO DO GET CLL, THE OUTLOOK IS FAR DIFFERENT TODAY THAN IT WAS JUST A FEW YEARS AGO.

BY Stephanie Watson

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

**THAT CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) AND SMALL LYMPHOCYTIC LYMPHOMA (SLL) HAVE CONFOUNDINGLY SIMILAR ACRONYMS** and share symptoms can be confusing, to say the least. “Technically, they’re both the same type of cancer,” says Maryam Sarraf Yazdy, MD, attending physician at MedStar Georgetown University Hospital in the Lombardi Comprehensive Cancer Center Division of Hematology/Oncology.

Both CLL and SLL interfere with the growth of infection-fighting white blood cells called lymphocytes. The difference is their location. In SLL, most of the cancer is in the lymph nodes. In CLL, it’s mainly in the blood and bone marrow (where new blood cells form).

Symptoms like a fever, chills, night sweats, and weight loss typically aren’t the first warning signs. An abnormal blood test result during an annual checkup is more likely to be the first clue. “In some cases, patients find enlarged lymph nodes by accident, for example, when they’re shaving,” Yazdy says. Then when their doctor biopsies a lymph node, it reveals abnormal white blood cells.

A high white blood cell count alone doesn’t require treatment. “If they have severe symptoms—bad fatigue that affects their quality of life, a lot of night sweats or fever, recurrent bacterial infections, or very enlarged lymph nodes that are bothering them, or if their red blood cell count is

very low and they’re anemic—these could all be reasons to start treatment,” Yazdy says.

About 30% of people with CLL will never need treatment, because their disease will remain stable. They’ll take an “active surveillance” approach that involves regular visits to their cancer doctor for exams and blood tests.

People whose cancer causes symptoms will start on treatment, which used to mean chemotherapy and all the side effects that come along with it. That has changed dramatically in recent years. “In the world of CLL, there has been so much research and exciting things happening,” Yazdy says. “Now almost all patients can avoid chemotherapy and use what we call targeted therapy.”

Targeted drugs go after specific parts of the cancer cell that help it survive. One type of drug commonly used to treat CLL blocks the action of a protein called a kinase that helps cancer cells divide. Another drug, a BCL-2 inhibitor, hastens the death of cancer cells.

Most people respond well to treatment, but at some point, the disease will inevitably come back. When it does, doctors can try a different drug approach.

People whose CLL remains stubbornly resistant to treatment shouldn’t despair. A number of new targeted and immune therapy drugs are in research trials around the world, “with very promising results,” Yazdy says. “This is a very exciting era for doctors and patients with CLL.”

## 4 TIPS

MEDICINE IS JUST ONE WAY TO MANAGE CLL. HEMATOLOGIST/ONCOLOGIST **MARYAM SARRAF YAZDY, MD**, SUGGESTS FOUR STRATEGIES TO HELP YOU FEEL BETTER DURING TREATMENT.

### 1. STEP UP

Cancer weariness makes it harder to exercise, but you’ll be rewarded if you move. Fitness combats fatigue and depression, and it helps to improve sleep.

### 2. MEDITATE

Sit somewhere quiet, close your eyes, and focus on your breath for a few minutes a day. You’ll be amazed at how calming and de-stressing the practice can be.

### 3. EAT WELL

The right mix of foods—fruits and vegetables, lean protein, whole grains, and low-fat dairy—will keep your body strong and fortify your immune system through your treatment.

### 4. FIND SUPPORT

Lean on people who understand what you’re going through. Join a support group for people with CLL, visit online message boards, or tap into friends and family.





## 10 TIPS

TO COPE

### 1. SLIM DOWN

Lose excess weight to breathe more easily overnight.

### 2. REVIEW YOUR MEDICATIONS

Ask your doctor if any drugs you take impact sleep.

### 3. LISTEN UP

If your partner says you snore, take it seriously. It could indicate sleep apnea.

### 4. QUIT SMOKING

Tobacco irritates your airway, so ditch the cigarettes to improve sleep.

### 5. HAVE AN EXAM

Get evaluated for heart disease and other conditions affected by sleep apnea.

### 6. SEEK COUNSELING

Try cognitive behavioral therapy to develop better sleep habits.

### 7. REMOVE OBSTACLES

Have a specialist check your nose and throat for obstructions.

### 8. EASE IN

Create a relaxing pre-bedtime routine to improve your sleep.

### 9. FIND FRIENDS

Join a sleep apnea support group to connect with others.

### 10. ROLL OVER

Sleep on your side, not your back, to breathe better.

HEALTH HIGHLIGHTS

# Sleep Apnea

TRY THESE TIPS FOR MANAGING YOUR CONDITION AND GET A BETTER—AND HEALTHIER—NIGHT'S SLEEP

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

#### EXPERT TIPS

*"It can take time to adapt to your continuous positive airway pressure (CPAP) device. Set it up in your living room for the first few days and use it while watching TV or reading. Start with 15 to 20 minutes then slowly increase the time. Once comfortable with it, move it to the bedroom and gradually increase how long you use it overnight."*

**THOMAS KILKENNY, DO**  
director of sleep medicine, Staten Island University Hospital, Staten Island, New York

*"Keep your sleep environment dark, quiet, and cool, with the ideal temperature being 68 degrees, while you sleep. Try incorporating regular exercise into your mornings or early afternoons rather than working out in the evening and avoid alcohol and heavy meals in the three hours before your bedtime."*

**ASHA SINGH, MD**  
assistant professor of neurology and director of the Sleep Medicine Program, Oregon Health and Science University, Portland, Oregon

*"Sleep apnea is a major risk factor for heart attack and stroke after age 50. Fortunately, you can improve your symptoms—and your sleep. Exercise regularly and practice yoga to build respiratory strength and encourage oxygen flow; take care of your nose, sinus, and allergies; and see an otolaryngologist who specializes in snoring and sleep apnea."*

**JORDAN JOSEPHSON, MD**  
otolaryngologist, Lenox Hill Hospital, New York City

GETTY IMAGES

**1. AFTER 11 YEARS OF PERFORMING WITH YOUR BROTHER DONNY IN LAS VEGAS, YOU JOINED *THE TALK* IN SEPTEMBER. WHAT EXCITES YOU MOST ABOUT YOUR NEW HOSTING ROLE?**

Since I married my husband, this will be the first time that I'll be able to have dinner with him at night. It's a great schedule. The ladies are fantastic. The crew, everybody involved. There could not be any nicer people on the planet. It's a dream job!

**2. WHAT ARE YOU MOST LOOKING FORWARD TO TALKING ABOUT?**

That's the thing that's wonderful about the show—they talk about everything, which is fun. And they include the audience. We're very different people, but we respect each other's opinions.

**3. WHY DID YOU DECIDE TO RECORD AN OPERA/BROADWAY ALBUM WITH THE CITY OF PRAGUE ORCHESTRA?**

I continually like to challenge myself. ... Throughout my life I've done country, I've done pop, I've done various genres, but this is the first time I've done an opera with soprano vocals. I'm singing in Italian, French, and German. It's just another fun opportunity before my voice will not be able to do it. ... My son who passed away, Michael—it was his favorite way that I sing. This album will be dedicated to him.

**4. WHEN YOU HAVE FREE TIME, HOW DO YOU LIKE TO UNWIND?**

I'm a very hard worker, and I'm a very hard-playing person. I try to be as balanced as possible. ... For relaxing, it's definitely [spending time with] my children, my grandchildren, and my husband. I'm looking forward to that.

**5. WHAT HAS BEING A MOTHER TO EIGHT CHILDREN TAUGHT YOU?**

Children teach you unconditional love. They teach you sacrifice and selflessness. They're your priority.



## Marie Osmond

*Singer, actor, author, philanthropist, 60*

*Los Angeles/Las Vegas*

**"I'M NOT GOING TO BE FANATICAL TRYING TO LOOK 20 WHEN I'M 80. I'M GOING TO BE VERY GRATEFUL."**

**6. YOU LOST 50 POUNDS AND HAVE KEPT IT OFF FOR MORE THAN A DECADE. WHAT INSPIRED YOU TO LOSE THE WEIGHT?**

I was taking care of my mom and my dad and doing a radio show, but in the process, I had put on 50 pounds, and on me that's a lot of weight, because I'm small-framed. As my mother was passing away, she said, "Do not do to your body what I did to mine. Take care of yourself" ... That's when I decided I really needed to do something.

**7. HOW DID THE WEIGHT LOSS CHANGE YOU?**

I was sitting on the sidelines. I was the one taking the pictures because I didn't want to be in them. Now I'm on the floor taking selfies with my grandchildren. It's wonderful.

**8. WHAT IS YOUR PHILOSOPHY WHEN IT COMES TO EXERCISE?**

I really believe that physical fitness to me is a clear mind, and it ripples like a wave to the body. ... You get your body in shape, and it helps your mind think more clearly.

**9. YOU TURN 60 THIS MONTH. HOW DO YOU FEEL ABOUT GETTING OLDER?**

I am totally at peace with it. I have lived my life every year without regret. ... I'm not going to be fanatical trying to look 20 when I'm 80. I'm going to be very grateful.

**10. YOUR GRANDDAUGHTER WAS RECENTLY TREATED AT ONE OF THE CHILDREN'S MIRACLE NETWORK HOSPITALS, AN ORGANIZATION YOU CO-FOUNDED. WHAT WAS THAT EXPERIENCE LIKE?**

When you walk in and you see your daughter with tears in her eyes, and there's her little baby she just gave birth to hooked up to all of these machines that we provide—that's life changing. ... No one is going to know me in 50 years, but they will know these hospitals because of the service that we do.

—STEPHANIE WATSON